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The Latex Journey: A Narrative Approach to Exploring Condom Use, Stigma, and Education from the Perspective of Women in Masxha

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SIT Study Abroad

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Abstract

Although the South African National Department of Health (NDOH) is spending increasing amounts of money on improving their HIV programs (including the rollout of new, scented condoms for their condom distribution program), the rates of condom use at last sexual encounter are declining. This inquiry focused on young women in the neighborhood of Masxha, Cato Manor, and their opinions surrounding how condoms are being used or misused, as well as the gender norms that perpetrate this (mis)use. This inquiry demonstrated the narratives of these young women on factors such as condom acquisition, gendered stigma, and condom education, including the Life Orientation curriculum, ultimately leading to condom negotiation, a critical skill for condom use.

This inquiry was grounded in a narrative methodology approach to gain authenticity of opinions and lived reality for these young women. Using the principle that content and form are intrinsically connected, this inquiry examined how the opinions and narratives of these individuals are connected to emotion and experience, which influence knowledge and opinion. I conducted semi-structured, in-depth interviews with eight women in Masxha to hear these stories and opinions. These women described their opinions about several factors surrounding gendered condom use, and lived experiences shed light on these factors.

Exploring condom use in this community ultimately led to perceiving the factors of condom use as an uphill journey for these young women. The gender and sexuality norms that perpetuate difficulties in condom use for these young women represent the gravel path these women hike on their trek. The stigma that these women face for condom acquisition and use embodies a flowing stream that intersects the pebbled path of gender norms. Condom preference, such as brand preference, is the large, scattered boulders that follow the path up the hill. Education signifies a form of refuge for these women, offering solace and positive perceptions of condom users, aiding these women in the final stretch of their journey. Finally, condom negotiation represents the summit—the peak of the expedition—where the factors the women experienced throughout the climb culminates into a decision for or against condom use.

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Acronyms

AIDS: Acquired Immune Deficiency Syndrome

HIV: Human Immunodeficiency Virus

KZN: KwaZulu-Natal Province

LO: Life Orientation, a compulsory secondary school topic for South African students.

NDOH: National Department of Health

NGO: Non-Governmental Organization

Introduction

In 2011 when I was a ninth-grader in my Catholic high school just outside of Chicago, I sat in my school's compulsory health class. My teacher stood front and center in the classroom, aligned with the crucifix that chaperoned the class. We had just begun our sexually transmitted infection unit of the course, a highly anticipated and yet almost equally dreaded unit for both the teacher and the 14-year-olds in the classroom. After going through a presentation about statistics and grueling descriptions of chlamydia, gonorrhea, herpes, and the human immunodeficiency virus (HIV), the teacher decided it was time to speak with vulnerable candor. He explained that he was not even supposed to say the word "condom" to us, in accordance with the Catholic Church's doctrine on the use of contraception methods. However, he felt that abstinence-only education, a common practice in more conservative states and high schools, was ineffective, despite how the school's administration felt. With his hands on his hips in a strong power stance, he explained to us that condoms are against the Church's teachings, but they are the most effective way to prevent unwanted pregnancy and unwanted disease. Be safe and be smart. While I do feel that this class had the potential to leave crater-sized gaps in my sexuality and health education, I consider myself lucky to have learned from a teacher that recognizes the merit of teaching young adults safe sex practices. This teacher resigned from my Catholic high school at the end of the academic year.

This experience drove my choice in topic for this inquiry. As a university student studying Public Health, I understand the medical merit of condoms as a means for disease prevention. My classmates at this high school were not as lucky—misconceptions about condoms, pregnancy, and disease plagued their worries and fears for the years following this health class. I began to wonder how sexuality education in South Africa plays into the HIV epidemic. This sexuality education experience, coupled with preliminary research on Life Orientation classes and the condom distribution program, eventually led me to this inquiry.

This inquiry asks the question: How are condoms being talked about in Masxha, and how do these conversations affect women's condom use, negotiation, and stigma? This study sought to explore the opinions surrounding how condoms are being used (and potentially misused) in Masxha through an understanding of condom education, gender norms, and perceptions of the condom distribution program as a means of combating HIV. This study was two-fold. First, I aimed to explore the opinions of the young women of Masxha on gendered experiences, the

stigma of carrying condoms, and perceptions of how condoms are being used in the area. I also aimed to understand how condom education, such as the Life Orientation curriculum, may be enhancing or hindering condom use rates for these women and throughout the community. Through this inquiry, I sought to hear and understand the voices of young women, the demographic group most affected by the HIV epidemic.

Given the high prevalence rate of HIV/AIDS in KwaZulu-Natal (KZN), much research has been directed to understanding condom attitudes and the intersection of education and gender. A focus group study designed to understand the perspectives of men and women about condom use highlighted "the way in which young people tend to internalize the frequently negative attitudes their peers express about condoms" (MacPhail & Campbell, 2001, pp. 17). This internalization demonstrates the role of positive conversation surrounding condom use can have on young people's perspectives, and Life Orientation classes are a platform where these positive conversations can occur.

Context

Today in South Africa, 7.1 million individuals are living with HIV infection, an adult prevalence rate of 18.9% (AVERT, 2017). This prevalence rate does not reflect the HIV status of the entire population of South Africa, due to differing prevalence rates amongst the provinces. Durban and Masxha are located in KZN province, which currently has the highest prevalence rate throughout South Africa at almost 40 percent (AVERT, 2017). The HIV epidemic in South Africa also disproportionately affects women, with incidence rates, or rates of new infection, among women ages 15-24 almost four times higher than their male counterparts (AVERT, 2017). Women are infected at younger ages than their male counterparts, with female prevalence at 33 percent for women aged 25-29 (Martin, de Lora, Rochat, & Andes, 2016).

To combat its HIV epidemic, the South African National Department of Health (NDOH) invests millions to run HIV programs, including condom distribution programs (AVERT, 2017). Male condom distribution increased from 308.5 million condoms to 495 million condoms per annum (AVERT, 2017). However, despite the increased numbers of distributed condoms, the rates of condom use at last sexual encounter are falling. In the demographic of 15 to 24-year-old men, condom use at last sex was around 85 percent in 2009, but by 2012 the rate fell to 68 percent, a failing grade (AVERT, 2017). This source did not include condom use rates for women in the same demographic. Understanding community-level responses to the programs could lend to a greater understanding of how these programs are succeeding and failing.

Cato Manor and Masxha are located within eThekwini Municipality, about ten kilometers away from the center of Durban. Durban is the largest city in KZN and the third largest city in South Africa, with a population of about 3.5 million people (eThekwini Municipality, 2011). Masxha is a neighborhood of Cato Manor, which has a turbulent history of settlement and land rights. In 1954, Cato Manor was rezoned as a White area, and massive removals and relocations of the inhabitants occurred by the apartheid government (South African History Online, 2017). Strict segregation in neighborhoods—or townships—based on race during the apartheid era has a lasting legacy that shapes opportunities and health risks for these communities (Burgard & Lee-Rife, 2009). Today in Cato Manor, HIV infection contributes to major health problems (eThekwini Municipality, 2011).

