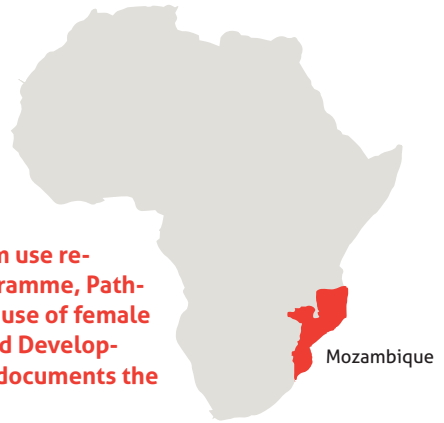


A randomized impact evaluation of a female condom programme in Mozambique



Female condoms are, next to male condoms, the only currently available method that offers dual protection against unintended pregnancies and STI/HIV infections. Although female condoms are equally effective as male condoms¹, and reportedly more pleasurable in their use², female condom use remains very limited. With funding from the Universal Access to Female Condoms (UAFC) Joint Programme, Pathfinder International implemented a community-based programme in Mozambique to increase the use of female condoms. To evaluate the impact of the programme, the Amsterdam Institute for Global Health and Development (AIGHD) conducted a randomized control trial (RCT) in Maputo Province. This research brief documents the design and implementation of the RCT. The impact results are reported in a separate brief.

FEMALE CONDOM PROGRAMMING

Female condoms offer an opportunity to expand the existing array of contraceptive methods, particularly for those who are at risk of HIV, or who prefer non-hormonal methods. Moreover, female condoms—being a female-initiated method—may enhance women’s sexual agency. Especially in countries like Mozambique, with a high unmet need for contraception and high HIV prevalence rates, access to female condoms may benefit women’s sexual and reproductive health. However, uptake is low and hampered by factors such as high costs (not an issue in Mozambique because female condoms are freely available in the public health system), limited awareness, low availability and accessibility, and male reluctance.

To address these issues and to increase use, the UAFC Joint Programme funded a comprehensive programme in Mozambique (2011-2015). The programme was implemented in Maputo, Zambezia and Nampula

COUNTRY FACTS

Women aged 15-49:

13.1%

HIV/Aids prevalence

5.9

births per woman

12.1%

current modern contraceptive use

(thereof 2.9% male condom use, 0.1% female condom use)

28.5%

unmet need for contraception (married women)

– Based on: INE (2013), “Moçambique: Inquérito Demográfico e de Saúde 2011”, Maputo: Instituto Nacional de Estatística, Ministério da Saúde e MEASURE DHS/ICF International (USA)

STUDY FACTS

LOCATION

Matola district, Maputo Province,
Mozambique

IMPLEMENTATION PARTNERS

Pathfinder International, in collaboration with ABEVAMO Association
and Culdesa Association

RESEARCH PARTNERS

WEconsult, Universidade Eduardo Mondlane

FUNDING

Universal Access to Female Condoms Joint Programme,
PopDev/NWO-WOTRO

PERIOD

January 2013 - March 2016

provinces by a consortium consisting of Fórum Mulher (advocacy), Pathfinder International (technical capacity building of health staff and outreach) and PSI Mozambique (supply chain management—until 2013). The evaluation focuses on one of Pathfinder International’s community outreach activities. This study is the first rigorous impact evaluation of a community-based intervention to promote demand for the second generation female condom³.

Pathfinder International’s overall female condom programme includes support groups of women and girls (aged 15-49) and young men (15-24); training of health providers on female condom use; support of female condom supply logistics; and community and school activities such as health fairs.

1 Beksinska M., Smit J., Joanis C., Usher-Patel M., Potter W., (2011), Female condom technology: new products and regulatory issues, *Contraception*, 83(4):316–321.

2 Koster W., Groot Bruinderink M., Janssens W., (2015), Empowering women or pleasing men? Analyzing Male Views on Female Condom Use in Zimbabwe, Nigeria and Cameroon, *International Perspectives on Sexual and Reproductive Health*, 41(3):126–135

3 The first generation female condom (FC1®) became available in 1992 and was replaced in 2009 by the second generation female condom (FC2®). FC2 is identical to FC1 in appearance, safety and efficacy, but made of a lower-cost material: FC2 is made of nitrile instead of polyurethane.

