

Experiences, Perceptions and Attitudes of Religious Leaders and Parents Regarding Condom Promotion for HIV Infection Prevention: A Qualitative Study from Tanzania

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Abstract

Background: Immense literature reports that condoms' demand, distribution, and actual utilization are often constrained by social-cultural, psychological and supply factors. This article reports a qualitative study of the experiences, perceptions and attitudes of religious leaders and parents in relation to condom promotion in Tanzania.

Methodology: In-Depth Interviews (IDIs) with religions leaders and Focus Group Discussions (FGDs) with parents were conducted in Mpwapwa and Mbeya Rural districts between November 2011 and June 2012. FGD and IDI were tape recorded for later transcription verbatim. Transcribed reports supplemented with handwritten field notes were analyzed both manually and with help of NVIVO software.

Results: Mixed opinions were obtained from IDIs and FGDs on about the issue of condom promotion through mass media and school health programs. A few religious leaders and majority of non-Catholic parents partly supported the existing condom promotion strategies, contrary to Catholic and Islamic faith leaders who strongly opposed. All IDI and FGD participants seemed to appreciate that young children were already aware of what sex is and therefore like adults children have the right to information concerning HIV prevention including the issue of condom use. However, the majority were not in favor of health education targeting young children on condom use campaigns on ground that doing so exposes and tempts young and virgin children to premature sexual behaviors. Meanwhile, encouraging adult people to use condoms also was perceived as promoting promiscuity behaviors.

Conclusion: Condom advocates should maintain dialogue with religious leaders and faith adherents if they expect to overcome the challenge of dogmas prohibiting condom usage during sex by arriving at a mutual understanding of the benefits of condom use.

Background

Scientists have confirmed that condoms if appropriately and effectively used are health products highly needed for the prevention of people from Sexually Transmitted Diseases/Infections (STDs/STIs). Unfortunately, reports continue indicating that the acceptability and utilization of such products remain low in many developing countries. Among the factors reported to contribute to the low usage of condoms is the presence of a considerable proportion of people believing that condoms are preferred by people who are dishonest in their marital relationships; adulterous, promiscuous or homosexuals, leave alone those who use condoms for preventing unwanted pregnancies [1]. Thus, condom marketers worldwide in general have been facing criticisms and opposition from different stakeholders including community groups and authorities in some government departments [2]. Targeting the messages associated with condom promotion through mass media, for example, without affecting the untargeted ones is one of the major challenges faced by the condom promoters [3]. Health behavioral change experts contend that a positive communication between parents and children about risky health behaviors helps children to be sensitive, establish individual values and make decisions with positive impact on their health. That said, the communication about the issue of condom usage is worthwhile to result into positive condom usage practices [4]. However,

reports from different countries reveal that parents and other groups of adult persons are often driven by their religious faiths to develop negative perceptions against condoms. These groups have been complaining against condom adverts through mass media, school health programs, and other open spaces and attempts of supplying condoms to young children in school settings. They maintain that promoting and supplying condoms in children prompt them to enter into heterosexual activities prematurely and sustain illegal or socially unacceptable sexual practices [5,6].

In Tanzania, religion plays an important role on shaping the mindsets and lives of people, including how people believe about certain health problems/issues and how they respond to such problems. For instance, early and more recent studies in this country found some missed opportunities when Faith-Based Organizations (FBOs) seem failing to support programs aiming to help the people living with HIV/AIDS as expected and particularly when the issue of condom promotion and mass distribution is one of the program packages [7]. Guided by immense information found in the literature regarding the prevailing debate about condom promotion under HIV/AIDS control programs, we designed and conducted a study with the aim of looking at the factors affecting the acceptability of, and demand for condoms among populations including parents and religious leaders representing different FBOs in Tanzania. We focused on, among other things and study population groups, the experiences, perceptions and attitudes of religious leaders and parents in relation to condom promotion. The rationale that built the foundation stone for this study getting funding was based on the suggestion given by past researchers that as religion shapes the beliefs and activities of many people, it is vital, in the context of HIV/ AIDS, for the world to understand how religions and their growing number of adherents either facilitate or undermine efforts made to fight stigma in relation to HIV/AIDS control [8].

