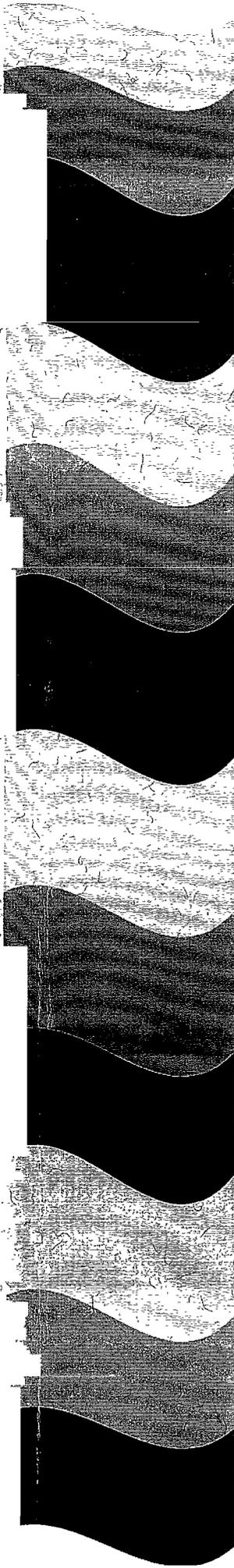


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*Qualitative Research on
Female Condom Reuse
Among Women in Two
Developing Countries*

Family Health International

Final Report to USAID

August, 1999

*Jason B. Smith
Gladys Nkhama
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I. Introduction

The Reality© female condom is a polyurethane sheath inserted into the vagina prior to sexual intercourse for the purpose of providing the user with protection from pregnancy and sexually transmitted disease (STD). Since its launch in Switzerland in 1992, the female condom has been approved as a single-use product and marketed in 13 countries (1). USAID is assessing the demand for the product in 19 countries and a recent UNAIDS assessment shows global demand for the product rising from 1.1 million in 1997 to 1.8 million in 1998 (2).

At this time, a significant and growing body of research covering technical, clinical and human use aspects of the female condom has been assembled. Some of these studies report off-license reuse of the female condom (3,4,5,6), particularly in resource-poor environments. Reuse of the product could reduce one of the main barriers to use, namely cost. However, little is known about the safety and effectiveness of the device under reuse conditions and the risks of both pregnancy and STD could be considerable. The extent to which re-use might irritate genital tissue or serve as a mechanism for introducing other pathogens is also unknown. Further research is necessary to assess the levels of risk.

II. Research Objectives

The purpose of this research study was to provide qualitative information about female condom reuse by interviewing a small number of women who have already, of their own volition and against package insert instructions, re-used the product.

Specific objectives for this research study were:

- 1) to identify motivations for reuse,
- 2) to identify reuse patterns,
- 3) to identify cleaning, drying and storage practices,
- 4) to identify self-reported problems encountered as a result of reuse, and
- 5) to assess perceived advisability of reuse .

The intention of this study was to discover the broadest possible range women's of reuse experiences. It was not the intention of this study to quantify the prevalence of any practice, perception or belief. The fact that a practice, perception or belief was reported by a study participant documents its inclusion in the range of possibilities. Non-mention reduces the likelihood of a possibility but does not eliminate it. Mention of a possibility by more than one participant is considered incidental and this report has been intentionally written to discourage unwarranted quantification.

It should be noted that the opinions regarding reuse reported in this study are from the woman's perspective, and that male partners may have different opinions about reuse that were not identified in this study.

III. Definition of Reuse

In order to capture the broadest possible range of interpretations, for purposes of this study reuse was defined as the use of a single device for more than one penetrative sex act, regardless of time between acts, removal and/or cleaning between acts, or partners with whom these acts were performed.

IV. Design

A. Approach

This research study was qualitative and exploratory in nature. Individual semi-structured interviews were conducted with adult women who self-identified as female condom reusers. Individual interviewing was selected as the research technique rather than focus groups due to the sensitive nature of the topic.

B. Study Size

The intended research study size was a maximum of 30 women, with a maximum of 15 from each site. This research study size was intended to be sufficient to allow characterization of a variety of reuse experiences, although it was never intended to support quantitative analyses.

C. Sites

This research study was conducted in two sites; one in Santa Cruz, Bolivia and one in Lusaka, Zambia. Criteria for selecting sites included:

1. availability of a pool of women with access to the female condom, and
2. availability of a qualified and willing principal investigator.

The implementing agency in Bolivia was PROSALUD. PROSALUD was involved in social marketing of the female condom in Santa Cruz. The implementing agency in Zambia was CARE. CARE had conducted previous research on the female condom in Zambia through a network of distribution centers.

D. Personnel

Dr. Jason B. Smith was the Principal Investigator. He conceived of the study, developed the design and instrumentation, and was primarily responsible for analysis, interpretation and reporting related to the overall study. Dr. Smith also served as the FHI Technical Monitor for sub-agreements with the two performance sites. Ms. Dorace Trottier, MPH, served as an in-house qualitative research consultant.

A site investigator headed the research team at each site. Lic. Pilar Sebastian headed the team in Santa Cruz and Gladys Nkhama, B.A., headed the team in Lusaka. Each site investigator was experienced in conducting research in reproductive health and was sensitive to the social, cultural, and privacy issues at their site. Each site investigator was primarily responsible for local analysis, interpretation and reporting. One female interviewer with experience in conducting qualitative interviews was engaged at each site. Translations and transcription services were provided locally to retain as much of the original meaning of the interviews as possible.

V. Methods

A. Inclusion Criteria

Entry into the research study was entirely voluntary. The only inclusion criteria were age of majority and experience with female condom reuse.

B. Recruitment and Screening

As the female condom is not licensed as a reuseable product, this study took precautions to insure that potential participants were not encouraged to re-use in order to gain entry to the study. Recruitment procedures varied slightly in each of the research study sites.

1. Bolivia

Potential research subjects were recruited at a health care clinic. The female population served by this clinic contained a very high (but unknown) proportion of commercial sex workers (CSWs). In order to work in a brothel in Santa Cruz, a woman must obtain a license and she must submit to monthly clinic screening for sexually transmitted disease in order to keep her certification. The clinic site chosen for this study was the clinic where most CSWs went for their monthly check-up. This site was also chosen because it served as one of the primary distribution points for the female condom. The female condom was heavily marketed to CSWs in Santa Cruz before and during the study period. In an effort to facilitate recruitment, study personnel also made visits to brothels and other places where CSWs were known to congregate (parks, transport depots, etc.) and used word-of-mouth advertising to make CSWs aware of the study.

Initial contact was made by a study contact person totally unaffiliated with the clinic. The study contact person identified herself, and asked all women entering the clinic if they were interested in participating in a research study. Women were informed that they were free to decline to participate in the study. The contact person noted that she was unaffiliated with the clinic. Women were told that their decision to participate in the research study would have no effect on any care that they might receive at the clinic. If the women were interested in participation, they were subsequently screened for entrance into the study.

2. Zambia

Handbill and letter advertising were used to inform users of the female condom that volunteers were wanted for a research study. Handbills advertising the study were posted near active female condom distribution points (clinics, pharmacies and other commercial outlets) in the eight peri-urban compounds of Lusaka whose public sector clinics receive training and material support from CARE. Letters were sent to women who had participated in previous female condom research and who had given prior permission to be re-contacted. Using the information on the handbill or letter, interested users contacted the investigator, or her designate, and were screened for entrance into the study.

3. Both Sites

Women ineligible to participate in the research study were told only that they were not eligible to participate, i.e., the reason for ineligibility was not disclosed. This procedure was instituted as a deterrent against women reusing the device in order to gain entrance to the study. The study contact person negotiated interview arrangements for women identified as eligible at the initial screening.

In both sites, advertisements were site-specific and designed in collaboration with the principal investigator to insure effectiveness and acceptability. The texts of advertisements were approved by FHI's Institutional Review Board prior to distribution.

Texts of the screening questionnaires and the advertisements can be found in Appendix 1.

C. Interviews

All interviews were conducted in a private setting and recorded on audiotapes. Interviews were conducted with the aid of a discussion guide and covered five broad domains of inquiry regarding reuse: motivations; patterns; cleaning/drying/storing practices; perceived problems; and perceptions. A copy of the discussion guide can be found in Appendix 2. As the object of this research was to capture the most natural description of

women's reuse experiences possible, minimum guidance by the interviewer was considered essential. At the end of each interview, participants were cautioned that the safety of female condom reuse remains unknown and interviewers recommended that, in the future, participants follow the single use package insert instructions until the safety of reuse has been established.

D. Data Handling and Analysis

Interview data were transcribed from the audiotapes and sent to FHI for systematic computer-assisted text analysis. Simple frequencies were tabulated to characterize the research study population in terms of age, educational level, and relationship status. No parameter estimation or higher order quantitative analyses were warranted or conducted.

E. Informed Consent

As with advertising, the process for obtaining informed consents varied somewhat between the two sites.

1. Bolivia

For Bolivia, oral informed consent was obtained for all participants. A copy of the text of the oral informed consent can be found in Appendix 3. All informed consents were obtained in a private setting. Prospective participants read information (or had information read to them) regarding the nature of the study, including its risks and benefits. If a prospective participant agreed to enter the research study, the person obtaining the consent signed the informed consent form. A separate list of contact names and telephone numbers of research study staff was given to each participant so that they could contact the staff with questions or concerns regarding the research study.

2. Zambia

For Zambia, written informed consent was obtained from all literate persons interviewed for the research study. Oral informed consent was obtained for all illiterate participants. A copy of the informed consent form can be found in Appendix 3. All informed consents were obtained in a private setting. Prospective participants read information (or had information read to them)

regarding the nature of the research study, including its risks and benefits. Illiterate prospective participants had a witness present during the oral consent process. If a prospective literate participant agreed to enter the research study, a consent form was signed by the participant and the person obtaining the consent to ensure confidentiality. Consent forms for illiterate participants were signed by the witness and the person obtaining the consent. A copy of the consent form, including study staff contact information, was given to each participant.

3. Both Sites

The participants were informed that their participation was voluntary and that there was no penalty for refusing to take part. There was a chance that the topics discussed during the interviews might make the participants feel uncomfortable. Participants were informed that they could refuse to answer any question at any time. Each interview was conducted in a private setting. Identification numbers, rather than names, were used on research study documentation.

In the interest of maintaining a high level of data quality across all cases, the standard procedure was to tape record interviews, if possible. Participants were informed that they could conduct the interview without use of the tape recorder, if they preferred. In such cases the interviewer was to take detailed notes of the discussion for later expansion into a full text proxy, just after the interview. In this study, no enrolled participants objected to the audiotape recording procedure.

Information from the research study was kept in a locked cabinet with access limited to senior research study staff on an as needed basis. The audiotapes were destroyed once the research study was completed.

In Bolivia, each participant received reimbursement only for reasonable costs of transport to and from the interview. In Zambia, each participant received a token payment of Kwacha 10,000 (approximately \$US 8) as compensation for her time. In each case, payment was negotiated with the principal investigator and was based on normative payments for each site.

VI. Results

A. Bolivia

Recruitment at the Bolivian site was largely unsuccessful. Of the 707 women screened, 277 (39%) were regular or occasional users of the female condom. There was little difference between users and non-users with respect to age, educational level, or proportion in union.

Only two women were willing to be interviewed as reusers. It is an open question whether the Bolivian users followed counseling instructions and package insert directions specifying a single use of the device, or whether the users were reluctant to discuss this topic with anyone they might perceive as being “official”. The former is a plausible explanation because availability (including subsidized pricing) of the device among CSWs was good thereby reducing those motivations for reuse. However, the latter is also plausible as many of these women have good reason to be wary of official sources. Study personnel felt that in some instances reuse was not reported because CSWs were afraid to admit to a behavior they had been counseled against. A number of other factors may have had a negative impact on the CSWs’ willingness to fully cooperate with the study. In general these women are busy with family and work. They are often poor, tired, preoccupied with pressing problems, and short of time to commit to uncompensated research. They are also commonly embarrassed by and/or resentful of what they perceive as the exploitative attention they receive from researchers because of their occupation. Some CSWs may have developed defensive attitudes towards research as a result.

A final report from this site can be found in Appendix 4.

B. Zambia

1. Recruitment

Thirty-seven female condom users were located and screened for entry into the study. Fourteen of these had reused the female condom at least once and twelve consented to a recorded interview. Although screening took place in eight compounds, all study participants came from only two compounds. These compounds have a community-based approach to family planning

and had been part of an earlier female condom pilot introduction (1995). These compounds were also served by Ministry of Health (MOH) - supported peer educators who work closely with the community and were able to assist with recruitment for the study.

A final report from this site can be found in Appendix 5.

2. Participant Profile

Study participants ranged in age from 23-37 years old. All participants had at least some primary school education, most (8) had some high school education and two had completed high school. Seven participants were married, four were living with partners and one was single. Two participants were clearly commercial sex workers (CSWs) who had re-used the female condom for disease prevention while working. Three women were peer educators supported by the MOH.

3. Reuse Partners

Types of reuse partners reported in this study included husband, steady boyfriend, casual partner (singular), casual partners (multiple), and commercial sex partners.

Most (8) of the reuse partners were reportedly aware of the reuse, three were not and it was unclear in one case. Both of the CSWs reported that their partners were unaware of reuse.

[Interviewer] "...were your partners aware that you were reusing it?" [CSW #1] "No, of course not. They are not supposed to know."

[Interviewer] "How about the men you used to sleep with – were they aware that you were washing it?" [CSW #2] "No, they had no idea. It was my secret."

4. Types of Reuse

"If you are the one doing a thing, usually you don't feel disgusted."

Reuse may be best described as a variation on single use. The FDA approved manufacturer's instructions for use describe a sequence where the device is used for a single vaginal sex act, removed and discarded.

In reuse variation #1, a single device is used for multiple penetrative sex acts¹ before removal and disposal. This is similar to the single use instructions in that the device is only inserted once and is discarded after the initial removal.

"I used to leave it inside after having sex then when my husband wants to have sex again I would leave the same one inside and then remove it in the morning."

In some interviews it was difficult to tell whether or not the respondent thought of this variation as reuse and, even if they did, whether or not they consistently reported it as such.

In reuse variation #2, a single device is used for a single penetrative sex act after which it is removed, possibly cleaned and/or dried, possibly relubricated, possibly stored and later reused for a subsequent single penetrative sex act. This variation is similar to the single use instructions in that the device is only used to protect one penetrative sex act at a time.

In reuse variation #3, a single device is used for one or more penetrative sex acts, then removed, possibly cleaned and/or dried, possibly re-lubricated, possibly stored, then reinserted for one or more coital acts. This variation is essentially a combination of variations #1 and #2.

It should be noted that these reuse variations do not take into account number of reuses, number of partners, or partner type for any of the penetrative sexual acts.

5. Device Logistics

Sources of supply for the female condom included peer educator, clinic, pharmacy, street vendor, and neighborhood health watch committee. One woman reported stealing a device (subsequently reused) from her older sister. One woman reported getting the device from her husband, a truck driver. He told her he got the device from a friend that was a nurse. His wife did not quite believe him.

¹ The transcripts imply that most if not all sex acts were vaginal. No anal or oral sex acts were specifically reported.

When asked about the quantity of condoms they received from their source at one time, participant responses ranged from 1 to 16 pieces. Generally, typical supply quantities were poor during the earlier research period and seem to have improved since the recent national launch.

When asked about the number of devices they had ever reused, participant responses ranged from 1 to “too many to know”, the latter being a number in excess of 50.

Participants were asked about the number of times each device was reused. The responses ranged from 1 to 4 but it was not clear in all cases if participants were including the initial use. If they were, this range would tend to mildly overestimate reuse. It was also unclear in all cases whether they were counting multiple penetrative sex acts without removal as reuse. If they weren't, this would tend to underestimate reuse.

Participants were asked whether or not they borrowed or loaned out devices. Several participants reported borrowing or lending unused devices. One participant, a sex worker, reported that she loaned devices, new and used, to a good friend who would also loan devices, new and used, to her depending on the flow of business.

