

**Evaluation of the National South African Female Condom
Programme:**

Parallel Programming of Female Condoms

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Executive Summary

South Africa is the first country with a comprehensive female condom (FC) programme to offer choice in female condoms. Since early 2014 in addition to FC2, two more FCs (Cupid and Pleasure More) were introduced into the public and non-public sectors. The purpose of this research was to evaluate the introduction of parallel programming in facilities that had commenced distribution of at least one of the two new products.

In total 23 sites participated from four provinces in the evaluation. Of these 21 were public sector health facilities and two non-public sites. Providers and clients completed interviewer administered questionnaires on the day of the site visit. Clients were interviewed if they reported ever use of FCs. Information collected included FC type available, length of distribution, how clients are informed about new types of FCs, clients and providers reactions to the choice of more than one FC and their perspectives regarding the additional FC types.

A total of 55 providers and 51 clients were interviewed. Although all 23 sites reported they had ever distributed new FCs, some did not have more than one available on the day of the evaluation. In all the 23 sites, all had Cupid available. Over two thirds (73.9%) of sites distributed FC2, far fewer distributed Pleasure More (13%). Over two thirds reported they had FC2 and Cupid, one site reported all three types, two sites only stocked Pleasure More, two sites had Cupid and Pleasure More and one site had Cupid only. Almost all providers (n=53) think it's important to increase choice if FCs available to clients, however there was a concern amongst two thirds of providers (66%) that if one type was more popular they may run out of stock, while 15 providers worried that having different FCs may confuse clients. Of the 51 clients, eight had ever used more than one type of FC. Almost all clients (96%) felt it was important to increase the choice of FCs, with only 11 clients stating it may confuse women, and 14 clients stating it would confuse men. Most women (80%) felt that using one type of FC would make it easy to use another type. The majority of clients (96%) believed that if they had a choice of FCs, they will find one that suits them best.

The preliminary results show that although parallel programming is still in its early stage of roll out, providers and clients seem to be very positive about the choice of FCs. Providers felt it was important they can be assured of the variety of products. Providers called for more product specific training and IEC (Information, Education and Communication) for providers and the community.

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List of Acronyms

DoH	South African Department of Health
FC	Female Condom
FC2	2 nd generation female condom manufactured by the Female Health Company
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
MatCH Research Unit	Maternal, Adolescent and Child Health Research Unit
MC	Male Condom
NGO	Non-Government Organization
SA	South Africa
STI	Sexually Transmitted Infection
UAFC	Universal Access to Female Condoms Joint Programme
USAID	United States Agency for International Development

1. INTRODUCTION

1.1 Background

Male and female condoms are currently the only effective dual protection method against unintended pregnancy and the transmission of STIs and HIV.¹⁻² In recent years, a number of initiatives including advocacy and support to female condom (FC) programmes and increased distribution have played a significant role in highlighting the need to ensure FCs are seen as an essential tool for prevention.³⁻⁴

Another important development has been the emergence of new FC products, different in design and materials that have the potential to lower cost and improve acceptability.⁵ There are challenges in developing the new FC products, regulatory issues being by far the greatest hurdle, however several new designs are now available in different countries, some of which are progressing through the final stages of regulatory approvals, where after they will potentially be available to country programmes.⁵

The availability of new designs of FCs, some of which may also be more affordable, will increase choice and options for couples who choose to use FCs as their prevention method.

South Africa (SA) has one of the largest and best-established, public-sector male and female condom (MC and FC) programmes worldwide. The programme is currently undergoing a comprehensive evaluation where critical information about the successes and limitations of SA's FC programme is being collected which could benefit not only SA, but inform best practise globally for FC HIV prevention programming.

An expert meeting held in Durban in 2011 aimed to develop strategies, recommendations and guidelines for future FC parallel programming (where more than one FC product is available in a programme).⁶ The recent introduction (2014) of two new FC products in SA (Cupid FC and Pleasure More FC) was important to evaluate.

1.2 Rationale

The FC2 was the only FC product procured by the South African Department of Health (DoH) between 1999 and 2013. At the end of 2013 a further two FCs were added to the programme Cupid and Pleasure More. Some training of health care providers was conducted and the new products were gradually introduced in 2014, becoming available to the public and non-public sector (NGOs, private sector and tertiary education) as sites ordered new FC stock. This was an ideal time to evaluate the introductory process and the current situation at distribution sites.