Materials and Methods

Study Design, population, areas and sampling strategies

The overall study was cross-sectional in design and adopted a combination of quantitative and qualitative data gathering and analysis techniques. Two districts were covered, namely - Mpwapa that is located in Dodoma Region round central Tanzania and Mbeya Rural in Mbeya Region in the southern highlands of Tanzania. Selection of the latter districts was done randomly. This was done by picking only one district from each region out the list of the districts forming the respective region. The main criterion for selecting the said regions out of more than 20 regions in the country was the prevalence rates of HIV/AIDS when compared with the rest of the regions in mainland Tanzania. National statistical records showed Mbeya Region being one of the regions in mainland Tanzania with higher HIV/AIDS prevalence rates than regions like Dodoma with lower prevalence rates. Additional details describing the two study districts with regard to HIV/AIDS status and socio-economic characteristics have been published recently elsewhere along with quantitative findings [9,10]. Parents and religious leaders representing different religious institutions were among the targeted study populations and actually the focus of the present paper. Inclusion of parents was based on the view that parents play a major role on advising their children on certain behavioral issues in their attempt to shape children's moral conduct or behavior. Religious leaders were also included by

considering their role on influencing their followers to develop (or stick to) certain beliefs in their attempt to keep them connected with religious law or principles.

From the beginning of the study design, a multistage sampling strategy was chosen to be adopted after selecting the study regions and districts and this was done as follows: identification of four wards randomly from the list of wards officially known in each district. Then from each ward, a purposeful section of at least one Christian leader and one Islamic leader was done and this was facilitated by approaching the administration of the existing churches or mosques. We ensured inclusion of representatives from different religious faiths/denominations. In each ward also, one village with a primary school was selected, our expectation being that among the parents approached were those caring school children. Parents were purposefully mobilized to be met for a talk while in groups of 6-12 for collective discussions. In total, four groups of parents were mobilized in each district. As for religious leaders, 17 and 12 were covered in Mpwapa and Mbeya (R) districts, respectively.

Data collection and Analysis methods

A multidiscipline team led by social scientists was involved in the study. Parents were asked to share their experiences and opinions through Focus Group Discussions (FGDs) while religious leaders participated in In-Depth Interviews (IDIs). The objective was to establish how parents and faith leaders viewed the issue of condoms promotion a strategy for controlling the spread of HIV infections in the community when such methods as school health education program and condom advertisements through mass media are employed. They were also investigated on the availability and accessibility of condoms, influence of politicians and commercial agencies on condom marketing and ultimate condom usage and their suggestions regarding what might be the appropriate message packaging if condoms were to continue being advocated and promoted for use as a HIV and AIDS prevention strategy in the community. Both the IDIs and FGDs were tape-recorded but were supplemented with handwritten notes. The study team met each day after data collection for debriefing based on the experience gained from the field and for discussing on data collected in as much as they seemed to answer the overall and specific objectives of the study.

Data analysis was performed as the data gathering process was completed each day and this helped the investigators to remember some of the events/points noted in the field that were not written down along with other notes [11,12]. Each of the research members had chance to go through the notes at their own time and come up with their interpretations of the study findings in relation to the study objectives. Record-taped FGD and IDIs were initially transcribed verbatim using a Microsoft Word processor. An NVIVO program was later employed to increase both the quality and reliability of the verbatim transcribed data. Final and comprehensive data analysis and interpretation were accomplished later after all the targeted data collection process has reached to an end.

Ethical considerations

Ethical clearance for this study was obtained from the Medical Research Coordinating Committee (MRCC) of Tanzania and was based on the research proposal submitted through its Secretariat under the National Institute for Medical Research (NIMR).

