Published in final edited form as:

Soc Sci Med. 2011 March ; 72(6): 953–961. doi:10.1016/j.socscimed.2011.01.014.

Making sense of condoms: social representations in young people's HIV-related narratives from six African countries

Kate Winskell,

Hubert Department of Global Health, Rollins School of Public Health, Emory University, Atlanta, GA, USA

Oby Obyerodhyambo, and

Center for Health, Culture and Society, Emory University, Atlanta, GA, USA

Rob Stephenson

Hubert Department of Global Health, Rollins School of Public Health, Emory University, Atlanta, GA, USA

Abstract

Condoms are an essential component of comprehensive efforts to control the HIV epidemic, both for those who know their status and for those who do not. Although young people account for almost half of all new HIV infections, reported condom use among them remains low in many sub-Saharan African countries. In order to inform education and communication efforts to increase condom use, we examined social representations of condoms among young people aged 10–24 in six African countries/regions with diverse HIV prevalence rates: Swaziland, Namibia, Kenya, South-East Nigeria, Burkina Faso, and Senegal. We used a unique data source, namely 11,354 creative ideas contributed from these countries to a continent-wide scriptwriting contest, held from 1st February to 15th April 2005, on the theme of HIV/AIDS. We stratified each country sample by the sex, age (10–14, 15–19, 20–24), and urban/rural location of the author and randomly selected up to 10 narratives for each of the 12 resulting strata, netting a total sample of 586 texts for the six countries. We analyzed the narratives qualitatively using thematic data analysis and narrative-based methodologies. Differences were observed across settings in the prominence accorded to condoms, the assessment of their effectiveness, and certain barriers to and facilitators of their use. Moralization emerged as a key impediment to positive representations of condoms, while humour was an appealing means to normalize them. The social representations in the narratives identify communication needs in and across settings and provide youth-focused ideas and perspectives to inform future intervention efforts.

Keywords

Swaziland; Namibia; Kenya; South-East Nigeria; Burkina Faso; and Senegal; HIV; youth; condoms; social representations; narratives

Corresponding Author: Kate Winskell, swinske@emory.edu.

Publisher's Disclaimer: This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final citable form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

Introduction

In 2009, 2.6 million people became infected with HIV (UNAIDS, 2010) and it is estimated that 45% of infections were in young people aged 15–24 (UNAIDS, 2008). In Sub-Saharan Africa, nearly 60% of females and 45% of males have had sex before the age of 18 and there is a widening gap between sexual initiation and marriage (Mensch, Grant, & Blanc, 2006). When used consistently and correctly, latex condoms are highly effective in preventing the sexual transmission of HIV (Centers for Disease Control and Prevention, 2009) and they have been instrumental in reducing prevalence in certain high risk communities around the world. Condom promotion among young people can help to address their elevated risk of HIV, other sexually transmitted infections and unwanted pregnancy, and to establish protective behavioural patterns that may last a lifetime. However, in recent years condom promotion has been impeded by ideologically-driven agendas (The Lancet, 2006) on the presumption that it condones and facilitates extramarital sex, and contested on the premise that it may reduce the likelihood of abstinence or partner reduction (Hearst & Chen, 2004). Notwithstanding, few commentators would disagree that condoms are a fundamental component of comprehensive efforts to control the HIV epidemic, both for those who know their status and those who do not.

Although there is some evidence of positive trends (Cleland & Ali, 2006), reported condom use among young people remains low in many sub-Saharan African countries, even for higher-risk sex, defined in Demographic and Health Surveys (DHS) as with a non-marital and non-cohabiting partner. In all but two of twenty sub-Saharan countries for which Khan and Mishra (2008) analyzed data, fewer than 50% of young women who had higher-risk sex in the past 12 months reported using a condom. This phenomenon has led to quantitative research into factors influencing condom use and non-use by African youth with a view to informing more effective prevention programming (Heeren, Jemmott, Mandeya, & Tyler, 2009; Kabiru & Orpinas, 2009; Maticka-Tyndale & Tenkorang, 2010). Some commentators have drawn attention to the inconsistency of survey results, on which much of this research has drawn (Pfeiffer, 2004; Plummer, Wight, Wamoyi, Mshana, Hayes, & Ross, 2006). In recognition of the limited explanatory power of quantitative studies and their vulnerability to social desirability bias, qualitative studies have described the contextual factors, attitudes and cultural meanings that inform condom use and non-use among adult populations in specific settings, drawing on increasingly innovative methods, including multi-site, multi-researcher participant observation and journals comprising conversations about HIV recorded by lay researchers (Plummer et al., 2006; Tavory & Swidler, 2009). Very few qualitative studies of condoms address an African youth population (MacPhail & Campbell, 2001; Maharaj & Cleland, 2006).

Self-reported rates of condom use among young people in sub-Saharan Africa vary considerably from one country to another (Khan & Mishra, 2008). However, studies to elucidate this phenomenon are rare (Bankole, Ahmed, Neema, Ouedraogo, & Konyani, 2007). In light of the importance of condoms in HIV prevention efforts for youth, we examine social representations of condoms among young people aged 10–24 in six African countries with estimated adult HIV prevalence rates ranging from 1 to 33%. Our purpose is to inform education and communication programmes designed to increase condom use among young Africans both in and across these settings.

In the spirit of methodological innovation in qualitative research on condoms, we use a unique data source, namely creative narratives contributed from these six countries to a continent-wide scriptwriting contest on the theme of HIV/AIDS. Narratives are a source of insight into how people make sense of the world, and how they communicate those understandings to others (Bruner, 1990). We situate our analyses broadly within the Theory

of Social Representations (Joffe & Bettega, 2003; Moscovici, 1981) which focuses on the complex symbolic, emotive and social aspects of everyday lay meaning-making. Social representations are culturally-shared mental phenomena that communicate norms and values in symbolic form. They are often pre-conscious and therefore less subject to informant bias than conscious evaluative judgements like attitudes. Narratives have been identified as a particularly valuable and underused data source for the study of social representations (Laszlo, 1997; Murray, 2002). In this study, they allow us to access young people's spontaneous mentions of condoms, rather than their responses to specific interview or focus group questions. They reveal the cultural resources available to young people in and across the six settings as they strive to make sense of the role of condoms in the response to HIV/AIDS and they identify important distinctions and nuances in social representations in individual countries, highlighting country-specific needs.

