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## Condom Perception Study

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**List of Abbreviations**

CAB	Community Advisory Board
CETC	attending Community Education Training Colleges (CETC)
EC	Eastern Cape
FS	Free State
GP	Gauteng
HEAIDS	Higher Education and training HIV/AIDS programme
HE HEALTH	Higher Education Health
HIV	Human Immunodeficiency Virus
HREC	Human Research Ethics Committee
HSRC	Human Sciences Research Council
KZN	KwaZulu-Natal
LP	Limpopo
MC	Male condoms
MP	Mpumalanga
MPT	Multi-purpose prevention technology
MRU	MatCH Research Unit
NC	Northern Cape
NDOH	National Department of Health
NGO	Non-Governmental Organisations
NW	North-West
PrEP	Pre-exposure prophylaxis
SA	South Africa
SACCP	South Africa Condom Communication Plan
SADHS	South Africa Demographic Health Survey
STI	Sexually transmitted infections
SRH	Sexual and Reproductive Health
TVET	Technical and Vocational Education and Training Colleges
UNFPA	United Nations Population Fund

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## **Executive summary**

### **Background**

Male and female condoms are the only available multi-purpose prevention technology (MPT) that provides triple protection, preventing unintended pregnancy and sexually transmitted infections including HIV. The most recent National Human Sciences Research Council (HSRC) survey in 2017 reported that approximately 4.5% of women and 17.0% of men ages 15-49 reported having had two or more sexual partners in the past 12 months, of these about half of women (42.40%) and one third of men (34.7%) reported that they did not use a condom at last sex. The rebranding of the South African (SA) public sector male condom "Choice" to "Max" was based on market research that confirmed that potential condom users wanted something new and more desirable. Launched in 2015, the Max male condom is available in four colour/scent combinations- red/strawberry scent in a red packet, yellow/banana scent in a yellow packet, purple/grape scent in a purple packet and plain latex colour/ unscented in a blue packet. The female condom has undergone similar branding and is now available as "Maxima" in three colour/scent combinations: - red/strawberry scent in a red packet, yellow/vanilla scent in a yellow packet and plain unscented in a blue packet. Now that the rebranded Max/Maxima condoms have been available for several years it is important to evaluate how these and other brands of condoms are perceived, accessed and used, to inform the National Department of Health (NDoH) Condom Communication Plan during early implementation.

The aim of this study was to evaluate condom perceptions in male and female youth (16-35 years) with a focus on the Department of Health (DoH) branded Max/Maxima condoms.

### **Methods**

A National survey was conducted in two populations. 1. Students enrolled in higher education institutions including Technical and Vocational Education and Training Colleges (TVETs) and Universities in all nine provinces and 2. Non-governmental organisations (NGOs) providing services to youth aged 16-35. An online anonymous survey with male and female youth was distributed as a data free link on receiving permissions from collaborating organisations.

The short survey was developed to be easily accessible from a laptop, tablet or phone. Questions were designed with simple responses using the University of the Witwatersrand REDCap data platform. Basic demographic data were collected along with condom perception questions. The online link to the survey was made accessible for six months (December 2020-May 2021).

### **Results**

A total of 2433 surveys were completed over the 6-month period. Although surveys were submitted from all provinces, Gauteng (GP) returned the largest number -almost three quarters (71.3%) of the total, followed by KwaZulu-Natal (KZN) with 12.3% and Eastern Cape (EC) recording 4%. All other provinces returned less than 100 surveys each.

#### *Socio Demographic Data*

The mean age of participants who completed this survey was 23.2 years and this was almost identical across all the provinces. Over two-thirds (68.4%) of the surveys were completed by participants between the age of 16-24 while the remainder were 25 and over. Almost two-thirds of participants identified as females (63.0%), and a third (34.7%) males. A small percentage (<2.0%) did not give their gender or gave other genders. Three-quarters of the participants (74.1%) reported having attended further (post-matric) education, while a fifth (21.2%) achieved matric level. Only five participants reported not having had any education at all. Current occupation indicated that two-thirds of participants were currently in further education (67.1%) and a fifth were employed (22.0%). Two-thirds of participants were in a relationship, and a third (35.3%) were currently single (not in relationship).

#### *Male condom use experience*

Eighty-one percent of participants reported ever having sex and of these 91.2% had ever used male condoms. Use of male condoms in the last month dropped to two-thirds (67.1%) and use at last sex was 57.6%. Those in the 16-24 age group were more likely to have used condoms at last sex (84.4%) compared to the 25-35 year olds (25.0%). Over half (58.9%) indicated that they used male condoms for both STI/HIV and pregnancy prevention. A fifth (20.0%) reported they used male condoms for pregnancy prevention. Few (8.3%) participants used the male condom solely for STI/HIV prevention.

For those having used male condoms in the last month, half (51.3%) indicated they use male condoms every time they have sex, while a third (31.1%) said almost every time they have sex. The remainder (17.6%) used male condoms about half the time or less frequently.

For those who had not used a condom in the last month (excluding those who had never had sex/no partner in last month), the most common reason for not using a male condom was that the participant trusted their partners/trusted each other (27.0%). The next highest reason was that either they or their partner do not like using condoms. Men were more likely to say they did not like using male condoms compared to women. A small proportion (2.2%) mentioned they were using Pre-exposure prophylaxis (PrEP) as a reason for not using condoms. Less than 1.0% reported that they could not get condoms due to COVID-19 restrictions.

#### *Max Condom knowledge use and perceptions*

Over half of participants had ever heard of Max (53.3%), with a higher proportion of males compared to females. Over two-thirds (69.7%, n= 894) of the 16-24 year olds had heard of Max compared to a third (29.2%, n=377) aged 25 and over. Under half reported to have ever seen the Max (45.9%). Overall, 42.0% reported to have ever used the Max condom with a third (36.9%) using it in the last month and just over a fifth (22.3%) used it at last sex.

Participants were asked where they access Max and gave a range of responses. Just over half (53.7%, n=102) of females aged 16-24 years reported they source their Max from further education institutions and a third (32.6%, n=62) from the public sector. However almost two thirds (60.5%, n=115) of this age group also mentioned their partners get them and in these cases they were unsure of the source. For the females aged 25 and over the public sector is the main source (77.1%, n=54). For males there is a similar pattern to females with those aged 16-24 years mainly sourcing from further education institutions (66.9%, n=95) and older males from public health facilities. Less than 5% of the 16-24 year old males and females cited NGOs as a source of Max condom but this increased to a quarter of females and a third of

males in the older age group. Similarly workplace was cited in a similar proportion by older males and females. As expected students aged 16-24 sourced mainly from further education institutions (72.7%, n=189). There were few learners (n=65) in the study overall and not all were sexually active. Only two mentioned school as a source of Max.

The main reasons given for not being able to get Max male condoms in the last month was that their usual source did not have any stock, or COVID-19 restrictions affecting their ability to get to their usual supply source. Some participants reported that they could not get the colour/scent they wanted.

#### *Max Condom varieties*

Of those who had ever used Max, similar proportions had used the strawberry (64.5%) and grape varieties (62.4%). Half (52.0%) reported to have used the banana scented Max and a third (32.7%) the original Max condom.

The grape and strawberry Max were the two most preferred varieties (33.2%, and 31.9%, respectively). The banana variety was the least popular Max with only 16.4% preferring this variety. The original Max was slightly more preferred compared to the banana Max. A fifth (20.1%) liked them all equally.

Participants were asked to comment on their preference for colour or scent as individual attributes per Max variety. The colour of Max condoms was slightly preferred over the scent, and this held true for all three scents. Just over eighty percent (80.3%) liked the purple colour while (73.1%) chose the grape scent. Over three quarters (79.2%) preferred the red colour over the strawberry scent (74.7%). Banana was the least preferred Max in terms of both colour and scent recording (62.9% and 49.5%) respectively.

Just over a third of participants (37.5%) found the Max packaging attractive or very attractive, while over half (56.9%) were neutral. Few (5.5%) felt that the packaging was unattractive or very unattractive. Open ended feedback from 682 participants indicated generally positive comments for the Max brand and very specific preference reasons for the different Max varieties.

Aside from Max, participants were asked about other male condom brands (commercially available) they had ever heard of, ever used, and used at last sex. Over 90% had heard of Durex, Trust and Lovers + with Durex and Lovers + being the most ever reported as ever used. Those who had used other brands and Max were asked to compare them. Under a fifth (15.9%) reported that Max is better than other male condoms while just under half (44.1%) reported that the Max male condom was the same as other male condoms and just over a third (40.0%) reported that the Max condom is not as good as other condoms.

Over half (53.9%) of participants reported Max to be of good or very good quality. A third (36.1%) were neutral, while few participants (7.1%) reported poor quality or very poor quality. Main reasons given for poor quality were that the condom broke/tore or did not fit well (too small/big).



### *Female Condoms*

Participants were asked about their knowledge, experience and use of female condoms and three quarters (75.4%) had heard of them, however, ever use was considerably lower (6.8%). Of the ever users (76.8%) were females. Use of female condom in the last month and at last sex was very low (2.0% and 1.6% respectively).

Of the 36 participants who used in the female condom in the last month almost all were females with only three men reported to have used it. Half (50.0%) indicated that they use a female condom every time they have sex and under a third (28.1%) reported that they use it almost every time they had sex. A fifth (21.9%) reported using the female condom about half the time or less when they had sex.

Only four participants reported to have needed female condoms in the last month and not being able to get them. Two reported that this was due to COVID-19 restrictions, one said that their usual source of condoms was out of stock and one said they did not know where to get female condoms.

### *Maxima female condom*

Compared to the proportion who had heard of female condoms, only (12.1%) had heard about the Maxima female condom and (9.1%) had ever seen it. Of those who had heard of Maxima two-thirds (65.9%) were females and (27.9%) were males. Only 24 participants reported that they had ever used Maxima, of which 11 reported to have used Maxima in the last month and 10 used it at last sex.

The Maxima female condom is available in three colour/scent combinations: - red/strawberry scent in a red packet, yellow/vanilla scent in a yellow packet and plain unscented in a blue packet. Of the 24 ever users of Maxima, two-thirds (n=16) used the original unscented Maxima, ten used the strawberry and 8 had used the vanilla Maxima. Strawberry was the most popular scent while some participants reported that they like all the Maxima condoms or they have no preference. Eleven of the participants were neutral about the Maxima packaging six found maxima attractive or very attractive. Only one found Maxima very unattractive. In total, 14 ever users reported maxima was good or very good quality, and ten participants were neutral about the quality.

### **Conclusion**

Male condom ever use is similar to that reported in previous National HSRC surveys with younger participants aged 16-24 more likely to have used condoms at last sex. Trust between partners and dislike of condoms continue to be main reasons for not using condoms. The Max male condom was known by just over half of participants but by a much higher proportion (70%) in the 16-24 age group indicating that promotion efforts may have had greater reach in younger people. However, a third of participants in this age group had not heard of Max and although other male condoms are freely available through certain NGOs, the Max is the most widely available and so promotion efforts within health facilities and other supply outlets needs to be strengthened.

The comments from Max users were overwhelmingly positive for the different colours and scents with specific reasons given for liking different varieties. Strawberry and Grape Max were the preferred scents with banana the least liked. Unlike the colours and scents many

participants felt neutral about the Max packaging with few comments. Around two thirds of Max users felt that Max was the same or better quality than other male condoms- a further positive sign for the brand. Although the survey was unable to go into further detail about quality issues, comments were centred around fit and breakage rather than negative perceptions of free government condoms. Few participants had not been able to get stock of Max.

Knowledge of female condoms was similar to that reported in national surveys, however ever and current use was low. The Maxima female condom introduced later than the Max male condom is still a relatively unknown brand with very few having heard of or used it.

The MatCH Research Unit contact number was given on the survey and many participants contacted the number to ask where they could access both Max and Maxima, some indicating they did not know about them until survey completion or that particular scents were not usually seen at their supply source. Participants were directed to their institution health service or peer programme and those not studying were asked to go to their nearest health facility/NGO to request supplies.

