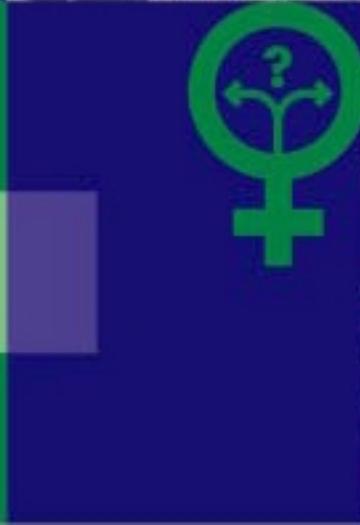
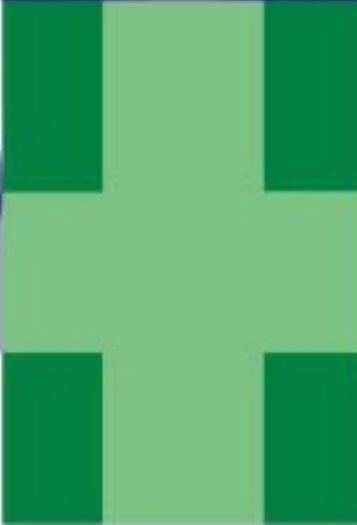


# The Female Condom

## A guide for planning and programming



The Female Condom:

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**A guide for planning  
and programming**

Information Centre  
UNAIDS  
20 avenue Appia  
CH-1211 Geneva 27  
Switzerland  
Phone: +41-22-791-4651  
Fax: +41-22-791-4165  
E-mail: [unaids@unaids.org](mailto:unaids@unaids.org)  
Website: <http://www.unaids.org>

Department of Reproductive Health & Research  
World Health Organization  
20 avenue Appia  
CH-1211 Geneva 27  
Switzerland  
Phone: +41-22-791-3397  
Fax: +41-22-791-4189  
E-mail: [rhrpublications@who.int](mailto:rhrpublications@who.int)  
Website: <http://www.who.int>

## Acknowledgement

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*The Female Condom: A guide for planning and programming* is intended to help design, implement and monitor the introduction of the female condom in a range of different settings. It is based on real experiences from projects from all over the world. Many organizations and individuals have contributed to this draft.

The World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) especially acknowledge the major contribution to this document from The Female Health Company (FHC), currently the sole manufacturer of the female condom. FHC has provided extensive input in content, editorial and design of this Guide and has field-tested various versions of the document in several places.

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## Photographic credits

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The female condom can expand the options for the prevention of pregnancy and sexually transmitted infections (STIs), especially if supported by education, outreach and information activities.



Like any method, the female condom must be introduced strategically to provide the greatest public health impact.

This *Guide for Planning and Programming* is intended to help design, implement and monitor programmes that incorporate the female condom in a range of different settings.



# 1

## Introduction

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The female condom has been studied in many settings around the world with a great number of positive results. In the World Health Organization (WHO) and Joint United Nations Programme on HIV/AIDS (UNAIDS) monograph *The Female Condom: An information pack* (April 1997), it was concluded that, “The female condom has been shown to contribute to women’s sense of empowerment, especially if supported by education and informational activities.”

WHO and UNAIDS are encouraging the introduction of the female condom as a new method of preventing both pregnancy and infection and as an additional tool in efforts to respond to the needs of women and men in sexual and reproductive health. In the 1997 information pack they explain:

*“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.”*

*The Female Condom: An information pack* provides important information about what the female condom is, why it is important, and what is known about its safety, effectiveness and acceptability. A brief summary of this information is presented below, but readers should refer to the *Information Pack* for more in-depth information.

This new document – *The Female Condom: A guide for planning and programming* – aims to complement the *Information Pack* by providing guidance on how to plan for integrating the female condom into already existing activities as well as how to effectively promote it and train providers to adequately educate potential users about it. Its aim is to help programme managers in public and private sector health systems and non-governmental organizations (NGOs) and community-based organizations (CBOs) who are interested in developing or expanding programmes to include the female condom and to address some of its more operational and promotional aspects.

This document is intended to help design, implement and monitor programmes that incorporate the female condom in a range of different settings. It is based on real experiences from projects from all over the world. Because the female condom is



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

still a relatively new method, the way in which it is introduced is essential to its acceptance by policy-makers, programme managers, service providers, non-governmental organizations and potential users. Intended to support all these audiences in communicating effectively about the need for and use of the female condom, this *Guide* addresses:

- **the public health role of the female condom and the policy and strategy decisions that need to be considered** – see especially Sections 1, 2, 3 and 4 on the important strategic issues to be considered and Section 5 on the strategic planning process;
- **programme development and implementation for programme managers, including lessons learned from existing projects** – see especially Section 6 on the operational issues;
- **message development and media selection ideas for the successful presentation of the female condom to potential users** – see the *Communications* portion of Section 6;
- **the role for NGOs and CBOs in the implementation of female condom programmes** – see Section 5 about the role of NGOs and CBOs in planning and Section 6 on the role of NGOs and CBOs in programme implementation;
- **tools to assist in communicating effectively on how to introduce and use the female condom** – see the *Communications* portion of Section 6 and the *Resource materials* in Section 8;
- **information needs of potential users, including how to use the female condom and frequently asked questions by existing and prospective users** – see Section 7 for information for users and Section 8 for a list of resources.

The materials used to compile these documents include responses to WHO questionnaires sent to female condom researchers in late 1997, published articles on the female condom, unpublished material available for consultation at WHO and direct communications with researchers and programme managers.

Since 1996, through a collaboration between UNAIDS and The Female Health Company (FHC), currently the sole manufacturer of the female condom, the female condom has been available to public sector agencies at a special price.

Through this collaboration, the female condom has been supplied to ministries of health and NGOs in over 35 countries in Africa, Asia and Latin America.

A wide range of donor agencies have supported initiatives in these countries, including the British Government, the Netherlands Government, the European Union, UNAIDS, the United Nations Population Fund (UNFPA), the United States Agency for International Development (USAID), the World Bank and WHO. These organizations are working with other partners to provide on-going technical support to facilitate the effective, strategic introduction and integration of the female condom into reproductive health programmes.

There are numerous on-going female condom programmes, and new information is being generated continuously. This exciting and innovative area of reproductive health is, therefore, one that will be growing and maturing over the years ahead.

This *Guide for planning and programming* is meant to provide overall guidance and orientation to designing and implementing programmes to introduce the female condom. The following box briefly describes each of the remaining sections of this *Guide*.

A Guide to "The Guide"	
SECTION 2	<b>"What is the female condom?"</b> provides an overview of the product and compares the female condom to the male condom.
SECTION 3	<b>"What we know about the female condom"</b> synthesises the main research and programme findings from international experience.
SECTION 4	<b>"Cost-effectiveness of the female condom"</b> highlights recent findings from cost-effectiveness research and provides a guide on determining cost-effectiveness in programmes.
SECTION 5	<b>"Planning strategically for the female condom"</b> outlines the key elements that have been identified as fundamental for developing a good female condom strategy.
SECTION 6	<b>"Steps to introduce and integrate the female condom"</b> provides a series of practical steps, based on existing country experiences, to assist organizations and institutions with the operational issues involved in the introduction and integration of the female condom.
SECTION 7	<b>"Explaining the female condom to potential users"</b> provides practical tips from field experience on talking to potential users about the female condom and related issues. This information is currently being developed as a flipchart for wide distribution.
SECTION 8	<b>"Resource materials and tools"</b> provides a list of materials and contact organizations to assist with programme design and implementation. This information will also be continually updated.

What is the female condom? **2**

What we know about the female condom **3**

Cost-effectiveness of the female condom **4**



## THE FEMALE CONDOM

The female sheath is  
softened.

The female sheath is  
used to insert  
the female  
condom, and to  
hold it in place.  
High incidence  
vaginal.



The sheath ring is  
far apart in the labia  
during foreplay,  
compressing the  
sheath and using  
finger to hold the  
body.

The female condom  
is a sheath of  
polyurethane. It is  
soft, comfortable  
and easy to use.

# 2

## What is the female condom?

**This Section provides an overview of the product and compares the female condom to the male condom.**

The female condom is a strong, soft, transparent polyurethane sheath inserted in the vagina before sexual intercourse, providing protection against both pregnancy and STIs. It forms a barrier between the penis and the vagina, cervix and external genitalia. It is stronger than latex, odourless, causes no allergic reactions, and, unlike latex, may be used with both oil-based and water-based lubricants. It can be inserted prior to intercourse, is not dependent on the male erection, and does not require immediate withdrawal after ejaculation. The female condom has no known side-effects or risks.

The female condom has been available in Europe since 1992 and is now available in dozens of countries throughout the world. In 1993, the US Food and Drug Administration (FDA) approved the female condom for marketing and distribution. The female condom provides dual protection for preventing pregnancy and STIs, which, based on laboratory studies, should include HIV/AIDS.

