4
2007

Exchange

on HIV/AIDS, sexuality and gender

Male circumcision for HIV prevention p.5

The role of the media in prevention trials p.11

HIV prevention technologies

This issue of *Exchange* focuses on promises and concerns with regards to new HIV prevention technologies, both existing and under study. The cover article, on the female condom, urges governments, donors and (international) NGOs to join forces and urgently scale up the only female-initiated method that is currently available. One of the reasons why female condoms are still hardly accessible is the lack of donor support, the author states. An article on male circumcision highlights the promises and challenges of this new HIV prevention technology, which was officially endorsed by the WHO and UNAIDS in March 2007.

Microbicides and vaccines both show the promise of blocking the spread of AIDS, however, it is unlikely that they will be available in the coming few years. To make sure that HIV prevention trials are conducted ethically and that knowledge about the benefits of these technologies will be passed on once they become available, it is well accepted that it is necessary to involve civil society organizations in an early stage. An article on civil society involvement in three Asian countries shows that there is still a lot to be done.

Trial 'failures' as a result of early termination or disappointing results often lead to inaccurate and sometimes damaging media reports. The fourth article in this issue presents some positive and negative experiences from Tanzania. Researchers can also play their role by building bridges between the trial sites and communities, community organizations and local media. An example from South Africa shows how this can be done.

Nel van Beelen
Managing editor

Female condoms: Prevention options for women now!

In 2006, women represented almost half of HIV infections worldwide, and sixty percent of HIV infections in sub-Saharan Africa. Eighty percent of all HIV infections are sexually transmitted. In spite of this reality, two and a half decades into the HIV and AIDS pandemic, the disease continues to outpace the global response. As international donors and country governments move forward with plans to make male circumcision more accessible and invest millions of dollars into developing microbicides and vaccines, they cannot afford to overlook the only available HIV prevention intervention that allows women to initiate protection and negotiate safer sex – female condoms. Female condoms must be part of a comprehensive, rights-based approach to HIV prevention that includes behaviour change communication as well as tools and technologies that allow individuals to choose the prevention methods that will be most effective in protecting them against infection.

In light of women's vulnerability to HIV infection as well as the myriad factors obstructing their sexual agency, women desperately need a prevention tool that they can initiate, and, unlike microbicides or vaccines, female condoms are available now. The most widely available female condom is the Female Health Company's FC1 Female Condom, a durable polyurethane sheath that is open at one end and closed at the other. Two flexible rings at either end – one facilitates insertion, the other rests outside the vagina – hold the condom in place. The FC1 is the only female condom approved by both the World Health Organization and the US Food and Drug Administration (FDA). The Female Health Company's second generation product, FC2, retains the basic features of the FC, except it is made of a latex derivative called nitrile, which reduces the cost of production. The WHO approved the FC2 for use in 2006. Though not yet approved by the FDA, the FC2 is available for distribution and used in developing countries. PATH is in the process of producing a women's condom, and MedTech Inc. is producing the Reddy Female Condom, however, neither of these two products have yet been approved by the WHO or FDA.

An acceptable method of prevention

The World Health Organization has found high rates of user acceptability for the

female condom, ranging from 37 to 96%.[1] There is no denying that female condoms require partner negotiation. While this may be problematic in some relationships, especially where there is violence or coercion, many women discover a sense of empowerment in negotiating the use of protection with their partners and feel more confident in the method's efficacy. In addition, in situations where men have refused to use the male condom, either because of discomfort or stigma associated with the product, women have been able to present the female condom as an alternative.

Studies suggest that male partners often respond positively to the female condom, attracted to its novelty and finding it less restrictive and more conducive to body heat and texture than male condoms. Some men even experience that the inner ring of the condom produces extra stimulation, and women have discovered the same about the outer ring. The fact that female condoms can be inserted prior to arousal means that protection does not have to interrupt sex – an added benefit. It also means that women anticipating that they or their partners will get drunk before or during sex, can insert the condom hours prior to sexual intercourse and still ensure protection.