## 1. Background

South Africa (SA) is home to 7.9 million people living with HIV. Nationally, South African women are nearly twice as likely as men to be living with HIV (26.3.0% vs. 14.8%). Prevalence peaks between the ages of 35-39 for both women (39.4%) and men (23.7%). The SA government has rolled out a range of effective and well-established HIV prevention interventions, with pre-exposure prophylaxis (PrEP) expanded to be made available in at least one health facility in each sub-district in the country in 2020.<sup>3</sup> The availability of PrEP is a crucial intervention, however, sexually transmitted infections (STIs) not prevented by PrEP continue to rise in South Africa with 12.0% of men and 7.0% of women nationally reporting at least one symptom in 2016.<sup>2</sup> Higher rates are reported in youth with one recent study in KwaZulu-Natal reporting that 30.3.0% of females and 9.7% of males aged 16-24 years had  $\geq 1$  STI at baseline interview.<sup>4</sup>

There are accompanying high rates of adolescent pregnancies with the 2016 South Africa Demographic and Health Survey (SADHS) reporting that 15.6% of South African adolescents aged 15-19 have begun childbearing: 12.4% have given birth, and another 3.1% were pregnant with their first child at the time of interview.<sup>2</sup> Although adolescent pregnancy has been known to be a major social and economic problem in SA for decades and resources have been allocated to address the issue, the percentage of unintended pregnancies among women aged 15-19 has remained unchanged for the last 20 years at 16.4% in 1998 compared to 15.6% in 2016.<sup>2</sup>

Male and female condoms are the only available multi-purpose prevention technology (MPT) that provides triple protection, preventing unintended pregnancy and (STIs) including HIV. If used correctly and consistently, condoms can provide levels of pregnancy protection similar to many hormonal methods. Condoms remain one of the most common methods used at first sexual intercourse and are relied on as a current method of contraception by adolescents in many regions of the world including South Africa.<sup>1,5</sup> Male and female condoms are safe, low cost, in particular male condoms are generally easy to access. Female condoms are more expensive than male condoms and less accessible, however, they have the advantage of being a female-initiated method. In South Africa female condoms are available alongside male condoms in all public health facilities and through a range of non-governmental organisations.<sup>6</sup>

According to the 2016 SADHS, approximately 4.5% of women and 17.0% of men ages 15-49 reported having had two or more sexual partners in the past 12 months, of these about half of women (42.4%) and one third of men (34.7%) reported that they did not use a condom at last sex.<sup>2</sup> Increasing condom use is therefore critical to impact on HIV, STIs and unintended pregnancy. The goal of the South Africa National Condom Communication Plan 2020-2025 is to promote consistent condom use which in turn will increase the number of protected sex acts. This plan has been developed to reverse the low and inconsistent condom use reported.<sup>1-</sup>

<sup>2</sup> Rebranding has been shown to be an effective demand-creation strategy for the male condom. For more than 10 years, the SA government promoted and branded male condoms as “Choice”, which were freely distributed. However, their reputation as a quality product was called into question, along with its appeal to young people. The rebranding of “Choice” as

“Max” was based on market research that confirmed that potential condom users wanted something new and more desirable.<sup>7</sup> Launched in 2015,<sup>8</sup> the Max condom is now available in four different scents (Figure 1). The female condom has undergone similar branding and is now available as “Maxima” (Figure 2). Now that the rebranded Max/Maxima condoms have been available for several years it is important to evaluate how these and other brands of condoms are perceived, accessed and used, to inform the Condom Communication Plan during its early implementation.

**Figure 1: Max male condom.**



**Figure 2: Maxima female condom**



## 2. Aim

The aim of this study was to evaluate male and female youth (16-35 years) condom perceptions with a focus on the perceptions of the Department of Health (DoH) branded Max/Maxima condoms.

## 3. Objectives:

- To determine Max/Maxima brand awareness (ever heard of, ever seen, ever used)
- Establish general perceptions and views about Max/Maxima.
- Identify challenges, barriers and obstacles to condom usage by youth.

#### 4. Methods:

*National survey:* -

*Populations:* - 1. Students enrolled in higher education institutions (TVETS, Universities) in all nine provinces and 2. Non-governmental organisations (NGOs) providing services to youth aged 16-35.

*Data collection methods:* On-line anonymous survey with youth aged 16-35 (male and female) distributed as a link via permissions from collaborating organisations e.g. Higher Health (HE HEALTH) (formerly HEAIDS) and other organisations (NGOs etc) providing Sexual and Reproductive Health (SRH) services to this group.

The short survey was developed to be easily accessible from a laptop, tablet or phone. Questions were designed with simple responses using the REDCap data platform. Question topics and content were shared and discussed with the National Department of Health, UNFPA and HE Health. Basic demographic data were collected (e.g. age, gender) along with condom perception questions. The online link to the survey was promoted through the collaborating institutions and made accessible for six months.

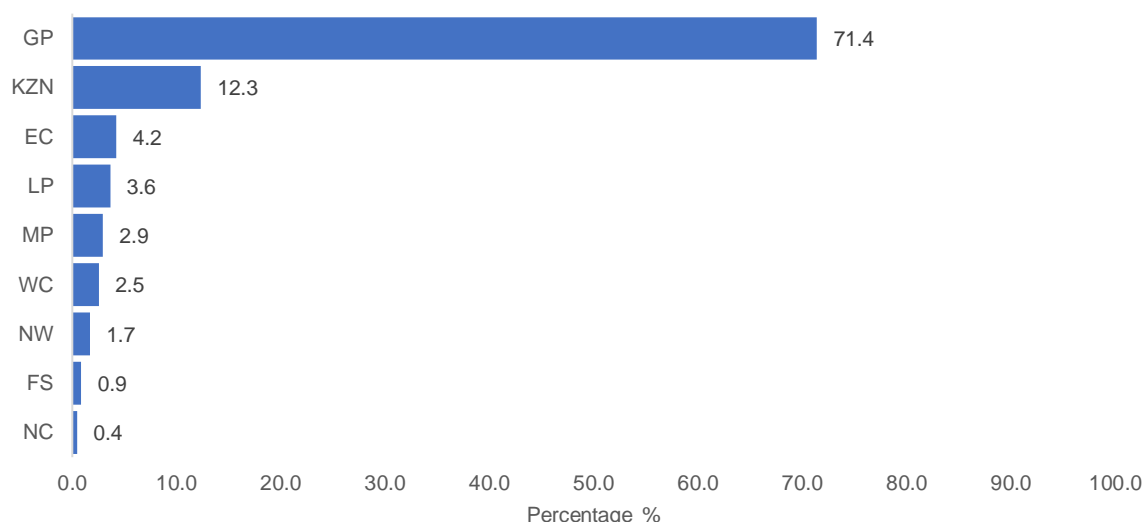
Data collected via the REDCap online platform were exported to STATA V15.0 and were descriptively analysed. Percentages, means and ranges are presented.

*Ethics approval:* - Ethical approval was granted by the University of the Witwatersrand, Human Research Ethics Committee (HREC); protocol approval number M201049. The NGOs and community organisations currently participating as MRU's Community Advisory Board (CAB) were consulted regarding collaboration on receipt of ethics approval. Higher Health approved the study, and it was made available to students through their media and communication channels. The questionnaire was made available in English.

#### 5. Results

A total of 2433 surveys were completed between December 2020 and May 2021 using the data free REDCap survey link. The survey was promoted continuously throughout the six months and some networks were more successful at eliciting responses than others. Participants sent direct emails and WhatsApp messages via bulk mailing lists were more likely to complete the survey than general posting on Facebook pages and organisational websites.

Figure 3 shows the breakdown of responses per province. Although there were surveys submitted from all provinces, Gauteng (GP) returned the largest number -almost three quarters (71.4% $n=1746$ ) of the total, this was followed by KwaZulu-Natal (KZN) with 12.3% ( $n=301$ ) and Eastern Cape (EC) recording 4% ( $n=103$ ). All other provinces returned less than 100 surveys each. A total of 24 completed surveys came from unknown provinces. The survey was promoted via several national organisations, however the participation of some provinces was low.



**Figure 3: Surveys completed per province**

As the survey was not administered by interviewers to ensure anonymity, all surveys were completed by participants on their own. Instructions on completion were given in the data-free link and the survey was set up to ensure skips and easy data entry options including drop down lists were available. However due to self-completion some participants missed questions or skipped them, therefore there are some missing data across all responses. The percentages calculated are based on the number of responses entered for that question.

### 5.1 Socio-Demographic Characteristics

The socio-demographic characteristics of the participants is presented in Table 1. The mean age of participants who completed this survey was 23.2 years with a range of 16-35 years and this was almost identical across all the provinces. There were four participants who were 15 years old who completed the survey, but as ethical approval was for 16 and above these survey responses were not included in this analysis. There was additionally a small number (n=40) of older participants (>35) who completed the survey and these participants were excluded. Two-thirds (68.4%) of the surveys were completed by participants between the ages of 16-24 while a third were 25 years and older.

Participants were able to choose gender from a drop-down list or if preferred wrote in their own gender. Almost two-thirds of participants identified as females (63.0 %, n=1501), while a third (34.7% n=827) identified as males. In total 1.1% (n=29) did not wish to disclose their gender. Nine identified as nonbinary, bisexual (n=1), homosexual (n=1), gay (n=1), queer (n=1) and transgender (n=1).

Participants were asked about the highest education level they had attained. Three-quarters (74.1%, n=1769) reported having attended or being currently enrolled in further (post-matric) education, and a fifth had achieved (21.2%, n=506) matric level. Only five participants reported not having had any education at all.

Two-thirds of participants were currently in further education (67.1%, n=1602) and a fifth were employed (22.0%, n=525). Almost all students (92.9%, n=1623) attended university, with a

small number (4.1% n=72) enrolled in TVETs, and 1.1%, (n=20) attending Community Education Training Colleges (CETC). Of those who were currently students 18.4%, (n=321) were in the first year of study, 16.8%, (n=293) in their second, (18.2%, (n=318) in their third, 12.9%, (n=225) in their fourth and 10.4%, (n=181) in their fifth year.

Two-thirds of participants were in a relationship with 40.5% (n=987) in a relationship but not living with their partner, 12.9% (n=314) in a casual relationship, and (11.2% n=273) living together/married. A third, (35.3% n=861) were currently not in relationship.

# Condom Perception Survey

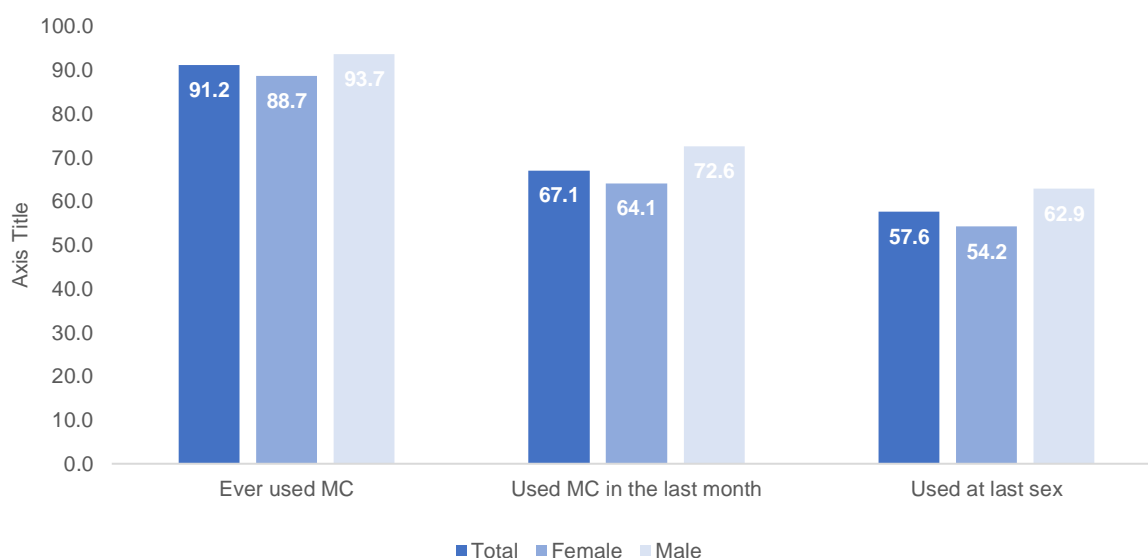
**Table 1: Socio-Demographic Characteristics**

Socio Demographics	EC (n=103) %n	FS (n=21) %n	GP (n=1743) %n	KZN (n=301) %n	LP (n=89) %n	MP (n=72) %n	NW (n=41) %n	NC (n=11) %n	WC (n=62) %n	Total (n=2443) %n
<b>Age</b>										
16-24	39.8 (41)	57.1 (12)	76.1 (1327)	46.5 (140)	61.8 (55)	56.9 (41)	70.7 (29)	54.5 (6)	32.3 (20)	68.4 (1671)
25-35	58.3 (60)	28.6 (6)	22.6 (394)	45.8 (45.8)	36.0 (32)	40.3 (29)	29.3 (12)	45.5 (5)	64.5 (40)	29.3 (716)
Mean Age (Years)	23.2	23.2	23.1	23.2	23.2	23.2	23.2	23.2	23.2	23.2
Range	16-35	16-35	16-35	16-35	16-35	16-35	16-35	16-35	16-35	16-35
<b>Gender</b>										
Female	67.7 (67)	57.9 (11)	71.5 (1075)	69.5 (198)	57.8 (48)	53.6 (37)	57.9 (22)	63.6 (7)	62.7 (37)	63.0 (1501)
Male	28.3 (28)	31.6 (6)	35.3 (607)	28.4 (81)	41.0 (34)	43.5 (30)	39.5 (15)	36.4 (4)	37.3 (22)	34.7 (827)
<b>Education</b>										
None	1.0 (1)	0 (0)	0.1 (2)	0 (0)	1.1 (1)	0 (0)	2.7 (1)	0 (0)	0 (0)	0.2 (5)
Primary school education	0 (0)	0 (0)	0.2 (3)	0.7 (2)	0 (0)	0 (0)	0 (0)	9.1 (1)	0 (0)	0.5 (12)
Some primary school education	1.0 (1)	0 (0)	0.5 (8)	0 (0)	2.3 (2)	0 (0)	0 (0)	0 (0)	1.7 (1)	0.3 (6)
Some secondary school education	8.9 (9)	19.1 (4)	1.8 (30)	10.3 (27)	10.2 (9)	1.5 (1)	8.1 (3)	0 (0)	10.1 (6)	3.7 (89)
Matric	36.6 (37)	14.3 (3)	19.2 (329)	27.2 (77)	14.8 (13)	23.5 (16)	37.8 (14)	36.4 (4)	22.0 (13)	21.2 (506)
Further Education	52.5 (53)	66.7 (14)	78.3 (1345)	62.8 (179)	71.6 (63)	75.0 (51)	51.4 (19)	54.6 (6)	66.1 (39)	74.1 (1769)
<b>Relationship</b>										
Regular partner, not living together	38.8 (40)	38.1 (8)	39.9 (695)	47.0 (141)	40.5 (36)	37.5 (27)	31.7 (13)	63.6 (7)	32.3 (20)	40.5 (987)
Living with partner/married	18.5 (19)	28.6 (6)	9.7 (169)	13.8 (38)	13.0 (39)	11.1 (8)	14.6 (6)	0 (0)	16.1 (10)	11.2 (273)
Casual relationship	13.6 (14)	9.5 (2)	12.7 (221)	13.3 (40)	9.0 (8)	16.8 (12)	12.2 (5)	9.1 (1)	17.7 (11)	12.9 (314)
No current relationship	26.2 (27)	23.8 (5)	38.1 (664)	24.7 (74)	31.5 (28)	33.3 (24)	41.5 (17)	27.3 (3)	30.6 (19)	35.3 (861)
<b>Occupation</b>										
Paid employment (full-time /part time/casual)	32.7 (32)	33.3 (7)	16.7 (287)	35.0 (100)	22.5 (20)	39.4 (28)	25.6 (10)	36.4 (4)	61.7 (37)	22.0 (525)
Unemployed	19.4 (19)	0 (0)	4.5 (77)	19.6 (56)	18.0 (16)	7.0 (5)	5.1 (2)	18.2 (2)	11.7 (7)	7.7 (184)
Homemaker/looking after children/family	4.1 (4)	9.5 (2)	0.2 (4)	0.7 (2)	0 (0)	0 (0)	2.6 (1)	0 (0)	0 (0)	0.5 (13)
Learner	8.2 (8)	19.1 (4)	1.8 (30)	3.2 (9)	7.9 (7)	2.8 (2)	7.7 (3)	0 (0)	3.3 (2)	2.7 (65)
Student	35.7 (35)	38.1 (8)	76.8 (1316)	41.6 (119)	51.7 (46)	50.7 (36)	59.0 (23)	45.5 (5)	23.3 (14)	67.1 (1602)



