

FROM PILOT STUDY TO PUBLIC POLICY

PROMOTION AND DISTRIBUTION OF THE FEMALE CONDOM IN URUGUAY

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* The views expressed in this publication do not necessarily reflect those of the United Nations Population Fund.

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The Uruguayan context

Among the more substantive achievements within the scope of the human rights agenda implemented since 2005, Uruguay has made significant legislative, regulatory and programmatic advances in the field of reproductive and sexual health. The main frame of reference is the Uruguayan Law 18.426 on the Right to Reproductive and Sexual Health (approved in 2008 and regulated in 2010 by Decree 293 / 010), which ensures comprehensive and inclusive teams, provisions and services.

These achievements are the result of political determination and undertakings by the Uruguayan Government with regard to the agenda of the International Conference on Population and Development (ICPD) (1994), and the regional agenda of the Montevideo Consensus (2013), together with decades of sustained demands and activities carried out by social organisations, in particular women's and feminist groups.

Within this framework, ensuring universal access to methods of contraception and protection (MC&P) as a compulsory provision throughout the National Integrated Health System [*Sistema Nacional Integrado de Salud*] has been a part of the substantive strategies in sexual and reproductive rights implemented by the Uruguayan Ministry of Public Health (MSP). The package consists of combined, monophasic and triphasic hormonal oral contraceptive pills, contraceptive pills for use during lactation, emergency contraceptives, condoms, IUD, tubal ligation and vasectomy. A major achievement was the inclusion, in 2010, of assured access to MC&P as part of the national budget, thereby guaranteeing the sustainability of annual procurement.

Throughout this process, UNFPA has been a strategic ally of the MSP and of the main public health provider, the State Health Administration Services (ASSE) [*Administración de Servicios de Salud del Estado*]. It has provided technical and financial assistance with a

view to contributing to the design and implementation of standards and programmes, gaining access to high quality products at low cost, strengthening the quality assurance policy and expanding the range of supplies available to the population. Since 2013, the emphasis in Uruguay has been placed on the implementation of pilot schemes to introduce and monitor new methods such as the subdermal implant and the female condom (FC)

Promotion of the FC in Uruguay is one of a series of global and regional activities supporting the Comprehensive Condom Programme (CCP), on behalf of the United Nations Systems. It is a key strategy for responding to and expanding demand for condoms, ensuring the availability and distribution of high quality condoms, and strengthening advocacy and institutional development in order to ensure that the programme can be sustained in the long term.

In all this initiative, the role of the Regional Office for Latin America and the Caribbean (LACRO) of UNFPA has been a determining factor for the implementation of the Comprehensive Condom Programme (CCP), contributing to implement technical assistance and demand generation strategy of condoms; increase the sensitivity and awareness about the use of female condoms; and facilitating the exchange of good practices and lessons learned in countries that have made progress in their implementation.

The CCP is a key component to expedite the necessary synergy and integration of public policies for HIV and SRH in terms of strategies, programmes and services, aimed at achieving the right to a healthy, responsible and enjoyable sex life. Of all the MC&P currently available, only male and female condoms can offer double protection against unplanned pregnancies, STIs and HIV. However, the most important element is that the FC provides a key instrument against the barriers that limit women when it comes to negotiating their own sexual and reproductive rights, enabling them greater autonomy over decisions concerning their bodies, sexuality and health.

Given the encouraging results from the pilot scheme involving monitored promotion of the FC, and reaffirming political undertakings with regard to sexual and reproductive health, we are now placing our emphasis on 3 new elements involving the MSP and ASSE, which will aim at universal access: the scaling up of monitored promotion of the FC to northern border regions; the decision by the authorities that private providers will be able to access female condoms; and the first procurement of the female condom in the country.

From pilot study to public policy

The female condom (FC) has been available in Uruguay since 2013, following a UNFPA donation of 300,000 units. Since then, the Uruguayan Ministry of Public Health (MSP) and

State Health Administration Services (ASSE), together with the United Nations Population Fund (UNFPA), have developed various strategies to promote and distribute supplies of the product in order to guarantee access to both male and female users who are treated within the public health service¹.

Experience gained from activities carried out in Uruguay (FC Satisfaction Study in 2014 and the Pilot Scheme for Promotion and Distribution of the FC in 2015) has provided access to first-hand and up-to-date information on the use of the FC and its distribution chain. In addition, the entire process has been monitored and assessed by the different agents involved, which has enabled weaker elements of the process, as well as its strengths, to be identified. A systematised approach to all stages of the strategy's implementation boosted the accumulation of information and of opportunities for exchange and learning. A fundamental element of the process was the dialogue, and the empirical evidence gathered in other countries in the region who have also undertaken projects with the FC and group workspaces (Global Consulting on Female Condom - Zambia, 2014; Regional Workshop on Comprehensive Condom Programming [*Taller Regional sobre Programa Integral de Condomes*] - Panama, 2015).

