

## Spotlight on the Female Condom

In developing countries, women of reproductive age are at high risk of unintended pregnancy and sexually transmitted infections (STIs), including HIV. The female condom (FC) is the only women-initiated, dual-protection commodity that protects women from both STIs—including HIV—and unintended pregnancy. However, the FC must be correctly and consistently used in order to be most effective. When used correctly with every act of sex, about five pregnancies per 100 women using female condoms occur over the first year. As commonly used, about 21 pregnancies per 100 women using female condoms occur over the first year (WHO & JHUCCP, 2011). However, the FC remains an underutilized commodity in family planning and HIV prevention, and as such, has been identified by the UN Commission on Life-Saving Commodities for Women's and Children's Health as one of 13 commodities that, if more widely accessed and properly used, could save the lives of more than six million women and children worldwide.

A review was conducted to analyze and synthesize current key evidence in order to understand the social and behavioral drivers of FC demand and utilization, examine effective practices in implementing demand generation programs, and inform future programming. The evidence review found 27 documents related to demand generation for FC that met the inclusion criteria, including studies from Africa (18), Asia (5) and Latin America (4).

### Social and Behavioral Drivers

At the individual level, a number of studies have shown that increasing acceptability in both men and women has the potential to increase FC use. A few studies suggested that for both men and women, a long-term, steady partner is positively associated with increased use of the FC. However, in most studies, FC use was low when compared to the male condom and generally declined after introduction because of cost and availability. Looking beyond individual-level factors, one of the biggest challenges to increasing the uptake of the FC has been negative attitudes of health care providers, which has strongly contributed to the lack of information and awareness of the FC

and restricted access to this method of contraceptive. In addition, community and gender norms—e.g. gender inequalities, power dynamics—may significantly affect FC use.

### Demand Generation Interventions

**National Prioritization:** In the mid- to late-1990s, Brazil, Ghana, South Africa and Zimbabwe launched multifaceted FC campaigns and demonstrated how national governments can increase access to and coverage of the FC through coordinated national campaigns. Warren and Philpott (2003) examined the introduction of the FC in these countries and highlighted six key elements to expand access and acceptability of the FC: (1) a clearly identified target audience for promotion messaging; (2) provision of training to providers to address gaps in knowledge and potential biases, as well as the provision of skills for promoting FC; (3) face-to-face communication to equip potential users with information and skills; (4) a broad reproductive health focus that integrates family planning and HIV/AIDS prevention; (5) a mix of public and private sector distribution; and (6) a long assessment period to gauge performance of the distribution program.

**Interpersonal Communication:** At the individual level, the development of interpersonal communication (IPC) skills and increased knowledge, and use of FCs through demonstrations, were identified as important components of the success of several



projects. Building women's IPC skills—especially negotiation—as well as providing IPC training for non-medical suppliers, opinion leaders, pharmacists and nurses, were found to be of great value. One-on-one IPC was found to be important for the comfort of both women and men, compared with IPC in a group setting (UAFC, n.d.). Personal demonstration of FC also was shown to be effective in increasing uptake (Van Devanter et al., 2002).

**Social Marketing and Mass Media:** Extensive gray literature indicates that the FC should be an ideal product to promote through social marketing distribution and mass media. However, the actual effect of social marketing on FC use has not been well documented.

In Zimbabwe, some of the highest FC sales in the world have been recorded by promoting the FC through non-medical channels, such as hairdressers and barbers in low-income neighborhoods, extending reach to men, sex workers and people living with HIV/AIDS (UNAIDS & PSI, 2000). In Tanzania, a study found mass media as a successful approach to increasing knowledge among a large population, but that peer-based strategies are more influential for behavior change (Agha & Van Rossem, 2002).

## Conclusions and Recommendations

When contraceptive choices are expanded, coverage and use may also increase—but sustained efforts are needed. At this point, there has been minimal investment in FC promotion – both in terms of funding and capacity-building for service providers and community-based support. Issues of power dynamics, gender inequities, and social and community norms emerged as significant barriers to method expansion. Limited monitoring and evaluation of promotion strategies has resulted in a small evidence base around successful approaches. Recommendations to overcome some of the barriers to use include: (1) increasing information and

awareness of FC in communities, while addressing social and gender norms; (2) taking a multi-level approach to increasing FC use; (3) increasing social marketing and evaluation of social marketing efforts; (4) increasing training on IPC; and (5) increasing FC promotion among high-risk populations. However, the high cost of the FC will continue to hinder availability, and must be addressed.

To read the full report, visit

<http://sbccimplementationkits.org/demandrmnch/evidence-synthesis/>.

For tools and resources on demand generation for life-saving commodities, visit

<http://sbccimplementationkits.org/demandrmnch/>.

## References

- P Agha, S., Van Rossem, R. (2002). Impact of Mass Media Campaigns on Intentions to Use The Female Condom in Tanzania. *International Family Planning Perspectives*; 28(3): 151-8.
- Joint United Nations Programme on HIV/AIDS (UNAIDS), & Population Services International (PSI). (2000). *Social marketing: Expanding access to essential products and services to prevent HIV/AIDS and to limit the impact of the epidemic*. Geneva, Switzerland: UNAIDS.
- Universal Access to Female Condoms Joint Programme (UAFC). (n.d.). *Making female condoms available and accessible: A guide on implementing female condom programs*. Female condoms 4 All.
- Van Devanter, N., Gonzales, V., Merzel, C., Parikh, N.S., Celantano, D., Greenberg, J. (2002). Effect of an STD-HIV behavioral intervention on women's use of the female condom, *American Journal of Public Health*; 92(1):109-15.
- Warren, M., Philpott, A., & Philpott, A. (2003). The safer sex options: Introducing expanding into national condom female programmes. *Reproductive Health Matters*; 11(21): 130-9.
- World Health Organization (WHO), & Johns Hopkins Bloomberg School of Public Health Center for Communication Programs (JHU-CCP) (2011). *Family planning: A global handbook for providers*. Geneva, Switzerland, and Baltimore, MD: WHO and JHU-CCP.