

## Helpdesk Report: Female Condoms

Date: 21<sup>st</sup> October 2011

### Query:

- \* As a dual protection method, is demand for and uptake of FC correlated to HIV prevalence?
- \* A number of studies are available on the acceptability of various FC products, but there are knowledge gaps in terms of user profiles. From a review of the literature in high prevalence HIV contexts and concentrated epidemics, what do we know about usage of FC among different age groups, marital status, vulnerability?
- \* What do we know about frequency, repeat or sustained use? (a critical success factor for scaling up)
- \* How do men's perspectives and choices influence use?
- \* Do women who use FC do so in combination/mix with other methods? (Evidence seems to suggest FCs most successful in contexts where MC already successful)

**Enquirer:** DFID UK

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### 1. Overview

#### Section 2: What is the Female Condom?

The female condom is a strong, flexible polyurethane sheath, 17 centimetres long, with a flexible ring at each end. The female condom is currently the only HIV prevention method that women can initiate and control. The main disadvantages are cost and availability.

#### Section 3: Who Uses the Female Condom?

Typical users seem to vary in different countries and according to different studies. In a study of Zambia, Zimbabwe and Bolivia typical users are women age 25-35 and men age 25-45 in relationships, of middle-to-high socioeconomic status, with higher levels of education who have previously used the male condom. This has been attributed to marketing campaigns advertising the female condom as a contraceptive sheath for couples. However, another study stated single women and married men benefitted most and emphasised the importance of reaching these groups in high HIV prevalence countries. Furthermore, some studies have shown use is lowest among those with regular partners and another study by UNFPA attributed the greatest use to be among sex workers.

#### **Section 4: Is FC use correlated to HIV prevalence?**

Promotion of female condoms for dual protection is particularly relevant in countries where married women are increasingly at risk of infection as the large majority of women are infected with HIV through unprotected sex with their husbands. Many studies show that female condoms increase the number of protected sexual acts, however small scale programming makes it difficult to show their public health impact. Some studies have stated that often, they may be used as a substitute for male condoms, thus not increasing HIV protection. However, more positive studies state that the female condom should result in averted cases of HIV/AIDS and unwanted pregnancies that could not be more readily achieved through alternative approaches, notably additional promotion of male condoms, and be distributed in a manner that is as cost-effective as possible.

#### **Section 5: What do we know about frequency, repeat or sustained use?**

One study found that consistent use with marital partners was negatively associated with reporting multiple partners in the past year and positively associated with using the device for pregnancy prevention and previously using the male condom. Consistent use with regular non marital partners was associated with numerous variables, including perceived ease of use and effectiveness for STI prevention, low HIV risk perception, and use for pregnancy and STI prevention. Another study found that overall, about 15 percent of women and men reported always using the female condom. Consistent use was reported much less frequently with spouses than with regular partners outside of marriage. Results showed that female condom users who do not experience difficulties with use or partner opposition to female condoms, do not rely on other family planning methods, and first began using the female condom in order to prevent pregnancy are more likely to be consistent users.

Reasons given in acceptability research for discontinuing female condom use include partner disapproval, difficulty using the product and unplanned pregnancy. The device is considerably more expensive than the male condom (which is often available free of charge); thus, cost may be another reason for discontinuation.

#### **Section 6: How do men's perspectives and choices influence use?**

Male perceptions of and willingness to use the product are key to successful use and are factors that help determine the level of acceptability and actual use of the female condom. Most often, men have more power in a relationship and may feel

uncomfortable with the idea of women taking the initiative in family planning/protection. However, other studies have shown that men liked the product because it does not interrupt the sexual act, it reduces their responsibility for protection and they are willing to assist their partners in using it.

### **Section 7: Is the FC used in combination/mix with other methods?**

It is not a question of whether the female condom is a better method than other family-planning method, but of how to give a woman options. Of inconsistent female condom users who have used the male condom, 93.8 percent reported continued use of the male condom. When both types of condoms are available, consistent condom users often switch between use of female and male condoms. Those who use both methods vary depending on which method is available, what a partner wants to use, whether the woman is in her fertile period, and whether the woman is menstruating. Interviews with female condom users following their introduction in South Africa showed that most female condom accepters were current users of hormonal contraceptives, and mainly adopted the female condom for the additional benefit of STI/HIV protection.

### **Section 8: Recommendations**

- Education and demonstration of correct use should accompany distribution of the female condom.
- Negotiation skills training should accompany distribution of the female condom.
- Men should be educated about the advantages of the female condom.
- Target high-risk populations such as commercial sex workers (CSWs) and couples in which one or both partners are HIV+.
- In countries with high HIV prevalence, target couples of all socioeconomic backgrounds.
- Secure funding to subsidise female condoms so that they can be made available to high-risk populations.

Female condoms account for only 0.2 percent of the world's total condom supply. This makes research harder to conduct and generalisations harder to make. In 2009, donor support for female condom commodities represented only 0.38 percent of the total donor expenditure on global HIV/AIDS, despite the substantial unmet need for condoms. The 2010 FC procurement data is about 18 million from the international community as compared to 38 million in 2009. DFID purchased about 5,000 pieces for \$3,000 but spent more than 10 million on male condoms. Overall, donors provided less support in 2010 than in 2009 for three contraceptives methods, the largest decrease of 51 per cent was for female condoms.

## **2. Information about the Female Condom**

### **What is the Female Condom?**

The female condom is a strong, flexible polyurethane sheath, 17 centimetres long, with a flexible ring at each end. When the closed end is inserted into the vagina, the open end remains outside and covers the vulva. The protection provided by the female condom against pregnancy and sexually transmitted infections, including HIV, is approximately equal to that provided by the male condom. The female condom can be used, unlike the male condom, with both oil- and water-based lubricants without the risk of breakage. The female condom is currently the only HIV prevention method that women can initiate and control. The main disadvantages are cost and availability.

The female condom is not a promise on the horizon, but an effective, female-initiated method available now that can protect women from pregnancy and STIs. It is an important technology that needs to be given a more prominent role in reproductive health programmes and included in STI/HIV and pregnancy prevention efforts worldwide. Not only are female condoms more expensive than male condoms – costing as much a US\$1 per unit in some countries – but they are still far less widely available. In 2009, only one FC was available for every 36 women worldwide.

The female condom may also prove to be an HIV protection option over which women have more control. Many women may be unable or unwilling to negotiate male condom use with their sexual partners because of prevailing gender-related inequalities, norms, and roles that exist in many socio-cultural contexts. Given the steady increase in the percentage of persons infected with HIV who are adult women and the rising global rates of HIV infection, policymakers, programme planners, community members, and other stakeholders have lobbied for the availability of HIV/STI prevention methods that may be easier for women to negotiate and control than the male condom.

