



# HIV Prevention Now

## *Programme Briefs*

### **No. 6 - Condom Programming for HIV Prevention**

Condoms are universally recognized as one of the most effective ways to prevent HIV and other sexually transmitted infections. Condom programming is an integral component of a range of HIV prevention strategies that includes informed, responsible and safer sexual behaviour through voluntary abstinence, delayed age of onset of sexual activity, fidelity, and condom use.

Neither male nor female condoms, however, are being optimally employed in the fight to prevent STIs/HIV. Condom programming for HIV prevention is a strategic approach to ensure that sexually active persons at risk of STIs/HIV are motivated to use condoms, have access to quality condoms, and can use them consistently and correctly. Achieving sufficient magnitude to impact the HIV pandemic requires full mobilization of political will and resources, and overcoming institutional, community, and individual barriers to access and use of condoms. User needs and perspectives are at the heart of effective condom programming for STI/HIV prevention. As both a condom supplier and an agency with considerable experience in sexual and reproductive health, UNFPA has identified condom programming as one of its 3 core areas of focus for HIV prevention, along with young people and pregnant women for whom condom use is essential for effective STI/HIV prevention.

- *HIV/AIDS Branch*

#### **Why is condom programming essential for HIV prevention?**

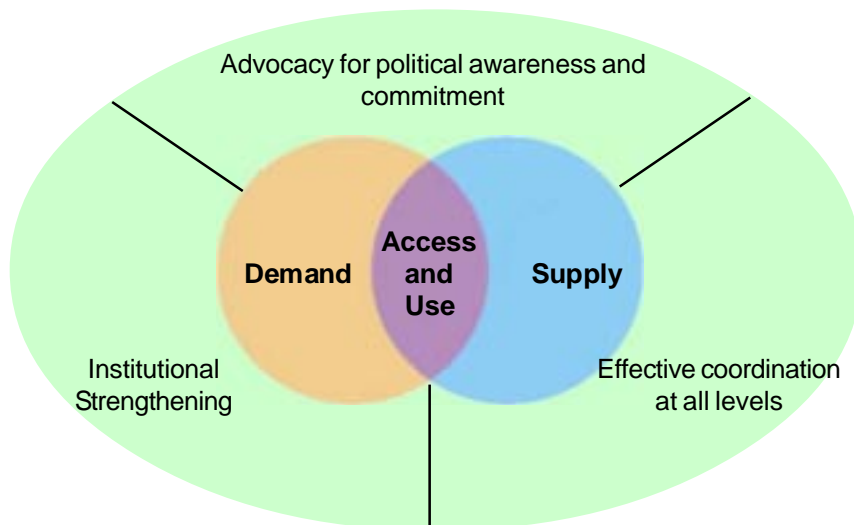
The HIV/AIDS pandemic continues to escalate with an estimated 5 million new infections in 2001 alone. To date, no preventive vaccine or cure exists for HIV/AIDS. While treatment with anti-retroviral drugs (ARVs) has the potential to significantly improve the quality of life for people with HIV/AIDS, ARVs remain inaccessible and unaffordable to most of those infected. Since the vast majority of adults and young people acquire HIV/AIDS through unprotected sexual intercourse, prevention through responsible and safer sexual behaviour, including condom use, provides one of the main lines of defense against infection.

The risk of HIV infection is 2 to 9 times greater when other STIs are present. Consistent and correct use of condoms, both male and female, is a proven highly effective means of protection from HIV infection, most other sexually transmitted infections (STIs), and

unintended pregnancy. There is sufficient evidence to demonstrate that consistent and correct condom use reduces the risk of HIV infection considerably, ranging from 60% to 96%. International consensus documents affirm prevention as the mainstay of any response to the HIV epidemic and condoms as an essential part of prevention programming. Condom programming as a prevention strategy, however, must not be construed as mere provision of a commodity. It involves the equally important and interrelated components of informed choice, empowerment, a supportive environment, demand and supply. Unfortunately, elements of demand, particularly user needs and preferences, are often neglected.

Condom programming requires a dynamic interaction and appropriate balance between supply and demand within a supportive environment. Their intersection

## Comprehensive Condom Programming



represents condom use<sup>1</sup> (see diagram Comprehensive Condom Programming). The environment, consisting of institutional capacity, the commitment of leadership, sufficient resources, and effective collaborative mechanisms, is the critical operating framework through which access to and use of condoms is ensured.