Methods

Since 1997, contests organized by the "Scenarios from Africa" communication process have invited young Africans to contribute scripts for short fiction films to educate their communities about HIV/AIDS (Winskell & Enger, 2005; Global Dialogues, 2010). The young contest participants are mobilized by non-governmental and community-based organizations and local, national and international media across sub-Saharan Africa. A leaflet, identical in all countries and available in several major languages, is used continent-wide to provide young people with instructions on how to participate in the contest, inviting them to come up with a creative idea for a short film about HIV/AIDS up to 5 minutes in length. The winning ideas in each contest are selected – first at national, then at international level – by local juries and, following adaptation, transformed into short fiction films by leading African directors. Thirty-five films (Scenarios from Africa, 2010) have been produced to date. These are donated to television stations and widely broadcast. Available in over 25 languages, the films are also used extensively as an educational resource at community level. The first author is one of the initiators of Scenarios from Africa and the second author is national coordinator of the process in Kenya. By 2008, the process had generated an archive of approximately 55,000 scenarios from 47 countries.

Study population

The narratives analyzed for this paper were submitted to the Scenarios from Africa contest that was held continent-wide from 1st February to 15th April 2005. Over 63,000 young people from 35 African countries participated in this contest, submitting approximately 23,000 scenarios. For this study, we selected six non-contiguous countries in which at least 500 narratives had been received, with contrasting estimated adult HIV prevalence rates in 2005: Senegal (0.9%), Burkina Faso (2%), South-East Nigeria (3.9%), Kenya (6.1%), Namibia (19.6%), and Swaziland (33.4%) (UNAIDS, 2006). The six countries have diverse historic, religious, and development profiles. Senegal and Burkina Faso were colonized by France; Namibia by Germany and then South Africa; Nigeria, Kenya and Swaziland by Great Britain. While Senegal is overwhelmingly Muslim, religious affiliation among the Burkinabè is more diverse, and Igbo-speaking Nigeria is, like Kenya, Namibia and Swaziland, overwhelmingly Christian. Less than one third of the adult population (aged over 15) is literate in Burkina Faso, while this figure is almost 90% in Namibia. Comparison of the Demographic and Health Surveys (DHS) conducted closest in date to the contest reveals considerable variation in the proportion of young people in the six countries reporting that they used a condom at last higher risk sex: Namibia (2006; male 81.1%, female 64.2%), Swaziland (2006–7; 69.5%, 53.7%), Burkina Faso (2003; 66.9%, 53.9%), Senegal (2005; 52.4%, 35.6%), Kenya (2003; 46.8, 25.4) and South-East Nigeria (2003; n/a, 24.6%) (Measure DHS, 2009). A questionnaire completed by all contest participants provided data

on their socio-demographic characteristics (Table 1). This study was approved by Emory University Institutional Review Board.

Study sample and rationale

Scenarios were ineligible for inclusion in the study sample if they were team-authored or written in response to one of the thirteen thematic story-starters provided on the contest leaflet (e.g. “Write a story about HIV/AIDS in a country experiencing armed conflict”). After eliminating these scenarios, we stratified our data by sex, urban/rural location and age (10–14, 15–19, 20–24) in order to maximize representation of participants across demographic strata (Figure 2). For each country, we randomly selected up to 10 narratives for each of the twelve resulting strata. Approximately one third of submissions were either non-text-based (e.g. pictures, video cassettes) and/or non-narrative (e.g. essays). If sampled, these were eliminated from the study. In some countries certain strata contained fewer than ten narratives, hence some country samples have fewer than the maximum 120 narratives (Table 2). In light of the size and cultural diversity of the Nigerian population, only those narratives from the Igbo-speaking South-East were sampled. An overall sample of 586 texts for the six countries resulted.

As contest participants self-select, the sample is not constructed to be representative of the youth population of the six countries in respect to ethnicity, religion, literacy, access to television, etc. Contest participants are likely to be better educated, and more knowledgeable and motivated about HIV than the general youth population, while the most rural communities are less likely to be represented. As the product of the contest mechanism, these biases are likely to be consistent across the six countries hence the country samples, though not representative, are comparable for our purposes. Social representations are properties of social groups rather than individuals (Campbell 2010). Our interest here lies with the cultural meanings that frame condom use among this youth population in and across these countries.

Social representations of condoms may include imagery (e.g. condom as raincoat), associations (e.g. condoms equal immorality), or cultural scripts (e.g. female-initiated condom negotiation). Social representations are dynamic systems of social knowledge and may both reflect existing understandings and help to shape future developments.

Data processing and analysis

The sampled narratives were overwhelmingly handwritten, with a small proportion submitted as word-processed text. They were transcribed verbatim in English or French for analysis using MaxQDA qualitative data analysis software (VERBI Software, 1989–2010). The methodologies, tailored to the unique data source, its size, and the study’s focus on sociocultural context, combined two primary approaches: qualitative data analysis, focusing on thematically-related text segments and memoing for emergent analytical themes, and a narrative-based approach, focusing on plot summary and thematic keywords. A third methodological component analyzed quantifiable characteristics of the narratives (e.g. sex of protagonist(s)). Our analytical approach was situated at the intersection of grounded theory (Corbin & Strauss, 2008) and thematic narrative analysis (Riessman, 2008), with the narrative-based component providing a holistic perspective to counteract any fragmentation and decontextualization of the data resulting from the other analytical components.