6. “Bare Sex”, Male Condoms and Motivations to Reuse

During the course of the interview, participants were asked to describe their reuse experiences. In this context, they reported their motivations for reuse, and why they didn't use an alternative to reuse, i.e., sex without barrier protection (“bare sex”) or sex using a male condom.

As one might expect, protection from disease was commonly mentioned as motivation for reuse, as was protection from pregnancy. Desire for barrier protection coupled with a reluctance to use male condoms on the part of either the male or the female partner was reported. In at least one instance, a decided preference for the female condom was reported.

[Interviewer] “Why didn't you have sex without using a condom?” [Participant] “...I was scared of contracting sexually transmitted disease or even get pregnant. If he had to impregnate me, he would not look after me and the baby because he has his own wife.”

“[Interviewer] Did he compare it with the male condom? If so, which did he say was better?” [Participant] “He told me that the female condom was better. Maybe because he was not the one wearing it.”

[Interviewer] ‘Why didn’t you use a male condom?’ [Participant] “ I used to use male condoms in the past before the female condom came. But now that we have the female condom, I don’t use the male condom, and anyway, my husband doesn’t like it.”

In at least one instance a participant reported that she was initially coerced into using the female condom by her husband and also initially coerced into reusing the female condom by her husband. Subsequently, she decided that she liked the female condom and that reuse was an advisable practice for herself and others.

Various expressions of scarcity were also commonly mentioned. Reported scarcity factors included:

- clinics/providers don’t have supplies
- clinic not open when supply needed
- provider not available when supply could be sought
- too young to go for service, and
- high cost

Several variations on time-dependent access were reported where the participant needed protection in a hurry or was temporarily out of barrier protection. Time dependence was sometimes linked to partner insistence on sex, male partner alcohol consumption, or fear of coerced sex without barrier protection. CSWs cited fear of losing a customer.

“I did not have a fresh one (female condom) at the time. At the clinic the provider distributing them was not around, so I had to wash the same condom.”

“Time was running out and it was at night. Who would give me a condom at that time?”

“You know men can be a problem, especially when they are drunk. He will force you to sleep with him without any condom.”

“Well, with some special ones [a commercial partner] you would reuse maybe three times just like that. Even four times if they are fast.”

A distrust of male partners was common. In addition to responses from unmarried women indicating that their partners or partners’ activities were

not well known to them, several respondents reported variations such as they thought their husbands or steady boyfriends had sex with other people or that their partners were not honest in some way. Curiously, three respondents specifically stated that they thought that “men” pricked holes in the tips of male condoms.

“It’s very difficult to trust a man, especially the married ones...”

“...I didn’t trust men with male condoms because I hear some men tend to prick or make a hole at the tip before having sexual intercourse.”

Device characteristics were sometimes mentioned as factors that influenced reuse. Positive characteristics of the female condom reflecting a user perception that the device was sturdy and safe to reuse were reported. Negative risk perceptions of “bare sex” (pregnancy and disease) and the male condom (e.g., breakage) were also mentioned. A note of caution is warranted here: this study only focuses on the context of female condom reuse and can shed no light on how many times and for what reasons these women or others like them resort to unprotected sex or sex using a male condom they fear will fail.

Advice from some kind of social referent such as husband, boyfriend or female friend was mentioned in a few cases as a factor positively influencing the decision to re-use.

7. Perceptions of Packaging and the Effects of Provider Advice

The female condom was originally introduced into Zambia on a limited research basis and was distributed using the Reality® packaging. During this time availability of the device was also limited and the device was perceived, at least by some of the study participants, as being scarce. The product was subsequently (1997) launched by the Zambian Ministry of Health and its partners in both the public and private sectors labeled as the CARE contraceptive sheath. Since that time availability of the device has been relatively good. Most reported instances of reuse in this study involve “old” (Reality® pack) devices. Only three women in this study reported reuse of the “new” (CARE pack) devices, although it is not clear that all respondents classify multiple penetrative sex acts without removal as reuse, a condition that would underestimate reuse (see Types of Reuse, above).

Some women stated that they would not re-use the “new” device because much improved availability since the national launch had obviated the need. However, other women stated that they would not re-use the “new” device because, in their perception, it was not as sturdy as the old device and thus unsuitable for reuse. This is a curious finding given that only the packaging and not the device has been changed.

One explanation for this anomaly may have to do with the effect of provider advice. As stated above, all reusers recruited for this study came from two compounds, both of which are served by peer educators. Several respondents stated that their decision to reuse the “old” type of device was influenced by advice they received from a provider, either a peer educator or a clinic nurse, suggesting that reuse, in the context of scarcity, was an acceptable course of action. It is not possible to separate out whether all reports of reuse in this study came from these two compounds because of the trusting relationships peer educators have established in these areas or because some individual providers in these two compounds, including peer educators, advised at least some women to reuse the device.

In any case, with the recent launch of the product and the consequent improvement in availability, providers who advised reuse in the past may no longer feel that reuse is a practical necessity, while the new packaging provides a perceptual cue to re-track client perceptions towards single use.

At least one participant reported reusing both “old” and “new” devices. At least one other participant reported knowing there was no difference between the “old” and “new” devices but did not engage in reuse of the “new” device because availability was better.

8. Cleaning, Drying, Relubrication and Storage

“The thought of washing it is not so safe, and it’s disgusting - like wearing somebody else’s underwear.”

a. Who Does It

All study participants reported cleaning at least one reused device themselves. One participant, a CSW reported that a friend sometimes cleaned a device.

[Interviewer] “Who would clean the dirt (ejaculate) from the condom?” [Participant] “The [last person to use] the condom. If it was me, I would clean the condom before giving it to my friend and before she returns it she had the obligation of cleaning it.”

[Interviewer] “How long was the waiting period?” [Participant] “About five minutes. One had to be quick, you know, it’s business.”

One participant reported an instance where her husband cleaned the device.

“... we reused [the condom] at night by simply wiping it while it remained intact [inserted]. Early in the morning he wanted us to sleep together [have sex] but then I refused. He started off for work. I thought he had gone just to see him come back. He wanted us to have sex, so he got the used condom, put it in a dish and washed it himself. He wiped it with a clean cloth and forced me to put it on. Reluctantly, I consented. After the act I disposed of it.”

b. Where They Do It

All participants reported engaging in what they thought of as cleaning used devices at the site where they were re-used, either at home or at the place where commercial sex was practiced. One unmarried woman initially used the device at a place other than her home, stored the used device in the original plastic in her handbag and subsequently cleaned and reused the device with a different partner at her home.

The context of commercial sex greatly affected both the patterns of reuse and ergo of cleaning. Both CSWs reported cleaning female condoms at the bars where they worked.

“Well I would carry a pack of five condoms. Then if I would go two rounds with one person just (remove) and wipe in between, then go to another person with the same condom, especially if there are a lot of customers. Then I would pick up another condom and use it with three different partners, just like that.”

“For instance, when I have only one condom, and I am found at a club drinking, then say about four customers approach me to have sex at different times. You know, I am just

after money so I always move with a handkerchief, after sexual intercourse, I just rush in the toilet with a bottle of beer and wipe the condom with the handkerchief and a little bit of beer.”

Both CSWs also reported cleaning some used devices at their homes as well, although neither used a cleaning agent in the process.

c. How They Do It and With What

Given the limited number of study participants, there was a great deal of variation in the procedures used to clean, dry, relubricate and store the female condom.

In the context of reuse variation #1, several participants reported reuse without cleaning between uses. A married woman having sex with her husband said:

“The first time we used the female condom we did not clean it and he went back in his own dirt (ejaculate).”

Although prevention of disease transmission was a common motivation for cleaning, the following quote from a CSW suggests there are others:

“You would not use anything to wash. Yes, we did not know that you needed to wash them to kill the smell until someone told me that if you just wipe it out the dirt (ejaculate) and odor still remain. That’s how the idea of washing came about. We would use a little bit of water and beer here and there.”

It is difficult to be exact about the contexts of reuse variations #2 and #3 (see V.B.4. Types of Reuse, above). Because it is not always clear whether multiple penetrative sex acts occurred within a single sexual activity session, it is likewise sometimes unclear whether a given device was cleaned between individual penetrative sex acts or between sexual activity sessions or, in the context of commercial sex, between partners.

That said, at least one participant reported a fully articulated cleaning sequence consisting of rinse with water, wash with soap and water, wipe dry then hang to air dry, re-lubricate with silicone oil and store in its original package. Other participants reported variations on this, dropping or modifying one or more of the components. For example, reports of initial

rinsing weren't common although this may be a reporting bias. More than one participant reported rinsing with water without use of a cleaning agent.

"...we would never use any soap. It was just plain water. You know when you use soap, the condom wears out very quickly so it's advisable not to use soap."

A variety of agents were reportedly used to clean the female condom between uses. These agents included water, bathsoap, laundry detergent, Dettol (an antiseptic) and beer. Although these are referred to here as cleaning agents, whether or not plain water or beer actually resulted in a clean device is an open question. The reported use of Dettol raises the question of potential hazards resulting from use of substances that may irritate tissue.

Only four interviews made specific comment of cleaning the device's internal ring. Three respondents reportedly left the ring inside the condom during cleaning. One of these respondents was fearful that removing the ring would damage the condom. One respondent reported removing the ring to clean it (water only) but the removal turned out to be problematic in that she became unsure whether or not she had inadvertently turned the device inside out. This uncertainty caused her to be anxious when she re-used the device and influenced her decision not to reuse that device a second time.

In some cases the drying sequence varies, for example one participant reported hanging the device to dry prior to wiping it dry. Another participant reported shaking the device dry prior to laying it in a cool place to air dry. Several participants used a hang dry method at some point, although at least one participant was fearful that hanging the device might damage it. In several instances the need for reuse was time dependent and no drying or storage was involved.

[Interviewer] "Were there any times you stored them to be reused again?"

[Participant] "There was no time for that, it was express!"

Some participants did not re-lubricate the device prior to reuse, some even after removal and cleaning. Among those who chose to re-lubricate the condom between uses, a variety of agents were used. These agents included Reality® lubricant (packaged with the "old" type devices), various kinds of

cooking oil, Vaseline and glycerin. About half of the participants reported re-lubricating at least one reused device both inside and outside. Re-lubricating the inside only was reported, as was re-lubricating the outside only. It was not clear in some cases exactly what may or may not have been re-lubricated with each device.

In cases where the device was stored for some period of time prior to reuse, placing the condom back in its original packaging or in some other plastic bag was common. One respondent reported putting a device in a clean handkerchief. Other places where female condoms were stored (whether in a plastic bag or not) included under pillow, between folded clothes and in handbags.

9. Problems With Reuse

All participants were queried about whether or not they experienced problems associated with reuse. Please note that although some participants reported problems with initial use, these are not addressed in this report because of the substantial literature that already exists on that topic.

Most participants reported that there were no problems associated with reuse for either partner. One participant who did not re-lubricate the device prior to reuse reported that the reused device caused both her and her partner discomfort during intercourse. She reported no further reuse. One participant reported that initial reuse caused her some irritation after intercourse and her partner experienced problems with the device twisting. Both of these problems apparently resolved themselves, possibly because of better device positioning, and the couple continued to reuse. One participant reported that she experienced some irritation after intercourse with initial reuse but that this did not occur with later reuse, presumably because she learned something about lubrication, placement or some other reuse factor with practice. This participant also reported that having to clean the reused devices was too much bother. One participant reported that when she cleaned the device she became confused about which side was the inside and which was the outside. One participant, when asked about pain or irritation, reported that:

"... I usually have abdominal pains, so even if the female condom was to cause me some pain I wouldn't know."

The participants in this study could only report problems experienced by their male partners if their male partners made these problems known.

[Interviewer] "Did you experience any problems related to female condom reuse?"

[Participant] "No." [Interviewer] "What about your husband, did he say anything?"

[Participant] "No, most of the time he would be drunk."

[Interviewer] "What problems did you experience when you reused it?" [Participant] "It was very difficult to insert, and it felt hard because it has no lubrication."

[Interviewer] "Did your partner say anything?" [Participant] "No, he did not."

[Interviewer] "Did he notice any difference?" [Participant] "He did not say anything."

The context of reporting male partner problems with reuse is unique for the two CSWs in the study because of the high volume of partners and because partners of both CSWs were said to be unaware of reuse. One CSW reported that her partners had no problems. The other said:

"I had no problems but for the men, I guess some had problems because ...one approached me and accused me of giving him a disease."

There is no way to determine whether the male partner in question did actually acquire an STD as a result of female condom reuse.

10. How Does One Know When to Stop?

Most, but not all, respondents gave some indication as to factors influencing their decision to stop using a particular device after some number of reuses. Most reasons had to do with a perception that the device was becoming too thin or too hard to use. It is worth noting that although some participants were worried about breakage, there were no reports of female condom breakage in this sample. One participant reported that she became confused when cleaning the device and could not tell whether the device was inside out or not. She became afraid to reuse the device further for this reason. More than one participant reported that they only reused the device under special circumstances where no other means of protection was practicable. Presumably their reason for no further reuse was the ability to later secure some other means of protection.

Some participants continued to reuse the device while others reported that they no longer reused. It was not possible in all cases to determine precisely whether or not reuse had stopped. Some participants who did stop gave more than one reason why they quit the practice of reuse. Reasons for stopping reuse as a practice that were reported by more than one participant included:

- Improved availability of the product
- Some problem or adverse experience with reuse
- Provider advice against using the “new” devices that are distributed now
- A perception that the “new” devices distributed now are not as strong as the devices that were distributed earlier (see Perceptions: Packaging and the Effects of Provider Advice, above)

One participant mentioned that the fact that the device packaging no longer included supplemental lubricant was a factor influencing her decision not to reuse.

11. “Can Love Be Controlled By Advice?” (John Gay, *The Beggar’s Opera*, 1728)

Participants were asked to comment on whether or not they thought reuse was an advisable practice either for themselves or for other women. They were also asked whether or not they intended to re-use the device in the future. Not all women provided clear answers for these questions or gave supporting rationales for the answers they did provide. The sample evenly divided into those who thought reuse was advisable and those who did not.

When commenting on the advisability of reuse for themselves, one theme that was voiced by both proponents and opponents was availability. More than one respondent who thought reuse was generally advisable said they did not currently reuse because availability was good now. Conversely, more than one respondent who thought reuse was not advisable now said they might be inclined to reuse if the device became scarce in the future.

Proponents of reuse for other women typically provided a qualifier for their advice. They thought it was okay for other women to reuse if:

- they don't reuse a device more than X times (X varied by proponent)
- they use a device like the proponent does (use parameters varied by proponent)
- they know how to clean a device (cleaning procedures varied by proponent)
- they know how to reuse a device (tautology)
- they don't have any problems with reuse

Some reasons offered as to why reuse was not advisable for other women were related to cleaning the device.

[Interviewer] "What do you think of reusing? Is it a good idea?" [Participant] "No. This causes diseases, especially if you forget to wash it. You never know. These diseases are a bit funny."

Other opponents of reuse for other women cited concerns about using the "new" device but it was difficult to determine from the context of the interview whether this was due to provider advice, product perception or improved availability.

VII. Discussion and Conclusions

This study provides definitive documentation of female condom reuse, a practice that has been often reported anecdotally. The data from Zambia suggest that reuse may become common under some circumstances, although the data from Bolivia (or lack of it) suggest that under certain other circumstances it may rarely occur.

The affirmative evidence from Zambia comes from interviews with twelve women. This is not a large number. They were not randomly chosen. No parameter estimations are derivable from the data. From a statistician's view, this was a weak study. However, turning an eye towards the broad interpretation of scientific validity, these twelve women have provided us, in their own words, with rich detail about a phenomenon we heretofore knew very little about. This tiny study gives us a much better understanding of the motivations and mechanics of female condom reuse. These insights can now be used to improve the quality of larger and more statistically satisfying research that may follow.

In general the initial use of qualitative methods to describe, define and provide appropriate language can often strengthen subsequent quantitative efforts which depend on knowing which questions to ask and how best to ask them, for the ultimate validity of their results. In particular, this study suggests the necessity of further research into:

- the safety and efficacy of various cleaning, drying, re-lubrication and storage procedures,
- the safety and efficacy of various cleaning (eg. beer), and re-lubrication (eg. cooking oils) agents,
- the limits of structural integrity under reuse conditions,
- male partner perceptions of reuse,
- counseling messages, and
- provider training regarding reuse issues.

