

FACTORS ASSOCIATED WITH REDUCED CONDOM USE IN THE TOWNSHIP OF YOPOUGON IN ABIDJAN, CÔTE D'IVOIRE: AN OBSERVATIONAL STUDY



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ABSTRACT

Introduction: In response to the numerous infectious and sexually transmitted diseases affecting the health of the population in Côte d'Ivoire, the government and its development partners have implemented various preventive measures, such as free HIV/AIDS screening and awareness-raising about sexual health practices, including condom use. Despite these initiatives, condom use remains low in some populations. This article aims to understand the underlying reasons for this behavior in the township of Yopougon. **Methods:** For this study, a qualitative approach was used to collect the opinions, perceptions, and representations of Yopougon residents regarding condom use. The methodology included semi-structured interviews and a literature review. A total of 40 participants were selected for the study. **Results:** The results of the study revealed that several factors influence the refusal of Yopougon residents to use condoms. Besides the cultural considerations, religious factors, feelings of embarrassment, fear of reducing sexual pleasure, and the desire to have children were identified as primary reasons. **Conclusion:** This study highlights the barriers to condom use in the township of Yopougon, Côte d'Ivoire. Understanding these factors is crucial for developing effective interventions aiming to promote condom use and reducing the transmission of sexually transmitted infections in this population. **Keywords:** Reasons, socio-cultural, Non-use, Condoms, Population, Yopougon.

1. INTRODUCTION

The impact of the HIV/AIDS pandemic on the world's population is a critical issue, with data provided by international bodies such as UNAIDS. In 2022, UNAIDS reports a global prevalence of 39 million [33.1 million-45.7 million] people living with HIV, with 1.3 million [1 million-1.7 million] new infections and 630,000 [480,000-880,000] AIDS-related deaths. In addition, since the beginning of the epidemic, 85.6 million [64.8 million-113.0 million] people have been infected and 40.4 million [32.9 million-51.3 million] have died. Sub-Saharan Africa remains the region most affected, accounting for 70% of new HIV infections, with 58% of people living with HIV being women.

In Côte d'Ivoire, statistics from the Ministry of Health show a national HIV prevalence rate of 1.9% in 2023, with higher rates among women (4.6%) than men (2.7%). In 2020, an estimated 379,593 people will be living with HIV, 64.9% of them women and 5.6% children. Despite prevention measures such as voluntary testing and awareness-raising, prevalence remains worrying, with 6,184 new infections in 2020, 61.79% among women.

Condoms are widely recognised as an essential tool in the prevention of HIV/AIDS and STIs, but their use remains uneven, particularly in certain regions such as West Africa. Studies show that correct and regular use of condoms can considerably reduce the spread of HIV/AIDS, especially in contexts where heterosexual transmission predominates. Despite the efforts of the Ivorian authorities and their partners to promote condom use through awareness campaigns and public health programmes, the behaviour of the population, particularly in Yopougon, still reflects reluctance to use condoms. To be faced with these persistent challenges, it is imperative to understand the underlying reasons for the denial of condoms use among the residents of Abidjan generally speaking, and those of Yopougon in particular.

2. MATERIALS AND METHODS

2.1 Study field

The study was led in the township of Yopougon in Abidjan, because of its high population density and dynamic economic activities, including, restaurants, bars and nightclubs, all of which are good places to express sexuality.

2.2 Population studied

The target population included all people attending the sites mentioned during the survey period, from 15 December 2023 to 15 February 2024, i.e. a duration of two months. In accordance with the principle of saturation in qualitative research, participants were selected by direct and random on-site recruitment, with a total of 40 respondents interviewed to gather their opinions on the research question.

2.3 Data collection tools

Two main data collection tools were used in this study:

2.3.1 Interview guide

An interview guide was designed to ask participants about their reasons for not using condoms during sex.

2.3.2 Document review

A literature review was undertaken to obtain additional information on the research question and to support the study methodology.

2.4 Methodological approach

The study adopted a qualitative approach in order to report on the opinions, perceptions and representations justifying the reasons why the inhabitants of Yopougon do not use condoms during sexual intercourse. Thematic content analysis was used to process the data collected in the interviews. This method made it possible to group the verbatims under themes expressing the common meanings or representations of the participants, specifying the units of observation according to the relationships established between them.

