

Female-condom use in Zimbabwe, Cameroon and Nigeria

Winy Koster and
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The female condom is now my weapon for my work. I will at least keep myself protected and live longer so that I may provide for the children that were left behind for me to look after. (Juliet, a sex worker from Harare).

Juliet, who is living with HIV, has a strong motivation for using female condoms to protect her against re-infection with HIV. Consistent condom use is an effective method to protect against sexual transmission of HIV, and, according to its promoters, the female condom gives women more control over protecting themselves than the male condom. But it has not been clear whether female sex workers, like other women, are always able to control the use of female condoms or whether they like using them.

We held three group discussions with sex workers who had used female condoms in Zimbabwe, Cameroon and Nigeria. These discussions were part of a bigger study of female condoms in which men also participated.

How We Found Our Participants

We asked local researchers from research institutes to work with local organisations to find sex workers to participate. These researchers facilitated the group discussions in local languages and translated for us.

- In Harare, the capital of Zimbabwe, a network for people living with HIV found ten female sex workers for a discussion group. Most of them were single or widowed between 23 and 51 years old. We had a two-hour-long lively discussion under a tree outside the compound of the clinic that supplies anti-retroviral medicines.
- In Yaoundé, the capital of Cameroon, ten sex workers between 16 and 45 years old participated, found for us by a women's group. We held the discussion in their office.
- In Lagos, Nigeria's biggest city, an organisation involved in education about contraceptives asked sex workers at a brothel to talk to us. There were five women, between 20 and 40 years old.

We explained our objectives in holding these discussions, assured them of anonymity and privacy, and they signed consent forms to be part of the study. Ethical approval for the whole study had been granted by national health research-ethics committees.

Using the Female Condom

Most of our participants now regularly use female condoms for protection against HIV and other sexually-transmitted infections. In all three countries the women prefer using female condoms over male because they believe they are more effective. All have experienced male condoms breaking; female condoms make them feel safer. They believe female condoms prevent bruising to the vagina. And female condoms allow sex work during menstruation, since they remain effective and prevent men coming in contact with menstrual blood, which is a taboo. However, the participants felt they could not rely on condoms to prevent pregnancy consistently (because some clients would refuse to use them), so they use other methods for contraception: pills, injections and intrauterine devices.

Two sex workers mentioned experiencing more sexual pleasure when using the female condom, while others said they have sex for money, not for pleasure.

Some participants complained that the female condom's inner ring hurts or said it is awkward to insert or difficult to keep in place when sex is energetic. In Nigeria and Cameroon participants saw as disadvantage that the female condom is about four times the price of male condom, while in Zimbabwe condoms are free in public clinics and through organisations for people living with HIV.

Who is in Control?

Although many participants said they felt more in control when using the female condom compared to the male, all said it is hard to convince clients to use any condom at all. All our Zimbabwean and most Cameroonian participants work from bars or on the streets, where sex usually has to be quick and often done in an inconvenient place where inserting the female condom takes too much time.

To overcome this problem, some Zimbabwean participants said they insert the female condom before they go out and leave it in during sex with several different clients. Multiple usages mean the women are protected but the men are at risk of contracting HIV from semen left by other men. We also learned that rumours about female condom re-use by sex workers were going around in all three countries, possibly discouraging clients from accepting it.

Some participants from Cameroon insert the female condom secretly after clients have refused to use any condom. They explained that many men do not notice they are using it, especially when they are eager for a quick round of sex and/or are drunk. (If inserted some time before sex the female condom takes on the temperature and shape of the vagina, so there is less chance a man notices it.)

The Nigerian brothel workers' experiences were different, because men visiting brothels know condoms are required and are planning to spend more time having sex. The Nigerian women motivate clients to use the female condom by talking about sexual pleasure. On the other hand, participants said that with positions other than the missionary the female condom easily gets dislocated.

Although we only talked with 25 sex workers and the findings cannot be over-generalised, we believe our results are important because they indicate the conditions under which some sex workers may use female condoms to protect themselves against HIV and sexually-transmitted infections and so have an alternative to the male condom.

About the authors

Winy Koster is a medical anthropologist who conducts applied research in sexual and reproductive health, mainly in African countries. Marije Groot Bruinderink has an MSc in development economics and has been involved in research in Sub-Saharan Africa, Latin America and Southeast Asia. They thank the UAFC Joint Programme for funding the study and the staff of Development Data, ACMS and SFH for facilitating the fieldwork.