Analysis was conducted in two phases. In the first phase, descriptive codes (Miles & Huberman, 1994) were applied to the data with reference to a detailed codebook covering 65 HIV-related themes, including condoms, abstinence, testing, religion, etc. The codebook was developed via an iterative team-based process, drew on the recommendations of African

colleagues who read the narratives when selecting the winning ideas (Winskell & Enger, 2009), and included a detailed description of each code, inclusion and exclusion criteria, and examples of the code in use (MacQueen, McLellan-Lemal, Bartholow, & Milstein, 2008). In addition to the thematic coding, a one-paragraph narrative summary, comprising the key elements of plot and message, was written for each story and this was coded with up to six (of 45 available) keywords per story. These steps allowed us to isolate both individual text segments related to condoms and those narratives in which condoms were a central theme. Descriptive coding and the preparation of the narrative summaries were undertaken by trained research assistants and were reviewed in detail by the lead author to ensure consistency. In addition, keywords were double entered and notable discrepancies were resolved by means of dialogue or adjudication by a third coder.

In the second phase, interpretive codes were identified for the analysis of the themes that emerged in all the condom-related data (Miles & Huberman, 1994). Themes were identified based on recurrence and on similarities and differences noted across the texts (Ryan & Bernard, 2003). Examples of interpretive codes included effectiveness, barriers, and humour. These interpretive codes were applied to the condom-related data and analyzed to describe the representations of condoms and their distribution across the countries and by sex and age of author. All condom-related text segments were analyzed within the context of the narrative in which they were found.

As the data is unique in providing access to the voices and imaginings of young Africans in a largely unmediated way, we cite the narratives verbatim and in some detail. In the quotes that follow, country names are abbreviated as follows: SZ – Swaziland; NM – Namibia; KY – Kenya; NG – Nigeria; BF – Burkina Faso; and SN – Senegal. Excerpts are identified by the country, sex, age and geographic location of the author. For example, an excerpt followed by “(NM, F 15-19 R)” comes from a female participant in the 15–19 age group from rural Namibia.

Results

Narrative characteristics by demographics and country

Condoms are mentioned in 214 (37%) of the 586 narratives, both directly – by name and via vernacular expressions – and indirectly, in the form of euphemistic terms like “protected/unprotected” or, more rarely, “safe” sex. As measured by keywords applied to the story summaries, condoms are a central theme in 109 (19%) of the 586 narratives. Authors choosing to focus their narratives on condoms span the 10–24 age range and come from both urban and rural locations. The majority (60%) of narratives in which condoms are a central theme are written by young men. As a rule, as the age of the author increases, the narratives become longer, their plotlines become more complex, and they incorporate a greater number of themes. Narratives by younger authors tend to focus more on communicating HIV-related information, while those by older authors provide greater insight into the lived reality of condom use, including the barriers characters face. Most authors (56%), particularly males, write about a protagonist of their own sex. While the proportion of narratives with hopeful outcomes is similar for both sexes, almost all of the humorous narratives are male-authored, most of them by younger authors. Thematically, the distinctions between male and female-authored narratives are less easily delineated. As a rule, female authors tend to place greater emphasis on the agency and vulnerabilities of female characters by means of plots in which they avoid infection by refusing to have unprotected sex or are infected as a consequence of their failure or inability to negotiate condom use. Male authors tend to focus more on their – primarily male – characters becoming infected when they refuse to believe in HIV or to heed the advice of friends.

Narratives in which condoms are a central theme are distributed across the country samples in the following order of prevalence (from most to least prominent): Namibia, Burkina Faso, Swaziland, Senegal, Kenya, SE Nigeria. Those in which we are explicitly told that characters become infected because they failed to use condoms far outnumber those in which condoms clearly prevent infection. However, both positive outcomes of protected sex (prevention tales) and negative outcomes of unprotected sex (cautionary tales) serve to emphasize the effectiveness of condoms. Where no reference to condoms is made when they could reasonably have been used to prevent infection, blame for infection is frequently attributed to the “immoral” sexual behaviours of the protagonists. These cases are particularly prevalent in the Nigeria sample. The more thematically prominent condoms are in the country samples, the more positively they are portrayed. Although there is some variation within the country samples – and each includes at least one negative or sceptical representation of condoms – they are nonetheless distinctive enough to be characterized with relative ease.

The Namibian narratives present condoms as a normal and taken-for-granted part of everyday life in the age of AIDS. Motivating slogans like “Let’s condomise and take control” (NM, M 15-19 R), emphasizing effectiveness and self-efficacy are characteristic. One story explicitly frames the normalization of condom use within the context of Namibia’s highly visible AIDS-related mortality in 2005. When Sepo learns that her rural cousin currently has two sexual partners, she asks her if she is using “protection” and is stunned by her puzzled response, “where have you been? people are dying like flies and you ask me ‘protection from what’”? (NM, F 15-19 R).

The Burkina sample is notable for its non-judgemental approach. Unlike narratives in other country samples, which typically punish characters for their behavioural failings with infection, it includes cases in which characters who fail to use condoms test negative, even those whose sexual partners are known to be HIV positive. Another distinctive feature of the Burkinabè narratives is the fact that testing is often presented alongside condoms as part of a comprehensive prevention strategy.

Several Swazi texts present condoms as one mode of prevention alongside others without distinction. Others, while presenting them positively, point out that they are inferior to abstinence, especially for young people. However they do so without suggesting that condom use represents a moral failure. One illustrative script describes a proposed TV advertisement which is set up as a contest in which boys audition for girls. Three boys audition wearing a sign around their necks to indicate their chosen method. The first wears “unsafe sex.” The girls boo him and give him zeros. The next wears “condomise.” The girls are tempted and give him scores ranging from 7 to 9. The last boy represents “abstinence” and the girls give him all 10’s and jump over the table to grab their “choice” (SZ, F 15-19 U).

