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## **Nurses' and doctors' counseling and provision practices for the female condom in South Africa and Zimbabwe**

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### **OBJECTIVES**

The female condom (FC) is the only female-initiated multipurpose prevention technology currently available. We examined FC counseling and provision among providers in South Africa and Zimbabwe; both have large FC programs but historically different distribution and promotion.

### **METHODS**

As part of a larger study on HIV/pregnancy prevention service provision, we surveyed nationally-representative samples of providers in Zimbabwe (n=830) and South Africa (n=614). We compared responses related to FC provision and opinions across country.

### **RESULTS**

More providers in Zimbabwe than South Africa reported offering FCs (94% vs. 80%); less wanted training in FCs (14% vs. 30%). In both countries, providers reported discussing FCs with HIV+ women more than women in general (70% vs. 51%) and most saw FCs as appropriate contraception for women at high risk of HIV infection (98% in Zim, 84% in RSA) and HIV+ women (97% in Zim, 87% in RSA). Providers in South Africa were more likely to report a great need for novel female barrier methods for HIV/STI prevention (71% vs. 40%).

### **CONCLUSION**

FCs were integrated into most providers' practice, though some wanted more training and providers in Zimbabwe, where social marketing campaigns and community interest have raised the profile of FCs, appear more supportive of the FC. Providers in South Africa reported a need for new female-initiated multipurpose prevention technologies, suggesting the FC does not meet all their patient needs or is not adequately well known or accessible. Providers should be included in efforts to raise awareness of and introduce new and existing products.