### **The Female Condom: Dynamics of Use in Urban Zimbabwe**

Population Council, 2000

<http://www.popcouncil.org/pdfs/horizons/fcz.pdf>

The World Health Organization (WHO) estimates a 5 percent annual accidental pregnancy rate associated with perfect use of the female condom, compared to 3 percent with the male condom. Extrapolations from a study on contraceptive efficacy suggest that perfect use of the female condom also reduces the annual risk of becoming infected with HIV by more than 90 percent among women who have intercourse twice weekly with an infected male, which is similar to the level of protection offered by the male condom.

Face-to-face contact with either partners, friends, relatives, or health professionals was found to be important for motivating female condom use. Training both peer educators as well as clinicians and pharmacists to provide women and men with information and support services about the product may be an effective means of increasing correct and continued use.

### **Where is the Female Condom Used?**

### **Female Condoms and U.S. Foreign Assistance: An Unfinished Imperative for Women's Health**

CHANGE, 2010

[http://www.genderhealth.org/files/uploads/pepfar\\_watch/publications/unfinishedimperative.pdf](http://www.genderhealth.org/files/uploads/pepfar_watch/publications/unfinishedimperative.pdf)

Distribution of the female condom has varied throughout the developing world, with high volumes in Brazil, South Africa, and Zimbabwe.

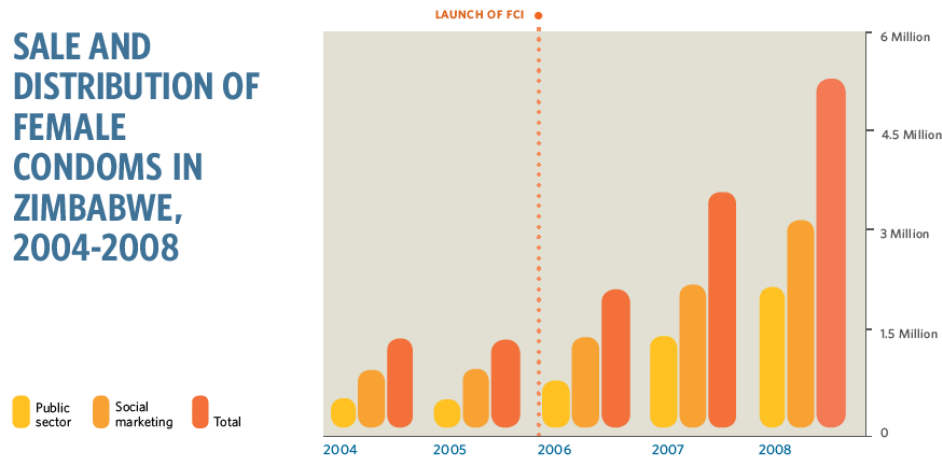
Case studies of countries where female condoms have been introduced, programmed, or sustained with support from the U.S. government provide valuable insight. Zimbabwe is regularly cited as a female condom success story and has among the highest distribution and sales of female condoms in the world and Malawi has a growing female condom programme. Cameroon is currently scaling up its female condom programme and Bolivia has sustained modest support for female condoms for nearly a decade, without many of the systems in place that allow female condoms to thrive in countries like Zimbabwe and Malawi.

### HIV Prevention Gains Momentum

UNFPA, 2011

<http://www.unfpa.org/webdav/site/global/shared/documents/publications/2011/MomentumPDFforWeb.pdf>

In 1997, Zimbabwe became one of the first countries to introduce female condoms, but acceptance was slow. UNFPA provided funding and technical support for a National Behaviour Change Review that culminated in a comprehensive Behaviour Change Strategy to reduce sexual transmission of HIV.



### Is there Adequate Access to the Female Condom?

### HIV Prevention Gains Momentum

UNFPA, 2011

<http://www.unfpa.org/webdav/site/global/shared/documents/publications/2011/MomentumPDFforWeb.pdf>

For four consecutive years, access to female condoms increased dramatically, reaching a record number of 50 million female condoms in 2009.

## **Who Uses the Female Condom?**

Washington City Paper, 12<sup>th</sup> March 2009

<http://www.washingtoncitypaper.com/blogs/sexist/2009/03/12/who-uses-the-female-condom/>

AIDS activist Noerine Kaleeba told The Body in 1998 that "this gadget is difficult to use without the cooperation of men," as it's easily removed with a bit of force, or thwarted by "misrouting" the penis to go "under the pouch instead of in it."

But female condom use abroad also depends on attitudes in America. Despite the reluctance to male condom use in many countries, the U.S. shipped 486 million condoms abroad in 2006. According to the *India Post*, "only 1.6 percent of U.S. international condom shipments" are female condoms, and the devices "account for only 0.2 percent of the world's total condom supply."

A worldwide acceptance of the female condom will involve more than a price-slash. First, leaders will have to make female condom shipments a priority. Then, men with aversions to condoms of all kinds will have to learn to accept the method, too.

## **Different Types of Female Condom**

### **Three new female condoms: which do South-African women prefer?**

Carol Joanis, Mags Beksinska, Catherine Hart, Katie Tweedy, Jabu Linda, Jenni Smit, *Contraception*, 2010

<http://www.sciencedirect.com/science/article/pii/S0010782410004658>

Of the 160 women who used at least one female condom of each type, 47.5% preferred PATH Woman's Condom (WC), 35.6% preferred FC2 and 16.3% preferred V-Amour (pb.001). Women rated the WC better than FC2 and V-Amour for appearance, ease of use and overall fit and better than V-Amour for feel. WC was rated worse than FC2 and V-Amour for lubrication volume. The simulated market demonstrated similar preferences. Total clinical failure rates (i.e., the types of failures that could result in pregnancy or STI) were low (less than 4%), regardless of condom type.

Three new female condom types functioned similarly and were generally acceptable. Most participants preferred WC and FC2 over V-Amour, and WC was preferred over FC2 in several acceptability measures.

