

**Original Article****ROLE OF UNMANNED CONDOMS DEPOTS IN PROMOTION OF CONDOMS IN THE COMMUNITY DURING HIV/AIDS EPIDEMIC IN INDIA**Tamboli BL<sup>1</sup><sup>1</sup>Ex. Professor & Head, Department of Community Medicine, SMS Medical Collage, Jaipur Rajasthan**ABSTRACT**

**Context:** It was felt that large number of people are having unmet need of condoms and the agencies through which condom is to be procured are suffering from one or other handicaps, and so the use of condom is low. **Purpose:** To know the acceptability of condoms through unmanned depots by the community. **Methods:** A small experiment was conducted with 17 such unmanned condom depots which were installed in offices, banks and market places. **Findings;** The total pick up of condoms were 166533 during the period of 21 months and 25 days. The average condoms picked up from all depots were 7627 pieces per month and an average of 22.12 pieces of condoms per working day of depots. These unmanned condom depots were 30 times more efficient than the condom vending machines, and 13 times more efficient than the distribution of condoms under social marketing of the National AIDS Control Program in India. **Conclusions:** Such experiment was found successful with very good pick-up of condoms without their misuse.

**Key words:** Condom, Condom distribution, unmanned condom depots

**INTRODUCTION**

This study is based on the findings that many couples even poor and illiterate, want to use condom, but are discouraged from doing so by difficulty of obtaining the condom.<sup>1</sup> The agencies through which the condom is to be procured e.g. institutional services and supplies, contraceptive social marketing and community based contraceptive distribution involving local persons in their distribution are suffering from severe handicaps, and psychosocial, geographical and management problems and it is of concern.

Government health clinics are an important source of condom but they are relatively few in numbers at places like urban periphery where these poor people live and therefore, in many poor countries like India the availability of and access to condom can be important constraints to condom use for poor.<sup>2,3</sup> Conditions in rural part of the country are not better than this. The condoms and other contraceptives are available as per the office times and one need to disclose the identity for office records.

Social marketing of contraceptives performed well in term of cost-effectiveness and cost management. In India it was less well in developing marketing capability and in reaching the lowest income groups.<sup>4</sup>

Regarding community based contraceptive services this failed mainly because of no support and supplies from the Primary Health Centre (PHC) staff.<sup>5</sup> Village health guides in Indian rural areas are supposed to supply condoms to villagers, but no one obtain condoms from them.<sup>1</sup>

**MATERIAL AND METHODOLOGY**

The basic aim of conducting this experiment was to evolve a method mix in which all above mentioned constraints are absent like,

1. For more use of the condoms, more it should be available and accessible to those who need it.
2. Those who are hesitant to procure the supply from existing system can have the supply through this system without hesitation of being identified. Even some one want to pick up extra condom for future and emergency use, he/she can do it without hesitation.
3. This will provide the services 24 hours all the days of the week.
4. Anyone who pickup condoms will use it and at least will not misuse it.

Sites were identified first in a small area within half a kilometre radius around the Medical College and attached hospital in the city. These sites were government offices, bank and places along the road side. The main aim of this experiment was to find out the public acceptance of condom and actual use of these unmanned condom depots for community purpose for pick-up of condoms.

Sturdy wooden boxes painted white and inscribed insignia of family welfare department and below to this was written Nirodh in Hindi. Such boxes were nailed on the walls or sometimes even on tree trunks. Each box carried a fix number singled out condoms in denominator of 25 up to 100 and sometimes up to 150/200 depending upon the possibility of pick up. The replenishing the supply was done only on forenoon of official working days at all places. Bank and government

offices remained closed on Sunday and other holidays. The number of condoms picked up was recorded as per their names in the separate register meant for it. These duties were assigned to one of the case worker of the department. The register was checked everyday by the author.

## RESULTS

During first three months in all 16 depots were set up which worked for 954 Depots x Days (DD), with an average pick up of 16.60 condoms, which were better for hospital and public places (20.09) as compared to bank and government offices (13.54). The performance increased during second three months period. The total condom picked up were 26384 during the total 1204 DD in six months and an average pick up of 21.91 condoms was recorded. Marked difference in pick up was reported from the depots at hospital and public places (39.11) than the pick up at offices and bank (14.09) which remain more or less stationary.

When the pick up rate of condom was analysed for the total period of 21 months and 25 days starting from November 6, 1992 till August 31, 1994; the total condom picked up were 166,533 with 7528 DD, giving an average of 22.12 condoms /DD Initially the pick up rate was 17.60 and 14.00 during the months of November and December 1992 respectively, which rose steadily to 27.62 per DD in August 1994 (Table 1).

