



WHERE ARE THE FEMALE CONDOMS?

SUMMARY OF POLICY ANALYSIS

INTRODUCTION:

The female condom is capable of protecting both women and men from sexually transmitted infections, HIV/AIDS and unplanned pregnancies. Aside from that, it reduces the risk of being exposed to Human Papilloma Virus (HPV) which, when contracted, can lead to cancer of the uterus. With the ability to protect from all these, the female condom, as would be expected, will be one of the most important and most demanded reproductive health commodity.

In Nigeria, the female condom hasn't garnered much attention from policy & law makers, unlike its counterpart, the male condom. As a result of this, the demand and usage of the commodity is almost insignificant. The National Demographic Health Survey reported in

2008 that only 14.7% of women in Nigeria know what a female condom is, and only about 0.2% have used one.

The Female Condom Advocacy Project seeks to increase focus and attention by Sexual and Reproductive Health (SRH) and HIV/AIDS policy makers, program planners and implementers in Nigeria on the female condom. While some efforts have been made to increase awareness, access and availability of female condoms, when compared to male condoms the female are seen to receive less attention.

METHODOLOGY:

Qualitative methodology was used in the policy review and analysis. A total of six SRH and HIV/AIDS policies were reviewed.

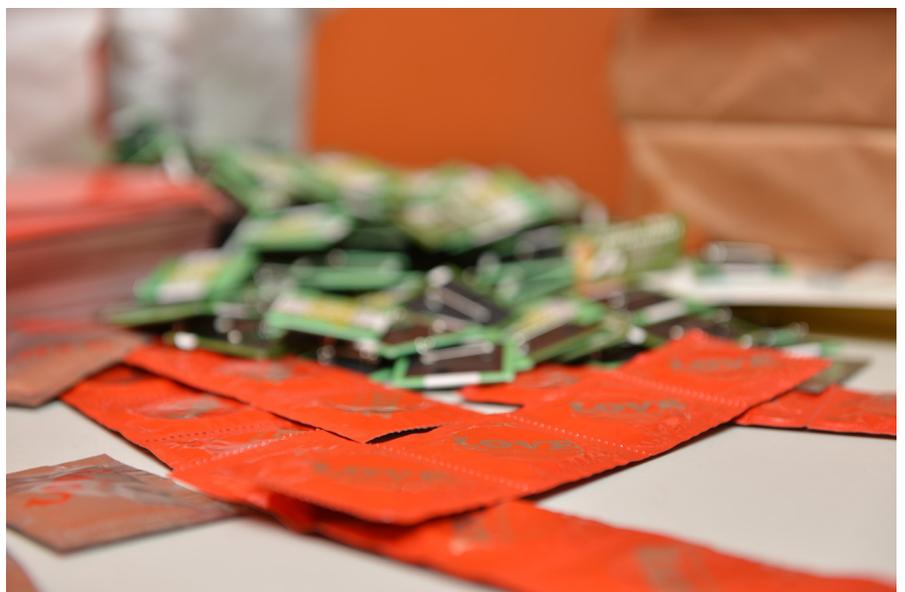
These include: National Reproductive Health Policy Strategy (2001, & 2010), Reproductive Health Commodity Security (2011), National HIV/AIDS Prevention Plan (2010-2012), National Condom Strategy (2007-2012), National Policy on HIV/AIDS (2009). The purpose of the policy analysis is to understand the scope and context to which Female Condoms were discussed/programmed for in Nigerian HIV and Reproductive health policies and plans. Analysis featured a simple word search and comparison between references to male and female condoms in each document. The findings from the policy analysis will be used to generate key recommendations to influence the context of these policies during possible upcoming reviews.