It is likely that as the female condom becomes more and more available on a global scale, the absolute level of reuse will rise. Further, given the suggested role that availability plays in limiting or exacerbating reuse, it is likely that poor program support will result in higher relative reuse levels, particularly in resource poor settings. In this context continued research on the dangers and possible safe practices associated with female condom reuse is a moral imperative that can not be separated from efforts to make the device more widely available. Program guidance for female condom reuse is urgently needed in areas where the device is already widely distributed. If reuse of the device is not safe, this must be stated clearly, without delay, and emphasized in distribution programs. If the reuse of the device is safe, or only safe under certain circumstances, or even safer under certain circumstances than others, this should also be made clear so that women can benefit from this knowledge.

Future research into female condom reuse should not ignore what the women in Zambia have told us. These women have said that people are very imaginative and make creative use of materials at hand. They have told us that people will, by and large, do what they are asked to do if we make it easy for them. Instructions from providers clearly count towards adherence. Under circumstances where doing the “right” thing is difficult or impossible, some women are willing to take risks associated with an imperfect method in order to try and protect themselves, even if it means

going against a provider's advice. To do this, women will look for what they think to be valid physical evidence, in addition to inevitable reliance on their own base of applicable knowledge, however valid that may be. To the extent that women are misled by mistaken perceptions of physical evidence or gaps in their applicable knowledge base, they may expose themselves to increased danger. Providers of the female condom have an opportunity to shape responses to reuse for the better, rather than leaving women to devise their own "common sense" solutions. And, it is incumbent on the research community to provide a solid scientific foundation on which the provider's advice can depend.

Future research into female condom reuse should not ignore what the women in Bolivia have suggested to us either. It is not enough for research on sensitive topics to be well funded, well designed, well implemented, and motivated by a desire to help the population from which the study subjects are drawn. This kind of research can only be effectively carried out in an atmosphere of respect and mutual trust, the parameters of which are largely determined by the research subjects themselves.

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Appendix 1 - Screening Questionnaire and Advertisements

**QUALITATIVE RESEARCH ON FEMALE CONDOM REUSE
SCREENING QUESTIONNAIRE**

I. Eligibility determination

Age (yrs): _____

Educational Level: _____ no formal education
(check one) _____ at least some grade school
_____ at least some high school
_____ at least some college

Relationship Status: _____ living with a primary sexual partner
(check one) _____ not living with a primary sexual partner

Have you ever used the Female Condom?

_____ yes
_____ no

Have you ever re-used the Female Condom, that is, have you ever used the same device more than once?

_____ yes
_____ no

INTERVIEWER: IF ANY PARTICIPANT HAS NOT ATTAINED THE AGE OF MAJORITY OR HAS NEVER RE-USED THE FEMALE CONDOM, THEY ARE INELIGIBLE AND THE INTERVIEW SHOULD BE TERMINATED.

Appendix 2 - Discussion Guide

**QUALITATIVE RESEARCH ON FEMALE CONDOM REUSE
DISCUSSION GUIDE**

I. Eligibility Reconfirmation

Age (yrs): _____

Have you ever re-used the Female Condom, that is, have you ever used the same device more than once?

_____ yes _____ no

INTERVIEWER: IF ANY PARTICIPANT HAS NOT ATTAINED THE AGE OF MAJORITY OR HAS NEVER RE-USED THE FEMALE CONDOM, THEY ARE INELIGIBLE AND THE INTERVIEW SHOULD BE TERMINATED.

II. Research Study Information

Site: _____

Participant Number: _____

III. Background information

Educational Level: _____ no formal education
(check one) _____ at least some grade school
 _____ at least some high school
 _____ at least some college

Marital Status: _____ married
(check one) _____ single

Relationship Status: _____ living with a primary sexual partner
(check one) _____ not living with a primary sexual partner

QUALITATIVE RESEARCH ON FEMALE CONDOM REUSE DISCUSSION GUIDE

Domain 1 - Motivations for re-using the female condom

Ask the participant what made her think to re-use the device. Encourage the participant to describe the processes she originally used to decide to re-use. During the discussion try to elicit from the participant how the relative importance of pregnancy prevention and protection against STD factors into her motivations to re-use. During the discussion try to elicit from the participant how issues of cost and availability factor into her decision to re-use.

Domain 2 - Patterns of Reuse

Ask the participant to describe her pattern of female condom reuse. Every participant will have a unique set of experiences. However, during the discussion try to determine the following parameters, if applicable:

- * Has she re-used more than one device? If more than one, try to get a maximum number of devices re-used
- * What conditions influence her reuse. Ask her to describe a typical reuse episode, if applicable.
- * How does she determine when to stop re-using a device? Does she re-use a device a set number of times? Does she re-use until the device fails? If she re-uses until failure, try to get a maximum number of re-uses
- * How does her partner or partners affect reuse? For women with multiple partners, does she re-use with some and not others? Why?
- * Does she use other FP methods concurrently or alternately with female condom reuse?
- * Is she sometimes unable to re-use a device when she wants to?
- * Does she ever borrow a device from someone else or lend a device to someone else. If she does, ask her to describe the circumstances around the borrowing and/or lending.

Domain 3 - Cleaning/Drying/Storing/Lubricating Practices

Ask the participant whether or not she cleans the device between uses. If she does, ask her to describe her method or methods of cleaning the device, including any cleaning agents. Ask her if she dries the device. If she does, ask her to describe her method or methods of drying. Ask the participant how and where she stores the device between uses. Does she have a special place or storage container? Ask the participant if she re-lubricates the device prior to reuse. Ask her to describe her method or methods or re-lubrication. In particular, ask her what lubricating substances she uses.

Domain 4 - Perceived Problems Related to Reuse

Ask the participant whether or not she or her partner(s) have experienced any problems related to reuse of the device? Remind her that problems could be physical, psychological or social. Ask her to describe each problem she reports and give an opinion about its importance (e.g. major/minor).

Domain 5 - Perceptions of reuse as an advisable practice

Ask the participant if she thinks that re-using the device is advisable for her. Ask the participant if she thinks it is advisable for other women, and under what conditions? Ask the participant if her original motivations for re-using the device have changed any as a result of her reuse experiences. Ask the participant if she intends to re-use the device in the future? If not, why not?

Appendix 3 Informed Consents

(FOR BOLIVIA)
FAMILY HEALTH INTERNATIONAL
INFORMED CONSENT FOR INTERVIEWS

Name of Research Study:

Qualitative Research on Female Condom Reuse Among Women in Various Settings.

Principal Investigator

Dr. Pilar Sebastian Abela
PROSALUD
Ave. Isabel la Católica No. 810
Casilla No. 1231
Santa Cruz, Bolivia
Phone: 529-477 Fax: 526-823

Introduction

The Consent Form contains information about the research study named above. To be sure that you are informed about this research study, we ask that you have this Consent Form read to you. If you agree to join the research study, the interviewer will sign the form to record your agreement. This research study has been approved by the ethics review committee of Family Health International.

Reason for the Research Study

You are being asked to join in a research study to help us understand reuse of the female condom. We want to learn why women re-use the condom and how they re-use it, We want to learn how they clean and store the condom. We want to find out if they have any problems with reuse.

Information About the Research Study

We plan to talk privately with women who have re-used the female condom. We will talk with each woman who joins the research study one time. Our talk will last about one hour. We prefer to tape record our talk, but that is not required. If you prefer not to tape record our talk, you can tell the interviewer now. Then, during our talk, she will make notes of things that are said. About 30 women from two sites will be in this research study. Once we talk with all the women, we will write a report on our findings.

Your Part in the Research Study

Your part in the research study will take about one hour. If you agree to be in the research study, you will be asked some questions about your reuse of the female condom. Your being in this research study is voluntary. There is no penalty if you decide not to be in the study.

Benefits and Risks

What we learn from this research study may not help you now. Later, it may help protect your health and the health of others. We hope to learn useful things about how to keep from getting pregnant and keep from getting disease passed by sex.

There is a chance that things we discuss may make you feel uncomfortable. You may refuse to answer any question at any time. You may ask to stop the tape machine at any time. You may end our talk at any time.

Confidentiality

We will talk with you in a private place. Your name will not be on any research study papers or tapes. We will use a number instead of your name. We will keep research study papers and tapes locked in a secure place. Only researchers who need to review the papers and tapes will be able to use them. We will write a report about our findings. Your name will not appear in this report. This report may help other researchers conduct other studies of female condom reuse. The results of this research study may also be published to share knowledge with others. If the results of this research study are published, your name will not be shown. The audio tapes of the interviews will be destroyed once the research study is complete. Information gathered during the interviews will only be used for the purposes of this research study.

Compensation

You will be paid for transportation costs to and from this interview.

Leaving the Research Study

Remember -- You can decide not to join the research. If you do join, you may decide not to answer any question and you may end the interview at any time. Your participation is voluntary and there is no penalty for refusing to take part.

Contact for Questions

If you have any questions after this paper has been read or after your interview has begun, please contact:

Dr. Pilar Sebastian Abela
PROSALUD
Ave. Isabel la Católica No. 810
Casilla No. 1231
Santa Cruz, Bolivia
Phone: 529-477 Fax: 526-823

If you have any questions about your rights as a research study participant, you may contact:

David Borasky, Institutional Representative, Protection of Human Subjects Committee, PO Box 13950, Research Triangle Park, NC 27709 USA at phone number 919/544-7040, fax number 919/544-7261 or electronic mail at dborasky@fhi.org.

(FOR BOLIVIA)
ORAL INFORMED CONSENT FOR INTERVIEWS

Every aspect of the research outlined above has been fully explained to the volunteer in her native language, _____(specify).

Date Signature of Person Obtaining Consent

(FOR ZAMBIA)
**FAMILY HEALTH INTERNATIONAL
INFORMED CONSENT FOR INTERVIEWS**

Name of Research Study:

Qualitative Research on Female Condom Reuse Among Women in Various Settings.

Principal Investigator

Gladys Nkhama
CARE Zambia
Health Sector Office
Nangwenya Road
PO Box 36238
Lusaka, Zambia
Phone: 255-162 Fax: 252-605

Introduction (for literate participants)

This Consent Form contains information about the research study named above. In order to be sure that you are informed about this research study, we ask that you read this Consent Form. If you agree to join in the research study, both you and the person obtaining your consent will sign the form to record your agreement. This research study has been approved by the ethics review committee of Family Health International.

Introduction (for illiterate participants)

The Consent Form contains information about the research study named above. To be sure that you are informed about this research study, we ask that you have this Consent Form read to you in front of a witness. If you agree to join the research study, the interviewer and the witness will sign the form to record your agreement. This research study has been approved by the ethics review committee of Family Health International.

Reason for the Research Study

You are being asked to join in a research study to help us understand reuse of the female condom. We want to learn why women re-use the condom and how they re-use it. We want to learn how they clean and store the condom. We want to find out if they have any problems with reuse.

Information About the Research Study

We plan to talk privately with women who have re-used the female condom. We will talk with each woman who joins the research study one time. Our talk will last about one hour. We prefer to tape record our talk, but that is not required. If you prefer not to tape record our talk, you can tell the interviewer now. Then, during our talk, she will make notes of things that are said. About 30 women from two sites will be in this research study. Once we talk with all the women, we will write a report on our findings.

Your Part in the Research Study

Your part in the research study will take about one hour. If you agree to be in the research study, you will be asked some questions about your reuse of the female condom. Your being in this research study is voluntary. There is no penalty if you decide not to be in the study.

Benefits and Risks

What we learn from this research study may not help you now. Later, it may help protect your health and the health of others. We hope to learn useful things about how to keep from getting pregnant and keep from getting disease passed by sex.

There is a chance that things we discuss may make you feel uncomfortable. You may refuse to answer any question at any time. You may ask to stop the tape machine at any time. You may end our talk at any time.

Confidentiality

We will talk with you in a private place. Your name will not be on any research study papers or tapes. We will use a number instead of your name. We will keep research study papers and tapes locked in a secure place. Only researchers who need to review the papers and tapes will be able to use them. We will write a report about our findings. Your name will not appear in this report. This report may help other researchers conduct other studies of female condom reuse. The results of this research study may also be published to share knowledge with others. If the results of this research study are published, your name will not be shown. The audio tapes of the interviews will be destroyed once the research study is complete. Information gathered during the interviews will only be used for the purposes of this research study.

Compensation

You will be given Kwacha 10,000 to compensate you for your time.

Leaving the Research Study

Remember -- You can decide not to join the research. If you do join, you may decide not to answer any question and you may end the interview at any time. Your participation is voluntary and there is no penalty for refusing to take part.

Contact for Questions

If you have any questions after this paper has been read or after your interview has begun, please contact:

Gladys Nkhama
CARE Zambia
Health Sector Office
Nangwenya Road
PO Box 36238
Lusaka, Zambia
Phone: 255-162 Fax: 252-605

If you have any questions about your rights as a research study participant, you may contact:

David Borasky, Institutional Representative, Protection of Human Subjects Committee, PO Box 13950, Research Triangle Park, NC 27709 USA at phone number 919/544-7040, fax number 919/544-7261 or electronic mail at dborasky@fhi.org.

(FOR ZAMBIA)
VOLUNTEER AGREEMENT

The above document describing the risks, benefits and procedures for the research study titled “Qualitative Research on Female Condom Reuse” has been read and explained to me in my local language. I agree to take part as a volunteer.

Date Signature of Volunteer

Date Signature of Person Obtaining Consent

For Illiterate Participants:

I was present while the above information was presented to	
_____ (Participants Name)	
All her questions were answered.	
_____ (Signature of Witness)	_____ Date
Every aspect of this research study outlined in the above document has been fully explained to the participant in her local language. The participant has been given a copy of the Consent Form	
_____ Signature of Person Obtaining Consent	_____ Date

Appendix 4 – Site Report: Bolivia

**Investigación Cualitativa
acerca de la Reutilización del
Condón Femenino Reality®**

Santa Cruz, Bolivia

Presentado a:
FAMILY HEALTH INTERNATIONAL

Presentado por:
PROSALUD

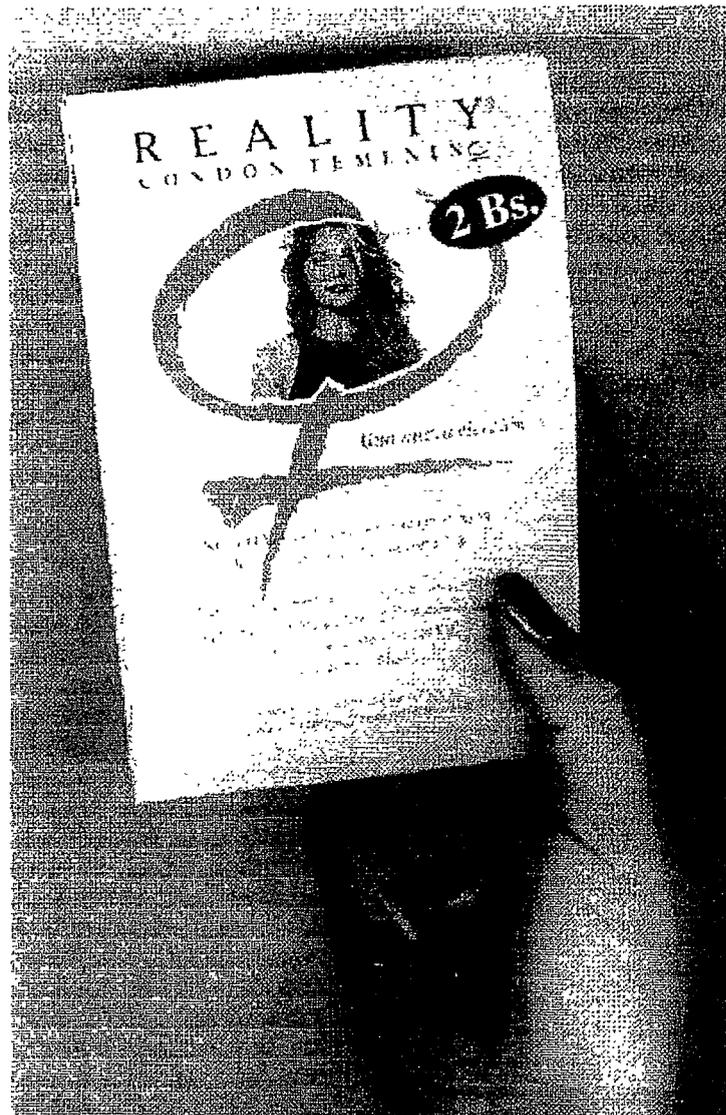
Cooperative Agreement No. CCP-A-00-95-00022-02
Subagreement No.6389-1: Bolivia: Quality Research on Female Condom Re-use.
Amendment No.2

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**Investigación Cualitativa
acerca de la Reutilización del
Condón Femenino Reality®**

Santa Cruz - Bolivia

Introducción

La presente investigación cualitativa acerca de la reutilización del condón femenino Reality ®, realizada en la ciudad de Santa Cruz, Bolivia. La misma, se ha llevado a cabo con el conocimiento de que este producto utilizado como método de planificación familiar y prevención de enfermedades venéreas, no ha tenido un lanzamiento oficial ni presentación alguna, a través de los medios tradicionales de comunicación.

