

Working with FC Female Condom[®]



This photo is from a poster promoting the female condom that was developed by the Reproductive Health Research Unit in South Africa. The poster is part of a Reproductive Health Materials Package that integrates the female condom into the range of contraceptive choices.



FC Female Condom[®] is safe and effective if used correctly and consistently, has high

acceptability among both women and men in many countries, and provides protection against both the transmission of sexually transmitted infections (STIs), including HIV/AIDS, and unintended pregnancy. The introduction of FC leads to more protected sex acts.

Working with FC Female Condom®

FC Female Condom (FC) has been studied in settings around the world. The World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) encourage the introduction of FC as a new method of prevention and as an additional tool in efforts to respond to the needs of women and men in sexual and reproductive health. In their monograph *The Female Condom: An Information Pack* (April 1997), they concluded that:

“The public health rationale for introducing a method that provides protection against pregnancy and STI/HIV is clear. Globally, health and human rights advocates have been demanding that scientists develop fertility regulation methods that are safe and reversible, under the control of the user, not systemic in action, which protect the user against STIs and HIV, and do not need to be provided by a health service. The female condom comes closer to these requirements than any other family planning method.”

In 2000, WHO and UNAIDS published *The Female Condom: A Guide for Planning and Programming* to help programme managers in public and private sector health systems and non-governmental organisations (NGOs) and community-based organisations (CBOs) address operational and promotional aspects by providing guidance on how to integrate FC into existing activities, effectively promote it and train providers to support and introduce it to potential users.

This complementary document is a summary of the current knowledge about FC and about developing and implementing programmes that incorporate FC. It also provides key references and resources for additional information. For more information, please contact:

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1 What is FC Female Condom?

FC Female Condom:

- Provides women and men with an additional choice to protect themselves from both unintended pregnancy and the transmission of STIs, including HIV/AIDS.
- With correct and consistent use, is as effective as other barrier methods.
- Protects the vagina, cervix and external genitalia, affording extensive barrier protection.
- Loosely lines the vagina; it is not tight or constricting.
- Has no serious side effects associated with its use.
- Can be inserted before intercourse and is not dependent on the male erection, so it will not interrupt sexual spontaneity.
- Does not need to be removed immediately after ejaculation.
- Does not require a prescription or the intervention of a health care provider.
- Is recommended to be used only once.

FC is made of the plastic *polyurethane*.

Polyurethane:

- Is thin, soft, odourless, and stronger than latex, which is used to make most male condoms.
- Conducts heat, so sexual intercourse can feel very sensitive and natural.
- Does not cause allergic reactions.
- Does not deteriorate in high temperatures or humidity, so FC does not require special storage conditions.



FC is 17 centimetres long (about 6.5 inches) and has a flexible ring at each end of the sheath:

- The inner ring at the closed end is used to insert FC. It slides into place behind the pubic bone.
- The outer ring at the open end is soft and remains on the outside of the vagina during intercourse. It covers the area around the opening of the vagina (the vulva) and can be pleasurable for men as well as for women.

FC comes pre-lubricated. The lubricant:

- Is non-spermicidal and silicone-based.
- Makes insertion easier and makes intercourse smoother.
- Users can add more lubricant—either oil-based or water-based lubricants as well as spermicides.

FC is manufactured in the United Kingdom by the Female Health Company (FHC). FC is approved by regulatory agencies around the world including the US Food and Drug Administration (FDA), and each production batch is tested to the FDA specification and carries the European Union's CE Mark for Quality. The product is referred to by various brand names in different countries, including *FC Female Condom*, *Reality*, *Femidom*, *Dominique*, *Femy*, *Myfemy*, *Protectiv* and *Care*. It is currently available, at least in limited quantities, in over 80 countries. Other female condoms are under development by FHC and other potential manufacturers but no others have yet been shown to be effective.

Both FC and the male condom are barrier methods that provide dual protection against pregnancy and STIs, including HIV/AIDS, and differ as shown below.

Comparison between FC and a Male Condom

Male Condom	FC
Rolled on the man's penis	Inserted into the woman's vagina
Made from latex; some also from polyurethane	Made from polyurethane
Fits on the penis	Loosely lines the vagina
Lubricant: <ul style="list-style-type: none"> ● Can include spermicide ● Can be water-based only; cannot be oil-based ● Located on the outside of condom 	Lubricant: <ul style="list-style-type: none"> ● Can include spermicide ● Can be water-based or oil-based ● Located on the inside and outside of condom
Condom must be put on an erect penis	Can be inserted prior to sexual intercourse, not dependent on erect penis
Must be removed immediately after ejaculation	Does not need to be removed immediately after ejaculation
Covers most of the penis and protects the woman's internal genitalia.	Covers both the woman's internal and external genitalia and the base of the penis, which provides broader protection.
Latex condoms can decay if not stored properly.	Polyurethane is not susceptible to deterioration from temperature or humidity.
Recommended as one time use product.	Recommended as one time use product. Re-use research is currently underway, and WHO issued an Information Update, July 2002 (available at www.who.int/reproductive-health/rtis/reuse.en.html).

