Female Condom
A Powerful Tool for Protection

DRAFT
About this document

After more than fifteen years on the market and despite the clear need, the supply and adoption of female condoms are low—significantly below the levels needed to have an impact on women and men’s vulnerability to HIV. However, interest in the female condom continues to grow. The number of female condoms sold worldwide almost tripled between 2003 and 2008. This document, originally published in 2006, answers questions about the female condom and summarizes progress made since 2005 in female condom programming and research.

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Poor sexual and reproductive health accounts for one-third of the burden of disease among women of reproductive age in developing countries. The female condom presents an extraordinary opportunity to change this: like the male condom, it protects against unintended pregnancy and STIs, including HIV, but it also gives women greater power to make decisions about their bodies and, therefore, their lives. The female condom helps women to achieve health and well being, and to drive development.

— Gill Greer, Director General of International Planned Parenthood Federation
Overview

Millions of couples worldwide need effective protection against sexually transmitted infections (STIs), including HIV, and pregnancy. Treatment and care efforts are expanding worldwide, but they cannot keep up with the spread of the HIV epidemic, especially among women and girls. The female condom is an effective STI and pregnancy prevention technology available now that enables women and men to reduce their risks. Research shows that the method is comparable to the male condom in its effectiveness in preventing pregnancy and STIs. Access to the female condom can increase the proportion of couples having protected sex and offers a lifesaving alternative when a male condom is not used.

The majority of the world’s women do not have access to female condoms. Although female condoms have been introduced in many countries, their supply and uptake in countries hardest hit by the HIV epidemic is woefully inadequate. Greater investment by the private and public sectors and support from the donor
community are urgently needed to make the female condom an affordable and practical option. New female condom models being developed especially need financial support to ensure they can rapidly complete testing and regulatory evaluations. Advocacy for the female condom and high levels of global programming from the community level upward are needed to stimulate demand and increase access and availability. Global programming efforts should be comprehensive and include well-designed monitoring and evaluation components that can capture data on the method’s impact and cost-effectiveness.

The need for female condoms is clear. The female condom is the only technology currently available that allows women to protect themselves from infection and pregnancy. Female condoms must be given a more prominent role in reproductive health and gender programs and included in STI/HIV and pregnancy prevention efforts worldwide.
UNPRECEDENTED NEED

Is there a need for the female condom?
Yes. The need for effective alternatives to the male condom is critical to protect women and couples from STIs and unintended pregnancy.

According to World Health Organization (WHO) estimates, 340 million new cases of curable STIs occur every year. Millions of women worldwide suffer from STIs—all of which are preventable, but several of which (including HIV) are not curable. Additionally, about half of the 33 million adults around the world infected with HIV are women, and women’s share of HIV infections is increasing in several regions. In sub-Saharan Africa, women account for 61 percent of HIV infections. Young women are most at risk. About 45 percent of all new HIV infections worldwide occur in young people (15 to 24 years old). Young women ages 15 to 24 years old in sub-Saharan Africa are three times more likely to be infected with HIV than young men of the same age. Other STIs also take a toll worldwide, and some can cause those infected to be more vulnerable to HIV infection.

Moreover, biology, gender roles, sexual norms, and inequalities in access to resources and decision-making power put women and girls at greater risk of infection than men and boys. Many women lack information about sexual and reproductive health and do not understand the risks associated with their own or their partners’ sexual behaviors. Many of those who do recognize their vulnerability are powerless to protect themselves. Women who receive information and counseling, and who learn to use the female condom, can protect themselves even if their partners are reluctant to use a male condom.

The need for effective options to protect women’s health and future fertility is urgent. Currently, the only protective barrier methods against STIs, including HIV, are male and female condoms. The female condom is the only new technology developed and approved since the advent of the HIV epidemic that protects against STIs and pregnancy. Not only can effective female condom programs help women and couples reduce their risks for diseases and unintended pregnancies now, strong introduction programs can also help pave the way for the introduction of other new protection methods, such as cervical barriers and microbicides, which are in development.
Can all women use the female condom?

“My strategy for safer sex is my ability to use the female condom, which I have control over… Sometimes my husband would complain… or have one story or the other for not wanting to use the [male] condom. I just decided to use the female condom.”

—Woman, Zimbabwe
Yes. All women at risk for STIs and/or unintended pregnancy are appropriate users of the female condom. It is especially suitable for women who are unable—for a variety of reasons—to depend on male condoms and who need protection from STIs.5

Women want the means to protect themselves from unintended pregnancy and STIs, and they are eager to try products that offer protection. Many early female condom introduction efforts were targeted to sex workers (SWs), because they are at high risk for HIV, other STIs, and pregnancy and have an obvious need for a female-initiated method of protection. The female condom is well accepted by SWs in many countries, especially as an option when clients refuse to use male condoms.

