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Female condom two (FC2) marketing strategies for health care workers in Tshwane district, South Africa

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Abstract

Marketing strategies for female condom 2 (FC2) play an important role in health care. Media, health education and campaigns have a role to play in reaching vulnerable populations who need to receive information about the use of FC2. The objective of this study was to explore and describe FC2 marketing strategies for health care workers in the Tshwane District, South Africa. A qualitative exploratory and descriptive case study method was applied. The population included health care workers, who were purposively selected. Data collection was done through in-depth individual interviews with participants in order to reach saturation. These participants included operational managers (n=3), administrator (n=1), lay counsellors (n=6) and professional nurses (n=20). Tesch's method of data analysis was used where one theme and six subcategories were identified and described. FC2 marketing strategy for health care workers to use in informing vulnerable groups emerged as a category. The six subcategories identified from the category included: maximising media coverage; extensive education of benefits to users; collaboration with other health promotion programmes to promote FC2; expanding programmes to school; educating males about female condom use; training and workshops for health care workers regarding health campaigns to individual families. The results emphasise the role of the media, health education and health campaigns in reaching vulnerable women, men and school children who need to receive information about the use of FC2.

Keywords: FC2, strategies, health care worker, health promotion, marketing.

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Introduction

Female condom two (FC2) is counted as one of the reliable contraception methods (Beksinska et al., 2013). The method was introduced by the South African government in response to the escalating of HIV and AIDS statistics (UNAIDS, 2011; Chipfuwa et al., 2014; Candran et al., 2012). The response from the South African government regarding male condoms was very slow and the government had to introduce the FC2 for dual protection to all clients (UNAIDS, 2009). FC2 provides dual protection for health care providers and

clients as users, especially against sexually transmitted diseases and pregnancy. The dual protection was initiated, as all clients have the right to use correct and reliable methods (UNAIDS, 2009; Friend & Doncel, 2010).

Marketing FC2, like in any marketing for any product, requires proper planning, implementation, evaluation and monitoring for continued results (Peters et al., 2010). If marketing is well planned it directs the vision and mission of the responsible institution in towards measuring the expected goals (Peters et al., 2010). Marketing FC2 plays an important role in the health care system. Before any product can be put on the market, marketing research is conducted to identify the benefits of the product and its accessibility and acceptability to clients as consumers (Peters et al., 2010; Kulczycki et al., 2004). "Marketing research" refers to the identification of clients' needs, matching such needs, provision of the product and its effectiveness and efficiency (Hoffman, 2004; WHO, 2007).

The FC2 is free of charge to all, including health care workers, and it can be accessed from various health centres (UNAIDS, 2009). Communities are reluctant to use the FC2. Both males and females have difficulty in introducing condom use for fear of stigmatisation relating to the use of condoms in general. Many women are at risk of contracting sexually transmitted infections including HIV and AIDS. However, they seem to distance themselves from using the female condom and disregard their risk of contracting sexually transmitted diseases. Health care workers and their partners are part of the social community and, therefore, are expected to use condoms as a method for family planning (Sarkar, 2008).

It has been observed that although health care workers provide contraceptive methods including female condoms, nurses tend to ignore the fact that they are also responsible for taking precautionary measures to protect themselves against sexually transmitted diseases such as HIV and AIDS, syphilis and gonorrhoea (Mantell et al., 2011; Candran et al., 2012; Weeks et al., 2013).

FC2 has been seen as the most effective method for prevention of STIs because the woman takes responsibility to use the condom at the right time with the right person (Weeks et al., 2013; WHO/UNFPA, 2012). Women are taught by health care providers on when and how to use a condom, as well as when a condom should be discarded (Weeks et al., 2013). Although some women are knowledgeable enough to use female condoms, some of them have difficulties in accessing these condoms (Weeks et al., 2013). Therefore, it is necessary that appropriate marketing strategies should be explored and described to assist women in knowing where and how FC2 could be accessed (WHO/UNFPA, 2012).

