

Interpersonal Communication to Encourage Use of Female Condoms in Zambia



Increasing the adoption rates of female-initiated methods of contraception may help fill an unmet demand for family planning and reduce rates of HIV infection in Sub-Saharan Africa. In Zambia, researchers are measuring how an interpersonal communication intervention impacts knowledge, acceptability, use of condoms and uptake of female condoms in the context of a mass distribution and marketing campaign for the new Maximum Diva Woman's Condom.

Policy Issue

Over 200 million women worldwide have an unmet need for family planning,¹ and many of these women cite method-related reasons, such as ease of use and method-related side effects, for not using modern contraceptives.² Family planning prevents about 150,000 maternal deaths each year², and without it many women have more children than they can afford to feed, educate and keep healthy, and the additional care-giving responsibility makes it difficult for women to work and earn a living.³ Barrier methods such as condoms are considered dual protection methods; they not only prevent unwanted pregnancy but also protect against infection with sexually transmitted diseases, including HIV. Studies suggest that levels of protected sex increase when more contraceptive options are available.³

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Health

TOPICS

Family Planning & Contraceptive Use, Women & Girls

TIMELINE

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Previous evidence has found that many barriers to female condom use persist suggesting that access alone will not lead to further use. Some initial studies indicate that interpersonal communication (IPC) programs—which are person-to-person or small group interactions aimed at increasing the sharing of information, feelings and experience—are effective in promoting behavior change and creating dialogue around sensitive topics.^{4,5,6} The aim of this research is to determine whether this community-based strategy increases uptake of the new, premium Woman's Condom.

Evaluation Context

In Zambia, the unmet need for family planning remains as high as 27 percent for all women.⁷ Zambia has an HIV prevalence of 13 percent among the general population, and twice as high in urban areas. Overall male condom use in urban Zambia is currently about 56 percent.⁸ The most recent Zambian National Health Strategic Plan includes the goal to increase access to integrated reproductive health and family services.

Currently, a second-generation female condom, or Care Condom, is the only female condom available

in Zambia—often free of charge—through public health facilities, non-governmental organizations (NGOs) and community-based organizations. Despite Zambia’s support in the promotion of the Care Condom, it is still poorly known and use is low at two percent amongst the general population.

Under the Expanding Effective Contraceptive Options (EECO) project, Population Services International (PSI) and its Zambian subsidiary, the Society for Family Health (SFH), registered and launched the new Maximum Diva brand Woman’s Condom in Zambia in March 2016, with the aim of increasing access to on-demand, non-hormonal, woman-initiated contraceptive methods, and growing overall condom use.

Details of the Intervention

Researchers are using a randomized evaluation to measure the impact of an IPC intervention on self-reported knowledge, acceptability, and use of condoms in the context of the mass distribution of a new female condom and a mass marketing campaign.

The IPC program will be led by peers who will gather groups of young adults to discuss condoms, demonstrate correct use of the Maximum Diva Woman’s Condom, and teach condom negotiation skills through role-playing.

Following a baseline survey, the national distribution campaign of the new Maximum Diva Woman’s Condom (MDWC) and its social marketing campaign will begin. Society for Family Health will distribute the MDWC through pharmacies and other outlets in all the geographic areas where the study will be implemented (Lusaka). The MDWC will be advertised widely in all study areas, targeting young, urban adults through radio, billboards, news media, social media, and a mobile website.

Researchers will randomly assign 40 wards in Lusaka to either receive an IPC program or serve as the comparison group (20 wards each).

After the distribution has begun, SFH will recruit and train young people from local neighborhoods to serve as IPC agents. IPC agents will be trained on communication skills, sexual and reproductive health, technical specifications and use of the Maximum Diva Woman’s Condom, and condom negotiation skills.

IPC agents will set up information booths in central market areas in each intervention ward, and will organize groups of young people to participate in the IPC group sessions. The IPC group sessions will run several times per week including weekend days over a one-year period; between five and twenty young adults (aged 18-24) will participate in each session.

The sessions will include information on the importance of contraceptive use, and the agents will distribute informative pamphlets to participants. They will also demonstrate how to use the condom on a pelvic model and use dramatic skits and role-playing to teach participants how to negotiate with sexual partners about condom use.

Researchers will measure the impact of the IPC intervention by comparing outcomes in wards that receive the program to wards in the comparison group that do not receive the program. To measure the impact of this intervention, researchers will compare overall condom use, use of the female

condom, and willingness to use a female condom between comparison and IPC wards.

Results and Policy Lessons

Project on-going; results forthcoming.

Sources

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