Submission of the proposal to NIMR went hand in hand with communicating with Regional Health Management Teams (RHMT) for Mbeya and Dodoma as another crucial step for requesting for study permission to the authorities in the planned study localities as the same procedure was followed by the research team went further down to local government (e.g. ward and village) authorities in the respective study districts. Procedures for seeking informed consent – both oral and written from the targeted population groups were followed as reported elsewhere [9,10].

Results

Availability, Types and Sources of Information about the Condoms Promoted

Condom information sources: In both the IDIs and FGDs, participants acknowledged knowledge of various agencies dealing with condom promotion, distribution either for free or for sale that existed in their community areas. They also acknowledged the following sources of condom promotion through which they personally and other community members could know what programs wanted about condoms:

- Adverts posted on street billboards
- vans announcing condoms along the main highways, bus stations
- hearing/watching adverts in mass media such as radios, Televisions (TVs) and newspapers
- Part II poison shops
- mobile condom vendors (including the commonly known as Wamachinga in Swahili)
- Retailers selling condoms along other consumer products at ordinary shops or kiosks or along roadways;
- Posters stamped at public offices including those found on the walls at the healthcare facilities and other business centers;
- Short messages written in simple take-away print outs such as brochures or leaflets normally given at various public meetings;
- Health education on family planning (child-spacing) and prevention of sexually transmitted infections including HIV/AIDS and syphilis among women attending Reproductive And Child Health (RCH) clinics; and sometimes
- Hired musicians and drama groups that pass over communities to sing and give demonstration on HIV/AIDS prevention methods.

Condom types and availability: As for the supply of condoms, the experience of the parents was that occasionally, the retail sources were found with no condoms, and especially in remote places. At Bunila Village in Mpwapwa district, for example, it was revealed that some of the people originating from the same village but who were living in towns were surprised at finding no condoms at village shops/kiosks after visiting their homes during holidays or when they are on leave. The majority of the parents and some religious leaders reported their experience with shortage (or unavailability) of female condoms as compared to male ones and to have rarely found female condoms being advertised for the public to know them as compared to male condoms.

Perceived Quality of Condoms Being Promoted In Terms

Of Safety and HIV Protection

In both study districts, the majority of parents testified knowing the condom retailers who were selling expired condoms. As claimed, some of the traders were doing so knowingly and so the government authorities concerned were supposed to carry out surprise visits along with regular monitoring of condom traders' misconducts like this at community level. As added, it is common to find people who after using the expired condoms and got side effects ends up complaining in the streets'.

"You can be waiting for service at the kiosk or shop, and then suddenly comes a person asking the sellers openly, 'Why do you give me this when it has already expired? You people will kill us because of your profit thirst; you just sell your things without looking at their expiry dates and yet they say they are protecting people from the virus infections'" (a parent in a FGD, Mbeya 'R').

In Mpwapwa district, statements similar to the foregoing one were also obtained from parents in FGD sessions. Meanwhile, parents and religious leaders alike expressed their concern about the condom retailers who stocked the condoms in the same shelves as those used to stock other consumer products including foods and beverages. Doing so was perceived to downgrade or lower the status of other consumer products meanwhile demoralized the customers coming to purchase such products.

In Mpwapwa, reports from parents and religious leaders applauded an NGO called 'Pamoja Tutangaze Ukimwi (PATUU), – meaning 'Together, let us join forces to sensitize the public on HIV/AIDS'. As argued, PATUU had so far succeeded passing the message to a considerable number of community members (including teens, adolescents and youths). It employed drama groups and choirs that visit schools and colleges to pass information on HIV/AIDS through songs, poets, dances and plays. These things attract young children both in schools and in the streets. As the parents put it, the packets of, used condoms are commonly found disposed off along the roadways and children see them on their way to and from school or elsewhere. Meanwhile, religious leaders were concerned about some NGOs dealing with the condom promotion business causing confusion and inconvenience to the public when the messages they attach to the condoms being promoted carry different contents relating to types of condoms with the most acceptable quality for meeting both maximum sexual satisfaction and infection prevention.

