

Promoting the female condom in Burundi

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In Burundi, several years ago, informal discussions during consultations in various associations and health centres led to a number of women raising the problem of men who were unwilling to use condoms, even when their partners asked them to. This situation was worrying for these women, more because the education they received put emphasis on the submission of women in case of sexual relations even if they knew their husbands were unfaithful. As a response, since 2002, SWAA-Burundi has included the promotion of the female condom, or Femidom, in its HIV prevention action plan. SWAA-Burundi is a Burundian not-for-profit organization created in 1992. It is a branch of the international SWAA (Society for Women Against AIDS in Africa), a pan-African NGO of women facing HIV and AIDS.

An acceptability study on the female condom in Burundi was done in 2001 by SWAA-Burundi with financial support from UNFPA.¹ Some 320 women participated in this study. At the time, the female condom was not available in the country. Respondents were, therefore, given two female condoms each to try with their partners. Of the 320 women that participated in the study, 267 (83%) used the condom, 36 (11%) did not and 17 (5%) did not return to disclose their opinions.

The results of the investigation revealed both positive and negative results. On the positive side, the female condom was seen as having the following advantages:

- It was comfortable and soft.
- It did not rob the partners of sexual satisfaction during intercourse. The lubrication and the soft texture of the material probably accounted for this.
- It collected the sperm properly, as compared to the male condom.
- It did not feel bad. The Femidom was perceived to be an additional protective method that presented evident qualities and that assured women their autonomy.

On the negative side, it was noted that the condom was difficult to insert. Some women were also of the opinion that it caused anxiety

and worked poorly. The Femidom was seen as incompatible with the technique 'Ruganga' (a sexual practice done by Rwandan and Burundi men which focuses on the clitoris). The production of noise during sexual intercourse was cited as another area of discomfort.

The work of SWAA

Since its introduction in Burundi, the demand for female condoms by women has been high as shown by the increasing number of Femidoms distributed since 2002 by the branches of SWAA. SWAA distributed 3741 condoms in 2002; 13,521 in 2003; and 30,103 by 2004. About 18,000 Femidoms were distributed in 2005. With the support of UNFPA, the National Reproductive Health Programme (PNRS) receives condoms and guards them in store. SWAA distributes them to the health centres, organizations involved in HIV/AIDS work and to national and international NGOs for free.

Promotion of the female condom was necessary in Burundi because it was a new product and most women had not seen or heard about it before. Since 2001, SWAA conducted a wide range of activities to promote the female condom and many participants received information on the condom. Some of the activities include:

- Awareness raising campaigns and education of participants at all levels: health care facilities, the counsellors, media personnel, administrative staff, NGOs in the fight against AIDS, CBOs, faith-based organizations, etc.

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- Information dissemination to the population (women and men) on the existence of the female condom.
- Identification of pilot centres for the promotion of the female condom (testing ways of distribution, evaluating before scaling up, adaptation of the messages and tools, etc.).
- Increase of the number of participants that receive and pass on education on the female condom.
- Distribution of the female condom through health facilities, organizations working on HIV/AIDS and reproductive health,

- schools, cafés, hotels, restaurants, military camps and prisons.
- Production of posters, radio and TV spots, and leaflets on the usage and promotion of the preservative.

Since the introduction of the female condom in Burundi, SWAA conducts workshops and awareness meetings each year on the use and promotion of male and female condoms at different levels. At these workshops, demonstrations on the proper use of condoms are conducted using models of penises and vaginas. From ongoing investigations, it was noted that not all women were comfortable with the use of the female condom. Nevertheless, certain categories of women could try and adopt it, even though this method has disadvantages. As a strategy, SWAA targets women whose husbands or partners do not accept the use of male condoms but do not object to female condoms, as well as women who cannot use other contraceptive or protective methods. These groups of women are sensitized on the benefits of the female condom.

The female condom responds to the need for security expressed by women who feel dominated by men in their sexual lives, and women who are dependent on men for the choice of the means of protection. However, the use of the female condom still requires

negotiation between both partners before intercourse and this limits the decision power that women have in matters of sexual relations. In addition, the price of the female condom is relatively higher and the condom is not as available as the male condom. Nevertheless, women in Burundi and elsewhere can delight in the fact that the range of prevention methods is wider now and that the female condom is one such method they can control themselves. ■

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1. *Etude sur l'acceptabilité du Femidom au Burundi. Rapport final.* SWAA, 2002: www.web-africa.org/swaa-burundi/fichiers/femidon_rapport.htm

About the female condom

The female condom was first designed and manufactured by the Female Health Company. The World Health Organization (WHO) and UNAIDS encourage the introduction of the female condom as a method of prevention and as an additional tool.

Use and effectiveness – The female condom is strong, soft, transparent, and has a sheath that is 17 centimetres long with a flexible ring at each end. The condom is inserted into the vagina prior to sexual intercourse and provides protection against both pregnancy and STIs, including HIV/AIDS. The inner ring at the closed end of the condom aids the insertion process and secures the device in place during intercourse while the softer ring remains outside the vagina. A systematic review of articles that examined the effectiveness of this female-controlled barrier method as a method of disease prevention showed that there is evidence that female condoms confer as much protection from STIs as male ones.¹

Access – Since 1997, the female condom has been introduced into over 100 countries. However, the number of condoms distributed annually is still low. According to the initiators of the Prevention Now! Campaign, access to female condoms has been limited in part due to myths and misconceptions that have restricted investment by governments and international donors. This lack of investment has, in turn, kept the per-unit cost of female condoms unnecessarily high. The Prevention Now! Campaign, an international advocacy effort carried out by the Center for Health and Gender Equity, the International Women's Health Coalition, the World YWCA and Action Aid Uganda, was launched in June 2006 on the occasion of the UN High-Level Meeting on AIDS ('UNGASS +5'). Its goal is to dramatically increase access to female condoms and other existing prevention methods by demanding increased investment by governments and international donor agencies.²

Successful implementation – A review of introduction programmes developed by Ministries of Health and NGOs in four countries (Brazil, Ghana, Zimbabwe and South Africa)³ showed that successful programmes have several key similarities: 1) a focus on training for providers and peer educators, 2) face-to-face communication with potential users to equip them with information and skills, 3) an identified target audience, 4) a consistent supply of the product, 5) a long assessment period to measure actual use beyond the initial novelty phase, and 6) a mix of public and private sector distribution. Finally, in order to ensure successful introduction of the female condom it is crucial to involve a range of decision-makers, programme managers, service providers, community leaders and women's and youth groups.

1. A. Minnis & N. Padian, Effectiveness of female controlled barrier methods in preventing sexually transmitted infections and HIV: current evidence and future research directions. *Sexually Transmitted Infections*, 2005, 81 (3): p. 193-200: <http://sti.bmjournals.com/cgi/reprint/81/3/193>

2. More information: change@genderhealth.org

3. M. Warren & A. Philpott, Expanding safer sex options: introducing the female condom into national programmes. *Reproductive Health Matters*, 2003, 11 (21): p. 130-139.