## DISCUSSION

As condom is the mainstay in HIV prevention strategy and accessibility to and availability of condom is the king pin in its consistent use. Perceived availability, accessibility or cost as major impediments to use of contraception. Yet in practice, accessibility to and availability of services are significant issues of concern.<sup>2</sup> Even the high level of awareness (90.4%) is not being matched by easy availability of condom.<sup>6-8</sup> Accessibility is the significant problem when considering existing system as the source of condoms. India has the large network of CHCs and workers already working all parts of the country even in remote and difficult areas, still the progress of the HIV prevention programme are not progressing well. Nearly half of the surveyed population in rural India had poor access to condom.<sup>6</sup> The usage of condom in the country has not been commensurate with the efforts made for promotion of condom.<sup>9</sup>

(1) Availability of and Accessibility to condoms  
Inequality in accessibility to and availability of quality of health care facilities is the universal phenomena in developing countries.<sup>2</sup> UN in India concluded that many couples, even poor and

illiterate rural residents wants to limit child birth, but are discouraged from doing so by the difficulty of obtaining contraceptives.<sup>1</sup> The study also found that, the prevalence of condom fell by 0.2 per cent with every extra Km distance from the PHC. If there was a PHC in every village this would increase the prevalence of the condom use from 4.4 to 5.9 per cent.<sup>1</sup> Generally, the distance to access and high price of condom put the poor people out of reach and this may be the reason for poor use of condom.<sup>3</sup>

More interesting finding in the UN study was that condom available at a proximal shop, rather than to a PHC was responsible for the increasing prevalence of the condom.<sup>1</sup> Among the Poorest most common source was the groceries, about 40%. Most common reason of condom from kiosk was proximity to their home, work place, easy availability and accessibility at night.<sup>3</sup> In the survey by UN, 31% of condom users and 45% of oral pills users obtained their supplies from shops mainly because of proximity of the shops. There is a strong correlation between the proximity of shop and the use of condom.<sup>1</sup>

The experience of Zambia supports this fact that when the condom is available at non-traditional outlets, the accessibility is greater to the poor.<sup>3</sup> More the out let of condoms more is the use. Accessibility is the big problem and much remains to be done so as to empower the poor men living in remote areas. This is clear from findings of the National AIDS Control Programme (NACP) phase III in India. More outlets were created to improve the promotion of condoms. Simply increasing the number of condom outlet under social marketing to 28% resulted in rise of sale of condom by 48%, a disproportionate response of the number of outlets.<sup>10</sup>

(2) Privacy during procurement of condom.

As usual all adult males and specially the females are hesitant to ask the third person for supply of condom because of prevailing socio-cultural conditions in the country. A study at Mumbai revealed most notably, the lack of privacy in stores and the social stigma associated with condom use were indicated as the most significant barrier in condom use.<sup>11</sup>

(3) Free supply of condoms

People still want to have the free supply of condom, and no one wants to be seen buying the condom in Indian socio-cultural Melleiu.<sup>8,11</sup> When low cost condoms were introduced in Louisiana, USA, and the average sale of condom remained barely 2% of the condom distributed for free.<sup>12</sup>

(4) Targeted approach programme alone may not be so effective in Indian situation.

Preventing transmission of HIV by NACO, provided services and education to brothel based

FSWs, MSM, long distance truckers and to some extent the organised labours, and short time migrants. NACO by 2008 has covered 45 red light

areas for promotion of condoms.<sup>13</sup> But there are still innumerable red light areas in country awaiting the free supply of condoms.

**Table 1: Month wise distribution of condoms in the study area**

Period of study in months	No. of working depots	No. of Depot Days	No. of condom picked up	No. of condom per Depot/Day picked up	Moving average of condoms per Depot/ Days
November 6-30, 1992	10	174	3063	17.60	-
December, 1992	14	321	4524	14.09	16.45
January, 1993	16	140	7250	17.68	18.05
February, 1993	15	374	8330	22.39	21.28
March, 1993	17	387	9207	23.79	21.78
April, 1993	17	435	8335	19.16	21.29
May, 1993	15	416	8714	20.94	20.35
June, 1993	14	384	8056	20.97	20.66
July, 1993	14	423	8491	20.07	20.18
August, 1993	15	411	8020	19.51	20.46
September, 1993	15	415	9051	21.80	20.48
October, 1993	15	405	8158	20.14	21.43
November, 1993	15	388	8681	22.37	23.23
December 1993	13	360	9792	27.20	24.84
January, 1994	11	131	7816	24.97	25.71
February, 1994	11	348	7766	22.31	26.23
March, 1994	11	181	5686	31.41	26.61
April, 1994	9	237	6194	26.13	27.19
May, 1994	11	297	7117	24.04	25.03
June, 1994	11	294	7452	24.92	24.77
July, 1994	12	286	7255	25.36	25.96
August, 1994	10	267	7377	27.62	-
<b>Total</b>		<b>7528</b>	<b>1,66,533</b>	<b>22.12</b>	<b>22.12</b>

