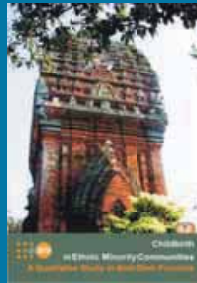


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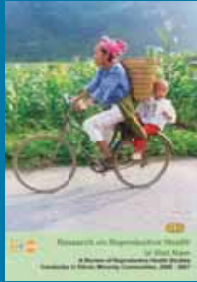
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# The Acceptability of Female Condoms among Migrant Workers in Industrial Zones in Viet Nam





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HÀ NỘI, 2012

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# Abbreviations

BCC	Behaviour Change Communication
CCP	Comprehensive condom programming
CSEED	Center for Community Socio-Economic and Environmental Development
FC	Female condom
FGD	Focus group discussion
HIV	Human immunodeficiency virus
IDI	In-depth interview
IUD	Intrauterine device
NGO	Non-governmental organization
STIs	Sexually transmitted Infections
UNFPA	United Nations Population Fund

# Preface

In Viet Nam, condoms are distributed through several healthcare programs such as population and family planning, HIV/AIDS and STI prevention, and different community-based and social marketing channels. The private sector also assumes an increasing role in condom promotion and distribution. However, since Viet Nam attained the status of middle income country in 2010, there has been a notable decline in international support for healthcare programs. This decline highlights a pressing need to develop a comprehensive program that consolidates existing distribution systems engaged in supply and promotion of condoms to vulnerable and marginalised populations, particularly young people and migrant workers.

To this end, in 2011, UNFPA supported the Ministry of Health in developing the comprehensive condom programming (CCP) for the period 2011-2020. The CCP aims to coordinate national and international efforts towards more effective distribution and utilisation of condom resources. Notably, details for supply and use of female condoms (FCs) are included, for the first time, in this strategic document.

Understanding community perceptions and acceptability of FCs among target populations is critical for the development of effective CCP interventions. While evidence of male condom utilisation in Viet Nam has been widely documented, this is not the case for FCs. To redress this imbalance, UNFPA provided support to the Center for Community Socio-Economic and Environmental Development (CSEED), a local Vietnamese NGO, to conduct an intervention study on the acceptability of FCs among female migrant workers. This study targeted participants from six industrial zones covering three regions (the North, the Central and the South) of Viet Nam, during the period from January 2011 to July 2011.

The study provides useful insights into community perceptions, acceptability and utilization of FCs. I believe the recommendations will be of particular relevance to policy makers, program managers, health professionals, researchers and donors in designing and implementing appropriate FC policies and programs for future implementation in Viet Nam.

On behalf of UNFPA, I would like to thank the General Office for Population and Family Planning, Ministry of Health for supporting and creating favorable conditions for the implementation of the study. Our sincere thanks to Ms.Thanh Thi Chung and her team at the CSEED for completing the study. I would also like to thank Dr. Duong Van Dat, Dr. Ha Huu Toan and Dr. Pham Nguyen Bang of UNFPA Viet Nam for coordinating the study, providing technical support and editing the report. My appreciation also extends to local collaborators and participating female migrant workers for, without them, this study would not have been possible.

Mandeep K. O'Brien

UNFPA Representative a.i.

# Executive Summary

This report presents key findings drawn from a qualitative study exploring the perception and utilization of FCs among female migrant workers in Viet Nam. Data collection for the study was gathered in six industrial zones covering one city and two provinces, namely Da Nang, Tien Giang and Phu Tho, from June 21 to July 10, 2011. Qualitative methods (in-depth interviews with key informants and group-discussions among the target population) were used to collect data and interpret perceptions, attitudes and concerns regarding the use of FCs among female migrant workers and their sexual partners.

Key findings of the study are as follows:

## **Knowledge**

Minimal participant awareness of FCs at outset of intervention.

## **Perceptions**

The misperception that FCs are relevant only in extra-marital sexual relationships. On the other hand, most participants understand that FCs provide a means of preventing unwanted pregnancy and sexual transmission of diseases. A number of women also stated that the FC provides an option for female sex workers when male clients refuse to use a condom.

