Green Light For Female Condom, But At What Cost
by Morris Tendayi Nyakudya

HARARE - Zimbabwe's Drugs Control Council has given the green light for the use of the female condom, femidom, but AIDS activists say the approval will be meaningless unless the female condom is accessible and affordable.

The female condom, approved by the Council recently for use in this Southern African nation, is viewed by some as a valuable addition to the limited arsenal against the spread of the Acquired Immune Deficiency Syndrome (AIDS).

According to the National Aids Control Programme (NACP) here, between 300 and 500 people die in Zimbabwe each week due to AIDS-related illnesses.

"We see this condom as an additional tool in fighting HIV/AIDS and STD (sexually transmitted diseases) infections and not as a replacement for the male condom," said Helen Jackson of the Southern African AIDS Information Dissemination Service (SAFAIDS).

But one of the main concerns for health workers and AIDS prevention activists is the proposed cost of the femidom, which has been tested in Zimbabwe since 1983.

Whereas the male condom is available at a nominal price from government health centres, the proposed price of 20 Zimbabwe dollars (two U.S. dollars) for the femidom will put it beyond the reach of most women, especially sex workers.

"The majority of prostitutes find femidom acceptable, but they will not be able to afford it at the present cost," said Shepherd Mashayamombe, director of Zimbabwe's Aids Prevention Project (ZAPP), which is encouraging the use of the female condom by couples who want to continue having sex when one partner is HIV positive.

Some groups involved in AIDS prevention are petitioning government to subsidise the femidom. "We are asking that the female condom be available in exactly the same way as the male condom—accessible and affordable," said Priscilla Misihairabwi, co-ordinator of the Women and AIDS Support Network (WASN).

Misihairabwi added that so far, there has been no response from the government. The NACP coordinator, Dr. Evaristo Marowa, said that the marketing of the femidom was still under discussion.

But even if the femidom were to become affordable and widely accessible, activists said education and information is still needed to combat the negative male and female attitudes on using condoms.

Some Zimbabweans, bolstered by religious and cultural beliefs, believe that the use of condoms promotes promiscuity. Also, the female condom may still be of little use to women who because of their socio-economic standing are unable to negotiate safe sex, especially within marriage.

Dr. Tafataona Mahoso, a local commentator on social issues, said that while the femidom would improve the ability of single women to negotiate for safer sex, it is unlikely to do the same for most married women.

A married woman, who declined to be named, echoed this view:

"When you have one husband, what do you need a condom for? If you have it what do you want to do? If I see my husband with a condom I will want a serious explanation. In homes (where two people are married) it just does not apply."

"...The female condom will only start a lot of troubles, problems in the home," another woman added.

Alfa Chapendama, a young woman who works as a secretary, however, is grateful for an alternative to the male condom, which she believes makes women dependent on men.

"Most of them (men) refuse (to wear condoms), so this is important because women will have the power to make a choice," she said.

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