1.3 Study Objectives

Primary objective: To evaluate the introduction of new FC products into the existing SA FC programme.

1.4 Study Products

The three FCs in the SA programme are described in Box 1.

Box 1: Female condoms distributed in South Africa

The FC2[®] female condom

The FC2[®] FC (Female Health Company) is made of synthetic nitrile rubber latex, has a flexible inner ring to insert the device and keep the condom in place during sexual intercourse. A ring at the open end of the condom lies flat across the genital area. FC2 received UNFPA/WHO prequalification in 2007. In 2009, it was approved by the USFDA.



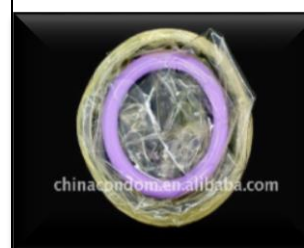
The Cupid[®] female condom

The Cupid[®] FC (Cupid Ltd, Mumbai, India) is made of natural rubber latex, has a sponge to insert the device and keep the condom in place during sexual intercourse. An outer octagonal frame lies flat across the genital area. Cupid was UNFPA/WHO prequalified in 2012. Available in pink or natural latex colour. It is the only FC that is scented.



Pleasure More female condom

The Pleasure More FC (HBM Ltd) is made of natural rubber latex, has a flexible inner ring to insert the device and keep the condom in place during sexual intercourse. A ring at the open end of the condom lies flat across the genital area and further ensures the condom stays in place. This FC is not yet prequalified by WHO/UNFPA.



2. RESEARCH DESIGN AND METHODOLOGY

The sampling frame for the study was the existing national STI sentinel surveillance sample used for the National FC Evaluation^a (~ 30 sites in each of the 9 SA provinces). In four purposively selected provinces, any site reporting more than one FC product in the telephonic interview of the National FC Evaluation was included in the in-depth site assessment. The sample included both DoH facilities, non-public sectors and NGOs.

2.1 Study Procedures

2.1.1 Provider Interviews

The providers in each site were randomly sampled from the list of staff present on the day of the study site visit. We interviewed 2 or 3 providers per site (depending on total staff complement) who reported being involved in condom distribution and counselling. A structured questionnaire administered by a trained research staff member was used to collect information on parallel FC condom programming. Sites were informed in advance about the study and the site visit. Participating providers were given an information sheet and signed an informed consent if willing to participate.

^a The National South African Female Condom Evaluation: <http://www.matchresearch.co.za>.

2.1.2 Client Interviews

At each site the clients in the waiting area were informed about the study by MatCH Research Unit (MRU) Staff. Clients who had ever used a female condom and were interested in taking part in a questionnaire survey were asked to approach a study staff member before or after their consultation depending on their preference. Interested clients were given an information sheet and asked to provide written informed consent if willing to participate.

2.1.3 Ethics Review and Approvals

The protocol and related documents were reviewed and approved by the Human Research Ethics Committee (HREC) of the University of the Witwatersrand, Johannesburg, SA prior to study initiation and enrolment of participants (HREC clearance certificate number M140428). Permission for The National Female Condom Evaluation was granted by the National and Provincial Departments of Health, participating non-governmental Institutions (NGOs), educational institutions and private companies taking part.

The consent process, all questionnaires and condom use logs used in the research were written and conducted in a language understandable to participants. Women received R70 for participation in the interview. Site staff did not receive compensation for participation in the study.

The confidentiality of all participants enrolled in this research was protected to the fullest extent possible. Participants were not identified by name on any documentation. All study records were kept in a locked cabinet. All computer entry only identified participants with coded identification numbers.

2.1.4. Data Management

Data entry was conducted by MRU. Data from the questionnaires was entered into Epidata Entry Client Version 2.0.5.6. Data was analysed in STATA (College Station, Texas, USA, StataCorp, LP USA). Descriptive analysis was conducted.

3. RESULTS

3.1 Provider Interviews

Data was collected between August 2015 and March 2016. Twenty three facilities in the four provinces reported distributing more than one FC product. In these sites 55 providers were interviewed. Table 1 gives a breakdown of participating providers of which almost two thirds (62%) were professional nurses.

Table 1 : Type of providers interviewed

Provider type	N=55 (%)
Professional nurses	34 (62)
Counsellors	16 (29)
Peer educators	5 (2)

Table 2 show the provinces in which the interviews were conducted as well as the types of facilities.