FC and a male condom should not be used together as friction between the plastic and the latex rubber can result in either product failing.

2 What we know about FC Female Condom

FC has been the subject of extensive research, both in clinical settings and in “real life” projects. An enormous amount of information has been collected, and several reviews have been conducted (see the Resource section for a list of key studies and summaries). The following facts and figures synthesise the research results.

1. FC prevents STI infections, including HIV/AIDS, and unintended pregnancies

FC provides significant protection from STIs. *In vitro* studies confirm that FC provides an effective barrier to organisms even smaller than those known to cause STIs. A clinical study in the US showed FC to be at least equivalent to the male condom in preventing gonorrhoea, trichomoniasis and chlamydia. A clinical study has demonstrated that FC prevents re-infection with Trichomoniasis. Calculations, based on correct and consistent use, estimate 97.1% reduction in the risk of HIV infection for each act of intercourse.

FC is a reversible, barrier method of contraception that provides protection from the risk of pregnancy and extends the choice of contraceptive methods available.

2. Expanding choice increases protection

When available, FC provides an additional choice for protecting against STI transmission and HIV infection. A controlled study of STI transmission amongst sex workers in Thailand showed that 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. Various other studies have demonstrated that providing women with FC resulted in an overall reduction in the number of unprotected acts of sexual intercourse.

3. FC is acceptable to a wide range of women and men

A wide range of acceptability studies in many countries and in many different social and economic settings has shown that FC is acceptable to a considerable number of men and women. These studies show that on average, 50% to 70% of male and female participants found FC to be acceptable.

Women and men of all ages can use FC. It is particularly attractive to women who experience side effects from hormonal methods; people who want to protect themselves from both STIs, including HIV/AIDS, and unintended pregnancy; people who do not like (or whose partners do not like) the male condom; and people who are allergic to latex. FC can be used in conjunction with the IUD, hormonal methods and sterilisation. Men who positively report on its use compare it favourably to the male condom in that FC does not interrupt sexual activity and feels more similar to unprotected sex.

4. FC is safe

Because of the polyurethane used to make it, FC is strong and durable. No special storage arrangements are needed because polyurethane is not affected by changes in temperature and dampness. The expiry date is 5 years from

the date of manufacture. Research confirms that FC has no serious side effects, does not alter the vaginal flora or cause significant skin irritation, allergic reactions or vaginal trauma. Polyurethane does not produce allergic reactions in people sensitive to latex, from which most male condoms are made.

5. Practice makes FC use easier

A consistent finding in FC programmes is that practice makes a great difference in how women feel about FC. Most programmes now suggest that women try FC three times before deciding whether they like it or not. The occasional complaints about FC – it seems too long, it is difficult to insert the first time, it is noisy, etc. – were mostly reduced or solved by continued use. Practice can also make a difference in how providers promote FC.

6. FC provides additional emotional comfort, sense of security and control

In many places, women have little or no say in sexual matters and are in no position to ask their partner to abstain from sex with others or to use a male condom. FC is the only method providing dual protection over which women themselves exercise some control. FC, therefore, can contribute to women's sense of personal control and empowerment, increase women's knowledge about their bodies and STIs, and improve communication between men and women. In several studies, women who feared that they were at risk of STI infection

were more inclined to accept FC and said they felt reassured with FC because they knew that polyurethane is stronger than latex and felt confident there would be no breakage.

7. FC can be a cost-effective addition in prevention programmes

One important new research finding is that it can be cost-effective to provide FC. The findings from various activities indicate that FC is not only a cost-effective but also a cost-saving addition to prevention programmes, particularly when specifically targeted to people who practice high-risk behaviours.

Family Health International, FHC, Health Strategies International (HSI), the Institute of Health Policy Studies at the University of California, the London School of Hygiene and Tropical Medicine, Population Services International (PSI) and UNAIDS have all been engaged in research to measure the cost-effectiveness of introducing FC into reproductive health programmes. A cost-effectiveness workbook has been created by HSI where data from within a country can be collected and analysed to determine whether allocating funds to FC programmes is a reasonable option. (See the Resource section for more information.)