Where condoms are mentioned in the Senegalese sample, they are represented in positive terms. What is unique about the sample from this consistently low-prevalence country is the prominence of high-risk or so-called bridge populations among the characters who use or fail to use condoms. Although explicit commentary is non-judgemental, the source of infection is morally or geographically distanced in the person of commercial sex workers, individuals with multiple partners, people living with HIV, some of whom know their status, and foreigners or returning migrants. Despite this “othering”, HIV is depicted as a lurking threat poised to enter the domestic sphere at the first opportunity (e.g. via unfaithful husbands or intentional infection). After recounting how his childhood friend returned home sick from Europe, having been infected there through unprotected sex with a wealthy white

woman, one narrator enjoins “all the young people of Senegal” to beware of AIDS and to use condoms, “the only medicine” for it (SN, M 15-19 R).

One Kenyan story quips “now-a -days people trust condoms more than their politicians!” (KY, M 15-19 R). Like politics, sentiment around condoms is polarized in the Kenyan narratives. While several narratives present condoms as one valid leg of the ABC (Abstinence, Be Faithful, Use Condoms) triad, a similar number present them as a last resort for those who lack self control. These moral overtones are both more consistent and more strident across the majority of the Nigerian narratives, where the implicit mantra is “conduct not condom” (NG, M 15-19 U).

Assessments of effectiveness

Assessments of the effectiveness of condoms differ across the country samples. This is reflected in: representations of condom breakage; ideologically-driven misinformation about their efficacy, effectiveness and safety; and efforts to debunk misconceptions and ensure correct usage with a view to maximizing effectiveness.

The entire six-country study sample includes six narratives (5.5% of those in which condoms are a central theme) in which condoms break, burst or otherwise fail. Three of these occur in the Nigeria sample (M 15-19 U, M 20-24 U x 2) and constitute the only three individual acts of sex described in the 120 narratives from this country in which a condom is used. In two of these cases the male character is infected by a female partner intent on spreading the virus.

Misinformation about the efficacy of condoms is disseminated with a view to promoting abstinence in narratives from Nigeria, Swaziland and Kenya. In one Swazi story, by an 18-year-old male, Lebohang, sporting gumboots, takes his friend Mariom to the nearest marsh for an experiment. As he advances into the swamp his trouser becomes dirty with mud up to his thighs and the mud also enters his gumboots. Lebohang explains:

“All in all I want to show you what happens when someone is using a condom during penetration. The condom is not hundred per cent protective as the boots were not hundred per cent protective as I was in the marsh. So my friend, I love you, AIDS kills and abstain as I do” (SZ, M 15-19 R).

Misinformation about the relative effectiveness of condoms for HIV prevention and contraception recurs in isolated narratives from Swaziland and Kenya and in a number of narratives from Nigeria. Rejecting her partner’s request that they have sex and use a condom, a female character in a Kenyan story explains, for example, that a condom will only protect against pregnancy, not HIV/AIDS (KY, F 15-19 R). Such is the dominance of moral and religious considerations in debate around condom use in the Nigerian narratives, that several suggest that condoms are not only ineffective but also inimical to moral salvation. Some narratives are particularly virulent: “condomns can lack either from the producer, the packager or the individual using it.... Many thinks condomn is the true protector (LIES) but I tell you today that the true solution is self management...” (NG, M 15-19 U).

Narratives in the Nigerian sample question not only the effectiveness, but the “safety” of condoms. Resorting to pidgin for emphasis, one states, “if you can’t hold your-self, play with condom, but condom self ‘no dey safe ooo’ ...” (i.e. condoms are not safe) (NG, F 20-24 U). A humorous story from Burkina Faso sets out to correct misinformation such as this as a young peer educator convinces his ageing father that what he calls “this vile thing” is quite safe if used correctly and neither promotes promiscuity nor erodes morals. Curious about the condom’s potential to increase pleasure, the old man (who can barely walk)

decides to try out this “bringer of happiness” with his wife (BF, M 20-24 R). A concern with correct usage with a view to maximizing effectiveness is evident in several of the Burkinabè narratives. Narratives from Swaziland and Kenya debunk misconceptions about condoms and potential substitutes, demonstrating that plastic bags or the fingers of latex gloves, which are proposed as a means to solve access problems and reduce costs, are no substitute for a latex condom.

Barriers to condom use

Barriers to condom use are represented as overwhelmingly normative or attitudinal for male characters and predominantly structural or relational for female characters. Social acceptability, access and other contextual impediments to condom use are also identified.

The vast majority of instances where condom negotiation is unsuccessful in the narratives occur because men cannot be persuaded to use them. While some narratives state simply that the male partner did not want to use a condom, others provide more vernacular context, arguing for example that “Condom prevents the real taste of sex” (NG, M 20-24 R). In several narratives across the sample male characters insist on unprotected sex despite knowing their partner is infected, warnings from trusted friends, and the best efforts of their female partners. Some use strategies to minimize their perception of risk or mobilize more complex denial mechanisms, for example, racial and post-colonial conspiracy theories. The attitudinal and normative barriers to condom use identified in the narratives are routinely debunked when the characters who profess them meet their nemesis in the form of infection.

Women in the narratives are willing to acquiesce to unprotected sex because their partner is wealthy or willing to pay more for unprotected sex, because they are in desperate need of money, because their partner is their husband or an older man, or because they are afraid of losing him. Poverty is a particularly prevalent factor in the narratives from Burkina Faso and Senegal.

The potential for condom use within marriage is a recurrent theme in the narratives, with one bleak tale from Senegal about the family of an unfaithful man ending with the frank warning: “if you’re unsure of your husband, you need to buy condoms” (SN, F 10-14 R). However, attempts to negotiate condom use within marriage, always initiated by the wife, are almost invariably met with resistance, often violent, from the husbands. Where male-initiated negotiation meets with resistance, it is because the female partner expresses offence and mistrust. Isolated narratives suggest a sinister reason why some female characters insist on unprotected sex: they are HIV-positive and are intent on infecting their partners.