Table 2: Types of facilities per province

Province	Facilities N=23	Providers N=55	Type of site/facility
Eastern Cape	6	15	Public sectors (6)
Mpumalanga	4	13	Public sectors(3) NGO (1)
Northern Cape	8	16	Public sectors(7) Non Public sector (1)

Although all sites reported they had ever distributed new FCs, some did not have more than one available on the day of the evaluation. In all the 23 sites, all had Cupid available. Over two thirds (73.9%) of sites distributed FC2 (Table 3), far fewer distributed Pleasure More (13%). Over two thirds reported they had FC2 and Cupid, one site reported all three types, two sites only stocked Pleasure More, two sites had Cupid and Pleasure More and one site had Cupid only.

Table 3: Brands of FCs sites currently distribute

Brands of FCs distributed	N=23 (%)
FC2	17 (73.9)
Cupid	23 (100)
Pleasure More	3 (13)

Providers were asked how they had first heard about new FC products (Table 4). About one third were informed before or when they ordered (26%), however the remainder did not know they were receiving new products until they were delivered with some getting their usual stock of FC2 plus the new product.

Table 4: How facilities first heard about the availability of other FCs

How did facilities find out about the availability of other FCs*	N=23 (%)
Informed before they ordered	6 (26)
Informed when they ordered	6 (26)
Not informed when they ordered	3 (13)
Received delivery of new FC products instead of FC2	13 (56.5)
Facility received the delivery and been given FC2 and the new product	2 (8.7)

*Multiple responses given.

Table 5 reports on availability of IEC material/instructions on FC product specific use for clients received by the facility when they received the new FCs (Cupid/Pleasure More). Only one site reported they were provided with Pleasure More posters and only four reported Cupid posters. Cupid leaflets with specific instructions for use were reported by 19 sites and only 2 reported to have received Pleasure More leaflets with instructions for use.

Table 5: IEC material/instructions for use received with new FCs

IEC Type	Cupid N=23 (%)	Pleasure More N=3 (%)
Posters	4 (17.2)	1 (33.3)
Leaflets with instructions for use	23 (100)	2 (66.7)
General leaflets - no instructions for use	1 (4.3)	0

Providers were asked how they informed clients at the sites about the new FCs. Table 6 shows that for Cupid almost all providers (87.3%) said that they gave the information directly. This was the same for the providers who distribute Pleasure More (87.5%). One reported that they put the Cupid FC on top of tables in the waiting area.

Table 6: Informing clients about the availability of new FCs

FC information delivery*	Cupid N=55 (%)	Pleasure More N=8 (%)
Leaflets/pamphlets in main waiting/reception area	7 (12.7)	0 (0)
Leaflets/pamphlets in consulting rooms	7 (12.7)	0 (0)
Posters/signs in main waiting/reception	1 (1.8)	1 (1.8)
The providers tell clients	48 (87.3)	7 (12.7)

*Multiple responses given

Over half of providers (52%) reported they inform clients about different FCs even if they are out of stock of one of the products (Table 7). Almost a third (29.6%) would only counsel about FCs in stock, while 2 providers would not inform their clients at all as they say their clients would not want condoms, not even male condoms.

Table 7: Informing clients about different types of FCs

Counselling clients about the different types of FCs	N=54 (%)
Counsel on all FCs even if there is a stock of one or more	28 (52)
Counsel on only those in stock at site	16 (29.6)
Do not counsel on FCs at all	2 (4)
Depends on client/consultation	2 (4)

Table 8 shows that almost all providers (n=53) think it's important to increase choice if FCs available to clients, however there was a concern amongst two thirds of providers (66%) that if one type was more popular they may run out of stock, while 15 providers feared that having different FCs may confuse clients.

Table 8: Provider feelings about having a choice of female condom

Feelings of providers about having a choice of FCs	N=55 (%)
It is important to increase choice of FC available to clients	53 (96.4)
Having more than one FC available is confusing to clients	15 (27.3)
More than one FC takes too much time in explaining the differences to clients	17 (30.9)
Worried we may run out of one FC type if it is more popular than others	35 (63.6)
Clients who have used one type of FC will find it easy to use a different type.	43 (78.2)

Overall, providers were positive about more choice in FCs:

"It's a good idea for a person to have an option to choose whatever suits her and not have an excuse for not using a condom."