### The Female Condom

- A strong, loose-fitting polyurethane sheath that is 17 centimetres long (about 6.5 inches) with a flexible ring at each end.
- Polyurethane is a soft, thin plastic that is stronger than latex, which is used to make most male condoms.
- Polyurethane conducts heat, so sex with the female condom can feel very sensitive and natural.
- Polyurethane is odourless.
- The inner ring is used to insert the female condom and helps keep the female condom in place. The inner ring slides in place behind the pubic bone.
- The outer ring is soft and remains on the outside of the vagina during sexual intercourse. It covers the area around the opening of the vagina (the vulva). It can prove pleasurable for men as well as for women.
- Protects the vagina, cervix and external genitalia, affording extensive barrier protection.
- There are no serious side-effects associated with use of the female condom, and less than 10% of users report mild irritations.
- Polyurethane does not cause allergic reactions.
- It can be inserted ahead of time so it will not interrupt sexual spontaneity.
- It comes pre-lubricated with a non-spermicidal, silicone-based lubricant that is needed for ease of insertion and for easy movement during intercourse.
- Lubrication reduces noise during sexual intercourse and makes sex smoother.
- Additional lubricant can be used, and you can use both oil-based and water-based lubricants.
- It is not tight or constricting.
- It does not require a prescription or the intervention of a health care provider.

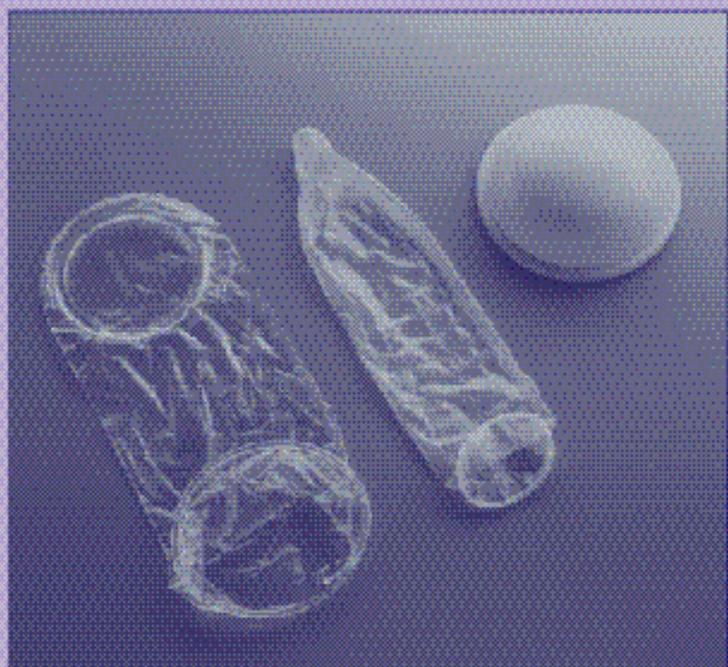
**Comparison between a female condom and a male condom**

Both the female condom and male condom are barrier methods that provide dual protection against pregnancy and STIs. The male latex condom has been proven to protect against HIV/AIDS. Although no clinical studies of the female condom for HIV prevention have been conducted, laboratory studies indicate that the female condom is impermeable to STIs and HIV. The female condom is the same length as the male condom and somewhat wider. They also differ in the following ways:

Male condom	Female condom
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"> <li>● Can include spermicide</li> <li>● Can be water-based only; cannot be oil-based</li> <li>● Located on the outside of condom</li> </ul>	Lubricant: <ul style="list-style-type: none"> <li>● Can include spermicide</li> <li>● Can be water-based or oil-based</li> <li>● Located on the inside of condom</li> </ul>
Requires erect penis	Does not require erect penis
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
Latex condoms can decay if not stored properly; polyurethane condoms are not susceptible to deterioration from temperature or humidity	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

Male and female condoms should not be used together as friction between the plastic and the latex rubber can result in either product failing.

The female condom, a male latex condom and a diaphragm – as the consistency of use of barrier methods increases, the risk of STI infection decreases.



**The female condom is safe and effective if used correctly and consistently, and has high acceptability among both women and men in many countries.**

# 3

## What we know about the female condom

**This Section synthesizes the main research and programme findings from international experience.**

A wide range of acceptability studies in many countries and in many different social and economic settings has shown that the female condom is acceptable to a considerable number of men and women. Some men prefer the female condom to the male condom in that it does not interrupt sexual activity and feels more similar to unprotected sex.

The female condom has been the subject of extensive research, both in clinical settings and in “real life” projects. A large amount of information has been collected, and several extensive reviews of the research have been conducted (see the “Resource materials” section for a list of these reviews). The following facts and figures summarize the research results.

**1. Protection against unwanted pregnancies**

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

**Estimated annual accidental pregnancy rates for consistent and correct use**

Female condom	Male latex Condom	Diaphragm	Spermicide
5%	3%	6%	6%

**2. Protection against the transmission of STIs**

A clinical study has demonstrated that the female condom prevents re-infection with Trichomoniasis. *In vitro* studies confirm that the female condom provides an effective barrier to organisms smaller than those known to cause STIs. On the basis of these studies, the female condom, with correct and consistent use, is expected to provide protection against other STIs, including HIV. Clinical studies of its protection against the transmission of other STIs are underway.

**3. Expanding choice increases protection**

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 of that in a similar group with access solely to the male condom. The female condom, when available, provides an additional choice for protecting against STI transmission and HIV infection.

A different study in Philadelphia, USA, demonstrated that providing women with the female condom resulted in an overall reduction in the number of unprotected acts of sexual intercourse.

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**4. The female condom is acceptable to a wide range of women and men**

The female condom has a high level of acceptability among both women and men. Studies in numerous countries and in many different settings show that, on average, 50% to 70% of male and female participants found the female condom to be acceptable. Satisfied couples reported that use of the female condom did not interfere with sexual sensitivity and pleasure.

Women and men of all ages can use the female condom. 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 unwanted pregnancy; people who do not like (or whose partners do not like) the male condom; and people who are allergic to latex. The female condom can be used in conjunction with the IUD, hormonal methods and sterilization.

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**5. The female condom is safe**

Because of the polyurethane used to make it, the female condom is both strong and durable. No special storage arrangements have to be made because polyurethane is not affected by changes in temperature and humidity. The expiry date on the female condom is 60 months (five years) from the date of manufacture.

Research confirms that the female condom has no serious side-effects. It does not alter the vaginal flora or cause significant skin irritation, allergic reactions or vaginal trauma. Some users have reported mild but transient irritation. The polyurethane does not produce irritation or allergic reactions in people sensitive to latex, the material from which most male condoms are made.

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**6. Practice makes female condom use easier**

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

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**7. The female condom provides additional emotional comfort, sense of security and control**

Acceptability of the female condom does not only depend on physical feeling. In several studies it was found that women who feared that they were at a high risk of STI infection seemed more inclined to accept the female condom. A group of female sex workers tested in France said they felt reassured with a female condom because they knew that polyurethane is stronger than latex and therefore felt confident there would be no breakage.

In many places, women have little or no say in sexual matters, and they are in no position to ask their partner to abstain from sex with others or to use a male condom. The female condom is a method providing dual protection against STIs and pregnancy over which women themselves exercise some control. The female condom, therefore, contributes to women's sense of personal control and empowerment, increases women's knowledge about their bodies and STIs, and improves communication between men and women.

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**8. The female condom can be a cost-effective addition in prevention programmes**

Perhaps the most important new research to emerge about the female condom is the cost-effective role that it can play in reproductive health programmes. UNAIDS and other organizations have been engaged in research to measure the cost-effectiveness of introducing the female condom. The findings from these various studies indicate that the female condom is not only a cost-effective but also a cost-saving addition to prevention programmes, particularly when specifically targeted to people who practise high-risk behaviours. (See Section 4 for more information.)

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**9. The female condom needs to be introduced strategically**

The female condom is an important new technology that can play a vital part in reproductive health programmes and needs to be introduced strategically to provide the greatest public health impact. Based on experiences from all over the world, the following key programming lessons have been learned:

- There is a significant demand for the female condom amongst women and men, although some of this may be “novelty demand”.
- It is important to assess the actual use of the female condom over time.
- Although the female condom is more expensive than a male condom, the female condom can be a cost-effective intervention as it increases protected sexual acts.
- It is important to prioritize the target audience (or audiences), especially if there are limited female condom supplies.
- It is important to target distribution to ensure that female condom 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 the female condom.
- Female condom use is not complicated, so it is important not to over-complicate the introduction.
- Service providers may have a bias against barrier methods and the female condom, so it may be necessary to de-sensitize providers and prevent these biases from negatively influencing potential users. This can be achieved through training clinicians, educators and programme managers.
- It is crucial to involve men in the introduction of the strategy.
- A comprehensive introductory outreach programme and distribution strategy should be developed at the same time as plans for the procurement of the female condom are initiated.

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**10. Common questions, problems and concerns about female condom use**

There are a number of common issues that have emerged in many female condom programmes that arise with female condom use, particularly for first-time users. These issues and how to address them are included in Section 7: Explaining the female condom to potential users.

**The female condom is an important new technology that can play a vital part in reproductive health programmes and needs to be introduced strategically to provide the greatest public health impact.**

# 4 Cost-effectiveness of the female condom

**This Section highlights recent findings from cost-effectiveness research and provides a guide to determining cost-effectiveness in programmes.**

Perhaps the most important new research to emerge about the female condom is that it may be cost-effective to provide the female condom in reproductive health programmes. Particularly in target groups that practise high-risk behaviours, female condom programmes can even be cost-saving. Family Health International (FHI), The Female Health Company (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 the female condom into reproductive health programmes.

The findings from these various studies indicate that the female condom can be a cost-effective addition to prevention programmes. This cost-effectiveness is maximized under the following conditions:

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**1. Targeting in high-prevalence areas** Not surprisingly, the female condom becomes increasingly cost-effective and even cost-saving as the level of risk of STIs and HIV/AIDS increases among users and their partners. By targeting sex workers and other women and men with multiple sexual partners, the female condom can be not only cost-effective but also cost-saving to the health care system.

