Denise van Dijk is a Member of the International AIDS Society (IAS), an IAS Industry Liaison Forum Advisory Group member and the President of the Global Public Health Sector division of the Female Health Company (FHC), overseeing the management of the female condom distribution and education programme. This International Women’s Day, Denise shares her perspective on the importance of the female condom as part of women-controlled HIV prevention strategies. This is her story...

What challenges do women face in protecting themselves from HIV?

There are two main challenges that women face: the biological differences that make women more vulnerable to HIV infection; and the gender norms and inequality that are unfortunately still part of many societies around the world.

Female sexuality is still something that is ignored or even denied in many countries. Acknowledging women as sexual beings is very difficult for many male-dominated societies, especially when they also have strong religious foundations. This turns into judgement towards women who want their partners to use a condom. They are seen as promiscuous or unfaithful, or -- within marriages -- are accused of not trusting their husbands.

The social and legal positions of women in many societies place limits on their sexual and reproductive health and rights (SRHR), and influence women’s abilities to negotiate safer sex. Sexual and reproductive health and rights are at the foundation of gender inequality. The ability to decide how to protect your body and when or if to have children determines what a woman can do with her life, and affects her family, community and country in turn.

What makes the female condom different from other prevention options?

Until recently, the male condom was the only barrier method available for the prevention of HIV and other sexually transmitted infections (STIs).
The female condom is another barrier method that also prevents pregnancy, HIV and other STIs, but is made of a non-latex material called nitrile. It can be used with both oil- and water-based lubricants, and can be inserted hours in advance, making it easy and safe to use. Most importantly, it is the only female initiated dual protection device in the world.

“Female condoms are still the only dual protection device in the world that is under the full control of women.”

What can be done to make female condoms more accessible?

Talk about sex and sexuality. There is still a large taboo on addressing anything sex related. Many countries still do not speak of sexual and reproductive health, let alone sexual and reproductive health and rights. An example of this is the Zika crisis, whereby male and female condoms were recommended by the US Centers for Disease Control and Prevention to avoid sexual transmission of the virus. Very few countries in Latin America made these available for women during this crisis, let alone emergency contraception or abortion services if a pregnant woman was infected -- in many of these countries, this was illegal.

“If a government is not sensitized to the product, it does not become institutionalized or normalized.”

I know from research, as well as my own experience across many countries, that many key decision makers decide on the basis of their personal biases, not on a professional opinion, whether female condoms should be made available to women. This happens both on a multilateral donor level and on a national level by ministries of health.

We also must work across all levels of a society. What we have come to understand is that in order to ensure that women have access to the female condom and its correct use, we must train all layers of a society, linking a top-down with a bottom-up approach. If a government is not sensitized to the product, it does not become institutionalized or normalized. A great example of this is the amazing work being done by the Brazilian Ministry of Health. It distributes around 30 million free female condoms per year, and runs its own innovative marketing and outreach campaigns, including through dating apps.

What advice do you have for other women advocating for sexual and reproductive health and rights?

There is a double difficulty in being a female leader in the SRHR field. First of all, women leaders still have to work three times harder than men to prove their worth; we are objectified, do not fit naturally in the old boys’ network, and we are still paid less than our male counterparts.

“In a world with persistent inequality and donors who constantly change the agenda, we need people who stay committed even when it feels you are the only one.”

Some men and governments are not interested in women’s sexual health or rights. The “social” argument of gender equality and equal rights does not work in many cases. So my first piece of advice is to learn to speak the language. When you turn it into a business case, pointing out the return on investment for them, all of a sudden you have their attention. Although financial motivation is not always the most sincere, it eventually leads to the desired result: healthy, empowered women and communities.

Repeat your message. You might think you have explained it once already, but people need to hear everything at least eight times before it sinks in, especially coming from a woman. Make sure you stay top of mind with all key stakeholders and use different platforms, such as one-on-one meetings, conferences, side events, social media and partner collaborations.

Do not give up. In a world with persistent inequality and donors who constantly change the agenda, we need people who stay committed even when it feels you are the only one.

Note: this interview has been edited for length.