Acceptability of Methods Used in the Condom Promotion and Distribution Program

Data indicated somewhat inter-group and intra-group differences in the views expressed in both districts regarding acceptability of the approaches used to promote condoms. In both study districts, it was frequently mentioned by some of the FGD members that to the individual or family members who had experienced at least an adult relative suffering from AIDS before, the issue of condom promotion or distribution was highly appreciated. These groups of participants commonly added that in general the public was already highly sensitized on HIV and AIDS. Interestingly, participants from Mbeya claimed that their region was known by many residents as being among the top five regions that are highly affected with HIV/AIDS in mainland Tanzania as per official reports regularly given through mass media and AIDS control agencies operating at district and grass

root levels. The second reason is that only a few people had never seen a person suffering from AIDS. To the surprise, still a considerable proportion of the public members had not changed behavior of practicing unsafe sex despite the existing strong campaigns for condom usage.

The issue of open adverts of condoms through mass media was criticized mainly on moral grounds. As argued, messages displayed in TV or newspapers are sometimes accompanied by pictures that are too eye-catching and tempting people including young children to develop sexual desires prematurely. This outcry was heard from both the parents and religious leaders. The sense of parental humiliation by the messages displayed was also reported to prevail among the parents and religious leaders in both districts, especially if the messages are given on TV screens while parents are sitting with their young children watching. In Mpwapwa, leaders during an interview at community level had the following to argue against condom adverts in the open public sites:

“There are mobile vans passing in the streets and carrying girls who appear in short and tight dresses including skin-tights or bikinis while dancing to promote condoms in a sexy manner. Therefore, people watching them among whom are young children get stimulated to think of and actually do sex. That is why it is difficult to prevent new HIV infections in the community” (Imam, of one Mosque, Mpwapwa district).

“Some advertisements are socially unacceptable to be watched by particular community groups in the presence of adult people including parents. Sometime the parents decide to move away from the TV screen, leaving the young ones after noting that the pictures displayed are carrying strong and shameful messages for the parents to bear remaining there” (a R.C leadership member at one Parish in Mpwapwa).

In addition, religious leaders especially those from the Catholic and Islamic faiths like some of their followers among whom were the parents approached in both districts claimed that due to their curiosity nature, children attempt to practice what they normally hear from/or watch in the mass media and this is the case with using the messages promoting condoms to practice sex prematurely, hence by so doing they sin against God. Parents and leaders representing religious groups also criticized what they viewed as tendency of the condom marketers to demonstrate on the use of a male condom before the school children and the adverts with the message saying ‘If you fail to tolerate abstinence, just use condoms as the last resort’. As argued, this marks the beginning of diminishing children’s respect to their parents and other elders. Parents are eventually seen by their children as being unfair to prohibit them from participation in sexual affairs contrary to what the adverts say.

Issues of condom prices and condom distribution at community levels were also discussed with concern in both districts as negatively lowering the demand for and actual use of condoms. Presence of people who cannot afford procuring condoms as they may need at the existing prices was reported, especially in Mpwapwa district. As argued, condom retailers strive to generate super profit per a piece or packet of condom and this happens sometimes when there are shortages in condom supply. Some religious leaders in Mpwapwa wished condom prices had risen even further as this could discourage

use and enforce people to return to their religious and cultural moral values and conduct. In contrast, other leaders wished condom prices had dropped or were waived to allow more people use them appropriately as needed. Experience about people sharing condoms or using them for more than one sexual activities was also given as one of the reports obtained in both districts reflects:

“Those using them usually have trust in them, but I suggest that the prices for these products be reduced if the government cannot offer them for free. This is because in villages people use a condom more than once and among whom are those who wash and use a condom after successive use. They sometimes use condoms interchangeably by sharing them after use” (a member of one Anglican Church leadership).

Price differentials were also mentioned as a confusing and limiting factor to communities interested in a variety of condoms distributed by the commercial agents. One leader from the ‘Evangelical Lutheran Church of Tanzania’ E.L.C.T in one district wished seeing condom promoters/suppliers fixing the same price per a unit condom and that they should do so regardless of the varieties distributed.

