The status and future of Female Condom (FC) use in South Africa

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Who Are We Collaborating With on This Project?

Fiona Guerra is one of ACEWH’s two CIDA IYIP Interns currently in Cape Town, South Africa at the Human Sciences Research Council (HSRC). Fiona is in the HIV/AIDS, STIs and TB (HAST) Unit as Program Assistant-Health Promotion under the supervision of Dr. Leickness Simbayi. One of her projects has been to analyse nationally representative data on female condom (FC) knowledge and use in South Africa and prepare a manuscript for publication and a policy brief on the findings.

Why is FC use an issue for women?

The FC is the only female-controlled device that offers women protection from STIs, HIV, and unplanned pregnancy. Access to FCs is thus central to protecting the sexual and reproductive health and rights of women.

Which women are affected and involved?

The female population in South Africa has a higher rate of HIV than their male counterparts. The vulnerability of South African females to HIV relative to males is due to both biology and societal factors. The statistics reinforce evidence suggesting that some South African women are more vulnerable to HIV due to lower education levels, economic disadvantage, patriarchal traditions, gender-based violence and other social and institutionalized forces.

What did they find?

The authors, Dr. FM Guerra and Dr. LC Simbayi, found significant associations between knowledge and use of FCs and several population characteristics among sexually active females in South Africa. The authors were particularly interested to observe that some groups with a low level of knowledge about FCs were actually more likely to use FCs if they were informed about their existence, compared to groups that were very knowledgeable but less likely to use FCs. The data suggests that FC use could increase if educational programming better targets females in key demographics.

What key themes emerged?

The FC has undergone many changes in response to consumer needs, but false and outdated information is pervasive and undermines the interest in using current FCs amongst females in South Africa.

Expansion of FC programming will help reduce new HIV infections while upholding the sexual and reproductive health and rights of South Africa’s women. In a similar vein, making FCs widely available is a step towards gender equity and equality. In the absence of FCs, women must rely on their male partner(s) to agree to wear a male condom. Providing women with FCs helps adjust the power imbalance in negotiating safer sex.

The existence of both populations with low levels of FC knowledge and populations with high levels of FC knowledge suggests poor promotion of the device within certain populations, and incorrect assumptions regarding potential acceptability of FCs within these populations.

What was the feedback?

The data in the policy brief serves to inform the National Department of Health of South Africa, international development agencies and donors of the benefits of updating and scaling up FC programming, with emphasis on particular populations.