Opinions and practices from Uruguayan women²

The first pilot study to be carried out was the Female Condom Satisfaction Study [*Estudio de Satisfacción del Condon Feminino*] (ESCF) in Montevideo, carried out in 2014 at the initiative of the MSP and with the support of the Primary Care Network of the State Health Administration Services [*Red de Atención del Primer Nivel de la Administración de Servicios de Salud del Estado*] (RAP-ASSE) and UNFPA. The objective of the study was to ask 142 women on their opinions of the female condom and, indirectly, to find out more about the opinions of their male partners.

The activity consisted of recruiting women and asking them to complete an initial form to obtain a general profile with brief details of their sex lives, their use and experience with male condoms, as well as their awareness of, and feelings about, female condoms, if any. Three weeks after completing this form and having been given 10 FCs to try out, they were contacted again to find out if they had used the FCs and, if so, what had been easy or difficult about using them, and what had been the opinion of their partners. Finally, focus groups were arranged with women and interviews with some men, in order to find out more about their experiences with the FC and to discuss more into depth their responses on the forms.

¹ Although the FC is available through private health providers, this has been incorporated only for one of the mutual health providers within the framework of one of the pilot experiments.

²Methodological note: participants in all pilot schemes were recruited voluntarily by the health teams. No statistically representative sampling was programmed. Therefore, due care must be taken when interpreting the results - generalisations should not be made. Notwithstanding this, all of the studies which were undertaken showed certain tendencies which will provide very useful starting points when designing strategies for promoting and distributing the FC in the future.

Taking part in this study were the Unión and Sayago Health Centres of the Metropolitana-ASSE Primary Care Network, the Centro Materno Infantil de VIH-SIDA [*HIV-AIDS Mother and Baby Centre*] of the Centro Hospitalar Pereira Rossell³, and the mutual health provider CUDAM.

In general terms, the results of the ESCF showed that:

- * 53% of the women who took part in the ESCF actually used the FC. Those who used the FC rated it highly positive, even though it was practically unknown to the participants. 84% stated that they would continue using it in the future.
- * The FC was the most widely chosen option for women in the 20 to 40 years- and 45 to 49 years age groups, who were those who used it the most. The age ranges - 15 to 19 years and the over-50s - used them least.
- * According to the women, men also rated the female condom positively. The need to directly involve and engage men in the process of learning on how to use this triple protection method were emphasized.
- * It seems that the FC is more likely to be adopted as a habitual method of contraception by women who use male condoms.
- * The main advantage for women is that it provides them with autonomy, while the less significant aspects include difficulty in handling the FC, arising from their lack of experience with it, and the strange feeling caused by the internal ring.
- * 8 out of 10 women used between 1 and 3 female condoms; therefore, as pointed out by the women who were interviewed, the FC was effectively tested on very few occasions. The disadvantages experienced at the moment of inserting the FC are directly related to the fact that the women were not familiar with its handling.
- * The study did not show any significant differences in the results for women with HIV-AIDS and women who do not have the virus.

From this initial study on the use, promotion and distribution of the FC in Uruguay, the following recommendations were made:

- * The results of use and the reasons for the FC not being used by adolescents confirms the consideration that this is a group that should be specifically targeted and worked with in terms of promotion and advice around FCs.

³ Of the 142 women who participated in the ESCF, 20% (29) were women living with HIV-AIDS.

- * As with other contraceptive and protective methods, counselling services are a very important part of the learning and adaptation process. This is particularly relevant in the case of the FC, which carries a special significance due to the cultural barriers arising from the fact that it is directly aimed at providing women with physical autonomy, thereby making it more difficult to incorporate as an alternative means of protection.
- * Guaranteed access and permanent restocking is essential in order to maintain the FC as a viable option of protection, given that it is not yet available for purchase on the market.
- * Focus groups and interviews have raised the issue that for the strategy of communication and distribution of the FC to be effective, men must be included. It should also rely heavily on women who use the FC communicating their own experiences to other women.

First experience of supply and monitored distribution

Following from the results of the Female Condom Satisfaction Study and the recommendations arising from it, a second strategy was undertaken in 2015: a pilot scheme to increase awareness and accessibility with regard to female condoms. The pilot for the promotion and distribution of female condoms in the Metropolitana - ASSE Primary Care Network took place between August and November 2015 in the Cerro, Jardines del Hipódromo, Unión and Sayago health centres and the La Teja municipal polyclinic. The aim was to guarantee access to the product, and provide detailed information on its characteristics and its correct use. This was to be carried out in a controlled and monitored way, in order to find out how receptive health care providers were in terms of their capacity to develop and sustain active counselling services, and how well women responded to its use and the possibility of incorporating the FC as a habitual method of protection. The pilot scheme had five components:

- a) Training of health care providers
- b) Strategies for communication and publicity
- c) Counselling services
- d) Guaranteed access and restocking of the product
- e) Monitoring and assessment of the process.