Social Stigma Associated with Open Discussion about Sex and Condom use Issues

In both districts, a number of parents and religious leaders were indifferent when discussing on whether or not it is appropriate for parents to discuss condom issues with children. As generally argued parents discussing sex issues with their children only is uncommon, and it actually sounds as culturally shameful and almost a taboo. This point was strongly criticized by one religious leader in Mpwapwa who reported experience with parents who were advising their children to use condoms in case they were forced by their sexual desires or could not tolerate abstinence. Some parents also did not deny experiencing the same from other parents, although they seemed to be surprised. Moreover, both the parents and religious leaders reported to have seen the children who shied away to be seen by their parents or other elders while buying or holding condoms. These views were opposed by the FGD participants in one village in Mbeya (R) as reflected by the following statement that was strongly supported by other FGD members in the same district:

“First of all, seeing your son or daughter keeping a condom makes you as a parent happy since you know that the child is now well informed about safe sexual practice and methods for preventing HIV infections. In this village, it is not strange to find an adult person asking loudly about condoms from a retailer in the presence of other people including young children” (a female participant).

Throughout all the interviews conducted in both districts, the R.C Church and Imams of mosques strongly opposed the programs encouraging open discussions in the public on condom usage. They emphasized that their views express the stances of their religious institutions, and on behalf of others, one leader had the following to comment:

“If the government has a slogan of campaigning against malaria by stating that malaria is unacceptable, we religious leaders also say that condoms are unacceptable” (a representative of Moslem Mosque, Mpwapwa).

Table 1: Views regarding condom's protective efficacy as expressed by study participants.

	Stated Reasons for Those Doubting	Among whom the Doubt was expressed	
		Parents	Religious Leaders
Condom promotion alone cannot prevent HIV infection	1. Teenage pregnancies continue being reported despite the existing promotion of condom use	Yes (Majority, in both districts)	Yes (All, in both districts)
	2. There is a misuse of condoms e.g. people using condoms that are purposely and secretly torn in attempt by the user to maximize sexual satisfaction	Yes (Majority, especially in Mbeya (R))	Yes (some, in both districts)
	3. It is not uncommon for people to use expired condoms	Yes (Majority, in both districts)	Yes (Some, in both districts)
	4. Women shying away to persuade their male partners to use condoms	Yes (Majority, in both districts)	Yes (some, in both districts)
Condoms have side effects or other undesirable health outcomes of their use	1. People reporting itching effects around genital (sexual) organs after using condoms	Yes (A few)	No
	2. Condoms may burst during sex and cause troubles	Yes (Majority, in both districts)	No
	3. Excessive use of condoms may cause impotence in men and infertility in women	Yes (Majority in both districts (Majority, but mainly in Mpwapwa)	Yes (All, in both districts)

In contrast, several leaders representing other churches, including the Evangelical Lutheran Church of Tanzania (E.L.C.T), Pentecostal Churches, Anglican and Moravian did not see any problem with this move. These were of the feeling that children of today have already come across immense messages and people talking about sex and condoms matters in the streets or at school, markets and other places such as at political gatherings, while in public vehicles, at sports and games grounds, and music halls, leave alone watching and listening news through the mass media.

Perceived Protective Ability and Other Qualities of Condoms for HIV/AIDS Infections

Doubts about condoms' ability to prevent STIs and the courage of school children to use them as recommended while performing sexual intercourses were noted among the IDI and FGD members in both districts. Supporting their claims, reasons for the expressed doubts were as shown in Table 1.

Thus, both religious leaders and parents were of the opinion that the condom messages normally presented by the AIDS Control Programs are either ignored by the target audience if they seem to add no value or are misinterpreted contrary to expectations. However, it was lamented that people generally tend to ignore or undervalue health experts' advice on proper health behaviors because of being accustomed to particular lifestyles associated with personal or social beliefs. The reported shying away of women to persuade their male partners to use condoms was due to their attempt to avoid being seen as prostitutes or sexually dishonest women because of having multiple male sexual partners.