Literature Review

Gendered Differences and Stigma about Condoms

The HIV epidemic is a gendered epidemic, and so are a multitude of factors that influence this epidemic, including the ability to acquire condoms from clinics, non-governmental organizations (NGOs), and stores; the power to negotiate condom use with sexual partners; and the social standing to own and carry condoms (both male and female condoms). Gender norms, or the sociocultural expectations of the way men and women "must" behave, drive the HIV epidemic in South Africa (Fladseth, Gafos, Newell, & McGrath, 2015). These strict societal norms have the power to influence woman's condom behavior relating to condom acquisition and negotiation. Influenced by these norms, women often do not keep condoms available in order to keep their sexual activities secretive to their community (MacPhail & Campbell, 2001).

Contrasting these strict norms for women, throughout Sub-Saharan Africa, there is the implicit gendered norm that men can have more than one sexual partner, while women cannot (Pugh, 2010). These norms can also affect the availability and accessibility of condoms for women. Societal expectations can bring about negative attitudes of nursing staff towards women looking to access condoms, which can both prevent women from accessing condoms and also serve to keep women away from clinics. (MacPhail & Campbell, 2001). The accessibility of public-sector condoms is critical to the success of the government's condom distribution program, so availability issues for young women can act as barriers to the success of the condom distribution program.

In South Africa, sexuality norms, such as intergenerational relationships between younger women and older, HIV+ men, could explain the growing number of young women becoming infected (AVERT, 2017). These intergenerational sexual relationships can affect women's autonomy to negotiate condom use in sexual intercourse. Regardless of HIV status, condom use is directly and positively associated with condom negotiation, and women with older sexual partners are less able to negotiate condom use during intercourse due to their older partners' refusal (Fladseth, Gafos, Newell, & McGrath, 2015). These gender norms reflect power imbalances in these relationships, serving to reduce the female voice and autonomy in intercourse, allowing men's negative attitudes about condom use to dominate the relationship (MacPhail & Campbell, 2001).

Preference

The main condom brands available in South Africa currently are the free, public-sector "Choice" brand condoms, as well as "Trust" and "Lovers+" brands, which are not freely available (Ashmore & Henwood, 2015). After growing concern about public-sector condom quality (including complaints of smell and noise), the NDOH revamped their public-sector condoms in 2004, issuing new "Choice" condoms, with new, colorful packaging and even scented condoms (Beksinska, Mantell, & Smit, 2012). Minister of Health Dr. Motsoaledi cited the roll-out of these new condoms as an effort to prevent condom fatigue among young adults, or a lack of interest in the public-sector condoms (Ashmore & Henwood, 2015). "Choice" condoms still face the barrier of decreased popularity, and in a study of a youth clinic, only six percent of condoms that were taken were "Choice" brand (Ashmore & Henwood, 2015).

South Africa also has a strong female condom distribution element of the NDOH's condom distribution program, leading to women having a greater knowledge of female condoms (Martin, de Lora, Rochat, & Andes, 2016). The government distributes approximately five million female condoms per year, but critics argue that the female condoms are not as available as they should be (AVERT, 2017). Female condoms are only available through health provider contact, as opposed to freely available in distribution dispensers as male condoms are (Beksinska, Mantell, & Smit, 2012). Public confusion also surrounds the issue of female condoms. Female condom misconceptions are that they are too expensive, they are unappealing, they lessen sexual pleasure, and they must be inserted many hours before intercourse (Martin, de Lora, Rochat, & Andes, 2016). Education about both male and female condoms is critical to promote correct use of these condoms.

Education

Education is a bridge between gender norms and condom use, and it is a key influence in reducing gender inequities in HIV infection (Fladseth, 2015). Level of education and communication with sexual partners about HIV status are two factors that are related to increased condom use (Matseke, Peltzer, Mchunu, & Louw, 2012). Education, particularly at the secondary school level, represents an opportunity to teach young adults in South Africa condom and sexuality education.

Condom education is a factor in reducing rates of HIV infection. The Life Orientation curriculum introduced in South Africa during the 1990s is currently the means for delivering sexuality education within secondary schools, including HIV/AIDS education (Tucker, George, Reardon, & Panday, 2016). In a study comparing students' understanding of sexuality topics before and after the course, the study found that more than 90% of youth in KwaZulu-Natal were competent in understanding where to obtain condoms, but only 62% were confident in their ability to effectively use a condom (Magnani, et al., 2005). Additionally, Life Orientation classes differ among secondary schools, and the teacher can have a substantial impact on the curriculum. Teachers can feel as though they must make the decision between teaching safe sex practices and deciding whether or not the students are too young to be having intercourse (Helleve, Flisher, Onya, Mukoma, & Klepp, 2011). Teaching sexuality is considered a sensitive issue, so some teachers opt to skip the condom demonstration element of the curriculum, reducing the ability of the curriculum to prevent HIV infection (Helleve, Flisher, Onya, Mukoma, & Klepp, 2009). These secondary schools also represent a source of condom access for students. The National Department of Education allows for individual schools to decide whether to provide public-sector condoms to their students; however, this policy faces critics who argue that this policy promotes sexual intercourse between students, rather than promoting safe sex practices (Ashmore & Henwood, 2015). Effective condom education is critical for sexually transmitted infection prevention, particularly for the young women who are disproportionately affected by the HIV epidemic.

Condom Negotiation

Gender and sexuality norms in South Africa can also affect condom negotiation, the conversations that convince partners to use a condom in sexual encounters. Condom negotiation is directly connected to HIV prevention efforts because difficulty in negotiating condom use is a barrier to condom use (Broaddus, Morris, & Bryan, 2010). Negative attitudes about condoms also act as a barrier to condom negotiation. Young adults tend to internalize their peer's adverse attitudes toward condom use, demonstrating again the social glue that binds condom norms (MacPhail & Campbell, 2001). Negative perceptions of condoms include that they threaten trust, intimacy, sexual pleasure, and economic stability; further, social norms indicate that requesting a condom during intercourse with consistent partners suggests infidelity or HIV infection (Varga,

1997). This trend of difficulty in condom negotiation is connected with larger trends of disempowerment of women in sexual intercourse in southern Africa (Myer, Mathews, & Little, 2002).

Equitable gender norms in relationships are connected to the use of a condom at last sex for younger, HIV-positive women (Fladseth, Gafos, Newell, & McGrath, 2015). For those in long-term relationships, sexuality norms promote lower condom use throughout the relationship; therefore, gaps remain in consistent condom use for these relationships (Beksinska, Mantell, & Smit, 2012). Understanding women's autonomy in condom negotiation is critical to understanding condom use in an area, both in casual sexual encounters and in long-term, monogamous relationships.

Methodology

Narrative Methodology

This inquiry employed a narrative methodology through a qualitative approach to research. Using this approach allowed the stories of participants to act as my data set, allowing for a more qualitative, in-depth understanding of consistent condom use. The narrative methodology allows for stories to make meaning retrospectively rather than chronologically, allowing the narrator's perspective to demonstrate why the story is worth telling (Chase, 2005). Therefore, as the researcher, my positionality affects the way in which stories are included in this inquiry, using my own experience as a driving force. This approach relies on the lived experiences of the participants to create meaning of phenomena, a meaning that may be separate from what is unearthed in other forms of academic research. Narrative methodology involves thinking critically about the stories, applying themes drawn from secondary research to be illuminated or drawn upon by these stories (Bleakley, 2005). These experiences are not generalizable, nor require conclusions to be drawn. These stories serve to provide a snapshot of the lives of these young women.