3. RESULTS

3.1. Socio-cultural factors influencing condom use

Socio-cultural dynamics have a significant impact on behaviours related to sexual health and condom use in the township of Yopougon. The testimonies of two women, Madam A and Madam T, and that of Mr K, highlight traditional gender norms and persistent power inequalities in conjugal relationships, particularly in the social context of the township of Yopougon in Côte d'Ivoire.

Lady A: *«I don't use condoms because of my culture. In our culture, it's the man who decides everything in the couple, even decisions in bed; so when we have intercourse, it's he who decides whether or not to use the rubber; therefore, out of respect, I'm obliged to follow the recommendations of the culture with him».*

Lady T: *«Culture obliges us to respect our husbands' decisions, to respect their choices in the home; so it's he who decides whether or not to use a condom in the household. During our moments of pleasure, he decides not to use a condom, so I'm obliged by culture to accompany him in this process».*

Mr K: *«For us northerners, culture obliges us to have lots of children when we get married, it's a cultural act and also an act of cultural enhancement, of bravery, so if I use a condom, it's as if I'm abandoning my culture to the detriment of white culture, so I'm obliged to respect my ancestors».*

3.1.1. Power and gender inequality

In Côte d'Ivoire, traditional gender norms dictate distinct roles for men and women within the family and society. These norms, which are often rooted in culture, religion and history, give men the status of main breadwinners in the family and holders of decision-making power. They are often seen as the heads of the family, having the final say in domestic affairs and decisions that affect the home.

The testimonies of the women, Dame A and Dame T, illustrate the pressure they are under to accept the decisions of their male partners, even if this may compromise their own health. This asymmetry of power in marital relationships limits women's ability to negotiate or question their male partners' choices.

This disparity in power can have a significant impact on women's sexual and reproductive health. The inability to negotiate the use of contraceptive methods or protection against sexually transmitted infections exposes women to health risks. In addition, the feeling of not having control over their own sexual health can lead to stress, anxiety and a loss of self-esteem, affecting their general well-being. In this way, traditional gender norms perpetuate power inequalities in marital relationships by restricting women's control over their own sexual and reproductive health.

3.1.2. Culturalism and social pressures

Cultural logics on sexual and reproductive health behaviour in a given society, as is the case in Yopougon, plays a key role in understanding the values, beliefs and behaviour of individuals. They represent the social expectations, traditions and practices handed down from generation to generation within a community. When respondents raise culture as a justification for their actions, it highlights the influence of these norms on their individual decisions, as well as those related to sexual health. Social pressure to conform to cultural expectations is a common phenomenon in many societies. Individuals are forced to follow the cultural norms established by their community for fear of rejection, stigmatisation or other forms of social sanction. This approach to sexual health can lead individuals to adopt risky behaviour or reject

preventive practices, even though this may have negative consequences for their health. For example, the fear of being perceived as 'non-traditional' or 'deviant' may lead to unprotected sexual practices despite knowledge of the risks to their health. Clearly, cultural norms shape attitudes and behaviours related to sexual and reproductive health, and reveal how social pressure to conform to these norms can influence individual choices, even when this may compromise people's health and well-being. Cultural norms can therefore determine what is considered acceptable or unacceptable in a given society, thereby shaping individual behaviour and choices.

3.1.3. Identity-building and cultural enhancement

Identities constructions influence attitudes and behaviour in terms of sexual and reproductive health. The case of Mr K, a respondent, links fertility and virility with conformity to certain cultural norms. For him, the ability to procreate is often seen as a sign of virility and success in a man's life. These cultural norms reinforce the idea that men should be fertile and able to perpetuate the family line, giving procreation a high status in the construction of male identity. As a result, adherence to these cultural norms becomes central to men's individual and collective identity. In this way, Mr K's refusal to wear a condom is seen as an act of preserving the cultural heritage and based on respect for ancestors. These sexual practices and procreation norms are deeply rooted in the collective identity and are considered an integral part of culture and family heritage. This refusal is therefore interpreted as an affirmation of cultural identity and an expression of respect for the practices and values handed down by ancestors. It becomes a means of maintaining cultural continuity and preserving family and community traditions.