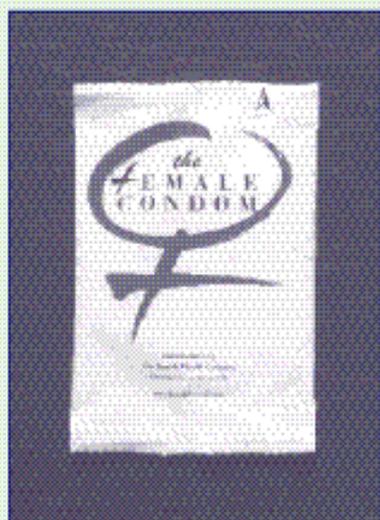
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**2. Providing the female condom in combination with the male condom** The purpose of introducing the female condom into national reproductive health programmes is to increase the number of protected sexual acts, decrease the incidence of STIs and HIV/AIDS and unintended pregnancy, and thus decrease the associated costs.

Because the female condom has a higher unit cost, the female condom should be targeted at populations that already have ready access to the male condom or are not able to use the male condom consistently. By focusing on these groups, female condom use increases the number of protected sexual acts without necessarily decreasing male condom use.

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**3. Incremental increase in protection** The experience from family planning programmes over many years highlights the importance of simply expanding people's choice. The addition of contraceptive methods to the options available to people produces incremental increases in contraceptive prevalence. Similarly, the addition of the female condom to the options for safer sexual behaviour has produced incremental increases in protected sexual acts.



Recent research indicates that the female condom may be not only a cost-effective but also a cost-saving addition to prevention programmes, particularly when specifically targeted at groups that practise high-risk behaviours.



### Determining cost-effectiveness for new programmes

Policy-makers need to consider a number of issues when determining the level of investment in female condom activities:

- fertility and disease epidemiology in specific vulnerable populations;
- socio-economic conditions related to risky sexual behaviour;
- gender relations;
- the current capacity of public and private sector service delivery systems;
- the extent to which the male condom is already being used; and
- the advantages and disadvantages of the female condom relative to the male condom.

Additionally, decisions related to resource allocation will have to be taken within the context of socio-cultural dynamics that may have a significant impact on ultimate use of the female condom. These mitigating influences might include the extent to which men and women agree to use the female condom (i.e. familiarity with their anatomy and comfort in touching their bodies, gender relations), the strengths and weaknesses of the service delivery systems, and the extent to which the demand for the male condom is already being met.

As part of an introductory strategy for the female condom, a cost-effectiveness workbook has been created by researchers at Health Strategies International (HSI) based on their UNAIDS-funded research. Data from within a country can be collected and analysed with this model to determine whether allocating funds to female condom programmes is a reasonable option.

The following data is the type of information that needs to be collected. This data collection and analysis can be part of an initial programme assessment and design.

#### *Epidemiological data*

- HIV prevalence among female condom users and partners
- Syphilis and gonorrhoea prevalence among female condom users and partners
- Syphilis and gonorrhoea periods of infectivity

#### *Behavioural data*

- Rate of male condom use before introduction of the female condom
- Female condom use rates
- Rate of substitution of male condom with female condom
- Partners per year
- Episodes of intercourse per partnership
- Rates of partner change
- Types of sexual partnerships (regular, casual, commercial)

#### *Economic data*

- Cost per male condom (commodity plus logistics and programme)
- Cost per female condom (commodity plus logistics and programme)
- Cost of treating a person with HIV/AIDS
- Cost of diagnosing and treating syphilis and gonorrhoea
- Cost of obstetric care per delivery

Planning strategically for the introduction of the female condom

5



## Strategic planning process for introducing the female condom

- 1** Develop a national team to co-ordinate activities.
- 2** Organize a stakeholders' meeting to put the female condom on the public health agenda and gain a mandate for developing a strategic plan.
- 3** Assess user needs and service capabilities and currently available methods and services. Outline the context for the introduction of the female condom.
- 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.

# 5

## Planning strategically for the introduction of the female condom

**This Section outlines the key elements that have been identified as fundamental for developing a good strategy for introducing the female condom.**

Before activities begin for the introduction of the female condom into a country or a programme, it is important to design a comprehensive introduction strategy. In fact, the first question that needs to be asked is whether there is a need to introduce the female condom, or whether priority should be placed on improving the provision of currently available methods. Evidence from experiences with contraceptive introduction demonstrates that the addition of a new method in itself does not automatically lead to increased choice. Service delivery systems do not always have the capability to provide a new method with the appropriate care. Although small-scale studies and introductory trials of new methods usually offer high-quality services, weaknesses in training, counselling, supervision and logistics management often make it difficult to sustain quality services when the method is introduced on a larger scale.

Factors such as confusion on the part of providers and consumers as well as failure to take into account their beliefs, attitudes, concerns and experiences can also counteract the potential that new methods have for expanding contraceptive options for clients. Costs, side-effects, the manner in which clients are treated in clinics and many other personal, cultural and socio-economic factors affect the demand for and acceptability of a contraceptive.

In developing an introduction strategy it is important to think strategically, and see the female condom as one of a range of methods that an individual or couple could use to prevent pregnancy and/or STIs, including HIV/AIDS.

In order to do this, programme managers must consider the needs of potential users, the services and technologies currently available and the current capability of the service delivery system, when planning female condom introduction activities. Assessing and addressing all of these dimensions is essential to the success of introductory activities. In addition, these issues cannot be seen in isolation, but must be considered within a broader social context, including the sociocultural environment, the broader reproductive health status and needs of individuals, and the political and resource environments.

This strategic approach to introduction is described in more detail in WHO's "*A guide for assessing strategies to broaden contraceptive choice and improve quality of care*" (see Section 8). In this approach, any country thinking about introducing any contraceptive method should conduct a multi-faceted assessment of the situation through a participatory process. The steps in planning this process are outlined below.

### **I. National co-ordination team**

To ensure that each of these dimensions is adequately addressed in planning and implementing female condom activities, it is important to include a wide range of interested individuals and groups throughout the introduction process, including key decision-makers, service providers, programme managers, community leaders, women's groups and other relevant groups. Doing this from the outset can help ensure initial acceptance of the method and facilitate the introduction process.

By forming a team to take responsibility for all the activities related to the introduction of the female condom, diverse perspectives can be addressed and the process will be enriched by the necessity of a participatory approach for the development of programme activities.

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**2. Stakeholders' meeting**

A key approach to develop consensus and support for the further development and implementation of a female condom programme is to convene a stakeholders' meeting. Sometimes the national co-ordination team can be formed as part of this meeting. Conducting a stakeholder meeting can provide good background information regarding the current status of reproductive health programmes, predominant perceptions and attitudes towards the introduction of the female condom, and a sense of the political and financial commitments to such an activity.

It is important to include a wide range of interested individuals and groups throughout the process of introducing the female condom. By including decision-makers, programme managers, service providers, community leaders, representatives of women's and youth groups and others with an interest in reproductive health, broad support for any programme activities can be achieved. This broad involvement will also enrich discussion both in the context of the development of programme activities, and within society more broadly.

Each of these groups and individuals will have a unique perspective to bring to the preparatory process, all of which will be important to consider and address if the introductory programme is to be effective.

As an example, the Ministry of Health in Kenya convened a one-day "Stakeholders' Meeting for Introducing the Female Condom in Kenya". This meeting was attended by representatives of several different departments within the Ministry, donors, NGOs, international implementing agencies, The Female Health Company, researchers, and academics. The goal of the meeting was to discuss and assess the value of making the female condom available in the country and, if so, how it should be introduced.

The meeting reached a consensus that there is a keen interest and need to introduce the female condom into the existing method mix in Kenya. It also raised a number of important questions in the context of the situation in Kenya. Most importantly, based on this meeting, the Government of Kenya, with support from the donor community, called for the development of a comprehensive strategy that addresses target groups, distribution systems, costs and sustainability.

Following a participatory process of presentations and discussions, the meeting allowed for open discussion and initial strategy development on how to move forward. This consensus-building process is an essential first step in putting the female condom on the public health agenda. The agenda of that meeting provides a very useful model for other governments, donors and organizations.

The stakeholders' meeting can lead to the decision to develop a strategic plan for the introduction of the female condom. At this stage, it is important to identify a cohesive planning team representing all major stakeholders.

## Agenda from stakeholders' meeting in Kenya

### 1 Reproductive health in Kenya – Overview of family planning and STI/HIV situation in Kenya

### 2 The female condom – What is it? How does it work? Introduction efforts and lessons learned

- Overview of the female condom – a review of contraceptive and STI protection
- Social marketing of the female condom: Progress report and lessons learned
- Free distribution of female condom: Progress report and lessons learned
- HIV/AIDS prevention for women in Kenya

### 3 The female condom: Cost implications, research issues

- Family planning projections and cost estimates for Kenya
- Modelling costs and benefits for female condom introduction programmes in alternative target audiences
- Emerging research issues

### 4 Strategy for introduction: Where should we go from here?

- Donors, product positioning, target group, scale of introduction, geographic focus, distribution system, timing, concurrent operations research, logistics, training, sustainability

### 5 Next steps



### 3. Assessing user needs and service capabilities

An assessment is a critical step in first determining whether it is appropriate to introduce the female condom in a specific context and, if so, to provide guidance on how this should best be accomplished. WHO has developed a draft guideline for conducting assessments for contraceptive introduction (see Section 8 on Resources). This process can be readily adapted for considering introduction of the female condom.