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津巴布韦、喀麦隆和尼日利亚：女用安全套的使用情况

Winnie Koster 和 Marije Groot Bruinderink

“现在，女用安全套是我工作的武器。我至少可以保护我自己，让我活得久一些，这样可以照顾几个可怜的孩子。”（朱利叶，一名来自哈拉雷的性工作者）

朱利叶是一名艾滋病感染者，她有很强的动力使用女用安全套，避免自己再次受到艾滋病感染。坚持使用安全套是避免通过性途径感染艾滋病毒的有效方法。而且，据女用安全套的推广者称，与男用安全套相比，女用安全套能赋予女性更多的控制权。但我们目前还不清楚，女性性工作者是否像其他女性一样，能够控制女性安全套的使用，抑或她们是否喜欢使用女用安全套。

我们在津巴布韦、喀麦隆和尼日利亚组织了三次小组讨论，参加者是那些曾经使用过女用安全套的性工作者。这些讨论只是我们女用安全套研究项目的一部分，在这个研究项目中也有男性参与。

我们如何找到参加者

我们要求当地的研究机构与地方组织一起合作，去寻找能够参加讨论的性工作者。小组讨论由这些研究者用当地的语言主持，然后翻译给我们。

- 在津巴布韦的首都哈拉雷，一个艾滋病感染者网络找到了10名女性性工作者。这10人组成了一个讨论小组。她们的年龄介于23至51岁之间，大多数是单身或丧偶。我们在提供抗病毒药物治疗的诊所外的一棵树下，进行两个小时的热烈讨论。

Focus-group participants in Yaoundé, Cameroon, Photo Winnie Koster

参加喀麦隆雅温得小组讨论的成员



- 在喀麦隆首都雅温得，一个女性团体帮助我们找到了10名年龄介于16至45岁之间的性工作者。我们在该组织的办公室进行了这次讨论。
- 在尼日利亚最大的城市拉各斯，当地一个开展避孕教育的组织帮助我们联系到了一个妓院，我们和妓院里的性工作者进行了交谈。共有五名女性，年龄在20到40岁之间。

我们介绍了这次讨论的目的，保证会保护参加者的隐私并进行匿名处理。然后她们签署了知情同意书，同意参加这次研究。本研究通过了这三个国家卫生研究伦理委员会的伦理审查。

女用安全套的使用

大部分参加讨论的女性经常使用女用安全套来预防艾滋病毒和其他性传播疾病。在这三个国家中，那些倾向于使用女用安全套而不是男用安全套的人，是因为她们相信女用安全套更为有效。她们都经历过男用安全套破裂的情况；女用安全套让她们感到更安全。她们认为女用安全套能防止阴道被摩擦损伤。而且女用安全套让她们能够在经期仍然从事性工作，因为女用安全套在经期能有效使用，并能防止男性接触到经血。但她们认为，不能只依靠安全套来避孕（因为一些顾客拒绝使用安全套），因此她们也会使用其他的避孕方式：如避孕药、注射和宫内节育器。

有两名性工作者提到，女用安全套让她们有更多快感，而其他则说性是她们挣钱的方式，不是为了愉悦。

一些参加者抱怨说女用安全套的内环让人感觉到疼痛，也有人说很难把女用安全套放进去，还有人说性交的时候女用安全套很难固定住。尼日利亚和喀麦隆的参加者称，女用安全套的价格是男用安全套的四倍，这是很不利的。而在津巴布韦，通过公共诊所和艾滋病感染者组织，人们能够获得免费的安全套。

控制权掌握在谁手里？

很多人反映，与男用安全套相比，女用安全套让她们有更多的控制感。但所有人都表示，说服顾客使用安全套是件很难的事情。所有来自津巴布韦的参加者和大部分来自喀麦隆的参与者在酒吧或者街头工作。在这些场所，性交易要求快速，而且常常发生在不方便或不舒适的场所。而戴上女用安全套很麻烦，要花费很多时间。

一些津巴布韦的参加者说，为了解决这个问题，她们在出门之前就戴上女用安全套，然后接连为几个客人提供服务。女用安全套的重复使用，意味着女性能够获得保护，但男性有可能由于接触前一个人留下的精液而感染艾滋病。我们也听到，在这三个国家里，顾客听到性工作者会重复使用女用安全套的流言，因此不愿意使用它。

一些来自喀麦隆的参加者称，她们在顾客拒绝使用任何安全套之后，悄悄地把女用安全套戴上。她们说很多男性并没有意识到他们在使用女用安全套，特别是当他们欲望特别强烈，或者喝醉的时候。

（如果在插入前一段时间戴上女用安全套，它就会形成与阴道类似的温度和形状，因此男性很少能够有机会发现。）

而在尼日利亚妓院工作的性工作者则有不同的经验。因为去妓院的男性本身就已经知道他们会被要求使用安全套，而且去妓院意味着他们会花上更多的时间。性工作者通过告诉顾客女用安全套所带来的快感，来鼓励男性使用女用安全套。另一方面，她们也反映说除了传统的男上女下姿势，女用安全套很容易异位。

尽管我们只访问了25名性工作者，并不能代表所有人的情况，但我们认为我们的研究结果是很重要的。因为我们的研究说明了在什么情况下女性性工作者可能会使用女性安全套来保护自己免受艾滋病和性传播疾病的威胁，而在什么情况下则会选择男用安全套。

关于作者

Winnie Koster 是一名医学人类学家，主要在非洲开展性和生殖健康领域的应用研究。Marije Groot Bruinderink拥有发展经济学的硕士学位，参与了在撒哈拉以南非洲、拉丁美洲和东南亚等地开展的研究。作者感谢UAF（女用安全套普遍普及）合作项目为本研究提供资助，感谢数据发展中心、ACMS及SFH协助开展田野调查。

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