3 Strategic Introduction of FC

Based on experiences from all over the world, the following key lessons have been learned about integrating FC into reproductive health programmes:

- There is a **significant demand for FC** amongst women and men, although some of this may be “novelty demand”.
- It is important to **assess the actual use** of FC over time.
- Although FC is more expensive than a male condom, FC **can be a cost-effective intervention** as data shows that when available there are more protected sex acts.
- It is important to **prioritise the target audience** (or audiences), especially if there are limited FC supplies.
- It is important to **target distribution** to ensure that FC users have the opportunity for an **on-going, consistent supply**.
- **Practice makes perfect** – there is a need to provide samples of the product and good education on correct use of FC.
- **FC use is not complicated**; be careful not to over complicate the introduction.
- Service providers may have a bias against barrier methods and FC; try to **de-sensitise providers and prevent these biases from negatively influencing** potential users. This can be achieved through training clinicians, educators and programme managers.
- It is important to **involve men** in the introduction of FC.
- It is important to **include NGOs and CBOs** in designing and implementing programmes.
- A **comprehensive introductory outreach programme and distribution strategy** should be developed at the same time as plans for the procurement of FC are initiated.

Integration into Existing Programmes

It is important to consider how to integrate FC into existing reproductive health programmes. One important lesson learned to date is that strategies should not focus on the technology alone. Programme managers should consider the reproductive health status and needs of potential users; the services and technologies currently available; the current capability of the health service delivery system; and the social, political and cultural environments.

Different strategies and approaches may be needed to integrate FC for both family planning and disease prevention programmes. It is particularly useful to analyse how male condoms are distributed and promoted to the proposed target groups. Consider whether or not FC should be included in this existing system. UNAIDS is strongly advocating the importance of integrating FC into existing male condom programmes. This integration is cost-effective, practical and impactful.

The following list includes examples of projects where FC can be integrated:

- Community based distribution of male condoms and contraceptives
- STI Clinic Services
- Family Planning Clinic Services
- HIV/AIDS/STI Prevention programmes with vulnerable populations
- Adolescent reproductive health programmes
- Social marketing
- Work-place initiatives
- Peer education programmes
- Male motivation programmes

The *Guide for Planning and Programming* outlines a process for developing an introduction strategy, and the process is outlined below:

Strategic planning process for introducing FC

- 1 Develop a team to coordinate activities.
- 2 Organise a stakeholders meeting to put FC on the public health agenda and gain a mandate for developing a strategic plan.
- 3 Assess user needs, current service capabilities and currently available methods and services. Outline the context for the introduction and integration of FC.
- 4 Draft a strategic document. Use the document to gain consensus from all stakeholders.
- 5 Implement pilot intervention with monitoring and evaluation.
- 6 Feedback, Revision and Going to Scale. Expand programme on broader scale.



The *Guide for Planning and Programming* also provides a series of practical steps, based on existing country experiences, to assist organisations with operational issues. The steps are summarised below:

Steps to introduce and integrate FC

- 1 **Strategy for Integration.** Develop a strategy on how best to integrate FC into existing programme activities.
- 2 **Select the Target Audience.** Determine potential populations for promotion and subdivide them into different potential target audiences.
- 3 **Gather Information from the Target Audience.** Assess the existing perceptions of safer sex, disease transmission and sexuality as well as perceptions of FC.
- 4 **Advocacy with Community and Consolidating Support.** Meet with the community groups and leaders to gain their support for the introduction of FC.
- 5 **Develop Distribution Strategy to reach target group.**
- 6 **Develop Communication Strategies and Materials.** Develop materials based on information and insights gained from focus groups and individual interviews. Consider
 - The role of peer support groups
 - Community-based outreach workers
 - How to introduce FC to men
 - Desensitising and addressing misconceptions of FC, anatomy, sexuality and pleasure
- 7 **Training.** Identify and train resource people who can support behaviour change. Produce reference materials to reinforce the training of resource people, including information about where they can go to ask for assistance.
- 8 **Programme Costing.** A budget should be developed as part of the overall strategy and should identify what costs are covered by existing programmes and what costs are new.
- 9 **Monitoring and Evaluation.** Ensure that a monitoring and evaluation plan is in place.

4 Talking about FC

The way FC is presented to potential users is critical. It is a new method, and many people will be seeing it for the first time. At first glance, it may look strange or hard to use.

Introducing FC can be done in groups or in one-to-one sessions. Group sessions offer a friendly environment where women (and/or men) can share information, ideas and experiences. In one-to-one sessions, messages can be tailored to fit the specific needs of a user. In either case, the following are essential ingredients to successful introduction:

- Humour
- Maintaining a non-judgmental attitude
- Covering basic concepts
- Using plain language
- Encouraging interaction

The following is an outline of the way FC can be introduced to potential users. It is meant to be adapted and modified depending on the setting.

1. Describe the social context of HIV/AIDS and STIs in the community/country and the dynamics of sexual relationships.
2. Establish how much the person or group knows about safer sex, anatomy and FC.
3. Provide a brief overview of disease transmission.
4. Provide an overview of the reproductive system, using pictures.
5. Discuss personal vulnerability and risk.
6. Explain protection, especially the idea of “dual protection” – protection from STIs/HIV/AIDS and unintended pregnancy.