Interpretive and emancipatory assumptions rooted this inquiry. My inquiry was based on assumptions that reality is shaped by multiple forces (including social, political, cultural, and economic), and that knowledge—and the process of knowing—lives in relationship with the "other," or different paradigms and experiences (Bruzas, 2017). To delve into these assumptions, I analyzed women's stories as raw data for explanation and illumination into the topic of condom use and education.

Measuring condom use can be a difficult metric to accurately quantify. Rates of condom use at last sexual encounter are the most commonly used metric, although they can be a poor indicator of long-term, consistent condom use (Fladseth, 2015). Using qualitative methods such as the narrative approach on topics surrounding sexual behavior has the potential to produce more accurate data than quantitative methods, due to the nature of societal expectations and sexuality norms surrounding the topic. For example, in a trial on self-reported sexual behavior, 79% of the study's women reported misinforming researchers on issues such as condom use because of embarrassment, politeness, and avoiding critique (Beksinska, Mantell, & Smit, 2012). Throughout this inquiry, I allowed for my connections in Masxha—due to living in the

community for a month—to build foundations of trust with the women, leading to more organic and genuine conversations about perceptions of condom use and the role of education.

Sampling Plan

I conducted these individual interviews with eight women between the ages of 18 and 24 in Cato Manor. I also intended to conduct a focus group of four to five young women between the ages of 16 and 18; however, due to the time in the school year of this inquiry, the young women faced much stress from exams, so this focus group never occurred. HIV communication is related to condom use at an individual's sexual debut, which is subsequently associated with lower infection risk (Kincaid, Babalola, & Figueroa, 2014). This connection of HIV communication and sexual debut was a driving force of the 16 to 18-year-old women focus group; however, I was still able to conduct individual interviews with 18-year-old women who had just completed secondary school, so this connection was not lost. Before each interview and focus group, I ran through the ethical principles outlined in the following section.

Participants were recruited using a snowball sampling method from initial interviews, with whom I had developed relationships in my time living in Masxha. In this inquiry, women between the ages of 18 and 24 were recruited because this demographic of women are affected more disproportionately by the HIV epidemic than their male counterparts and older women. Further, the fourth through eighth interviews were organized through the School of International Training in a survey implementation day in Cato Manor, where participants were recruited by a local man from the area. Due to time constraints in this inquiry, convenience and snowball sampling were the most efficient ways to collect data. Therefore, the results from this sample could not be generalized to the women as a whole of Masxha, Cato Manor, Durban, KZN, or South Africa.

Data Collection

This inquiry used in-depth, semi-structured, and individual interviews to allow these women to speak freely about their opinions. Most interviews were recorded in order to recount participant responses with as much accuracy as possible, using data file ethics mentioned in the following section. Throughout the interviews, I relied on my interview guide (Appendix 1) to create a pathway for the conversation. However, I approached change and shifts with open arms. If the conversations strayed from the questions that I had planned in the guide, perhaps these

questions or my thematic analysis in my literature review were not as relevant to these women as I had initially thought and planned. In cases where I felt like the questions I had planned were truly pertinent, I revisited the questions later in the interview. However, I allowed the women I interviewed to be the driving force in the interviews, as they are the experts of their experiences. After each interview, I reflected on and journaled the nuances of the interview, such as the atmosphere and subtle shifts in dialogue, before transcribing the interviews. Using this reflection allowed me to prepare for the next interview based on past experiences in interviews.

Once again, since the sample size of my interviewees was small and from one geographic area in KZN, their experiences relate to their specific condom education programs, perhaps in Life Orientation at their secondary schools, as well as their opinions about clinics and shops in the area. Due to the small size of the population and specificity of their geographic location, this inquiry cannot be generalized to larger populations or other geographic areas of South Africa.

Data Analysis

After transcribing the data of the interviews and focus groups into a Microsoft Word document, I worked on making sense of the data by first looking at the individual transcripts and coding for emerging themes, focusing on themes of gendered difference, education, stigma, condom negotiation, trust, and condom preference. This process allowed me to compare and contrast my findings to existing research and identify differences in these women's lived experiences and opinions of the area. This coding allowed for different interviews to be analyzed for similarities and differences in response. As I wrote the report, I continued to visit the transcripts and audio recordings to allow re-immersion into these young women's narratives.

In an effort to create meaning from my data, throughout the transcription process I created word maps that helped me attempt to triangulate and crystallize my data. The process of creating these word maps eventually led to a visual process of data analysis. In creating this visual aid from my data set, I was able to visualize major themes of exploring condom use for these young women, how these major themes interact and influence one another, and how these themes influence the women. This visual is included prior to the "Conversations" section of this paper.

Limitations and Biases

The limitations and biases inherent in this study reflect the small size of the population interviewed, the geographically specific nature of secondary school education and condom availability in clinics and stores, and the time constraint in this inquiry. For this reason, this inquiry's place remains rooted in these women's opinions and experiences, not in the whole of Cato Manor, Durban, KZN, or South Africa.

A bias inherent in the study is that the participants from the survey implementation day were each paid 200 rand for participating, which could lead to a bias in response. Additionally, my close relationship with some of the participants could reflect a bias in this inquiry; however, in the informed consent and ethics process, I attempted to mitigate these biases as much as possible. The language barrier between me and the women could also reflect a limitation in the study, but I did not notice any point throughout the interview process where women could not articulate their point.

Further, due to the gendered nature surrounding condom acquisition, use, and education, I solely interviewed women, which reflects a bias that I did not include any male perspectives in this inquiry. This limitation reflects a potential for further study as well. Finally, the scope of this inquiry was grounded in exploring condom use through the lens of the HIV epidemic. Throughout the interview process, some women explored the role of condom use in pregnancy prevention, as well as HIV. Due to time constraints in my study, I could not further explore the topic in the framework of pregnancy prevention entirely. This limitation also reflects a point for further study.

Ethics

Prior to commencement of this inquiry, this study received Local Review Board (LRB) approval through the School of International Training. The focus of the inquiry and my guiding question for this inquiry were both explained to each participant prior to the initiation of interviews. Interviews were conducted in private rooms and areas to allow protection of these women's lived experiences and opinions. Due to the potentially sensitive topic of inquiry, I asked the women where they would be most comfortable conducting the interview, as some women still lived with their families and wanted more privacy than their own home.

Before each interview began, the participants were read through the informed consent form in order to ensure that each participant knew how the interview and information were going to be handled and to ensure that each woman knew her rights as a participant in this inquiry. After the informed consent process was read to all participants, the participants were asked if they understood everything or had any questions about the process and then gave either verbal or written consent.