## 5.2 Male condom use experience

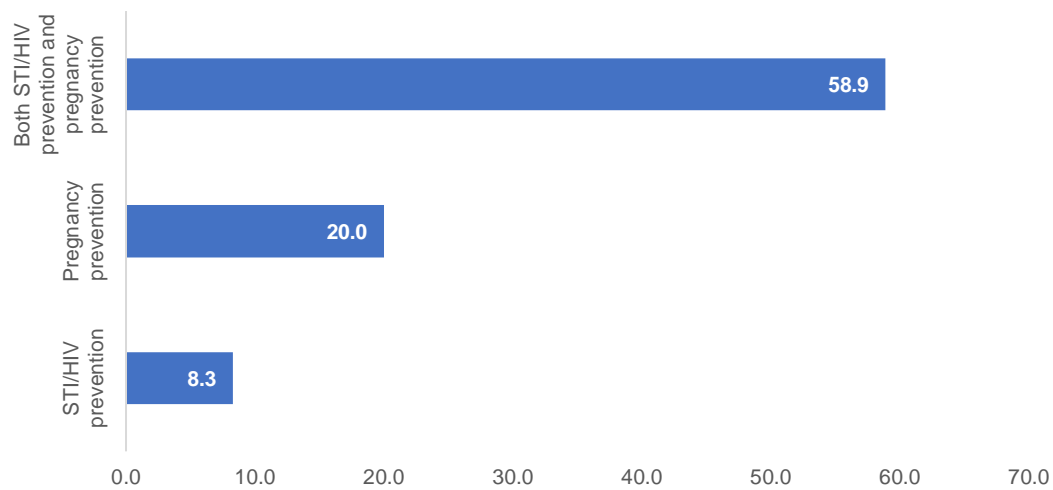
Participants were asked about their male condom usage/experience. Eighty-one percent of participants reported ever having sex (n= 1939) and of these 91.2% had ever used male condoms. Figure 4 shows data for ever use of male condoms, used in the last month and used at last sex, by gender. Use of male condoms in the last month is approximately two-thirds and just over half at last sex, with a higher percentage reported by men for both last month and last sex. Those in the 16-24 age group were more likely to have used condoms at last sex (84.4%) compared to those 25 years and older (25%).



**Figure 4: Male condom ever use, used in last month and last sex by gender**

## 5.3 Reasons for Male condom use

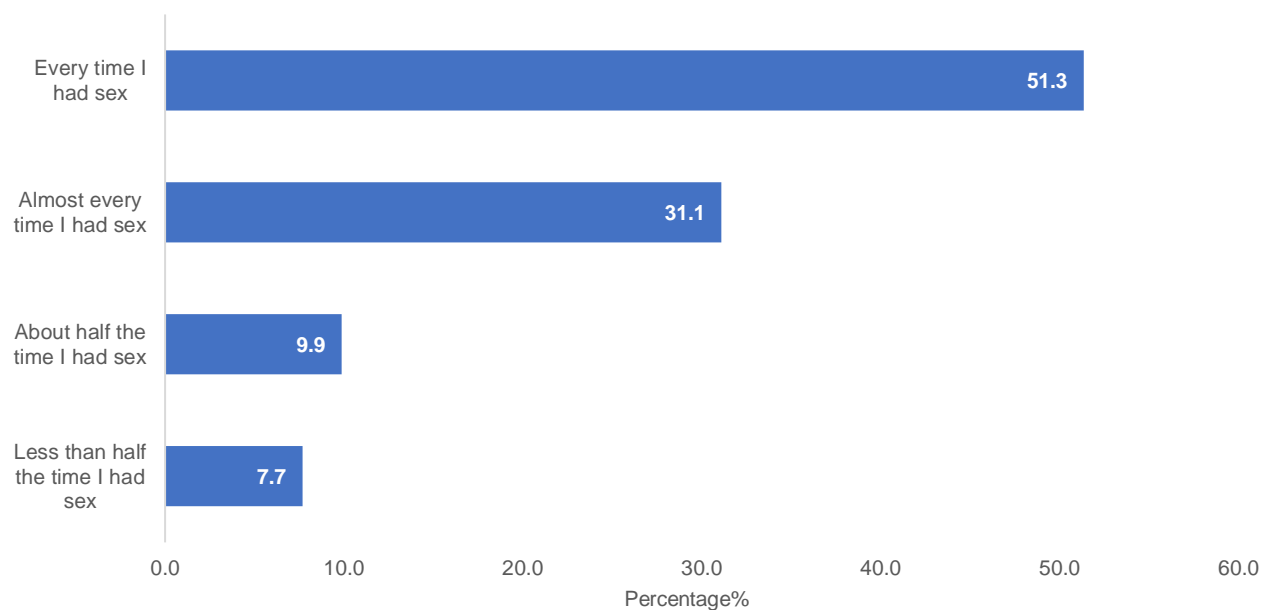
About two-thirds (58.9%, n=1042) indicated that they used male condoms for both STI/HIV and pregnancy prevention. Just over a fifth (20.0%, n=354) reported they used male condoms for pregnancy prevention. Only (8.3%, n= 146) of the participants reported that they used male condoms solely for STI/HIV prevention (Figure 5).



**Figure 5: Main reason for male condom use**

#### 5.4 Consistency of Male Condom Use

Those who had used a male condom in the last month were asked about consistency of use (Figure 6). Half of the participants (51.3%, n=609) indicated they used male condoms every time they had sex, while a third (31.1%, n=369) reported that they used almost every time they had sex. Less than 10% of participants (9.9%, n= 117) used male condoms about half the time they had sex, and few (7.7%, n=91) used male condoms less than half of the time they had sex.



**Figure 6: Consistency of male condom use**

### 5.4.1 Reasons for not using male condoms.

Table 2 gives reasons for those not using a male condom in the last month/every time they had sex. Those who have never had sex, have not had a partner in the last month or who reported using a condom every time they had sex are excluded from the data analysis. The most common reason for not using a male condom was that the participant trusted their partners/trusted each other (27.0%, n=315), and this was higher in females. The second highest reason was that either they or their partner do not like using condoms (11.6%). Females were more likely to report that they did not like using male condoms compared to males. Some responses were related to condom access with some participants indicating that their usual source was out of stock (1.2%, n=15) or they did not know where to get condoms (0.8%, n=10) or could not afford them (2.3%, n=27). Twenty-six participants said they did not use male condoms as they were using Pre-exposure prophylaxis (PrEP). Stigma/concern of being seen buying/collecting male condoms was mentioned by (1.9% n= 23) and (7.6% n=87) reported that they sometimes forget to use male condoms. Less than 1% reported that they could not get condoms due to COVID-19 restrictions (0.7%, n=9).

**Table 2: Reasons for non-use of male condoms**

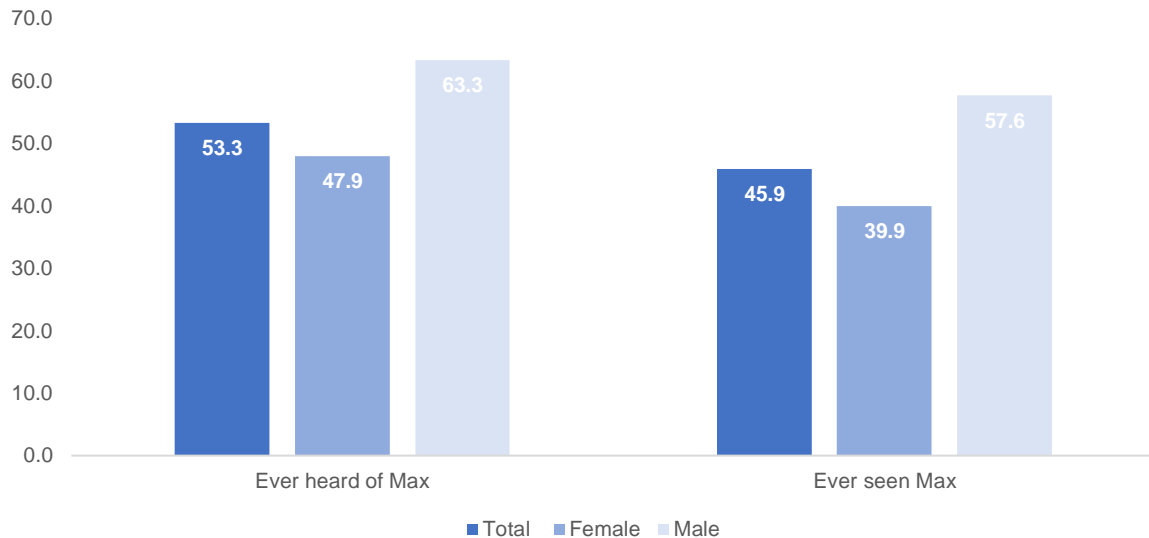
Reasons for non-use*	Male % (n)	Female % (n)	Total % (n)
I trust my partner / we are faithful/do not have other partners	34.0 (n=107)	66.0 (n= 208)	27.0 (n=315)
I do not like using condoms	34.8 (n=48)	65.2 (n=90)	11.6 (n=138)
Partner does not like using condoms some/all of the time	27.6 (n= 35)	72.4 (n=92)	10.7 (n=127)
We forget to use them sometimes	33.3 (n=29)	66.7 (n=58)	7.6 (n=87)
I could not afford to buy the brand I wanted	59.3 (n=16)	40.7 (n=11)	2.3 (n=27)
I/my partner uses Pre-exposure prophylaxis (PrEP) for HIV prevention	61.5 (n=16)	38.5 (n=10)	2.2 (n=26)
I do not want to be seen buying/collecting free male condoms	34.8 (n=8)	65.2 (n=15)	1.9 (n=23)
My usual source of male condoms did not have stock	60.0 (n=9)	40.0 (n= 6)	1.2 (n=15)
I don't know where to get male condoms	70.0 (n=7)	30.0 (n=3)	0.8 (n=10)
COVID-19 -I/partner could not get to place we usually get condoms	33.3 (n=3)	66.7 (n=6)	0.7 (n=9)

\*Multiple responses allowed.

## 5.5 Max Condom knowledge use and perceptions.

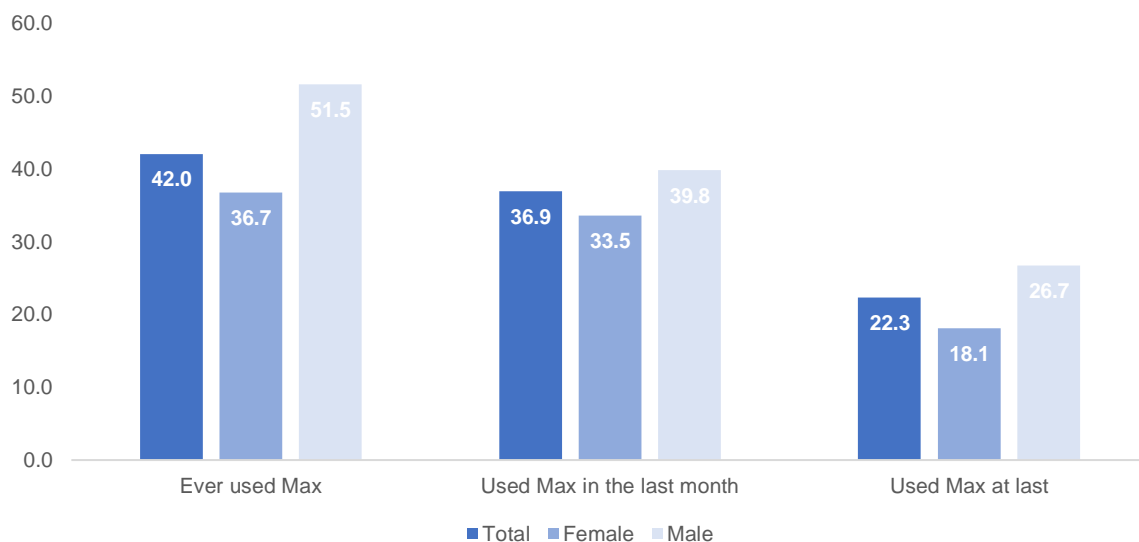
### 5.5.1 Experience of Max male condom

Of the total participants who completed the survey just over half (53.3%, n= 1301) had ever heard of the Max male condom, with slightly less (45.9% n=1121) having seen it (Figure 7). More males compared to females had ever heard of and seen the Max male condom. Over two-thirds (69.7%, n= 894) of the 16-24 year olds had heard of Max compared to a third (29.2%, n=377) aged 25 and over. Similarly, more of the 16-24 age group who had heard of Max had seen the Max male condom (72.0%, n=801) compared to a quarter (27.2%, n=302) who were 25 and above.