### **3. Who Uses the Female Condom? What do we know about usage of FC among different age groups, marital status, vulnerability?**

#### **Female Condom: PSI Lessons Learned, 2007**

(Not Available Online)

#### **Profile of average FC user:**

Consumer profile surveys have been conducted in Zimbabwe (Meekers, 1999), Zambia (Agha, 2001), and Bolivia. Though methodologies varied, the results in the three countries were fairly consistent, with major findings as follows:

- Female condom users are better educated and of higher socioeconomic status than the urban population in general, and than male condom users.
- Most female condom users are women age 25-35 and men age 25-45 in relationships (SFH, 2005).
- In Zimbabwe and Zambia, female condoms are used mainly in regular relationships. In both countries, 95% of female condom users were married or had regular partners; in addition, in Zimbabwe, 42% of men and 78% of women said that they had been monogamous in the past year. Also, users of the female condom are more likely to be married or have regular partners than users of the male condom.
- A high percentage of female condom users previously used the male condom (83% in Zimbabwe and 88% in Zambia). In Zimbabwe, 72% of those with a casual partner said they always used a male condom with that partner before they began using *Care* (PSI brand female condoms). In Bolivia, 64% of those from the general population sample who used the female condom stated that they formerly used the male condom. These figures imply a high percentage of substitution of the female condom for the male condom. Nevertheless, a proportion of female condom users (from 12-17%) were newly protected.
- Women are more likely to initiate use of the female condom (SFH, 2005). However, in Zambia, men are more likely to purchase the condoms because women feared being thought of as “easy goers”, indicating that some stigma existed around the product (SFH, 2005).

While use of the FC has increased over the past five years, much of that increase has been among women of middle-to-high socioeconomic status who have a regular partner; this demographic group may be at lower risk of HIV infection than women such as CSWs. Thus, this viewpoint holds that in comparison with other interventions, the product is not cost effective on a mass scale, and should be used in a very targeted programme for high-risk groups.

The female condom increases the options for monogamous women to protect themselves against STIs; it also increases the means of protection available to CSWs. However, one must realise that this increase in STI protection methods has little applicability if women do not: 1. feel comfortable discussing the female condom with their sexual partner(s), 2. feel empowered to suggest/negotiate condom use, 3. feel at ease using the device.

### **The Female Condom: Dynamics of Use in Urban Zimbabwe**

Population Council, 2000

<http://www.popcouncil.org/pdfs/horizons/fcz.pdf>

### **Who uses the female condom?**

Users of the female condom are generally in their mid-to-late twenties and, compared to male condom users and non-users of either method, have higher levels of education and access to household resources. Among women, more users of the

female condom are unmarried and are primary breadwinners in their households compared to male condom users and non-users. A higher percentage of men who have used the female condom are married compared to male users of the male condom. The vast majority of men and women used the male condom at least once prior to trying the female condom.

More than half of male users of the female condom but only 17 percent of female users reported having more than one sexual partner within the last year. Use of the female condom is higher within the context of marriage or regular partnerships, rather than casual or commercial partnerships.

The female condom has been used within marriage or a regular partnership and among consistent users, primarily as a family planning method, which reflects the aims of the social marketing campaign. Single women and married men with outside partners seem to benefit most from its introduction. These are important groups to reach in a country such as Zimbabwe, which has a high prevalence of HIV in the general population.

However, married women have particular needs that need to be addressed in future campaigns and educational programmes. Many married women perceive themselves to be at risk of HIV infection but do not use any barrier method. Among female condom users, married women are more likely than single women to encounter partner resistance to the female condom and less likely to report future use. They also are less likely than single women to have used male condoms prior to trying the female condom and less likely to be consistent female condom users.

#### **Factors Associated with Use of the Female Condom in Zimbabwe**

Dominique Meekers and Kerry Richter, *International Family Planning Perspectives*, Volume 31, Number 1, March 2005

<http://www.guttmacher.org/pubs/journals/3103005.pdf>

Several studies suggest that the female condom is most likely to be popular among married women, because it allows them to initiate protection. Nevertheless, some studies have shown that use is lowest with regular partners.

The social marketing campaign in Zimbabwe may also have had an impact on the user profile as it was advertised as a “contraceptive sheath” instead of a condom to avoid the stigma associated with STI prevention. The image of the product was supported by the slogans “the *care* contraceptive sheath is for caring couples” and “for women and men who care.

#### **HIV Prevention Gains Momentum**

UNFPA, 2011

<http://www.unfpa.org/webdav/site/global/shared/documents/publications/2011/MomentumPDFforWeb.pdf>

“More sex workers are using the female condom,” says Daisy Nyamukapa of UNFPA Zimbabwe, “probably because they are in a stronger position to negotiate than married women or single girls.” For one thing, she says, the clients of sex workers are often drunk and may not notice that the woman is wearing a condom. More



importantly, demanding the use of a condom is easier when the sex is transactional in the first place.

In Zimbabwe married women are encouraged to present the female condom not as an HIV-prevention tool, but as a family planning method – a means of avoiding unintended pregnancies. This enables a woman to avoid accusing her husband of having other partners and being a risk to his wife. In addition to preventing infection, condoms, unlike chemical contraceptives, do not cause nausea or headaches, which some users experience. Some women even tell their husbands that they want to use female condoms in order to avoid these side effects.

### **The female condom: the international denial of a strong potential**

Anny Peters, Willy Jansen, Francien van Driel, *Reproductive Health Matters*, 2010;18(35):119–128

<http://download.journals.elsevierhealth.com/pdfs/journals/0968-8080/PIIS0968808010354991.pdf>

Targeting sex workers might have led to stigmatisation rather than normalisation of the product. According to a London School of Hygiene and Tropical Medicine and WHO study, the needs of married and cohabiting couples have been neglected, and the barriers to condom adoption by married couples may not be as severe as is often assumed. This is confirmed by the Harvard School of Public Health review, which noted that too little information has been directed to male partners and too little effort is made to encourage open communication between partners about protection.

### **Female Condom: A Powerful Tool for Protection**

Seattle: UNFPA, PATH; 2006.

[http://www.unfpa.org/webdav/site/global/shared/documents/publications/2006/female\\_condom.pdf](http://www.unfpa.org/webdav/site/global/shared/documents/publications/2006/female_condom.pdf)

Interviews with female condom users following their introduction in South Africa showed that most female condom accepters were young (age 20 to 29), were current users of hormonal contraceptives, and mainly adopted the female condom for the additional benefit of STI/HIV protection.

## **4. As a dual protection method, is demand for and uptake of FC correlated to HIV prevalence?**

Promotion of female condoms for dual protection is particularly relevant in countries where married women are increasingly at risk of infection. The female condom expands the opportunities for lifesaving dual protection. The contribution of the female condom to overall increased protection and decreased prevalence of STIs depends on who uses it, how correctly and consistently it is used, and whether it is a substitute for the male condom. Many studies show that providing the female condom (as part of a comprehensive prevention strategy) results in increased levels of protection. Given the small-scale programming of the female condom to date, it has been difficult to show the method's public health impact. However, pilot projects do show that making the female condom available within the context of a well-supported prevention programme increases use of both female and male condoms.