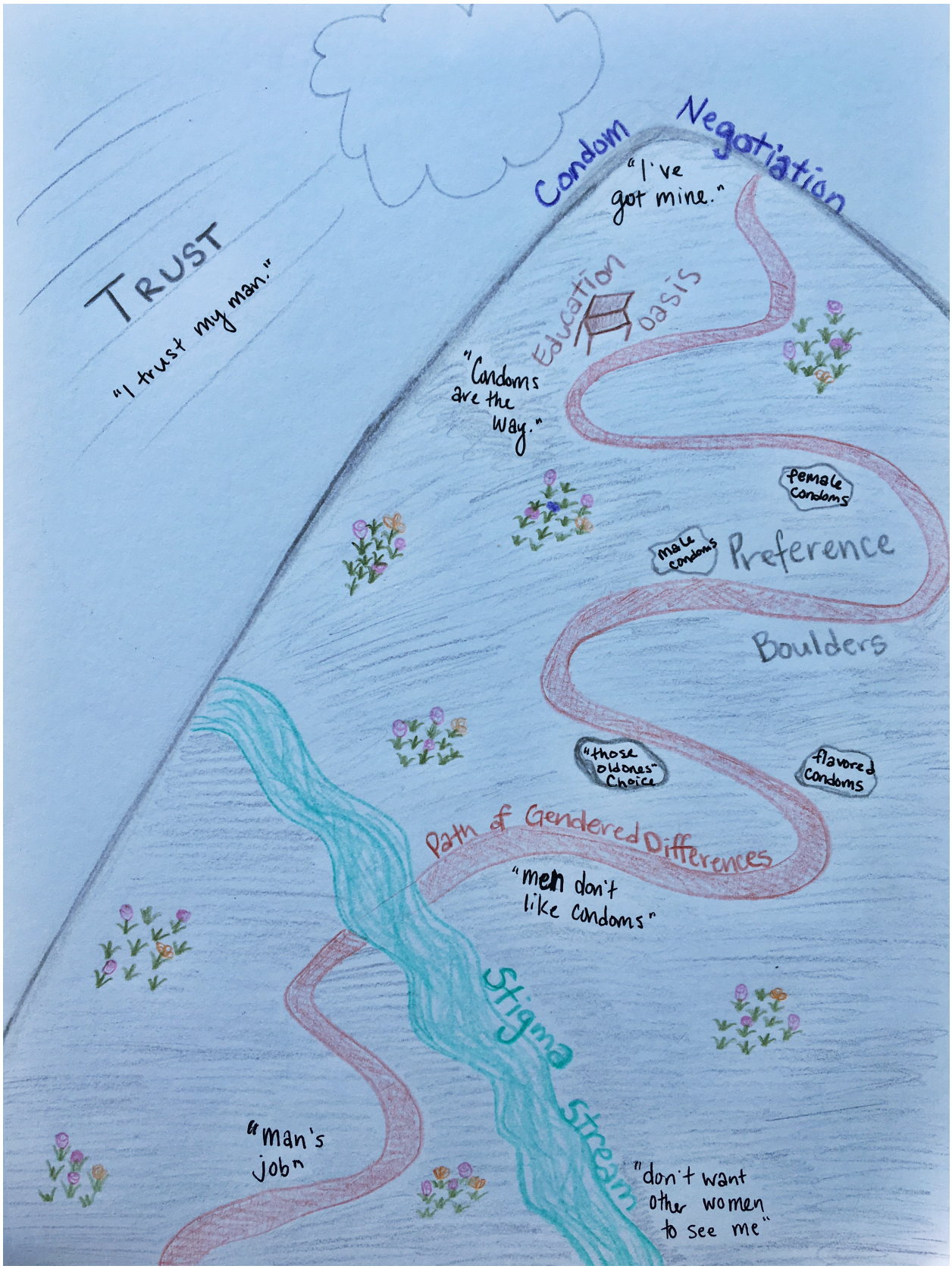
The participants were told that they have the power to stop the interview at any time, to skip any questions, or to decide to withdraw any previous comments and choose to not share their opinions for this inquiry. They were told that stopping the interview or skipping questions would have no impact on the relationship with me or with the School of International Training. Participants were assured that they could skip any questions without any repercussions.

These women were told that the interviews would be recorded in order to be understood with precision for transcription and coding. Their real names would not be attached to the audio files, and, once transcribed, their names would not be attached to the transcription file. Participants were told that if they were not comfortable being recorded, the interview could be written instead. No identifying descriptions of the participants would be included in the report, and in the report, their names would be replaced with pseudonyms unless they told me they wanted to use their real name. These women were given the opportunity to choose their pseudonyms so as to identify their own responses in this report. Participants' quotes would be used in the report, but nothing in the quote would be traceable to the participant. No one besides I would have access to the audio files or the recordings; they are on a password-protected laptop computer. Prior to submitting the final report, all audio files and transcription files were deleted.

Participants were not given any gifts or direct benefits for participating in interviews, except for the four participants from the Cato Manor survey implementation day mentioned in the previous section. Participants were also told that they could withdraw their opinions up until December 1st, 2017. Participants were offered a copy of the final report, whether electronically or printed.

Finally, throughout the period of time I worked in this inquiry, I consistently revisited and reflected on my power and privilege as the driver of this inquiry—in interviews, in coding, and in the final writing process. Through this reflection, I hoped to shine a light on these women's experiences and include them as accurately and consistently as I could in this final project.

The Latex Journey (Yocum, 2017)



Conversations

As I enter the Cato Manor neighborhood of Masxha at the bottom of a large hill, I am immediately beckoned with a "*cockadoodledoo*" from a rooster, one of many that reign over the neighborhood. I am greeted by the herd of men that sit at the local shebeen[1] on the bottom of the hill, an entranceway into the area. As I begin my journey up to my first interview of this inquiry, I wonder about the invisible forces at work in this neighborhood—of the stigma that women face, of different experiences that these women encounter simply because they are not men. I climb further up the hill, and the heat of this November afternoon encourages a layer of sweat to appear on the back of my neck, just to remind me that summer is approaching. When I reach the top of the hill, I look down and notice a blue condom wrapper peering up at me, surely a beacon as I begin my inquiry. I peer back at this blue latex controversy. How can I begin to unravel the societal nuances that surround this piece of latex?

Gendered Differences in Condom Norms: The Path

As I reflected on this topic of condom use for young women not much younger and not much older than myself, I found myself pondering the state of gendered condom norms in the United States. I think of my fellow female students, who are too nervous to be seen buying condoms from stores. As I sat with these women in Masxha, the humid afternoon air pressed against our necks, our foreheads, our backs. These women spoke on topics of sexuality and condom norms in Masxha with stories dancing out of their mouths like steam in a kettle. I could not help but imagine this steam billowing up the side of a large hill, and how this large hill can embody the elements of gendered experience in condoms for these women.

For women setting out to begin their journey and to obtain condoms, the trip may seem perilous, or even unnecessary. After all, these are *male* condoms in most cases. During those times where the trip seems needless, these women may reevaluate their journey. Purity[2] told me about her journey in obtaining condoms, or a lack of a journey. Purity expects her male partner to have his own condoms available when needed, and that is the reason why she does not bother with going to a clinic or a shop to buy condoms—in her eyes, it is unnecessary because her

[1] A shebeen is an informal drinking establishment that is characteristic of South African townships.
[2] All names of participants have been changed to protect their anonymity.

boyfriend should have them. As Mary Jane and I fanned the hot, humid summer air away from our faces, she told me a similar story to Purity's averted journey. Most of the time, men carry the condom around. "It's the man's job" (Mary Jane, *pers. comm.*, 20 November 2017).

This dilemma of averted journeys represents a larger diffusion of responsibility in condom use and acquisition—a diffusion that stems from dichotomous gender roles in sexuality. Many women I spoke to hold this belief that condoms are a man's responsibility. Why is condom acquisition inherently the man's job? If it truly takes two to tango, why should only one determine the safety of the tango? Trixie has one possible answer: "Women don't like to think about buying a condom because they know that men usually carry condoms, like always" (Trixie, *pers. comm.,* 20 November 2017). Ntombenhle dances her tango safely, with precaution, and while she does think condom acquisition is the man's responsibility, she still carries condoms, for the safety of her dance. "If I just go to my boyfriend and find out he has no condoms, then what am I supposed to do? Take mine. Just to be safe" (Ntombenhle, *pers. comm.*, 14 November 2017).