**Figure 7: Ever heard or seen the Max male condom**

Overall, less than half of those who had ever had sex (42.0%, n=743) reported to have ever used the Max condom, of which more were male than female (Figure 8). Approximately a third had used Max in the last month and a fifth at last sex. Slightly more males compared to females reported use in the last month and at last sex.



**Figure 8: Experience with the Max male condom in those who have ever had sex.**

## 5.6 Condom supply

Table 3 gives an overview of where participants normally get their supply of the Max condom by gender and age. Of the total 743 who had ever used the Max, 240 did not respond to the supply question. This may be because they were unsure of the supply or could not remember. For females aged 16-24 almost two-thirds (60.5%, n=115) said their partner got the Max and

they were unsure of the source while over half (53.7) got their Max from a further education institution. The third most common source for female aged 16-24 was the public health sector (32.6%, n=62). For women aged 25 and older the public health sector was the most common source (77.1%, n=54). A quarter of this age group mentioned the workplace and their partner as a source.

For younger males aged 16-24, further education institutions were the most common source of Max while for the older group it was the public health sector.

**Table 3: Source of Max condom supply by gender and age group**

Max Supply site*	Female (n=262)		Male (n=217)		Total (n=479)
	≤24 (n=190)	≥25 (n=70)	≤24 (n=142)	≥25 (n=68)	Combined
	% (n)	% (n)	% (n)	% (n)	% (n)
Further education institution	53.7 (102)	25.7 (18)	66.9 (95)	42.6 (29)	50.9 (244)
Public health sector health facility	32.6 (62)	77.1 (54)	37.3 (53)	73.5 (50)	45.7 (n=219)
Partner gets them (not sure of source)	60.5 (115)	24.3 (17)	8.5 (12)	7.4 (5)	31.1 (149)
School	15.8 (30)	8.6 (6)**	33.8 (48)	11.8 (8)**	19.2 (n=92)
Friend/family member	3.7 (7)	5.7 (4)	7.8 (38)	10.3 (7)	11.7 (n=56)
Workplace	3.2 (6)	25.7 (18)	0.7 (1)	44.1(30)	11.5 (n=55)
NGO/community venue	4.2 (8)	24.3 (17)	4.9 (7)	33.8 (23)	11.5 (n=55)
Taxi rank/garage/Spaza shop	1.0 (2)	8.6 (6)	16.9 (24)	19.1 (13)	9.4 (n=45)
Government department (not health)	3.2 (6)	5.7 (4)	4.2 (6)	11.8 (8)	5.0 (n=24)

\* Multiple responses allowed

\*\*participants were students and in further education (referred to as school)

Table 4 shows source of Max condom supply reported by learners and students. Only 16 learners who had ever used the Max condom completed this question. Just over half mentioned a public health sector facility or their partner sourced them. Two of the 16 learners reported sourcing Max at school. Only two participants aged r 25 years or older mentioned they were learners and may have been repeating grades.

Almost three-quarters (72.7%, n=189) of students under 25 years had sourced their Max condoms from further education institutions. A further (28.5%, n=74) mentioned school as a source. However this group described themselves as students and were over school age. It is known that some students refer to further education as being “in school” and may explain the discrepancy in reporting the source. Approximately a third of students under 25 mentioned the public health sector and their partner as a source. Just over half of students (54.7%, n=29) aged 25 and over mentioned further education institutions as their source which was lower than that reported in the younger age group. Similarly to the younger age group, “school” was mentioned as a source but only by nine students.

**Table 4: Source of Max condom by student/ learner and age group**

Max supply site*	Learner (n=16)		Students (n=313)		Total (n=329)
	≤24 (n=14)	≥25 (n=2)	≤24 (n=260)	≥25 (n=53)	16-35
	% (n)		% (n)		
Further education institution	0.0 (0)	0.0 (0)	72.7 (189)	54.7 (29)	66.2 (218)
Public health sector health facility	57.1 (8)	50.0 (1)	29.3 (87)	30.2 (16)	34.0 (112)
Partner gets them (not sure of source)	57.1 (8)	0.0 (0)	33.5 (111)	18.9 (10)	39.2 (129)
School	14.2 (2)	0.0 (0)	28.5 (74)**	17.0 (9)**	25.8 (85)
Workplace	0.0 (0)	0.0 (0)	1.9 (5)	0.0 (0)	1.5 (5)
Friend/family member gives them to me	21.4 (3)	0.0 (0)	15.0 (39)	5.7 (3)	13.7 (45)
NGO/community venue	14.2 (2)	0.0 (0)	3.5 (9)	7.5 (4)	4.6 (15)
Taxi rank/garage/Spaza shop	14.2 (2)	0.0 (0)	8.1 (21)	11.3 (6)	8.8 (29)
Government department (not health)	0.0 (0)	50.0 (1)	3.8 (10)	0.0 (0)	3.3 (11)

\*Multiple responses allowed

\*\*participants were students and in further education (referred to as school)

Table 5 shows Max supply source by occupational category. Under half of the employed 16-24 age group get their Max from further education institutions, this is possibly because some of this group are part time students or some staff at further education institutions completed the survey. The second most common source in the employed category was the public health sector while fewer than 10% mentioned the workplace as a source of Max. In the older age group almost all (95.0%, n=77) sourced Max from the public health sector with over half citing the workplace (56.8%, n=46). In the unemployed group the most commonly cited source of Max was the public health sector for both age groups. A fifth (20.0%, n=4) of the younger age group reported further education institutions.

**Table 5: Source of Max condom by employment and age group**

Max supply site*	Employed full/part time (n=101)		Unemployed (n=47)		Total (n=148)
	16-24 (n=24)	≥25 (n=81)	16-24 (n=20)	≥25 (n=27)	Combined
	% (n)		% (n)		
Further education institution	41.7 (10)	18.5 (15)	20.0 (4)	11.1 (3)	21.6 (32)
Public health sector health facility	29.2 (7)	95.0 (77)	70.0 (14)	59.3 (16)	77.0 (114)
Partner gets them (not sure of source)	20.8 (5)	16.1 (13)	15.0 (n=3)	0.0 (0)	14.2 (21)
School	0.0 (0)	4.9 (4)	5.0 (n=1)	3.7 (1)	4.0 (6)
Workplace	8.3 (2)	56.8 (46)	0.0 (0)	11.1 (3)**	34.5 (51)
Friend/family member gives them to me	4.2 (1)	8.6 (7)	10.0 (2)	3.7 (1)	7.4 (11)
NGO/community venue	16.6 (4)	34.6 (28)	0.0 (0)	33.3 (9)	27.7 (41)
Taxi rank/garage/Spaza shop	4.2 (1)	17.3 (14)	10.0 (2)	0.0 (0)	11.5 (17)
Government department (not health)	4.2 (1)	11.1 (9)	5.0 (1)	11.1 (3)	9.5 (14)

\*Multiple responses allowed

\*\*Three unemployed participants reported sourcing condoms from a workplace

Participants were asked if they had any problems getting Max male condoms in the last month (Figure 9). Half (50.4%, n= 57) of the participants indicated that they could not get Max condoms because their usual source did not have any stock while over a third (38.1%, n=43) reported covid-19 restrictions as their reasons for non-supply. Some participants reported that they could not get the colour/scent they wanted (13.3%, n=15) and (8%, n=9) did not know where to get Max condoms or they did not want to be seen getting Max condoms.

Although the question was asking about the Max condom, a few participants reported that they could not afford to buy other brands they wanted (3.5%, n=4).



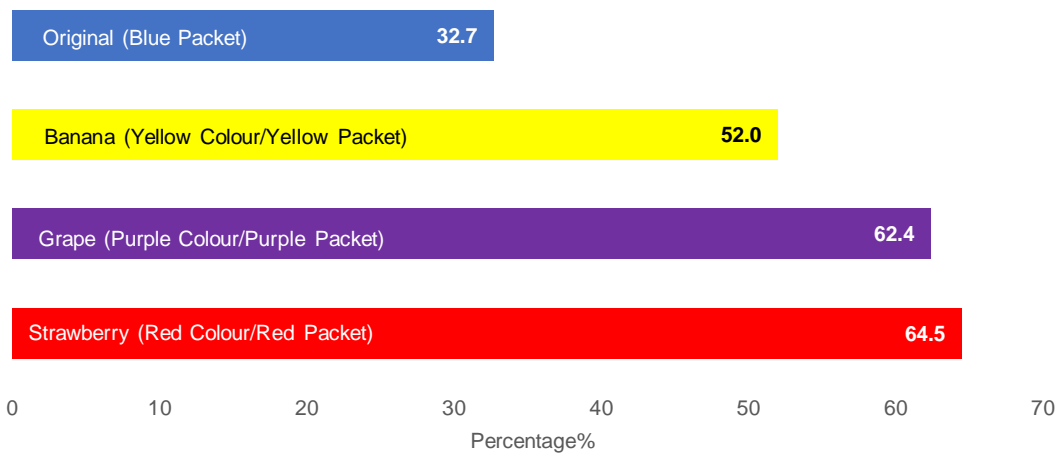
**Figure 9: Reasons given for not being able to get male condoms in the last month.**

## 5.7 Max Condom varieties

The Max male condom is available in four colour/scent combinations- Red/strawberry scent in a red packet, yellow/banana scent in a yellow packet, purple/grape scent in a purple packet and plain latex colour and unscented in a blue packet (Figure 1). Data show the different varieties used but this may not be a true reflection of uptake as availability of all four varieties may vary across facilities, institutions and NGOs.

### 5.7.1 Max varieties ever used

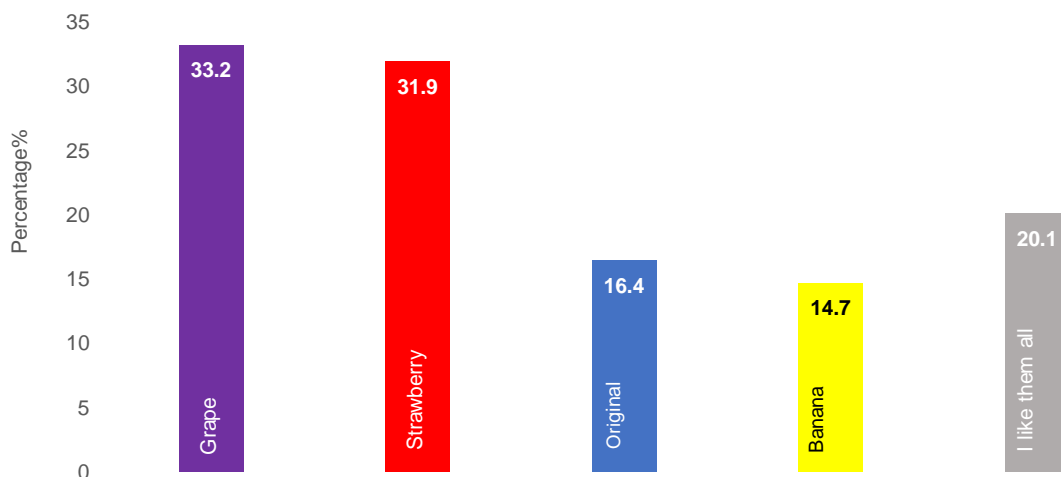
Of those who had used Max, similar proportions had used the strawberry (64.5%, n= 476) and grape varieties (62.5%, n= 461). Half (52%, n= 384) reported to have used the banana scented Max and a third (32.7%, n= 241) reported they have used the original Max condom (Figure 10).



**Figure 10: Max colour/scent variety used.**

### 5.7.2 Max Colour/Scent Preference

Figure 11 shows which varieties were preferred and similar to the ever use data the grape and strawberry Max were the two most preferred varieties (33.2%, n= 235 and 31.9%, n=226 respectively). The banana variety was the least popular Max with only 16.4% (n=116) preferring this variety. The original Max was slightly more preferred compared to the banana Max. A fifth (20.1%) liked them all.