As the global HIV epidemic has evolved, so too have the populations at risk. In several countries, women, particularly young adults and those who are married or in long-term relationships, represent a growing share of people living with HIV.6

In Thailand, 39 percent of new infections in 2005 were among women infected by their husbands or regular partners.7 In India, a significant proportion of women with HIV have most likely been infected by regular partners who paid for sex.2

In many developing countries, early marriage increases adolescent girls’ risk of HIV exposure. Young married women have more frequent unprotected intercourse than their unmarried counterparts, typically with husbands who are older and more likely to be HIV-positive. In Africa, women are 5 to 9 years younger on average than their spouses—a significantly greater difference than among married couples in other regions.2

Married women can highlight the female condom as an effective contraceptive method to promote its use to their husbands, who may be reticent to use a condom, or who may associate condom use only with extramarital sex. In Zimbabwe, Population Services International (PSI) has marketed the female condom to couples as the “Care Contraceptive Sheath,” thus distancing the product from any stigma associated with male condoms and STIs and building an image of acceptability of this method among couples who “care.”

In negotiating safer sex, 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 approach helps in situations when suggestion of condom use might be perceived as an accusation or admission of having other sexual partners. In addition to preventing infection, condoms do not cause side effects like nausea or headaches that are experienced by some women using hormonal contraceptive methods. Some women tell their husbands that they want to use female condoms in order to avoid these side effects.8
CONDOM CHOICE

Are there different kinds of female condoms?

Yes. There are several styles of female condoms made of different materials.

What is it?

There are several models of female condoms made of different materials. The best-known female condom is a soft, strong, translucent sheath about the same length as a male condom. It is inserted into the vagina prior to sexual intercourse (even several hours before, if desired) and can remain in place after ejaculation. It provides a protective barrier between the penis and the cervix, vagina, and parts of the external female genitalia. Most female condoms are prelubricated with a silicone-based, non-spermicidal lubricant.

Some women like the female condom because it gives them greater control over safe-sex negotiation, protects against STIs and unintended pregnancies, is easy to use, and can increase sexual pleasure. It is a good option for couples’ protection when men do not like, or have difficulty using, male condoms. Other women report dissatisfaction with female condoms, including discomfort during sex, difficulty learning to use them, aesthetic concerns, noise, and/or high cost.

Female Health Company female condoms

The most widely distributed female condoms, the FC1 (no longer in production) and FC2, have flexible rings at both ends and are manufactured...
by the Female Health Company. The FC1 and FC2 are the only female condoms that have received European CE marking, recommendation by the WHO/UNFPA for public-sector purchase and marketing clearance from the US Food and Drug Administration (USFDA). The FC2 is made of nitrile, a synthetic latex, which is softer, produces less noise during use, and is considerably less costly to manufacture than the FC1. The FC2 has been shown in studies to be comparable to FC1. The FC2 is currently available in 77 countries and is manufactured primarily in Malaysia, with limited production in India.

Other manufacturers of female condoms

Three female condom models, the VA w.o.w. Female Condom (also known as Reddy, V’Amour, L’Amour) (India), the Cupid Female Condom (India), and the Natural Sensation Panty Condom (Colombia) (not pictured) have received CE marking for sale in Europe and are in limited global distribution. However, these female condoms have not yet been recommended by the WHO/UNFPA Technical Committee for public-sector purchase, nor by the USFDA. The VA w.o.w. and Cupid female condoms are under review by the WHO/UNFPA Technical Committee to determine their suitability for public-sector purchase.

Three other female condom models are also moving through the regulatory approval process and are making their way towards commercial production and sale. The Woman’s Condom (WC), developed by PATH (U.S.), will begin Phase II/III effectiveness studies required for USFDA market clearance in 2010. The WC is being produced in China and is expected to receive market registration in China by 2011. In 2009, the Origami FC (U.S.) is beginning feasibility and acceptability studies in the United States. As of 2009, the Silk Parasol Company (U.S.), manufacturer of a combination panty and female condom, is seeking funding to begin clinical trials.

New products: benefits and challenges

New products may improve upon problems noted with earlier products and better meet users’ needs. Less-expensive design, materials and manufacturing, along with market competition, may result in lower product costs and therefore greater access. A 2009 workshop developed recommendations for a study design using a biomarker, prostate-specific antigen (PSA), to assess female condom failure, which could eliminate the need for costly Phase III contraceptive effectiveness trials for new female condom designs. Amending the clinical trial requirements and streamlining the regulatory approval processes for female condoms in the United States may help bring innovative products to American and other markets more quickly.