3.1.4 Impact of cultural norms on public health

Attitudes and behaviours rooted in culture have significant implications for public health, particularly with regard to the spread of sexually transmitted infections (STIs) such as HIV/AIDS. Where the refusal to wear a condom is justified by cultural norms, this contributes to the emergence of unprotected sexual practices, thereby increasing the risk of STI transmission. Furthermore, the perpetuation of these norms hinders access to sexual and reproductive health services, including information, education and prevention methods. Understanding these local cultural norms is fundamental to effective awareness campaigns and public health interventions. Approaches that ignore or contradict local cultural norms risk being ineffective or even counter-productive. It is therefore important to recognise and understand the influence of cultural norms on sexual and reproductive health behaviour in order to design effective interventions to promote safe sexual practices and reduce the risk of the spread of sexually transmitted infections. Awareness of local cultural norms enables public health approaches to be adapted to better meet the needs and realities of the populations concerned.

Overall, the complex interconnection between culture, power, identity and sexual health highlights the importance of understanding and addressing public health challenges in specific cultural contexts such as Yopougon's. Religious beliefs have a significant influence on attitudes and behaviours regarding condom use. Religious teachings, moral standards and beliefs often shape perceptions of condoms as a means of preventing sexually transmitted diseases and controlling births. Understanding this complex dynamic helps us to better grasp the challenges structuring condom acceptance in various cultural and religious contexts.

3.2. Religious factors in condom use attitudes and behaviour

The question of religion plays a considerable role in shaping attitudes and behaviour relating to condom use. Religious teachings and moral beliefs often influence individual perceptions of sexuality and contraception. It is with this in mind that the respondents (Lady H, Lady F and Mr G) describe respectively:

Lady H: « *I'm aware that condoms can help prevent disease, but Islam allows us not to use them, and my husband doesn't use them with me and my co-wife on religious grounds* ».

Lady F: « *I think that as a matter of religious faith, there's no question of using condoms because we have to respect the principles of religion. The Bible says multiply yourself and I respect the Bible, so I respect God. I can't follow the media's advice to use condoms. In any case, God will heal me if I fall ill* ».

Mr G: « *The Bible says multiply yourselves! How can you multiply by using condoms? I respect the religious decision, so I don't use them* ».

3.2.1. Religious influence and moral authority

The three respondents referred to the teachings of their respective religions. For them, whether they belong to Islam or Christianity justifies their refusal to use condoms. In these religions, the very use of contraceptives such as condoms is outlawed on the basis of religious principles.

So, for example, in Islam, some interpretations may consider the use of contraceptives as interference in divine plans or an alteration of procreation. Similarly, in some branches of Christianity, the use of contraceptives is seen as going against God's will from a reproductive point of view. These discourses note the crucial role of the moral authority

accorded to religion in individual decision-making in matters of sexual and reproductive health. In fact, for many believers like our respondents, religious teachings dictate the moral and ethical standards that guide their behaviour and their choices regarding the use of contraceptive measures such as condoms. These individuals follow religious teachings on sexuality and contraception, sometimes perceived as divine commandments, even to the detriment of their own health. This can lead to a conflict between medical recommendations and religious beliefs, with religious beliefs often taking precedence. It is therefore clear that the influence of religion on attitudes and behaviours in relation to sexual and reproductive health highlights the way in which religious beliefs can inspire individual choices in relation to contraception, even when this goes against medical recommendations or compromises personal health.

3.2.2. Religious faith and medical recommendations

Religious Faith Prescriptions and Medical Recommendations often raise Complex and delicate issues. Indeed, religious beliefs can sometimes stand in the way of recommended medical practices, creating ethical dilemmas for individuals and communities. For the respondents (Lady F, Lady H and Mr G) there is an apparent conflict between religious teachings and medical recommendations for STD prevention, including the use of condom. Religious teachings can often deter the use of contraceptives, such as condoms, as contrary to religious principles of procreation and sexual morality. This opposition raises tensions between religious beliefs and modern medical practices, where medical recommendations aim to reduce the risk of transmission of STDs, while religious teachings can sometimes advocate behaviour that goes against these recommendations for moral or ethical reasons. The discourses of the respondents show the primacy of religious faith over health in individual decision-making. Despite the medical knowledge available on STD prevention and the importance of the use of condoms to reduce risk, these individuals choose to follow religious precepts at the expense of medical recommendations. For them, compliance with religious teachings is more important than preventing disease or protecting their own health. This underscores the profound influence of religious faith on health attitudes and behaviours, where religion can guide individual and collective choices, even in areas as intimate as sexual health. This, also underscores the importance of understanding and taking into account the religious beliefs of individuals when designing public health interventions, in order to better respond to the needs and realities of the communities concerned.