7. Highlight major anatomy points that relate to FC:
 - The difference between the vaginal canal and the urethra.
 - The vagina is a closed pouch. Show that FC won't get lost in the vaginal canal.
 - The location of the pubic bone and cervix.
 - Explain that FC will not interfere with normal bodily functions.
8. Let each person touch FC.
9. Describe FC and compare it to the male condom and other contraceptive methods.
10. Demonstrate proper use and disposal.
11. Discuss partner negotiation skills and techniques. Help generate ideas and examples.
12. Emphasise practice and patience.

FHC has developed this outline into a flipchart and training manual. Contact info@femalecondom.org or info@femalehealth.com for more information.



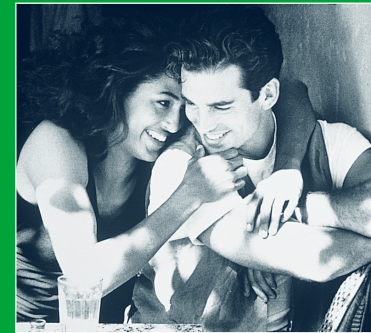
The Resource section provides references to materials and organisations that have developed a wide range of materials for FC programmes. Regardless of culture and economic status of the community and target audience, several points have been shown to be helpful:

Key communication points

- **Know your audience.** Find out their interests, needs, behaviours and motivations.
- **Educational outreach** should include information about **anatomy, sexuality, safer sex** and **staying healthy**, and specifics about using FC.
- **Pre-test** communication materials with target audiences before use and wide application.
- **Identify options** for STI/AIDS prevention and contraception, and the use of each option.
- **Communication and negotiation.** Include vocabulary, conversational tactics and negotiation skills to help women and men talk about protected sex with their partners.
- Explain and promote **'dual protection'** – FC provides protection against both unintended pregnancy and sexually transmitted infections, including HIV/AIDS.
- **Show FC** and how to use it and provide opportunities for prospective users to feel the product and practice.
- **Peer support** can strongly influence and encourage potential users to consider FC.
- **Practice!** Explain that potential users may need to practice with FC before feeling fully comfortable using it on a regular basis. Users should be encouraged to try FC at least three times before deciding to stop using it.
- **Action.** The central idea must be designed so it attracts the attention of the target audience and is persuasive enough for them to adopt its message. It is not enough for the message to be remembered; it must also lead to action.

Target men as well as women. In many cases, men still maintain the dominant role in sexual decision making, including those decisions relating to contraception and disease prevention. Even if men do not initiate FC use, their co-operation can be important. Including men among the target audience can achieve greater acceptability of FC.

Key points



Many reports have shown that once some men become familiar with FC they like the device as much as, and sometimes more than, the male condom. When talking to men, advise them that many men have tried FC and liked it for a variety of reasons:

- Can be inserted ahead of time so there are no interruptions and it doesn't "break the spontaneity" of the encounter.
- Is not tight or constricting like the male condom.
- Is made of polyurethane, a very thin and strong material that conducts heat, so FC maintains sensitivity for both partners and sensation is not dulled.
- Does not require the man to have an erection.
- Does not have to be removed immediately after ejaculation.
- Can be used with any type of lubrication.



Remember that the overall objective of introducing the female condom is to increase protected sex acts, not to switch use from male condoms.

Key training issues

- Use of FC requires that women become accustomed to touching their genitalia, as it is usually the woman who inserts the device. Some women may be uncomfortable touching themselves at first.
- Some women may need to negotiate FC use with their partners; they may need help in how to approach the subject with their partners.
- There may be myths or misinformation that have been spread about FC, and trainers will need to be aware of them and ready to deal with them.
- FC may prompt curiosity, embarrassment and humour; educators need to be sensitive and prepared to assist potential and existing users become familiar and comfortable with FC.
- It is important to provide ample opportunity for people to see, feel and practice with FC. An adequate supply of samples should be easily accessible to potential users.
- A key trainer/leader/champion should be identified who can co-ordinate training, facilitate problem solving and mobilise community outreach.
- Training need not be confined to traditional health settings and health providers. Depending on the distribution strategy, it may be important to train clinic staff, health promotion staff, retail traders, peer educators and/or community-based distribution agents. The basic principles remain the same, no matter who is being trained.
- As with potential users, identify and address any existing biases amongst trainers. Some potential trainers may think the method is too complex, doubt its efficacy or assume the product will not be widely accepted or just not like the method. These biases must be addressed up front. One outcome may be that such a person is not an appropriate trainer and advocate for FC.
- FC should be introduced as one of a range of methods for pregnancy and/or STI prevention. The decision for a client to try FC should be made by the client. If the client decides that FC is not the right method for her, providers should provide adequate information about use and availability of supply of other methods.
- Training for providers in skills associated with FC provides a good opportunity to update their skills and knowledge in other areas of primary and reproductive health care.