Healthcare providers working with women over the age of 15 were trained; these included doctors, nursing staff, pharmacists, pharmacy assistants, obstetricians and midwives, interns at the School of Midwifery and other areas such as reception. Women were offered the FC at their appointments as an alternative form of triple protection for the prevention of unplanned pregnancies, STIs and HIV-AIDS. They were asked to complete a brief form

and a record was kept in the pharmacy of the FCs which were given out, and stocks were also monitored. One month after making the appointment (and initial registration), they were contacted by phone to obtain follow-up data on their use of and satisfaction with the product.

The main results were as follows:

- * 95 women, with an average age of 29, participated in the study. 57% of the women actually used the FC; 76% of whom gave a positive assessment (good or very good). It was used most by women aged between 35 and 39 years, followed by the 40 - 44 year age group and then the 30 - 34 year age group. The group who used the FC least were adolescents.
- * Women used an average of 3 condoms each; this is a low number, as the prescription includes 15 FCs. As with other contraceptive and/or protective methods, there is a learning process associated with the FC whereby users have to get used to its characteristics and how to handle it.
- * The women cited the main advantage of the product as being the protection and safety that it offered, with greater comfort in second place, and autonomy for the women in third place. 22% of users said that it did not have any disadvantages, while 18% said that it was uncomfortable.
- * The main reason given by the women for not using the female condom was that they had not had sexual relations during the period in which the pilot was underway; in second place, that they had not been able to collect them when they went to the pharmacy. The third most common reason was that they did not feel comfortable with the FC, and the fourth was that they never collected them from the pharmacy.
- * The implementation of the pilot has shown us that it is not enough to simply guarantee counselling services (which are a crucial element), but that the various professionals involved all have a role to play when it comes to making people aware of and ensuring the supply of the product. It is important to keep training and sharing information among the different technicians at the centres so that they can then provide guidance to women and men on the correct way to use the FC, as well as providing best possible access to the product.
- * One of the main difficulties identified was in relation to the supply and dispensation of the product. FCs are given out with a prescription, so that stock and conditions of the product can be monitored. However, this was flagged as being an issue for those who worked in decentralised polyclinics which do not have their own pharmacy, as it meant that women then had to travel to the health centre in order to pick up the FCs.

Those working in the counselling services underlined the importance of having FCs available at the time and place of the consultation. In addition to this, another challenge was revealed in terms of stock control and conservation of the product in certain locations, which did not always have the ideal conditions to store it properly. The contribution of pharmacy workers was shown to be essential in terms of adjusting the needs and requirements of all areas involved in the FC distribution chain.

- * With regards to pharmacy stocks of FC, it was noted that significantly fewer female than male condoms are kept in stock. In addition, 30 male condoms are provided per prescription, while only 15 FCs are provided on each prescription. However, the pilot showed that around half of the users needed between 11 and 15 FCs to use in one month, and as such it did not seem necessary to increase the number of FCs per prescription, at least for now. In any event, if demand for the product increases, it will be necessary to accommodate this with a more suitable provision.
- * Finally, the pilot showed that promotion and distribution of the FC should be carried out within the framework of an institutional policy which generates programmed and coordinated activities. Strategic guidelines for sexual and reproductive health policy are fundamental at a macro level, but also at a micro level within each health centre: an institutional commitment is essential whereby the agents involved assertively promote and distribute the product. Undertaking the procedure in the form of an institutional activity is essential in order to reach all areas and involve the technicians.

Large scale experiments in 2016

In 2016, following on from the Satisfaction Study and Pilot for the Promotion and Distribution of FC undertaken in the Metropolitana Primary Care Network, ASSE decided to extend the strategy on FC to other areas, taking what had already been learnt as a starting point, but emphasising the importance of dealing with the specific context of each area, with regard both to the respective health teams and to the female and male users of the health services. In this third stage of the procedure, the working guidelines for 2016 encompass the following departments/services:

The aim of this initiative was to guarantee access to female condoms via ASSE departments, in time and in accordance with the needs of female and male users. Five regions were selected to monitor the scheme (Canelones, Paysandú, Río Negro, Rocha and Soriano). The main findings have been summarised below:

- ▶ 203 women participated, at 20 health centres in the regions mentioned above.