3.2.3. Selective Interpretation of religious texts

The selective interpretation of religious texts by the respondents, as well as the impact of culture and individual beliefs on this interpretation. Respondents choose to interpret religious texts according to their own judgment and perspective. Rather than focusing on disease prevention aspects, they focus on reproductive and fertility-related to religious teachings. This hermeneutic approach shown by these respondents leads them to justify their refusal to use condoms by focusing on the aspects of procreation and multiplication, to the detriment of the prevention of sexually transmitted diseases. To do so, they choose to follow religious teachings that meet their personal beliefs and priorities. This interpretation also reveals the importance of individual culture and beliefs in understanding and applying religious teachings. Individuals' beliefs, values and personal experiences often influence how they interpret religious texts and apply them in their daily lives. In this case, the individual culture and beliefs of the respondents lead them to favour certain aspects of religious teachings that correspond to their aspirations and priorities, although this may lead to behaviours that run counter to medical or public health recommendations.

This reflection notes the importance of religious logic in decision-making on sexual health in the municipality of Yopougon. They highlight the tensions between religious beliefs and medical recommendations, as well as the influence of individual interpretation of religious texts on health-related behaviours.

3.3. Factors of discomfort and reduction of sexual pleasure

Factors of discomfort and reduced sexual pleasure play a key role in decisions about the use of condoms and other contraceptive methods. These factors can be influenced by a variety of variables, such as cultural norms, individual perceptions of sexuality, and personal experiences. What is perceived through the discourses of the respondents (Sirs V and X and Lady K, P, N) submitted to this study:

Mr X: « *I don't feel comfortable with the condom, I'm embarrassed when I use it during relationships with my wife; when I use it, I don't feel the pleasure, it's not "sweet." I cannot eat the sweet banana with its skin. My brother when I do live I feel comfortable and I feel more pleasure* ».

Lady K: « *Your condom matter, when my husband uses, I have sex tears and then I have white losses so it gives me infections* ».

Mr V: « *It's true that the condom avoids HIV and sexually transmitted diseases, but when I wear it doesn't just allow me to be a very well-trained boy. Also with its use I do not feel my partner and vice versa. When I make a hit I lie down, while when I do live, I can go up to three or even four. Another fact when I use, I have buttons on sex and I am embarrassed. My partner also complains, she says it hurts in* ».

Lady P: « Sir, I do not use this preventive measure for the simple reason that I am not comfortable with the condom, when my spouse wears I am embarrassed, and it reduces my pleasure; and I also don't feel pleasure when my partner uses it during our moments of pleasure. I also thought that the "pecto" candy is not eaten with the packaging ».

Lady N: « My brother, I do not like to use the cap for the simple reason that it gives me vaginal itching and subsequently infections. I can't stand it. Also, it reduces the pleasure, one does not feel the taste the thing when my partner wears ».

3.3. 1. Factors of discomfort and comfort

The surveyed express discomfort and discomfort when using condoms during sexual intercourse. They describe this discomfort in different ways, but it is usually associated with a sensation of non-naturality or altered sexual experience. For Mr X, the perception made on condom use like eating a banana with the skin, thus underlines a feeling of discomfort and devoid of the natural. This comparison highlights the unpleasant or strange nature felt when using the condom. So, this inconvenience influences cultural and individual perceptions of sexuality. Thus, sexuality is surrounded by taboos and strict standards, where intimacy and sexual pleasure are often associated with spontaneity and the absence of barriers. Thus, the use of protections such as condoms is perceived as an intrusion into this intimacy and a disruption of sexual pleasure. And can lead to resistance to the use of condoms, even if this may endanger the sexual and reproductive health of individuals. This discomfort is often influenced by cultural and individual perceptions of sexuality, where the use of protections is perceived as contrary to intimacy and sexual pleasure. Understanding these perceptions is critical to designing effective interventions to promote condom use and reduce the risk of transmission of sexually transmitted infections.