If the first leg of the journey is condom acquisition, the next step in exploring condom use involves examining gendered attitudes about condom use, including negative perceptions of these latex protectors. These gendered attitudes reflect the path these women take on their journey: turbulent and twisty and the foundation of every step women take on their hike. This path is steep and involves overcoming interpersonal barriers. Ntombenhle reaffirmed this thought, telling me that "a majority of men do not like condoms, it's true," another loose pebble on this trek (Ntombenhle, *pers. comm.,* 14 November 2017). Purity noticed the same loose gravel on this exploration of condom use: "Most of the guys do not like condoms at all, they do not want to use them" (Purity, *pers. comm.,* 20 November 2017). For the woman making this journey, these pebbles, accumulated over time, build frustration. Candy tells me that "you'd actually be surprised by how many people—females actually want to use condoms" (Candy, *pers. comm.,* 14 November 2017). If many women want to use the protection that latex offers during intercourse, how can women voice their thoughts—their desire to use condoms? I began to toss this question in my mind, reflecting on what tools women need in their belt to exceed their expectations of this journey.

Stigma: Flowing Stream

These women and I continued our uphill journey to understanding condom use in Masxha, and these conversations revealed that the expedition is not as simple as it initially appeared. These initial gendered differences that the women and I discovered influence other factors like small streams that wind uphill alongside the path, occasionally flooding the path. For these women, stigma surrounding condoms acts as a stream with a strong current. Once swept by these social norms, a woman may have a difficult time grounding herself. For women looking to obtain condoms (for instance, if they felt the "man's job" was not good enough), this stigma is palpable. Candy does not feel comfortable walking up to stores and saying, "Oh, can I have some condoms?" She says she'd much rather have her partner go and get his own condoms (Candy, *pers. comm.,* 14 November 2017).

Mbalenhle says that this stigma is perpetuated by people accusing women of "sleeping around," of taking their sexuality into their own hands, when they go to shops to buy condoms because it is public. She says women are "ashamed of condoms" (Mbalenhle, *pers. comm.,* 20 November 2017). With clinics, taking condoms is fast and efficient, whereas at the shop you must wait in line before your purchase, where anyone in the community could notice you. Ntombenhle, on the other hand, feels that most women are too scared to go to the clinic and ask a health worker for condoms. Jessica affirmed this image of the clinic as an ill-boding condom distribution center: "Most people do not take condoms from the clinic. Only the brave women and the 'I don't care' attitudes do. But it's nothing to be ashamed of!" (Jessica, *pers. comm.,* 14 November 2017). Vanessa attempted to make sense of this phenomenon—the scary clinic—by telling me, "At clinics here, everyone knows you, so women find it difficult. Maybe they'll talk about you or say anything about you, so [women] prefer to go to the shops" (Vanessa, *pers. comm.,* 20 November 2017). Mary Jane addressed the judgment for women surrounding condom acquisition poignantly: "It is not a crime!" (Mary Jane, *pers. comm.,* 20 November 2017).

This experience of stigma and the worry of what others will think grounds itself in the gender norms that are reflexive of every step women take on this trek. These gender norms came to light in these women's responses. When I asked these women where *people* do not like to go to acquire condoms, many responded, "The clinic." However, when I asked where *women* do not like to go, many responded, "The shop." I was unclear how much this finding relates to a language barrier between me and the women, which I perceived as minimal due to the

complexity and reflexivity of their responses in English. Therefore, I interpreted this disparity in response as *people,* in general, are fearful of clinics, but women specifically are apprehensive to go to shops, a fear that is perpetuated by the stigma that perpetuates gendered differences in condom use.

Judgment for these women does not stop after condom acquisition. For those who acquire a condom from a store or clinic, they then have the condom in their possession, which can cause anxiety for these women. Mary Jane says that carrying condoms appears like "running after a male" (Mary Jane, *pers. comm.,* 20 November 2017). Vanessa worries about going to a party with a few condoms in her bag, stressing about what other women will say about her safe sex practices. Purity fears people seeing her carrying or buying male condoms. Jessica agrees that women are apprehensive about carrying condoms around because "people talk, so women feel like carrying a condom is, like, embarrassment" (Jessica, *pers. comm.,* 14 November 2017). This judgment is connected to an economic theory that can be viewed within sexuality. This theory compares sexual encounters to women's resources, with women supplying sex and men consuming sex—a sexual marketplace (Broaddus, Morris, & Bryan, 2010). Women as sellers must attempt to maximize the marketplace value of sex by keeping the supply low (i.e., not engaging in intercourse); therefore, women tend to judge those who are taking control of their sexuality because it drives the marketplace value of sex down in this economic scenario. For the women I met through this inquiry, perhaps this sexual purchasing power explains their feelings of stigma; however, knowledge of sexual economic theory does not transform the stigma for these women. This stigma is still a thorny component of a woman's journey uphill.

Preference: Dual Boulders

Condom use is dual-natured, and this duality does not cease after considering the gendered differences in sexuality norms. In South Africa, Choice condoms fill clinic distribution bins, free of charge to the public. A myriad of other condom brands, such as Trust, Lovers+, and Durex, line store shelves, nuzzled in between cigarette cartons and batteries. Public opinion about these different types of condoms differs, with most women referring to Choice brand condoms as "those free ones" with their noses turned up and their faces scrunched in. Preference in condom type represents large rocks that accumulate on either side of the mountain's trail. On one side of the trail is a rock that differs entirely from the large rock on the other side, and

women may feel polarized on their journey. Negative perceptions of condom brands hinder condom use in intercourse, and the gendered pebbles accumulate at the base of these large rocks. Vanessa does not consider herself a fan of Choice condoms. "They're so cheap, they say you'll smell. But when you use expensive ones, like Lovers+, you're cool. Those cheap ones, they're not good at all. I prefer to buy them than to get them free" (Vanessa, *pers. comm.,* 20 November 2017). Mbalenhle thinks that male condoms are superb—depending on which one you use. "Obviously you enjoy [expensive condoms] more than the one that you get for free. I think you have to pay in order to get what you want" (Mbalenhle, *pers. comm.,* 20 November 2017). Purity says that if a man offered her a Choice condom, she would just say, "haibo[3]!" Purity continued saying most people "just buy [condoms] because they do not trust the ones that are for free" (Purity, *pers. comm.,* 20 November 2017).

Negative perceptions of the free Choice brand condoms may reflect more on the mindset of the consumers of sex, the men and women using condoms, than of the quality of the condom itself. Because these condoms are free, the people who acquire Choice condoms are not necessarily those who want Choice most—the barrier of cost is not deterring individuals who otherwise would not get the condom. Therefore, it may appear to these young people that free condoms are of a lesser quality than purchased condoms. I have noticed this theme before, back at my university in the United States. As part of a campaign, I distributed Trojan condoms throughout the student population, the United States' equivalent of a more expensive condom brand, like Durex. Students told me how much they appreciated these distributed Trojan condoms, how Trojans are incredible compared to the condoms my university distributes for free. However, these condoms are not fundamentally different than the university condoms; they are still latex and lubricant.