NAACO's targeted approach fails to identify the non-brothel based FSWs, clients of sex workers, unorganised migratory workers, street children, MSM and students who are intermingled in the society as an uninfected person, and are difficult to locate, contact and pursue to use condom. Brothel based FSWs constitute only 9% of the total FSWs in India, while majority of FSWs are in other sectors like, street based (60%), lodge based (12%), home based and others including tea parlour and highway based (19%).<sup>13</sup>

Any programme reaching to 100% brothel based FSWs will reach to only 9% of the total CSWs.<sup>10</sup> Similarly, other larger groups which transmit the HIV infection, the long distance truck drivers and migrants yet all have not come under the folds of targeted intervention; continue spreading the infection in the community.

(5) Other groups at risk.

Out of 2.27 million people living with HIV/AIDS in India by the end of 2008, 57% of the HIV infected persons are living in the rural areas, and various studies have demonstrated higher seropositivity in these people.<sup>6,11,14</sup> This requires the intensive rural based intervention programme. Similarly, urban slum dwellers, and the tribal, are also at risk of contracting the HIV infection. A high prevalence of HIV infection has been

reported in these groups in various studies.<sup>7,15</sup> They are ignorant to procure the condom from local supply and hesitant to buy from market, least they would be labelled promiscuous or sex worker.

(6). Young adults:

Premarital sex often involves multi sex partners and that makes the chain of HIV infection among young adults and sex partners. An increasing number of infections being reported among youth in the age group of 15-24 years comprise almost 25% of the country's population is at higher risk of HIV and therefore they account for 31% of the AIDS burden.<sup>16</sup>

## CONCLUSION

Stagnant growth in the use of condoms and slow decline of HIV prevalence among women attending ANC is the matter of concern and every efforts are being made to improve the over all situation of the HIV/AIDS epidemic.<sup>10</sup>

Looking to this the idea to supply the condom free of any charge and round the clock through unmanned condom depots all over the nation covering all red light areas, all national highways, the urban slums, urban townships and remote rural areas is being put forward.

Such unmanned condom depots will serve the purpose of poor, illiterate men's improvised condom vending machines and it has proved its efficacy too. (Table 2) It is 30 times more efficient than the condom vending machines and 13 times more efficient than the social marketing of condoms in India.

**Table 2:** Pick-up/ sale of condoms under NACP and in present study

Schemes	Pick-up/ sale of condoms.
1. Condom vending machines	0.75 condoms per day (NACO-condom promotion phase III, 2008-2009). <sup>9</sup>
2. Social marketing	50.43 condoms per month (NACO Annual report 2009-2010) <sup>10</sup>
3 Unmanned condom depots	22.12 condoms per depot per day (Present study)

In contrast, such unmanned condom depots serving the purpose of condom outlet, have number of advantages in making the condom availability. The opening hours are more extensive i.e. 24 hours all the days in the week, which make them more acceptable. Clients especially the young adults seeking condom from such outlet can do so with greater discretion than if they were visiting the health institution or some shops or community based condom distribution system. In Indian situation condom supplied with any charge, may it be a nominal and without, privacy during procurement is the major impediments and both are being addressed by these unmanned condom depots. Through these unmanned depots, we are also addressing the issue of empowerment of not only the high risk groups but also the common men who are still dependent on the existing system of supply of condom which is used scarcely. Experience has demonstrated that addressing issues of empowerment of high risk group is a successful strategy for obtaining their adherence to safe sex behaviour and thus reducing their continuous dependence on any out side agency. Through these depots we are also meeting the felt need of those whose unmet needs are yet to be met.<sup>2</sup>

### RECOMMENDATION

The present experiment was on a very small scale but proved its acceptability to the community and efficacy in qualitative and quantitative terms. Further such study may be under taken at larger scale involving a town and few villages or a full district in deferent HIV prevalence areas to further prove its efficacy and cost effectiveness.

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