Marketing is an essential process of identifying, communicating and exposing condom use to consumers (Chandler et al., 2013). Condom use can be promoted through the use of multiple marketing strategies such as awareness campaigns and educational sessions (Weeks et al., 2010). These strategies may be used through various media for the purpose of reaching the entire community (Chandler et al., 2013).

Promotion of condom use among health care workers remains the responsibility of health care systems, other health-related institutions and individuals. In the current health care system, health care workers are expected to provide clients with condoms in order to protect them from HIV and AIDS and other sexually transmitted diseases (Chipfuwa et al., 2014). At the same time these health care workers are reluctant to use condoms as a protective method because using condoms may interfere with their marital relationship (Chipfuwa et al., 2014). Promoting condom use among health care workers through diverse marketing strategies remains a challenge to condom producers. Multifaceted strategies at all levels of society are needed in order to promote condom use (Williamson, Parkes, Wight, Petticrew & Hart, 2009). It is necessary for health care workers to be provided with clear and appropriate information regarding the use of female condoms (Peters et al., 2010). The reason for providing such information is to liberate female health care workers from a situation of ignorance to one of emancipating knowledge (Peters et al., 2010).

Marketing of female condoms is dependent on health care workers' perceptions and use of female condoms for their own protection. Health care providers dispense FC2 but claim that they rarely hear about female condoms and have limited knowledge about them. This study explored the marketing strategies that could be used to encourage the utilisation of female condoms by the health care workers working in Tshwane District.

Methodology

Design

A qualitative exploratory and descriptive case study method was used to explore and describe FC2 marketing strategies for health care workers in Tshwane District, South Africa.

Population and sampling

The participants were female health care workers (administrator, lay counsellors and professional nurses). These health care workers were involved in the issuing of contraception in the Tshwane district. Tshwane district is in Gauteng Province and has seven regions. The study was conducted in regions 1 and 2. These

participants included operational managers (n=3), an administrator (n=1), lay counsellors (n=6) and professional nurses (n=20). They were conveniently and purposively selected based on the family planning knowledge they possess and apply in their daily practice. The participants were accessed through their institutions.

Data collection

One-to-one semi-structured interviews were conducted with 30 participants in order to explore and describe (FC2) marketing strategies. The reason for conducting such interviews was to examine why FC2 was not fully utilised by health care workers and how it could be marketed. The permission to conduct the research was granted by the Faculty of Health Sciences Ethics (2012), the University of Pretoria. The question: ***“What are the female condom two marketing strategies for health care workers working in the Tshwane District”*** was asked. This question was followed by the use of various communication skills such as listening and probing until data was saturated. A tape recorder was used to record data for confirmation reasons with the permission of the participants.

Data analysis

Data analysis followed Tesch’s method of data analysis (Tesch in Creswell, 2003). During data analysis, transcripts were read carefully and thoughts were written in the margin. A list of all topics clustered together as similar topics was drawn up and later these topics were put into columns that were arranged as major topics. The authors found the most descriptive wording and the topics were turned into categories. Data materials belonging to the category were assembled in one place and a preliminary analysis was conducted.

Ethical principles

During the process of data collection, ethical principles such as beneficence, justice and respect for human dignity were always observed in order to protect study participants (Polit & Beck, 2012). The authors ensured that the participants were fairly treated and always respected in all the activities they were involved in. The researchers made it clear that autonomy prevailed during the research process in order to allow participants to make informed decision making.

Measures to ensure trustworthiness

To ensure trustworthiness, credibility, confirmability and dependability were applied (Lincoln & Guba as cited by Polit & Beck, 2012). To obtain prolonged engagement, the researchers spent sufficient time with participants during data

collection and analysis. One-to-one interviews as well as observations were used during data collection to ensure triangulation. Thick description of data was used to confirm the results.

Results

Media- and health-promotion programmes emerged as the two categories representing marketing strategies. Media became one subcategory, which was to maximise media coverage. Health-promotion programmes were divided into six subcategories: educate users regarding benefits; collaborate with other health promotion programmes to promote FC2; expand the programmes to school; educate males about female condom use; female condoms training groups and workshops for health care workers regarding health campaigns to individual families (Table 1). The categories and subcategories were described and verified with sources by researchers. The sources were from journals, books and other literature searched through CINAHL, University of Pretoria information systems and these sources focused mainly on FC2.