These women's critiques of Choice condoms mimic other critiques that instigated the rollout of grape, banana, and strawberry Choice condoms. On the day that I spoke to Mbalenhle, she had spent all morning at a clinic. As she looked around the clinic, scanning for the condom distribution bins with grape and strawberry condoms, she came up short, only noticing the plain, unscented Choice condoms, a fruitless search. Mbalenhle was unsatisfied with what she found. She asked the nurse to kindly point her to those scented condoms, the ones that people have been

[3] "Haibo" is an isiZulu expression that roughly translates to "oh no!"

talking about lately. The nurse told Mbalenhle, "People come by and take three packets at once, and then leave the other one there," she said, pointing at the bin that Mbalenhle had already found (Mbalenhle, *pers. comm.,* 20 November 2017). Mary Jane also feels fondly about the scented condoms; she thinks those condoms make sexual encounters "more romantic" (Mary Jane, *pers. comm.,* 20 November 2017). Choice brand condoms incorporating the negative perceptions into a rebranded campaign represents the chance for young adults to interact with the publicly distributed condoms, perhaps eventually leading to higher use rates. This interaction represents a large rock that the women could sit for a minute to breathe on their journey when their opinions are taken into consideration.

The battle of free condoms versus purchased condoms is not the only preference battle on this path. A less visible battle is fought in the background, underneath the sparring noise of the first battle. Opinions surrounding male condoms and female condoms vary, but the women I spoke to were vocal on their stance in this battle. Ntombenhle told me:

> "We know about female condoms, but, people, they don't use them. They use male condoms, [which are] much easier to put on during sexual intercourse. Female condoms… They're not usual. And women are not used to them. We're used to male condoms" (Ntombenhle, *pers. comm.,* 14 November 2017).

In a hurry, female condoms are not the tool of the trade these women want. Vanessa heard that a woman must insert a female condom more than an hour before sexual encounters. "They're uncomfortable to have around, at all. If you have it, you cannot put it in properly. Female condoms, no, they're not popular. Not at all" (Vanessa, *pers. comm.,* 20 November 2017). I reflected on the emphasis put on female condoms in South Africa in the face of the HIV epidemic. I felt that I could not judge one way or another, seeing that even as a public health student, I had barely even learned about them in class, let alone seen one in person. At this point in the inquiry, these women were teaching me about female condoms, and misconceptions they spoke of could very well have been my own misconceptions as well.

Regardless of how people feel about the female condom—the larger, more elusive cousin of the male condom—public perception is only one part of the battle. Accessibility of female condoms keeps them out of women's hands as well. Candy addressed this issue, saying that female condoms are not popular, and that "they're there, but you cannot easily get them. You have to go to a clinic or whatever. You can't find them in stores. Plus, like, they're so big"

(Candy, *pers. comm.,* 14 November 2017). Purity also addressed this accessibility element, saying that "they are there, but I've never actually touched one. If I hear the word condom, the thing that will pop out is condoms for males, not female ones" (Purity, *pers. comm.,* 20 November 2017).

When discussing female condoms with these women, I drove into a roadblock. Whenever I was wondering about gendered experiences, like going to a clinic as a woman to buy condoms, most women thought I was discussing female condoms, not male condoms or even condoms in general. I wonder about the extent of the assumption that women looking to obtain condoms innately were looking for female condoms. These discussions brought me back to the idea brought up by the women that condom acquisition is the man's responsibility. Is female condom acquisition the women's responsibility?

Education: Oasis Refuge

While the last few boulders, streams, and pathways have represented challenges that women face in the journey of condom use, education plays a key role for these women. As they traveled up this path, they have felt weak and weary, frustrated and exhausted. Education represents a resting point for these women on their path up this summit. Education is a place for these women to catch their breath and enjoy some gulps of water as they approach the mountain's peak.

Condom education, awareness, and knowledge are vital in understanding condom use. Life Orientation, a compulsory subject for secondary school students, appears as a golden standard for sexuality and condom education. As Jessica reflected on her LO education, she remembered that most lessons were in a scenario format. "They would tell us about condoms—we get teachers that are not afraid to say anything. They're open to saying anything that is going to help you in the end" (Jessica, *pers. comm.,* 14 November 2017). Trixie also experienced a scenario-based LO class, with a twist. "They gave us condoms. It was a test, actually, a practical." The teachers showed Trixie's class how to correctly open a condom, tapping it to make sure there are no holes. "Then we had to put it on a fruit—a banana" (Trixie, *pers. comm.,* 20 November 2017). Mbalenhle said her lasting impression from her LO class was the expression: "Condoms are the way" (Mbalenhle, *pers. comm.,* 20 November 2017). Positive reviews from these women differ from my expectations going into this inquiry, grounded in both

secondary research and my own experience in my sexuality education class. I was pleasantly surprised to hear these women demonstrate their appreciation for LO.

The oasis that the education element of the journey provides these women is not left untouched by gendered differences. Mary Jane mused, "At school, especially in LO, the aim was mostly on girls: You have to condomize and mostly just prevent *things* because if you get pregnant, you are a child and you're also raising another child" (Mary Jane, *pers. comm.,* 20 November 2017). Gendered experiences due to societal norms continue to affect women throughout their journey, even when they are provided sanctuary from the effects of gender and sexuality norms. As we have seen, the path that these women take is fraught with obstacles and hazards not up to the women's control, so the message targeted towards these women to simply "condomize" may be more difficult than initially perceived. Young women are not the only actors in teenage pregnancy. Other players include the father, young women's peers, schooling, family, and the community as a whole; these relationships influence these women and shape their choices throughout their lives (Mkwananzi, 2017).

Condom education and Life Orientation are not mutually exclusive. Women are touched by formal, classroom education and experiential learning synchronously. Candy's LO class taught her information about treatment for those affected by HIV. However, she also "knows people who lived: they've been living with HIV for plus or minus ten to fifteen years. And you would not even tell because they've been drinking their medicine. I think for me to understand it, I had to see it" (Candy, *pers. comm.,* 14 November 2017). This first-person glimpse into the information taught in LO classes could be monumental supplementary learning that shapes a young person's opinions and actions. Vanessa had a similar experiential learning supplement to her LO class. "At home, my mother is so secretive, she doesn't talk about anything. But my brother is so nice, we talk about everything; we have chats about me and if I have a boyfriend. I also ask him questions, like 'If I don't use a condom, what will happen to me?' It's easier to talk to him than my mother" (Vanessa, *pers. comm.,* 20 November 2017).

This experiential learning can act as a supplement to these women's compulsory LO education. For those with support structures such as Vanessa, positive conversations about sexuality can occur inside and outside of the classroom, shifting paradigms about condom conversations. For these women, these positive conversations are incredible tools for their

exploration of condom use; however, for those left with less supportive systems, the LO curriculum is their best chance of quality condom education.

Condom Negotiation: The Summit

As the women have traveled on their expedition uphill, they have been affected by many forces. The weathered path and loose gravel act as the foundation of their gendered experiences in condom use. The flowing stream that floods the path influences the stigma these women face when taking control of their sexualities. The large rocks scattered alongside the path demonstrate the duality in condom preference that is affected by gender norms. The brief hiatus before the summit represents the refuge that education plays for these women. Now as these women scale the winding path, a trying last leg of the journey, the summit is in sight. Equipped with the trek's experiences, these women are ready for the capstone of their lived experiences with condoms—condom negotiation.