To develop a consensus among stakeholders and guide the overall planning process, the context of both user needs and perspectives as well as the service delivery system in which the female condom is to be introduced must be well understood.

An assessment of the current situation should address:

- The status of the HIV/AIDS epidemic.
- The potential partners in country to be involved in the promotion of the female condom.
- The government and NGO/CBO networks and organizations working in reproductive health, adolescent health and HIV/AIDS/STIs.
- Identification of potential target audiences.
- Existing male condom distribution and promotion programmes.
- Existing reproductive health and HIV/AIDS and STI studies.
- Exploration of potential donor support for introducing the female condom and maintaining a consistent supply.
- Co-ordination mechanisms that exist to ensure sharing responsibilities and activities among different partners.

It is essential to have a thorough understanding of the policy, community and service environments into which the female condom will be introduced.

An assessment of client information and service needs, community attitudes, and service delivery capabilities can provide necessary information about the need for the female condom as well as help guide the development of an introductory plan. Such a needs assessment could be conducted locally, regionally, or nationally, with the use of a variety of information-gathering techniques.

A combination of data collection strategies can be used including: individual in-depth interviews and/or informal group interviews with local health and regulatory authorities, clinic managers, providers, policy-makers, community leaders, and potential clients and their partners; survey of a sample of potential users and providers; and review of service delivery statistics.

As a guideline, a series of questions are presented below which may help to organize the initiation of a female condom strategy.

*From a community perspective:*

- Have they ever heard of or seen the female condom? What about other methods of contraception or prevention of STIs?
- What do they know about the female condom (including any rumours or misinformation)?
- When told about the female condom, do they see a need for such a method to complement the contraceptive and STI prevention methods already available?
- What are the attitudes of men towards such a method?
- Which population groups are most in need of the female condom?
- What do they think would be the potential limitations or problems with use?
- What distribution mechanisms would be most convenient/acceptable to potential clients?

- What is the perception regarding the existing services through which female condoms might be provided?
- What information channels (both formal and informal) would be most appropriate for promotion and information activities?

*From a service delivery perspective:*

- What is the current overall knowledge among providers regarding female condoms (including misperceptions and misinformation)?
- What are providers' attitudes towards barrier methods in general?
- Do providers perceive a need for the female condom?
- What technical skills would providers need in order to be able to provide the female condom with adequate quality of care?
- Are there limitations to the ability of the currently existing services to provide female condoms? (e.g. would adequate time be available for counselling? are private areas available for counselling/practice insertion?)
- What is the current level of integration of family planning and STI services?
- What distribution channels would be most appropriate? Are there existing channels that could be used for female condom distribution?

*From a policy perspective:*

- What is the level of support for the introduction of a new method of contraception/STI prevention?
- Are there any regulatory requirements for the female condom?
- What are the limitations to the importation of the female condom?
- What would be the cost and cost-effectiveness of introducing the female condom?

Based on the findings of the needs assessment, planners must answer the question "Is there a need for the female condom, and if so, is an introductory programme feasible?" If the answers to both of these questions are positive, the next steps are to build support for project activities and to develop an introduction plan.

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- 4. Developing a strategic plan** Based on the situation assessment and the key action outcomes of the stakeholders' meeting, a strategic plan can be developed. This document should provide a concise framework for introducing and integrating the female condom and provide a complete action plan clearly identifying roles and responsibilities.

**Section 6 of this Guide outlines the operational steps for programming. There follow here some key issues that should be considered in the planning process.**

#### **Partnerships with NGOs and CBOs**

Non-governmental organizations (NGOs) and community based organizations (CBOs) are key to introducing the female condom to the communities in need. The government and NGOs and CBOs can collaborate in a number of ways, including advocacy, building community support, ensuring local participation and actually developing and delivering messages and the product.

NGOs, CBOs and especially women's organizations can play a leading role in advocating for the establishment of female condom programmes and for addressing broader cultural and political issues. Coalitions can develop that mobilise government and donor support to introduce the female condom. Advocacy and petitions provide an educational tool for members of the community as well as government, raise awareness and mobilize existing resources.



In Zimbabwe, the Women and AIDS Support Network (WASN) played a central educational and advocacy role in introducing the female condom. An acceptability study showed the potential for the female condom to contribute to HIV prevention. Armed with this information, WASN undertook discreet lobbying activities with the National AIDS Control Programme and other national bodies and initiated a press campaign including a petition drive garnering 30,000 signatures. In 1996, the Zimbabwe Medical Control Council approved the use of the female condom.

**The result is the distribution of the female condom, free through the public sector and social-marketed to the general public.**

To ensure a successful introduction of the female condom, it is crucial to discuss the programme with a wide range of groups, including decision-makers, programme managers, service providers, community leaders and women's and youth groups. These groups should be involved in planning the introduction of the female condom.

### **Integration into existing programmes**

An essential strategy to consider is how to integrate the female condom into existing reproductive health programmes. WHO, the Population Council and others have studied the process of introducing new contraceptive methods into family planning programmes. One important lesson learned is that strategies should not focus on the technology alone, but should consider user perspectives and service delivery aspects. Different strategies and approaches may be needed to integrate the female condom 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 the female condom should be included in this existing system. UNAIDS is strongly advocating the importance of integrating the female condom into existing male condom programmes. This integration can be economical, practical and effective. But in some situations there may be underlying reasons why it would be more effective to have a separate programme.

The following list includes examples of projects where the female condom can be integrated:

- Community based distribution of contraceptives
- STI clinic services
- Family planning clinic services
- HIV/AIDS/STI prevention programmes with vulnerable populations
- Adolescent and reproductive health programmes
- Social marketing
- Work-place initiatives
- Peer education programmes
- Male motivation programmes

Conducting a participatory planning process can lead to a consensus about the specific context of the integration.

### **Donor mobilization**

In addition, it is essential to discuss how to mobilize donor support for the development of pilot initiatives and to ensure a consistent supply of female condoms. This can be done by including the donors in the planning process, specific meetings with donors and gaining a good understanding of the donor agencies' priorities and how the female condom can contribute to the realisation of these priorities. Presentations of successful programmes may also facilitate donor interest and support.

Not only must supplies be available for beginning the introductory activity, but plans must also be developed for the sustainable provision of the product beyond the introductory process. This may be through approval of government funds for purchase (for free or subsidized distribution), by guaranteed donor support, or through the commercial sector.

A wide range of donor agencies have supported female condom initiatives in various countries, including the British Government, the Netherlands Government, the European Union, UNAIDS, UNFPA, USAID, the World Bank and WHO.

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**5. Implementation with monitoring and evaluation****5. Introduce the product**

Once the strategy is developed and systems are in place, programme managers should implement a small-scale pilot introduction activity as an opportunity to identify additional operational issues in the programme before scaling-up. When considering the pilot test, it is important to be specific on the area or region, the target groups, and the methods for distributing the female condom.

Many situations will require pilot testing to identify the effectiveness, the components of the programme and the overall benefit gained from the introduction of the female condom. A pilot project will yield critical information about the demand for the female condom.

**Monitor and evaluate introductory activities**

As part of the pilot test, monitor and evaluate all aspects of introducing the female condom. Ongoing monitoring and further user perspective and service delivery research can identify necessary adaptations to service management, IEC materials, and other aspects of providing and promoting the female condom before the method is introduced more widely within a country. Given limited resources, it is also important to track to what degree the female condom is being taken and used and by whom. This information is necessary to obtain profiles of actual users and to assess female condom demand for future programming. Monitoring should take place for an extended period to provide a more accurate picture beyond the novelty associated with initial adoption.

**Disseminate evaluation results**

The results of the monitoring and evaluation activities should be disseminated to, and discussed by, a broad group of stakeholders and subsequently used in the development of strategies for the broader provision of the female condom within the country. As with the previous elements of the introductory process, this activity should be participatory in nature and should be aimed at ensuring appropriate quality and acceptability of services. During such discussions with policy-makers, decisions regarding the appropriateness and process for scaling-up can be made. Disseminating results may also be a “lessons learned” experience for other programmes and countries that have not yet introduced the female condom.



In the Mpumalanga Province of South Africa, female condom distribution and promotion activities were integrated into an existing project that was targeting the main high traffic artery that runs hundreds of kilometres from Johannesburg to Maputo in Mozambique.

**The project provides peer education and support to women, many of whom are marginalized and practising high-risk sexual behaviours, and men, many of whom are migrant workers in the area.**

**By integrating the female condom into this existing service delivery, female condoms were introduced in a particularly cost-effective manner.**



**In addition, since the peer educators had already established the trust and confidence of the target audience, the female condom was more readily accepted.**

**6. Feedback, revision and going to scale**

As the introduction expands, it is vital to continue the monitoring and evaluation activities undertaken during the pilot phase. Throughout the life of any programme there will be materials and systems that need to be regularly revised and updated.

The results from a pilot intervention should be used as feedback to revise and expand the overall strategic document and pave the way for a successful introduction and integration of the female condom into more programmes and activities.