“The advantages of the female condom are that we women have our own condom, and our partner couldn’t say, ‘No, I am not going to use it.’ If he doesn’t want to use it, I use it. What is he going to do? The other advantage is that the female condom gives more pleasure.”

—31-year-old HIV-positive woman
Does the female condom prevent transmission of STIs?
Yes. Evidence from laboratory and population-based studies shows the female condom is at least as effective as the male condom at preventing STIs.

Data demonstrating how the female condom can prevent STIs come from experience with the FC1 product. Other female condom designs are likely to perform in a similar manner. Laboratory studies (using the FC1) show that the female condom is an effective barrier against many common STIs, including HIV. A test simulating sexual intercourse found the female condom was impervious to HIV. Female condoms are also impermeable to gas, liquid, and the phi-X174 virus (a virus smaller than HIV).

An additional estimate of the effectiveness of female condoms in preventing HIV transmission has been derived from the method’s effectiveness for pregnancy prevention and estimates of the risk of HIV infection per act of sexual intercourse. According to one such scenario, 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.

Other studies, including randomized controlled trials on female condom use, indicate that female condoms protect against STIs. Studies in Kenya, Thailand, and the United States found that the prevalence of STIs declined by about the same amount among women who used female or male condoms as among those who used only male condoms. The additional protection offered by female condoms is shown in recent data from Madagascar, where STI prevalence declined by 10 percent among sex workers a year after female condoms were added to the distribution of male condoms.

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. Studies comparing male and female condoms found the risk of exposure to semen is similar for both methods, suggesting the methods are similar in their efficacy in preventing pregnancy and disease.

Like male condoms, female condoms may also protect against Chlamydia trachomatis, gonorrhea, herpes simplex, syphilis, and human papillomavirus infections (HPV). 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—which can increase risk for HIV infection.

Male condom use has been associated with a lower risk of HPV infection and a lower rate of cervical cancer, and it is plausible that the same protection is provided by female condoms. More research is needed to determine the disease-specific protection offered by the female condom, especially its ability to safeguard the reproductive health and future fertility of young women.

While there are no published data on the efficacy of the female condom in preventing HIV and STI transmission through anal sex, it has been reported that female condoms (with the inner ring removed) are commonly used for STI/HIV protection during receptive anal intercourse. Research is needed to evaluate the protective benefits of female condom use during anal intercourse among men and women.
Yes. The female condom is the only female-initiated dual protection method available.

Several studies show that the female condom provides about the same protection from unintended pregnancy as the male condom. WHO-supported studies comparing the effectiveness of female and male condoms show that the two types of condoms are substantially equivalent in preventing unintended pregnancy. Effectiveness rates for typical use among study participants in China, Nigeria, and Panama ranged from 94 to 98 percent for the female condom and from 92 to 96 percent for the male condom. Previous studies estimated the female condom to be 79 percent effective in preventing pregnancy in typical use, compared to 85 percent for male condoms, 84 percent for diaphragms, and 71 percent for spermicides. Promotion of female condoms for dual protection is particularly relevant in countries where married women are increasingly at risk of STIs/HIV. The female condom expands the opportunities for lifesaving dual protection.
UNFPA Global Condom Initiative

In 2005, UNFPA launched its Female Condom Initiative to address the sexual and reproductive health needs of women by scaling up access to female condoms and promoting their use. Working in partnership with other donors, governments and the private sector, the program has dramatically increased global access to female condoms, reaching a record of 33 million female condoms distributed in 56 countries in 2008. Government programs (like South Africa, Zimbabwe, Brazil) purchased and distributed a substantial number of these condoms. USAID, UNFPA, and other donor agencies purchased 18 million (about half) of all female condoms sold in 2008.¹¹,³⁸

The Female Condom Initiative is now part of UNFPA’s Global Condom Initiative, which works to ensure that all women and men—adults and youth—at risk of STIs, including HIV, and/or unintended pregnancy have access to high quality male and female condoms, are motivated to use condoms, and can use them consistently and correctly.³⁹ Partnerships between governments and technical agencies have helped maximize access to male and female condoms through the public, civil society, social marketing, and private sectors. Efforts are made to reach populations in remote and rural areas with targeted distribution programs for vulnerable and marginalized populations, including those most at risk.

UNFPA focuses on Comprehensive Condom Programming (CCP), which recognizes the complementarities of female and male condoms and the need for dynamic, appropriate interaction between supply and demand within a supportive environment, both globally and nationally.

The CCP Framework includes:

- Leadership and coordination: Coordination of partnerships, advocacy, policies and regulations, and resource mobilization.
- Supply and commodity security: Forecasting, procurement, quality assurance, warehousing and storage, distribution, and logistics management and information systems.
- Demand, access, and use: Market research, total market approach, targeted distribution, communication for behavior change, and social mobilization.
- Support: Advocacy; social, behavioral and operational research; capacity and institutional strengthening; monitoring and evaluation; and documentation and dissemination.