## **Design**

FC design was not found particularly user-friendly; it was sometimes described as unattractive and large in size, causing difficulties when inserting into the vagina.

## **Female attitudes**

Embarrassment and discomfort were the most commonly expressed sentiments although some participants reported the FC more acceptable after several attempts.

## **Male attitudes**

The majority of participants reported supportive husbands. However, a small number of husbands rejected the FC indicating that there is no need to use either male or female condoms during sexual intercourse between husbands and wives.

## **Factors affecting use**

Some respondents reported inconvenience and pain during initial FC use. However, some middle-aged respondents also noted that the FC lubricant improves comfort.

## **Conclusion**

The FC is relatively unfamiliar in Viet Nam. Some participants reported that a lack of detailed instructions caused unnecessary complications when attempting to insert the FC into the vagina for the first time and suggested that potential users would benefit from programs that focus on raising awareness and building confidence.



Findings confirm a significant level of interest in the FC among the target group particularly as information became more available. Positive comments from participants highlight the need to extend FC information to other female migrant groups. This can be achieved through mass-media campaigns with a focus on culturally-appropriate behaviour change communication. Indeed, advocacy conducted through activities designed to inform and educate potential FC users should become integral to national family planning programs and policy.

As a positive starting point, the Ministry of Health recently approved the CCP in Viet Nam for the period 2011-2020. The CCP endorses the FC as a new prevention method and viable contraceptive option for women, particularly those at risk of experiencing unwanted pregnancy and/or STIs/HIV, and those who cannot use condoms because of partner or spousal refusal to use other contraceptive methods.

# 1. Background

The rapid progress of industrialisation and urbanisation in Viet Nam in recent years has led to many new employment opportunities in the cities, attracting large numbers of migrant workers, particularly from rural areas. Data from the 2009 Population and Housing Census reveals that internal migration flows are dominated by young people aged 15-24, the majority of whom are sexually active females of reproductive age.<sup>1</sup> As reported in previous studies, many young Vietnamese migrants are vulnerable to economic and sexual exploitation, putting them at relatively high risk of acquiring STIs/HIV.<sup>2</sup> It is therefore important for young migrants, especially female migrants, to be equipped with accurate knowledge about their sexual and reproductive health, including contraception, that will assist them in reducing the risk of unwanted pregnancy and/or STIs/HIV.

It has already been well documented that condoms, when used consistently and correctly, are highly effective in preventing pregnancy and reducing the incidence of sexually transmitted infection (STIs) including HIV.<sup>4,5</sup> The FC is the only female-initiated contraceptive method available to women for dual protection against unintended pregnancy and STIs/HIV.<sup>6</sup> Despite the potential of this unique dual protection, the use of FCs remains significantly limited. This is largely due to the fact that, not only is this product difficult to access, but it is under-utilized in many settings.<sup>7</sup> However, evidence suggests that, if promoted and programmed alongside male condoms, the FC does contribute to the total number of protected sexual acts.<sup>8</sup>

Although the FC was introduced in Viet Nam in 2000, information about this product continues to remain scant. Two FC studies have been completed, but neither evaluated the acceptability of female condoms among migrant women.<sup>9,10</sup> To redress this gap, this intervention study was conducted among a select group of female migrant workers. It determines and evaluates perceptions and identifies factors affecting the use of FCs as experienced by this particular migrant study group. Findings of this study should provide important FC data for consideration in the CCP in Viet Nam.

## 2. Methods

### 2.1. Description of the intervention study

The intervention study on the acceptability of FC use among female migrants was conducted from January 2011 to July 2011. Two industrialized zones in each province/city were selected based on significant concentrations of female migrant workers. The study sites were situated in the two provinces of Phu Tho and Tien Giang and in the city of Da Nang, representing the North, South and Central Viet Nam, respectively.