In some cases, it is clear that ignorance, poverty or rural location limit access to condoms and there are calls to remedy this. Several narratives provide insights into other contextual impediments to condom use, notably alcohol in Kenya, Namibia and Burkina, and passion and precipitation universally. Others offer access to characters’ thought processes as the impulse to use a condom is rationalized away, for example by means of risk calculations based on their partner’s appearance or presumed sexual history. While the outcome is often unfortunate for the characters, these narratives reveal that the young authors are engaging in a process of cognitive rehearsal, exploring contextual factors – passion, embarrassment, shame – that militate against condom use.

Overcoming barriers through negotiation

The success of condom negotiation, which is initiated above all by female characters, depends on the circumstances, the strategies employed, and the resolve of the respective parties. Where it is successful in the narratives, it is because a character is not prepared to compromise and where they take the trouble to educate their partner about HIV/AIDS,

particularly asymptomatic infection. Some female characters enlist the dual benefit of HIV prevention and pregnancy prevention in their arguments. When their partners inform them that they don't have a condom, some female characters send them out in search of one or produce one themselves.

Instances of successful female-initiated condom use are particularly prevalent among the Swazi narratives written by younger rural women. In one script, an innocent girl named Simangele is waiting for a bus to take her to the city to look for a job when a car suddenly stops and a man offers his assistance on condition that she has sex with him. At his house, the following dialogue ensues:

Simangele: Where is the condom? Don't you know there is HIV and AIDS

Sabelo: What's that for? Do you think a rich person like me can have HIV and AIDS? You must be mad I was trying to help you but you think you're better.

Simangele: Don't act childish Sabelo, HIV can affect rich and poor people, it doesn't choose. [...] I can put myself at risk. I would rather stay needy. (SZ, F 15-19 R)

Simangele teaches Sabelo more about HIV and he ends up thanking her for saving his soul. While the dialogue recognizes the economic disempowerment of the young woman and the risk to which she exposes herself in getting into the man's car, it nonetheless gives her the agency, not only to insist on condom use, but to assert herself in spite of the power differential.

Social acceptability

An additional barrier to condom purchase and use is social acceptability. Absent as a theme from the Namibian and Swazi samples, it is addressed in isolated narratives from Burkina Faso, Senegal and Nigeria. Its treatment in the Kenyan narratives is both more salient and more ambivalent. Several Kenyan narratives illustrate the depth and persistence of social stigma attached to buying or having condoms by arguing, on the one hand, in favour of greater ease of access to condoms while, on the other, distancing themselves morally from condoning their use. Such mixed messages and moral equivocation around condoms are distinctive features of the Kenyan sample. The phenomenon is particularly well illustrated by a narrative in which a beggar, himself orphaned by HIV, takes it upon himself to hand out condoms to the frequenters of a bar. The light-hearted banter he exchanges with the pub's clientele is brutally punctured by the note accompanying the condoms, which reads "Think twice: unprotected sex is a risk but adultery and fornication is an illicit sex, a big sin and unsafe" (KY, M 20-24 U).

Facilitators of condom use

While moralization emerges as a persistent barrier to positive representations of condoms, humour and interpersonal communication are represented as powerful means to normalize and facilitate their use.

Normalization through humour

Humour is particularly prevalent among male-authored narratives by younger authors from rural Namibia and Swaziland. The author of a Namibian narrative featuring an orgasmic rocket ship takes the unusual step of articulating why he chose humour as a means to transform community perceptions around condoms, alluding to its memorability, entertainment value (which facilitates sharing through social networks), empathetic resonance and non-moralizing approach.

I WANT TO TELL PEOPLE THAT CONDOMS ARE YOUR FRIENDS. WHAT BETTER WAY TO DO THAT THAN THROUGH COMEDY? I WANT TO CHANGE THE WAY CONDOMS ARE PERCEIVED IN OUR COMMUNITIES. COMEDY IS MEMORABLE BECAUSE IT IS A FUNNY WAY OF SPREADING THE MESSAGE THAT EVERYONE CAN RELATE TO. IT IS NOT PREACHING!! (NM, M 20-24 U).

In several of the narratives from both Namibia and Swaziland the conceit of correcting someone else's misconceptions provides a valuable pretext for providing basic information in a light-hearted and entertaining way. Euphemisms like "plastics" or "rubbers" are particularly useful in this regard. In the most original of the narratives in this vein, by a rural Swazi male, Mr. Makhanya, a wealthy but illiterate thirty-something man, returns home after hearing some American volunteers teaching the local community about HIV and insists that his security guards accompany him into the bedroom to "protect" the sex he intends to have with his wife (SZ, M 15-19 R). Other narratives play on characters' embarrassment or on incongruous situations to successfully elicit humour.

Female condoms are mentioned a handful of times across the sample, most frequently in the narratives from Burkina Faso, and are used twice in the sample. The two cases – of overt and covert use respectively – serve to illustrate contrasting uses of humour in the narratives. In an example from Namibia, a young female character encounters the female condom for the first time. When invited by her new male partner to put it on, she puts it on her feet to his great amusement. He then helps her to insert it correctly and she responds, "Fantastic. Let's start our love!" (NM, M 20-24 R). In the Kenyan example, Joe awakes with a heavy hangover to find a message from his casual partner of the night before telling him that, in his state of inebriation, he had insisted on unprotected sex and informing him that she is HIV positive. Devastated, he walks into the bathroom and discovers a second message in which she tells him that she was only pulling his leg, gives him her phone number and instructs him to look in the dustbin. To his relief, he finds the wrapper for a female condom there. Where the Namibian narrative involves slapstick and provokes mirthful laughter, the Kenyan narrative's use of humour is darker and more ironic. It is the light-hearted approach that predominates across the data set.