The female condom is effective and in demand

The female condom is highly effective at preventing both unwanted and STIs. With average use, female condoms prevent 79 out of 100 unwanted pregnancies (compared to 85 out of 100 for the male condom).[2] With correct and consistent use their efficacy has been found to be as high as 98%.[3] Female condoms are estimated to be 80 to 95% effective at preventing HIV transmission (this is the same efficacy as the male condom) and are thought to give extra protection against other STIs because the external portion partially covers the outside of the vagina and base of the penis.[3] Despite concerns that the female condom will be used to replace male condoms, studies from the USA, Brazil and Zambia indicate that overall rates of protected sex acts increase when female condoms are made available alongside male condoms, meaning that rather than replacing male condoms, female condoms supplement them.[3]

Access to female condoms expands the range of options available to women and men who are HIV negative and HIV positive that seek to avoid unintended pregnancy or HIV infection through unprotected sex. Although known as the 'female' condom, the method can be used during anal sex, thereby expanding the choices available to heterosexuals, gay men, men who have sex with men, and bisexual and transgender persons – providing a benefit to all people seeking to engage in safer sex.

Preparation for future interventions

The female condom is marketed as a tool for women's empowerment similar to the way in which microbicides are being promoted and both products require a basic familiarity with women's reproductive anatomy and demand programmes that address social norms around women's sexuality and agency. Lessons learned about successful strategies for building political will and consumer interest in the female condom should inform donors, activists and programme managers as they make plans to invest in the promise of future woman-initiated prevention methods. As the case of male circumcision has shown, as partially effective prevention methods such as vaccines and microbicides become available, the female condom will be a necessary tool for additional protection.

> Despite being a highly effective dual-protection method and the only woman-initiated method, only 20 million female condoms were distributed in 2006 – that is 1 for every 100 women in the developing world.

Challenges to acceptability and use

Despite being a highly effective dual-protection method and the only woman-initiated method, only 20 million female condoms were distributed in 2006 – that is 1 for every 100 women in the developing world. The main challenges to acceptability and use are: 1) insufficient donor support; 2) lack of knowledge; 3) negative providers' attitudes; and 4) stigma and opposition to women's agency.

The Prevention Now! Campaign

Prevention Now! is a global campaign working to prevent the spread of HIV, reduce unintended pregnancy, and advance the sexual and reproductive health and rights of all people worldwide. Through education and advocacy, the Prevention Now! Campaign seeks to ensure that governments and donor agencies provide the funds needed to dramatically increase access to female condoms and other existing HIV prevention options for women and men. The campaign seeks to build partnerships among national efforts and link those to international efforts.
More information: http://www.preventionnow.net

1. *Donor support* – One of the greatest challenges facing the female condom is lack of support from national governments and international donors. In order to be a widely accessible and used product, governments and foreign aid organizations must not only invest in the product's procurement, but also in effective distribution and programming. At around $0.60 per piece (compared to $0.03 per piece for male condoms), not including the cost of programming, the price of female condoms is often cited as a barrier to donor investment and individual affordability. Although the female condom is currently twenty times more expensive than the male condom, female condoms could be a cost-effective prevention method used to prevent HIV infections in situations where the male condom cannot or would not be used. The Female Health Company estimates that increasing global purchasing of the FC2 to 200 million will cut the cost of the product by two thirds, providing an incentive for greater donor investment.

Female condoms

Female condoms are as effective as male condoms in the prevention of pregnancy and STIs, including HIV. Like male condoms, they may require some practice. Inserting and removing the female condom from the vagina becomes easier with experience. The female condom is the only women-initiated method available at the moment, even though the method requires a woman's partner's cooperation.

Furthermore, a study in Brazil and South Africa found that if female condom distribution were to reach 10% of male condom distribution in each country, thousands of HIV infections would be averted saving both countries millions of dollars in treatment costs alone.[4]

> Providers' attitudes about the female condom can significantly influence potential users' decisions to try the product

Because the cost of the female condom is unaffordable for individuals in many developing countries, international organizations such as the World Health Organization, UNFPA, Population Services International and Family Health International currently provide the female condom at a significantly subsidized rate for consumers, and the product is often available for free at public health centres. However, continuing to provide the product at reduced cost to greater numbers of people will require increased donor investment.