Por esta razón y con la hipótesis que el público femenino boliviano en general no conoce este producto ni sus beneficios, es que esta investigación se ha aplicado a un grupo relativamente pequeño usuario del condón femenino Reality ®: las trabajadoras sexuales.

En el momento de la aparición del Reality ® en Bolivia, en 1996, se llevaron a cabo actividades de promoción y capacitación con las trabajadoras sexuales acerca de su correcta utilización.

Dada la actividad sexual y laboral a las que estas personas están expuestas, es que se supone que este grupo homogéneo tiene más experiencia con el condón femenino. Por esta razón el trabajo de campo fue dirigido a este público específico.

Antecedentes del Condón Femenino Reality ®

Desde su aparición en Suiza en el año 1992, el condón femenino ha sido aprobado como un producto para ser utilizado una sola vez y fue comercializado en 13 países. Actualmente, USAID está evaluando la demanda del producto en 19 países.

Una evaluación reciente de UNAIDS demuestra que la demanda mundial aumentó de 1,1 millones en 1997, a 1,8 millones en 1998.

No obstante, se desconoce casi todo acerca de la seguridad y eficacia de este producto bajo condiciones de reutilización y el riesgo tanto de embarazo como de Enfermedades de Transmisión Sexual (ETS's), el cual podría ser considerable. Igualmente se desconoce los efectos de irritación del tejido genital, y si este método actúa como conducto de introducción para otros agentes patógenos.

Descripción del Condón Femenino

El condón femenino Reality ®, es una funda de poliuretano que se inserta en la vagina antes del acto sexual, con el fin de dar a la usuaria protección contra el embarazo y las Enfermedades de Transmisión Sexual.

Objetivo General de la Investigación

Proporcionar información cualitativa respecto a la reutilización del condón femenino, mediante entrevistas a un número pequeño de mujeres que, por su propia iniciativa y en contra de las instrucciones en el paquete, ya han reutilizado el producto.

Objetivos Específicos

- Identificar las motivaciones para su reutilización.
- Identificar los patrones de reutilización.
- Identificar las prácticas de limpieza, secado y conservación.
- Identificar los problemas encontrados y reportados como resultado de la reutilización.

Diseño de la Investigación

El estudio de investigación es de naturaleza cualitativa y exploratoria.

Se realizaron entrevistas semiestructuradas con mujeres adultas, autoidentificadas como reutilizadoras del condón femenino.

Debido a la naturaleza delicada del tema, en lugar de grupos focales, se realizaron entrevistas individuales.

Grupo objetivo de la investigación



Meretrices de lenocinios y de la calle

Lugar : Ciudad de Santa Cruz de la Sierra
Número : 707 trabajadoras sexuales

Tamaño del estudio de la investigación

El tamaño del estudio de investigación debía ser lo suficientemente importante para permitir una gran variedad de experiencias relativas a la reutilización, sin embargo, se debe aclarar que el propósito del estudio no intentaba apoyar análisis cualitativos.

Se llevaron a cabo 707 encuestas, de las cuales 277 (39 %) se declararon como utilizadoras regulares del producto y 430 (61 %) afirmaron no haber utilizado nunca el condón.

Criterios de inclusión

La participación en el estudio fue voluntaria, tomando en cuenta con los siguientes criterios:

- Edad: De 18 a 55 años
- Experiencia con la reutilización del condón femenino.

Entrevistas

Las entrevistas fueron grabadas en cintas de sonido y se llevaron a cabo en un entorno privado, de acuerdo a las especificaciones planteadas por el convenio entre FHI y PROSALUD, siguiendo la guía del diálogo, que abarca cinco temas de interrogantes referentes a la reutilización:

- ✓ Patrones
- ✓ Motivaciones
- ✓ Prácticas de lavado, secado y guardado.
- ✓ Problemas encontrados.
- ✓ Percepciones acerca de la posibilidad de la reutilización.

Perfil de las trabajadoras sexuales

- **Nivel educativo**
Bajo a medio de educación, salvo algunas excepciones que han tenido base de formación universitaria.
- **Nivel social**
Clase baja, en su mayoría
- **Edad**
De 20 a 30 años
- **Motivación principal para su ocupación**
La mayoría son madres. sin pareja. Normalmente, la economía en su hogar depende directamente de ellas.

Problemática laboral de las trabajadoras sexuales

- Cada meretriz tiene un número de cartón con el cual se identifica, además de un nombre ficticio.
- Cada una debe pagar la suma de Bs. 25, semanalmente para conseguir su permiso de trabajo correspondiente.
- Las meretrices de un determinado lenocinio tienen un día marcado entre semana para visitar al Centro de Investigación sobre enfermedades de Transmisión Sexual (CIETS), dependiente del Ministerio de Salud, con el fin de recibir una consulta médica.
- Los propietarios de lenocinio sólo les permiten trabajar con el permiso otorgado por el CIETS y la autoridad policial.

Conflictos que enfrentan las trabajadoras sexuales

Los conflictos más comunes que surgen en este mercado son los siguientes:

- ✓ Negociar con el cliente el precio de la "pieza" (relación).
- ✓ Negociar con el cliente el uso del condón.
- ✓ Cuidar que el cliente no rompa o retire el condón durante la relación.
- ✓ Evitar ser agredida sexual, física, psicológica y emocionalmente.
- ✓ Luchar diariamente con la competencia.

Patrones de comportamiento de las trabajadoras sexuales en el proceso de la investigación

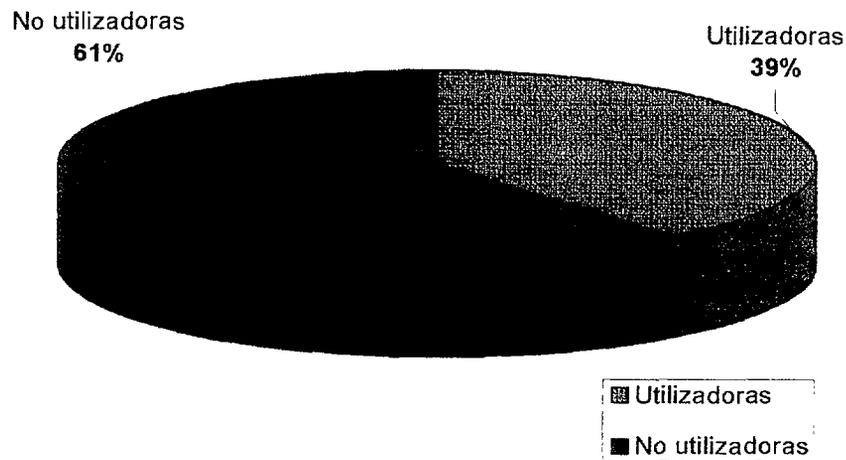
La investigación mostró ciertos patrones de comportamiento que asumieron las trabajadoras sexuales durante la recolección de la información:

- ◆ Cansancio, debido a que llegan al CIETS directamente del “trabajo”, agotadas por la noche anterior y el desvelo.
- ◆ Siempre tienen prisa, ya que deben volver a casa para realizar sus labores dormir por la tarde y volver al trabajo la misma noche.
- ◆ No les gusta “perder el tiempo”, en actividades que ellas creen saber.
- ◆ Son reacias a escuchar y concentrar su atención en mujeres “normales” que se “preocupan” por ellas, pues se sienten avergonzadas, y criticadas.
- ◆ Asumen una actitud a la defensiva, porque se sienten “conejiillo de indias”.

Capacitación que reciben las trabajadoras sexuales en el Centro de Investigación sobre Enfermedades de Transmisión Sexual, CIETS

- ✓ Temas sobre el SIDA, etiología, modo de contagio, síntomas y medidas de control.
- ✓ Uso del condón: masculino principalmente y femenino como alternativa.
- ✓ Métodos de Planificación Familiar/Prevención del embarazo.
- ✓ Negociación con los clientes sobre la utilización del condón.
- ✓ Prevención de enfermedades venéreas.
- ✓ Reconocimiento de tipos de violencia laboral y doméstica: Física, psicológica, emocional y sexual.
- ✓ Ayuda emocional y auto estima.
- ✓ Alimentación y desgaste físico
- ✓ Negociación del precio por pieza (relación).
- ✓ Legislación laboral (deberes y derechos).

Porcentaje de Utilizadoras y No utilizadoras del Condón Femenino Reality ®

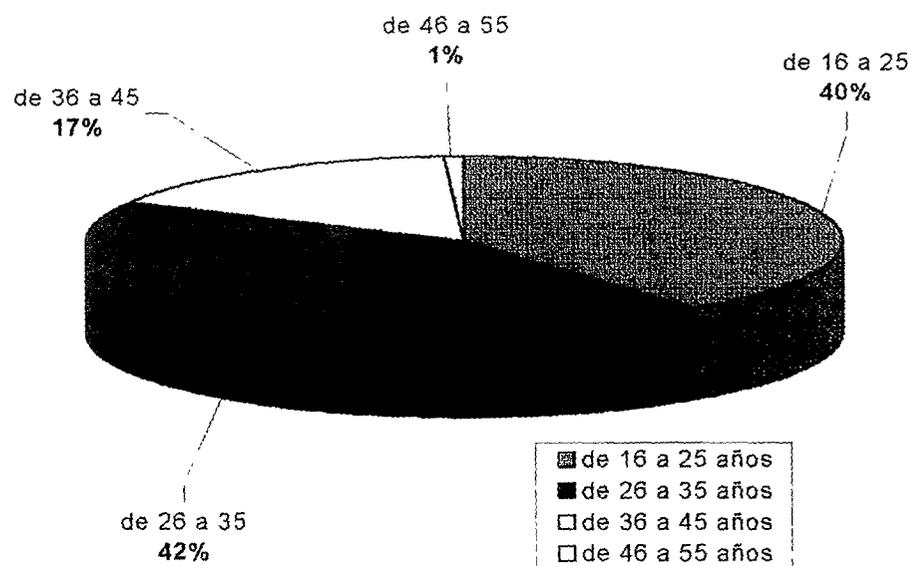


Del total de encuestas en el estudio, es decir 707 trabajadoras sexuales, 277 de ellas se autoidentificaron como utilizadoras regulares y en menor porcentaje, ocasionales del condón femenino Reality ®, dato que corresponde al 39 % del resultado global.

El 61 % restante de trabajadoras sexuales, nunca han tenido la experiencia de utilización de este condón. Este porcentaje corresponde a un total de 430 mujeres. de las cuales 40 de ellas se sorprendieron dado que nunca escucharon mencionar este producto e ignoraban totalmente su existencia.

UTILIZADORAS

Porcentaje de edad

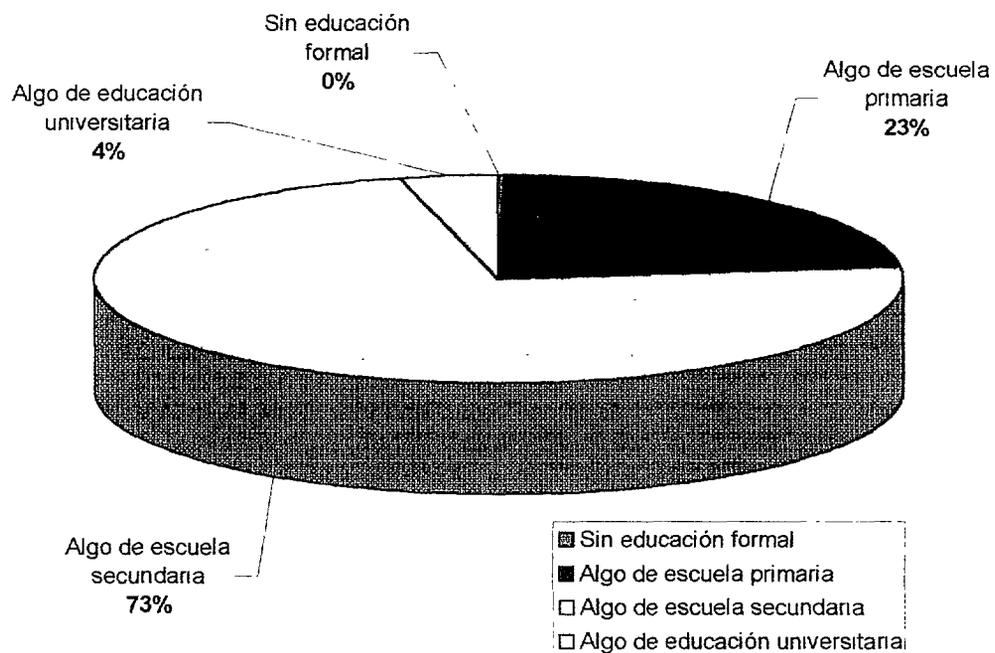


Del 100 % de las trabajadoras sexuales identificadas como utilizadoras del condón femenino, el 42 % de ellas oscilan entre los 26 a 35 años de edad y el 40 % oscilan entre 16 a 25 años, porcentajes que permiten concluir que el condón femenino es utilizado por un público de trabajadoras sexuales jóvenes.

El 18 % restante corresponde a 36 años adelante

UTILIZADORAS

Nivel educativo



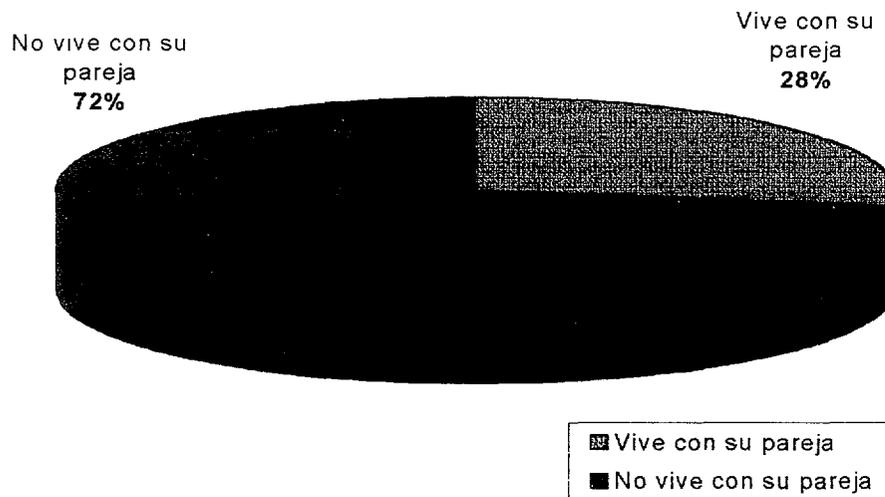
En el nivel educativo de las utilizadoras del condón femenino, se observa un 73 % de mujeres que han asistido a la escuela hasta el nivel secundario. Le sigue con notable diferencia, un 23 % que han asistido solamente hasta la escuela primaria.

En la tabulación de las encuestas, y en el cruce de variables **nivel educativo** y **edad** se observó que el 73 % de mujeres que han asistido a la escuela, son mujeres jóvenes, en su mayoría.

El 4 % de mujeres encuestadas han recibido educación universitaria.