2008 Donor Support for Female Condoms

(18 million female condoms purchased by donors in 2008)

- USAID: 46%
- UNFPA: 31%
- Other: 20%
- BWZ/KFW: 3%

BMZ/KFW: German government; UNFPA: United Nations Population Fund; USAID: United States Agency for International Development; Other includes: DFID, IPPF, MSI, Japan, Netherlands, GFATM, OCEAC, UNDP, CDC, Women’s Health Project, and others.¹¹
Does the female condom have an impact on levels of protected sex?
Yes. Effective female condom interventions can increase the proportion of protected sex acts and decrease STI prevalence.

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. A systematic review of female condom studies, including five randomized controlled trials on effectiveness, found that the female condom is effective in increasing the number of protected sex acts in a population and possibly in reducing STI incidence. The female condom is also likely to reach women in relationships in which other barrier methods have not been used, and to help empower women in negotiating safe sex.

Several studies show that providing the female condom, as part of a comprehensive prevention strategy, results in increased levels of protection. Protected sex among women in the United States and Brazil doubled after they received female condoms and counseling on their correct use. In Madagascar, protected sex increased by 10 percent among sex workers due to their use of the female condom. Studies in other countries, including Kenya, Nigeria, South Africa, the United States, Zambia, and Zimbabwe found that encouraging use of either male or female condoms contributed to increases in the proportion of protected sex acts. When both types of condoms are available, consistent condom users often alternate 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.

“Women think marriage is a safe haven. They think that when you’re married you don’t have to worry about HIV. We train trainers in negotiation skills to help married women realize that they’re more at risk because they’re less suspecting of HIV risk than other women. Just being married doesn’t mean you’re safe.”

—Beauty Nyamwanza, Zimbabwe National AIDS Council
COST-EFFECTIVENESS

Is the female condom cost-effective?
Yes. Modeling exercises have shown that when the female condom is offered as part of a well-planned STI and pregnancy prevention program, it is a cost-effective public health intervention.

Health economists have developed models to estimate the relative benefit of female condom investment to the health sector. Some models compare female condom investment with other costs of STI/HIV prevention and treatment and some compare investment in female versus male condoms. Such models can help health decision-makers, program managers and donors better understand the potential contribution of female condoms to safeguarding health and reducing negative impacts of unprotected sex.

In one model commissioned by the Female Health Company, substantial cost savings to the health sector were estimated based on different FC2 use scenarios in South Africa and Brazil.51 For example, the model estimated that if the distribution of FC2 increased to 10 percent of current male condom use in South Africa, over 9,500 new HIV infections could be averted annually at a cost of US$985 per infection averted—a significant saving over the per person cost of US$1,503 for antiretroviral therapy. In Brazil, 600 new HIV infections could be prevented annually at a cost of US$20,52 3 per infection prevented, or about the same as the cost of treating one person with antiretrovirals (US$21,970).

Another analysis examines cost-effectiveness through modeling that compares the female condom to another prevention alternative—the male condom. This model finds that the female condom, when distributed through traditional social marketing and public-sector channels, is much less cost-effective than male condoms and other available HIV prevention strategies (primarily due to the cost of the female condom product).53 The study nonetheless concludes the female condom is a necessary tool for HIV prevention, especially for those who cannot or will not use the male condom. The authors advocate for “smarter female condom programming,” targeting users who would otherwise have unprotected sex. According to the authors, this approach offers the greatest potential for averting cases of HIV, thereby producing a higher return on investment. The study authors also encourage consideration of the full range of benefits offered by the female condom, including those that are difficult to quantify, such as its impact on women’s empowerment.

“The mindset is changing, but there are still a lot of challenges. Accessibility is still minimal. There’s a huge demand, and we’re not meeting it.”

— Bidia Deperthes, HIV/AIDS Technical Advisor for Comprehensive Condom Programming, UNFPA52
Are there feasible strategies for increasing demand and access?
Worldwide orders for female condoms have been growing. In fiscal year 2008, the Female Health Company shipped 34.7 million FC Female Condoms to 93 countries, an increase of 34 percent from the previous fiscal year and nearly triple the number sold in 2003 (12.6 million). Exact figures are not available, but other female condom manufacturers shipped several thousand units in 2008. While many countries have very small female condom programs, consistent, large sales in Brazil, South Africa, and Zimbabwe (see sidebar to the right) show what is possible with investments in comprehensive programming.