Following the selection of study sites within the chosen industrial zones, eligible females were invited to participate. Female migrant workers aged 24-49, who were likely to continue working at the identified sites for the duration of the study period, were specifically targeted. Fifty-two participants enrolled in the intervention study including 20 from Phu Tho, 12 from Da Nang and 21 from Tien Giang. Although the study was open to all female migrant workers, only married migrant women decided to join the intervention study as the unmarried ones did not want to disclose that they engage in sexual relations. After obtaining their informed consent, the 52 participants were invited to attend a one-day training course on the use and benefits of the FC, and how to handle common problems, such as improper insertion or penile misrouting.

Following the training session, a total 4,694 FCs were distributed to the 52 participants for use during the 6-months follow-up period.

## 2.2. Evaluation

This qualitative study serves as a final evaluation of the quasi-experimental study conducted from 21 June to 10 July 2011. In-depth interviews (IDI) and Focus Group Discussion (FGDs) were used to collect the information. Ten FGDs were conducted with both FC and non-FC users. In addition, 52 IDIs were conducted with 29 FC users, and 23 non-FC users. The IDIs and FGDs applied open-ended questionnaires, recording responses manually, then transcribing these in conjunction with the fieldwork notes. The interview contents included questions on perceptions, attitudes and experiences in the use of the FC (ease of insertion, pain, discomfort, misuse, etc.), satisfaction with the device, husbands' attitudes and reactions, and future FC prospects.

*FC users* are defined as those who received FCs at the outset of the study and continued to use them throughout the assessment period.

*Non-FC users* are defined as those who decided against using the FC following the initial attempt.

## 2.3. Data analysis

The findings were categorized to comply with the research questions and objectives. Data analysis was conducted using Nvivo, a qualitative data analysis computer software package.

# 3. Main Findings

## 3.1. Knowledge

Findings show that, of the 52 participants, only three had heard about FCs prior to the study. The remainder had never seen nor heard of this product.

### 3.2. Perceptions

Some participants suggested that FCs should only be used by sex workers or during extra-marital relations. However, the majority of participants understood the benefits of condoms in managing their fertility. They also recognized that the FC provides protection against STIs.

*“The FC is not exclusively used by sex workers, it can be used by all women and it helps keep family happiness.”* (B2, Viet Tri)

*“I think that every woman should have access to FCs.”* (A4, Tien Giang)

*“I think, some girls have sexual relations with men while working in the entertainment places (e.g. bars, karaoke). If, for some reason, the man does not use condoms, the girl can use FCs to keep them safe.”* (A8, Tien Giang)

A number of women also stated that the FC enabled them to increase marital sexual activity and to provide security if they doubted their husbands' fidelity.

*“I think I should also use FCs as I do not know if my husband is loyal to me.”* (B5, Viet Tri).

*“Even though my husband is a loyal person, it would be better to use FCs to avoid unwanted situations.”* (A6, Da Nang)

### 3.3. Attitudes

#### 3.3.1. Wives

Prior to the study, the majority of participants had neither seen nor heard of a FC. At the outset, sentiments of embarrassment, fear and anxiety were expressed regarding initial FC use. Most of the participants were surprised by the relatively large size of the FC. The majority of participants reported that the design of the FC was not user-friendly for Vietnamese women, and that it was unattractive and rough.

*“Oh, my Gosh, why it looks so odd, it is so raw.”* (A7, Tien Giang)

Some women found the FC quite cumbersome and reported discomfort on first use. This factor sometimes discouraged subsequent use.

*“I was nervous when I first used it. It is too large and cumbersome.”* (A3, Tien Giang)

*“I felt uncertain before inserting the FC. But it was ok although, in general, it still causes some discomfort when I use it.” (C2, Da Nang)*

*“It is not very convenient. I inserted it into the vagina, it fell out and then my husband had to assist me to insert again.” (A5, Da Nang)*

*“The FC inner ring is too big and makes a squeaking and rustling noise. It took sometime to insert properly.” (A6, Da Nang)*

However, those who continued to use the FC, reported feeling more comfortable after several attempts.