Interpersonal communication

Several narratives focus on the importance of interpersonal communication, whether between an adult and a child or within a couple, as a means to support successful condom use. The Kenyan narratives that present condoms in the most positive light provide striking examples of open adult-child dialogue. For example, one HIV positive mother informs her teenage son:

Baby, sex is one of the most exhilarating, maybe breathtaking experience, but our world-NO! Your world is full of it! ... Abstain without compromise and if you've reached of age and have to do your thing use a condom. (KY, F 15-19 U)

The importance of dialogue between partners receives particular emphasis in a narrative from Burkina Faso. Prior to initiating their sexual relationship, Pierre and Fati go to the voluntary counselling and testing centre to learn more about condoms together. The advice they are given exorcizes the spectres of mistrust and gendered power differential with communication:

Dialogue about condoms can be initiated by the boy or the girl. Using a condom in a sexual relationship (including your first) is a way of respecting one another, and in no way affects the love you feel. Talking about condoms together makes it easier to use them. (BF, M 20-24 R)

Discussion

This cross-cultural analysis reveals how young Africans in six countries make sense of condoms in their narratives about HIV/AIDS. We see differences across settings in the prominence accorded to condoms in the narratives; the assessment of their effectiveness; misinformation regarding efficacy and relative effectiveness for HIV and contraception; factors that may be limiting condom acceptability, particularly moralization and related stigma; and strategies that might be useful in their promotion, including humour and interpersonal communication. Gendered barriers to their use, notably normative barriers for males and structural barriers for females, are more consistent across the settings.

Condoms are most prominent in the Namibia and Burkina samples, and least prominent in the Nigeria sample, where it appears as if the potential to use condoms to avoid infection during pre- and extramarital sex falls foul of the moral imperative the young authors see themselves as tasked with conveying. Ideologically-driven misinformation about efficacy, effectiveness and safety is at a high in Nigeria, while several representations in the Kenyan sample suggest persistent social stigma attached to condom purchase and use. Although representations in the Senegal sample are positive, there is a pronounced focus on high-risk and “bridge” populations. The data suggest a clear need for tailored condom-related programming to address these context-specific challenges. With occasional exceptions, the Namibian, Swazi and Burkinabè samples present favourable representations of condoms, including humorous narratives and empowered female characters insisting on their use. These findings, summarized in relation to country demographic data in Table 3, indicate no consistent relationship between social representations of condoms and either HIV prevalence or majority religion. Our findings suggest that the way in which HIV is framed at a national level is of particular importance in informing social representations. There is, in addition, a striking relationship between the DHS data on reported condom use by young people, cited above, and the thematic prominence and favourability of representations of condoms in the country samples. Additional research is needed to better understand the relationship between social representations and reported condom use.

Under its current policy, the US President’s Emergency Plan for AIDS Relief (PEPFAR) targets condom use towards very high-risk groups, such as commercial sex workers, focuses on promoting abstinence till marriage for young people, and only allows condom provision to youth who “are identified as engaging in or at high risk for engaging in risky sexual behaviours” (President’s Emergency Plan for AIDS Relief, 2010). A 2006 case study of HIV prevention with young people in Zambia describes the effects of PEPFAR’s youth prevention policy there: rampant misinformation about condom effectiveness and widespread interpretation of the message that condoms are not 100% effective as “condoms don’t work sufficiently well to make them worth using”; limited access to condoms by youth, resulting in recourse to substitutes like plastic bags; and funding of some faith-based organizations that promote messages about sin and fear (Gordon & Mwale, 2006). These findings are congruent with some of our own observations. It is, moreover, clear that targeting condoms only to the highest risk groups and thereby associating them with commercial sex workers and other stigmatized groups, as we see in the Senegal sample, deprives women of both a negotiating tool and a contraceptive (Gordon & Mwale, 2006).

Across all country samples, female characters are widely represented as initiating condom negotiation, while male characters typically resist their use. The prevalence and consistency of these representations suggest these phenomena are perceived as normative. Our findings echo other studies in underlining the urgent need to promote male role models who insist on condom use and refuse to concede under pressure (Tavory & Swidler, 2009).

Recent studies identifying exposure to the mass media as one predictor of condom use suggest that radio and television may be important channels for disseminating such messages (Bankole et al., 2007; Katz, 2006). However, mass-mediated condom social marketing campaigns have backfired in certain contexts and alienated critical sectors of the population, due to ill-conceived messaging and a failure to engage with communities of interest, most notably religious leaders (Pfeiffer, 2004). Within our own data, there is ample evidence of battle lines being drawn. This contentiousness highlights the importance of balancing mass media promotion with community-level dialogue (and also, potentially, taking advantage of the recent proliferation of mass media outlets across Africa to better segment audiences and target messages). Our findings from Nigeria in particular suggest a need for community dialogue, as proposed by Campbell et al. (2010), to deconstruct and contest the virulent moral discourses which stigmatize condoms and predicate against their use. Context-specific scenarios, like those presented here, with appropriate adaptation and facilitation, are particularly useful as discussion triggers and provide opportunities for problem-based learning and situation-based skills development (Paiva, 2000).

Factors at the individual level associated with condom use among young Africans in recent studies include interpersonal communication, especially with a sexual partner, positive attitudes, positive perceptions of peer norms, and self-efficacy and impulse control (Heeren et al., 2009; Kabiru & Orpinas, 2009). The misinformation and moralization we find in many Nigerian and several Kenyan narratives clearly constitutes a very poor foundation for promoting consistent and correct use. In contrast, a positively-inflected approach, possibly drawing on humour, evidently resonates particularly strongly in the highest prevalence countries. The young Nigerian authors are poorly equipped to envisage a situation in which condom use might prevent infection. In contrast, authors in Swaziland, Namibia and Burkina Faso can not only envisage successful negotiation and use, they are also anticipating challenges and barriers and identifying strategies that can optimize positive outcomes.