Private- and public-sector donors, as well as ministries of health and program managers, need to hear from those who stand to benefit from use of the female condom. In Ghana and Zimbabwe, women’s groups saw a need for the female condom and advocated for their governments’ support in introducing the method in their countries. Global and grassroots advocacy strategies are needed to make the case for female condoms. Civil society groups, which often have close relationships with populations at risk for HIV, are well-placed to champion the rights and needs of these individuals to have access to female condoms.

Well-coordinated efforts to reach decision-makers with key messages are needed to raise awareness

**Yes.** Increased promotion, wider distribution, better integration with other health programs, and reaching out to at-risk couples will stimulate demand for female condoms and contribute to improved access.

Zimbabwe has one of the largest and most successful female condom programs in the world. In 2008, Zimbabwe distributed almost 5 million female condoms, 60 percent through social marketing programs and 40 percent through the public sector distribution system. The female condoms were supplied free of charge to the national government and to PSI/Zimbabwe by USAID. Funding for programming was provided by UNFPA, USAID, and DFID.

The female condom was introduced in Zimbabwe in 1997 after women’s groups mobilized 30,000 signatures to petition the government to introduce the method. PSI/Zimbabwe launched social marketing of female condoms in 1997. Despite great initial interest and demand, the female condom program, particularly in the public sector, faced supply problems, lacked strategic direction, and progressed little beyond the pilot stage until 2006. Recognizing the need for a more strategic urban/rural and public/social marketing approach, UNFPA, in collaboration with the Ministry of Health, Zimbabwe National Family Planning Council (ZNFPC), and PSI, facilitated the formation of a Technical Support Group on Condom Programming in 2005. This led to the development of a multi-year strategic AIDS prevention plan that emphasizes the need for major efforts to make the female condom available to critical segments of the population at risk, including married women and sex workers.

PSI/Zimbabwe continues to socially market the branded version of the female condom as “Care Contraceptive Sheath.” In addition to pharmaceutical and traditional retail outlets, PSI uses innovative channels such as hair salons, barber shops, and bars to promote female condoms.

While the recent increase in female condom distribution reflects the growing demand in Zimbabwe, the program is working to train service providers through Comprehensive Condom Programming (CCP), improve condom availability and access to vulnerable groups, strengthen linkages and integrate the CCP with other new HIV interventions, such as preventing mother-to-child transmission, antiretroviral therapy, provider initiated testing and counseling, male circumcision, behavior change, and sex work programs. The public sector program has also begun training for people with disabilities, including printing expiration dates in Braille for the visually impaired.
Reaching out to high-risk women and men in Myanmar

Myanmar has one of the highest HIV prevalence rates in Southeast Asia, with rates as high as 30 percent among female sex workers (FSWs) and among MSM. To reach these groups, PSI/Myanmar established the Targeted Outreach Program (TOP) in 2003, and launched the female condom, branded as “Feel for Women.”

With UNFPA support, PSI/Myanmar developed two new female condom brands: “Feel for Men,” designed to appeal to MSM and male clients of female sex workers, and “OK Feel,” designed to complement PSI’s existing range of “OK”-branded contraceptives and to appeal to women seeking dual protection in stable relationships. Female condom sales increased from 71,000 in 2004 to more than 100,000 in 2005 and nearly 160,000 in 2006.

The program has learned that because use of the female condom is not as straightforward as the male condom, there is need to change behavior. Thorough training on female condom use, with insertion demonstration and individual practice among target groups, is very important for sustained use of female condoms. Female condoms have been marketed at low prices primarily to FSWs and MSM by their peers. Using peers is the most effective way to reach these groups, but due to management issues, it is difficult to execute this kind of programming nationwide.58,59

Far greater education and outreach is needed to increase the demand for female condoms by potential users. Creating demand is expensive and more resources must be allocated to promoting female condoms and raising awareness of their benefits. This involves reaching out to women and men who are not normally the focus of condom promotion, and providing them with appropriate educational materials. Targeting the female condom to young people can help them incorporate this risk-reducing strategy early in their sexual experience to protect against pregnancy, disease, and infertility (a potential consequence of STIs such as Chlamydia trachomatis). Research is needed to identify the factors that affect condom use within a specific group in order to develop appropriate education and communication strategies.

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 (see box). Focusing on those who may be at high risk, such as women with multiple partners, intravenous drug users, HIV-discordant couples, and HIV-positive women, as well as couples in stable partnerships, can increase the demand and provide increased protection to the most vulnerable populations.

Integrating female condom programming with other services, including family planning, reproductive health, post-abortion care, STI prevention and treatment, voluntary HIV counseling and testing, preventing mother-to-child transmission of HIV, antiretroviral treatment programs, and antenatal care, can be cost efficient and increase access to the method. The combined forces of these programs can build capacity and help institutionalize 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. Supporting female condom programming efforts that include information, practical training, and low-cost supplies will help make the female condom acceptable and available to all who can benefit from its protection. 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 and her partner options. With more than one option, women and men can choose the method that best fits their reproductive health needs.