Condom negotiation can represent freedom for women, autonomy to take their sexuality into their own hands and control their safety in the situation. Therefore, condom negotiation can be an emotional matter for some. Candy demonstrated these emotions for me, explaining that, for her, confusion would be a driving emotion if her partner introduced condoms seemingly out of the blue. "Now you want to bring plastic into our lives? That would be my reaction, like, 'what are you *doing*?'" (Candy, *pers. comm.,* 14 November 2017). Candy explained that this reaction is driven by gender norms in condom use, how even if the woman has a condom with her, usually the man is the one who says, "Oh, let's not use it." Ntombenhle spoke of an initial excitement that her partner is careful, but that in the back of her mind, thoughts would poke away at her, thoughts like, "'Why did he introduce a condom? Does he not trust me? Does he not sleep with me alone?'" On the other side of the conversation, Ntombenhle discussed how men might feel if his partner brought the blue-wrapped condom into the bedroom: "'Why did she introduce condoms? Maybe she is sick. Maybe she is scared. Maybe she thinks that I have disease'" (Ntombenhle, *pers. comm.,* 14 November 2017). As women discussed the emotions surrounding condom negotiation, I reflected on my own emotions. I realized that my own emotions were acting as driving forces in this inquiry. As a woman, I have experienced sociocultural gender norms that have made me feel small and silent, and, therefore, I am not entirely removed from

this inquiry. Invisible forces at work have also propelled me in my decisions throughout life, just like these women.

This summit also represents an opportunity for women to dig their hiking boots into the solid earth and stand their ground in their relationship, requiring the protection that condoms offer. With her chest held high by unwavering confidence, Vanessa told me that "if there's a person I do not know who says 'no,' I'll say, 'Why not? I don't know your status. I don't know about you. So, if you say no, we cannot have sex because I don't know your status'" (Vanessa, *pers. comm.,* 20 November 2017). Mbalenhle described a similar scenario, telling me that if she went to her boyfriend's house and he used not having a condom as an excuse, she "wants to do this right, so I say, 'Mm, don't worry, I've got mine'" (Mbalenhle, *pers. comm.,* 20 November 2017).

Throughout these conversations, I reflected on these hidden forces shaping these women's choices: why some women were confident in their ability to negotiate condom use, but others found themselves captured and side-tracked by other emotions, such as confusion or doubt, that buzz around these women's thoughts like mosquitoes on a summer night. I began to wonder how much my Western ideas of feminism shaped my reflections; around the world, women face relationships built on power differentials, and my ideas of how these power differentials are resolved may differ entirely from these women who shared their stories with me. My support systems, my roots and my branches and my leaves, have strengthened me for my journey uphill, but maybe these women have sunken branches or fallen leaves. The journey that the women who I conversed with may be a different journey than mine—different paths or different streams or different gravel.

I also reflected on how my perception of the culture of these young women could shape this exploration of condom use. When I stayed in Masxha, I noticed how the matriarchal structure of the home affected the community. The home I stayed in did not have a father figure. Nor did the home next to mine, nor the home across the street. Zulu culture is grounded in masculinity and the perception of strong men (Vezi, 2017). Masxha, although predominately Zulu families, had a notable lack of masculinity and "strong men" father figures in the neighborhood. I wondered how my perception of Zulu culture reflects the actual lived experiences of the young women in Masxha, as well as how this counter-culture phenomenon could shape their experiences.

At the top of the summit, another element is introduced to women: Trust. Trust billows around the summit of the mountain as light as a breeze, cooling the women from their long trek up. Condom negotiation can be influenced by this trust. Ntombenhle explained to me how "some couples use condoms the first time, but when times go on in their relationship, they stop using condoms. Why? Because they trust each other" (Ntombenhle, *pers. comm.,* 14 November 2017). Vanessa follows trust's breeze, saying, "I trust my man" (Vanessa, *pers. comm.,* 20 November 2017). However, this trust can lead to frustration for these women. Purity does not usually use a condom with her boyfriend, but for Purity, she "knows it's wrong because I don't know what he's doing and he doesn't know what I'm doing" (Purity, *pers. comm.,* 20 November 2017). Trust sweeps the societal expectations and sexual norms together, creating conditions where women may not use condoms with long-term partners. Ntombenhle described women wanting to seek protection from condoms from their boyfriends, who may, in turn, retaliate with the phrase, "'Oh, you don't trust me?'" (Ntombenhle, *pers. comm.,* 14 November 2017). Trust's breeze represents a relationship norm in the country, a socially binding principle that has the strength to influence these women's actions and choices. The sweeping winds of trust can be potentially harmful, having the power to sway these women's decisions about condom negotiation after their life-long journey up the mountain. However, these women are tough from their journey, and for some, the sweeping winds of trust do not affect their ability to stand their ground for safe sex practices.

Conclusions

When I set out for this inquiry, I wondered about the force that condom education has on condom use in a community. I never considered the scope of factors that influence these women day in and day out. I wanted to explore the opinions of women about condom use and attitudes in the area in the context of strict gender and sexuality norms in South Africa. I discovered an avalanche of factors that influence these women on their path towards exploring condom use—gender norm-influenced condom preferences, such as the inherent diffusion of responsibility in male condom acquisition, as well as sexuality norm-influenced perceptions of stigma in clinics, stores, and daily life for these young women.

I aimed to understand how condom education can enhance or hinder condom use rates for these women. Throughout conversations with these young women, I heard story after story recounting the benefits of their condom education, how Life Orientation shaped their opinions and their lifestyle decisions and how condom education has shaped their lives for the better. This education fortifies young women in their journey, a journey which may require overcoming gender and sexuality expectations that act opposite of these women's needs.

Finally, I sought to hear the voices of young women in Masxha as they shared their stories. Throughout this inquiry, I listened and I heard. I heard confusion and confidence, doubt and trust, insecurity and respect. Many steps in the condom process are fraught with emotion, between acquisition, possession, negotiation, and, finally, use. Condom use is not clinical or clear-cut. Human emotion touches many factors surrounding condom use, and these emotions are not generalizable or consistent; they are ever-shifting and changing.

Throughout this inquiry, I explored a multitude of invisible forces at work in these women's lives. Again, gender and sexuality norms shape components of the condom use process such as stigma, preference, and negotiation. However, these women are also shaped by micro-level forces in each and every one of their lives. These women have been molded by their community—their peers, family, and romantic partners. No woman climbs the same hill toward exploring condom use. Each journey has different difficulties and different victories that influence the perception of stigma, condom preferences, and extent of education differently.

Further, as women embark on their different treks, it is notable that the journey of understanding condom use is not a journey that a woman travels once. Their journey does not simply stop at the summit of condom negotiation. Women are never finished climbing. These

women will continue to revisit this mountain, at different times in their lives and with different tools for their trek. Women continuously revisit streams of stigma. With these experiences, these women will continue to be shaped by societal forces that act through gendered differences daily, annually, and throughout their lives.

