Council-supported condom vending machines: are they acceptable to rural communities?

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Abstract. Background: Twenty-four hour access to condoms for young people living in rural Victoria is problematic for many reasons, including the fact that condom vending machines are often located in venues and places they cannot access. Method: We partnered with three rural councils to install condom vending machines in locations that provided improved access to condoms for local young people. Councils regularly checked the machines, refilled the condoms and retrieved the money. They also managed the maintenance of the machine and provided monthly data. Results: In total, 1153 condoms were purchased over 12 months, with 924 (80\%) obtained from male toilets and 69\% (801 out of 1153) purchased in the second half of the study. Revenue of $2626.10 (AUD) was generated and no negative feedback from residents was received by any council nor was there any negative reporting by local media. Vandalism, tampering or damage occurred at all sites; however, only two significant episodes of damage required a machine to be sent away for repairs. Conclusions: Condom vending machines installed in rural towns in north-east Victoria are accessible to young people after business hours, are cost-effective for councils and have not generated any complaints from residents. The machines have not suffered unrepairable damage and were used more frequently as the study progressed.

Additional keywords: access, Australia, safer sex, young people.

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Introduction

Using condoms and lubricant consistently and correctly significantly reduces transmission of chlamydia (\textit{Chlamydia trachomatis}),\textsuperscript{1} however, 24-h access to condoms for rural young people is problematic. Issues of privacy,\textsuperscript{2,3} lack of service provider choice, transport and cost\textsuperscript{4} are barriers that prevent rural young people from accessing condoms, particularly after business hours. Although condom vending machines (CVMs) can provide cheap condoms, we found that they are usually located in licenced premises (pubs and clubs) or in petrol service stations on major highways, making access for younger rural teenagers more difficult.

Methods

By highlighting the public health implications of increasing chlamydia rates and the consequences of untreated infection, we secured a partnership with three local government councils in north-east Victoria. Each council identified two separate locations within their municipality that were very accessible to local young people and two CVMs were installed in each. Preference was given to locations that were open 24 h per day and accessible without transport. Each council also organised a local professional to regularly check the machines, fill them and retrieve the money. They recorded the date, how many condoms were purchased, the money retrieved and if the machine was in working order.

Results

Just over 80\% (924 out of 1153) of condoms purchased were obtained from male toilets, and the number of condoms purchased from $1 machines and $2 machines was about the same across the three local government authorities, with the location of the machine being the most important factor. Vandalism, tampering or damage occurred at all sites; however, only two significant episodes of damage required a machine to be sent away for repairs. Graffiti on the outside of the machine and jamming coins into the slot were the most common types of vandalism and were repaired on site by the councils. To our knowledge, no complaints have been received from residents of any of the three councils involved in this study.

Discussion

For some time, there have been calls for greater access to condoms for young people in Australia\textsuperscript{5} and, to our knowledge, this is the first study to explore the viability, cost-effectiveness and acceptability of accessible CVMs in rural towns. In early discussions, some councils expressed concern that local residents would not approve of this
initiative and that it would not be cost-effective. As such, our aim was to establish that CVMs would not have a negative impact. This study has demonstrated that there was no negative feedback from residents or negative reporting by local media, and that CVMs are used regularly and generate revenue. The cost of purchasing condoms in large quantities is far less per condom (~15 cents) than the $1 or $2 paid via the CVM and, as such, the initial outlay for the purchase of the CVM ($1500AUD) can, on average, be recouped within 18 months. Any revenue generated after this time is profit and, as such, ensures sustainability and covers future repair costs.

Others outside Australia have also shown that CVMs situated in public areas are more accessible at any time of the day and night,6,7 and this study has demonstrated that rural councils can install CVMs without suffering backlash from residents.

Conclusion
CVMs installed in rural towns in north-east Victoria are accessible to young people after business hours, are cost-effective for councils and have not generated any complaints from residents. The machines have not suffered unreparable damage and are used more frequently as time progresses.

Conflicts of interest
None declared.

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References