- ▶ The average age of the users was 32 years. 66% were between 19 and 40 years of age, and only 8% were under 18; 23% were between 41 and 51 years of age and 3% were over 52. The MC&P most commonly used is the male condom (41%), followed by the contraceptive pill (23%). Most of the women described themselves as being married or in a relationship (15% and 43% respectively).
- ▶ 86% of the women had never used the FC; the region where they had been most widely used prior to the monitored scheme was Río Negro (40%).
- ▶ 70% of the women used the FC during the pilot scheme. Of all the controlled studies carried out in Uruguay, this represents the highest proportion of use, with Canelones being the region where the FC was used most (72%).
- ▶ It was used most by women whose habitual method of contraception was the male condom (77%); this followed on from a trend already seen in previous studies. On average, three FCs were used.
- ▶ With regard to difficulties, most said that they experienced none (64%); the second most common response was difficulty in inserting the FC (16%) and discomfort (9%); indicating that the difficulties were connected with aspects of the process of learning to use and becoming familiar with the method.
- ▶ The main response with regard to the disadvantages of the FC was that there were none (30%), followed by discomfort (9%) and insertion (6%). On the other hand, the main advantages identified were the comfort and practicality of the method (18%), greater protection and safety (16%), better lubrication (8%), the fact that it can be inserted earlier (5%) and the autonomy it provides (5%).
- ▶ Assessment of the method was very positive. 77% of the women said that it was good or very good, and 81% said that they would continue using it in the future. The main reason given for not using the FC was that they had not had sexual relations during the monitored period – this was something which had also been the case in previous studies.

Learning points and reflections on the national roll-out

The various monitoring studies on pilot schemes undertaken with the FC since 2014 have enabled us to think about what we have learnt and review the ways in which the method is accessed and distributed, capitalising on institutional strengths and trying to close loopholes which can affect access to the method. Each one of the participating centres

has provided invaluable assistance in identifying the challenges faced in the attempts to ensure universal access to FCs, for both male and female users of the method which has been integrated into the ASSE, as part of the exercising of their reproductive and sexual rights. Below we have listed some of the most significant things that have been learnt, most of which have arisen as a result of the notable increase in distribution and active acceptance of the FC in Uruguay:

- ▶ It will be necessary to intensify the training given to technical teams as an essential starting point for the work of raising awareness and incorporating the method into health providers' selection of MC&P. The challenge remains of getting other health professionals - aside from midwives and nursing graduates - involved in the processes of providing guidance and active diffusion of the method.
- ▶ The logistics of distributing the FC continue to present certain institutional difficulties which will have to be considered before, during and after launching a promotional strategy for this or any other method. While it may be the case that FCs will be accessible at all of the ASSE health centres, it is not always clear whether they will be available (for the health teams and for the users); also, they are not always available in sufficient quantities or, very often, the possibility of their use is not suggested by the health professionals. It is important to reinforce the availability of this method and to ensure that the appropriate information on how to access it is made more widely available.
- ▶ One practice has been recorded which has given good results: the issuing of condoms on demand. In all of the schemes outside of the major cities, condoms have been dispensed in the health professional's consulting room, particularly at centres or polyclinics which do not have a pharmacy. This enables the necessary tools and information to be obtained in a synchronised manner, allowing the user to become familiarised with the method and the safety of obtaining the FC immediately (avoiding long queues at the pharmacy or having to go to another centre to get hold of supplies/the product).
- ▶ In Uruguay, innovations in the field of sexual and reproductive health are mainly in the realm of the public sector. Specialised literature indicates that, on many occasions, the institutional barriers to the promotion of a MC&P such as the FC can become the main obstacle to access by both male and female users (Gollub, 2000). As a strategic approach of the ASSE, the main area of work on the FC will involve institutional review, linking-up and innovation, which will prioritise the need for local data on user acceptance of the method – both male and female - to overcome the cultural hurdles associated with the FC, as well as assessing the mechanics of

accessibility and distribution, seeking to improve the quality of the support service and provision of methods.

- ▶ In spite of efforts to the contrary, young people and adolescents have been the most difficult age group to reach and have showed the lowest results in terms of FC use. The results from various pilot schemes applied in the country indicate the need for an approach specifically aimed at this group, with a project that should include the characteristics and way of using the FC within a wider framework of awareness of their sexual and reproductive rights, their body and decisions about it; self-esteem, the ability to negotiate and the full and free exercise of their sexuality. This will mean designing, testing and validating specific strategies of communication, recruitment, counselling and follow-up during the period of adaptation to the method from a perspective of rights and gender equality (autonomy and empowerment).
- ▶ Finally, it is worth reminding ourselves of the virtuous sequence which has been proven to provide leverage for innovations and advances in rights with regard to public policy on reproductive and sexual health: political decision / organisation of relevant participants / joint planning / training of health teams (convincing, undertaking, support) / timely communication for men and women / real-time follow-up / assessment through dialogue / learning / progressive scaling-up.

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