This study is not without limitations. As indicated above, the sample is not representative of the youth population. We follow Farmer and Good (1991) in acknowledging the potential role that performative and rhetorical considerations may be playing in these representations: the young authors' motivation to tell what they consider to be a good story – and thereby win the Scenarios contest – may be influencing the ways in which they represent condoms. Despite these limitations, the opportunities that the data present to gain insight into social representations of condoms among young people in six countries are unique. Young people's social representations in their narratives tell us about the resources – both pro- and anti-condom – culturally available to young people as they seek to make sense of the often contentious role of condoms in preventing HIV among young people. To our knowledge, this is the first study to examine and compare social representation of condoms across six countries through the study of the largely unmediated voices and creative imaginings of young Africans. It provides ideas and contextual understanding, from the perspective of young Africans, to inform education and communication programs to promote condom use within and across settings.

Conclusion

Social representations of condoms in young people's narratives about HIV/AIDS provide valuable information about the cultural meanings that frame condom use in and across the six countries. They identify communication needs, allowing us to identify misconceptions and misinformation around questions of efficacy and effectiveness, factors that may be contributing to condom acceptability, and strategies that might be useful in their promotion. The data indicate that a non-moralizing approach and humour are useful ways of guiding social representations of condoms in a more positive direction. In addition, the narratives

provide youth-focused ideas and perspectives to inform future intervention efforts and provide a valuable resource for the development of both mass media and community-based communication efforts.

Acknowledgments

The research described here was supported by Grant Number 1 R03 HD054323 01 A1 from the National Institute of Child Health and Human Development. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the National Institute of Child Health and Human Development. This research was also supported in part by the Emory Center for AIDS Research (P30 AI050409) and by Emory Global Health Institute.

Special thanks go to Kim Miller for her advice and guidance. Thanks also to research assistants Laura Beres, Camilla Burkot, Liz Coleclough, Wendee Gardner, Rosalie Haughton, Elizabeth Hill, Samantha Huffman, Amy Patterson and Caddie Putnam Rankin. We are grateful to Peter J. Brown, Jennifer Hirsch and Kimberly Hagen for their support during early stages of this research.

References

- Winskell, K.; Enger, D. Young voices travel far: a case study of Scenarios from Africa. In: Hemer, O.; Tufte, T., editors. *Media and glocal change: Rethinking communication for development*. Buenos Aires/Goteborg: Clasco/Nordicom; 2005.
- Winskell K, Enger D. 'A new way of perceiving the pandemic': findings from a participatory research process on young Africans' stories about HIV/AIDS. *Culture, Health and Sexuality*. 2009; 11(4): 453–467.
- Bankole A, Ahmed FH, Neema S, Ouedraogo C, Konyani S. Knowledge of correct condom use and consistency of use among adolescents in four countries in Sub-Saharan Africa. *African Journal of Reproductive Health*. 2007; 11(3):197–220. [PubMed: 18458741]
- Bruner, J. *Acts of Meaning*. Cambridge: Harvard University Press; 1990.
- Campbell C, Skovdal M, Mupambireyi Z, Gregson S. Exploring children's stigmatisation of AIDS-affected children in Zimbabwe through drawings and stories. *Social Science & Medicine*. 2010; 71:975–985. [PubMed: 20591546]
- Centers for Disease Control and Prevention. *Condoms and STDs: Fact Sheet for Public Health Personnel*. Atlanta, GA: Department of Health and Human Services; 2009.
- Cleland J, Ali MM. Sexual abstinence, contraception, and condom use by young African women: a secondary analysis of survey data. *The Lancet*. 2006; 368
- Corbin, J.; Strauss, A. *Basics of qualitative research: techniques and procedures for developing grounded theory*. Thousand Oaks, California: Sage Publications; 2008.
- Farmer, P.; Good, BJ. *Illness Representations in Medical Anthropology: A Critical Review and a Case Study of the Representation of AIDS in Haiti*. In: Skelton, JA.; Croyle, RT., editors. *Mental Representations in Health and Illness*. New York: Springer-Verlag; 1991.
- Global Dialogues. 2010 www.globaldialogues.org
- Gordon G, Mwale V. Preventing HIV with Young People: A Case Study from Zambia. *Reproductive Health Matters*. 2006; 14(28):68–79. [PubMed: 17101424]
- Hearst N, Chen S. Condom Promotion for AIDS Prevention in Developing Countries: Is it Working? *Studies in Family Planning*. 2004; 35(1):39–47. [PubMed: 15067787]
- Heeren GA, Jemmott JB III, Mandeya A, Tyler JC. Sub-Saharan African University Students' Beliefs about Condoms, Condom-use Intention, and Subsequent Condom Use: A Prospective Study. *AIDS and Behavior*. 2009; 13:268–276. [PubMed: 18600442]
- Joffe H, Bettega N. Social representation of AIDS among Zambian adolescents. *Journal of Health Psychology*. 2003; 8(5):616–631. [PubMed: 19177721]
- Kabiru CW, Orpinas P. Correlates of Condom Use Among Male High School Students in Nairobi, Kenya. *Journal of School Health*. 2009; 79(9):425–432. [PubMed: 19691717]
- Katz I. Explaining the Increase in Condom Use Among South African Young Females. *Journal of Health Communication*. 2006; 11:737–753. [PubMed: 17190780]