3.3. 2. Reduction of sexual pleasure

The use of condoms is an essential component of sexual and reproductive health, providing protection against sexually transmitted infections (STIs) and unwanted and even risky pregnancies. However, some people express concerns about the reduction of sexual pleasure associated with their use. This perception is often influenced by cultural norms that shape attitudes towards sexuality and contraception. In this section, we will take a closer look at this relationship between reducing sexual pleasure and cultural influences on condom use.

The reduction of sexual pleasure associated with condom use, as well as cultural influences on this perception. The respondents unanimously expressed the feeling that condom use leads to a decrease in sexual pleasure. They describe impaired tactile sensations and loss of performance with their partner during protected intercourse. This perception is common and can be attributed to various factors, such as the reduction of skin-to-skin sensation, the reduction of heat or friction, or the perception of a physical barrier between the partners.

This perception of reduced sexual pleasure can be influenced by cultural norms that combine sexual pleasure with total intimacy and unaltered sensations. So, sexuality is valued as a deeply intimate and sensory experience. Thus, the idea that condom use can alter this intimacy and reduce sensations may be sufficient to deter individuals from using it, even if they are aware of the health risks. This perception can be an obstacle to condom adoption, even when individuals are aware of its importance for the prevention of sexually transmitted diseases.

3.3. 3. Impacts on sexual health

Some respondents report having adverse effects on their sexual health when using condoms, such as irritations, itching and infections. These side effects can be caused by a variety of factors, including allergic reaction to condom materials, poor use or inferior quality of the product, or individual sensitivity to lubricants or spermicides on the condom.

Negative experiences perceived by Ladies N and K reinforce the reluctance of individuals to use condoms and contribute to a negative perception of these devices as harmful to health rather than protective. By associating condoms with adverse health effects, individuals are less likely to use them, even if they are aware of their importance for the prevention of sexually transmitted infections. To sum up, the adverse sexual health effects associated with condom use can have a significant impact on the perception of these protective devices. These negative experiences can reinforce the reluctance to use them and contribute to a negative perception of condoms as harmful to health rather than beneficial.

3.3.4. Gender norms and social pressures

Gender norms and social pressures influence women's experiences in sexual and reproductive health, particularly in the use of condoms. The testimonies of the women (surveyed) indicate negative consequences on their health, such as tearing, loss and vaginal itching, associated with the use of condoms. These experiments are the result of various factors, including allergic reactions to condom materials, inadequate lubrication, misuse or individual sensitivity.

Gender norms play an important role in the perception and practice of contraception and disease prevention. Indeed, the responsibility for contraception and disease prevention is often placed on men, which may limit women's ability to

negotiate the use of condoms in their relationships. These women, may feel compelled to follow the wishes of their male partners for contraception, even if this compromises their own health. They may also fear negative social or relational consequences if they insist on the use of condoms. In sum, the challenges of condom use due to discomfort factors, reducing sexual pleasure and sexual health impacts underscore the importance of taking into account individual and cultural perceptions of sexuality when designing public health initiatives to promote the use of condoms as a means of preventing sexually transmitted diseases.

3.4. Childbirth desir as a determining factor in the decision of non - preservative port

The issue of sexual behaviour and contraceptive practices is essential to understanding the importance of the personal motivations and individual desires behind these choices. Among these motivations, child desire often occupies a prominent place. What are the speeches of Ladies R and P, also Sir x.

Lady R: « *We get married to have children so sir if my wife and I use the condom, when are we going to have our children. That is why we refuse to use it. It's just for procreation. There is also the discomfort of the condom and its lack of real pleasure* ».

Lady P: « *A childless home is not a home. A woman like me childless in my household, what would I be? I will be seen as an infertile and sterile woman so my husband and I ignore the contraceptive during our intercourse for the sole purpose of having children in our home* ».

Mr X : « *The wealth in the home is mainly having children, so I think the use of the hood will prevent me and my wife from having children why use such a product? That is why we did not have recourse in our reports* ».

3.4. 1. Desire for childbirth and reproduction

Interviewees' speeches show the importance of the desire for childbirth as a determining factor in the decision not to use condoms in some people in the municipality of Yopougon. Respondents like Mr. X make it clear that their refusal to use condoms is mainly motivated by the desire to have children. For them, marriage is closely linked to procreation, and the use of condoms is seen as an obstacle to the achievement of this desire.