UTILIZADORAS

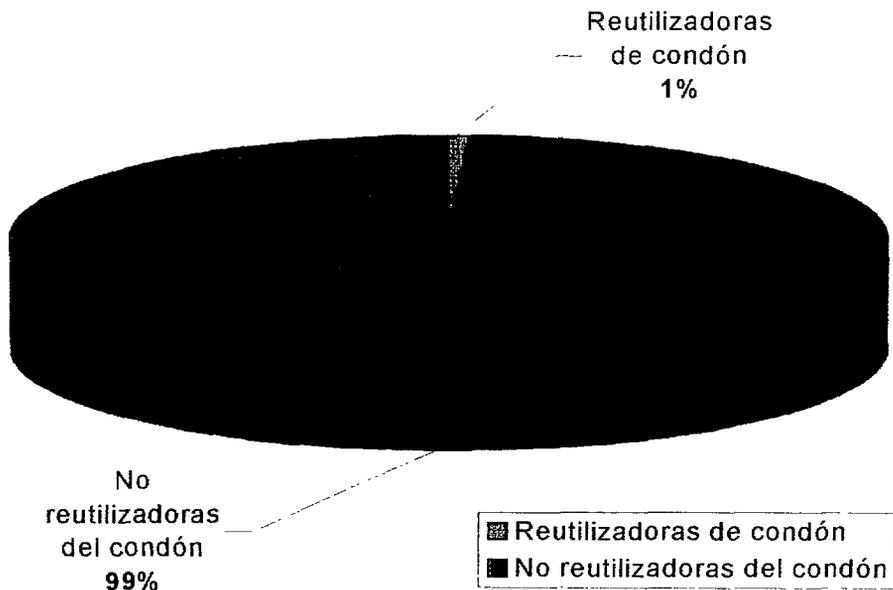
Estado de relación con pareja



Esta variable permite deducir que la mayoría de las trabajadoras sexuales utilizadoras del condón femenino, el 72 % viven solas sin pareja principal.

Sin embargo, existe un porcentaje apreciable, 28 %, que vive con su pareja principal y se cuidan para no contagiarla, aunque la principal razón para usar el condón femenino es la prevención de las Enfermedades de Transmisión Sexual, dado que la mayoría de los clientes se niegan a usar el condón masculino. Otra razón de uso es el menor contacto sexual que se ejerce al utilizar el Reality ®.

Porcentaje de REUTILIZADORAS del condón femenino

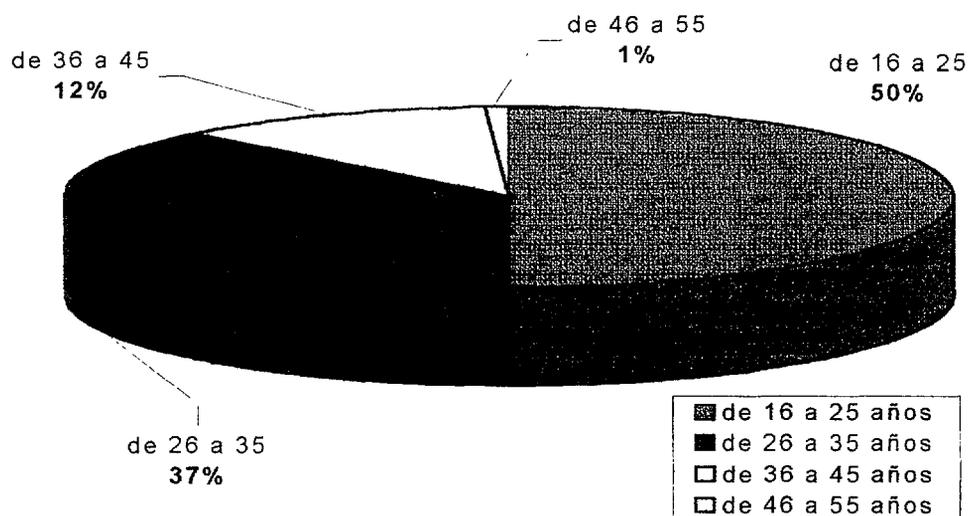


El 39 % de trabajadoras sexuales se identificaron utilizadoras regulares del condón femenino Reality ®, pero solamente 1 % de estas últimas afirmaron haber utilizado más de una vez un mismo producto para diferentes contactos sexuales.

La motivación principal para reutilizar un mismo producto depende de la ocasión, dado el tipo de trabajo al que se dedican

NO UTILIZADORAS

Porcentaje de edad



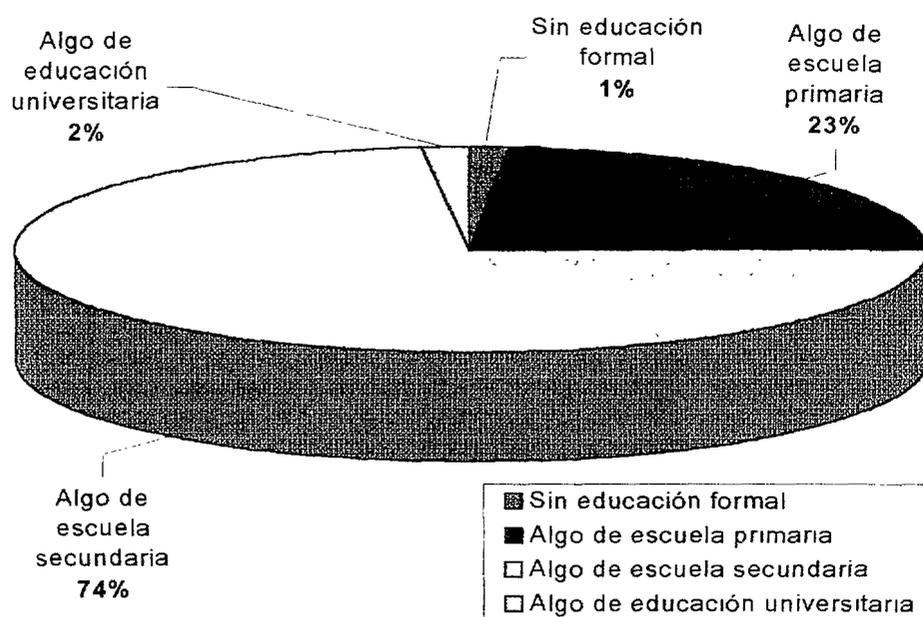
En la variable edad de las **trabajadoras sexuales No utilizadoras** del condón femenino, se puede observar el más alto porcentaje entre los 16 a 25 años, correspondiendo a un 50 % del total.

Le sigue un 37 % de las trabajadoras sexuales con edades entre los 26 a 35 años.

Se ha podido observar que el número de mujeres que se dedican a esta actividad se incrementa día a día y cada vez son más jóvenes.

NO UTILIZADORAS

Nivel educativo

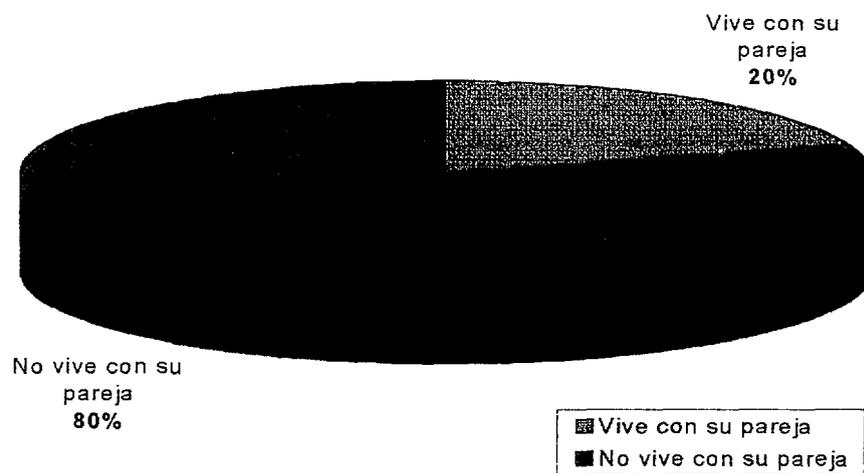


El **nivel educativo** de las No utilizadoras es de 74 % de trabajadoras sexuales que han recibido educación del nivel secundario.

El 23 % pertenece a las trabajadoras sexuales que han recibido solamente educación primaria.

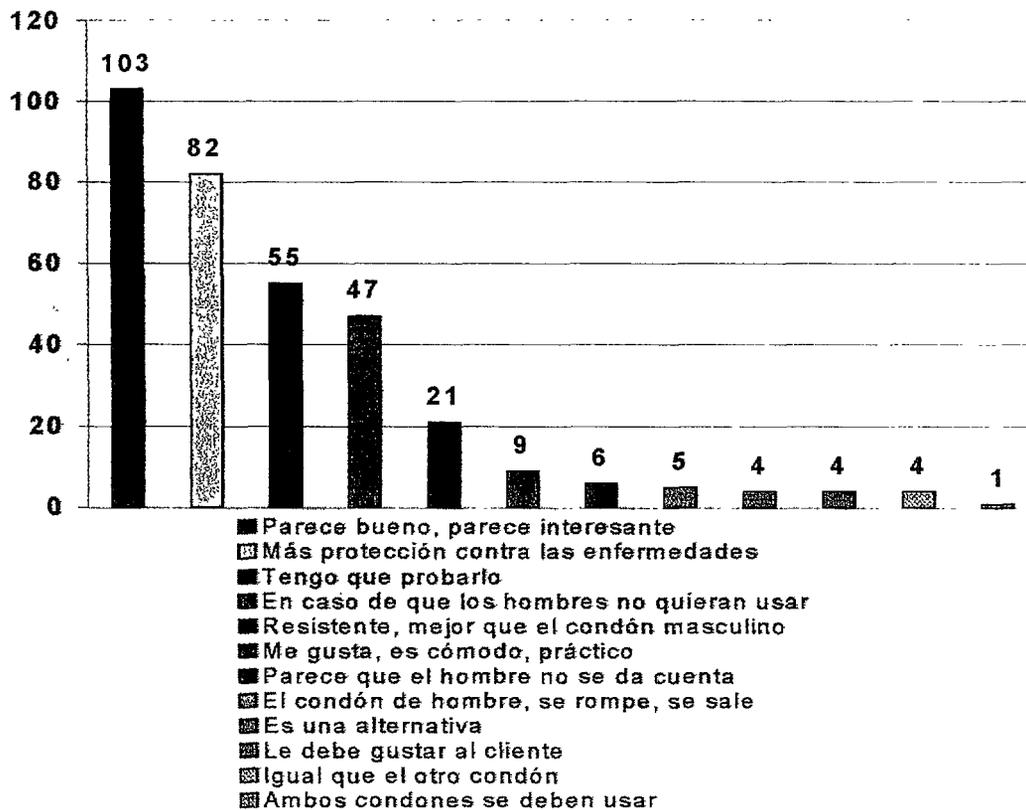
NO UTILIZADORAS

Estado de relación con pareja



El 80 % de las trabajadoras sexuales no vive con su pareja sexual principal, a diferencia del 20 % restante que sí lo hace, y en la mayoría de los casos son parejas matrimoniales.

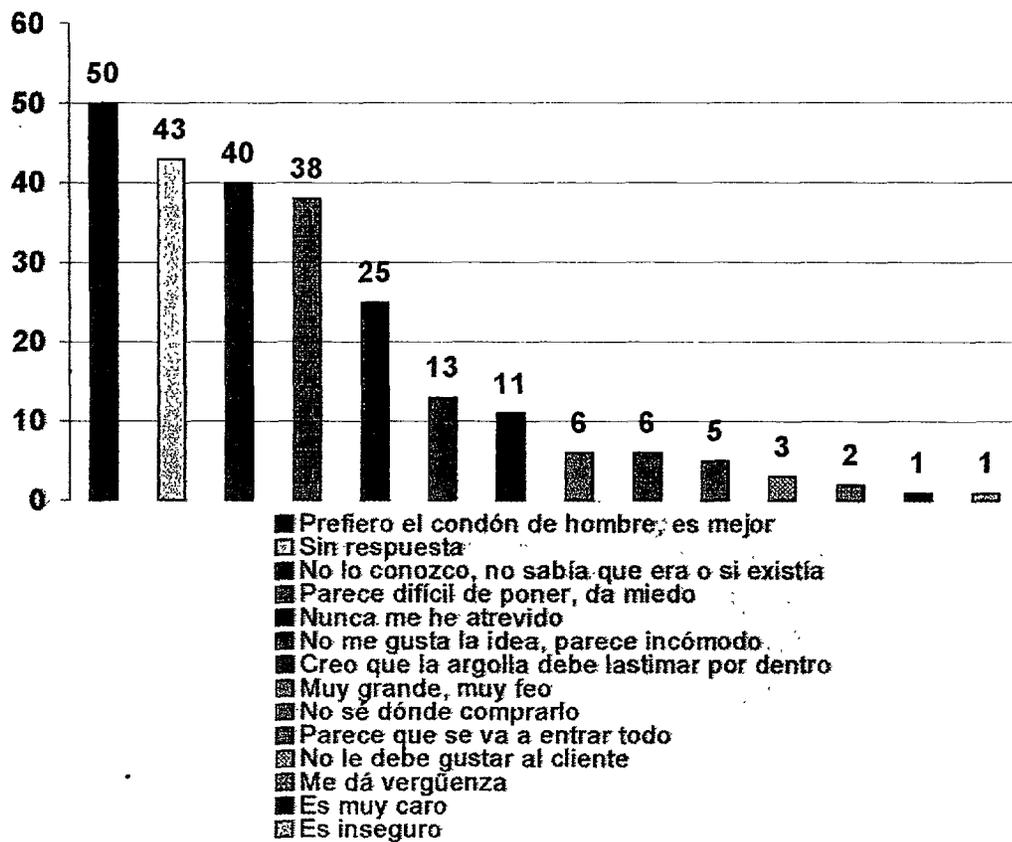
Actitudes positivas de las NO UTILIZADORAS, frente al Condón Femenino Reality ®



Durante el estudio, se aprovechó la oportunidad de hablar con las personas que nunca utilizaron el condón femenino Reality ®. 341 opiniones reflejan actitudes positivas hacia el condón que favorecerían su aceptación futura:

- ✓ Parece bueno, parece interesante .
- ✓ Más protección contra las enfermedades.
- ✓ Tengo que probarlo.
- ✓ En caso de que los hombres no quieran usar.
- ✓ Resistente, mejor que el condón masculino.

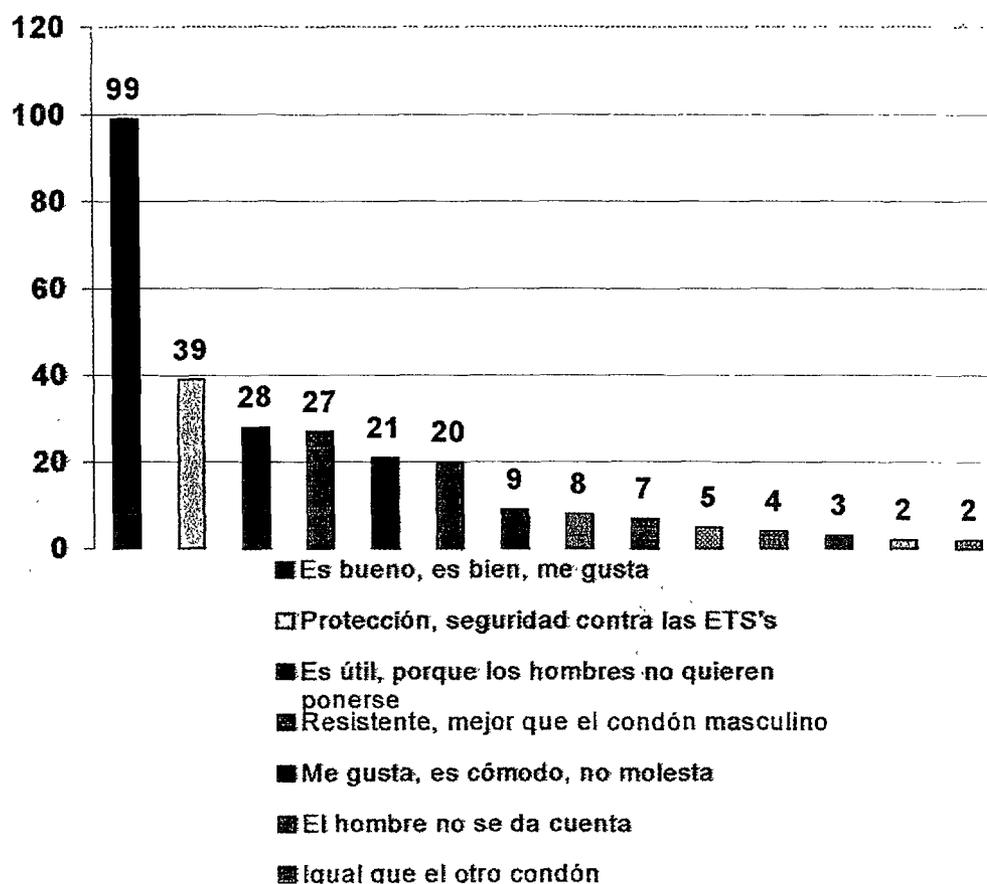
Actitudes negativas de las NO UTILIZADORAS, frente al Condón Femenino Reality ®



Los aspectos negativos encontrados entre las trabajadoras sexuales que nunca han utilizado el condón femenino Reality ®, demuestran 244 opiniones desfavorables y/o actitudes negativas y son las siguientes:

- ✓ Prefiero el condón de hombre, es mejor.
- ✓ Sin respuesta
- ✓ No conozco, no sabía qué era o si existía.
- ✓ Parece difícil de poner, da miedo.
- ✓ Nunca me he atrevido.