Table 1: Categories and subcategories on strategies for marketing of FC2

Category	Sub-Categories
1. Media	Maximise media coverage
2. Health promotion programmes	Educate users regarding benefits
	Collaborate with other health promotion programmes to promote FC2
	Expand the programme to schools
	Educate males about female condom use
	Female condoms training groups and workshops for health care workers regarding health campaigns for individual families
	Carry out health campaigns with individual families

Media

Media was regarded by participants as the most influential marketing strategy that could be used by millions of people. These participants emphasised maximising media coverage in order to provide FC2 information to health care workers, women, men and school children.

Maximise media coverage

Participants emphasised that advertising is necessary, as many women are not sure how to use FC2. It was mentioned that TVs and radios are used to advertise the use of condoms. Participants expressed their concerns that they still see a lot of publicity for the male condom as compared to female condoms. Their expressions were captured as follow:

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“...Check on the adverts, you never get to see them. Most adverts are male condom, male condom. Even now I’m still not sure how to use it. How would I teach other people to use them?”

These quotations below suggest that there is domination in the marketing of male condoms and that it is seen frequently through the media.

“Media is always advertising lovers plus male condom, so if you can start by advertising the female condom in media, most people watch TV and listen to radio. They will ultimately get used to the idea of female condoms.”

“I think they should use the same strategy as the male condoms. Male condom was greatly advertised in the TV and people got comfortable with it. They should let the public know about the importance of using the female condoms and its benefits on air.”

This participant emphasised how the media make the public aware of the male condom, not the female condom.

“Even the clients they only know the male condom because on TV and other health presentations, they talk about the male condoms. Never was the topic on female condoms.”

Health-promotion programmes

Health promotion programmes are necessary for marketing FC2. Six subcategories identified from this category – education of users regarding benefits; collaborating with other health promotion programmes to promote FC2; expanding programmes to school; educating males about female condom use; female condoms training and workshops for health care workers regarding health campaigns for individual families.

Education of users regarding benefits

Educating clients about the benefits of the female condom is the best tool for empowering women to use female condoms. Many women use it for reasons ranging from prevention of pregnancy and STIs, in circumstances where the male partners puncture male condoms to allow pregnancy to occur without an agreement or refuse to use protection and affect comfort of the partner. The following quotes explain the subcategory:

“I got it from the clients saying males cut it and still infect them with HIV even though they tested negative before.”“If you use the female condom, it feel like your skin so for men who do not want to use the condoms, they won’t feel if I don’t want to tell them.”

The participants claimed that they are providing health education to clients regarding their safety because there was no trusting relationship between partners:

“I teach them about their own safety especially if the partner doesn’t want to use the condom that they can put it on beforehand and their partners will not feel it as it clings to the body like your skin.”

“Let the people using the female condom testify on their experiences, which should encourage people to use it. There are benefits in using female condoms such as prevention of pregnancy, STIs; HIV and any sort of contagious disease. I’ve been sterilised so I’m not in fear of pregnancy.”

Because the male condom, some partners open a hole in front just before intercourse and women are falling pregnant while using it. So I think the female condom is still preferable.”

Some participants preferred the FC2 for its ability to protect them from rape including “date rape”. Participants said their young clients use it when they go out for partying and are sure that they are constantly protected even when raped. One participant said her client used it when hitch-hiking home as they get raped by the motorist offering them a lift home.

“...We have teachers and youngsters who prefer it (female condom) more than male condoms. For the youngsters they say they put it on around 16h00 when they prepare to go out with friends at night so that even when they get raped they are still protected.

“I only have one client from Lesotho. She was preparing to go home. She said when they hitch hike home, they get raped by the drivers, so she puts it on for that purpose. To protect herself against the infections and the pregnancy.”

Collaborating with other health-promotion programmes to promote FC2

Participants explored the option of collaborating with other health promotion programmes such as STI campaigns and community meetings to educate people about the importance of female condoms and demonstrate how to use the female condom as confirmed in the following quotes:

“We can collaborate with other campaigns like the STI campaign; they can stress the use of female condom. They should teach about the benefits of a female condom and demonstrate on the use of female condom.”