This approach highlights the interest given to the family and reproduction in the conjugal life of the respondents. They regard procreation as an essential aspect of their relationship and refuse to adopt contraceptive measures that could impede their ability to conceive children. This vision reflects deeply rooted cultural norms that value family and lineage. In many cultures, fertility is seen as a sign of success and wealth in marital life.

These cultural burdens can place significant social pressure on individuals to start a family and have children. As a result, condom use appears to run counter to these cultural norms, which may influence respondents' decision not to use them. Thus, the influence of childbearing desire and cultural norms on individuals' decision to refuse to use condoms. They highlight the importance attached to the family and reproduction in conjugal life, as well as the social pressure exerted by entrenched cultural norms that value fertility.

3.4. 2. Social pressures and stigma of infertility

Social pressures and stigma are associated with infertility, as well as their impact on individual contraceptive decisions. The testimonies of Ladies R and P reflect their concerns about the social perception of infertility. They fear being stigmatized or devalued if they fail to have children, prompting them to reject the use of contraceptives. This fear of social stigma is often fuelled by cultural norms that value fertility and view the ability to have children as an important element of women's personal value and social identity.

Social pressure to have children can have a strong influence on individual contraceptive decisions, especially in contexts where fertility is highly valued. In such societies, infertility can be perceived as a personal and social failure, prompting individuals to make decisions that promote the possibility of having children, even to the detriment of their own health or well-being. Thus, the impact of social pressures and stigma associated with infertility on individual contraceptive decisions shows the fear of being rejected in the use of contraceptives, even if this may have negative drawbacks for their health or well-being.

3.4. 3. Reproduction as source of wealth and social status

Reproduction is seen as a source of wealth and social status, as well as its impact on contraceptive decision-making. For Mr. X, the presence of children is closely associated with the resources available in the home. This concept indicates an economic and social perception of the family, where reproduction is seen as a means of ensuring financial security and social status. In some societies, family size has traditionally been seen as an indicator of social success and status. As a result, having many children can be seen as a sign of prosperity and economic power, as they can contribute to family work and provide financial support in the future.

This view of the family as a source of wealth materializes the social pressure to have children. Sometimes there is constant pressure from their community, family or society at large to start a family and have children. This social pressure can reinforce the rejection of contraceptive methods that could impede procreation. Individuals may be afraid of being judged or stigmatized if they do not follow prevailing social reproductive norms, which may influence their decision not to use contraceptives. This reinforces the vision of the family as a resource and having children and can influence individual contraceptive decisions. On the basis of the above, the importance of the desire for childbirth, social norms and perceptions of infertility in individual decisions about condom use highlight the complexity of sociocultural factors that influence reproductive health behaviours and stress the need to take these dimensions into account in the design of family planning and sexual health programmes.

4. DISCUSSION

The major results arising from our research study present the following factors:

4.1. Socio-cultural factors on the use of condoms

Our results highlight traditional gender norms that dictate the roles and behaviours expected of men and women in society. Agnès Fine (1996) [1] shows that these norms perpetuate gender power inequalities, limiting women's ability to make independent sexual and reproductive health decisions. The social pressures mentioned by the respondents to comply with cultural norms are also highlighted in the writings of Levi-Strauss (1949), [2] for whom individuals are forced to follow the cultural norms established by their community, on pain of rejection or stigmatization. This social pressure can influence individual sexual and reproductive health choices, even if it may compromise their health.

4.2. Religious factors on attitudes and behaviors related to condom use

Odon Vallet (2007) [3] discusses how religious beliefs influence attitudes towards sexuality and contraception, including condom use. It studies the historical evolution of religious traditions and their impact on contemporary society and looks at how religious teachings have influenced social norms and attitudes towards sexuality and contraception throughout the ages.. *L'approche d'Odon Vallet sur les facteurs religieux influençant l'utilisation du préservatif, ce qui permet de mieux comprendre l'impact des croyances religieuses sur les attitudes et les comportements sexuels dans différentes cultures et sociétés. Ses travaux aident à saisir la complexité des interactions entre religion, sexualité et santé reproductive.*