Men and female condoms

Being a female-initiated method is one of the benefits of the female condom. Because use of the female condom requires training and practice, most programs market the method to women. But program managers are learning that involving men is important in creating demand for female condoms. Studies in the United States and in South Africa found that involving male partners can increase use of the female condom, and male partners are willing to assist with insertion of female condoms. Some women report increased sexual pleasure through use of the female condom and have used this attribute to negotiate use of condoms with male partners. Programs in Ghana, India, Mongolia, Senegal, and Zimbabwe have used increased pleasure as a way to promote use of female condoms. Men in Zimbabwe are often curious about trying female condoms when they learn the female condom is not constricting like the male condom; it is even less prone to breakage; its use does not require an erection; it enhances pleasure for both partners; it is not necessary to withdraw immediately after ejaculation; and it is the woman’s responsibility. Although female condoms have often been targeted to sex workers, it is important for programs to avoid stigmatizing the female condom as a method only used in commercial sex. Female condoms appear to be popular among men who have sex with men (MSM), and there may be significant unmet demand for the method among this group, but more research is needed on its acceptance and effectiveness when used in anal intercourse.
Yes. Challenges exist at all levels, including policy, service, and even among users themselves.

Since 2005, UNFPA has been working with other donor agencies, governments, and development partners to increase global awareness of male and female condoms and increase their availability and utilization. Even with such efforts, developing and maintaining global female condom programs can be challenging.66

High level political support is lacking or insufficient in many countries. This is often due to insufficient public advocacy for female condoms. Some policymakers are biased against the method. Without high level commitment to making female condoms part of national programs, efforts to introduce the method often flounder. For example, a web-based survey conducted in 2007 found that although most of the 204 respondents from 44 countries were strong proponents of integrating female condoms into HIV/AIDS prevention and treatment programs, little coordinated institutional support existed for such efforts.67

Cost continues to be a challenge. Although female condoms cost substantially more than male condoms, donor purchases of female condoms more than quadrupled, from nearly 4 million in 2001 to around 18 million in 2008.11 Most donor-supplied female condoms are provided free or at low cost to users. Despite the increase, donors still supplied about 130 male condoms for every female condom in 2008. Donors can benefit from the FC2’s lower manufacturing costs, but only if they, and government partners, join together to place large
bulk orders that qualify for reduced pricing. Without competition among a variety of female condom products (as is evident with male condoms), donors are tied to FHC’s female condom pricing (some governments are purchasing VA w.o.w. female condoms, but these are not available for purchase by large donor programs).

Donating female condoms is not sufficient. Support is also necessary for effective programming to create an enabling political and social environment where users are aware of their risk, feel free to demand and access condoms, and have the knowledge to use them correctly and consistently. Many programs lack the resources necessary to train service providers. Training is costly, but helps overcome provider bias and is necessary to educate clients and maintain uptake of the female condom. Providers often lack adequate behavior change and educational materials, including demonstration models to train clients in proper use of the female condom. Programs often lack effective monitoring and evaluation systems that are needed to ensure quality of service delivery.

Poor supply and distribution systems often restrict the availability of female condoms. Many programs experience stock outs and supply problems. Female condoms are already included on the WHO essential medicines list for reproductive health. As demand grows, it becomes increasingly important to include female condoms on national lists of essential medicines and integrate the female condom into national STI/HIV and reproductive health programs, as well as the commodity tracking systems. Support is needed for human resources, including staff training, to ensure high-level coordination of condom supplies. Although the female condom, like the male condom, is designed as a single-use product, there are reports that women reuse the female condom. WHO developed a protocol for reuse of the FC1; however, the nitrile FC2 and other female condom models are not recommended for reuse. Assuring continuous, free, or low-cost supplies of female condoms is the best way to address problems with reuse. Improving coordination between the public and private sectors, especially through unified commodity tracking and supply systems, can reduce supply problems and costs, and improve access.

The number of women in need of self-protection in resource poor countries is enormous. It is vital to plan for and secure adequate human, financial, and technical support for effective female condom programs in all countries where women are at elevated risk. The female condom can contribute in many ways to improved health if programmed appropriately. In addition to reducing a woman’s risk of disease and unintended pregnancy, it can lead to women’s increased knowledge of their bodies, improved sexual communication and negotiation skills, and empowerment.