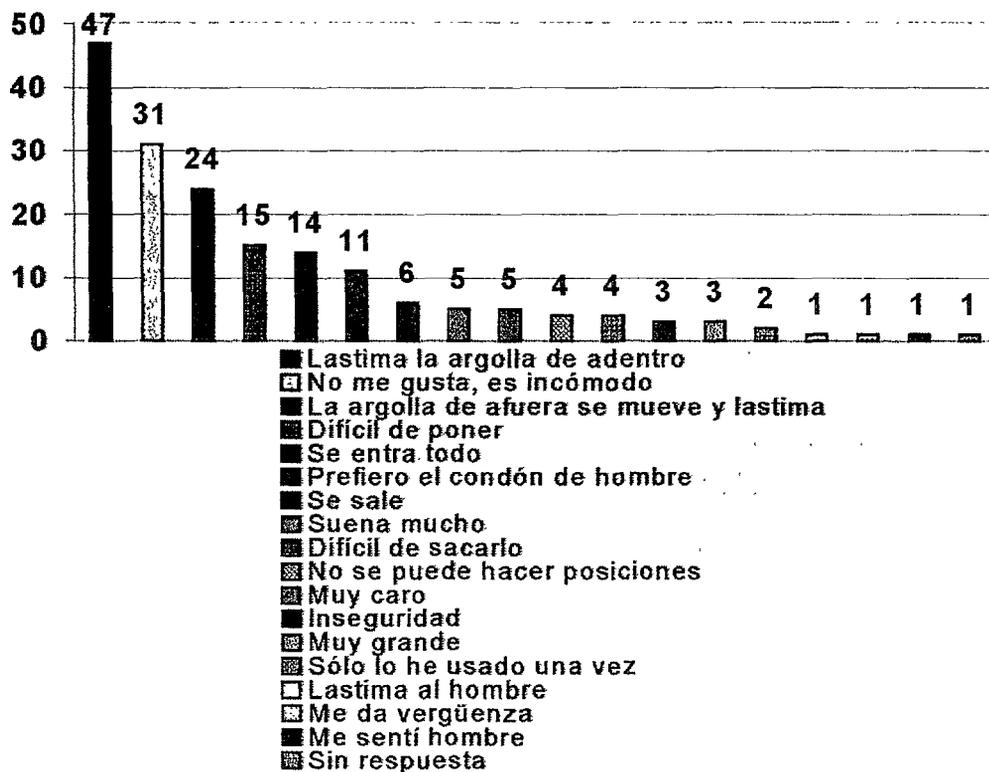
Actitudes positivas de las UTILIZADORAS, frente al Condón Femenino Reality ®



Los aspectos positivos encontrados entre las trabajadoras sexuales que han utilizado el condón femenino Reality ®, muestran que 274 opiniones tienen actitudes positivas. Las siguientes menciones se posicionan en los cinco primeros lugares:

- ✓ Es bueno, me gusta.
- ✓ Protección y seguridad contra las ETS's
- ✓ Es útil, porque los hombres no quieren ponerse.
- ✓ Resistente, mejor que el condón masculino.
- ✓ Me gusta, es cómodo, no molesta.

Actitudes negativas de las UTILIZADORAS, frente al Condón Femenino Reality ®



Los aspectos negativos encontrados entre las trabajadoras sexuales que han utilizado el condón femenino Reality ®, demuestran las actitudes negativas, consideradas las más importantes:

- ✓ La argolla interna lastima.
- ✓ No me gusta, es incómodo
- ✓ Es útil, porque los hombres no quieren ponerse condón.
- ✓ Resistente, mejor que el condón masculino.
- ✓ Me gusta, es cómodo, no molesta.

CONCLUSIONES

Los datos obtenidos en la investigación permite concluir las siguientes afirmaciones:

- ❖ El condón femenino Reality ®, no ha tenido una promoción oficial dirigida a la mujer boliviana. La promoción realizada fue limitada y se llevó a cabo solamente en:
 - a) *trabajadoras sexuales*
 - b) *farmacias distribuidoras del producto.*
- ❖ Las mujeres en general, no utilizan este producto por desconocer las ventajas del uso del Reality ® y por la falta de una promoción agresiva y correctamente dirigida.
- ❖ Un bajo índice de mujeres reconocen haber utilizado el condón por curiosidad, pero la mayoría de ellas evidencian reserva y privacidad al ser cuestionadas sobre este tema.
- ❖ Pocas mujeres trabajadoras sexuales investigadas, conocen el condón femenino Reality ®.
- ❖ Es importante mencionar que el nivel de educación de este grupo de mujeres, es aceptable, dado que un buen número del total han cursado la escuela secundaria y un pequeño grupo tiene bases de educación universitaria.
- ❖ Existe un índice considerable de trabajadoras sexuales que, hasta el momento de la investigación, no conocían las ventajas, desventajas y más importante aún, el uso de este producto

- ❖ Las dos personas que afirmaron haber reutilizado un mismo producto para diferentes contactos sexuales, lo hicieron con el entendimiento pleno de que esta acción era incorrecta.
- ❖ Las indicaciones de uso del condón femenino Reality ® fueron comprendidas por cada una de las utilizadoras investigadas. Ambas reutilizadoras en el proceso de las entrevistas, también reconocieron haberlas comprendido.
- ❖ Durante el proceso de la investigación se llegó a la conclusión que existen trabajadoras sexuales que también han reutilizado el mismo profiláctico, aunque no lo admiten, porque saben que es incorrecto.
- ❖ La principal motivación que tuvieron ambas reutilizadoras fue netamente ocasional, dadas las características de los servicios sexuales que prestan y la respuesta negativa de las parejas masculinas casuales, frente al uso del condón masculino.
- ❖ El precio que actualmente tiene el condón femenino en el mercado boliviano (Bs. 2.), aparentemente no se convierte en la principal barrera.
- ❖ Es posible aumentar las tasas de utilización del condón femenino, si se realiza una campaña publicitaria agresiva.
- ❖ Desde el punto de vista de la Investigación, el haber encontrado solamente dos personas reutilizadoras del condón femenino Reality ®, ocasionó cierta insatisfacción entre las investigadoras. Sin embargo, desde el punto de vista educativo significa que el mensaje ha llegado claro a las usuarias y las actitudes y prácticas son las correctas, cumpliéndose de esta manera, el objetivo de todo capacitador.



Patrones de uso

Las trabajadoras sexuales identificadas como reutilizadoras del condón femenino Reality ®, *reconocieron ser utilizadoras regulares de este profiláctico por la problemática que enfrentan diariamente con sus parejas ocasionales, quienes se niegan a utilizar el profiláctico masculino como protección de las Enfermedades de Transmisión Sexual.*

Del total de *utilizadoras y reutilizadoras*, aseguran que una de las ventajas de este producto, es que en la mayoría de las ocasiones, el acompañante no se percata de su presencia en el acto sexual.

Motivaciones para el uso

En ambos casos, *predomina la preocupación por prevenir las Enfermedades de transmisión sexual*, como consecuencia del rechazo de la pareja masculina a utilizar protección en el acto sexual.

Prácticas de lavado, secado y guardado

1. En el primer caso, el profiláctico es lavado primero con agua y posteriormente con alcohol; luego, es secado con una toalla y por último guardado en su respectivo envase.
2. En el segundo caso, el condón es lavado solamente con agua y detergente para lavar ropa. Aparentemente, según la entrevista, deja remojar el producto un cierto tiempo. Después es secado con una toalla y por último, guardado y conservado en el empaque.

Prácticas de lubricación

1. La entrevistada 1, asegura lubricar el condón antes de reutilizarlo, con productos artificiales con especificaciones para ese uso.
2. La entrevistada 2, le resta importancia al tipo de lubricante, y declara haber utilizado cremas de uso cosmético (cremas para la piel), antes de haber reutilizado el condón.

Problemas encontrados

Las mujeres son conscientes de que lo que están haciendo es incorrecto, pero aseguran también haber utilizado y reutilizado un mismo producto solamente hasta tres veces.

Sin embargo, la primer entrevistada asegura haber observado que la textura del condón sufre cambios, por el uso y reuso.

Percepciones acerca de la posibilidad de la reutilización

En el total de mujeres que participaron en este estudio y resultaron ser utilizadoras regulares de este producto, se observó cierto asombro al momento de cuestionar si habían reutilizado el Reality ®.

Pero al mismo tiempo, ellas mismas *cuestionaron la posibilidad de reutilización y si esta acción era conveniente.*

Oportunamente se aclaró a cada una de ellas que *la reutilización de este condón no era aconsejable para la salud.*

ANEXO

SANTA CRUZ DE LA SIERRA

Edición especial

LUNES 8 DE JUNIO DE 1998

EL **NUEVO** Día

Prostitutas: una historia de sueños y abusos

REACCION • Las trabajadoras sexuales no quieren sufrir más atropellos. Prometen batalla

Las 'chicas' se organizan

Están dispuestas a llevar adelante una pelea que inician en desventaja: lograr que las autoridades públicas y la sociedad civil las reconozcan como ciudadanas con plenos derechos. Para alcanzar ese propósito, las meretrices están tratando de dejar atrás las diferencias que durante años las mantuvieron en "territorios" separados.

Las primeras en lograr avances han sido las que trabajan en la calle. Sin duda alguna, porque son las que más padecen las batidas policiales. Dos grupos se han organizado, con directiva y todo, para iniciar la batalla. En la Terminal de Omnibus, donde a diario se concentran entre 30 a 50 meretrices, ya hay un grupo que comenzó a actuar: envió un oficio al alcalde Johnny Fernández pidiendo audiencia para plantearle sus problemas.

En el Parque El Arenal, donde suman más de 40, la organización también avanza, al igual que en la Plaza del Estudiante, aunque cada grupo lo hace por separado. Las que trabajan en locales -alrededor de 500 según registro oficial en la PTJ- están tratando de hacer lo propio, uniendo fuerzas para conseguir la atención a algunas reivindicacio-

nes básicas.

Entre otras, el cese de las batidas indiscriminadas en las calles, la suspensión del cobro de multas por no portar matrícula o carnet de salud, y la habilitación de una caja de recaudaciones de la PTJ en las instalaciones del Centro de Investigación de Enfermedades de Transmisión Sexual y SIDA, al que acuden para el control médico.

La tarea no es fácil. Algunas autoridades no las toman en serio. El alcalde Fernández, por ejemplo, hizo comentarios sobre la carta que le enviaron las de la Terminal "en tono jocoso", según el registro del hecho realizado por el diario El Deber en su edición del 22 de mayo. Hasta ahora, no atendió el pedido de audiencia.

La iniciativa lograda después de más de tres años por las visitadoras sociales del Proyecto contra el SIDA tampoco parece ser muy bien vista por algunos policías. Pese a ello, las "chicas" o las "mujeres" como suelen llamarse entre sí y como las llaman quienes trabajan con ellas, están decididas a seguir adelante.

"Ellas saben que no será fácil, pero han tomado conciencia que sólo si actúan de manera directa

► Las reglas que tienen que aprender

Una resolución ministerial aprobada el 9 de diciembre de 1965 ya hace referencia al Registro y Matrícula de Meretrices y Copetineras.

La resolución fija el costo de la matrícula y las multas a ser cobradas por las siguientes infracciones: a) no presentarse a la oficina de Registro de Matrícula en día y hora señalada; b) no presentarse a la revisa médica en días y horas fijados por el Ministerio de Salud; c) no portar el carnet de matrícula y certificado médico; d) ejercicio clandestino de la prostitución.

Una segunda resolución ministerial sobre el tema es aprobada el 5 de febrero de 1970 por el ministro de Salud, Walter Arzabe.

En esta se institucionaliza el carnet de Salud y la revisión médica semanal para vedettes, copetineras y "demás personas que ejercitan el comercio sexual en condiciones más o menos disimuladas", a ser otorgadas por las Unidades Sanitarias.

También establece la cooperación de la Policía para la ejecución de los programas de control de las enfermedades venéreas dentro del campo del comercio sexual.

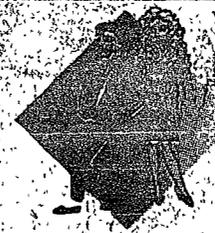
El Código Penal fija en su artículo 321 sanciones para quienes lucran a costa de la prostitución de personas mayores de edad. Las sanciones van de uno a seis años de prisión, más multas.

El artículo 227 del mismo Código Penal también prevé sanciones de uno a seis años de reclusión contra el que "a sabiendas de tener una enfermedad venérea, contagia a otras personas".

podrán encontrar soluciones a sus problemas", comentó la visitadora social María René Cortez. En dupla con Marlene Egüez, María René trabaja des-

de hace más de tres años en la organización de quienes integran los llamados grupos de riesgos en la comunidad. Los logros comienzan a verse.

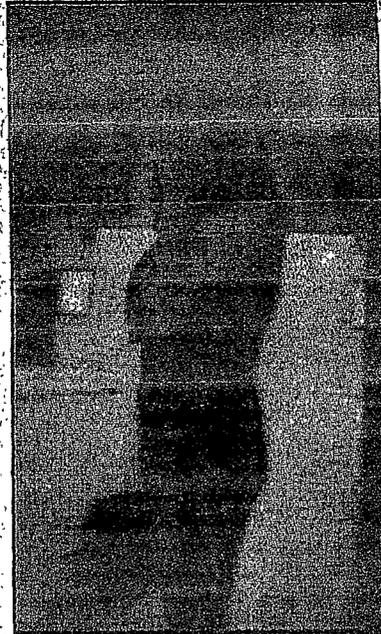
Abandono. Pobreza. Soledad. Falta de oportunidades y de educación. Estos son los argumentos de miles de



No importa cómo se llaman, ni dónde viven. Están en las calles y en miles de locales disfrazados de colores y nombres fantásticos. Como ellas. El Nuevo Día quiso entrar a su mundo. Las chicas nos abrieron las puertas -incluso las de las calles- y en cinco días supimos de los sueños y tragedias que las agobian.

Textos: Maggy Talavera

Fotos: Roberto Africano



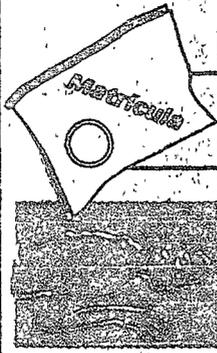
LA ETERNA PREGUNTA • ¡Ay!
¿Cómo será el próximo cliente?