## **Female Condom: PSI Lessons Learned, 2007**

(Not Available Online)

Female condom availability at a low cost is key to its use, especially in countries with high HIV prevalence and among high-risk groups such as CSWs. Because of lack of commodities during the past year, female condoms have been rationed out to high risk groups. This situation has led to a 2% decrease in global PSI female condom sales from 2003 to 2004. Zambia, Zimbabwe, Tanzania, and Lesotho, countries where FC cumulative sales are high, all have experienced negative growth over the past year. This trend is alarming because these countries have either HIV prevalences greater than 25% or more than 900,000 people living with HIV/AIDS. The shortage of female condom commodities may be attributable to donor exhaustion; monetary support for female condom programmes has decreased over the past year. Support from international donors is required to subsidise the high cost of the products so that they may be made available to those individuals at highest risk of STIs. Without this subsidising, female condoms can only be purchased by individuals of higher socioeconomic status, who in some cases may already be at lower risk of HIV infection.

### **Factors Associated with Use of the Female Condom in Zimbabwe**

Dominique Meekers and Kerry Richter, *International Family Planning Perspectives*, Volume 31, Number 1, March 2005

<http://www.guttmacher.org/pubs/journals/3103005.pdf>

Users of the female condom are likely to have already used male condoms. Thus, increased use of the female condom may not necessarily lead to increased levels of protection against HIV infection or other STIs.

Among female-condom users, monogamy, the desire to prevent pregnancy and previous male-condom use are all associated with consistent use with marital partners. Perceived ease of use, perceived effectiveness for STI/HIV prevention, low or no perceived HIV risk, and the desire to prevent pregnancy and STIs are associated with consistent use with regular non-marital partners. These findings suggest that in marital unions, the female condom is largely used as a mechanism for pregnancy prevention, which is consistent with the way the product has been marketed. In non-marital relationships, however, the female condom appears to be used for both pregnancy and STI prevention.

These findings have important policy implications. First, the results indicate that campaign strategies that succeed at getting people to try the female condom will not necessarily lead to consistent use. Second, because factors associated with female-condom use vary for people in marital and non-marital relationships, programmes may need to position the female condom differently for different target populations.

### **HIV Prevention Gains Momentum**

UNFPA, 2011

<http://www.unfpa.org/webdav/site/global/shared/documents/publications/2011/MomentumPDFforWeb.pdf>

Increased use of combination prevention strategies could slow and even begin to reverse the trajectory of the global HIV epidemic. According to the Global HIV Prevention Working Group, half of the infections that are currently projected to occur by 2015 could be averted if HIV prevention were brought to scale.

### **Giving women and adolescent girls a life-saving option**

A weak link in terms of prevention is the relative powerlessness of many women to protect themselves from HIV. This is often true among young adults and those who are married or in a long-term relationship, who represent a growing share of people living with HIV. About half of the 33.3 million people living with HIV are women (in sub-Saharan Africa the share rises to 60 per cent). The large majority were infected through unprotected sex with their husbands or long-term primary partners. The need to reach them with HIV prevention methods that they can initiate and control is urgent. Aside from the burden of HIV itself, women and girls who are infected with the virus tend to become even more vulnerable economically and socially. They are frequently discriminated against and exposed to greater levels of violence and abuse, all of which needs to be addressed. Providing male condoms and HIV prevention information and services have been shown thus far to be insufficient in addressing the specific vulnerabilities of women and girls.

In country after country, UNFPA is working with its partners to change behaviour in order to save lives. Convincing people – even married women – that they are at risk of contracting HIV is the first step, requiring carefully crafted public education and advertising campaigns. Helping people, especially women, learn how to negotiate condom use is part of the process, and enlisting the understanding and commitment of both partners to safer sex is crucial. In a number of countries, governments, with support from UNFPA, are applying highly creative approaches to educating the public about condoms and to overcoming the stigma and taboos sometimes associated with them. In the process, they are discovering that the female condom is a tool for women's empowerment, enabling women and adolescent girls to take the initiative to protect their own and their partners' health. The impact of this change is far reaching and is only just beginning to be felt.

### **Female Condom: A Powerful Tool for Protection**

Seattle: UNFPA, PATH; 2006.

[http://www.unfpa.org/webdav/site/global/shared/documents/publications/2006/female\\_condom.pdf](http://www.unfpa.org/webdav/site/global/shared/documents/publications/2006/female_condom.pdf)

The majority of new HIV infections in women occur within marriage or long-term relationships with primary partners. In southern India, a significant proportion of new infections occurs among married women, many of whom have been infected by husbands who frequented commercial sex workers (CSWs). Male clients of CSWs are infecting their wives and girlfriends in Thailand, where as many as one-half of new HIV infections each year occur within marriage or regular partnerships. Almost seven in ten young women surveyed in Zimbabwe and South Africa reported having one lifetime partner, and eight in ten had abstained from sex until at least age 17. Nonetheless, four in ten of these young women were HIV positive. Young, married women are the fastest growing group of HIV-positive people, and it is urgent to reach them with preventive measures. Reaching out to these couples with unbiased,

culturally appropriate information is an increasingly important focus of female condom programmes.

Perfect use of the female condom for a year by a woman having sexual intercourse twice a week with an HIV-infected partner could reduce her risk of acquiring HIV by more than 90 percent. Even if the woman only used a female condom half of the time, her risk of HIV infection in one year would still be reduced by 46 percent. Several small studies, including the few randomised, controlled trials on female condom use, indicate that female condoms confer as much protection from STIs as male condoms. Studies in Kenya, Thailand, and the United States found that the prevalence of STIs declined by about the same amount among women who were given female or male condoms as among those who were given only male condoms. The additional protection offered by female condoms is shown in recent data from Madagascar, where STI prevalence declined by 13 percent among sex workers a year after female condoms were added to the distribution of male condoms. Consistent use of the female condom by women in the United States provided complete protection from trichomoniasis reinfection. A review of studies of the male condom determined that, in typical use, the male condom results in an 80 percent reduction in HIV incidence. While no studies have evaluated the specific HIV prevention effectiveness of the female condom, it is likely that the female condom provides at least the same level of protection as the male condom. Because it covers the base of the penis and some of the external female genitalia and is more resistant to tears, the female condom may offer better protection against genital ulcer diseases.

In one such model commissioned by the Female Health Company, substantial cost savings to the health sector were estimated based on different use scenarios in South Africa and Brazil of their new female condom, FC2. For example, the model estimated that in South Africa, assuming a low uptake of 4 million (at an estimated unit cost of US\$0.77 for product, distribution, training, and education) the female condom would prevent 1,740 HIV infections, with a net savings to the health care system of about \$980,000. Another type of model estimates that an investment of \$4,000 for female condoms distributed to 1,000 CSWs in rural South Africa would prevent many cases of HIV, syphilis, and gonorrhoea, yielding net savings to the health sector of just over \$9,000.<sup>33</sup> The additional benefits associated with prevention of pregnancy—and prevention of mother-to-child transmission of HIV—have not been quantified in these models, but they would make the cost-benefit analysis of the female condom even stronger.