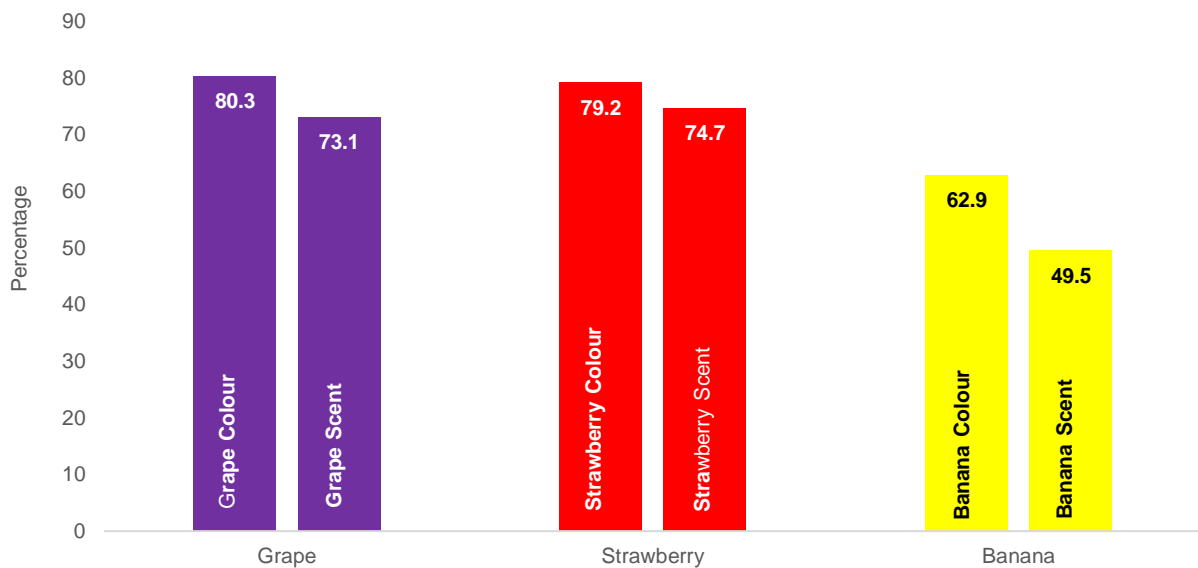
**Figure 11: max colour/scent preference**

### 5.7.3 Max condom colour vs scent preference/favourite

Participants were asked to comment on their preference for colour or scent as individual attributes per Max variety. Figure 12 indicates that participants slightly preferred the colour of Max condoms to the scent, and this held true for all three scents. Just over eighty percent (80.3%, n= 529) liked the purple colour while (73.1%, n= 468) chose grape scent. Over three quarters (79.2%, n= 521) of the participants preferred the strawberry colour and (74.7%, n=



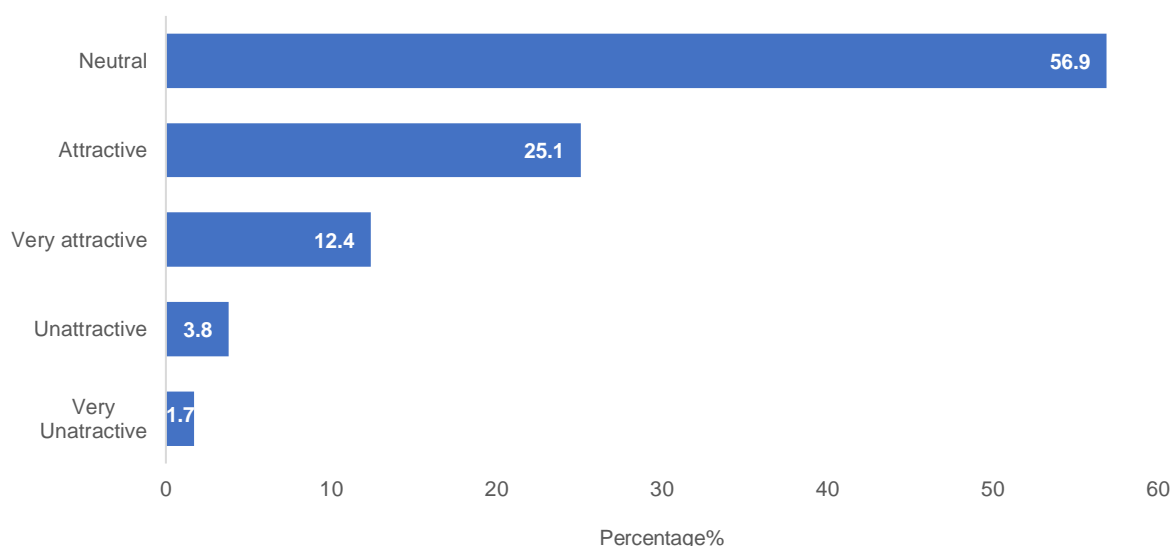
484) preferred the strawberry scent. Banana Max was the least liked condom in terms of both colour and scent recording (62.9%, n= 396) and (49.5%, n=307) respectively.



**Figure 12: Max condom colour vs scent preference**

#### 5.7.4 Max Packaging

Over a third (37.5%, n=260) found the Max packaging attractive or very attractive and over a half (56.9%, n=394) were neutral about the Max packaging (Figure 13). Few (5.5%, n=54) who thought/felt that the packaging was unattractive or unattractive.

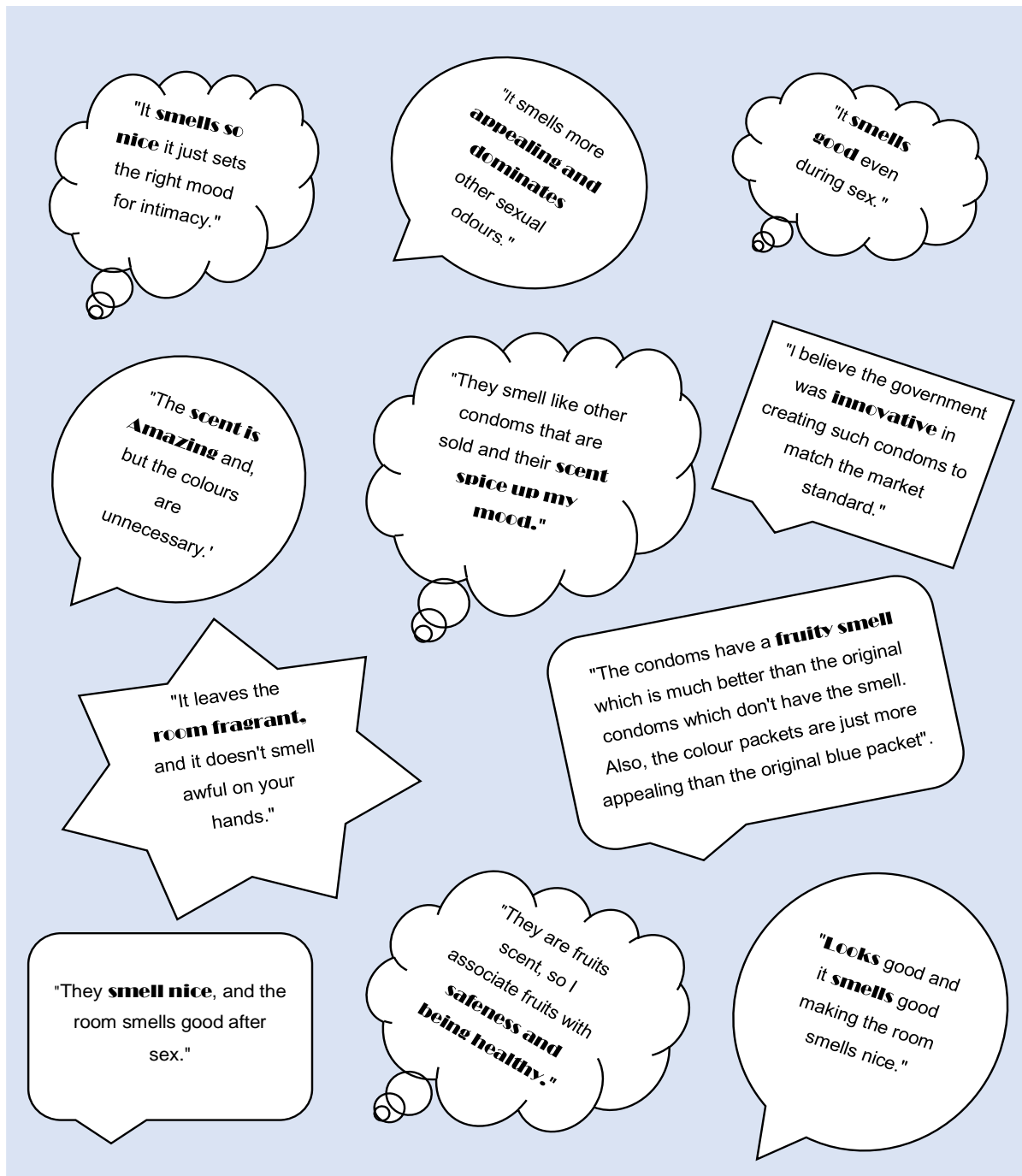


**Figure 13: Perception of Max packaging**

#### 5.7.5 Feedback on the Max colours and scents

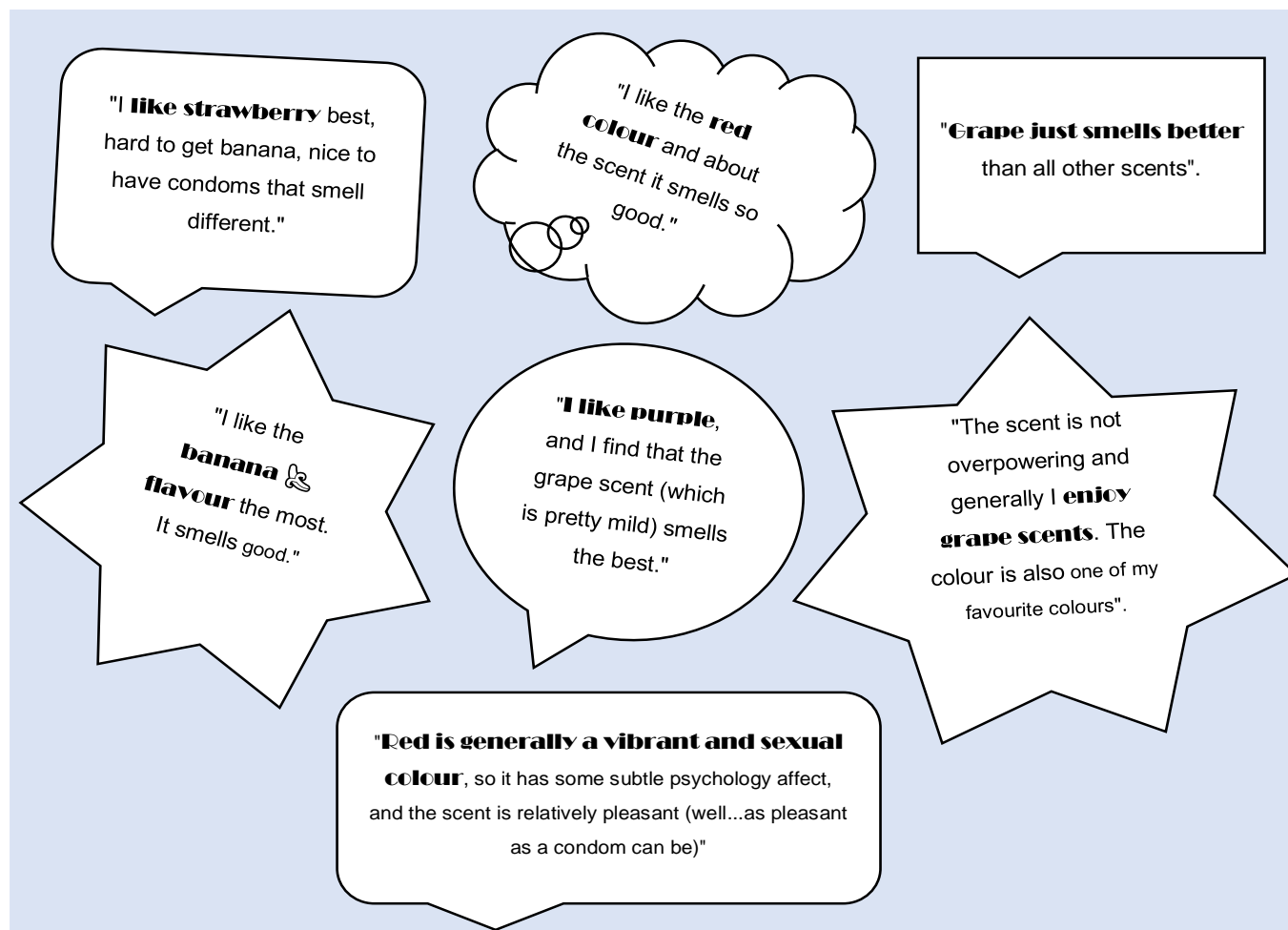
Participants were given the opportunity to give open ended feedback on why they liked or disliked one of the Max varieties or if they had specific comments on the scent or the colour.

In total 682 participants commented and in general the comments were very positive and the comments in Box 1 are general comments on the Max which did not focus on any particular variety (Scent or colour). Many mentioned the smell in their room during and after sex was better and that the condoms added to the sexual experience.



**Box 1: General Comments on the Max male condom.**

Some participants also gave very specific comments on a particular scent or colour and why they liked or did not like them. The comments mainly focused on the strawberry and grape varieties of Max and these comments indicated the users often had clear preferences (Box 2).



**Box 2: Specific comment on Max varieties.**

## 5.8 Other male condom brands Used

Participants who had used Max, were asked about other male condom brands they have ever heard of, ever used, and used at last sex. Table 6 shows a range of condoms available in pharmacies, stores, garages and other commercial outlets. Two of these brands -Lovers plus and Trust are socially marketed and are widely available at lower costs than most other commercial brands. Lifestyles is a commercial brand but has partnered with Youth Against Aids (<https://www.youth-against-aids.org/>) to provide free condoms in dispensers in a range of further education institutions. The other brands listed are commonly available in stores and online at full commercial cost.

Approximately 80% of participants overall had ever heard of Durex, Trust and lovers + and these three brands were also reported the most as ever used and used at last sex. Fewer participants had heard, seen or ever used the other brands. Females had heard of seen and used a slightly lower number of all condom brands compared to males.

