Fumbling with the female condom

Hidden power in the global response to AIDS
Central research question

Why has the female condom remained a low priority product on the global health agenda in the response to AIDS?
Structure of my research

Theoretical framework of Shiffman and Smith (2007) on political prioritization of global health issues.

Consists of four groups of factors:
1. Political context
2. Characteristics of the issue
3. Power of actors
4. Power of ideas
Political context

The framework of Frost & Reich about ‘access to new health technologies in developing countries’

Global public policy actors were found not to be interested in the female condom: “There is no demand”

Characteristics of the issue

According to global public policy actors:

- Non acceptability
- Non affordability
Acceptability

Studies among women living in Sub-Saharan Africa:
Intervention studies (9): acceptability rates > 50%
Non-intervention studies (6): acceptability rates 2-11%

Affordability

Comparative case study on global public and private measures for three preventive products: female condoms, male condoms and microbicides

Same type of global measure though different in size

Male condom marketers focus on consumers. Female condom marketers and microbicides researchers both focus on public sector (compete).
Power of public sector actors at global level

Funding power

Framing or power of ideas

Hidden power (‘fumbling’)
Funding power

- Researching microbicides and vaccines rather than integrated condom programming.

- Donors (USA vs Europe) similar downward trend.

Framing power

• Global AIDS policy actors frame the AIDS problem predominantly in the context of gender and reproductive health, rather than that of sexuality and sexual rights.

• Men’s sexual agency is treated differently from women’s sexual agency. AIDS policies negate women’s agency in sexuality, and their sexual rights.

Hidden power

• In-depth interviews on the work floor of global AIDS policy makers.

• Ambivalent, gender and culturally stereotyped, and sometimes contradictory ideas, though the female condom was thought to have a marginalised future.

• A supportive AIDS policy is not enough. The personal and organisational mind-sets are essential.
Conclusions

1. Characteristics (unacceptable/ unaffordable) of the female condom undergo a process of fixation

2. Choosing words and narratives that silenced women’s sexuality indicated implicit associations leading to low priority to the female condom

3. Add implicit power of actors to the theoretical framework in political prioritization in global health.
Recommendations

1. Focus on the similarities between the female condom and microbicides.

2. Need for institutional strategy to address implicit associations and change the current gendered culture on women and sexuality.

3. Use a critical gender lens when responding to global problems in the field of sexuality and human reproduction and reflect on your own actor power.