

THE FEMALE CONDOM: DYNAMICS OF USE IN URBAN ZIMBABWE

In July 1997, Population Services International (PSI), at the request of the Zimbabwe National AIDS Coordination Programme (NACP), launched a social marketing program for the female condom in Zimbabwe. The campaign's intended audience was women in long-term relationships. To avoid stigma associated with condoms and STI prevention, PSI marketed the female condom as a family planning product or “contraceptive sheath” under the brand name *care*TM. The product's original marketing slogans included, “The *care* contraceptive sheath is for caring couples,” and “For women and men who *care*.”

Approximately one year after the start of the female condom social marketing campaign, the Horizons Program and PSI conducted a descriptive, cross-sectional study of female condom users, male condom users, and non-users of either barrier method. At the time of the study, the female condom was being marketed in urban Zimbabwe through radio, TV, and print media, and sold through selected sales outlets, including pharmacies, large supermarkets, and convenience stores at a heavily subsidized retail price of US\$0.24 for a box of two.

The goal of this research was to increase understanding of the patterns and dynamics of female condom use to inform policymakers

and program planners involved in decisions about promotion and distribution of the female condom in Zimbabwe.

Study Methods

The study used a combination of quantitative and qualitative methods. An intercept survey was conducted with women and men exiting a random sample of urban outlets that sell both *Protector Plus*TM male condoms and *care*TM female condoms. Four types of sales outlets were included in the study: pharmacies, supermarkets, small stores, and such nontraditional outlets as service stations, department stores, and beer halls. In total, 493 female condom users, 633 male condom users, and 624 non-



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users were included in the survey analyses upon which this report is based. Male and female users of the female condom also participated in in-depth interviews and focus groups.

All data collection methods were anonymous, and oral informed consent was obtained in the respondent's local language.

Horizons conducts global operations research to improve HIV/AIDS prevention, care, and support programs. Horizons is implemented by the Population Council in partnership with the International Center for Research on Women (ICRW), the Program for Appropriate Technology in Health (PATH), the International HIV/AIDS Alliance, Tulane University, Family Health International, and Johns Hopkins University.

Key Findings

Characteristics of respondents. Users of the female condom were generally in their mid- to late twenties and, compared to male condom users and non-users of either method, had higher levels of education and access to household resources. Among women, more users of the female condom were unmarried and were primary breadwinners in their households, compared to male condom users and non-users. A higher percentage of men who had used the female condom were married, compared to male users of the male condom. The vast majority of men and women used the male condom at least once prior to trying the female condom. More than half of male users of the female condom but only 17 percent of female users reported having more than one sexual partner within the last year.

Context of use. Use of the female condom was higher within the context of marriage or regular partnerships, rather than casual or commercial partnerships. For example, 77 percent of married men used a female condom with their spouse while only 45 percent (13/29) of married men who reported having a casual partner in the last year had used a female condom with that type of partner. Nearly 98 percent of unmarried women who had a regular partner reported using a female condom with them. But only 73 percent (22/30) of unmarried women who had had a casual partner in the last 12 months used a female condom within that relationship (73 percent).

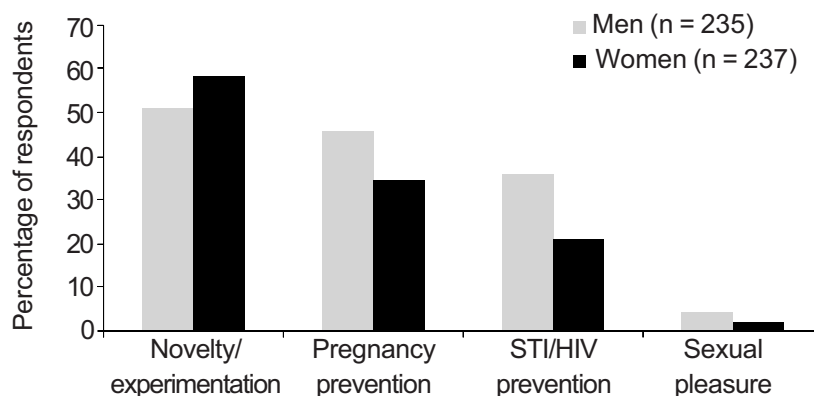
Reasons for use. Novelty or experimentation and pregnancy prevention were primary reasons for initial use of the female condom (Figure 1). However, a third of men and 21 percent of women reported STI/HIV prevention as a motivator for trying the female condom. Qualitative data highlighted the importance of STI/HIV prevention as a main reason for using the female condom in general. For example, the majority of both male and female focus

group participants mentioned disease prevention as the main reason they have continued to use the female condom.

Radio and friends or relatives were important sources of information about the female condom, but face-to-face contact—with either partners, friends, relatives, or health professionals—was an important motivator of actual use.