### What we have learned so far?

**Appropriate channels for condom distribution are key to effective condom use.** Receptiveness to condom use is plagued by barriers, including embarrassment or timidity to obtain condoms from sources that require person-to-person contact. Health centres – particularly family planning clinics - are often the only sites for condom distribution, limiting access. When channels for condom distribution are created that allow privacy and easy access - such as through more non-conventional venues like bars, restaurants, hotels and the workplace, often through vending machines, - condom use increases. Community based distributors (CBDs) also can play an important role. Flexible and extended opening hours for clinics and centers that are located in busy areas in towns and cities can increase access for patrons of nightclubs, bars, cinemas and other social gatherings.

**Cost can influence acquisition of condoms.** In some instances, potential condom users cannot afford to purchase condoms at full commercial prices. Alternatively, charging nominal fees for condoms – e.g., utilizing social marketing techniques - can be successful in cultures where there is a perception that purchased items have intrinsically greater value and therefore, are more likely to be used. Female condoms are more expensive to procure than male condoms (60 cents versus 3 cents per condom). With increased production and demand for female condoms, the cost is expected to decrease. Endorsement of a safe reuse protocol (currently under investigation) would also reduce their cost. Whether borne by governments or individuals, the cost of condoms for HIV prevention is by far less than the financial and social burden of care and treatment for persons living with HIV/AIDS.

**Health service provider attitudes can influence potential condom users.** Many providers view condoms only for their role as contraceptives, downplaying or ignoring their infection prevention properties. Often, when faced with recommending contraceptive choices, providers choose methods that are less user-dependent at the time of sexual relations, such as injectables or oral contraceptive pills. Some providers are openly uncomfortable discussing condoms,

<sup>1</sup> Estimating condom use for HIV prevention is difficult, relying on self-reported use, or extrapolating from procurement statistics. Based solely on donors' procurement for developing countries an estimated 1 billion condoms were used in 2000. For 2002, UNFPA estimates that global condom needs for STI/HIV prevention are 9 billion.

will not discuss condoms, or are biased against unmarried youth obtaining condoms. Peer counselors are often better able to relate to the potential condom user, facilitating discussions.

**Myths, misperceptions and fears hinder access to and use of condoms.** The readiness to use condoms is influenced by personal attitudes that are partly shaped by the socio-cultural environment. Condoms are sometimes associated with promiscuity, feared to be ineffective against HIV, or simply disliked. Ignorance of HIV or perceived low risk of becoming infected also contributes to the reticence to use condoms. Myths such as 'condoms are HIV-contaminated' can influence perceptions of entire communities. Providing correct information and knowledge is important, however, is often insufficient to alter behaviour which requires finding what motivates people to use condoms consistently and correctly, and programming to stimulate and sustain this incentive.

**Condoms – both male and female - are not adequately promoted, especially as a method of dual protection<sup>2</sup>.** Encouraging use of condoms as a method of dual protection means promoting them for contraception and STI prevention. Studies indicate that when promoted as a means of dual protection, interest in condom use increases. Until microbicide spermicides become approved for use, condoms remain the leading device for dual protection. Counsellors should inform clients of the risks of STIs/HIV, potential condom failures and chances of unwanted pregnancy, and back up such as emergency contraception. Unfortunately, competing priorities, especially at the country level, often leave few resources – financial or human - available for condom programming.

**Use of male and female condoms requires cooperation of both partners.** Some men, for a variety of reasons, are reticent to use male condoms, and women often have difficulty convincing men to use them. Although not a panacea, the female condom gives women a complementary option where they have greater control in initiating use which may aid in equalizing the gender imbalance that currently exists.

## What should be our Guiding Principles?

*“The promotion and the reliable supply and distribution of high quality condoms should be come integral components of all reproductive healthcare services...” ICPD, 1994*

*“By 2005, ensure: that a wide range of prevention programmes... is available in all countries... aimed at reducing risk-taking behaviour and encouraging responsible sexual behaviour, including abstinence and fidelity; expanded access to essential commodities, including male and female condoms and sterile injecting equipment; harm reduction efforts related to drug use; expanded access to voluntary and confidential counselling and testing; safe blood supplies; and early and effective treatment of sexually transmittable infections.” UNGASS Declaration of Commitment on HIV/AIDS paragraph 52*

**Condom use needs to be promoted as part of a comprehensive prevention agenda.** An inter-related STI/HIV prevention package includes advocacy, educating the public on STIs/HIV, promoting responsible and safer sexual behaviours, empowerment of women, improving attitudes toward and utilizing behaviour change communication to increase condom use among men and women, providing voluntary counselling and testing services and appropriate referral for treatment and care.