Protected sex among women in studies in the United States and Brazil doubled after they received female condoms and counselling on their correct use. In Madagascar, protected sex increased by 10 percent among CSWs due to their use of the female condom. Other studies of female or male condom use in Kenya, Zambia, the United States, Zimbabwe, South Africa, and Nigeria found that encouraging use of either method contributed to increases in the proportion of protected sex acts. As has been shown for male condoms, female condoms likely offer some protection against chlamydia, gonorrhoea, herpes simplex, syphilis, and human papillomavirus infections. Because the female condom covers more of the external female genitalia than the male condom does, it may be even more effective at preventing genital ulcer diseases—all of which can increase risk for HIV infection. Female partners of

male condom users are less likely to get cervical cancer, and it is plausible that the same protection is provided by female condoms.

### **Promoting dual protection in South Africa**

South Africa has one of the largest female condom programmes in the world. In 2004, 1.4 million female condoms were distributed through the national programme. The female condom was introduced in the country in 1998 through a pilot programme targeting distribution through family-planning clinics, CSW sites, and a social marketing programme in eight of nine provinces. The introduction strategy included provider training, information pamphlets for clients, monitoring and analysis of condom distribution, and quality assurance and supervision visits. Interviews with female condom users following the introduction showed that most female condom accepters were young (age 20 to 29), were current users of hormonal contraceptives, and mainly adopted the female condom for the additional benefit of STI/HIV protection.

The female condom programme in South Africa is guided by a government barrier methods task force that includes all the key female condom stakeholders and works to ensure consistent supply of high-quality condoms to all provinces. The programme's success is also due to the coordinated, structured introduction strategy; well-monitored and controlled supply of female condoms; and comprehensive training of providers on female condom and dual protection. The programme is now working to keep pace with demand, as well as stimulate greater involvement from the private sector.

### **Smarter Programming of the Female Condom: Increasing Its Impact on HIV Prevention in the Developing World**

FSG Social Impact Advisors and Elliot Marseille and James G. Kahn, October 2008  
[http://www.fsg.org/Portals/0/Uploads/Documents/PDF/Female\\_Condom\\_Impact.pdf?cpqn=WP%20DL%20-%20Female%20Condom%20Impact](http://www.fsg.org/Portals/0/Uploads/Documents/PDF/Female_Condom_Impact.pdf?cpqn=WP%20DL%20-%20Female%20Condom%20Impact)

The purpose of this study is to investigate the relative value of the female condom for HIV prevention within heterosexual relationships in the developing world.

The female condom should result in averted cases of HIV/AIDS and unwanted pregnancies that could not be more readily achieved through alternative approaches, notably additional promotion of male condoms, and be distributed in a manner that is as cost-effective as possible. Additional benefits, such as improved relationships with marginal groups or expanded women's rights, should be no more costly than when achieved by other interventions that bring about similar results.

The findings and recommendations of this study point to a new trajectory for the female condom — specifically, an approach in which “more is better” to “smarter programming” for more cost-effective impact. This shift reflects an improved understanding of where the female condom can most likely prevent new cases of HIV and produce a higher return on investment for donors and programme managers alike.

### **Engaging Men at Community Level**

The ACQUIRE Project/EngenderHealth and Promundo 2008

[http://www.acquireproject.org/archive/files/7.0\\_engage\\_men\\_as\\_partners/7.2\\_resources/7.2.3\\_tools/Community\\_Engagement\\_Manual\\_final.pdf](http://www.acquireproject.org/archive/files/7.0_engage_men_as_partners/7.2_resources/7.2.3_tools/Community_Engagement_Manual_final.pdf)

Increasingly, health educators are focusing on dual protection, which is, emphasizing that condoms are suitable for avoiding unintended pregnancy and for preventing STIs. Furthermore, most sex education programmes have also seen the importance of promoting condom use within sexual games, as part of foreplay, and generally presenting condoms as an erotic and seductive stimulus in the sexual relationship. While the frank discussion of condom use has been hindered in some countries, increased condom use has been key in countries that have been able to reduce rates of HIV transmission. Promoting increased use of contraception by men is essential, but not enough. To become more involved in contraceptive use, men should also be sensitised to their role as procreative or reproductive individuals, who, along with the partner, should decide if, when, and how to have children.

### **Trends in Protective Behaviour among Single vs. Married Young Women in Sub-Saharan Africa: The Big Picture**

John Cleland, Mohamed M Ali, Iqbal Shah, *Reproductive Health Matters*, 2006

<http://www.sciencedirect.com/science/article/pii/S0968808006282508>

This report does not refer specifically to female condoms but motivation for any condom use is relevant.

Because motives for condom use are undoubtedly complex and also influenced by the sexual partner, interpretation must be cautious but this pattern suggests that pregnancy prevention was the main or partial motive for about 60% of all single, female condom users and that double-method protection was rare.

### **Female Condoms and U.S. Foreign Assistance: An Unfinished Imperative for Women's Health**

CHANGE, 2010

[http://www.genderhealth.org/files/uploads/pepfar\\_watch/publications/unfinishedimperative.pdf](http://www.genderhealth.org/files/uploads/pepfar_watch/publications/unfinishedimperative.pdf)

Evidence suggests that when promoted and programmed alongside male condoms, female condoms increase the total number of protected sex acts because they are sometimes used in instances that would not otherwise be protected by male condoms. Qualitative studies have also shown that women view the female condom as a means for enhancing their ability to negotiate conditions for safer sex within the relationship. In spite of good acceptability, high rates of efficacy, and unique benefits, widespread female condom availability and use has been hampered by a range of factors, most significant of which is the lack of robust investment due to anemic commitment from most donors, programme implementers, and governments. In 2009, donor support for female condom commodities represented only 0.38 percent of the total donor expenditure on global HIV/AIDS, despite the substantial unmet need for condoms. A problem associated with lack of sufficient investment in female condom procurement is stockouts, which have plagued many countries that have introduced the product. And while a steady supply is crucial, the full potential of female condoms can only be realised with effective and comprehensive programming, which is essential for creating demand and enabling sustained use.



Female condoms are particularly valuable for women living with HIV, as they provide a female-initiated option to pursue safe sex and prevent HIV transmission, reinfection, or superinfection.