2. *Lack of knowledge* – The female condom is an ideal product for integration in existing HIV/AIDS-related services, but the product cannot be effectively programmed without adequate commitment and attention on the part of both providers and users. Lacking adequate knowledge of their reproductive anatomy, many women do not understand how to insert the female condom and worry that the product will get stuck or lost inside their bodies. Others will discontinue use because they find initial insertion and use uncomfortable. Programme managers have effectively used pelvic models, which require additional financial investment, or hand models to demonstrate female condom insertion. Providers should also encourage potential users to insert the product several times before intercourse in order to ensure maximum comfort and efficacy.
3. *Providers' attitudes* – Providers' attitudes about the female condom can significantly influence potential users' decisions to try the product. One study at family planning centres in Kenya found that even though clients were generally willing to try female condoms, providers only recommended the product to individuals they believed to be at heightened risk of infection, most commonly, single women and sex workers.[5] A study at voluntary counselling and testing centres in Kenya found that providers were reluctant to promote female condoms because they were not familiar with the product themselves.[6] Given providers' influence over the health decisions of their clients, it is essential that potential female condom providers be trained to adequately address questions and concerns their clients express about female condoms and that they have an opportunity to address their own biases and misconceptions about the product so as not to pass them on to potential users.
4. *Stigma and opposition to women's agency* – Male condoms are generally associated with disease prevention and are commonly viewed as symbols of infidelity and uncleanliness. Female condoms run the risk of similar stigmatization; however, as a reversible and non-hormonal method of fertility control, a promising way to position female condoms is as a method for women to maintain sexual and reproductive health and preserve fertility. This approach has worked toward normalizing their use and expanding women's family planning options. Nevertheless, in many of the countries where female condoms could have the greatest impact as a prevention tool, men retain all power

over sexual and reproductive decision making. Though there is no easy solution for overcoming social and cultural constructs that oppose women's agency and ignore sexual and physical violence against women, experience from the field demonstrates that men can become partners in female condom programming and promotion and that female condom programmes that incorporate men increase the method's use. For those men who find male condoms insufficiently sensitive, female condoms can be promoted as a way of promoting men's enjoyment and health.

Conclusion: Where do we go from here?

Although considerable barriers exist to effective distribution and programming of female condoms, the experience of, for instance, Zimbabwe (see the Box) teaches that the right mix of political will, stakeholder coordination and effective programming can make female condoms a success. As a result of successful efforts on the part of civil society, social marketing organizations, the national government and international donors, Zimbabwe now has the highest sales of female condoms per capita in the world. The success of Zimbabwe could be replicated in other countries, but it demands coordination and commitment on the part of multiple stakeholders.

Civil society can play a significant role in educating governments about the importance of female condoms by targeting individuals responsible for procurement with messages about the importance of female condoms, and developing relationships with members of parliament, government officials and prominent members of society who are willing to use their positions of power to promote female condoms at the policy level. In order to ensure that female condoms are not haphazardly procured and delivered, governments must establish national strategies for procuring, marketing and programming them and international donors must provide logistical and financial support for these plans. Though national media and marketing campaigns can generate significant interest in female condoms, national plans must ensure that funding, supplies and programmes are in place at sustainable levels in order to meet the demand generated.

Although female condoms hold promise for women's sexual empowerment and curbing the spread of the AIDS epidemic, they cannot remain an afterthought in national and global AIDS strategies if they are to realize their full prevention potential. An effective response to the AIDS pandemic requires increased investments in female condom programming, distribution and procurement, but this response must be coordinated, from the level of the international donor to the local distributor, with particular emphasis on adequate needs and concerns of women and men. ■

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Success from the field: Zimbabwe

In 1996, Zimbabwean women's groups petitioned the national government for access to female condoms with 30,000 signatures. Already interested in the product, the government responded to public demand and asked Population Services International (PSI) to begin a national female condom social marketing campaign.[1] In order to normalize the product and avoid negative associations with HIV and AIDS, PSI decided to market female condoms to heterosexual couples as the *Care* 'contraceptive sheath' through a mass media campaign. *Care* was originally sold in traditional outlets such as pharmacies and available for free at public health clinics. However, as sales of the product decreased in the early 2000s, PSI started training hair dressers in how to effectively communicate the benefits and use of female condoms to their clients and made the product available at hair salons at a reduced price. In 2006, hair salon distribution accounted for more than 50% of the 1.4 million female condoms sold in Zimbabwe. PSI is now expanding this model among support groups for people living with HIV and male barbers. PSI's programmes in Zimbabwe are supported by various donors including DFID, USAID and UNFPA, and PSI coordinates its female condom activities with those of the Ministry of Health. As a result of successful efforts on the part of civil society, social marketing organizations, the national government and international donors, Zimbabwe now has the highest sales of female condoms per capita in the world.

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