“Get people telling about their experience of using it, how they feel in using the female condom.”

“Tomorrow there is a meeting arranged by some company to meet with community women. If we had the condoms, we’d collaborate with them and

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educate women on how to use it. Some are still inserting it immediately when they are about to have sex and it therefore make a lot of sounds.”

Participants were worried that they did not have FC2 because they wanted to establish partnership with a particular company for purposes of acquiring easy supply of FC2.

Expanding the programme to schools

Participants thought that since school-going children are already exploring sexual activities, introducing the female condom would be beneficial to them. They would grow up with the skill of using female condoms and get used to the product. Emphasis was that FC2 should be expanded to schools for easy access. The following quotes confirm the subcategory:

“Health education I’ve just said it, we can expand it to schools since our scholars are sexually active and they are already used to male condom, we may as well introduce the female condoms to them.”

“The health workers and anyone who knows about the importance of female condoms can educate others. Even at school, learners need to be introduced on the female condom. They need to know how safe it is as compared to the male condom.”

“They must think broad with female condom. At the moment we can get them from the clinic only. School children need to access it as easy as the male condoms. They must put them at the shebeens (shebeen is a home or a centre where alcohol is sold to the public) and shops because at night where will they find them as the clinic will be closed?”

“I also think the school-going children are sexually active at the moment so they need to be educated about it, have pamphlets about it, buy more airtime in radio and TV – especially the community radio.”

The quotations provide a picture of how important it is to extend the programme to schools because the majority of learners are sexually active and are not protected against STIs and pregnancy.

Educating males on condom use

Some participants thought that, in order to improve the use of FC2, male clients need to be educated. Educated men were seen as having a better understanding on condom use as compared to uneducated men. Participants suggested that health promotion on condom use be given at industries to access male clients as men are not using the government clinics. Their expressions were noted as follows:

“Educate people especially males that using a condom has no relations to married or single relationships. It is for everybody. Right now we are both at work and he doesn’t know where I am vice versa. The matter of trust cannot be guaranteed.”

“Educated males learn about condom use at their tertiary education and they have access to books and computers to learn about the importance of condom use. On the other hand, our rural uneducated men do not get exposed to this information. They instead become defensive and overpower women when they try to talk about it.”

“If you look at our health system 80% of users are females, men aren’t here and they don’t even consult our clinic when they are ill. It must be legislated that health promotion be authorised to enter the industries and severe health talks must be given at that level. In the long run they will accept the female condom and agree to use it. Because we are practising a fruitless expenditure by educating women and when they go home they are afraid to use it.”

The expressions of participants centred on the knowledge males have and the practices the majority of males use regarding condom use. They emphasised that male clients do not consult clinics.

Female condoms training groups and workshops for health care workers regarding health campaigns for individual families

The need for in-service training during meetings and workshop on FC2 surfaced many times as health care workers explained that they do not have much knowledge on FC2. Participants claimed that in workshops and in-service training they were never briefed or even educated about female condoms. The subcategory is confirmed by the following quotations:

“Maybe we can go to the support groups and encourage female condom use. Even in the meetings that are dominated by females, we could go there and teach about female condoms.

Any meeting where health workers meet, maybe at the workshop, or during the in-service training. I hear when we talk about them; some will still be unsure how to insert it”.

“Yes we do have in-service training but so far we never spoke about female condoms”.

“Firstly we must be educated as health care workers regarding the use of female condoms. That way we’ll be able to educate our clients on how to use it”.

When interviewed about the availability of in-service training and the use of female condoms by health workers one participant’s response was:

“We provide in-service education to them. I for one am not aware that there are people who don’t know how to use the female condoms. In-service training is available for the very purpose. No one has claimed that they don’t know how to use the female condoms. What can be done is continuous training; audit them to see how competent they are in using them”.

It was revealed by the researchers that in-service education and support groups are necessary as many health care workers are unsure how to insert FC2.