*“I felt pain when I first used it. But this improved and I felt more comfortable after subsequent attempts.” (A3, Tien Giang)*

*“I was a bit confused at the beginning. But after the second and third try, I got used to it and now I feel comfortable when using it.” (A6, Viet Tri)*

### *3.3.2. Husbands*

An earlier study suggests that it is important to target and involve both men and women in the introduction of FCs as men are more likely to play a dominant role in sexual decision making, including contraception and disease prevention.<sup>10</sup>

Of the 52 respondents in the study, only one husband refused to let his wife use the FC in the belief that, rather than the nature of the FC itself, there is no need to use condoms during the sexual act between husband and wife.

*“I brought a FC home and asked my husband if I should try it. He told me that other people use condoms because they engage in extra-marital relationships or have sex with sex workers. He is not among them so he does not want me to use a FC.” (A11, Viet Tri)*

As with the majority of female respondents, none of the husbands had ever heard of the FC prior to the study, and expressed surprise. After learning more, most husbands supported their wives.

*“My husband said he did not believe FCs existed. But when I brought it home and showed him, he then said let’s try and if it is ok, then we can keep using it.” (A3, Tien Giang).*

Some husbands showed willingness to support their wives, not just to prevent unwanted pregnancy and STIs but as part of a shared contraceptive responsibility.

*“My husband said that if you feel comfortable when using it, then you should use it and vice-versa.” (A7, Tien Giang)*

On initial use, certain participants reported that their husbands thought the FC seemed more complicated than other contraceptive methods. However, some participants also reported that, with practice, the FC became easier to use.

*“First, my husband said that it is cumbersome because it is very large and looks funny but after using, he said it is ok.” (A2, Viet Tri)*

*“He did not like it at the beginning, then he was quite ok because he did not have to use a condom himself.” (A6, Viet Tri)*

According to participant responses, a number of husbands did not favour the FC because it took their wives too much time to insert into the vagina, thus reducing the sensation of intercourse.

*“My husband said it is so easy to put on male condoms whereas the FC takes a lot of time to insert and he loses control of the situation.” (B6, Viet Tri)*

### 3.4. Concerns

The FC is relatively unfamiliar in Viet Nam. Some participants reported that a lack of detailed instructions caused unnecessary complications when attempting to insert the FC into the vagina for the first time and suggested that potential users would benefit from programs that focus on raising awareness and building confidence.

*“The FC is a new product to me. This means that communication activities should be carried out to raise people’s awareness. Especially, people need instructions on how to use it, and then I think it will be as popular as male condoms. Users should also be assured that the use of FC does not impose any negative effects on their health.” (A5, Tien Giang)*

*“The most difficult thing concerning the FC is that it is not user-friendly. I mean the way of inserting FC into vagina is too complicated. To me, this is the biggest challenge.” (B3, Da Nang)*

*“To be honest, I am afraid that it will get broken while we have intercourse and I will get pregnant.” (A9, Tien Giang)*

Some participants did not fully understand the benefit of using a lubricant, believing that it may adversely affect their health.

*“I am concerned that the lubricant may affect my health.” (C17, Phu Tho)*

### 3.5. Positive factors

Among the 52 participants, 56% continued to use the FC throughout the study period and 44% stopped. Participants freely and sincerely expressed their thoughts about the various factors associated with the use of the FC.

#### 3.5.1. Family planning

A number of women started to use the FC for family planning purposes. This proved especially beneficial to those who found other forms of contraception unsuitable.

*“First, I used the intrauterine device (IUD), then I used birth control pills. We never used male condoms. Now I use the FC.” (A1, Tien Giang)*

*“My face developed melasma a lot after I used contraceptive pills. I sometimes forgot to take the pills. FC is more convenient.” (A9, Tien Giang)*

#### 3.5.2 Prevention of unwanted pregnancy and STIs

A number of participants also stated that the FC gives women more control in protecting themselves from unwanted pregnancy. This was especially the case when a husband did not use condoms or wanted to have another child against the wishes of his wife.