Moreux (1969), [4] in studying the attitude of French Canadians towards religious obligations, also approached couples in the face of the demands of the Church. She argues, however, that during the 1960s couples adopted a fatalistic birth mentality, and as such, those who transgress Catholic sexual morality feel guilty. In *Pleasure of Love and Fear of God: Sexuality and Confession in Lower Canada*, Serge Gagnon discusses the Catholic Church's sexual regulation of couples through the analysis of a widespread practice at the time: that of confession. Lévesque (1989), [5] for her part, studied the universe of marginality, and more particularly, the deviant norms and practices surrounding female sexuality and motherhood during the interwar period. It presents contraception and abortion as behaviours, all deviant but present, and whose social repression is much more vigorous than the legal repression.

4.3. Factors of discomfort and reduction of sexual pleasure

According to the study by Herbenick and al., (2011), [6] psychological and emotional factors can also play a role in the perception of sexual pleasure when using condoms. Feelings of discomfort, anxiety or frustration associated with condom use can have a negative impact on sexual experience. This study revealed the relationship between the use of lubricants and women's sexual pleasure. The researchers found that the use of lubricant was associated with increased sexual pleasure in women, improving lubrication and reducing uncomfortable friction during sexual intercourse. This research highlights the importance of the use of lubricants to improve women's sexual experience and highlights the positive impact it can have on their pleasure and sexual satisfaction contrary to what our results announced.

4.4. Desire to give birth as a determining factor in the decision of non-wearing of condom

The work of Héritier (1999) [7] highlights the importance of parenthood in many societies and cultures. In her view, child desire is often deeply rooted in social norms and cultural expectations, which can influence family planning decisions, such as whether condoms are used or not. In her analysis, she points out that child desire is not simply an individual choice, but is often deeply rooted in the norms and expectations of the society in which an individual lives. Social and cultural pressures can have a significant influence on how individuals perceive parenthood and make decisions about their families. Heritier's research also highlights nuances and variations in attitudes towards parenthood across different cultures. What it observes is that in some societies, the desire for a child is highly valued and regarded as a central element of individual identity, while in others it may be less prioritised or even discouraged depending on socio-cultural circumstances. Stacey and Thorne's (1985) [8] studies of the social dynamics of gender relations and parenting provide insights into the role of gender considerations and family norms in the decision to have children. They thus

show how these gender norms and social expectations influence parenting roles and decisions about parenting. They highlight how masculine and feminine social constructions shape expectations for parenting roles, with significant implications for child desire.

So, Stacey and Thorne point out how traditional gender norms often assign women the primary role of care and motherhood, while men are expected to provide financial support and be leaders in the family. These gender expectations can influence how individuals view parenting and decisions about a child's desire. In addition, Stacey and Thorne note how gender norms are evolving in contemporary societies, with a growing movement towards more egalitarian family models and less rigid expectations of parental roles. However, they also note that persistent social pressures can still influence family choices, such as a child's desire. Both authors demonstrate the desire to have a child as a determining factor in deciding not to use condoms, and we better understand how gender norms and family expectations shape parenting attitudes and behaviours. This underscores the importance of recognizing these sociocultural influences in promoting sexual and reproductive health, and in designing programs that meet the diverse needs of individuals and families.

5. CONCLUSION

This study highlights the interconnection between cultural, social, religious and gender factors that influence attitudes and behaviours related to condom use. Through the testimonies of the respondents, we examined how cultural traditions perpetuate gender inequalities, often by limiting women's control over their sexual and reproductive health. Similarly, religious influences have been identified as determining factors in the formation of attitudes towards contraception, with selective interpretations of religious teachings that may conflict with medical recommendations.

The study also explored the factors of discomfort and decreased sexual pleasure associated with condom use, as well as perceptions of reproduction as a source of wealth and social status. These elements have profound implications for sexual and reproductive health, reflecting complex issues of power, control and stigma. In summary, it is crucial to take this diversity of influences into account when designing public health interventions to promote the use of condoms and other contraceptive methods. A holistic approach that is sensitive to cultural and social contexts is necessary to effectively address individuals' sexual and reproductive health challenges and concerns. By placing respect for individual rights, autonomy and inclusiveness at the heart of interventions, we can aspire to create environments favorable to informed choices and optimal sexual and reproductive health for all.

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