Perceptions and problems. Users of the female condom perceived it to be effective and reliable as both an STI/HIV prevention method and a contraceptive method. But 30 percent of men and 57 percent of women reported some difficulty with use, such as problems with insertion, discomfort during sex, noise or squeakiness during use, and excess lubrication. Many male and female in-depth interview participants (13/16) reported difficulties using the female condom upon initial use, but most had overcome these difficulties by the third or fourth use.

Figure 1 Reasons for initial female condom use



Negotiation of the female condom. Both male and female users concur that women, more than men, initiate dialogue about using the female condom, decide on its use, and procure the product. However, a considerable percentage of both males and females reported that both partners jointly decide to use the female condom. Pregnancy prevention and disease prevention are the most common topics discussed by survey participants in the negotiation process. However, focus group and in-depth interview data reveal that while some women, particularly married women, are interested in the female condom for disease prevention, they are not comfortable discussing this openly with their partner. Instead, they reported using other strategies, such as telling their partner that sex would be more enjoyable with a female condom than with a male condom, or that sex would be possible during menstruation.

An interesting finding is that 13 percent of women reported using the female condom without their partners' knowledge. While this suggests that for some women the female condom can be totally under their control, in most cases the female condom requires communication with and cooperation from a woman's partner.

Nearly a fourth of women and 15 percent of men said that one of their partners had opposed female condom use. While most say they used a male condom instead, among married women about half whose partner opposed using the female condom had unprotected sex.

Use of the female condom. Overall, about 15 percent of women and men reported always using the female condom (Table 1). Consistent use was reported much less frequently with spouses than with regular partners outside of marriage. Results from multivariate logistic regression demonstrate consistent female condom users were less likely to experience difficulties with use or partner opposition to female condoms, less likely to rely on other family planning methods, and more likely to first begin using the female condom in order to prevent pregnancy.

Among those who have used the female condom and the male condom, approximately 80 percent

Table 1 Consistency of female condom use in the last 12 months by partner type

Always used female condom with:	Percent (%)	
	Men	Women
All partners	15.4 (n = 256)	16.0 (n = 237)
Spouse	6.0 (n = 108)	4.2 (n = 150)
Regular partner	29.9 (n = 128)	20.5 (n = 124)
Casual acquaintance	17.5 (n = 23)	50.4 (n = 26)
Sex worker	17.9 (n = 16)	NA NA

of men said they intend to use both methods in the future. However, a greater proportion of women said they will use the female condom again (68 percent), compared to the male condom (54 percent). But married women were less likely than single women to report continued use of either barrier method.

Potential added protection. STI/HIV protection may have increased among some users after the introduction of the female condom. For example, 27 percent of married women had never used a male condom before they used the female condom (27/98), and 20 percent of all consistent female condom users reported not being consistent male condom users prior to trying the female condom (13/65).

Continued male condom use. Ninety-four percent of inconsistent female condom users who were ever-users of the male condom reported that they continued to use the male condom after trying the female condom. Qualitative data revealed that female condom users often alternate the use of male and female condoms instead of relying on one method alone. Respondents said that what is used is determined by different factors, such as which method is available, what a partner wants to use, whether the woman is in her fertile period, and whether the woman is menstruating. Women also reported using female condoms when their husbands come home late at night or when they suspect infidelity. Additionally, some men

reported using female condoms with their wives and regular partners while continuing to use male condoms with casual partners and sex workers.

Program and Policy Implications


Data from this study indicate that one year after the start of PSI's social marketing campaign, the female condom is being used primarily within marriage or a regular partnership, thus reflecting the aims of the campaign. Single women and married men with outside partners seem to have benefited the most from its introduction. These are important groups to reach in a country such as Zimbabwe, which has a high prevalence of HIV in the general population.

However, married women have particular needs that need to be addressed in future campaigns and educational programs. Many married women perceived themselves to be at risk of HIV infection but are not using any barrier method. Among female condom users, married women were more likely than single women to encounter partner resistance to the female condom and less likely to report future use. They also were less likely than single women to have used male condoms prior to trying the female condom and less likely to have been consistent female condom users. Face-to-face contact—with either partners, friends, relatives, or health professionals—was found to be important for motivating female condom use.

Training both peer educators as well as clinicians and pharmacists to provide women and men with information and support services about the product may be an effective means of increasing correct and continued use. Such support mechanisms are clearly needed, given that the majority of female condom users said the only

information that they received on how to use it was from the package itself. This lack of information, support, and follow-up with female condom users is reflected in the high percentage of users reporting difficulty with its use, a critical issue that must be addressed in future interventions.

Users of the female condom often continue using male condoms. But which method is actually used for a particular act of intercourse is often driven by the context of the situation, with some contexts—such as the suspicion of a woman that her partner is unfaithful—favoring the use of a female condom.

Data from this study suggest that female condoms are providing new and additional protection from HIV/STI to some study participants. More research is needed to accurately assess the female condom's contribution to increasing protected sex among women and men in Zimbabwe. 

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