Safer sex depends on the ability to convince partners that it is in their mutual best interest to use a condom, without changing the basis of the relationship or the intimacy of the moment. Negotiation for safer sex is not always easy. Because it may be difficult to discuss the subject, practising safer sex may be very limited or just not done.

Talking to your partner about FC

Some lessons learned about training to negotiate safer sex include:

- Role plays and real-life testimonials successfully incorporated into counselling, along with printed materials, videos, face-to-face education, peer education and promotional events, can help women and men negotiate FC use.
- Cultural norms can be used to help with promotion and persuasion. For example, women in Senegal are sometimes able to work together with their husband's other wives to persuade men to use FC.
- In some cases it can be useful to incorporate FC into sexual play by allowing the male partner to insert the device.
- To encourage continued use, many women who had problems with insertion asked their partners to help.
- In places of strong community spirit, women often negotiated FC by arguing that most local woman now use the device. Partners felt, more often than not, obliged to comply.
- In South Africa and Zimbabwe brochures were developed that women could give to their partners that could be used as a "discussion starter" for women and men. It emphasised the novelty of the new product and the key attributes that other men really liked about FC.
- In Birmingham, Alabama, USA, a video for male partners was used as a motivation strategy.
- Some sex workers do not even tell their client that they are wearing FC prior to sex and find that either men did not notice or they were happy not to use the male condom. Others felt more confident about introducing and persuading clients to use FC after the client had refused to use the male condom.

FC is a new method and requires practice and patience. Practice putting it in and removing it prior to using it for the first time during sexual intercourse. Insertion becomes easier with time - **try it at least 3 times before making any decisions.**

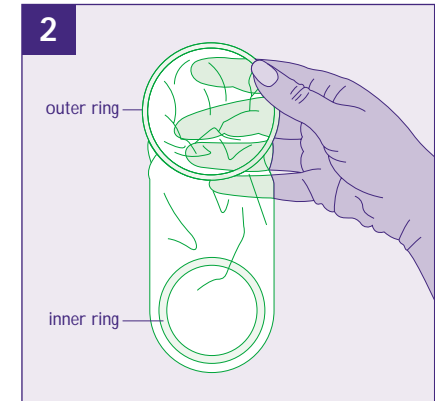
5 How to use FC



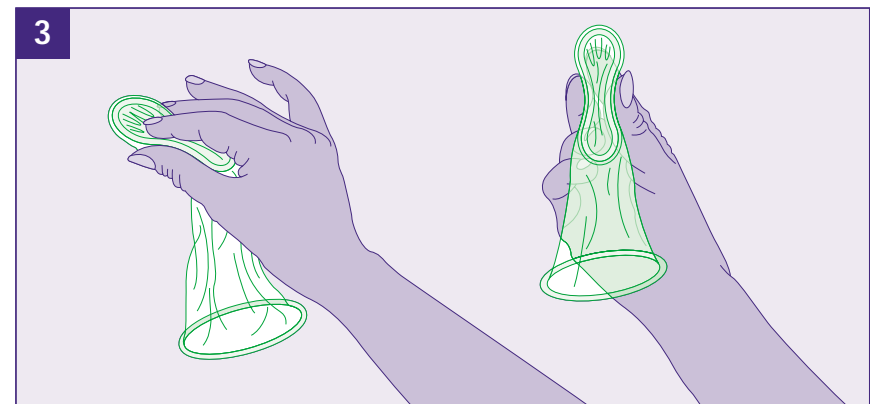
FC Female Condom is manufactured by The Female Health Company to the highest quality standards. Each batch is tested to meet the US Food and Drug Administration (FDA) standards and carries the European Union's *CE Mark for Quality*. Each FC comes with visual instructions on how to use it.



1 Open the package carefully; tear at the notch on the top right of the package. Do not use scissors or a knife to open.



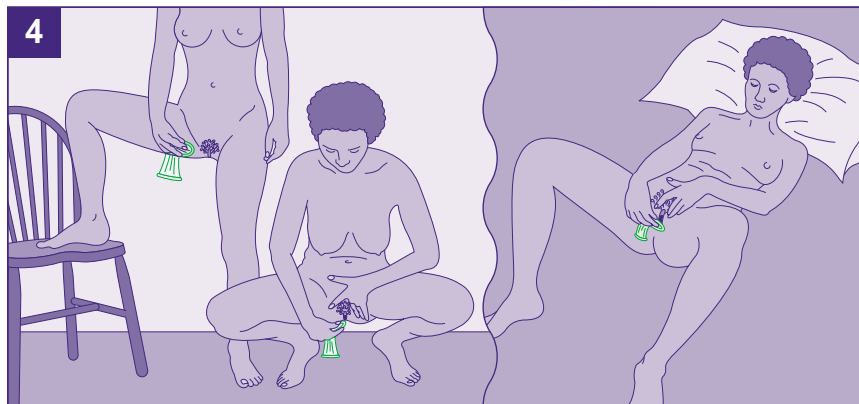
2 The outer ring covers the area around the opening of the vagina. The inner ring is used for insertion and to help hold the sheath in place during intercourse.