“Women worldwide continue to ask for accessible, affordable HIV/STI and pregnancy prevention tools that are within their control while also empowering them to have greater control of decisions related to their sexual and reproductive health and rights. Female condoms are the only prevention product worn by women, yet they account for only 0.2 percent of the world’s condom supply. Female condoms must be available and accessible to all women irrespective of how remote their location. Female condoms prevent STIs including HIV and can also be used to prevent pregnancy. The World YWCA female condom training sessions have been and remain powerful catalysts enabling women to talk openly about sex and sexuality and power relations between men and women. Any female condom programming must create safe spaces, be sensitive and respectful of traditions, and enable women to explore issues of sex and sexuality which are usually shrouded in taboos.”

— Nyaradzayi Gumbonzvanda, World YWCA General Secretary
Can female condom programming be scaled-up to increase access to and use of female condoms?

“If female condoms have had only half-baked programming, so when the program fails, the blame is often put on the product rather than the programming, or lack of it.”

— Yasmin Madan, Country Director, PSI Vietnam, 2007

Yes. The female condom is poised for greater use and impact. The need for effective disease protection is great. Adequate levels of government and donor support for strategic, Comprehensive Condom Programming (CCP) can make male and female condoms available to millions of couples worldwide.

To decrease the number of unprotected sex acts and reduce the incidence of unintended pregnancy and STIs including HIV, condom programming must be comprehensive and strategic. UNFPA’s 10-Step Comprehensive Condom Programming (CCP) approach utilizes a set of interlinked activities aimed at making quality male and female condoms consistently available, affordable, and accessible to target populations.

To be comprehensive, condom programming should incorporate all of the activities outlined in the CCP strategy below. To be strategic, condom programming must be government-owned and represent the coordinated efforts of all relevant stakeholders. It must recognize the complementarities between male and female condoms and be integrated with different entry points in sexual and reproductive health and HIV prevention, treatment, care, and support settings. It must utilize a “total market approach,” including public, civil society, social marketing, and private-sector approaches, as appropriate, and develop innovative ways to connect with hard-to-reach groups such as married women, young people, and people living with HIV.
The steps in a CCP strategy may vary from country to country; however, the process of designing and implementing a SMART (specific, measurable, achievable, realistic, and time-governed) strategy has many common features:

**Step 1**

**Establish a national condom support team**

Assemble a team to provide guidance and support in developing and monitoring a national condom strategy and operational plan. If possible, members should be selected from an existing reproductive health commodity security working group or HIV prevention committee and include representatives from government, civil society, the donor community, and the private sector (including non-governmental, social marketing, and commercial organizations).

**Step 2**

**Undertake a situation analysis**

Review available background information and conduct field research, as necessary, to assess the current situation regarding HIV prevention and sexual and reproductive health, as well as the status of national condom programming efforts. Convene a stakeholders meeting to share findings, build consensus, and create a roadmap for scaling up condom programming efforts.

**Step 3**

**Develop a national strategy for male and female condoms**

Develop an integrated condom strategy, with all stakeholders, that encompasses the following areas: leadership and coordination; demand, access, and utilization; supply and commodity security; and overall support.

**Step 4**

**Develop a five-year operational plan and budget**

For each component of the national condom strategy, create an operational plan that includes: activities; partner responsibilities; time frame; cost; and process indicators. Above all, include key stakeholders in major decisions.

**Step 5**

**Link CCP five-year operational plan with the national “Commodity Security” plan**

Link the operational plan, where possible, to existing logistics systems, including systems for forecasting, procurement, distribution, and warehousing of essential drugs and reproductive health and HIV-related commodities. If there is no reproductive health commodity security committee, the national condom support team should advocate for the establishment of one and participate, as appropriate.

**Step 6**

**Mobilize financial resources**

Identify available, committed, and potential resources for implementing the operational plan; determine funding gaps; advocate for and secure the necessary funds; and develop a reporting system to provide regular feedback to donors.

**Step 7**

**Strengthen human resources and institutional capacity**

Identify the strengths and gaps in human resource and institutional capacity and determine how such gaps can be filled; develop, obtain, or adapt existing training materials; train trainers, drawing from the public and private sectors, and civil society; and cascade training to service providers at various levels.

**Step 8**

**Create and sustain demand for condom use**

Conduct research on male and female condom use and factors that influence use; develop a communication strategy for stimulating and sustaining demand; employ non-traditional outlets for promoting and distributing condoms; stimulate social mobilization to ensure a supportive environment for male and female condoms.

**Step 9**

**Strengthen advocacy and engage the media**

Initiate policy and budget analysis and identify legislative and policy goals; identify targets of advocacy (such as policymakers and legislators) and initiate dialogue; identify condom “champions” and reinforce their skills; build coalitions and partnerships with core constituents and allies; and develop a communications strategy that includes media outreach and capacity-building.