UNA PAREJA PRESTADA • En el Parque El Arenal pueden conseguirse algunas. Pero, ¡nada de besitos!

personas que se dedican a la prostitución. En Santa Cruz, se estima que de dos mil mujeres han tomado esa opción

Que tramites hacen



▶ Tienen que ir a la Sección Matriculas en la PTJ y requerir su solicitud de matricula. Allí le dan una orden para que se haga un estudio médico en el CIETS.

▶ Valor de las meretrices en el gimnasio se organizaron para gestionar con el Gobierno Municipal, la Policía y la Prefectura el retiro de las mujeres.

El secretario de las meretrices en el caso de la Plaza del Estudiante, el vecindario logró el apoyo del Comité Ferrerino, cuyas instalaciones están próximas al lugar. Las chicas insisten e las meretrices y los travestis e acuden al paseo por las noches, deben ser desalojados de porque atiendan contra la seguridad del barrio, además de crear el orden.

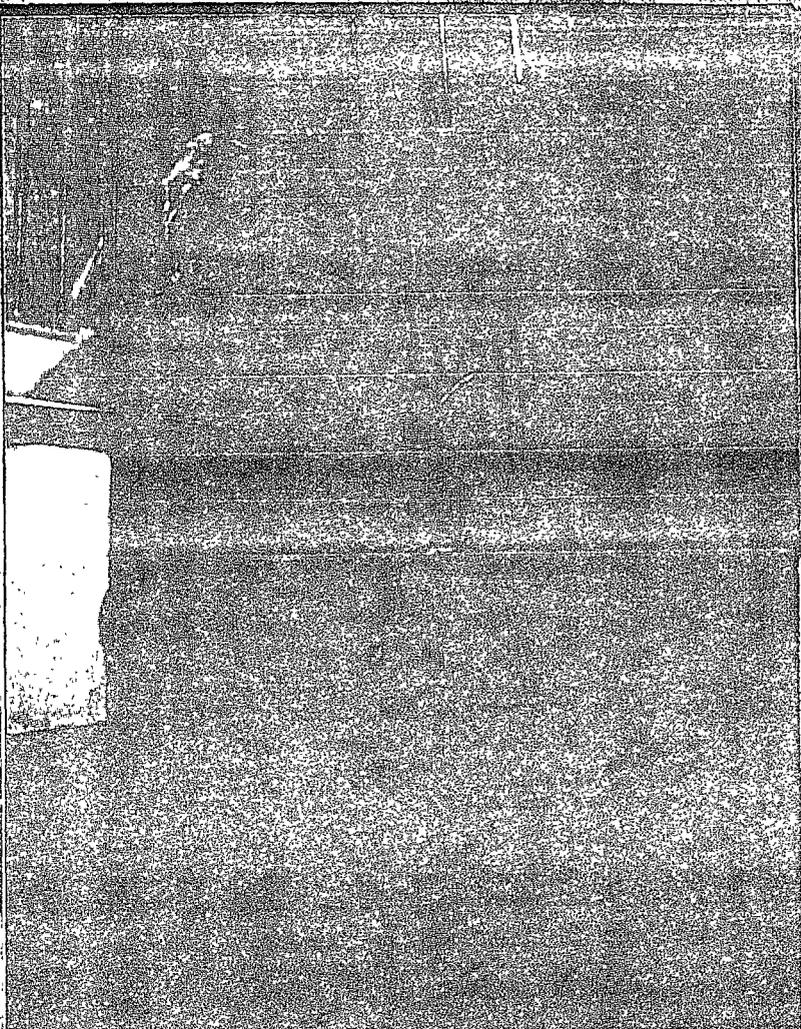


Foto: Roberto Arriano / EL NUEVO DIA

DETENCIONES SIN CONTROL • Un efectivo de la PTJ no logró explicar la detención de dos meretrices. La mayoría es recluida en otros centros.

Una realidad resumida en cifras

En Santa Cruz de la Sierra existen 516 meretrices registradas en la Sección Matricula de la PTJ. De ese total, el 68 por ciento son cruceñas, en su mayoría llegadas de las provincias. El 27,3 por ciento proceden del interior del país, sobre todo del Beni. Un 4,7 por ciento son extranjeras, principalmente de Ecuador, Brasil, Perú y Chile.

En total, suman más de dos mil las trabajadoras sexuales según estimaciones de la PTJ y de la Dirección Municipal de Salud. El último registro realizado en Matriculas el 24 de abril de este año fue numerado con el 2.040.

Un 70 por ciento de las meretrices no tienen vigilancia médica, afirma el director de Salud, José Henicke.

En los lugares de encuentro callejeros -la Terminal de Omnibus, el Parque El Arenal, la Plaza del Estudiante- suman alrededor de 120, incluyendo a los travestis.

La falta de un censo específico impide, no obstante esas estimaciones, contar con números reales sobre la población que trabaja en el comercio del sexo.

Los locales donde se comercializa el sexo también tienen que ser registrados. Pero sólo 38 han cumplido la norma, según la PTJ. No lo han hecho las casas de masajes y las escuelas de modelaje.

El único detalle a ser aclarado, a criterio de Cáceres, es el de la legalidad o ilegalidad de la prostitución callejera. Para la Policía, ese ejercicio es ilegal. Lo ideal, dijo el jefe de la repartición policial, es que todas las que están en las calles vayan a trabajar a un local especialmente habilitado para la prostitución, como lo hacen ahora más de 500 chicas.

Un arriesgado de lo que sucede en Utrecht. "Lo que más necesitamos es tener seguridad, no nos importa pagar a la Policía pero a cambio de protección y no de represión", dijo Teresa, una de las mujeres que desde hace dos años acude a El Arenal. Pero otras se muestran reacias a la propuesta. Tienen que la Policía se aproveche de la idea sólo para "barrernos de donde estamos, pero sin darnos nada a cambio", comentó Ana María, una de las 14 meretrices que entrevistamos en la Terminal de Omnibus. Aun así, no rehusaría debatir el tema.

72

iren esas batidas. Tampoco los clientes que acuden a las meretrices son obligados a certificar su buena salud. ¿Como si ellos no fueran también portadores de enfermedades de transmisión sexual! Muchos testimonios de las chicas certifican además que las batidas sirven de pretexto a algunos policías para obtener dinero. No les importa si están sanas o no; les cobran entre 20 a 50 bolivianos para dejarlas trabajar tranquilas.

Esa es una denuncia permanente y antigua, ¿no hay forma de cortar esos cobros?

Este es un tema cuya responsabilidad no podemos atribuirla sólo a la Policía. Todas las instituciones que tienen

solicitar sus servicios.

¿Por qué no tratar más bien de convencerlas a que dejen la prostitución?

Es difícil buscar alternativas de vida para las mujeres. Muchas no tienen otra opción que ser empleadas o trabajar en el comercio informal. La mayoría tiene más de dos hijos, no tiene pareja ni estudios. Y la demanda está ahí. Lo mejor que podemos hacer es trabajar con ellas para que mejoren su situación, para que se asuman como ciudadanas con obligaciones, pero también con derechos. En este trabajo estamos en el Proyecto desde hace más de dos años. Creo que ya hemos logrado algunos avances importantes.

acudan al Ciets, ¿no? ¿Cuál es que las trabajadoras sexuales las buenas, no siempre logran También es cierto que por autoridades desconocen que es te. Muchas veces, las máximas nos hablar con el Comandante. Para ello trabajamos con una sociedad protegida Dirección Municipal de Salud esas batidas. El objetivo de la Nosotros no promovemos ciertos: Municipalidad, es otras instancias la que promueve entre vigilancia sanitaria que es para apoyar la La Policía argumenta meretrices persisten. les y abusos contra las Las batidas policia-

creado con el apoyo de Usaid, Sexual (Ciets), un organismo Enfermedades de Transmisión el Centro de Investigación de sexual. En esto está trabajando enfermedades de transmisión ta evitar la propagación de las los que están las meretrices, pa- los grupos de alto riesgo, entre sana. Para ello trabajamos con tener una sociedad protegida Dirección Municipal de Salud esas batidas. El objetivo de la Nosotros no promovemos ciertos: Municipalidad, es otras instancias la que promueve entre vigilancia sanitaria que es para apoyar la La Policía argumenta meretrices persisten. les y abusos contra las Las batidas policia-



“Lo que vale es el carnet de salud que da el Ciets”

Director Municipal de Salud
Jose Henicke

El invitado

EXCUSA • Dice que recibe órdenes para combatir a las meretrices

La PTJ se siente presionada

Los vecinos, el Comité Cívico Femenino y la Prefectura son algunas de las instancias que obligan a la Policía a realizar batidas contra las "chicas que trabajan en la calle". Así lo afirmó el jefe de la Sección Matrículas de la Policía Técnica Judicial (PTJ), mayor Félix Cáceres Castro, cuando le preguntamos por qué detienen a las meretrices. Particularmente, añadió, los vecinos del Parque El Arénal y de la Plaza del Estudiante. "Estamos pensando en reubicarlas en zonas

donde no haya escuelas, iglesias, ni molesten a los vecinos". Una tarea difícil, reconoció, pero que hay que cumplir.

Cáceres no logró explicar sin embargo por qué a diario se detienen a meretrices y se las recluye en dependencias ajenas a la PTJ. "Tienen que trasladarlas sólo a la PTJ, no pueden llevarlas a ninguna otra dependencia", sostuvo e indicó que "los cobros están prohibidos".

El objeto de la detención temporal "es para obligarlas a que

cumplan con su control médico. Una vez están en las celdas de la PTJ, llamamos al Ciets para que vengán y las revisen. La mayoría sale enferma, con gonorrea, hongos o sífilis. Cumplido el control, las soltamos sin que medie ningún cobro. Aquí se les da buen trato, se van agradecidas".

Enfrentado a los excesos que verificó El Nuevo Día, Cáceres prometió tomar medidas, pero dejó en claro que para la Policía es ilegal la presencia de las trabajadoras sexuales en la vía pública.

Sepa cómo operan los policías

Los policías operan por sus propios medios. Los oficiales, callejeros y conductores, se reúnen después de que se realiza la revisión médica exigida por la Dirección Municipal de Salud. No hay cobros.

• **Hacen batidas "especiales":** No tienen autorización expresa. Utilizan los vehículos oficiales. Detienen a las meretrices: las persiguen y golpean con laques si se resisten y las conducen a las celdas de las seccionales de la Policía. Principalmente a las de la 4 de Noviembre y a la de Alto San Pedro. Cobran multas. En la PTJ ni se enteran.

• Una batida especial es común en la Terminal de Omnibus. Los efectivos a cargo de la oficina del GES que funciona en el lugar, las arrestan en las celdas habilitadas en el subterráneo de la Terminal. Las agresiones van desde el insulto verbal; una multa sin monto definido; hasta la exigencia del "servicio gratis". La PTJ no es informada.

• Los efectivos del GES también suelen llevar a las meretrices y ciegos hasta sus oficinas ubicadas en la avenida Grigotá, a pocos metros de la Terminal de Omnibus. Allí, los obligan a lavar vehículos, motocicletas y baños. Tampoco llega a oídos de las autoridades de la PTJ.

• Un operativo "secreto" es el que realizan algunos efectivos, de uniforme o de civil, contra meretrices ya "fichadas". El propósito sólo es obtener el servicio sexual gratis. Luego de ello, las liberan.

ABUSOS • Sufren extorsión, chantaje, reclusión, golpes e insultos

Meretrices: discriminadas pero requeridas a diario

No hay una sola noche que el negocio no funcione. A diario, cientos de hombres de todas las edades y condición social acuden a ellas para requerir sus servicios sexuales. No importa si están en la calle o en algún local expresamente habilitado para el servicio. Las diferencias se expresan, como en cualquier venta comercial, en las tarifas, en la calidad del producto y en el lugar donde se concreta la transacción.

Pese a ese rutinario comercio, que data de muchos siglos, la actividad de las meretrices sigue dando qué hablar en la sociedad cruceña, tan apegada al discurso de la moral y de las buenas costumbres. Sobre todo, si se trata de las que están en la calle. Las consideran mal ejemplo, un peligro para la sociedad y una imagen que "desluce" a la ciudad. Por eso, para acabar con su trabajo en las calles, es que la Policía organiza batidas, las reprime y encarcela.

"Nos presionan para que actuemos", sostuvo el mayor Félix Cáceres. Jefe de la Sección Matrículas de la PTJ, es el responsable de registrar y controlar todas las actividades de comercio sexual. Una tarea cuyo propósito debería ser, según sus normas, ayudar a las autoridades de Salud en el control de sanidad en uno de los grupos de alto riesgo de transmisión de enfermedades sexuales.

Pero las tareas policiales están excediendo los límites legales, provocando la reacción de las mismas meretrices. El Nuevo Día pudo comprobarlo en un seguimiento realizado durante cinco días a los grupos ubicados en la Terminal de Omnibus, el Parque El Arenal y la Plaza del Estudiante. Tres casos de detención se produjeron en ese período y sólo uno de ellos tuvo carácter oficial.

En este caso, las dos meretrices

Los abusos policiales más comunes

La detención en celdas ajenas a la PTJ, el cobro de multas, los golpes e insultos, la exigencia a tener el servicio sexual gratis y la agresión con gases lacrimógenos son los abusos más comunes que cometen algunos efectivos policiales contra las meretrices y homosexuales que trabajan en la calle.

Las que trabajan en locales nocturnos son menos reprimidas, pero tampoco se salvan de la extorsión o chantaje. "Si no tengo el carnet de salud al día, me quitan la matrícula y sólo me la devuelven si pago 20 bolivianos", afirmó una de los 48 trabajadores sexuales entrevistados por El Nuevo Día en los cinco días dedicados a investigar el tema.

Los cobros adicionales también son una constante. Según el Jefe de Matrícula de la PTJ, el permiso válido por 12 semanas cuesta 40 bolivianos. Pero las meretrices pagan en la ventanilla de Recaudación de la PTJ 50 bolivianos las nacionales y 80 bolivianos las extranjeras.

Cada semana deben acudir a esa repartición a recabar un sello de "verificación del control médico". Según el mayor Félix Ayo-roa, el trámite no se cobra. Pero las mujeres pagan 5 bolivianos. Quisimos obtener del comandante departamental de Policía, coronel Jorge Silva, una explicación. Pese a que lo buscamos insistentemente durante dos días, no logramos contactarnos con él.

detenidas en la Terminal a las 02.00 del miércoles por una patrulla del 110, fueron conducidas a las celdas de la PTJ y sometidas al control médico a cargo del Centro de Investigación de Enfermedades de Transmisión Sexual y SIDA (Ciets). El trámite se cumplió bajo la presión que realizábamos en el momento, luego de salvar varios escollos encontrados incluso en el mismo Ciets que demoró en la entrega de medicamentos para tratar a las detenidas que resultaron enfermas.

Los otros casos que nos tocó verificar corrieron otra suerte. Ambos respondieron a detenciones arbitrarias que no fueron informadas a la PTJ. El primero se produjo la tarde del martes pasado en El Arenal. Dos efectivos del 110, al mando de una patrulla, detuvieron sin mayor argumento a una joven meretriz, a su compañera que quiso protegerla y a la moto que ésta conducía.

Las liberaron al día siguiente, luego de obligar a la primera a "prestar" a uno de ellos sus servicios gratuitamente.

El último caso sucedió el jueves. Esta vez, los responsables del abuso fueron algunos efectivos del Grupo Especial de Seguridad (GES). Anoticiados de las quejas que las mujeres estaban haciendo conocer a nuestro diario, detuvieron a cuatro de ellas y a un grupo de cleferos que rondaban la Terminal. Los condujeron a las oficinas que el GES tiene en la avenida Grigotá y los obligaron a limpiar sus motocicletas, a lavar enseres de cocina y a barrer las dependencias.

A esos atropellos se suman otros cometidos por los palomillos, por los mismos clientes, a veces por los propietarios de los locales y hoteles que acogen a las meretrices, y hasta por los transeúntes. ¿Es justo?, preguntan ellas. Y responden "¡no!".

**INVESTIGACION CUALITATIVA CERCA DE LA
REUTILIZACION DEL CONDON FEMENINO
CUESTIONARIO DE SELECCION**

Número de matrícula _____

1. Especificación para la elegibilidad

EDAD (años) _____

Nivel educacional _____

(marque uno) _____

Sin educación formal

Algo de escuela primaria

Algo de escuela secundaria

Algo de educación universitaria

Estado de la relación _____

(marque uno) _____

Vive con su pareja sexual principal

No vive con su pareja sexual principal

Ha usado alguna vez el condón femenino?