As for point number 2 in Table 1 above, the following testimony was given by one FGD member in Mbeya (R) who amused everybody:

"Youths, especially boys are ones causing trouble by confusing us. They can share and use a condom by interacting with several women.....mhh....They tear the condom at the top and pretend to wear it for sexual action. They play the same game to both us and our daughters. And it is sometimes difficult for us parents to discover that the same guys are sharing with us and our daughters" (a lady in her early 30's, Mbeya Rural).

Some of the FGD participants in both districts added that besides the excessive use of condoms possibly leading to impotence in men and infertility in women, if pushed deeply into the woman's vagina might risk the woman who is forced to undergo major surgery to clean her uterus. As also reported from Mpwapwa district, the fact

that condoms were found thrown along the pathways mirrors the situation whereby most likely the intended users of such products come to discard them in fear of the suspected side-effects. Allegations that condom retailers were stocking and selling counterfeit (including expired condoms or condoms manufactured and branded below the standard) were noted from several FGD members and religious leaders in both districts. Apparently, this has had a significant contribution to lowering the demand for, and actual utilization of condoms.

Expressing reservations for the claims that condoms may lead to infertility and impotence, a FGD member in Mbeya Rural had the following opinion:

"The belief against condom use for religious reasons or other reasons is fine, but the content contained in it in relation to prevention of HIV infections should be valued because without condom use it is possible for a woman to conceive while lactating a baby aged one or less than a year" (a female FGD member, Simambwe Village, Mbeya 'R').

Stance of Parents and Religious Leaders on the Issue of Acceptability of Condom Promotion on Spiritual and Biological Grounds

Parents and religious leaders in both districts acknowledged the importance of community sensitization on HIV/AIDS prevention and need for children's engagement in the AIDS Control Program campaign. However, the majority of the parents in Mpwapwa district were indifferent about whether or not condoms should be promoted in the media, followed by their distribution to community members targeting both adults and children.

The following statements represent the rest of the views given by parents on this issue:

"Time has come whereby we as parents should admit that our children need reproductive education since we know that they engage on their own accord in sexual practices. So even if we feel shy now, we have no way out of being open to them" (a male FGD at one village, Mbeya Rural).

"Some religious leaders passively and secretly participate in condom promotion in fear of attack. For instance, my parent is a Pastor who sometimes talks about condoms and their benefits, although he does so indirectly or in parables" (a woman FGD member, Mpwapwa).

Table 2: Selected statements directly quoted to reflect religious leaders' personal or institutions' position on the issue of engaging children in condom campaign endeavors.

Views supporting condom promotion and distribution for children to use them	Views opposing condom promotion and distribution for children to use them
-“The Pentecostal Church has guidelines on HIV/AIDS control for married people. In case one of the couples is found HIV+, use of condoms is allowed between them” (Bishop, Pentecostal Assemblies of God Church, Mpwapwa).	-“According to Q’oranic verses, there is no way condoms can be a tool to be promoted for protection of disease since if Allah wants anything to happen, it is impossible for human beings to prevent it. There is no way a human being can prevent the wrath of Allah, for instance, by advising people to use condoms for protection against HIV/AIDS (a Sheikh, Mpwapwa).
-“As a Church leader, I criticize all those leaders who are against condoms while knowing that our followers are increasingly dying of HIV/AIDS (a M.C Leader, Mbeya ‘R’).	-“Even for matters relating to promotion of family planning for child spacing, the Church stands to promote and defend natural methods of family planning by insisting on calendar count of a woman’s menstruation period rather than using artificial and mostly immoral methods such as condoms” (a R.C priest, Mpwapwa).
-“We M.C Parish of Utengule-Mbeya have organized a group of women to discuss this matter openly with the aim of educating one another. Through this group which is known in Kiswahili as ‘Tusaidiane Vipi?’ (Meaning ‘How can we Help Each Other?’), we religious leaders talk with women about condom use issues in the marriage bondage. However, this is done outside of the preaching desk to avoid conflict with the faith principles and strictly conservative faith affairs” (a Priest, M.C, Utengule, Mbeya).	-“Although the decision to use condoms is a secret of the people using such products in fear of the prevailing social stigma attached to condom use, I personally do not find anything wrong with that since apart from those using condoms for adultery reasons, the use of condoms even by the married couples who are no longer trusting each other or for child spacing purpose is realistic” (an A.C priest, Mpwapwa).