**Condom programming should be based upon the needs, perspectives, and sexual behaviours of those at risk of HIV infection and of the surrounding community.** Central to ensuring consistent and correct use of condoms is a people-centred approach, which strives to understand user needs including through addressing the socio-cultural and political environments which help shape beliefs and practices. Condom programming should provide information about STIs/HIV prevention, strive to bridge the gap between knowledge and behaviour, instill a desire to use condoms, ensure correct and consistent use, and monitor user attitudes that might act as barriers to use.

While not sufficient to ensure use, provision of adequate supplies of a quality product is critical. Provision of quality condoms must be dynamic to stay abreast of the

<sup>2</sup> Dual protection is protection against both unintended pregnancy and sexually transmitted infections, including HIV. For sexually active individuals, condoms are the only device that is effective for dual protection. Dual protection can also be achieved by using condoms with another method of contraception, referred to as dual method or double protection. Dual protection is of particular relevance when interventions are focused on groups in vulnerable situations such as young people, sex workers etc.

### ***Essentials of Condom Programming***

Comprehensive condom programming addresses demand and supply of male and female condoms and the related support for women and men, youth and adults to enable them to protect themselves from STIs/HIV and unintended pregnancy. It should explicitly address gender perspectives and power dynamics in using condoms, considering particular vulnerabilities of youth, especially girls, and reaching out to boys to help shape gender roles to include responsible and healthy behaviour.

It entails orchestrating a range of inter-related elements including:

- ⇒ Assessing and meeting diverse user needs
- ⇒ Overcoming barriers to access and use including individual's misperceptions and fears, often through behaviour change communication
- ⇒ Promoting consistent and correct use
- ⇒ Creating a supportive political and socio-cultural environment
- ⇒ Ensuring product acceptability, availability, affordability and quality
- ⇒ Forecasting, financing and procuring condoms according to internationally accepted standards and specifications
- ⇒ Distribution including logistics management, information systems, transport and storage
- ⇒ Making channels of distribution appropriate to user needs, and
- ⇒ Monitoring the impact of programming on condom use and ultimately HIV prevention.

ever-changing requirements. Condom stock-outs are detrimental both to potential users and to existing user's expectations and future compliance. Quality<sup>3</sup> is imperative to ensure effectiveness in STI/HIV prevention, as is the user perception that a quality condom is indeed a reliable product. Adequate supplies of quality condoms requires infrastructure, resources and planning to address forecasting of needs, production of quality condoms in sizes and styles acceptable to users, procurement from certified manufacturers, and logistics management (including safe and timely delivery, safe storage facilities, inventory management, and user-friendly distribution points).

**A supportive political, legislative and community environment is an essential component;** this includes governmental officials, legislative bodies, religious institutions, community leaders, health providers, teachers, parents, and individuals. Directed advocacy campaigns can help reassure sceptics that condoms are an effective means of protection from serious infection, and that they should be promoted within the context of a comprehensive prevention programme that emphasizes informed, responsible and safer sexual behaviour.

### **What can UNFPA do?**

UNFPA is expected to lead the UN system in the area of condom programming. As such, the Fund must intensify efforts to ensure adequate supplies of quality condoms as well as support national efforts to promote individual knowledge and skills to protect against STIs/HIV and unintended pregnancy. In collaboration with other UN agencies, governments, non-governmental organizations and partners UNFPA should continue its work to:

**Advocate for condoms as a means of HIV prevention, targeting political, religious, community, and legislative leaders.** Persuasive and persistent advocacy for condoms has the potential to enlist the support of key leaders. Even against the staunchest opposition, well thought out, targeted and persistent strategies can be effective. Many leaders have altered their positions significantly when presented with accurate information on the benefits of condom programming within the framework of a comprehensive prevention strategy. Religious groups are more receptive to promoting condoms when they

<sup>3</sup> "Quality" as specified by WHO (The Male Latex Condom) refers to condoms that will not break or leak and put the user at risk in addition to being the appropriate size, and colour as well as meeting the expectation of the user. It is also understood that quality means meeting international standards and specifications from the time of procurement to use.

are presented within a framework of disease prevention. Introducing research findings that sexual health education (including information on condom use) more often results in delayed sexual activity as well as making existing sexual behaviour safer may be a useful approach. Women's groups can be instrumental in advocating for and creating awareness of the benefits of male and female condoms, empowering women, and bringing men into the equation to support condom use. Influential leader endorsement can create positive new perceptions – for example, condom use demonstrates concern to protect loved ones.