_____ Sí

_____ No

Ha re-utilizado alguna vez el condón femenino? O sea ¿ha utilizado alguna vez el mismo producto más de una vez?

_____ Sí

_____ No

Qué opinas sobre el condón femenino?

ENTREVISTADORA: SI ALGUNA DE LAS PARTICIPANTES NO HA LLEGADO A LA MAYORIA DE EDAD O NUNCA HA REUTILIZADO EL CONDON FEMENINO, NO ES ELEGIBLE Y LA ENTREVISTAS SE DEBE TERMINAR.

**INVESTIGACION CUALITATIVA CERCA DE LA
REUTILIZACION DEL CONDON FEMENINO**

GUIA DE DIALOGO

I. Reconocimiento de la elegibilidad

Edad (años) _____

Ha re-utilizado alguna vez el condón femenino, o sea, ha usado alguna vez el mismo producto más de una vez?

_____ Sí _____ No

ENTREVISTADORA: SI ALGUNA DE LAS PARTICIPANTES NO HA LLEGADO A LA MAYORIA DE EDAD O NUNCA HA REUTILIZADO EL CONDON FEMENINO, NO ES ELEGIBLE Y LA ENTREVISTA SE DEBE TERMINAR.

II. Información acerca del estudio de investigación.

Lugar _____

Número de participante _____

III. Información previa

Nivel educacional _____ Sin educación formal
_____ Algo de escuela primaria
_____ Algo de escuela secundaria
_____ Algo de educación universitaria

Estado de la relación

_____ Vive con su pareja sexual principal
_____ No vive con su pareja sexual principal

Appendix 5 – Site Report: Zambia

**How do you spell safe? : Re-using female condoms in
Peri-urban Lusaka, Zambia**

(July, 1998)

**Gladys Nkhama (CARE International in Zambia)
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Michelle Munro (CARE International in Zambia)**

**A research study conducted by CARE International in Zambia
supported by Family Health International through the US Agency for International
Development**

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This study would have been impossible without the involvement of a group of dedicated women from Kanyama, Mtendere, Chawama, George and Chipata compounds of Lusaka who voluntarily agreed to participate. Sincere thanks and appreciation is also extended to the providers and local peer educators who assisted in identifying the female condom users.

We thank our partners Family Health International and USAID for the financial and technical support rendered. We also wish to thank Jones Katongo for his logistical support.

Introduction

The introduction of the female condom in Zambia was part of a wider programme of enhancing contraceptive choice. In 1992, modern methods were reported to be used by only 9% of women of reproductive age (Zambia Demographic Health Survey, Gaisie et al., 1992). This prompted the Ministry of Health to undertake with WHO and other local partners, *An Assessment of the Needs for Contraceptive Introduction in Zambia*, which found that the only option available to most Zambian women was the oral contraceptive pill and even this supply was often erratic. The National study came out with a number of recommendations including the need to improve the quality of reproductive health services and the need to increase contraceptive options for men and women in Zambia. The *1996 Zambia Demographic and Health Survey (ZDHS)* showed that there had been some improvement contraceptive use of modern methods increased to 14% but many other factors, including gender issues mean that there is a distinct need for a female controlled method in Zambia. The 1996 ZDHS estimates that almost 25% of women of reproductive who were not using a family planning method wanted to be using one.

The HIV/AIDS epidemic has become a serious health and development problem in many countries around the world. The countries of sub-Saharan Africa, including Zambia, have the most severe epidemic. In 1997, the officially recognised estimated HIV adult prevalence rate for Zambia was 19.9 percent.² Prevalence rates for urban areas have been acknowledged to be much higher. One of the interventions to control the spread of AIDS has been the public and private sector promotion of the use and availability of condoms, including the female condom. The female condom is being promoted as dual protection for both unintended pregnancies and STIs/HIV/AIDS.

The female condom was officially launched by the Ministry of Health (MoH) and its partners on October 15, 1997 in both the public and private sectors. Prior to the launch two acceptability studies were conducted by CARE International and The Society for Family Health (SFH) with support from USAID. The findings indicated that there was a relatively a high degree of interest and acceptance of the method and more than 50% of

² HIV/AIDS in Zambia: Background, Projections, Impacts and Interventions - CBOH 1997

the initial acceptors (N=) returned at least once for a resupply of female condoms. However, as has been found in many studies on female condoms, the strongest reason for discontinuation was lack of acceptance by the male partner.

Based on the findings from these two studies, a National task force on the female condom met to identify non-governmental, private and public distribution points that would like to begin expanded use of the method. Demand projections based on the experiences of CARE and SFH and procurement and distribution of the female condom were organised based on the pilot studies. The development of IEC materials, packaging and promotional materials and provider training was organised by the National AIDS Program and The Society for Family Health. The female condom has been steadily available in these outlets since October, 1997.

Study Purpose and Objectives

The purpose of this research study was to provide qualitative information about female condom reuse by interviewing a small number of women who had already, of their own volition and against package insert instructions, re-used the product. The information generated by this qualitative research study will be used to facilitate the design of future quantitative research and add to a growing body of literature examining possible, potential dangers and client profiles of female condom reuse.

In short, the study objectives were to:

- identify motivations for reuse of the female condom.
- identify reuse patterns and frequency.
- identify cleaning, drying, lubricating and storage practices.
- identify self-reported problems encountered as a result of reuse.
- assess perceptions of reuse as an advisable practice.

Design and Methodology

This research was qualitative and exploratory in nature. Screening was conducted in eight peri-urban shanty compounds of Lusaka, the capital city of Zambia, although respondents were identified in only two of these neighborhoods. It was necessary to screen first for female condom use and then to follow up the users of the method who had consented to participate in the study and ask them individually if they had ever re-used a female condom. In this way we felt that we would not be encouraging more reuse and we had a chance to speak to each woman individually about the possible dangers involved with reusing the female condom. Individual semi-structured interviews were conducted with adult women who were identified as female condom reusers. Individual interviews were selected (rather than focus groups) due to the sensitive nature of the topic. Interviews were conducted in local languages, recorded and transcribed into English by two local researchers from CARE Zambia's Operations Research Unit.

The compounds in which the screening took place are ones CARE International in Zambia supports through reproductive health service provider training and provision of supplies/materials to the public sector clinics. These family planning programmes have a community based approach to family planning. In two of the clinics, there is an MoH supported peer educator programme for reproductive health clients and it was through these peer educators that we were able to identify and locate most of the female condom users and reusers.

Participants who had obtained their female condoms from both the private and public sectors were sought, for although the female condom is available in all eight clinics, it is also available from pharmacies and other commercial outlets. In the private sector flyers were posted in chemists and shops where the female condom is sold. However, the response was very poor and none of the four respondents fulfilled the study criteria of previous reuse. In the public sector, female condom users were identified by providers and the local peer educators, by the use of handbills and screening forms. The latter was found to be more effective. Only five of the eight clinics had any female condom users, and both clinics with peer educator programmes were among these.

Thirty seven participants who volunteered to be recruited in the study were screened by two female researchers from CARE for previous reuse of the female condom. Fourteen of these women (38%) had reused a female condom at least once and twelve of these (86%) consented to a recorded interview. Most participants came from areas where there is a community based approach to family planning and areas where the female condom had been introduced earlier in 1995 during the pilot study based in three compounds. The area where most of the reusers came from had all of these characteristics but what was unique about this area was the network of Ministry of Health supported peer educators who were able to screen participants. This group works closely with the community on health related and other issues.

Characteristics of study participants

The mean age of the twelve participants was 29 years (range 23 to 37 years old). All had some primary school education with the majority (8 or 67%), having some high school education as well; two of these had completed secondary school. Seven (58%) of these women were married, one was single and four (33%) were single but living with a partner. Of the twelve women, two were sex workers who had reused the female condom for disease prevention while they were working. Most (9) of the participants were home makers; three of these women were working as peer educators as well.

Summary of Key Findings

Motivation for reuse

The major motivations for reuse varied and included prevention from STI's and/or pregnancy; desire to use a safe method while breastfeeding; and the perception that the female condom is safe to re-use. Most of the women said that they could not trust their partners with male condoms because men damaged the male condoms by pricking the tips while a few men simply refused to use a male condom. Of those using it for protection from STIs/pregnancy, three used it only for pregnancy prevention. Two of these women were concerned about getting pregnant while breastfeeding. Three said that they were using it for both the prevention of STI and family planning and three were using it for prevention of STIs only. Many of these women shared the perception that their environment was too risky to have unprotected sex.

Some of these women said that it was just too difficult or expensive to get more female condoms. Among these participants were the two sex workers, of whom one said that she would have bought a fresh one but did not have the money. Three reported that they had been told by their providers/peer educators that it was safe to re-use. Two participants narrated that when their partners are drunk, they refuse to wear the male condom and as a result these women had decided to re-use the only female condom that was available to them. One woman said that she began reusing the female condom when she was a student to protect her from pregnancy. She had to steal a female condom from her older sister because nurses at the clinic would not provide her with family planning services because she was young and single.

Frequency and pattern of reuse

The frequency of reuse ranged from one to four times. Six women had re-used the female condom once; one, twice; four, three times; and one had used it four times. Most of these women reported they would determine to stop re-using when the texture of the condom changed, and this was viewed differently by each woman. Two said that when the texture became as hard as baby waterproof pants, they would know that they could re-use the device no further. Some said that it would become "rough"; others said it became thin. Seven women narrated that in one night they would have multiple sex acts using the same condom, however, the participants did not elaborate on the number of acts.

The two sex workers were re-using the device with clients, eight women were re-using it either with their husbands or boyfriends and two participants re-used with married partners, other than their regular partner. Five of the participants said that their partners knew that they were re-using female condoms. Most of those who did not discuss reuse with their partners said that this was because they did not normally discuss sexual matters with their partners. Three women said they were forced to re-use because of mistrust of their partners. Two women reported using it when their partners were drunk to protect themselves from both pregnancy and disease. The two sex workers said that their partners are not supposed to know because if they did, they would run away. They ensured that this was kept as "top secret." They further said that they were re-using female condoms with any client who had enough money to offer them.

Lending female condoms

Of the twelve participants only one, a commercial sex worker had lent out or borrowed a used female condom. She narrates her experiences:

My friend and I would be caught up in a situation when we would have many customers and only one condom. This meant exchanging the same female condom between ourselves on condition that the one borrowing brings it back clean. The exchange time all depended on how much and how many customers there were.

If my friend is approached by a customer who has a lot of money and she has no female condom automatically I would give her mine.

Almost all of the participants said that they had discussed their use of female condoms with their friends and had encouraged them to try the method.

Cleaning, drying, storing and lubricating practices

The methods and agents used for cleaning varied and included water, bath soap, washing powder, detergent paste for clothing and beer. Beer was used by the two sex workers. Some of the drinking places have dry taps and water is not readily available. Therefore the two ladies would wipe off the “dirt” from the female condom using beer.

I would simply pretend to go to the toilet. While there I would pour a bit of beer on my handkerchief and then quickly wipe off the dirt from the condom.

The other one had a similar explanation, but said that in cases where water was available she would prefer using water. She did not believe in using soap to clean the condom because she said that soap wears down the condom faster.

Four participants never used lubrication after cleaning the condom. The other eight had used some type of lubricant with two having used Vaseline; two, the lubricant found in the box of Reality™ female condoms and; four, cooking oil. One of the participants said that she felt that because she didn't lubricate the condom her experience was “painful” to herself and her partner and she said that she would not re-use the female condom again for this reason. Out of the eight, four applied the oil both inside and outside the condom, four applied only on the outside and none applied inside only. Interestingly, these women perceived lubrication on the outside of the condom to be more important than lubrication on the inside.

Perceived problems related to reuse

Of the twelve re-users, four users or their partners had experienced problems with reuse. The problems faced by these participants related to lack of lubrication, problems with the

inner ring and insertion problems. One complained that during penetration, the condom twisted but the male partner continued the sexual act with a lot of vigor causing her abdominal pains. Another participant narrated her experience with the inner ring as follows:

When cleaning the female condom, I removed the inner ring turned it inside out but I could not tell which was the proper side, when placing the ring back.

Subsequently, she felt some irritation during intercourse

There were male partners who also complained of problems. These included irritation at the tip of the penis and misdirection of the penis causing a twist in the condom. Another man came back to complain to her partner (a sex worker) that she had infected him with an STI.

Perception of reuse as an advisable practice

Half of the respondents were satisfied with their reuse experience and felt that the female condom reuse would be advisable for other women, as long as the device was thoroughly cleaned, well stored and lubricated. They also said that one should stick to only one partner to avoid the spread of disease. These women stated that they would re-use in the future.

The other 50% did not advise reuse for the following reasons:

- HIV/AIDS rates were too high to risk dangerous behavior,
- the female condom is now more available in their communities,
- the process of washing can cause disease and they know that it can be dangerous to reuse them,
- when washed the texture of the female condom changes causing irritations,
- one woman said that the instructions are now clear to her that the device is only supposed to be used once then disposed of.

These six participants said that they would not recommend reuse to other women.

Conclusions

The decision to reuse a female condom amongst these women related to an urgent need for family planning, protection against sexually transmitted infections and the lack of other resources and choices. Frequency and reuse patterns differed with each participant. The methods and agents used for cleaning varied from one respondent to the other. Knowledge on lubrication was high with most of the respondents. Half of the participants did not accept reuse as an advisable practice while the other half felt that it was fine and even said they would continue the practice if they felt it was necessary. Most of these women, however, said that they felt less need to reuse the female condom because it was now more commonly available at the clinics, pharmacists and commercial

outlets. Amongst these participants four of their partners had experienced problems with the method, either pain at the tip of the penis or twisting of the condom.

The implications of this research are serious. While this was a qualitative study and not meant to look at the prevalence of condom reuse, it does suggest that this behavior may be more widespread than we had first imagined. It also suggests that many women recognize the high risks associated with unprotected sex in these communities and are willing to change their behavior if they are given the opportunity. In fact, they are so willing, that they will even take known risks with an imperfect method in order to protect themselves from unwanted pregnancy and disease. Unfortunately, some women wrongly understood that reusing female condoms was an advisable practice calling into question some possible underlying problems in the provision of family planning services here in Lusaka. Providers need more training in counseling techniques and regular updates on new contraceptive technologies. Peer educators based in communities can be one effective and necessary link in the provision of family planning services but measures must be undertaken to make sure that they too are disseminating accurate and high quality information to their clients. Culturally sensitive take home IEC materials for clients may be seen as expensive but may be necessary to dispel community misperceptions and advise women in safer female condom use.

These women complained of access problems to female condoms (which they felt were lessening), access in terms of service delivery issues and prohibitive cost. It is time that we re-evaluated our National expansion strategy and ensured that all women who would like to use this method have appropriate information and find it accessible and available in their community.

Moreover, demand seems to be high enough in these areas for female-controlled family planning methods and disease prevention strategies that it may be time to rethink a strategy that offers men, and primarily women, options besides the male condom. Gender inequity and mistrust of male partners is common and has damaged the credibility of male condom use. Much more work needs to be done at community and National levels to allow women to feel comfortable buying and negotiating male condom use with their male partners. In the meantime a method mix that routinely provides female-controlled methods such as female condoms, spermicides, emergency contraception and even diaphragms to all women who need them, whether they are sex workers or breastfeeding women, should be encouraged.

Finally, further research should be done to investigate the potential dangers, advantages and possible safe practices associated with female condom reuse. Female condom reuse guidelines are urgently needed. Many women's perceived needs are clearly dire enough that they will reuse these condoms whether it is advisable or not. Withholding information on the possibility of female condom reuse may only encourage less safe behaviors. Ongoing training for providers of female condoms should be held to allow people to intelligently address problems related to reuse and afford them with the skills necessary to counsel women toward more appropriate family planning methods. Finally,

a steady and reliable supply of female condoms should be ensured in both the public and private sectors so that women do not have to reuse this method due to shortages or stock-outs of supplies.