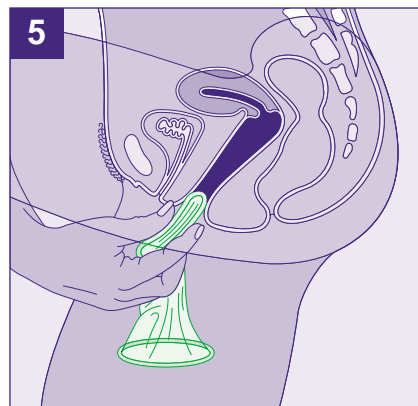
3 While holding the sheath at the closed end, grasp the flexible inner ring and squeeze it with the thumb and second or middle finger so it becomes long and narrow.

FC may be unfamiliar at first. It is lubricated and may be slippery to insert. Practice a few times prior to using it during intercourse. Be patient – with time, using FC becomes easier and easier. You will become more and more comfortable with it each time you use it, and so will your partner.

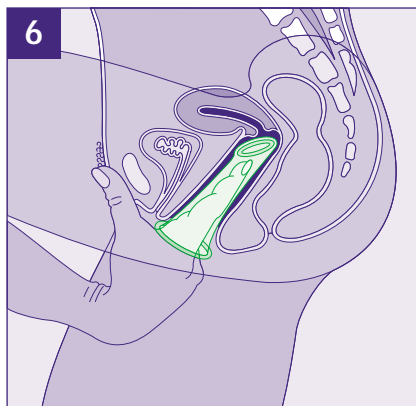
How to use FC (continued)



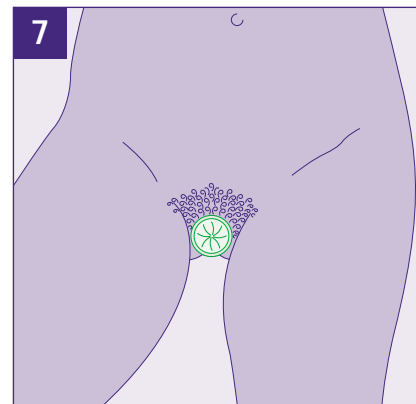
Choose a position that is comfortable for insertion – squat, raise one leg, sit or lie down.



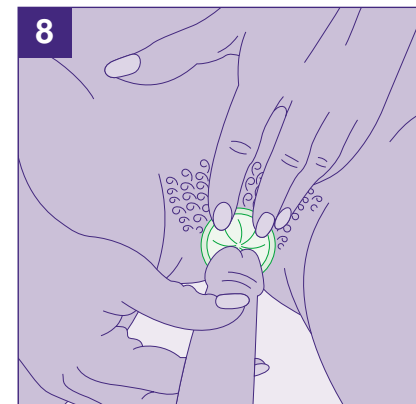
Gently insert the inner ring into the vagina. Feel the inner ring go up and move into place.



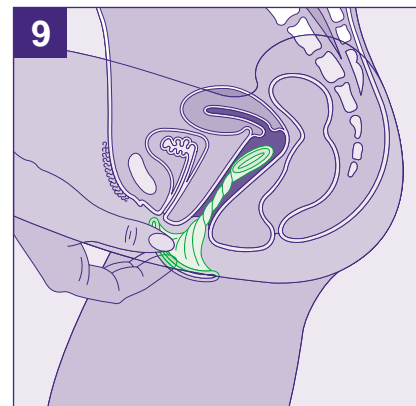
Place the index finger on the inside of the vagina, and push the inner ring up as far as it will go. Be sure the sheath is not twisted. The outer ring should remain on the outside of the vagina.



The female condom is now in place and ready for use with your partner.



When you are ready, gently guide your partner's penis into the sheath's opening with your hand to make sure that it enters properly – be sure that the penis is not entering on the side, between the sheath and the vaginal wall.



To remove the condom, twist the outer ring and gently pull the condom out.



Wrap the condom in the package or in tissue, and throw it in the garbage. Do not put it into the toilet.

Frequently asked questions

1. Is FC difficult to use?

FC is not difficult to use, but it may take some practice to get used to it. Women should practice putting it in and removing it prior to using it for the first time during sexual intercourse. Research has indicated that FC may need to be tried up to three times before users become confident and comfortable using it. New users should try to insert the device several times, and each time with the body in a different position (e.g. lying down, crouching, sitting) to find the most comfortable one. While individual counselling and personal fitting may help to reassure women, group sessions and peer groups may overcome early abandonment as women can share anxieties, ideas and laughter with each other.

2. What happens if the penis doesn't enter correctly?

It is important that the penis is guided into the centre of FC and not between the vaginal wall and the outer side of FC. Diagrams and/or anatomical models should be used to illustrate this problem at introduction. If the penis does enter incorrectly, the man should withdraw his penis and the couple should start over.