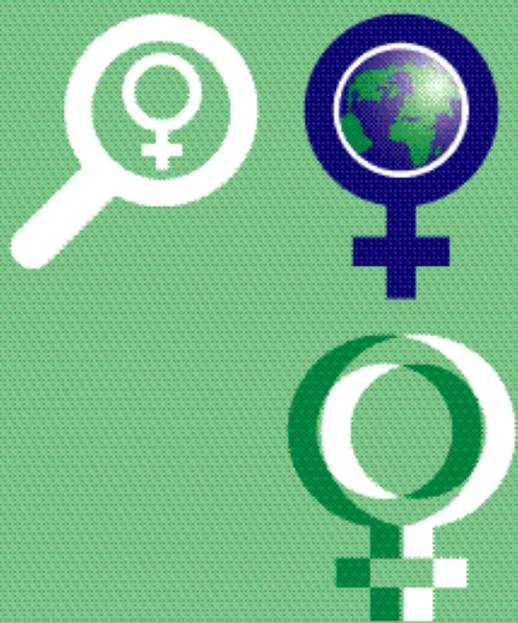
**The experiences in Brazil and Zimbabwe provide excellent examples of this strategic planning process**

**In Brazil**

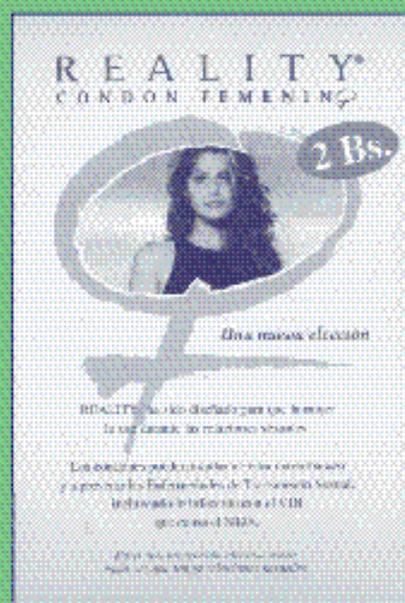
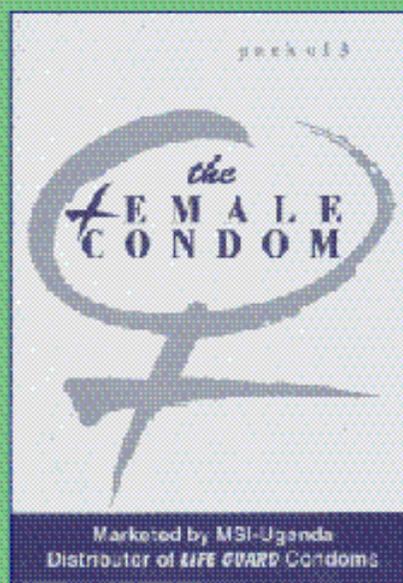
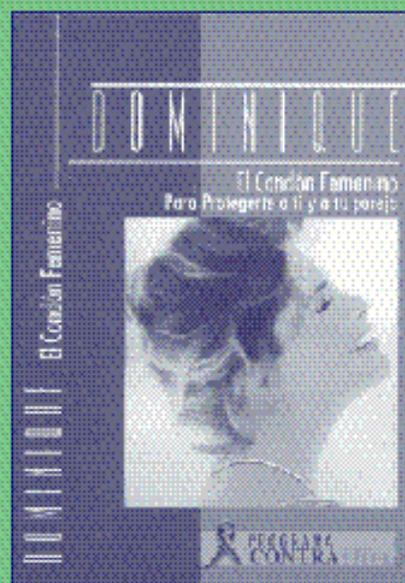
The Ministry of Health in Brazil conducted a one-year pilot project in six cities with 2,400 women from varying cultural backgrounds. The pilot project distributed 100,000 female condoms, and the participants showed a strong level of acceptance. Based on this pilot and on an extensive research component, the Ministry of Health developed an expanded, national programme to further stimulate the adoption of the female condom and purchased two million additional female condoms.

**In Zimbabwe**

The National AIDS Coordination Programme (NACP) of Zimbabwe launched a pilot female condom programme in 1997. By operating through a programme development and management model, the pilot programme provided a constant feedback loop to continually adapt and expand the programme. By following this strategic planning process, NACP produced its own "Framework for accessing and promoting the female condom from public sector health facilities in Zimbabwe" and has been able to re-purchase female condoms on an annual basis. This process is helping to ensure that the female condom is a permanent part of the national AIDS programme and a budget item in all future national budgets.



Social marketing programmes use brand names and packaging to motivate product trial and long-term use. Currently, there is only one female condom manufactured, but different brand names and packages have been used – for example, *Dominique* in Venezuela, the female condom in Uganda, *Reality* in Bolivia and *Reyalite* in Haiti. Although the brand names and packages may be different, the female condom inside is exactly the same.



# 6

## Steps to introduce and integrate the female condom into reproductive health programmes

This Section provides a series of practical steps, based on existing country experiences, to assist organizations and institutions with the operational issues involved in the introduction and integration of the female condom.

### Steps to introduce and integrate the female condom

- 1. Strategy for integration.** Develop a strategy on how best to integrate the female condom into existing programme activities.
- 2. Programme costing.**
- 3. Select the target audience(s).** Determine potential populations for promotion and subdivide them into different potential target audiences.
- 4. Gather information from the target audience.** Assess the existing perceptions of the female condom among the target group.
- 5. Advocacy with the community and consolidation of support.** Meet with the community to gain their support for the introduction of the female condom.
- 6. Develop distribution strategy to reach target group.**
- 7. Develop communication strategies and materials.** Develop IEC materials and approaches based on information and insights gained from focus groups and individual interviews.
- 8. 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.
- 9. Monitoring and evaluation.** Ensure that a monitoring and evaluation plan is in place.

#### I. Strategy for integration

There are many different types of prevention programmes and projects that can benefit from integrating the female condom. Different strategies will work with different types of programmes. As part of the strategic planning process outlined in Section 5, decisions will have been made as to which programmes should include the female condom.

The operational issues within a given programme will now be decided at the individual project level. For example, introduction in a clinic-based setting will require different approaches from introduction in a peer education programme. However, integrating the female condom into existing programme activities is essential.

Many NGOs and CBOs already have established outreach programmes to target specific groups that may be vulnerable or hard-to-reach. Integrating the female condom into these existing programmes can be efficient and beneficial. This type of targeted, integrated outreach can be applied to all sorts of existing NGO activities and programmes:

- Community-based distribution
- Adolescent reproductive health
- School-based and life skills programmes
- Work-place initiatives
- Peer education
- Male motivation programmes
- Social marketing

**2. Programme costing** In addition to the cost of the female condom itself, there may be additional costs for training, communication materials, distribution and monitoring. A budget should be developed as part of the overall strategy. Since the female condom will be integrated into existing programme activities, the incremental costs may be minimal and can be shared with other components of an overall reproductive health programme. The budget, therefore, should identify what costs are covered by existing programmes and what costs are new.

**3. Selecting the target audience(s)** Given that there are often limited resources and, therefore, a limited supply of female condoms in many countries, it is crucial to focus distribution on specific target audiences to ensure the best public health impact possible. Given the type of project or programme being implemented, targeting may be based on any one of a variety of factors:

Type of targeting	Examples of target audience
Geographic	Clinic-based
	Rural/urban
Risk behaviour	Women and men whose regular partners may be practising high-risk sexual behaviours with others
	Sex workers and/or their clients
	Individuals who are HIV-positive
	Migrant workers and/or their regular partners who remain at home
	STI clinic clients
Cost-effective analysis	High-prevalence areas
	Sex workers
	Audiences where male condom use is saturated or not accepted
Socio-economic factors	Married men and women
	Adolescents
	Employees in a work-place
Access	Family planning clinic clients
	University students
	STI clinic clients

This list is not meant to be exhaustive; it is meant to illustrate that the introduction of the female condom can be narrowly targeted to ensure maximum public health impact. It may be difficult to limit the distribution to one or two groups; however, failure to do so may limit the true effectiveness of the effort.

The operational elements of a female condom programme can be largely determined by the audience selection. Distribution, training, promotion and support can all be highly targeted. In addition, it is important to note that

people outside of a selected audience may be interested in learning more about the female condom and using it. Effective target strategies should try to focus without being exclusionary to people who might not be the official target but who recognize their own personal risk and, therefore, the benefit in using the female condom.

In addition, within the context of the project or programme, it is important to identify primary and secondary target audiences for the female condom. For example, if sex workers are the primary target audience, it may also be necessary to target the managers in brothel settings, and the clients.

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**4. Gathering information from the target audience(s)**

- Once a target audience (or audiences) has been selected, it is important to get as much information as possible about this audience. Ideally, research should be conducted with representatives of the target audience, and focus group discussions can be a very effective tool. The following information can be gained through focus groups with the target audience and will help guide overall project design:
- *Personal perception of risk.* Is there a perception of risk of STIs, HIV/AIDS, unwanted pregnancy, violence in sex, etc.? How do they currently deal with this risk? What do they think would help them to deal with this risk better? If they do not perceive personal risk, why not? Who is at risk?
  - *Sexual relationships.* What are the dynamics of the current relationships? Married? Commercial sex? Long-term relationships? Multiple, casual relationships?
  - *Sexual negotiations.* How is sexual intercourse discussed and negotiated? Is safer sex practised? Is it discussed? Is condom use negotiated? How do condom and safer sex negotiations differ by relationship context?
  - *Use and perceptions of the male condom.* Are they currently using the male condom? All of the time? What are the barriers to use? What do they like and dislike about the male condom? If they wanted to use a male condom, could they find one easily? Where?
  - *Existing knowledge and awareness of the female condom.* Do they know it exists? How have they heard of it? Where have they seen it? Is this information correct?
  - *Perceptions and use of the female condom.* What do they think about it? What are the realities, myths and misconceptions? Be sure to make special note of things people like and don't like about the product. When would the female condom be used, and when would it not be used?
  - *Partners' perceptions of the product.* Do they have any idea what their partners might think about the female condom? How do they think their partners might respond? What strategies would they suggest for discussing the product and the issues with their partners?
  - *Promotion and distribution issues.* Where would they like to get female condoms? When? From whom? How much are they willing to pay? How would they like it packaged? What words do they associate with the product (care, love, sex, protection, trust, performance, AIDS, etc.)? Word associations may suggest potential communication strategies for the female condom.