THE INTERVENTION

The study focused on the support groups conducted in Matola district, Maputo province. The 31 groups were facilitated either by nurses at the local health centers (14 groups) or by volunteering community health workers in the community (17 groups). Guided by a curriculum over a three-month period, the facilitators organized six interactive meetings with approximately 10 women per group, aged 18-49. The study excluded underage women because this required parental consent. The goal of the meetings was to provide information about the use of female condoms and other family planning methods, and to raise awareness about women's sexual and reproductive health and rights. The meetings also created an opportunity to share experiences and develop negotiation skills with partners through role-play. Moreover, facilitators distributed female condoms and participants were able to practice its insertion on a pelvic model.

RESEARCH QUESTIONS

The study aimed to address the following research questions:

- Did participation in the support group meetings increase female condom use?
- Did overall contraceptive use increase as a result, or do female condoms merely substitute for alternative methods?
- Did expansion of the set of available methods increase the number of protected sex acts, i.e. did consistent contraceptive use increase?
- Which channels were most important in yielding effects?

RESEARCH DESIGN

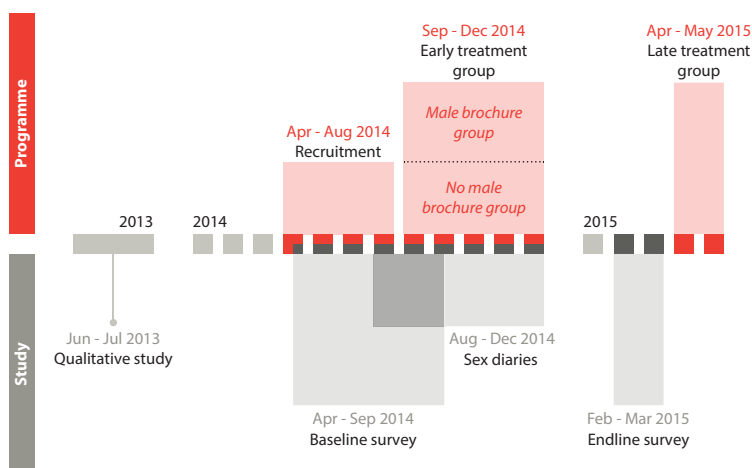
The gradual expansion of the programme enabled a randomized evaluation design as follows: each facilitator in the expansion area recruited 20 interested women. After a quantitative baseline interview, these women were randomly assigned to either the 'early' support group sessions of their facilitator, or to the 'late' sessions (six months later). An endline interview was conducted among all participants after the early sessions ended and before the beginning of the late sessions. As a result, the 'early' participants effectively constitute the treatment group and the 'late' participants are the control group.

To assess the importance of male involvement, Pathfinder International developed a brochure targeted at the male partners of the participants. As a twist to the basic RCT design, the facilitators were randomly assigned to either distribute the male brochures in their group or not.

DATA COLLECTION

We conducted comprehensive baseline and endline interviews with all participants. These interviews collected data on the main outcome variables (female condom awareness, knowledge, and use) as well as potential mechanisms for these outcomes (e.g. knowledge and practices regarding other contraceptive methods; fertility preferences, empowerment indicators). A subsample of both treatment and control women also participated in weekly interviews based on sex diaries. Over a period of three to five months, these diaries collected information on all sex acts in the seven days prior to the interview,

Figure 1 Timeline of study and programme.



including type of partner, contraceptive use, and sexual decision-making. This allows for a detailed analysis of sexual behavior and consistent contraceptive use over time. Pathfinder also gathered detailed programmatic data such as group attendance and number of female condoms taken home by individual participants. Prior to the start of the RCT, a qualitative study was conducted to better understand the local socio-cultural context and to inform research instrument design.

FINDINGS

The findings of the impact study are reported in a separate brief.

TAKE HOME MESSAGES

- The female condom is the only female-initiated method currently available that protects against both unintended pregnancies and STI/HIV infections.
- This study presents the design of the first rigorous quantitative impact evaluation of a community-based female condom intervention in Sub-Saharan Africa.
- The evaluation was designed as a randomized control trial with individual-level assignment of participants to 'early' (treatment) and 'late' (control) support group sessions.
- The research included the collection of weekly sex diaries over a period of several months to evaluate the impact of the intervention on consistent contraceptive use.

AUTHORS & AFFILIATIONS

Marije Groot Bruinderink, MSc - Amsterdam Institute for International Development (AIID), Amsterdam Institute for Global Health and Development (AIGHD)
Wendy Janssens, PhD - Vrije Universiteit Amsterdam, AIID, AIGHD

FURTHER INFORMATION & CONTACT

For further information, please contact: w.janssens@vu.nl

Contact: info@aighd.org | www.aighd.org

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