*“I am concerned that he may make me give birth to a third child. So to be safe, I use a FC.” (B4, Da Nang).*

*“He said he would use male condoms, but he did not. So I decided to use a FC. It is safer for me.” ( B2, Da Nang ).*

Protection against STIs was another reason a number of respondents decided to use a FC, particularly where a husband had a tendency to drink too much, or who worked far away from home, aggravating the risk of disloyalty.

*“He might have engaged in sexual relations with other people and got a disease such as HIV. I am not sure I can get cured when infected with those diseases.” (C13, Viet Tri).*

*“My husband may not be satisfied with me and may engage in extra-marital sex. So I should use FC to keep myself safe in case he has an STI.” (A11. Da Nang).*

*“When they are working far away from home, husbands may get gonorrhoea and syphilis when they engage in sexual relations with other girls. That means they will transmit the disease to us.” ( B10, Viet Tri).*

### **3.5.3 Benefits**

A number of respondents continued to use the FC not because it was provided free of charge, but for its practical benefits.

*“I can get contraceptive pills and male condoms free of charge from the commune. But I prefer to use FC because it suits me better.” (A5, Tien Giang)*

*“The FC has the lubricant. I am now old and my vagina gets dry so I need the lubricant. It is truly good.” (A15, Tien Giang)*

## **3.6. Negative factors.**

### **3.6.1 Physical pain**

Some of the respondents experienced pain on initial insertion and removal of the FC. Particularly, this was the case for women who had not yet had children.

*“It hurt when I first used the FC, so I stopped.” (A6, Tien Giang).*

*“I used the FC only once. It created some sort of discomfort and it was so hard to put in. It also hurt when taking out of the vagina.” (A1, Tien Giang).*

*“It hurt when I first used FC. It still caused pain when I tried the second time, so I stopped using it. The pain lasted some days. I even felt sore when I peed.” (B10, Da Nang)*

### **3.6.2 Inconvenience**

Some participants reported that the FC took a lot of time to insert and tended to discourage further application.

*“My husband said this one (FC) is more comfortable than male condoms. But it feels so inconvenient every time I put it into the vagina.” (B8, Da Nang)*

*“My husband felt free. But I prefer my husband to use male condoms. The FC took too much time to insert and so I took it out.” (A15, Tien Giang)*



## 4. Study Limitations

It should be kept in mind that this study focused on a relatively small number of female migrant workers, therefore imposing some limitations on the evaluation. Generalization of the findings to other populations cannot be made as subjects were purposely recruited from two industrialized zones in each study province/city, and therefore may not be representative of all provinces/cities in Viet Nam. Another major bias of the study was that only married migrant women decided to join the intervention study. Finally, the findings may suffer from the social desirability bias as participants may have answered the questions in a manner that will be viewed favorably by interviewers.

## 5. Conclusion

Findings from this intervention study provide some useful insights into the perceptions, attitudes and general acceptability of the FC, among the targeted female migrant workers in the selected industrialized zones.

It is clear that, due to limited information, availability and distribution of this product in Viet Nam, a significant majority of participants and their husbands had no knowledge of the FC prior to this study.

However, findings confirm a significant level of interest in the FC among the target group particularly as information became more available. Positive comments from participants highlight the need to extend FC information to other female migrant groups. This can be achieved through mass-media campaigns with a focus on culturally-appropriate behaviour change communication. Indeed, advocacy conducted through activities designed to inform and educate potential FC users should become integral to national family planning programs and policy.

While the study has some limitations, findings clearly indicate a predominantly consistent attitude towards the benefits of providing FC information and service delivery to female migrant worker populations.

As a positive starting point, the Ministry of Health recently approved the CCP in Viet Nam for the period 2011-2020. The CCP endorses the FC as a new prevention method and viable contraceptive option for women, particularly those at risk of experiencing unwanted pregnancy and/or STIs/HIV, and those who cannot use condoms because of partner or spousal refusal to use other contraceptive methods.

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