From this information, the programme strategy and design can be refined. The key is to design the programme based on the target audience's desires, needs, attitudes and practices. This information will help determine where to distribute the female condom, how to package it, how to communicate, discuss and promote it, the type of training and support required, and who should do the training.

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**5. Advocacy with the community and consolidation of support**

Female condom programmes usually require the sanction of government and funding from donors. However, the non-governmental sector often plays a major role in programme implementation. NGOs and CBOs can place the female condom within the larger context of overall community priorities.

As projects are implemented, community outreach and support are essential to increase access to and acceptability of the female condom. NGOs and CBOs are ideal organizations to co-ordinate, support and maintain community outreach activities. These activities can provide a strong peer support network to bolster all aspects of an outreach programme.

The following approaches can help to mobilize the community:

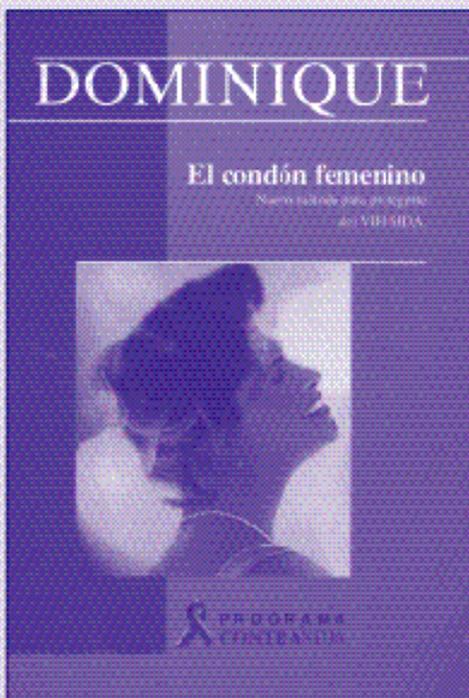
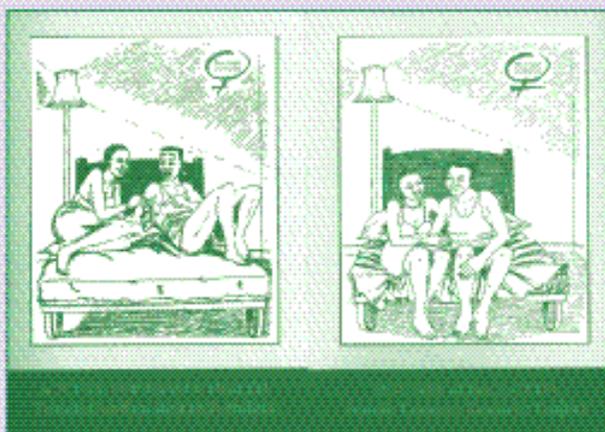
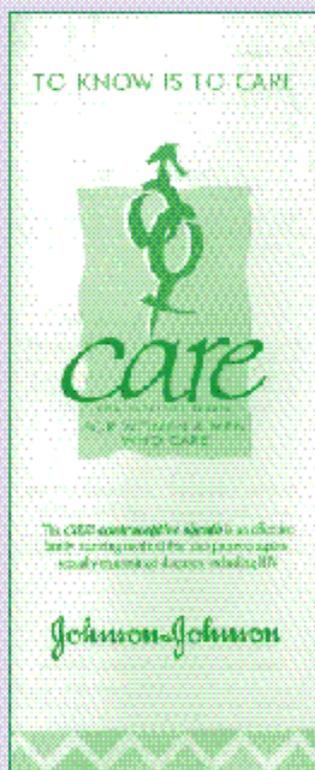
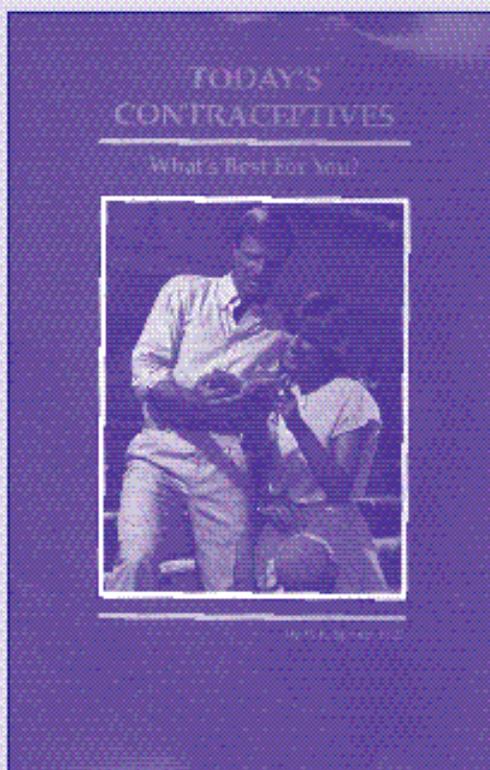
- Organize a meeting with community leaders and activists to inform them about the female condom and the programme and solicit their support.
- Issue a press release about the female condom to community newspapers, radio and TV stations. Be sure to include a key contact person for follow-up information.
- Establish key contacts in the media and introduce the product to them. They can provide free publicity for the programme.
- Recruit prominent role models and/or community leaders to present the product and the programme.
- Offer introductory information sessions to health workers, community activists, and other interested parties. Don't limit these sessions to health workers as a wide variety of peer educators and community workers can be prominent advocates and supporters.
- Tap into existing peer education and community outreach programmes, including those not specifically focused on HIV/AIDS and reproductive health.
- Encourage NGOs and CBOs to integrate the female condom into their existing activities.
- Distribute informational material through NGOs and community organizations.

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**6. Distribution strategies to reach target audience**

The primary goal of the female condom distribution strategy should be to make the female condom available when and where it is needed and to communicate broadly about it. Moreover, the decisions about how and where to make the female condom available and how to talk about it must come from the target audience. The results of the assessment of potential user needs and perceptions, provider perceptions, local regulations and existing distribution channels for male condoms can help define which distribution channels may be appropriate for a given setting and target group.

Communication, promotion, advertising, education, outreach and marketing activities create demand for the female condom by providing information about the product, its availability, its benefits and its correct usage. Here are examples of a contraceptive booklet in the USA, question and answer leaflets from Zimbabwe and Venezuela, and a partner advice card from South Africa.



Broadening the availability of the female condom can mean distributing the product anywhere people socialize and congregate. Female condoms can be distributed in both traditional health outlets (clinics, pharmacies, doctors and community-based distributors) and non-traditional outlets (petrol stations, kiosks, hair salons, bars, liquor stores, tea houses, cafés).

Easy availability and convenience can encourage the product's use. By using the existing retail outlets that supply basic, everyday products, social marketing programmes can make various health products a part of everyday life.

Although a broad distribution strategy will increase availability of the female condom, it is important that distribution points have an adequate and continuous supply to ensure that the people who really want the product can get it.

Distribution of the female condom can be orchestrated by the public or the private sector, or through a social marketing programme. Activities in each of these sectors should be complementary – each providing products to different audiences, thereby making the product more widely available to everyone. In fact, in many countries, the female condom introductory strategies for the public sector and social marketing have shared resources to promote the generic product and the specific social marketing brand. The following table outlines differences in distribution approaches.

Strategy	Examples	Strengths	Weaknesses
Public sector, clinic-based distribution	Free distribution through existing clinic programmes.	<ol style="list-style-type: none"> <li>1. Uses existing structures.</li> <li>2. Validates the efficacy of the product.</li> <li>3. Female condom seen in the context of other methods.</li> <li>4. Has broad distribution channels.</li> </ol>	<ol style="list-style-type: none"> <li>1. Health providers may have bias against barrier methods.</li> <li>2. Busy clinic staff may not take the time to introduce a new product.</li> <li>3. Won't reach those people outside of the health system who practise high-risk behaviours.</li> </ol>
Community-based distribution	CBD agents can give freely or sell female condoms to their target audiences.	<ol style="list-style-type: none"> <li>1. Can target specific audiences.</li> <li>2. CBD agents can provide strong interpersonal support and promotion.</li> <li>3. Can reach people who may not be accessed through more traditional outlets.</li> </ol>	<ol style="list-style-type: none"> <li>1. May not cover very large groups or areas.</li> <li>2. May be difficult to keep CBD agents motivated.</li> </ol>
Targeted distribution to people who practise high-risk behaviours	Targeted distribution through work-places, brothels, or other venues where target audience congregates.	<ol style="list-style-type: none"> <li>1. Specific targeting to important audiences.</li> <li>2. Outreach workers can provide strong support and promotion.</li> </ol>	<ol style="list-style-type: none"> <li>1. Depending on the venue, may be difficult to provide education and support.</li> </ol>
Social marketing	Sell a subsidized brand of the female condom.	<ol style="list-style-type: none"> <li>1. Strong media and promotional support.</li> <li>2. Potential for some cost-recovery.</li> <li>3. Can use male condom distribution channels.</li> </ol>	<ol style="list-style-type: none"> <li>1. Product may be too expensive for certain target audiences.</li> <li>2. Programmes may be expensive to start-up.</li> <li>3. May be difficult to provide education and support.</li> </ol>

Once distribution channels have been selected, storage and logistics systems must be put in place to ensure that these channels have an ongoing supply of the product (for example, using the existing contraceptive logistics system). In addition, record-keeping systems must be updated to include the female condom.

