

The female condom: still an underused prevention tool

Over a decade has passed since the polyurethane female condom was launched on the global markets, and it still remains the only female-initiated intervention for the prevention of sexually transmitted infections. Observational studies to date suggest that the female condom provides a level of protection from sexually transmitted diseases (STDs) that is at least equal to that of the male condom—including HIV, gonorrhoea, chlamydia, trichomoniasis, hepatitis, cytomegalovirus, and herpes—and that it is a cost-effective prevention tool. Additionally, it can prevent unwanted pregnancy and offers protection to men. Yet female condoms account for a mere 0.2% of total condom supply and are still not readily accessible in most countries. Why is the female condom still failing to reach those who might benefit from it?

A new publication from the Center for Health and Gender Equity (CHANGE), *Saving lives: female condoms and the role of US foreign aid*, has sought to generate some long overdue attention to the female condom, particularly its benefit to countries ravaged by HIV/AIDS. Women represent half of all HIV infections worldwide; and so amid rapid scale-up of other prevention interventions such as male circumcision the authors are critical of policy makers who have overlooked the only available intervention that allows women to initiate protection. The report is a critique of the current US government's position, yet the same concerns can equally be levelled at other major players, including UNAIDS and WHO. What is currently lacking is high level commitment that would ensure improved distribution efforts within the public health-care system, drive down cost (the female condom currently costs US\$0.90 compared with the male condom at \$0.10), and ensure that sufficient resources are available to enable the scale-up of programmes and promotional strategies. Although 90 resource-poor countries have introduced the female condom, in only a few has it been fully accepted into mainstream sexual and reproductive health programmes. As a result, many women who could benefit from the female condom can't access it, or have likely never heard of it.

Countries that have successfully promoted its use through public-sector programmes include Zimbabwe, South Africa, Ghana, and Brazil. Encouragingly, the Global Female Condom Initiative is now initiating and expanding programmes in at least 23 countries.

Successful projects, say researchers, have several factors in common: they offer specific training for health-care providers, ensure a consistent supply of condoms, and—most importantly—offer counselling to users.

The latter is particularly pertinent, for critics of the female condom claim that it is cumbersome to use and therefore will ultimately prove to be less effective in disease prevention. A recent trial in Brazil found female condoms were associated with higher semen exposure and self-reported user problems—eg, the condom coming out of the vagina during intercourse—yet researchers acknowledge that education may reduce performance problems and increase acceptability. Indeed, what is becoming increasingly clear is that women need to be taught how to use it. Furthermore, experts have warned against misconceptions that “women don't like using it”, an argument commonly used to justify the lack of commitment to expanding access. Research has shown that in many cases women are keen to use it, but face problems with supply and affordability. Besides, there are people who do not like to use the male condom (and indeed every other method), but this has never been used as an excuse to stop promoting it. In western countries, the strong negative preconceptions that have developed, fuelled by its widespread ridicule in the press, will need to be effectively challenged among both the public and health-care professionals if uptake is to increase.

Female condoms are not going to be the magic bullet for STD prevention, and will not be everyone's first choice. However, it is widely accepted that to tackle rising rates of STDs—particularly HIV—requires a multipronged approach that demands we use everything we have got in the tool kit. What has been learned the hard way with the female condom is that merely getting the product onto the shop shelf, or targeting it solely at high-risk groups, ensures that it will never adopted in any meaningful way. Immediate challenges for donors and governments include promoting its integration into existing prevention initiatives and family planning programmes. More research—particularly the proper evaluation of existing programmes—will be an essential component. The failure of recent trials to show the efficacy of new microbicide candidates and the diaphragm, make the promotion of the female condom as a life-saving intervention more pertinent than ever. ■ *The Lancet Infectious Diseases*



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For more on [CHANGE](#) see <http://www.genderhealth.org> and <http://www.preventionnow.net>

For more on the [Global Female Condom Initiative](#) see <http://www.unfpa.org/hiv/female.htm>

For more on the [Brazilian trial on the effectiveness of the female condom](#) see *Contraception* 2005; 71: 130–36; DOI:10.1016/j.contraception.2004.08.008