**Table 6: Knowledge and use of other male condom brands by gender.**

Condom brand*	Ever heard			Ever Used			Used at last sex		
	Male (n=337)	Female (n=382)	Total (n=719)	Male (n=337)	Female (n=382)	Total (n=719)	Male (n=337)	Female (n=382)	Total (n=719)
Durex	80.4 (271)	80.1 (306)	80.3 (577)	60.2 (203)	57.9 (221)	59.0 (424)	19.6 (66)	14.9 (57)	17.1 (123)
Trust	81.9 (276)	78.5 (300)	80.1 (576)	61.4 (207)	58.9 (225)	60.1 (432)	17.2 (58)	16.5 (63)	16.8 (121)
Lovers +	79.2 (267)	76.7 (293)	77.9 (570)	54.3 (183)	45.8 (175)	49.8 (358)	13.1 (44)	9.7 (37)	11.3 (81)
Rough Rider	40.1 (135)	33.5 (128)	36.6 (263)	17.5 (59)	8.6 (33)	12.8 (92)	4.2 (14)	0.5 (2)	2.2 (16)
Clicks own brand	20.5 (69)	24.1 (92)	22.4 (161)	5.9 (20)	4.2 (16)	5.0 (36)	1.8 (6)	0.5 (2)	1.1 (8)
SKYN	22.6 (76)	22.3 (85)	22.4 (161)	7.7 (26)	7.1 (27)	7.4 (53)	3.0 (10)	1.6 (6)	2.2 (16)
Dr Long	21.4 (72)	13.9 (53)	17.4 (125)	6.2 (21)	2.6 (10)	4.3 (31)	1.5 (5)	1.8 (7)	12 (12)
Contempo	12.2 (41)	9.2 (35)	10.6 (76)	3.0 (10)	2.9 (11)	2.9 (21)	0.6 (2)	0.3 (1)	0.4 (3)
Lifestyles	11.0 (37)	10.5 (40)	10.7 (77)	4.2 (14)	4.7 (18)	4.5 (32)	0.6 (2)	0.5 (2)	0.6 (4)

\*Multiple responses allowed.

Table 7 shows the breakdown of knowledge and use of other male condom brands by age. For some brands the proportion of older age groups who had heard, seen and used at last sex was higher than the younger groups.

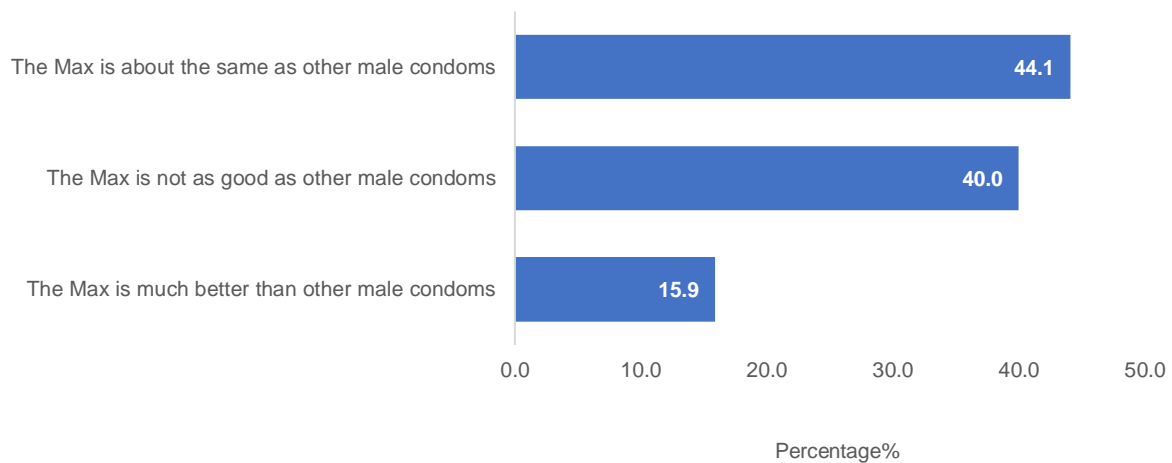
**Table 7: Knowledge and use of other male condom brands by age.**

Condom brand*	Ever heard			Ever Used			Used at last sex		
	≤24 (n=509)	≥25 (n=227)	Total (n=736)	≤24 (n=509)	≥25 (n=227)	Total (n=736)	≤24 (n=509)	≥25 (n=227)	Total (n=736)
Durex	80.9 (412)	78.4 (178)	80.2 (590)	57.2 (291)	63.9 (145)	59.2 (436)	17.5 (89)	15.4 (35)	16.8 (124)
Trust	78.6 (400)	81.5 (185)	79.5 (558)	56.0 (285)	67.8 (154)	59.6 (439)	17.7 (90)	14.1 (32)	16.6 (122)
Lovers +	74.5 (379)	85.0 (193)	77.7 (572)	41.8 (213)	68.3 (155)	50.0 (368)	9.8 (50)	13.2 (30)	10.9 (80)
Rough Rider	29.1 (148)	52.4 (119)	36.3 (267)	7.5 (38)	25.6 (58)	13.0 (96)	2.4 (12)	6.2 (4)	2.2 (16)
Clicks own brand	23.2 (118)	19.8 (45)	22.1 (163)	3.9 (20)	7.0 (16)	4.9 (36)	1.2 (6)	0.9 (2)	1.1 (8)
SKYN	21.4 (109)	23.8 (54)	22.1 (163)	5.5 (28)	11.5 (26)	7.3 (54)	2.4 (12)	1.8 (4)	2.2 (16)
Dr Long	12.6 (64)	29.1 (66)	17.7 (130)	1.6 (8)	11.0 (25)	4.5 (33)	0.6 (3)	0.9 (2)	0.7 (5)
Contempo	8.1 (41)	16.7 (38)	10.7 (79)	1.4 (7)	7.5 (17)	3.3 (24)	0.4 (2)	0.4 (1)	0.4 (3)
Lifestyles	7.1 (36)	18.9 (43)	10.7 (79)	1.6 (8)	11.9 (27)	4.5 (33)	0.4 (2)	0.9 (2)	0.5 (4)

\*Multiple responses allowed.

### 5.8.1 Comparison of the Max Condom with other male condom brands

Participants were asked to compare Max to other brands of male condoms. Under a fifth (15.9%, n=110) reported that Max is better than other male condoms while just under half (44.1%, n=304) reported that the Max condom was the same as other male condoms (Figure 14) and just over a third (40.0%, n=276) reported that Max condom is not as good as other condoms. Participants were asked why they gave this response in an open-ended question. For those who said the Max was not as good as other male condom brands many reasons were cited including breakage, lack of lubricant, size and other specific reasons such as personal preferences for textured condoms (ribbed/dotted).

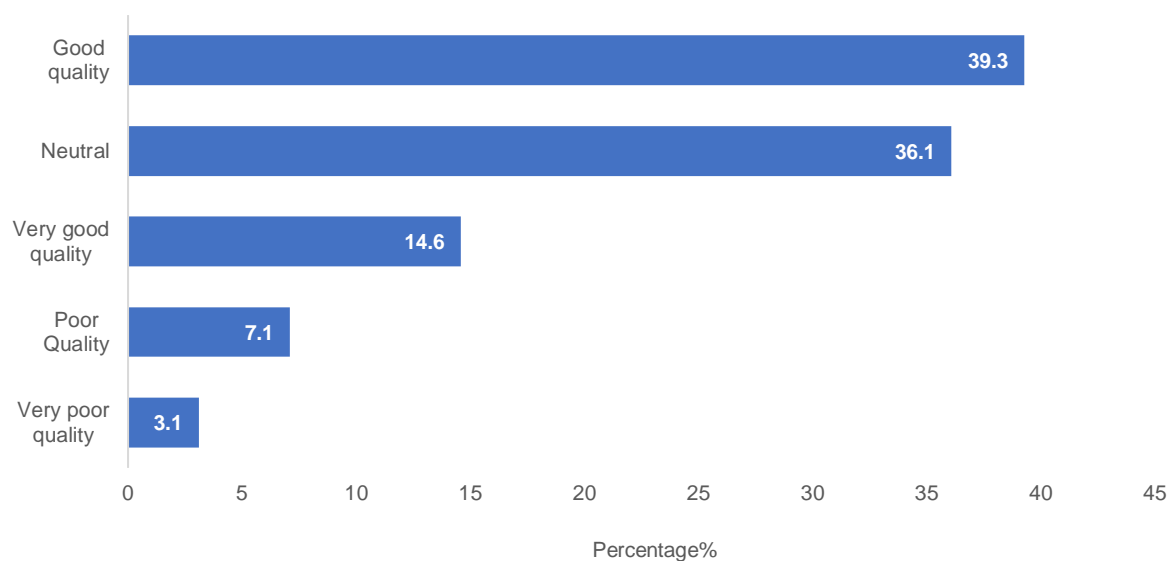


**Figure 14: Comparison of the Max male condom with other condom brands.**

### 5.9 Max Quality

Participants were asked about their perception of the quality of Max male condoms (Figure 15). Over half (53.9%, n=388) of the participants reported Max to be good or very good quality. A third (36.1, n=260) were neutral, while few participants (7.1%, n=51) reported poor quality or very poor quality.

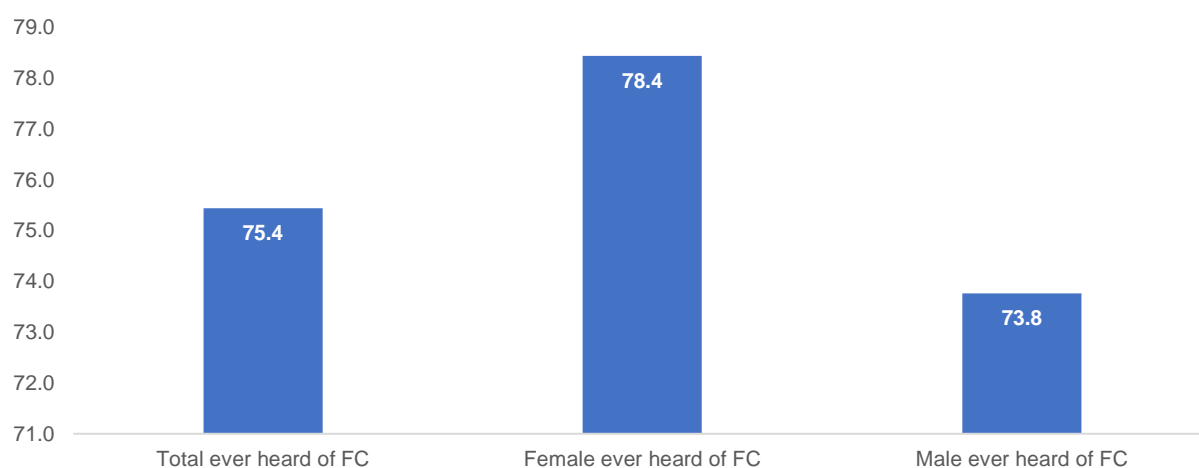
There were two main reasons for stating the Max male condom was of poor quality. Two thirds (63.6%, n=42) of the participants reported that condom broke/tore while a third (36.4%, n=24) reported that the condom did not fit well (too small/big).



**Figure 15: Perception of Max male condom quality**

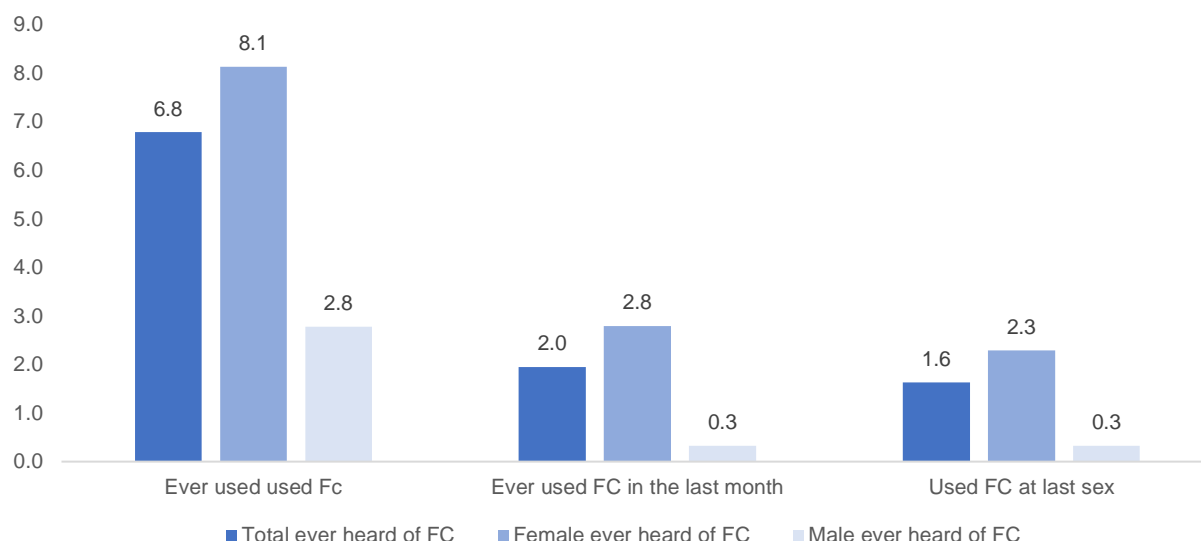
### 5.10 Female condoms

Participants were asked about their knowledge, experience and use of female condoms (Figure 16). Participants who never had sex were still able to report on their knowledge of female condoms. Of the 2443 of participants who completed the survey three quarters (75.4%, n=1843) had ever heard of female condoms.



**Figure 16: Female condom use**

Figure 17 shows data for ever use, used in the last month and used at last sex by gender for female condoms. Ever use was considerably lower at 6.8%, (n=125). Of the ever users 76.8% (n=96) were females. Use of female condoms in the last month and at last sex was lower (2.0%, n=36 and 1.6%, n=30 respectively).



**Figure 17: Female condom ever use, use in the last month and use at last sex**

### 5.10.1 Frequency of Female Condom Use

Of the 36 participants who used the female condom in the last month, under half (44%, n=16) indicated that they used female condoms every time they had sex and a quarter (25.0%, n=9) reported that they used them almost every time they had sex. Less than quarter (15.6%, n=5) reported using female condoms about half the time they had sex. Only two participants used the female condom less than half the time they had sex. Almost all (91.7%, n=33) of current users were females.