### **Sex, Life and the Female Condom: Some Views of HIV Positive Women**

Welbourn, A., *Reproductive Health Matters*, Vol. 14, No.28, November 2006

[http://www.aidsportal.org/Article\\_Details.aspx?ID=3372](http://www.aidsportal.org/Article_Details.aspx?ID=3372)

This paper offers insights into the experiences of HIV positive women with the female condom, drawing on the responses of 18 ICW members to an email survey conducted in 2005. Major reported barriers to female condom use included cost and sporadic or limited access. All respondents talked about needing to negotiate the use of female condoms with their male sex partners. Most felt more in control during sex when using the female condom than with the male condom or unprotected sex. Concerns about female condoms were common among women who have never used one, but those who had used the female condom for long periods of time said good things about it. Women reclaiming their bodies is a central part of the joy and the challenge of promoting the female condom. Female condoms could make a critically important contribution to protecting HIV positive women's sexuality and continued sexual activity, as a fundamental part of their sexual and reproductive rights, if only they were more widely available and affordable.

## **5. What do we know about frequency, repeat or sustained use?**

### **Factors Associated with Use of the Female Condom in Zimbabwe**

Dominique Meekers and Kerry Richter, *International Family Planning Perspectives*, Volume 31, Number 1, March 2005

<http://www.guttmacher.org/pubs/journals/3103005.pdf>

Perceived ease of use and affordability of the product and prior use of the male condom were associated with men's and women's ever-use. Consistent use with marital partners was negatively associated with reporting multiple partners in the past year (odds ratio, 0.3) and positively associated with using the device for pregnancy prevention (5.4) and previously using the male condom (8.0). Consistent use with regular non marital partners was associated with numerous variables, including perceived ease of use (1.9) and effectiveness for STI prevention (3.8), low HIV risk perception (2.4), and use for pregnancy (2.9) and STI (2.3) prevention.

Perceived affordability and ease of use may encourage couples to try the female condom but may not lead to consistent use. Because the reasons for use can vary between marital and nonmarital relationships, the female condom may need to be positioned differently for different target populations.

Reasons given in acceptability research for discontinuing female condom use include partner disapproval, difficulty using the product and unplanned pregnancy. The device is considerably more expensive than the male condom (which is often available free of charge); thus, cost may be another reason for discontinuation. On the other hand, the female condom provides protection against both pregnancy and STIs, and women can initiate its use. Peer support and other social support appear

to stimulate use. Positive promotion, publicity and support from health care workers are believed to improve correct use.

### **The Female Condom: Dynamics of Use in Urban Zimbabwe**

Population Council, 2000

<http://www.popcouncil.org/pdfs/horizons/fcz.pdf>

#### **Consistency of female condom use**

Overall, about 15 percent of women and men reported always using the female condom. Consistent use was reported much less frequently with spouses than with regular partners outside of marriage. Results from multivariate logistic regression demonstrate that female condom users who do not experience difficulties with use or partner opposition to female condoms, do not rely on other family planning methods, and first began using the female condom in order to prevent pregnancy are more likely to be consistent users.

Among those who have used the female condom and the male condom, approximately 80 percent of men said they intend to use both methods in the future. However, a greater proportion of women said they will use the female condom again (68 percent), compared to the male condom (54 percent). But married women were less likely than single women to report continued use of either barrier method.

#### **Female Condom: PSI Lessons Learned, 2007**

(Not Available Online)

Compelling reasons for the continued subsidy of female condoms and support of such programmes exist. First, when both male and female condoms are made available, STI transmission rates can decrease. In a randomised control trial of STI transmission amongst sex workers in Thailand, when both the female and male condoms were available, the rate of STI transmission was reduced by one-third to that in a similar group with access solely to the male condom (Fontanet 1998).

Availability of female condoms alone, however, does not guarantee that they will be used or that decreases in STI transmission rates will occur. In Zimbabwe, for example, a study showed that women who received counselling regarding the female condom were more likely to use the device than women who did not receive such counselling. Further, among women who did not receive counselling, the incidence of STIs and unprotected intercourse did not fall over the 10-month study period (Ray et al 1997). Hierarchical-type counselling (where patients are counselled on more than one method of prevention), as compared to single-method counselling, leads to increased protection during sex among women at high risk of STI/HIV infection (Gollub et al 2001). Recognising the important role of men, counselling should include negotiation skills training, especially for CSWs. Because higher levels of use of the female condom at 12 months are correlated with high self-efficacy and low perceived barriers to method use (Musaba et al 1998), counselling should provide women with negotiation tools to help them convince their partners to allow use of the female condom.

The health policy environment and the level of support from health providers are also important for the efficacy of female condoms within a population. Where



policymakers and health care providers have shown lack of interest toward female health issues, they have been blamed for bureaucratic delays and lack of commitment (Lamptey 1991). In rural Kenya, for example, negative health provider preconceptions regarding female condoms limited the opportunities for women to learn about and use the contraceptive (FHI 2001).

However, if these problems are by-passed, the additional protection provided by female condoms can be cost-effective. A study done among CSW's in South Africa concluded that a well-designed female condom programme oriented to high-risk women would likely be highly cost-effective. Specifically, if a programme were to distribute 6000 female condoms annually at a cost of \$4,002, 5.9 HIV, 38 syphilis, and 33 gonorrhoea cases would be averted. This would save the public sector health payer \$12,090 in averted HIV/AIDS treatment costs, and \$1,074 in averted syphilis and gonorrhoea treatment costs for a net saving of \$9,163 (Marseille et al).

## 6. How do men's perspectives and choices influence use?

### **Female Condom: PSI Lessons Learned, 2007**

(Not Available Online)

In an acceptability survey conducted amongst Zambian women, partner dislike of the method was a disadvantage attributed to the female condom (Agha 2001, Chipungu 1999). The role of men must be kept in mind when discussing the acceptability of the female condom. When asked about their intentions to use the FC, women usually mention the influence of their sexual partners in the formulation of this decision (Agha 2001, Brazil MOH 2000). Thus, men's opinions of the device and willingness to use it are factors that help determine the level of acceptability and actual use of the female condom. Most often men have more power in a relationship (Deven et al 1997). A woman who may want to use a female condom may not be able to do so if her sexual partner does not approve of the device or is insistent on having unprotected intercourse.

This power struggle is more poignant among commercial sex workers (CSWs), where the transient nature of the relationships between sex workers and most of their clients undermines their ability to use female condoms effectively (Ray et al, 1997). Sex workers are more likely to give up trying to introduce the female condom because they are afraid of losing business.

Further, because of the STI/HIV stigma associated with condom use in general, women are more likely to have unprotected sex with regular partners than with casual partners (Ray et al, 1997). Thus, women who suggest using either male or female condoms to their regular partner risk raising suspicion regarding their fidelity or HIV serostatus.