On the other hand, the views obtained from some of the religious leaders interviewed from the Church side seemed supporting while others opposing the prevailing or proposed campaigns for condom use among children as in adult people (Table 2).

Table 2 demonstrates how controversial the issue of engaging children and married couples in the condom campaign business was in both districts from biological and religious viewpoints, the majority of the religious leaders viewing that the business contradicts Biblical and Q’uranic verses. Opponents (mainly Priests and Imams)’ arguments were based on the view that encouraging people to use condoms would prompt them to promiscuous and adultery behaviors, meanwhile preventing or delaying conception among women, hence an abomination before God.

Insisting on their stance, some parents in during FGDs in villages, especially in Mbeya claimed that sensitizing the community (including children) about condoms was crucial since honesty in sexual relationship between people (married ones and single alike) has generally disappeared; and at the same time people who are already suspecting themselves or who have confirmed to be HIV positive rudely persuade and tempt young girls to enter into sexual intercourse with them without using condoms. This is confirmed by the prevailing reports about or a continued experience with the number of girls who get pregnancy and when they are tested they are found being HIV positive. These views were validated by fellow participants in Mpwapwa district who condemned religious leaders seeming conservative to encourage their adherents to use condoms.

Discussion

Acceptability of condoms in the context of social and cultural values

The present study confirms that the acceptability and utilization of condoms for their potential to protect people from contracting HIV causing AIDS through sexual intercourse remains impeded by social factors including religious beliefs and social stigma to discuss on condoms with children in Tanzania [10,13-17]. Reports from several countries show the conservative religious organizations pushing against condom promotion. This has created ideological conflict between government and commercial sector agencies dealing

with condom promotion and distribution campaigns on one side and the FBOs and their adherents on the other side [18,19]. Behavioral studies conducted mainly by behavioral (and mostly social) scientists have established that humans are influenced by their thoughts to develop certain behaviors, and such thoughts may be partly or largely rooted from the social environment where the individual concerned interacts with other people, information and other things [20,21]. If a person believes that using a condom is risky to the woman during sex, or if they believe that sexual satisfaction is not possible if a condom is used, as we have heard from the present study and as we read in the immense literature, it is obvious that one will challenge the campaign for condom use. We have seen from the present study that in recognition of the fact that some teens and adolescents already are in heterosexual relations, there are parents and religious leaders who dared to advise them to use condoms should they be stimulated to participating in sexual intercourse and were unhappy with the religious leaders and parents opposing the condom use campaigns as part of a comprehensive strategy for AIDS control. While it appears that some study participants suggested that condoms may still be promoted by repackaging the information and reviewing the mechanisms for passing the message to the target audiences, the main challenge could be how to accomplish that in the midst of criticisms from the religious clergy and without contravening certain Biblical and Q’uranic verses. Changing the mindset of conservative leaders is not easy because of the doctrines they were brought up with and the positions they hold as defendants of faith before the general public. Evidence indicates that most persons in Islamic communities tend to believe that all HIV infections are transmitted through immoral sexual behaviors. Such people are not aware of possible inadvertent infections through mother-to-child, accidental pricking of skin and contact with contaminated blood or an innocent spouse getting infected through her/his marital partner [22]. Nevertheless, a recent report from the neighboring country of Kenya, particularly the North Eastern province shows that the leaders had agreed to actively preach against the use and public promotion of condoms as a strategy to contain the pandemic, prevent pregnancy and discourage promotion of immoral behavior. They also agreed to oppose the distribution of condoms in villages and educational institutions across the northeast [23]. Similar experiences are reported from Alambra State in Nigeria as in other Islamic communities around the world [24].