Health campaigns to offer to individual families

During the health campaigns health care workers educate individual families on health-promotion activities. Participants thought that introducing the FC2 according to individual needs would assist in addressing the misunderstanding surrounding the FC2. The following quotations affirm the subcategory:

“I think the department should utilise the health promoters to launch a campaign in the communities to educate women about the female condom because I think many people do not know about it. They should also introduce it in high schools, universities, to show the students how to use it so that they have enough information before they use it.”

“I remember there was a health promoter who was educating about it, demonstrating to clients how to use it. I was passing by, and then I stood for a while to see how it was used.”

“I think we as health promoters need to go for door-to-door campaigns, talk to all families and not just concentrate on the HIV-affected people. Our people need to learn to take full responsibilities for their own health which they do not have. I see the way they handle their medication. We do educate them thoroughly but they still come back medicine not taken correctly. Responsibility is not up to standard.”

“Yes, we can run campaigns at the taxi ranks and the bus station and educate the people about them.”

Emphasis was placed on the role of the National Department of Health to utilise health promoters to educate the entire community on FC2 use. High schools and taxi ranks were mentioned as the appropriate settings to provide health education on both male condom and FC2.

Discussion

Participants emphasised that media is important in marketing FC2 and further expressed that there is a lot of publicity on the male condoms as compared to FC2. This suggests that female condom is not effectively marketed and indicates ignorance on the side of health systems. Additionally, there is limited information regarding the marketing of FC2. Few companies take part in

marketing FC2 and are busy designing strategies to market themselves, but are not collaborating with communities to provide essential marketing information. It was noted that before any marketing could take place, preparations are done to organise and plan for media coverage for a range of events and activities (Guide to managing Media and Public Relations, 2005) related to FC2. These preparations include how the message for marketing will be drafted, why should advertisement be done, and what will be the limitations of the marketing strategy. The person who advertises should look at the establishment of contacts and requirements check whether there is any competition and conclude the press release. These interactions are usually time consuming and may even delay the process of marketing.

The participants emphasised TV, radio and public comments as media for marketing FC2. In support of this finding, Chandler et al. (2013) identified media as newspapers, the Internet, magazines, radio and television. Media messages were rated highly in promoting the female condom and safer sex behaviour in the communities (Chandler et al., 2013). Though the same source established that there was a linked increase in sexual intention and activities after the media messages, the preventive media messages empower communities towards safe sexual encounters. A condom social-marketing intervention was found to improve condom distribution and condom use (Munoz, 2010). Therefore, in improving the marketing strategies for the utilisation of female condoms, the majority of nurses in health centers should be encouraged to make the community aware of FC2 use.

In health-promotion programmes participants mentioned that educating users regarding the benefits of FC2 is essential for all women. Participants attested that FC2 is seen as a women-initiated barrier with the ability to prevent pregnancy and STIs – including HIV and AIDS (Weeks et al., 2010). However, the method is not popular and is underutilised in various settings (Weeks et al., 2010), as observed in this study. Women would rather opt for male condoms as compared to the female condom. Chipfuwa et al. (2014) in their study on the uptake of female condom maintained that women did not get adequate education on the benefits of using female condoms at the health care facilities. These authors further mentioned that health care workers are not doing enough on female condom awareness and they should start intensifying female condom awareness campaigns (Chipfuwa et al., 2014).

Collaboration was seen by the participants as a strategy to promote the health of individuals, families and the community through various interventions such as campaigns and door-to-door visits. It has been observed that many clients' behaviour is addressed through health education activities where they are optionally involved. Therefore, health care workers are encouraged to collaborate with other sectors in order to reach a reasonable number of

community members. Peu et al. (2014) emphasised that collaboration and partnership are important in enhancing continuity and sustainability of health promotion programmes. If collaboration could be integrated into the initial stages of health promotion, individuals and their families would reach the optimum level of health promotion and disease prevention, thus leading to quality of care. The Global Campaign (2009) additionally supported the collaboration efforts because these efforts assisted individual countries in scaling up access and distribution of FC2 for better care.