PSI programmes have attempted to position the female condom in a number of ways, including the following strategy:

### **Targeting to men, women and/or couples**

As previously noted, male perceptions of the product have been key to successful use, as in many contexts, men are uncomfortable with the idea of women taking the initiative in family planning/protection. A qualitative project evaluation in South Africa found that female condoms were still not fully accepted by men (Kivilu, 2001). However, initial consumer research conducted in Zimbabwe found that men were as interested as women in trying the female condom, while women indicated they felt they should be the ones to bring up the idea of using it (Meekers, 1999). For these reasons the product was marketed to appeal to men as well as to women, and many of the ads have featured couples making a joint decision about using the female condom. A survey conducted after one year of mass marketing revealed that the primary users of the female condom were men and women in regular relationships, which is consistent with how the product had been marketed (Meekers, 1999). Other programmes, such as Togo, have focused their marketing on women and emphasised the fact that this is a female-initiated product.

### **Factors Associated with Use of the Female Condom in Zimbabwe**

Dominique Meekers and Kerry Richter, *International Family Planning Perspectives*, Volume 31, Number 1, March 2005

<http://www.guttmacher.org/pubs/journals/3103005.pdf>

In initial acceptability studies in Zimbabwe, virtually all women liked the female condom, as did most males; most women and men preferred the female condom to the male condom. Men liked the product because it does not interrupt the sexual act and it reduces their responsibility for protection.

### **The Female Condom: Dynamics of Use in Urban Zimbabwe**

Population Council, 2000

<http://www.popcouncil.org/pdfs/horizons/fcz.pdf>

### **Negotiation of the female condom**

Both male and female users of the female condom concur that women, more than men, initiate dialogue about using the female condom, decide on its use, and procure the product. However, a considerable percentage of both male and female users of the female condom reported that both partners jointly decide to use the female condom. Pregnancy prevention and disease prevention are the most common topics discussed by survey participants in the negotiation process. However, focus group and in-depth interview data reveal that while some women, particularly married women, are interested in the female condom for disease prevention, they are not comfortable discussing this openly with their partner. Instead, they reported using other strategies, such as telling their partner that sex would be more enjoyable than with a male condom, or that sex would be possible during menstruation.

An interesting finding is that 13 percent of women reported using the female condom without their partners' knowledge. While this suggests that for some women the female condom can be totally under their control, in the vast majority of cases the female condom requires communication with and cooperation from a woman's partner.

Nearly a fourth of women and 15 percent of men said that one of their partners had opposed female condom use. While most said they used a male condom instead,

among married women about half whose partner opposed using the female condom had unprotected sex instead.

### **HIV Prevention Gains Momentum**

UNFPA, 2011

<http://www.unfpa.org/webdav/site/global/shared/documents/publications/2011/MomentumPDFforWeb.pdf>

“Our research shows that for this product to be accepted and used by women, we also need to involve men,” says Margaret Butau of the National Family Planning Council. “We customise the benefits of the female condom according to the target group we are addressing.” Specific points highlighted for men include the fact that the female condom is not constricting like the male condom; it is even less prone to breakage; its use does not require an erection; and it enhances pleasure for both partners. Moreover, it is not necessary to withdraw immediately after ejaculation. And finally, it is the woman’s responsibility. “When we point all this out, we find that men become curious about having their partners try the product.”

### **Female Condom: A Powerful Tool for Protection**

Seattle: UNFPA, PATH; 2006.

“... The biggest challenge [to female condom promotion] is not the noise or the way to use it—but that men are afraid it will make women promiscuous.”

— Manju Chatani, African Microbicides Advocacy Group

### **Male partner involvement and assistance in female condom use.**

Beksinska M, Smit J, Mabude Z, Vijayakumar G, Linda J., *European Journal of Contraceptive Health Care*, 2008

<http://informahealthcare.com/doi/abs/10.1080/02713680802347735>

The objective of the paper is to investigate how males assist their partners in using the female condom. The results showed that partner assistance in FC use was similar across FC type. Of the women who returned for the first follow-up visit (n = 233), just over a third (35.2%) reported that the male partner assisted in the insertion compared to 26.4% of the 201 women who returned for the second visit. In most cases where the partner assisted, the device was inserted using the inner ring, as recommended in the instructions for use. A small number (6%) mentioned that partners assisted in removal. The study concludes that men have a role to play in the use of the female condom and are willing to assist their partners in using it.

### **The acceptability of the female and male condom: a randomised crossover trial.**

Kulczycki A, Kim DJ, Duerr A, Jamieson DJ, Macaluso M., *Perspectives on Sexual and Reproductive Health*, 2004

A sample of 108 women in stable relationships recruited from an urban, reproductive health clinic were randomly assigned to use 10 male or female condoms, followed by use of 10 of the other type. A nurse provided instruction in correct method use. Demographic information was collected in a baseline questionnaire; acceptability data were collected in follow-up and exit questionnaires and coital logs. Nonparametric and chi-square statistics were used to analyse measures of the

methods' relative acceptability. Bowker's test of symmetry was adapted to test the null hypothesis of no difference in acceptability between condom types.

Participants used 678 female and 700 male condoms. Although neither method scored high on user satisfaction measures, the 63 women completing the study protocol preferred the male condom to the female condom for ease of application or insertion, ease of removal, general fit, feel of the condom during intercourse and ease of penetration. Participants reported that their partner also favoured the male condom, although women generally appeared to like this method more than their partner did. In a direct comparison between the methods at the end of the study, women generally judged male condoms superior on specified preference criteria.

Across a range of criteria, the female condom was less acceptable than the male condom to most women and their partners. Although both types had low acceptability, they are needed and valid methods of pregnancy and disease prevention. That neither rated high on user satisfaction measures underscores the need for more barrier methods that women and men can use.

**7. Do women who use FC do so in combination/mix with other methods? (Evidence seems to suggest FCs most successful in contexts where MC already successful)**

### **The Female Condom: Dynamics of Use in Urban Zimbabwe**

Population Council, 2000

<http://www.popcouncil.org/pdfs/horizons/fcz.pdf>

### **Continued male condom use among female condom users**

Of inconsistent female condom users who have used the male condom, 93.8 percent reported continued use of the male condom. Qualitative data reveal that female condom users often alternate the use of male and female condoms instead of relying on one method alone. Participants said that what is used is determined by different factors, such as which method is available, what a partner wants to use, whether the woman is in her fertile period, and whether the woman is menstruating. Women also reported using female condoms when their husbands come home late at night or when they suspect infidelity. Additionally, some men reported using female condoms with their wives and regular partners while continuing to use male condoms with casual partners and sex workers.