**Identify barriers to access and use, and then employ innovative strategies to address them.** Conduct research to understand sexual behaviour patterns, myths, misperceptions and fears held by potential male and female condom users and by providers, and design innovative strategies to address them including behaviour change communication. Dual protection must also be promoted.

**Ensure that quality condoms in sufficient numbers are procured<sup>4</sup>.** To ensure the quality of the condoms it buys, the Fund strictly follows procedures prescribed by the World Health Organization (WHO). These include pre-qualification of interested manufacturers to remove weak suppliers from the bidding process and batch-by-batch quality testing according to internationally agreed standards. UNFPA should continue to procure sufficient quantities of quality condoms to meet the requests of governments, other UN agencies and partners. As a component of condom programming, projected estimated resources required for male condoms for STI/HIV prevention will grow from US\$297 million in 2002 to US\$557 million in 2015. UNFPA should be on the cutting edge of emerging issues, supporting such initiatives as standardization and updating of quality control labs and research into female condoms, microbicides, and vaccines.

**Adapt and upscale best practices from successful condom programmes.** For example, use of youth-friendly facilities, usually using peer educators, has helped to increase the distribution of condoms by making youth

feel at ease in such an approachable setting. Youth groups and youth-serving organizations are particularly valuable to condom programming initiatives and should participate from design to implementation phases. In the Pacific region, satisfied and experienced condom users are trained to promote and counsel potential condom users. Thailand increased use and drastically reduced infection rates among sex workers through its 100% condom use programme. Innovative distribution schemes have put condoms in reach of those in need. In Mozambique, social marketing was used to improve the image of condoms while at the same time increasing channels of condoms distribution. Vietnam's condom cafes serve clients in a non-health clinic setting.

**Conduct condom needs assessments.** Needs assessments can identify at-risk groups, barriers to condom access and use, channels of distribution, and procurement requirements essential to effective programming. Assessments should address the epidemiological, socio-cultural, and behavioral aspects of male and female condom use as well as the political climate. Market segmentation better ensures tailor-made programmes that address user needs. For example, little attention has been devoted to the particular needs of maintaining safe sexual activity within marriage, especially given pressures to have children. Needs assessments can uncover unfavourable images of condoms and feed into strategies employed within communities to create a more positive image and agreeable product. For example, as a product, condoms can be offered in lively colours, flavours and textures. Packaging might also include educational messages endorsing their health benefits. Celebrities can be engaged to promote condoms in a positive light.

**Increase the channels in which condoms can be distributed.** Individuals are more inclined to use condoms if they are easily obtainable. Channels include social marketing, public facilities, dispensers - which permit greater anonymity, peer educators, CBDs, taxis, bars and hotels. Complementing public sector services, social marketing of condoms makes use of commercial marketing techniques to promote and sell condoms at a subsidized price providing convenient and private access

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<sup>4</sup> UNFPA has been the largest international supplier of condoms to developing countries for the past 30 years. The Fund frequently supplies condoms on behalf of the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Bank and other donors such as the British, Dutch and Canadian Governments. The Fund is the world's largest multilateral source of population assistance. Since it became operational in 1969, it has provided some \$5.6 billion to developing countries to help solve population problems, meet reproductive health needs and support development efforts.

to the commercially advertised product. Social marketing, however, is limited by the ability of the client to pay, and by donor subsidies, and is not a panacea for condom distribution.

**Strengthen technical knowledge, skill and capacity of programme managers and service providers.**

Capacities should be strengthened to increase condom

awareness among clients; to provide accurate information on condoms' role in STI/HIV prevention; and to develop gender-sensitive counselling techniques that will increase familiarity with sexual and reproductive health issues, instruct how to make personal risk assessments, and help empower women and youth to negotiate condom use.

Given the immeasurable burden and cost of the pandemic in terms of human life and suffering, and given the proven effectiveness of condoms to prevent STIs/HIV, UNFPA, in collaboration with its partners, must make a convincing plea to countries to place condom programming high on the STI/HIV prevention agenda and to allocate the necessary human and financial resources. Despite the challenges inherent in condom programming, the need to increase use of this effective prevention tool must overcome the obstacles regardless of their source.

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