Expansion of FC2 to schools, especially middle and high schools is important as the majority of learners are exploring sexual activities. The participants mentioned that introducing FC2 at school would be beneficial to them in order to ensure access to FC2 and protect themselves against pregnancies and sexually transmitted infections. It has been proved by the Global campaign (2009) that in order to accelerate access to FC2 in Africa, an advocacy campaign should be developed where the government should be demanded to include FC2 in its commodities. Additionally, it was mentioned that FC2 needs to be introduced within and across HIV prevention and reproductive health programmes.

School-going children at the adolescent stage tend to be sexually active at a relatively young age (Meekers, Ahmed & Molatlhegi, 2001). In Meekers et al.'s (2001) study it was stated that lack of knowledge about condom sources does limit adolescents' access to condoms. The authors thought that teenagers do not want to be seen obtaining condoms for the fear of their parents knowing that they are sexually active. In their study on understanding constraints to adolescent condom procurement, it was found that peer education on correct condom use and condom-negotiating skills increased awareness of condom use effectiveness (Meekers et al., 2001). This discussion was supported by Strasburger (2010), who added that early sexual activity among teenagers can be problematic, as it is influenced by a lack of knowledge and media on condom use. Therefore, the expansion of FC2 at school will assist teenagers to engage in FC2 dual protection.

Participants emphasised that educated men were found to have a better understanding of male condom use as compared to uneducated men. This suggests that some women rely on their partners depending on their individual reflection. These suggestions were supported by East et al. (2010), who established that women relied on their male partners to initiate condom use and that some were unable to practice safe sex as a result of the unequal gender dynamics in sexual relationships. Therefore, the authors concluded that successful condom promotion relied on the recognition of gender factors that hindered young women's efforts to use condoms (East et. al., 2010). Hence in this study it was established that male partners should be educated on female condoms to assist in improving condom use. In addition, Liu, Qu, Guo and Sun

(2011) established that condom use in males was associated with men being more knowledgeable about HIV, service utilisation and peer education. Therefore, encouraging male peer education might be more empowering to male clients as compared to health care workers educating them.

Introducing HIV education at the workplace was recommended by Kendall and Pelcatre (2010) after realising the lack of knowledge before implementation of comprehensive HIV and AIDS training during the early years of basic education from women and men around the world. Therefore, factory managers' successfully implemented training about emergency contraception and the authors recommended that the same be implemented for improved access to condoms and testing for HIV and other STIs for women and men working at factories (Kendall & Pelcastre, 2010).

Health promotion is a powerful tool to educate communities about health needs. East et al. (2011) noted that successful promotion of safe sex through education and public health campaigns is dependent on nurses and other health care professionals' ability to comprehend the factors influencing the ability of women to negotiate condom use. Since it was already established that condom use can be hindered by factors such as gender roles, culture and societal norms (East et al., 2011), it is important for health care workers to conduct door-to-door health campaigns and address individual challenges to improve the women's ability to negotiate condom use effectively.

After realising the increased numbers of HIV infections in Asian women in Los Angeles, the result of barriers to existing sexual-health- and HIV-prevention services, the APAITH Health Centre (a community based AIDS service organisation) organised HIV workshops to enhance ethnic and gender pride for the purpose of increasing condom negotiation and use with male partners (Takahashi et al., 2013).

Recommendations

Intersectoral collaboration in marketing FC2 should be clearly spelled out in terms of how the target population would be accessed and where these clients would access their FC2. Training of health care workers is recommended in order to provide men and school children with necessary health information. Lastly, the authors recommend that before any condom marketing is conducted, specific marketing research, which is specific to a particular product such as FC2, should be conducted before and during access to the information in order to assist in enhancing its accessibility and availability.

Conclusion

The study findings revealed that there are marketing strategies for FC2 that could be used to reach all accessible clients. The results further emphasise the role of the media, health education and campaigns in reaching vulnerable women who need to receive information about the use of FC2. Irrespective of the conditions they are operating under, women need condoms to protect themselves against STIs, including HIV and AIDS. Additionally, men, health care workers and school children should be provided regularly with appropriate information on how to protect themselves as well as how FC2 could be accessed at public and private institutions. Extensive education and expanding programmes are of necessity in rolling out FC2.

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