Users of the female condom often continue using male condoms. But which method is actually used for a particular act of intercourse is often driven by the context of the situation, with some contexts such as the suspicion of a woman that her partner is unfaithful favouring the use of a female condom. Data from this study suggest that female condoms are providing new and additional protection from HIV/STI to some study participants. More research is needed to more accurately assess the female condoms contribution to increasing the incidence of protected sex among women and men in Zimbabwe.

### **Female Condom: PSI Lessons Learned, 2007**

(Not Available Online)

There appears to be a great deal of substitution with the male condom, since most female condom users are already male condom users, (Meekers 1999).

### **HIV Prevention Gains Momentum**

UNFPA, 2011

<http://www.unfpa.org/webdav/site/global/shared/documents/publications/2011/MomentumPDFforWeb.pdf>

When both types of condoms are available, consistent condom users often switch between use of female and male condoms. These studies provide important evidence that the female condom is not just a substitute for the male condom, but is complementary and contributes to increased use of both types of condoms.

Evidence from case studies show the importance of culturally sensitive techniques to reach women and give information on this issue e.g. having peer educators in hairdressers and barber shops in Zimbabwe and women educating friends in coffee ceremonies in Ethiopia.

### **Female Condom: A Powerful Tool for Protection**

Seattle: UNFPA, PATH; 2006.

[http://www.unfpa.org/webdav/site/global/shared/documents/publications/2006/female\\_condom.pdf](http://www.unfpa.org/webdav/site/global/shared/documents/publications/2006/female_condom.pdf)

“In Senegal, the [female] condoms are sold with noisy bine bine beads, an erotic accessory that women wear around their hips. The rustle of the polyurethane during sex is now associated with the clicking of the beads—and so, a turn-on.”

The Sunday Independent, 2005

Integrating female condom programming with other services, including family planning, reproductive health, voluntary HIV counselling and treatment, preventing mother-to-child transmission of HIV, antiretroviral treatment programmes, and antenatal care, can be cost efficient and increase access to the method for these potential users. The combined forces of these programmes can build capacity and help institutionalise female-initiated methods and facilitate the introduction of other women’s protection options as they become available. All women need access to a range of methods to protect themselves from unintended pregnancy and STIs. Decades of family-planning research have shown that increasing the choice of methods leads to increases in overall use. The greater the number of choices, the greater the likelihood that couples will use protection for every sexual act.

It is not a question of whether the female condom is a better method than the male condom, diaphragm, or other family-planning method, but of how to give a woman options. With more than one option, she can choose the method that best fits her (and her partner’s) reproductive health needs.

Interviews with female condom users following their introduction in South Africa showed that most female condom accepters were young (age 20 to 29), were current users of hormonal contraceptives, and mainly adopted the female condom for the additional benefit of STI/HIV protection.

## 8. Recommendations

### **Female Condom: PSI Lessons Learned, 2007**

(Sent with Report)

- Education and demonstration of correct use should accompany distribution of the female condom.
- Negotiation skills training should accompany distribution of the female condom
- Educate men regarding the advantages of the FC.
- Target high-risk populations such as CSWs and couples in which one or both partners are HIV+
- In countries with high HIV prevalence, target couples of all socioeconomic backgrounds
- Secure funding to subsidise female condoms so that they can be made available to high-risk populations

### **Female Condom: A Powerful Tool for Protection**

Seattle: UNFPA, PATH; 2006.

[http://www.unfpa.org/webdav/site/global/shared/documents/publications/2006/female\\_condom.pdf](http://www.unfpa.org/webdav/site/global/shared/documents/publications/2006/female_condom.pdf)

The challenges of introducing the female condom have been compounded by negative perceptions of barrier methods. Some donors, programme managers, and providers think that women are not willing to learn the steps necessary for insertion, including touching their genitals, or to talk with their partners about condom use. Similar obstacles were proposed for other vaginal products, such as tampons, (the feminine hygiene product designed to absorb menstrual blood), which took almost 20 years to be widely accepted. The tampon faced preconceived health care provider biases and slow user uptake similar to those associated with the female condom, but it is now a well-accepted product used by many women. These potential obstacles could be viewed as opportunities for women to learn about their anatomy and become comfortable with their bodies.

By teaching women to become familiar with their bodies and to gain confidence using vaginal methods, the female condom can ease the acceptance of other female-initiated products currently being developed, such as new cervical barriers and microbicides, which also will require insertion into the vagina. Providers influence acceptance of new methods by their attitudes and by the type of information they provide to clients. Stronger efforts must be made to ensure that providers convey accurate, unbiased information about female condoms to their clients. Another challenge cited as hindering the uptake of the female condom is the product cost, especially compared to the male condom. New methods often cost more than existing products, especially until demand reaches a level that encourages economies of scale in production and stimulates competition.

Worldwide orders for female condoms have not changed significantly during the last three years, as evidenced by steady sales data from Female Health Company. But



consistent, large sales in South Africa and Brazil show what is possible with investments in programming. There is a need for greater demand at the community level to gain the attention of local decision-makers who handle procurement and programming. Private- and public-sector donors, as well as ministries of health and programme managers, need to hear from those who stand to benefit from use of the female condom. The experience in Zimbabwe—where women’s groups collected more than 30,000 signatures from women demanding access to the female condom, resulting in the government’s importation of the female condom—shows the power of local groups.

Global and grassroots advocacy strategies are needed to make the case for female condoms. Far greater education and outreach is needed to increase the demand for female condoms by potential users. This involves reaching out to women and men who are not normally the focus of condom promotion. Men need to be included in female condom education and outreach efforts to help overcome partner opposition, an important reason given by some women for discontinuing use of the method.

### **The female condom: the international denial of a strong potential**

Anny Peters, Willy Jansen, Francien van Driel, *Reproductive Health Matters* 2010; 18(35):119–128

<http://download.journals.elsevierhealth.com/pdfs/journals/0968-8080/PIIS0968808010354991.pdf>

As long as global public policymakers hide behind the argument of high prices or the myth that there is no demand and hence no market, access to female condoms will remain out of reach worldwide.

### **The Female Condom: a Guide for Planning and Programming**

World Health Organization (WHO) and Joint United Nations Programme on HIV/AIDS (UNAIDS), January 2000

<http://www.siyanda.org/search/summary.cfm?nn=2640&ST=SS&Keywords=female%20condom&SUBJECT=0&Donor=&StartRow=1&Ref=Sim>

This guide shows how to integrate the female condom into already existing programmes and how to effectively promote the female condom and train providers to adequately educate potential users about it. The guide includes information for potential users, including a step-by-step guide to using the female condom, a comparison between the female and male condom, and lessons learned about negotiating safer sex.

## **9. Additional information**

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