### 5.10.2 Female condom supply in the last month

Only four participants reported to have needed female condoms in the last month and not being able to get them. Two of the participants reported COVID-19 restrictions were the reason they could not get female condoms, one said that their usual source of condoms did not have any stock, and another did not know where to get female condoms.

### 5.10.3 Maxima female condom knowledge and experience

Of the 2414 who completed the female condom section of the survey, only (12.1%, n=293) had heard about Maxima female condom and (9.1%, n=220) had ever seen it. Of those who have heard of Maxima, two-thirds (65.9%, n=193) were females and (27.9%, n=93) were males. Only 24 participants reported that they have ever used Maxima, of which 11 reported to have used it in the last month and of these 10 had used it at last sex.

### 5.10.4 Maxima Condom Varieties

The Maxima female is available in three colour/scent combinations: - Red/strawberry scent in a red packet, yellow/vanilla scent in a yellow packet and plain unscented in a blue packet (figure 2). Of the 24 ever users of Maxima, over half (52.0%, n=13) reported to have used the original unscented Maxima and (40.0%, n=10) used the strawberry Maxima. A third (33.0%, n=8) of the participants reported that they had used the vanilla Maxima.

### Maxima Colour/Scent Preference

Less than half (40.0%, n=10) of the participants preferred strawberry Maxima while a third (32.0%, n=8) preferred the original unscented Maxima. Few (20.0%, n=5) reported that they preferred vanilla, and another (20.0%, n=5) reported that they like all the Maxima condoms or they have no preference.

### **Maxima Packaging**

Eleven of the participants were neutral about the Maxima packaging six found the packaging attractive or very attractive. Only one found Maxima very unattractive.

### **5.10.5 Maxima Quality**

Participants were asked about the quality of Maxima female condoms. Fourteen reported good or very good quality while ten participants were neutral about the maxima quality and only two reported poor quality.

## **6. Discussion**

The survey achieved a good response with almost two and a half thousand young people completing the survey. Most participants were students or had achieved some level of tertiary education. The majority of those who had ever had sex had ever used a male condom. The proportion of ever use of male condoms at last sex was higher than that found in the most recent (2016) HSRC survey, HSRC survey indicated that 67.7% of 15-24 year olds used a condom at last sex.<sup>1</sup> Our results are in agreement with an earlier HSRC survey (2008)<sup>9</sup> which showed a higher proportion (85.2%) of condom use at last sex in 15-24 year olds. This higher level of condom use may be attributed to the participant population who mainly comprised of current and past students. Students would have been likely to have been exposed to health programmes coordinated by Higher Health, the organisation responsible for the health and wellbeing of students. Condoms are continuously promoted in further education institutions with the support of the Higher Health "First Things First" programme who run activation days on three to five days every two months on campus. These include HIV testing and condom promotion activities, ensuring that with continuous new intakes of students that they are regularly exposed to HIV/STI and pregnancy prevention education and services.

Similarly, to the 2016 HSRC data females were less likely to report condom use at last sex compared to males.<sup>1</sup> However, used a male condom at last sex drops considerably in the 25-35 age group which is also in agreement with previous HSRC surveys<sup>1</sup> indicating a need to focus on promotion efforts in older age groups.

Trust between partners and not liking male condoms were given as the main reasons for not using condoms. Additionally, males were more likely to say they did not like using male condoms compared to females. These reasons are similar to those reported in the literature in South Africa.<sup>10</sup>

The Max male condom was known by half of participants overall but the proportion was considerably higher in the 16-24 age group with almost 70% having heard of Max. This may be a result of the initial introduction of Max which was targeted at youth and first introduced in higher education institutions across South Africa. As mentioned earlier in the discussion the current and past students in our survey may have been exposed to the Max male condom introduction which was implemented from 2015.



Only a small number of participants had experienced problems accessing Max male condoms at their usual source and these were mainly students. This may have been due to the closure of further education institutions between December 2020 and April 2021 with continued COVID-19 restrictions of student numbers on campus. A telephone number of the survey was provided, and the survey team received many calls regarding Max/Maxima availability in different areas. These participants were directed to Department of health sites, NGOs or educational institution facilities.

The response to the Max male condom colours and scents was overwhelmingly positive with feedback describing the condoms primarily focusing on improved sexual experiences. The strawberry and grape scent/colour combinations were the most popular. The banana scent and yellow colour elicited a mixed response, with some stating it was their favourite colour while others disliked it. This balance or preference could be used to inform stock ordering and distribution sites should monitor which varieties are more popular to ensure stock of the more popular varieties is available. Although there was a great deal of input on the Max condom colour and scent varieties, there was limited input on the packaging design or colour. When asked about the attractiveness of the packaging although a third felt it was attractive, over half were neutral. This lack of feedback and neutrality may indicate this was not a feature of interest of the user.

Participants who had used Max were asked about other condom brands they had heard of and used and were asked to compare them. Around 80% of males and slightly less females had heard of the two socially marketed brands of male condoms -Trust and Lovers Plus. This was higher than the, 63.3% of males but less than half (47.9%) of females who had heard of Max. This indicates a gap in knowledge of availability despite widespread distribution in a range of outlets.

Almost two-thirds felt they were as good or better indicating a reasonable degree of acceptability, the remainder said they were not as good. Participants were asked regardless of response to elaborate on their reason for their answer. Those who felt Max was not as good as other brands were asked to elaborate and explain in their own words why this was the case. Reasons given were very diverse and included issues of quality, size, lack of lubricant and personal preferences. In a further question on quality of the Max male condom, those who cited poor quality mainly reported breakage/slippage and fit (too big/small). Some of these issues can be addressed and Max branded lubricant is now available in sachets in the National condom programme. Although commercial branded male condoms can be purchased in different sizes the current Max male condom is only available in one size. Expanding the size range would require a range of logistic considerations to be addressed to ensure not only all the varieties were available but size options per variety. This is something that could be considered in the future. The issue of breakage could be addressed through user training or provision of information on condom use which gives step by step guidance on correct male condom use.

Knowledge of female condoms was high, but ever use was low. The level of use was slightly higher than that reported in the most recent 2016 SADHS.<sup>2</sup> Few participants had used a female condom in the last month. Female condoms are not available commercially, but they should be available in all health care facilities and are supplied by the DoH to a range of NGOs

and other workplace organisations. Despite their increasing availability they are not as widely promoted as male condoms.<sup>12</sup> The rebranded Maxima was known by few participants; however as existing stocks of female condoms are distributed (currently as FC2 and Cupid) the Maxima will replace them as new stock.

### *Limitations*

Although the survey had a large response the majority of participants were from higher education institutions in Gauteng who had received the survey individually via an email or SMS. This elicited the best response and should be considered for future surveys. The population who responded were predominantly well educated and therefore the use of condoms may be higher in the general population. Feedback from the survey indicated that the time taken for completion was in the region of five to six minutes including reading the preamble and instructions for completion. For some this was considered quite a long time, with a preference for a survey being 2-3 minutes.

### **Recommendations**

- Targeting condom promotion at older age groups (>24) to increase uptake in this group.
- Ensuring all Max and Maxima male condom varieties are equally available and accessible to ensure users with particular preferences are catered for.
- Rebranding the packaging to make the Max more appealing.
- Availability of Max and Maxima branded posters and leaflets promoting the different colours and scents.
- Increased promotion of the Max and Maxima in higher education institutions.

## 7. References

1. Human Sciences Research Council (HSRC) (2018). The Fifth South African National HIV Prevalence, Incidence, Behaviour and Communication Survey, 2017: HIV Impact Assessment Summary Report. Cape Town, HSRC Press.
2. National Department of Health (NDoH), Statistics South Africa (Stats SA), South African Medical Research Council (SAMRC), and ICF. 2019. South Africa Demographic and Health Survey 2016. Pretoria, South Africa, and Rockville, Maryland, USA: NDoH, Stats SA, SAMRC, and ICF.
3. Government plans massive PrEP rollout. Health 24 <https://www.health24.com/Medical/HIV-AIDS/News/government-plans-massive-prep-rollout-20200205>
4. Kaida A, Dietrich JJ, Laher F, Beksinska M, Jaggernath M, Bardsley M, Smith P, Cotton L, Chitneni P, Closson K, Lewis DA, Smit JA, Ndung'u T, Brockman M, Gray G. A high burden of asymptomatic genital tract infections undermines the syndromic management approach among adolescents and young adults in South Africa: implications for HIV prevention efforts. *BMC Infect Dis*. 2018 Oct 3;18(1):499. doi: 10.1186/s12879-018-3380-6. PMID: 30285705; PMCID: PMC6171143.
5. Muchiri E, Odimegwu E, DeWet N. HIV risk perception and consistency in condom use among adolescents and young adults in urban Cape Town, South Africa: a cumulative risk analysis. *S Afr J Infect Dis* [Internet]. 2017 [cited 2019 Sep 8]; 32(3):105–110. Available from: <https://doi.org/10.1080/23120053.2017.1332800>
6. Beksinska M, Nkosi P, Mabude Z, et al Twenty years of the female condom program in SA: past, present and future. *SA Health Review*, 2017. Chapter 14. In: Padarath A, Barron P, editors. *SA Health Review 2017*. Durban: Health Systems Trust; 2017. URL: <http://www.hst.org.za/publications/south-african-health-review-2017>. Pg 147.
7. Ashmore J, Henwood R. Choice or no choice? The need for better branded public sector condoms in South Africa. *South African Journal of HIV Medicine* 2015; 16 (1), Art. #353, 3 pages.
8. United Nations Fund for Population Activities (UNFPA) South Africa. *Max Condom launched in South Africa with UNFPA support*. Jun 2016. [Online]. [Cited: 19<sup>th</sup> Dec 2016]. URL: <http://southafrica.unfpa.org/news/max-condom-launched-south-africa-unfpa-support>.
9. Shisana, O., Rehle, T., Simbayi, L.C., Zuma, K., Jooste, S., Pillay-Van Wyk, V., Mbelle, N., Van Zyl, J., Parker, W., Zungu, N.P., Pezi, S. & SABSSM III Implementation Team, (2009). South African national HIV prevalence, incidence,

behaviour and communication survey, 2008: a turning tide among teenagers?. Cape Town: HSRC Press.

10. Beksinska ME, Smit JA, Mantell JE. Progress and challenges to male and female condom use in South Africa. *Sex Health*. 2012 Mar;9(1):51-8. doi: 10.1071/SH11011. PMID: 22348633; PMCID: PMC3286127.
11. Higher Health: <https://higherhealth.ac.za/programmes/first-things-first/>
12. Beksinska M, Nkosi P, Mabude Z, Smit J, Zulu B, Phungula L, Greener R, Kubeka M, Milford C, Lazarus N, Jali Z, Mantell JE. Twenty years of the female condom programme in South Africa: past, present and future. *South African Health Review*, 2017. Chapter 14. In: Padarath A, Barron P, editors. *South African Health Review 2017*. Durban: Health Systems Trust; 2017. URL: <http://www.hst.org.za/publications/south-african-health-review-2017>. Pg 147.

<b>CONDOM PERCEPTION SURVEY</b>
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***The National Department of Health, South Africa supported by UNFPA South Africa are interested in the perceptions people aged 16-35 have of male and female condoms. The information from this survey will help to inform current and future condom information, education, communication materials as well as condom campaigns.***

***This online condom survey is anonymous and voluntary. Anonymous means your name or contact details are not needed. Your participation in this survey is entirely voluntary. If you decide you do not wish to participate in this survey or you start the survey but choose not to complete it or refuse to answer any question, at any time, you will not lose any benefit to which you are entitled to as a community member.***

***This online survey should take no more than ten minutes of your time. This online survey should take no more than ten minutes of your time. This survey is free and is hosted on a free data site, it will not use any of your data. You will not receive any reimbursement for participating in this survey.***

***Contact details***

We appreciate the time you may take to answer our survey questions.

If you have any questions about the data collection or request any updates, now or in future, you can call Prof Mags Beksinska, who is the MRU Principal Investigator of the study at 031 001 1941 or 071 476 5174.

The Human Research Ethics Committee of the University of the Witwatersrand has approved this survey. The Institutional Review Boards/ethics committees oversee the protection of people participating in research studies.


If you have any questions about your rights as a research participant, or any complaints, you can contact the Chairperson of the University of the Witwatersrand Human Research Ethics Committee whose details are as follows:

- Prof Clement Penny

Chairperson of the Human Research Ethics Committee  
University of the Witwatersrand  
Tel: 011 717 2301.

