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FHI Research Briefs on the Female Condom – No. 6

Female Condom Introduction in South Africa

South Africa is one of the few countries in the world where a national family planning program has played a central role in introducing the female condom. In 1998, the National Department of Health initiated a National Introduction of the Female Condom and Emergency Contraceptive Pills Program. Designed and implemented by the Reproductive Health Research Unit (RHRU) of the University of Witwatersrand, with technical assistance from FHI, the program seeks to increase options for protection against HIV, other sexually transmitted infections (STIs) and pregnancy. The female condom was first introduced through family planning clinics and community-based programs in order to broaden its acceptance and not stigmatize it as purely for STI prevention. Preliminary findings of substantial uptake and sustained use indicate South Africans view the female condom as an acceptable barrier method.

Piloted through family planning clinics

After a briefing, managers in each of South Africa's nine provinces were requested to select two to three family planning clinics as pilot introductory sites.* Most provinces selected sites on the basis of client load, easy access and rural-urban representation. The pilot sites included 18 government family planning clinics and 12 community sites sponsored by the Planned Parenthood Association of South Africa (PPASA). Site providers, a provincial coordinator and provincial trainers attended a three-day national training workshop.

Available data over the first 18 months of the project, while incomplete, suggest several important trends. These findings come from about 9,400 initial acceptors at clinics, with 1,725 re-supply visits, and from 1,400 initial acceptors at PPASA sites, with 300 re-supply visits.

- About nine of every 10 female condom acceptors were also using either injectables or oral contraceptives, indicating a desire for dual protection from pregnancy and STIs.
- Most acceptors said they used it to protect themselves from STIs.
- Approximately 60 percent of the female acceptors reported current male condom use.
- About six of every 10 acceptors were age 20 to 29.[1]

*The Northern Province requested to be excluded from the program. The national program also includes a commercial sales component (590 sites) and a commercial sex worker component (two sites), which are coordinated by two non-governmental organizations, the Society for Family Health and SWEAT, respectively. These efforts are not included in this discussion.

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Sustained use

In-depth interviews were then conducted with 198 women in four provinces. The women were randomly selected from among those who were supplied with the device at least once. Preliminary analysis indicates many women continued using the device beyond initial experimentation. Forty-four percent reported continued female condom use, and a third reported using it more than 10 times. A small minority of respondents reported problems sometimes associated with the device, such as difficulty with insertion, noise during intercourse and slippage. Partner objection was the leading obstacle that caused women to abandon female condom use.

The female condom served to complement – rather than substitute for – the male condom. About nine of every 10 women interviewed claimed to use protection more often having the female condom available, and 44 percent of current female condom users also reported using male condoms. Many women reported that the female condom empowered them to protect themselves, primarily because the method could be used in situations in which they could not persuade a man to use a male condom.

Interviews were also conducted with 18 providers in these four provinces. Most felt the female condom is a necessary addition to the program, serving as an additional choice for women who have trouble using male condoms or other family planning methods. Most saw female condom promotion as an integral part of their job as opposed to an added burden. Providers reported some women had an initial negative reaction to the device's appearance, while others needed help in talking to their partners about using protection. Providers requested more information to help answer women's questions and to reassure them. Interviews revealed that provincial coordinators' support was an important element of successful female condom distribution.

These interviews, plus site visits in other provinces, found barriers to integrating the female condom into clinic activities. Some providers said they lacked time to counsel about dual protection and explain proper female condom use. Some said it was too complicated or awkward to use and did not offer it to clients. When the provider responsible for female condom services was away on leave, distribution was sometimes suspended. Inadequate inventory management and shipping delays led to unpredictable supplies, which discouraged providers and clients from embracing the method.

This pilot introduction indicated South Africans used the female condom, and both family planning providers and clients support sustained distribution of the method. The National Department of Health is expanding female condom distribution beyond family planning service delivery points. In the context of dual protection promotion, female condoms will be distributed in approximately 120 sites that include services targeting individuals at elevated risk for STI transmission, such as men in the workplace, adolescents, sex workers and persons living with HIV/AIDS.

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[1]Mqoqi N, Mqhayi M, Tshukudu D, et al. *The National Introduction of the Female Condom and Emergency Contraceptive Pills Program, Pilot Phase -- Final Report*. Bertsham, South Africa: Reproductive Health Research Unit, Chris Hani-Baragwanath Hospital, 2000.

FHI produced these research briefs as part of an information dissemination effort supported by the Bureau for Africa/Office of Sustainable Development, U.S. Agency for International Development. For more information, please contact femalecondom@fhi.org. Copyright Family Health International, 2001.