

THE FEMALE CONDOM – PROBLEMATIC PLASTIC OR CHOICE PROTECTION?

We know for a fact that women have a greater physical and social risk of contracting HIV in sub-Saharan Africa than men. We also know that the female condom is currently the only HIV and other sexually transmitted infection (STI) prevention method available that places the power of choice in women's hands. Yet, a study conducted among students in the Western Cape showed that both men and women preferred male condoms, reports *Emma Arogundade*.



The study involved an HSRC evaluation of a peer education intervention funded by The Global Fund to Fight AIDS, Tuberculosis and Malaria. It was implemented by the Western Cape departments of health and basic education, with technical assistance and monitoring being provided by the Centre for the Support of Peer Education.

The group of 575 sexually active learners preferred the male condom as a prophylactic for males (53%) and females (26%). The second choice for males was the female condom (16%) but for females it only ranked third.

This prompted the question whether this outcome was due to the availability of the female condom or to perceptions around its use. Only five million female condoms were distributed in South Africa in 2012 compared to 492 million male condoms.

To answer these questions, we undertook a review of popular and academic literature and found that more attention needed to be paid to making the female condom both available and desirable. Popular literature included news articles and opinion pieces, while academic literature included journal articles and policy-focused research reports that dealt with the social rather than the medical side of research into female condoms.

History of the female condom in South Africa

The female condom was introduced into South Africa in 1998 as part of a national family planning programme, and has the

second largest female condom distribution programme in the world. The brand that is most commonly available in clinics in South Africa is Female Condom II, a soft polyurethane 17cm long sheath that has a fixed ring on the outer open side and a loose ring on the inner closed side to help with insertion into the vagina.

To introduce it to the public healthcare system, the Wits Reproductive Health and Research Unit and the Department of Health chose a national sample of public healthcare sites and invited staff to attend a three-day training course on how to use and distribute the device. This may have had the unintended consequence of making the female condom seem intimidating as it required training to use and to distribute, and because distribution points were limited to trained professionals.

Although this perception has changed over time and the female condom has become more available, old attitudes still linger. This launch scenario should also be contrasted with the approach to education and availability of the male condom, which was heavily promoted in the 1990s and beyond through public education, training and marketing, with the emphasis on its lifestyle enhancing qualities.



Difficulty inserting the female condom remains the most often cited reason for not using it again.

Availability and knowledge but not pleasure

The majority of the popular literature on the female condom explained its history and advocated various ways to increase uptake by women. The benefits of the female condom are widely reflected in policy research but this is very seldom reflected in the news media. These benefits include that it is made from polyurethane rather than latex, that the outer ring provides additional protection against STIs other than HIV, that under certain circumstances it can be used up to four times and that a woman does not need to be aroused in order to use it.

What is missing from the advocacy is an emphasis on the reported increased sexual pleasure that both partners experience once they have learnt how to use it properly, which could be a major selling point.

Only two literature pieces, both originating from NGOs, wrote about the lack of availability of female condoms. In fact, the NGO sector believed this was such an issue that in 2008, the Thohoyandou Victim Empowerment Project held a national dialogue with other NGOs in the sector, propelling access to the female condom into the public realm as a human rights issue. Despite the efforts of these NGOs, newspaper reports from 2010 reflected that promises for increased access to female condoms, especially because of the World Cup, were never met, raising some doubts about current assurances from the government to increase procurement and distribution.

Price, desirability and power

Policy research also pointed to the high price of the female condom, which cost approximately 10 times as much to produce as the male condom, excluding the costs to public health of transport and distribution within South Africa's borders.

One potential solution suggested that the largest buyers of the female condom – South Africa, India and Brazil – should band together to buy in bulk to reduce the unit cost. Though not reflected in the literature, an expanded market could be achieved through marketing and education, which could also increase the numbers produced and thereby decrease the per-unit cost.

Much of the academic research explored reasons why women might not have felt confident or comfortable using a female condom. Early reports from 1998 emphasised that the difficulties for women revolved around insertion and the noise of the 'plastic Jiffy bag' that occurred during intercourse.

These early reactions were based on Female Condom I, a latex condom, and the noise has been reduced with the introduction of Female Condom II. Despite this, early stereotypes persist. Difficulty inserting the female condom remains the most often cited reason for not using it again after the first attempt. However, studies report that couples who persisted indicated there was increased sexual satisfaction for both parties, with the added benefit that the inner ring of Female Condom II provided additional stimulation for the male partner.

Women are inserting and using the female condom without their partner's knowledge.



Another social barrier is the difficulty heterosexual women feel in negotiating the use of male condoms with their partners. Despite this, one study has turned up evidence that women are inserting and using the female condom without their partner's knowledge, indicating that the female condom could present an option for women's self-protection that no other currently available barrier method does.

Where to from here?

More recently, PATH, an NGO that describes itself as an 'international health organisation driving transformative innovation to save lives', conducted research with women across the globe to develop a new women's condom that is easier to insert, use and remove and that provides more sensation for both partners. In promoting the use of female condoms, it initiated a global female condom day in 2012 to promote knowledge about and the use of female condoms. It had a positive result, with most major newspapers carrying articles about female condoms in 2013.

To promote the use of the female condom, these lifesaving devices need to be made more available to women by expanding the programme of government spending and increasing avenues of distribution. A concerted effort is needed to make people aware of the benefits of the female condom, not only from a public health perspective, but from the point of view that they enhance pleasure and place the power of choice in women's hands. ■

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