Recommendations for Further Study

An inherent limitation in this inquiry is that I only discussed topics of gendered condom use, stigma, and education with *women* in Masxha. This inquiry could be expanded upon by incorporating the opinions of men in the same age bracket to understand their lived experiences and opinions. Throughout our conversations, some women described their perceptions of men's reactions and actions regarding condom use; however, a first-person account would be more relevant and accurate.

Three women also touched on the problem that alcohol consumption plays in condom use in the community, describing situations where individuals consume too much alcohol and do not remember having unprotected sex. Exploring condom distribution through a lens of the troubles with alcohol in the community could be an exploration into a topic noted by community members, for community members.

In order to completely capture the experience of climbing multiple mountains throughout their lifetimes, a longitudinal study in nature could shed light on women's experiences in their journeys throughout life—not just in this particular age demographic. Different journeys throughout twenty years could vary greatly, and the stories could illuminate these lived experiences.

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1. Pseudonym: Candy, 18 years old, female, black African.
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2. Pseudonym: Ntombenhle, 20 years old, female, black African.
   Interview: 14 November 2017.
3. Pseudonym: Jessica, 20 years old, female, black African.
   Interview: 14 November 2017.
4. Pseudonym: Trixie, 22 years old, female, black African.
   Interview: 20 November 2017.
5. Pseudonym: Vanessa, 21 years old, female, black African.
   Interview: 20 November 2017.
6. Pseudonym: Mbalenhle, 23 years old, female, black African.
   Interview: 20 November 2017.
7. Pseudonym: Purity, 21 years old, female, black African.
   Interview: 20 November 2017.
8. Pseudonym: Mary Jane, 18 years old, female, black African.
   Interview: 20 November 2017.

Appendices

Appendix 1: Interview Guide

1. What is your age?
2. What ways do you think HIV is spread in Masxha?
3. What condom brands do people in Masxha buy or access (in the case of free condoms)?
4. Where do women in Masxha go to obtain condoms?
5. Are there places that sell or distribute condoms where women in Masxha feel they cannot go?
6. What types of condoms do people in Masxha want to access or buy?
7. Do you think female condoms are popular Masxha?
8. Have you noticed people talking about male condoms and female condoms differently?
9. What types of reasons have you heard for a woman not carrying a condom around?
10. What types of reasons have you heard for a woman not using a condom during intercourse?
11. Scenario: If a man were to introduce a condom to his sexual partner during intercourse, what would the reaction of a woman in Masxha be?
12. Scenario: If a woman were to introduce a condom to her sexual partner during intercourse, what would the reaction of the man be?
13. Where did you learn about condoms?
    a. If the answer pertains to Life Orientation curriculum, then what was the extent of that education? (Explanation of condom use? Condom use demonstration? Condom distribution?)
14. In these condom education programs, what have you heard about the benefits of condom use?
15. In these condom education programs, have you heard any disadvantages to using condoms?
16. How has condom education (whether LO or other) influenced your opinions/decisions regarding condom use?

Appendix 2: LRB Clearance Form

SIT Study Abroad
School for International Training

Human Subjects Review
LRB/IRB ACTION FORM

Name of Student: Kylie Journ

ISP Title: The Latex Journey: Exploring Condom (Mis)Use in KwaMashu

Date Submitted: 25 October 2017

Program: Durban Community Health and Social Policy- Fall 2017

Type of review: ~~Full~~ Local.

Exempt ☐
Expedited ☑ Expedited
Full ~~☐~~

Institution: World Learning Inc.
IRB organization number: IORG0004408
IRB registration number: IRB00005219
Expires: 9 December 2017

LRB members (print names):

John McGladdery

Clive Bruzas(PhD)

Francis O'Brian(PhD)

LRB REVIEW BOARD ACTION:

✓ Approved as submitted
___ Approved pending changes
___ Requires full IRB review in Vermont
___ Disapproved

LRB Chair Signature:

Date: 9 October 2017

Form below for IRB Vermont use only:

Research requiring full IRB review. ACTION TAKEN:

__ approved as submitted __ approved pending submission or revisions__ disapproved

IRB Chairperson's Signature

Date 9 October 2017

Appendix 3: Informed Consent Form

SIT Study Abroad
a program of World Learning

CONSENT FORM

1. Project Purpose

The purpose of this project is to explore the ways in which condoms are being spoken about in Cato Manor. I would greatly appreciate talking with you about your opinions on how condoms are being used in Masxha and how education about condoms affects this use.

2. Rights Notice

In an endeavor to uphold the ethical standards of all SIT ISP proposals, this study has been reviewed and approved by a Local Review Board or SIT Institutional Review Board. If at any time, you feel that you are at risk or exposed to unreasonable harm, you may terminate and stop the interview. Please take some time to carefully read the statements provided below.

a. ***Privacy*** - all information you present in this interview may be recorded and safeguarded. If you do not want the information recorded, you need to let the interviewer know.

b. ***Anonymity*** - all names in this study will be kept anonymous unless you choose otherwise.

c. ***Confidentiality*** - all names will remain completely confidential and fully protected by the interviewer. By signing below, you give the interviewer full responsibility to uphold this contract and its contents. The interviewer will also sign a copy of this contract and give it to you.

I understand that I will receive **no gift** or direct benefit for participating in the study.
I confirm that the learner has given me the address of the nearest School for International Training Study Abroad Office should I wish to go there for information. (404 Cowey Park, Cowey Rd, Durban).
I know that if I have any questions or complaints about this study that I can contact anonymously, if I wish, the Director/s of the SIT South Africa Community Health Program (Zed McGladdery 0846834982)

_____ _____
Participant's name printed Your signature and date

Kylie Yocum _____
Interviewer's name printed Interviewer's signature and date

SIT Study Abroad
School for International Training

Access, Use, and Publication of ISP

Student Name: Kylie Yocum

Email Address: kylieyocum@gmail.com

Title of ISP: The Latex Journey: A Narrative Approach to Exploring Condom Use, Stigma, and Education from the Perspective of Women in Masxha

Program and Term/Year: Community Health and Social Policy in South Africa, Fall 2017

Student research (Independent Study Project, Field Study Project) is a product of field work and as such students have an obligation to assess both the positive and negative consequences of their field study. Ethical field work, as stipulated in the SIT Policy on Ethics, results in products that are shared with local and academic communities; therefore, copies of ISP/FSPs are returned to the sponsoring institutions and the host communities, at the discretion of the institution(s) and/or community involved.
By signing this form, I certify my understanding that:

1. I retain ALL ownership rights of my ISP/FSP project and that I retain the right to use all, or part, of my project in future works.

2. World Learning/SIT Study Abroad may publish the ISP/FSP in the SIT Digital Collections, housed on World Learning's public website.

3. World Learning/SIT Study Abroad may archive, copy, or convert the ISP/FSP for non-commercial use, for preservation purposes, and to ensure future accessibility.
   - World Learning/SIT Study Abroad archives my ISP/FSP in the permanent collection at the SIT Study Abroad local country program office and/or at any World Learning office.
   - In some cases, partner institutions, organizations, or libraries in the host country house a copy of the ISP/FSP in their own national, regional, or local collections for enrichment and use of host country nationals.

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6. World Learning/SIT Study Abroad is not responsible for any unauthorized use of the ISP/FSP by any third party who might access it on the Internet or otherwise.

7. I have sought copyright permission for previously copyrighted content that is included in this ISP/FSP allowing distribution as specified above.

KYLIE YOCUM 6 December 2017

Student Signature Date