- Khan, S.; Mishra, V. DHS Comparative Reports. Calverton, Maryland, USA: Macro International Inc; 2008. Youth Reproductive and Sexual Health.
- Laszlo J. Narrative organisation of social representations. *Papers on social representations*. 1997; 6:155–172.
- MacPhail C, Campbell C. 'I think condoms are good but, aai, I hate those things': condom use among adolescents and young people in a South African township. *Social Science & Medicine*. 2001; 52(2001):1613–1627. [PubMed: 11327136]
- MacQueen, KM.; McLellan-Lemal, E.; Bartholow, K.; Milstein, B. Team-based Codebook Development: Structure, Process, and Agreement. In: Guest, G.; MacQueen, KM., editors. *Handbook for Team-Based Qualitative Research*. Lanham, New York, Toronto, Plymouth: Altamira Press; 2008.
- Maharaj P, Cleland J. Condoms Become the Norm in the Sexual Culture of College Students in Durban, South Africa. *Reproductive Health Matters*. 2006; 14(28):104–112. [PubMed: 17101428]
- Maticka-Tyndale E, Tenkorang EY. A multi-level model of condom use among male and female upper primary school students in Nyanza, Kenya. *Social Science & Medicine*. 2010; 71:616–625. [PubMed: 20570426]
- Measure DHS. 2009HIV/AIDS Survey Indicators Database. <http://www.measuredhs.com/hivdata/>
- Mensch BS, Grant MJ, Blanc AK. The Changing Context of Sexual Initiation in sub-Saharan Africa. *Population and Development Review*. 2006; 32(4)
- Miles, MB.; Huberman, MA. *Qualitative Data Analysis: An Expanded Sourcebook*. Thousand Oaks, London, New Delhi: Sage Publications; 1994.
- Moscovici, S. On social representations. In: Forgas, JP., editor. *Social cognition: Perspectives on everyday understanding*. London: Academic Press; 1981.
- Murray M. Connecting narrative and social representation theory in health research. *Social Science Information*. 2002; 41(4):653–673.
- Paiva, V. Gendered Scripts and the Sexual Scene: Promoting Sexual Subjects among Brazilian Teenagers. In: Parker, R.; Barbosa, RM.; Aggleton, P., editors. *Framing the Sexual Subject: The Politics of Gender, Sexuality, and Power*. Berkeley, Los Angeles, London: University of California Press; 2000. p. 216-239.
- Pfeiffer J. Condom Social Marketing, Pentecostalism, and Structural Adjustment in Mozambique: A Clash of AIDS Prevention Messages. *Medical Anthropology Quarterly*. 2004; 18(1):77–103. [PubMed: 15098428]
- Plummer ML, Wight D, Wamoyi J, Mshana G, Hayes RJ, Ross DA. Farming with Your Hoe in a Sack: Condom Attitudes, Access, and Use in Rural Tanzania. *Studies in Family Planning*. 2006; 37(1)
- President's Emergency Plan for AIDS Relief. Implementing the ABC Approach. Washington, D.C.: Office of the U.S. Global AIDS Coordinator and the Bureau of Public Affairs, US State Department; 2010.
- Riessman, CK. *Narrative Methods for the Human Sciences*. Thousand Oaks: Sage; 2008.
- Ryan GW, Bernard HR. Techniques to Identify Themes. *Field Methods*. 2003; 15(1)
- Scenarios from Africa. 2010 www.scenariosfilms.org
- Tavory I, Swidler A. Condom Semiotics: Meaning and Condom Use in Rural Malawi. *American Sociological Review*. 2009; 74(2):171–189.
- The Lancet. HIV prevention policy needs an urgent cure. *The Lancet*. 2006;367.
- UNAIDS. Report on the global AIDS epidemic. Geneva: UNAIDS; 2006.
- UNAIDS. Report on the global AIDS epidemic. Geneva: UNAIDS; 2008.
- UNAIDS. Global Report: UNAIDS report on the global AIDS epidemic 2010. Geneva: UNAIDS; 2010.
- VERBI Software. B-M-A Consult. Sozialforschung GmbH; Germany: 1989–2010. MAXQDA, software for qualitative data analysis.

Figure 1. Sampling Flowchart showing: total pool of scenarios; elimination of those written by multiple authors and inspired by story starters; remaining scenarios, of which 30% were ineligible because non-text-based and/or non-narrative; and individual country samples

Table 1
Demographics of participants in the 2005 contest from six study countries (n=11,354)

	Total narratives submitted in 2005	Total participants	% male author	Mean age of author	% team authored	% urban author	% with TV at home
Swaziland	510	1,244	34%	14.6	27%	26%	73%
Namibia	657	963	50%	14.8	10%	13%	80%
Kenya	673	966	53%	16.7	14%	69%	81%
Nigeria	1,869	2,712	30%	16.7	9%	40%	85%
Burkina Faso	4,821	15,710	61%	16.8	25%	66%	57%
Senegal	2,824	4,360	46%	15.4	16%	80%	90%
TOTAL	11,354	25,955					

Table 2

Characteristics of study sample (n=586)

	Number of narratives	Mean age of author	% male author	% urban author
Swaziland	73	15.4	47	37
Namibia	75	17.2	55	31
Kenya	91	18.0	52	66
S-E Nigeria	120	17.1	50	50
Burkina Faso	120	16.8	50	50
Senegal	107	16.5	48	56
Totals	586	16.9	50	49

Table 3
Country characteristics and characteristics of condom-related representations in the narratives

	HIV prevalence	Majority religion	Condom use at last higher risk sex (DHS date)	Thematic prominence of condoms in narratives	Characteristics of condom-related representations in narratives
Swaziland	33.40%	Christian	Male 69.5%; female 53.7% (2006–7)	High	Non-judgemental, but condoms often inferior to abstinence; occasional misinformation about effectiveness; examples of successful female-initiated negotiation; light-hearted humour.
Namibia	19.60%	Christian	Male 81.1%; female 64.2% (2006)	Highest	Effectiveness & self-efficacy; light-hearted humour; communication between partners.
Kenya	6.10%	Christian	Male 46.8%; female 25.4% (2003)	Moderate	Representations polarized; occasional misinformation about effectiveness; concerns with social acceptability; moral equivocation; humour mostly dark and ironic; strong examples of parent-child communication.
South-East Nigeria	3.90%	Christian	Male n/a; female 24.6% (2003)	Lowest	Strident moralization, persistent misinformation about effectiveness.
Burkina Faso	2.00%	Muslim, Christian, Animist	Male 66.9%; female 53.9% (2003)	Highest	Non-judgemental; situated within comprehensive prevention strategy; occasional light-hearted humour; communication between partners.
Senegal	0.90%	Muslim	Male 52.4%; female 35.6% (2005)	Moderate	Positive; focus on high-risk or “bridge” populations.