SUMMARY OF KEY FINDINGS

I. Insufficient inclusion of Female Condoms in RH and HIV prevention documents: In review of reproductive health and HIV/AIDS policy documents, it appears that most of the documents have insufficient inclusion of the female condoms. When analysed in the context of HIV/AIDS prevention, and family planning it becomes obvious that many of these policies only make reference to female condoms passively. For example the 2001 National Reproductive Health Policy, condoms was referenced only once in the entire document, in the context of HIV/AIDS prevention and no reference to its use as a form of contraception. Also, the National Policy on HIV/AIDS and the National HIV/AIDS Prevention Plan both showed inclusion of female condom, however insufficient, as both document made reference to FCs once. The only reference to female condoms in the National Policy on HIV/AIDS was "in view of the low awareness of female condom, communication activities shall be undertaken to promote knowledge of female condom among health workers males and females of reproductive age

group, and MARP, and to increase its adoption by all sexually active people..." There were no parts of the document detailing how the female condom would be promoted.

II. Male condoms are promoted more than female condoms: In policies where female condoms are included, when compared to male condoms, male condoms are promoted more than the female condoms. When compared to female condoms, outlined plans for male condom programming activities are more detailed. Although the Repro-





ductive Health Commodity Security policy, referenced challenges in the low uptake of female condoms but there was no mention of specific strategies to address the challenge. It specifically included a target on how to increase use of male condoms only - "increase the proportion of sexually active adolescents using male condom from 11 percent for females and 36 percent for males to 67 percent for both sexes in 2015." The document laid out no such plans for female condoms. Interestingly, the 2010 National Reproductive Health Policy specifies the same target without mentioning female condoms. In other documents like the National HIV/AIDS Prevention Plan, the plans and strategies for the promotion of both condoms are lumped.

III. None of the policies or plans identify specific strategies for increasing availability/access to FC (lumped approach): The Reproductive Health Commodity Security policy spells out strategic ways through which it plans to increase the access and availability of male condoms. Even though the document highlights the need for increased awareness around female condoms, it does

not identify strategies through which that can be achieved. The National HIV/AIDS Prevention Plan also acknowledges the challenge of poor access to female condoms without listing strategies either. Where strategies were listed out addressing female condom uptake, they are lumped together with male condom. For instance the National HIV/AIDS Prevention Plan states: "provide adequate supplies of male and female condoms and promote their consistent and correct use." The National Condom Strategy, which makes the most reference to female condoms, also applied a lumped approach. An excerpt reads "Increase knowledge about dual protection benefits and promote appropriate use of male, and female condoms as well as lubricants among the general population especially Key Target Populations."

IV. Reference to female condoms in context of Most at Risk Population: The National Policy on HIV/AIDS does not only overlook female condoms but mentions them only in the context of most at risk population, specifically female sex workers. Making reference to female condoms in the context of

certain target groups leaves an undesired effect on the uptake of the product. None of the documents layout specific plans for capacity building for female condom promotion with the exception of the National Condom Strategy and Nigeria Reproductive Health Commodity Security (RHCS) Strategic Plan. The 2010 HIV/AIDS National Prevention Plan vaguely stated capacity building as part of its intervention for preventing sexual transmission. The preceding document made reference to capacity building only for the purposes of media promotion, condom negotiation, and logistics management. In its 3rd objective, the Reproductive Health Commodity Security Plan lays out a capacity building plan that does not include capacity building for health service providers on female condoms.

CONCLUSION:

In terms of policies and guidelines, highlighting the need for female condoms is not enough. There needs to be concrete plans on how to make female condoms available, and plans on how to sustain demand. Also the impression that is created when female condoms are addressed in the context of certain target groups pulls the focus away from initial target, which is all women of reproductive age. As a strategy for demand generation, female condoms need to be marketed not to certain target groups but to all women of reproductive age. Furthermore, when gender issues are addressed in the context of HIV, the inclusion of female condoms is important because the commodity is a female controlled barrier method that not only protects from HIV/AIDS and unwanted pregnancy, but also reduces the risk of being exposed to HPV which can cause cervical cancer.



Education as a Vaccine (EVA)

4th Floor Standard Plaza, No 2. Kutsi Close,
Off Aminu Kano Crescent, Wuse II, Abuja
08078546315-6
fct@evanigeria.org