Not only must supplies be available for beginning the introductory activity but arrangements must also be made for the sustainable provision of the product beyond the introductory process. This may be through approval of government funds for purchase (for free or subsidized distribution), by guaranteed donor support, or through the commercial sector.

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**7. Developing communications strategies and materials**

Communication, promotion, advertising, education, outreach and marketing activities should create demand for the female condom by providing information about the product, its availability, its benefits and its correct usage. The goal is to motivate a consumer to seek out the product, try it and use it correctly and consistently. Decisions need to be made on how best to promote the female condom through communication within the context of the existing programme activities.

In female condom programmes, use of the product may require changes of attitude motivated by new information, attitudes, opportunities, product awareness and product trial. These issues and motivations must be communicated to the target audience.

**Promoting new or changing existing behaviours**

In introducing the female condom, people are being asked to consider and adopt a new behaviour. There are many factors that motivate, facilitate and enable people to adopt a particular behaviour:

- The level of need one may feel to maintain the current behaviour or to adopt a new one. Needs can be physiological, social, for security, for self-esteem or for the need to feel self-fulfilled.
- Perception of risk affects behaviour, whether one feels that one is at risk of suffering negative consequences by maintaining current behaviours or in adopting new ones.
- Peer pressure and social norms and expectations affect decision making related to behaviour change and one's receptivity to trying something new.
- Cultural beliefs and traditions will affect what value one places on certain behaviours.
- Prior experiences serve to reinforce current behaviours or motivate people to want to change them.
- External occurrences, such as life events, can have a radical impact in creating awareness and motivation for change.
- Habits and routines are very hard to change, as they are usually behaviours that are followed without conscious thought. Making changes means the discomfort of leaving what is already known and routine.

Use of media, images and ideas through repeated exposure to information and messages may have a significant impact on raising awareness, interest and

motivation. Even when someone is motivated to change, for new behaviours to be effected people must have the facilities (knowledge, skills and resources) and be enabled (by product availability and accessibility in a timely and appropriate way) to take action. Hence, information activities will only be a success if they are conducted as part of a planned introduction strategy.

### Avenues for reaching the target audience

A number of different promotional and information channels are likely to be appropriate, each addressing the needs of different populations. One of the major lessons learned in female condom programmes to date is that it is necessary to combine training and interpersonal communication with mass communication to ensure that, once the female condom is introduced, it is used effectively and consistently. This matrix is intended to demonstrate the possibilities of creating a campaign for different audiences using various media. A campaign need not have all of these elements. Budget availability and target audience will ultimately influence decisions.

Media	Target audience	Message/Objective
Television	General community	Desensitize people to the product Product reminder
Radio advertisements	Women and men of reproductive age, youth, etc. – any specific target audience	Create demand for the product and top-of-mind awareness Desensitization
Radio talk shows	Women and men of reproductive age, youth, etc. – any specific target audience	Create demand for the product and answer more detailed questions about the product, its use and related questions
Training guide	Health workers, traders, counsellors, peer educators	Comfort with and knowledge of product Build skills
Flipcharts	Clinic attendees, members of women's groups	Basic information about the product and how to use it
Posters	Specific target audiences, including both users and partners	Desensitization and promotion of the product
"How to" leaflets	Potential users and partners	Use of the product
Demonstration models (such as pelvic models)	Potential users and partners	Display female anatomy and demonstrate actual use Increase skills
Q&A leaflets	Potential and existing users and partners	Product awareness for first-time users and product reference for on-going users
Packaging	Potential and existing users and partners	Brand awareness, appeal and desire to try/use
Partner advice card	Partners and users	Introduction of product to partners and facilitate partner negotiation
Special events	Target audiences at specific locations – women's groups, work place, youth clubs, hair salons, bars	Product acceptance and trial within target groups Provide access to potential users outside traditional outlets
Peer educators	Potential and existing users and partners	Desensitization Support trial and on-going use and partner negotiation
Videos	Potential and existing users and partners	General product introduction and skills training
Stickers and point of distribution materials	Potential and existing users	Last-minute reminder to get the product
Pens, t-shirts and other promotional items	Potential and existing users	Incentive to get the product and try it; re-enforce product trial and continued use; peer promotion.



It is important to combine training and interpersonal communication with mass communication to ensure that, once the female condom is introduced, it is used effectively and consistently. Here are examples of a promotional sticker in South Africa, a poster from France, a calendar from Zimbabwe, flip charts from Zimbabwe and the USA, a video from the USA and an informational leaflet from South Africa.

Information and educational materials on the female condom should not be used in isolation, and a strategy must be developed for integrating them as part of existing contraceptive and STI/HIV prevention information materials. Just as the female condom itself should be provided as one of a range of methods available to women and men for the prevention of pregnancy and STI transmission, so female condom promotional materials should be part of a broader reproductive health education and information strategy.

### **Developing materials**

It is important to develop materials from the perspective of the target audience. In order to know if your materials are transmitting the messages you intend, it is essential to test, revise and retest them as many times as is necessary to make sure you are getting your messages across correctly. Materials can be tested through focus groups, using NGOs and clubs, or by asking individuals for their feedback. This is especially important with a product like the female condom, since describing its use can be sensitive, and it is important to ensure that the wording and diagrams and pictures are clear and not offensive. Also, print materials can be used in private and are, therefore, less likely to embarrass unfamiliar users.

Programmes can recruit participants through NGOs and CBOs to participate in focus group discussions that can review existing materials and develop new materials. By involving these groups in the development process, they may be much more enthusiastic about distributing the materials and motivating female condom users. This is an essential aspect of the process of building stakeholder support.

All female condom projects need information, education and communication materials and messages carefully crafted for each target audience. In both pilot and large-scale projects, promotional campaigns need to balance the following key elements:

- Knowledge, awareness, fears and risks related to STIs/HIV/AIDS
- Knowledge, awareness, fears and risks related to sexuality, contraception, reproductive health and anatomy
- Female condom awareness and acceptability
- Female condom de-stigmatization
- Partner relationships and sexual negotiations
- Female condom trial
- Female condom acceptance and reminder for continued use

A wide range of materials has been developed for female condom programmes. Examples of some of the core materials are included throughout this “*Guide*”.

In addition, Section 7 provides practical tips from field experience on talking to potential users about the female condom and related issues. This information is currently being developed as a flipchart for wide distribution. In the meantime, this section can be copied and distributed.



**The Reproductive Health Research Unit in South Africa developed a Reproductive Health Materials Package that consists of a flipchart, brochures and posters. The Package integrates the female condom into the entire range of contraceptive choices.**

## Essential communication points

Female condom programmes to date suggest several points to be included in every introduction regardless of culture or economic status of the community or target audience:

- Conduct needs assessment with the target audience – know your audience.
- Design an educational outreach programme which includes information about anatomy, the importance of safer sex and staying healthy, and specifics about using the female condom.
- Pre-test all communication materials with target audiences before use and wide application.
- Identify options for contraception and STI protection and the use of each option.
- Target men as well as women. Men often initiate use of the female condom. Female condom use requires that even if men do not initiate use, their co-operation is important. Men play a significant role in many decisions taken by women to use a protective method during sex.
- Include vocabulary, conversational tactics and negotiation skills to help women talk about protected sex with their partners.
- Explain and promote 'dual protection' – the female condom provides protection against both unintended pregnancy and sexually transmitted infections, including HIV/AIDS.
- Show the female condom, explain how to use it and provide opportunities for prospective users to feel the product and to practice insertion.
- Explain that potential users may need to practise with the female condom three to five times before feeling fully comfortable using it on a regular basis. Users should be encouraged to try the female condom at least three times before deciding to stop using it.
- 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. Promotional activities and materials change over the life of the programme as the needs of the user change. Regular monitoring and evaluation needs to address the relevance of the content of materials, the channels through which the materials are being made available, and the way in which they are being used. Messages and information channels must be tested, re-tested and revised based on good research and interaction with the target audience.

### Peer support groups

Peer support can strongly influence and encourage potential users to consider the female condom. Peer support networks have a number of benefits, including:

- Helping women overcome obstacles to use the female condom, such as learning about their bodies.
- Providing reinforcement of communication skills to discuss and negotiate safer sex with partners.
- Offering a venue for sharing strategies, helping each other with new techniques of insertion, lubrication and negotiation.
- Giving an opportunity to talk openly about difficult, funny and embarrassing experiences.
- Presenting an opportunity to discuss many other related issues, including STIs, contraception, relationships and violence.

### Community-based outreach workers and peer educators

Networks of outreach and community-based workers and peer educators have greatly increased the opportunities to introduce the female condom. These networks may comprise of individuals or groups within a community who are well placed to reach and educate potential clients about the female condom. Outreach workers can enlist community leaders to introduce them to clients, visit clients regularly and gradually build trusting relationships. They are also able to meet potential users in their own homes, which might provide a less formal environment for counselling activities. Outreach workers also have the opportunity to talk to men as well as to women.

While community workers may not face the cultural and social barriers that can exist between trained clinic personnel and their clients, they will need training in the technical aspects of human reproduction and in counselling skills. Community workers must also learn when and how to refer clients to the health clinic if the need arises.