**Step 10**

**Monitor program implementation, conduct research, and evaluate outcomes**

Incorporate the comprehensive condom programming components into the national monitoring and evaluation framework; review and update operational plan indicators; identify and conduct research to support program implementation; establish baselines; monitor program implementation; and conduct annual, mid-term, and final evaluations, including of the overall impact of the national strategy.
A CALL TO ACTION

Do communities need to take action to expand access to the female condom?
Yes. Communities must act now to show their support for female condom programming and demand expanded access to female condoms.

Women and men whose lives are at risk from STIs/HIV and/or unintended pregnancies need access to a range of prevention options to make the choices that best fit their circumstances. Given that the female condom effectively protects against pregnancy and STIs and is the only female-initiated STI prevention method currently available, access to this method is a public health imperative for all at risk. Integrated programming is essential to preventing an increase in STIs/HIV infection and unintended pregnancy, but communities must act now!

Governments, donors, civil society, activists, the private sector, women, and men must take action now to expand access to female condoms. Steps must be taken to:

- **Increase** budget allocations for female condom programming.
- **Augment** funding for purchases of male and female condoms.
- **Fund** female condom research and development to broaden the choice of female condom products.
- **Educate** women and men about their risks, enable them to demand and access male and female condoms, and provide them with the knowledge to use them correctly and consistently.
- **Support** integrated programming, including capacity-strengthening for service provision, global awareness campaigns on the important role of condoms, demand-creation to stimulate and sustain their use, and monitoring and evaluation systems to improve program delivery and measure the effectiveness and impact of condom use.

The female condom is an important, complementary technology that must be given a more prominent place in STI/HIV and reproductive health programs to save the lives of millions of women and men now.
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Selected resources

### United Nations agencies

<table>
<thead>
<tr>
<th>Agency</th>
<th>Website</th>
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<tbody>
<tr>
<td>The Global Coalition on Women and AIDS</td>
<td>womenandaids.unaids.org</td>
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<td>The Joint United Nations Programme on HIV/AIDS</td>
<td><a href="http://www.unaids.org">www.unaids.org</a></td>
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### Female condom technical and programmatic information

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<thead>
<tr>
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<td>AVERT</td>
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<td>Center for Health and Gender Equity</td>
<td><a href="http://www.genderhealth.org">www.genderhealth.org</a></td>
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<td>Cervical Barriers Advancement Society</td>
<td><a href="http://www.cervicalbarriers.org">www.cervicalbarriers.org</a></td>
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<tr>
<td>Eldis</td>
<td><a href="http://www.eldis.org">www.eldis.org</a></td>
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<td>Family Health International</td>
<td><a href="http://www.fhi.org">www.fhi.org</a></td>
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<td>Global Campaign for Microbicides</td>
<td><a href="http://www.global-campaign.org">www.global-campaign.org</a></td>
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<tr>
<td>Global Consultation on the Female Condom (PDF files containing conference presentations)</td>
<td><a href="http://www.path.org/projects/womans_condom_gcfc2005.php">www.path.org/projects/womans_condom_gcfc2005.php</a></td>
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<tr>
<td>Implementing Best Practices in Reproductive Health (IBP) Female Condom Forum</td>
<td>info.k4health.org/femalecondomforum.shtml</td>
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<tr>
<td>International Planned Parenthood Federation</td>
<td><a href="http://www.ippf.org">www.ippf.org</a></td>
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<td>Marie Stopes International</td>
<td><a href="http://www.mariestopes.org.uk">www.mariestopes.org.uk</a></td>
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<td>PATH</td>
<td><a href="http://www.path.org">www.path.org</a></td>
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<td>Pleasure Project.</td>
<td><a href="http://www.thepleasureproject.org">www.thepleasureproject.org</a></td>
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<td>Popline</td>
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<td>Population Council</td>
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<td>Population Services International</td>
<td><a href="http://www.psi.org">www.psi.org</a></td>
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<td>Prevention Now Campaign</td>
<td><a href="http://www.preventionnow.net">www.preventionnow.net</a></td>
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<tr>
<td>Reproductive Health and HIV Research Unit of the University of Witswatersrand, South Africa</td>
<td><a href="http://www.rhru.co.za">www.rhru.co.za</a></td>
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<tr>
<td>Resources for HIV/AIDS and Sexual and Reproductive Health Integration</td>
<td><a href="http://www.hivandsrh.org">www.hivandsrh.org</a></td>
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<tr>
<td>RHInterchange</td>
<td>rhi.rhsupplies.org/rhi/index.do?locale=en_US</td>
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<tr>
<td>UK Department for International Development</td>
<td><a href="http://www.dfid.gov.uk">www.dfid.gov.uk</a></td>
</tr>
<tr>
<td>Universal Access for Female Condoms</td>
<td><a href="http://www.condoms4all.org/">www.condoms4all.org/</a></td>
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