Quality and affordability of Condoms as determinants of condom acceptability

We have noted the participants in the present study expressing concern about the traders allegedly selling expired condoms in the community. If this is true, more danger or risk falls to residents of rural settings where people have no wider room to choose between condom varieties due to reported supply shortages. According to Jafar and Chapman [18], the supply side of condom is an essential consideration when it comes to quality of the condom promoted. The author depicts that most donors and implementing agencies have been procuring condoms from manufacturers whose factories are pre-qualified by WHO, although from time to time, reports of poor condom quality often difficult to substantiate seem to surface and indicate a possibility of rapidly undermining condom promotion programs. Moreover, the experience of the parents from the two districts surveyed in this study shows that even when the information is available regarding the HIV risk and ways to protect HIV infection using quality condoms, yet a significant number of people neglect the message and decide to take risk of not using condoms for example for safe sex. The explanation for this happening can be comprehended by referring to behavioral theories in relation to STIs including HIV prevention and treatment. Jafar and Chapman [18], for example, also maintain that the risk compensation model suggests that when an effective prevention or treatment intervention (or one perceived to be effective) is available, an individual's perception of transmission risk may be reduced, and this may in turn lead to increased risk-taking.

How fair are the stances of parents and religious leaders against condoms?

Religious leaders and parents remain respected by governments and program officers involved in designing policies and enforcing their implementation towards effective communicable disease control, including the prevention and treatment of HIV/AIDS. This is important as the present study demonstrates, as the fact remains that religious leaders and parents hold a pivotal position when it comes to influencing their followers/dependents including children on certain behavioral issues such as those touching on faith. The main problem with religiosity in the fight against HIV/AIDS is rooted from the prevailing myths about condoms and conservative nature of one's faith [25,26]. It is not uncommon to find opinions of religious leaders differing from those of parents or governmental and NGOs participating in the anti-HIV campaigns [27]. Respecting one's faith-based stance is one thing, but learning from experience about the best practices is another important thing. Examples of some of the best practices in relation to religious leaders' participation in the condom promotion campaigns for HIV infection/transmission prevention come from Uganda, South Africa and Zimbabwe. In Uganda, the Church has been coopted as an integral stakeholder in the campaign against HIV/AIDS and this includes participation in such activities as prevention, counseling and testing, and distribution and utilization of ARVs [8]. Even in Islam dominated communities, participation by religious leaders in the programs sensitizing people to prevent HIV/AIDS infections even through means other than condom use has indicated encouraging results such as increase in number of condom users, reduction in HIV infections, sufferings and deaths [28,29].

Strengths and limitations of the study

This study covered only two districts, so the views expressed may not fully or necessarily represent the situation happening throughout the country. The views expressed by the study participants are somewhat subjective in nature and therefore can be questioned by critics including younger people, other parents, religious leaders, traders and even government authorities. The sample sizes of the study population groups may not be representative of the entire/general population in the respective districts/regions or the country at large. The views expressed do not reflect the representation of the participants who are not affiliated to either Christianity or Islam faiths. However, some of the experiences reported especially by the parents are validated by the reports from school children interviewed in the same study districts [10] and elsewhere in Tanzania [16,30].

Conclusion

This study shows the need for continuing evaluating the performance of condom marketing strategies and their acceptability to the populations approached and intended to benefit from the strategies put in place. It reflects the difficulties usually faced by AIDS Control Programs when they find strong criticisms or oppositions against the condoms being promoted and the demand for condoms sometimes surpassing the supply in some community settings. The study further reveals that not all religious leaders and parents are against condom campaigns, although the opinion givers suggested need for the authorities concerned to review the current ways of promoting condoms so as to avoid religious-business compromise. The stigma expressed by the majority of the study participants in both regions/districts calls for more concerted measures to resolve the conflicting viewpoints, and this will help ensure maintenance of a common goal of working effectively to ensure that HIV/AIDS eventually becomes a history in Tanzania [18].

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