"It's better to have two types of female condoms for people to have choice and take the one they like most."

"I would like to recommend that the district office supply us with both types of FCs so that clients will be able to take a FC of their own choice, as well as a FC that they know their partner loves."

"I would like for DoH to continue distributing more than one type of FC so that the clients can have options and try other types of FCs if they did not like a certain type."

“Having more than one type of FC would give clients a chance to choose what they prefer.”

3.2. Client Interviews

Across the 23 facilities, a total of 51 female clients were interviewed (Table 9) with almost half (43%) being ex-users, just under a third being sometimes users, and a quarter being regular users of FCs.

Table 9: Types of female condom users

Type of user	N=51 (%)
Ex users	22 (43)
Sometimes users	16 (31.4)
Regular users	13 (25.5)

Clients were on average 31 years of age (Table 10), ranging from 18 to 48 years old, and most had one child. Over half of the clients (56.7%) had not completed secondary school. Few (19.6%) clients were fully employed, while 17.6% were students or scholars.

Table 10: Demographic Characteristics of Clients

	Mean	Min	Max
Age	31.3	18	48
Number of children	1.8	0	5
	N=51		(%)
Education			
Primary incomplete	1		(1.9)
Primary complete	3		(5.8)
Secondary incomplete	25		(49)
Secondary complete	12		(23.5)
Any tertiary level	10		(9.6)
Occupation			
Housewife looking for work	7		(13.7)
Unemployed looking for work	9		(17.6)
Unemployed not looking for work	1		(2)
Student/scholar	9		(17.6)
Employed – full/part time	25		(49)

Table 11 shows the FC types ever used. Almost all clients (90%) had ever used FC2 and a quarter (25%) reported to have only ever used Cupid. Only 8 women had ever used both FC2 and Cupid. No women reported having used Pleasure More.

Table 11: Type of clients interviewed

FC type ever used	N=51	(%)
FC2	46	(90)
Cupid	13	(25)
FC2 + Cupid	8	(15.7)
Pleasure More	0	0

When asked of their opinion on the availability of two or more FCs at their facility, almost all clients (96%) felt it was important to increase the choice of FCs, with only 11 clients stating it may confuse women, and 14 clients stating it would confuse men. Table 12 shows that most clients (80%) thought

women who have used one type of FC would find it easy to use another type. The majority of clients (96%) believed that if they had a choice of FCs, they will find one that suits them best.

Table 12: Client perspectives on availability of choice of FCs

Client perspective	Agree N= 51 (%)
Important to increase choice of FCs available	49 (96)
A choice of FCs means we will find one that suits us best	49 (96)
Women who have used one type of FC will find it easy to use a different design	41 (80)
Having more than one FC available will confuse women	11 (21.6)
Having more than one FC available will confuse men	14 (27.5)

4. DISCUSSION

This evaluation has shown that the SA Department of Health is making an effort to introduce different FC types in health facilities. Almost all providers interviewed believed this had certainly benefited the clients as they now have a wide choice of FCs available. Although most providers reported having received some FC training, more training was needed on all 3 condom types. There appeared to have been no systematic introduction of the new FC types as more than half of the facilities only discovered that more FC types were available for distribution when they received their orders.

Providers said they gave the information on FCs directly to clients, and some put leaflets in the reception area or consulting rooms. For Pleasure More, no leaflets were available. Just over half of the providers would inform their clients during counselling about the different types of FCs in their facilities, even if they were out of stock.

Over half of providers reported that they counsel on all condom types at the same time, but there was a concern amongst many providers that if one type was more popular they may run out of stock. This coupled with the fact that some sites said they did not get to choose which type their site received, may mean that clients preferring one type may not always get the same type subsequently. Some providers expressed concern that having different FCs may confuse clients. Overall, providers were positive about more choice in FCs.

5. RECOMMENDATIONS

While parallel programming of FCs is still in its early stages in South Africa, there are some recommendations that can be made from this evaluation:

- Raise awareness at community level on FCs in general, and on the different female condom types available in the country.
- Develop and distribute IEC materials, posters and leaflets for each FC type.
- Inform providers about the availability of different types of female condoms before they place their stock order.
- Develop a well-functioning forecasting and stock keeping systems, to ensure sufficient stock of different types of FCs and offer choice at all times.
- Re-train providers (public and private sector service deliverers) on the variety of female condoms and instructions for insertion and use.

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