3. What kind of lubricant should be used with FC?

FC comes pre-lubricated with a silicone-based, non-spermicidal lubricant. This lubrication helps assist in the insertion of the device and allows easy movement during intercourse. The lubricant may make FC a little slippery at first. If the outer ring of FC gets pushed in or pulled out of the vagina, more lubricant may be needed. Also, if FC makes noise during sex, add more lubricant. FC can be used with water-based and oil-based lubricants, whereas male latex condoms should only be used with water-based lubricants.

4. Can FC be used more than once?

FC is approved for a single use only, but re-use has been reported in several countries. WHO, UNAIDS and USAID among others have conducted studies to investigate the safety of disinfection, washing, drying, storage and re-lubrication, followed by re-use, and WHO has convened two technical consultations to review data from these studies.

WHO recommends use of a new male or female condom for every act of intercourse, where there is a risk of unintended pregnancy and/or STI/HIV

infection. Recognizing the urgent need for risk-reduction strategies for women who cannot or do not access new condoms, WHO has developed a draft protocol for the safe handling and preparation of used FCs intended for re-use. WHO does not recommend or promote re-use, but will make available the protocol, together with guidelines on programmatic issues, to programme managers who intend to evaluate its feasibility and application in local settings. WHO's Information Update on re-use is available on-line at <http://www.who.int/reproductive-health/rtis/reuse.en.html>.

5. Is the inner ring uncomfortable for me or my partner?

Some women do report that the inner ring is uncomfortable. If it is, you can try to place FC differently (i.e. reinsert or reposition the device) so that the inner ring is tucked back behind the cervix and out of way. However, some people report that both the inner and outer rings add to both a man's and a woman's sexual pleasure.

6. Is FC big?

There may be an initial negative reaction to FC, because of its size, but this feeling

diminishes with use. It is useful to compare FC to an unrolled male condom to highlight that FC is the same length but wider than the male condom. It is also important to note that FC provides added protection because the base of the penis and the external female genitalia are partly covered during use. To reduce potential negative reactions, some programmes have suggested introducing FC rolled up to minimise its size; inserting FC before the initiation of sexual activity; and stressing the advantages of the wider diameter, as many men complain about the constricting nature of male condoms.

7. How do I dispose of FC?

The proper removal and disposal of FC should be included with the packaging of FC as well as in training.

- FC does not need to be removed immediately after a man's ejaculation, like the male condom. But it should be taken out before the woman stands up to avoid the semen spilling out.
- The outer ring should be twisted to seal the condom so that no semen comes out.
- FC can be removed and put in the pack it came in and/or in tissue.

6 Key Resources and contacts

There are a number of resource materials and tools being developed, collected and catalogued to assist in the introduction and integration of FC. If you would like copies of any materials listed below or add new materials to the FC resource centre, contact info@femalehealth.com or info@femalecondom.org.

Key internet resources

Family Health International: www.fhi.org/en/topics/fc/index.html

The Female Health Foundation: www.femalecondom.org

The Female Health Company: www.femalehealth.com

UNAIDS: www.unaids.org/publications/documents/care/index.html#female

WHO: www.who.int/reproductive-health/rtis/female_condom.en.html

To subscribe to the electronic FC newsletter, send an email to info@femalecondom.org.

Key documents

Background documents

- *The Female Condom: An Information Pack*, UNAIDS and WHO, 1997

- "The female condom and AIDS", UNAIDS, 1997. In French at www.unaids.org/publications/documents/care/fcondoms/fcondompvf.pdf and in English at

- www.unaids.org/publications/documents/care/fcondoms/fcondompve.pdf

Programming

- *The Female Condom: A guide for planning and programming*, UNAIDS and WHO, 2000. www.unaids.org/publications/documents/care/index.html#female.

- *The Female Condom: From Research to the Marketplace*. Lamptey P, Schwarzwald A, Ankrah EM, et al. Family Health International, 1997.

- www.fhi.org/en/aids/aidscap/aidscappdfs/femalecondomresearch.pdf

- *Launching and promoting the female condom in Eastern and Southern Africa*, UNAIDS 1999. www.unaids.org/publications/documents/care/fcondoms/JC442-LaunFemCond-E.pdf

Research summaries

- Summary of clinical research, www.femalehealth.com/ClinicalSummaryJuly99.htm

- FC should be disposed of in waste containers and not in the toilet.
- Also, since in many countries women dispose of sanitary napkins in a clean and private way, the same procedures can be promoted for the disposal of FC.

8. Can I use FC in different sexual positions?

FC can be used in any sexual position; however, additional lubricant may be needed. Some women may feel more comfortable learning to use FC in the missionary position, and then adding other positions after that. Group counselling sessions are often ideal for women to learn from each other how to use the device while having sex in different positions.