***Please check the answers that most apply to you. Drop down list will open for you to select your answer. If there are any questions you wish not to answer please skip them.***

QUESTIONS		ANSWERS			
1.	What province do you currently live in	<input type="checkbox"/> Gauteng <input type="checkbox"/> KwaZulu Natal <input type="checkbox"/> Eastern Cape <input type="checkbox"/> Western Cape <input type="checkbox"/> Northern Cape <input type="checkbox"/> Mpumalanga <input type="checkbox"/> Limpopo <input type="checkbox"/> North West <input type="checkbox"/> Free State			
2.	How old were you at your last birthday?	<input type="text"/> <input type="text"/> (Age in years)			
3.	What is your gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> My gender is (Drop down list to show selection of genders ) <input type="checkbox"/> Do not wish to say			
4.	What is the highest level of education you have completed?	<input type="checkbox"/> None <input type="checkbox"/> Some primary school education <input type="checkbox"/> Primary school education <input type="checkbox"/> Some secondary school education (but not matric) <input type="checkbox"/> Matric <input type="checkbox"/> further education (completed or current)			If further education checked will skip to type of institution Q5. If no further education will skip to Q6
5.	What type of further education institution are you attending?	<input type="checkbox"/> Technical Vocational Education and Training (TVET) college <input type="checkbox"/> University <input type="checkbox"/> Community Education & Training College (CETC) <input type="checkbox"/> Other (Please specify) _____			
6.	What is your relationship status?  Check all that apply	<input type="checkbox"/> Regular partner, not living together <input type="checkbox"/> Living with partner/married <input type="checkbox"/> Casual relationship <input type="checkbox"/> No current relationship			
7.	Which of the following options best describes your main occupation?	<input type="checkbox"/> Paid employment (full-time /part time/casual) <input type="checkbox"/> Unemployed <input type="checkbox"/> Homemaker/looking after children/family <input type="checkbox"/> Student <input type="checkbox"/> Learner (still in school)			
<b>This next section of questions is asking about your experience with male condoms</b>					
8.	Have you ever used a male condom	<input type="text"/> 1. Ever used 2. Used in last month 3. Used at last sex	Yes	No	If never used skip to 11
9.	What do you/did you use the male condom for?	<input type="checkbox"/> STI/HIV prevention <input type="checkbox"/> Pregnancy prevention <input type="checkbox"/> Both STI/HIV prevention & pregnancy prevention			If not used in last month will skip to 11

10.	If used a male condom in the last month, how often did you use condoms	<input type="checkbox"/> Every time I had sex <input type="checkbox"/> Almost every time I had sex <input type="checkbox"/> About half the time I had sex <input type="checkbox"/> Less than half the time I had sex													
11.	If you have never used a male condom, not used in the last month/ not used every time you had sex, why not?  Check all that apply	<input type="checkbox"/> No partner <input type="checkbox"/> Never had sex <input type="checkbox"/> I do not like using condoms <input type="checkbox"/> Partner does not like using condoms some/all of the time <input type="checkbox"/> I trust my partner / we are faithful/do not have other partners <input type="checkbox"/> I use/my partner uses the daily Pre-exposure prophylaxis (or <b>PrEP</b> ) tablet for HIV prevention* <input type="checkbox"/> My usual source of male condoms did not have stock <input type="checkbox"/> I don't know where to get male condoms <input type="checkbox"/> I do not want to be seen buying/collecting free male condoms <input type="checkbox"/> We forget to use them sometimes <input type="checkbox"/> COVID-19 -I could not/partner could not get to the place we usually get condoms <input type="checkbox"/> I could not afford to buy the brand I wanted  *Pre-exposure prophylaxis (or <b>PrEP</b> ) is a way for people who do not have <b>HIV</b> but who are at very high risk of getting <b>HIV</b> to prevent <b>HIV</b> infection by taking a pill every day.													
<b>The next part of the Survey is specifically about the Max male condom. The Max male condom is the South African Department of Health freely available male condom.</b>															
12.	Have you ever heard of or used the Max male condom?	<table border="1"> <thead> <tr> <th>Ever heard of Max</th> <th>Ever seen Max</th> <th>Ever used Max</th> <th>Used Max in last month</th> <th>Used Max at last sex</th> <th>Heard of but don't know if used</th> </tr> </thead> <tbody> <tr> <td><b>o</b></td> <td><b>o</b></td> <td><b>o</b></td> <td><b>o</b></td> <td><b>o</b></td> <td><b>O</b></td> </tr> </tbody> </table>	Ever heard of Max	Ever seen Max	Ever used Max	Used Max in last month	Used Max at last sex	Heard of but don't know if used	<b>o</b>	<b>o</b>	<b>o</b>	<b>o</b>	<b>o</b>	<b>O</b>	If never heard/never used /don't know the survey to skip to female condom Qs starting on Q24.
Ever heard of Max	Ever seen Max	Ever used Max	Used Max in last month	Used Max at last sex	Heard of but don't know if used										
<b>o</b>	<b>o</b>	<b>o</b>	<b>o</b>	<b>o</b>	<b>O</b>										
13.	There are four Max male condom varieties- which of the four have you used?   Mark all that apply	<input type="checkbox"/> original (blue packet) <input type="checkbox"/> Strawberry (red colour condom/red packet) <input type="checkbox"/> Banana (yellow colour condom/yellow packet) <input type="checkbox"/> Grape (purple colour condom/purple packet)													
14.	You may not have tried them all but which one of the those you have tried is your favourite/most appealing Max male colour/scent	<input type="checkbox"/> Original (blue packet) <input type="checkbox"/> Strawberry (red colour condom/red packet) <input type="checkbox"/> Banana (yellow colour condom/yellow packet) <input type="checkbox"/> Grape (purple colour condom/purple packet) <input type="checkbox"/> I like them all/no preference													


		<p>For each of the three condom types that are scented/coloured do you like both the colour and the scent?</p> <table border="1"> <tr> <th></th><th>Like the colour</th><th>Like the scent</th></tr> <tr> <td>Strawberry</td><td><input type="checkbox"/> yes <input type="checkbox"/> no</td><td><input type="checkbox"/> yes <input type="checkbox"/> no</td></tr> <tr> <td>Banana</td><td><input type="checkbox"/> yes <input type="checkbox"/> no</td><td><input type="checkbox"/> yes <input type="checkbox"/> no</td></tr> <tr> <td>Grape</td><td><input type="checkbox"/> yes <input type="checkbox"/> no</td><td><input type="checkbox"/> yes <input type="checkbox"/> no</td></tr> </table>		Like the colour	Like the scent	Strawberry	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	Banana	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	Grape	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no																																							
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Strawberry	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no																																																			
Banana	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no																																																			
Grape	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no																																																			
15.	Can you tell us why you like the colour/scent you mentioned in the last question?	<p>Colour _____</p> <p>Scent _____</p>																																																			
16.	<p>Where did you/do you normally get your supply of Max from?</p> <p>Check all that apply</p>	<input type="checkbox"/> Public health sector health facility <input type="checkbox"/> Further education institution <input type="checkbox"/> School <input type="checkbox"/> Workplace <input type="checkbox"/> Non government organization (NGO)/community venue <input type="checkbox"/> Government department (not health) <input type="checkbox"/> Taxi rank/garage/Spaza shop <input type="checkbox"/> Friend/family member gives them to me <input type="checkbox"/> Partner gets them (not sure of source) <input type="checkbox"/> Other (specify) _____																																																			
17.	In the last month have you ever needed a Max male condom and not been able to get one?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no skip to Q19																																																		
18.	<p>Why could you not get any Max male condoms?</p> <p>Check all that apply</p>	<input type="checkbox"/> COVID-19 restrictions-I could not/partner could not get to the place we usually get Max condoms <input type="checkbox"/> My usual source of condoms did not have any stock <input type="checkbox"/> I could not get the colour/scent I wanted <input type="checkbox"/> I don't know where to get Max condoms <input type="checkbox"/> I do not want to be seen getting Max condoms <input type="checkbox"/> I could not afford to buy the brand I wanted																																																			
19.	Which other brands of male condoms have you ever heard of/used	<table border="1"> <tr> <th></th><th>Ever heard of Yes/No</th><th>Ever used Yes/no</th><th>Used in last month Yes/no</th><th>Used at last sex Yes/no</th></tr> <tr><td>Lovers +</td><td></td><td></td><td></td><td></td></tr> <tr><td>Contempo</td><td></td><td></td><td></td><td></td></tr> <tr><td>Durex</td><td></td><td></td><td></td><td></td></tr> <tr><td>Trust</td><td></td><td></td><td></td><td></td></tr> <tr><td>Clicks own brand</td><td></td><td></td><td></td><td></td></tr> <tr><td>SKYN</td><td></td><td></td><td></td><td></td></tr> <tr><td>Dr Long</td><td></td><td></td><td></td><td></td></tr> <tr><td>Lifestyles</td><td></td><td></td><td></td><td></td></tr> <tr><td>Rough Rider</td><td></td><td></td><td></td><td></td></tr> </table>		Ever heard of Yes/No	Ever used Yes/no	Used in last month Yes/no	Used at last sex Yes/no	Lovers +					Contempo					Durex					Trust					Clicks own brand					SKYN					Dr Long					Lifestyles					Rough Rider					
	Ever heard of Yes/No	Ever used Yes/no	Used in last month Yes/no	Used at last sex Yes/no																																																	
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SKYN																																																					
Dr Long																																																					
Lifestyles																																																					
Rough Rider																																																					



# Condom Perception Survey

20.	Compared to all the male condom brands you have used how would you rate the Max male condom?	<input type="checkbox"/> The Max is much better than other male condoms <input type="checkbox"/> The Max is about the same as other male condoms <input type="checkbox"/> The Max is not as good as other male condoms  Please give a reason for the answer <hr/>															
21.	How do you find the look of the packaging of the Max condoms?	<input type="checkbox"/> Very attractive <input type="checkbox"/> Attractive <input type="checkbox"/> Neutral/ok <input type="checkbox"/> Unattractive <input type="checkbox"/> Very unattractive															
22.	How do you find the quality of the Max condoms you have used?	<input type="checkbox"/> Very good quality <input type="checkbox"/> Good quality <input type="checkbox"/> Neutral/ok <input type="checkbox"/> Poor quality <input type="checkbox"/> Very poor quality			If poor quality/very poor quality response goes to next question												
23.	What made you say the condoms are of poor quality?	<input type="checkbox"/> The condom broke/tore/slipped off <input type="checkbox"/> The condom did not fit well (too small/big) <input type="checkbox"/> The condom packaging was damaged															
<b>This next section of questions is asking about your experience with female condoms (also known as Inner condoms)</b>																	
24.	Have you ever heard of female condoms?	<input type="checkbox"/> Yes <input type="checkbox"/> No			If no Q will skip to end												
25.	Have you ever used a female condom?	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Ever used</td> <td></td> <td></td> </tr> <tr> <td>Used in last month</td> <td></td> <td></td> </tr> <tr> <td>Used at last sex</td> <td></td> <td></td> </tr> </tbody> </table>				Yes	No	Ever used			Used in last month			Used at last sex			If never used or used but not used in last month survey skips to Q29
	Yes	No															
Ever used																	
Used in last month																	
Used at last sex																	
26.	If used a female condom in the last month how often did you use condoms?	<input type="checkbox"/> Every time I had sex <input type="checkbox"/> Almost every time I had sex <input type="checkbox"/> About half the time I had sex <input type="checkbox"/> Less than half the time I had sex															
27.	In the last month have you ever needed a female condom and not been able to get one?	<input type="checkbox"/> Yes <input type="checkbox"/> No			If no skip to Q29												
28.	Why could you not get any female condom/s?  Check all that apply	<input type="checkbox"/> COVID lockdown -I could not/partner could not get to the place we usually get female condoms <input type="checkbox"/> My usual source of condoms did not have stock <input type="checkbox"/> I don't know where to get female condoms <input type="checkbox"/> I do not want to be seen getting female condoms															
<b>The next part of the Survey is specifically about the maxima female condom. The maxima female condom is the South African Department of Health freely available female condom.</b>																	

# Condom Perception Survey

29.	Have you ever heard or used the maxima.	Ever heard of maxima	Ever seen maxima	Ever used maxima	Used maxima in last month	Used maxima at last sex	Don't know if used	If never heard or heard but never seen skip to end.									
		o	o	o	o	O	o										
30.	Which maxima female condom scents have you used Mark all that apply	<input type="checkbox"/> Vanilla (yellow packet) <input type="checkbox"/> Strawberry (red colour/red packet) <input type="checkbox"/> Original no colour /scent ( blue packet)															
31.	You may not have tried them all but which one of those you have tried is your favourite/most appealing maxima colour/scent 	<input type="checkbox"/> Vanilla (yellow packet) <input type="checkbox"/> Strawberry (red colour/red packet) <input type="checkbox"/> Original ( blue packet) <input type="checkbox"/> I like them all/no preference  For each of the three condom types that are scented/coloured do you like both the colour and the scent?  <table border="1"> <thead> <tr> <th></th> <th>Like the colour</th> <th>Like the scent</th> </tr> </thead> <tbody> <tr> <td>Vanilla</td> <td><input type="checkbox"/> yes <input type="checkbox"/> no</td> <td><input type="checkbox"/> yes <input type="checkbox"/> no</td> </tr> <tr> <td>Strawberry</td> <td><input type="checkbox"/> yes <input type="checkbox"/> no</td> <td><input type="checkbox"/> yes <input type="checkbox"/> no</td> </tr> </tbody> </table>							Like the colour	Like the scent	Vanilla	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	Strawberry	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
	Like the colour	Like the scent															
Vanilla	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no															
Strawberry	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no															
32.	Can you tell us why you like the colour/scent you mentioned in the last question?	Colour _____  Scent _____															
33.	How do you find the look of the packaging of the maxima female condoms?	<input type="checkbox"/> Very attractive <input type="checkbox"/> Attractive <input type="checkbox"/> Neutral/ok <input type="checkbox"/> Unattractive <input type="checkbox"/> Very unattractive															
34.	How do you find the quality of the Maxima female condoms you have used	<input type="checkbox"/> Very good quality <input type="checkbox"/> Good quality <input type="checkbox"/> Neutral/ok <input type="checkbox"/> Poor quality <input type="checkbox"/> Very poor quality						If poor quality/very poor-quality response goes to next question									
35.	What made you say the condoms are of poor quality	<input type="checkbox"/> The condom broke/tore/slipped out <input type="checkbox"/> The condom did not fit well (too small/big) <input type="checkbox"/> The condom packaging was damaged															

This is the end of the survey. **Thank you for your participation in this study! We appreciate your input and time.**