FC is not specifically approved or recommended for anal sex, but there are reports from all over the world that it is used for anal sex. Several studies have been done and published and others are on-going. The polyurethane of an FC is stronger than latex and can be used with any kind of lubricant.

9. Can we use FC and a male condom at the same time?

You should not use both condoms at the

same time. Using the condoms simultaneously may cause friction resulting in either or both condoms slipping or tearing, and/or the outer ring of FC being pushed inside the vagina.

10. How long will FC last?

The USFDA has approved FC for a shelf life of 5 years from the date of manufacture. Because it is polyurethane, FC is not affected by temperature and humidity, so no special storage conditions are required.

11. Who can use FC?

- People who want to protect themselves and their partners, and show their partners that they care.
- People whose partners cannot or will not use the male latex condom.
- Women who are menstruating.
- Women who have recently given birth.
- Women who have had a hysterectomy.
- Women who are peri- and post-menopausal.
- People who are allergic or sensitive to latex.
- People who are HIV+ or have HIV+ partners.

- “Research Briefs on the Female Condom,” Family Health International, 2001. www.fhi.org/en/topics/fc/fcbriefs.html

Key Research Studies

Efficacy

- Comparative contraceptive efficacy of the female condom and other barrier methods. Trussell J, Sturgen K, Strickler J, et al. *Fam Plann Perspect* 1994;26(2):66-72.
- Contraceptive efficacy of the Reality female condom. Trussell J. *Contraception* 1998;58(3): 147-48.
- Prevention of vaginal trichomoniasis by compliant use of the female condom. Soper DC, Shoupe D, Shangold GA, et al. *Sex Transm Dis* 1993;20(3):137-39.

Acceptability

- Acceptability research on female-controlled barrier methods to prevent heterosexual transmission of HIV: Where have we been? Where are we going? Elias C, Coggins C. *Journal of Women's Health & Gender-Based Medicine*, 2001,10(2):163-173.
- The female condom: Beyond acceptability to public health impact. Hatzell T and Feldblum P. *Sex Transm Dis* 2001;28(11):655-57.
- The female condom: STD protection in the hands of women [editorial]. Gollub EL. *Am J Gynecol Health* 1993;7(4):91-92.

Additional Protection

- Effectiveness of an intervention promoting female condom to patients at sexually transmitted disease clinics. Artz L,

Training

- The Female Health Company's "Training Model" and video at www.femalehealth.com/FlyersInstructionsFAQS/FHCTrainingModelUS.pdf

Macaluso M, Brill I, et al. *Am J Public Health* 2000;90(2):237-44.

- Long-term use of the female condom among couples at high risk of human immunodeficiency virus infection in Zambia. Musaba E, Morrison CS, Sunkutu MR, et al. *Sex Transm Dis* 1998;25(5):260-64.
- Protection against sexually transmitted diseases by granting sex workers in Thailand the choice of using the male or female condom: results from a randomized controlled trial. Fontanet AL, Saba J, Chandelying V, et al. *AIDS* 1998;12(14):1851-59.
- A randomized trial of hierarchical counseling in a short, clinic-based intervention to reduce the risk of sexually transmitted diseases in women. Gollub EL, French P, Loundou A, et al. *AIDS* 2000;14(9):1249-55.

Programme Issues

- *Acceptability of the Female Condom in Different Social Contexts: Final Research Report*. Barbosa RM, Berquó E, Kalckmann S.. Brasilia, Brazil: Ministry of Health, National STD/AIDS Co-ordinating Office, 2000.
- The Female Condom: Dynamics of Use in Urban Zimbabwe: Population Council / Horizons Project, 2000. www.popcouncil.org/horizons/horizons.html

- The Female Condom: What We Have Learned Thus Far. Cecil H, Perry M, Seal D, Pinkerton S. *AIDS and Behavior* 1998; 2(3):241-256.
- Female-Initiated Barrier Methods for the Prevention of STI/HIV: Where Are We Now? Where Should We Go? Latka M. *J Urban Health* 2001;78:571-580.

Economics/Cost-effectiveness

- Cost-effectiveness of the female condom in preventing HIV and STDs in commercial sex workers in rural South Africa. Marseille E, Kahn J, Billingshurst K, et al. *Soc Sci Med* 2001;52(1):135-48.

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UN Agencies

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Empowerment/negotiations/gender

- The female condom: tool for women's empowerment. Gollub EL. *Am J Public Health* 2000;90(9):1377-81.
- Gender relations, sexual communication and the female condom. Rivers K, Aggleton P, Elizondo J, et al. *Crit Public Health* 1998;8(4):273-90. www.unaids.org/publications/documents/children/children/sexandyouth99.html.

Re-use

- “WHO Information Update: Considerations regarding Re-use of the Female Condom,” 2002. www.who.int/reproductive-health/rtis/reuse.en.html.

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