**In Zambia, peer educators and outreach workers conducted education sessions on the female condom for the public in communities, work-places, colleges and clinics. These peer educators included adolescents and women to ensure that the broadest range of target groups could be addressed. More recently, peer educators in Zambia have been trained from among market vendors, hair salon staff and members and leaders of women's and men's groups. They were also trained to go into shops and provide information about the female condom. It was seen as an opportunity for people to be able to ask questions on the spot of someone knowledgeable.**

## Key points for men



- Because the female condom is still new to most women and men, humour can assist in alleviating potential feelings of fear, scepticism and confusion that the product may provoke.
- Once the product is used by one or more of the men, these gathering places may also become good centres for reinforcing safer sexual behaviour. A potential user may be more inclined to try the product with his partner if he hears about its benefits from a peer.
- In addition to identifying what to say to men and how to speak with them, it is important to develop strategies to reach men where and when they gather. Using work places, sporting grounds and other traditional "male gathering" places to discuss the female condom, helps to normalize and destigmatize the female condom for men. These venues are places where men like to meet their peers anyway, so the promotion of the female condom can benefit from the general environment.

**● It is important to reiterate to male audiences that many men have tried the female condom and liked it.**

**● While both women and men have welcomed mixed training sessions, it is important to note that some women and men may want to have single-sex discussion groups as well.**

● Including men in the introduction of the female condom and providing information directly to them can lead to higher overall levels of trial and acceptability and thus continued use of the female condom and increased protected sex.

### Introducing the female condom to men

Including men among the target populations of promotional and educational efforts is essential to achieve greater acceptability of the female condom. In many countries, men still maintain the dominant role in sexual decision-making, including decisions relating to contraception and disease prevention. Therefore, targeting men in the promotion of and education about the female condom is essential and has proven effective in improving overall acceptability of the device.

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

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

In the past, women have typically been the target audiences for the development of female condom educational and promotional materials. Additional time and attention need to be committed to motivating men in much the same way, particularly men who rarely practise safer sex. The same techniques can be used to develop campaigns directed at men.

### Positioning of the female condom: contraceptive versus infection prevention method

The female condom, like the male condom, offers men and women both a contraceptive method as well as a way to prevent the transmission of STIs. In promoting this method to targeted populations, it may be in the programme managers' best interest to promote the female condom as a family planning method, a disease prevention method or both, depending on which message is perceived to be more acceptable by the target audience. It is important that consideration be given to these dual approaches. In successful promotion strategies, the true motivation to use the female condom (to prevent an STI, perhaps) and the reasons presented for using it during actual partner negotiation (explaining that the female condom is being used for contraceptive purposes) may differ. Groups such as sex workers and migrant workers may be more receptive to a disease prevention message when being introduced to the female condom as compared to a family planning clinic group.

**A study of sex workers in Mexico and Costa Rica found that sex workers were able to negotiate use of the female condom as a safer sex method because of the commercial nature of the sexual relationship and a heightened sense of their own vulnerability to STIs.**

In a situation of high HIV prevalence, the female condom must serve the dual purpose of preventing STI/HIV and unwanted pregnancy. The final decision should be guided by how positioning can facilitate the acceptance of the female condom in the society and by women especially.

**In Kenya and Zimbabwe the female condom has been promoted as a contraceptive method. Women found that their partners were generally accepting of the female condom as a method of contraception. It is likely, however, that these same men may have been far more resistant to their partners' introducing a disease prevention method, because that message conveys an implication of promiscuity or mistrust.**

By positioning the female condom as a contraceptive method instead of as a disease prevention device, women may be provided with an added negotiation tool. In one situation, when women presented the female condom to their partners as a contraceptive method, men were more accepting of the family planning message than of the disease prevention one. They may have been far more resistant to their partners' introducing a disease prevention method, as that introduction carried an intimation of promiscuity or untrustworthiness. By positioning the female condom as a contraceptive method, women may be provided with an acceptable negotiation tool.

The positioning should not be confused with the reason or motivation to use the method. This contraceptive positioning may not be the actual reason for use, as many women may already be using more effective hormonal contraceptives. The positioning allows for both partners in the relationship to consider the issues and motivation for use without accusations or stigmatisation.

### **Desensitizing the female condom**

International experience to date has shown two distinct initial reactions to the product – extremely high initial demand when people hear about it (called “novelty demand”) and initial resistance to the product design when people first see it. Many projects, however, also report that both women and men feel more comfortable with the product after practice. Desensitizing people to the product is therefore necessary to help people feel more comfortable with it and motivate people to use it consistently. Strategies to expose people to the female condom, what it looks like and how it works are an essential part of counselling activities (see following section), but media, advocacy campaigns and training can also help to familiarize people with the product. Once people hear about female condoms on the radio, see promotional posters in clinics and shops and see the product prominently displayed in clinics and retail outlets, a more open environment to talk about, negotiate and eventually use the female condom is created.

Over the decades, male condom social marketing programmes have successfully demonstrated the power of media and marketing to desensitize people to the male condoms and encourage their use. Promotional events in bars and night clubs with condom competitions, radio talk shows, product demonstrations and advertising have helped to change the way male condoms are perceived and used. These same techniques will help to create a similar environment for promoting female condom use. Even in resource-poor settings, enlisting NGOs and other interested parties can help to provide human resources and other sorts of sponsorship for these types of activities.

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This poster developed by PSI in Zambia and Zimbabwe shows a loving couple protected under the umbrella and with “care”, the female condom brand in both countries.

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**8. Training** Introducing the female condom presents certain challenges in any setting. International experience to date indicates that the manner in which the female condom is first presented can strongly influence its trial and acceptance among users. The female condom needs to be made accessible to and thoughtfully discussed with the target audience. In addition, it is important to train key resource people who will present and support the product to new users.

Providers need training in the issues related to the female condom and its provision, including the special counselling needs of potential clients. Of key importance is ensuring that providers treat women respectfully and maintain a non-judgmental attitude while providing services. The training related to service delivery provides an opportunity to strengthen provider knowledge and skills concerning other contraceptive methods, and STI risk assessment, diagnosis and management.

Information on the female condom should be incorporated as part of overall training on reproductive health, family planning, STI prevention and primary health care, including all basic and refresher training for service providers. Within family planning programmes, balanced and unbiased information must be provided on all available methods, and the female condom should be made available as one of the range of methods that can be chosen freely by potential users.

To provide an integrated approach to promoting the use of the female condom, programme managers might consider training a variety of people in counselling techniques and approaches to present the female condom. These people include clinic staff, social marketing traders and distributors, community-based outreach workers and peer educators. Decisions on whom to include should be based on the various distribution methods for the female condom. Also, it is important to bear in mind that trainees who decide for themselves that they would like to participate in training tend to be the most enthusiastic and supportive of the female condom.

In designing training programmes, planners must pay attention to supervision, assessment and follow-up of training activities. This will be especially important as introductory activities scale-up. Supervision and assessment of training is useful to ensure that the key skills and information are being transferred to the trainees and to potential users. The use of self-assessment by the trainees has proved to be a useful tool in determining the success of training activities and providing guidance on the revision of training activities and materials. Since the female condom is a relatively new method, and public thinking on the method is developing over time, it is important that systems be put in place to ensure that, once trained, counsellors are kept informed of national and international advances on the female condom.

Different training curricula must be designed for each group of individuals selected for training. The basic information remains the same for any type of female condom training, but the amount of time dedicated to specific issues may vary with different audiences. The following are key training issues to consider for female condom programmes.

### **Key training issues**

- Use of the female condom requires that women become accustomed to touching their genitalia, as it is usually the woman who inserts the device. Some women are uncomfortable touching themselves.
- Some women may need to negotiate female condom use with their partners; they may need to develop skills in this area.

- There may be myths or misinformation that have been spread about the female condom, and trainers will need to be aware of them and ready to deal with them.
- The female condom may prompt curiosity, embarrassment and humour; therefore, educators need to be sensitive and prepared to assist potential and existing users become familiar and comfortable with the female condom.
- It is important to provide ample opportunity for people to see, feel and practise with the female condom. Therefore, an adequate supply of female condom samples should be available and easily accessible to potential users.
- A key trainer/leader/champion should be identified who can co-ordinate training, facilitate problem solving and mobilize 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 the female condom.
- The female condom should be introduced as one of a range of methods for pregnancy and/or STI prevention. The decision for a client to try the female condom should be made by the client. If the client decides that the female condom 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 the female condom therefore provides a good opportunity to update their skills and knowledge in other areas of primary and reproductive health care.

### **Counselling styles**

Effective female condom introduction can take place in groups, with couples and/or in one-on-one sessions. These methods are complementary and counsellors should therefore be familiar with the different approaches. Group sessions offer a friendly setting where people can share information, ideas, common concerns and questions. This can also empower women by involving them in a peer group that faces similar challenges, yet has histories of success. Couple counselling can help to address issues that may require partner negotiation and communication. One-to-one counselling can facilitate tailoring of messages to the individual and allow them to ask sensitive questions and get accurate information. The client should be involved in the decision regarding who they would like to be present during counselling sessions, and the format should be decided in consultation between counsellors and clients. Organizing feedback and discussion sessions among users is a good technique for addressing new issues and problems that arise during the initial stages of method use.



**In Zambia**, counselling with couples was used to present the method. For training or insertion, however, individual sessions were used with the woman alone.



**In Papua New Guinea**, outreach workers conducted regular information/discussion groups for sex workers and street outreach was done individually. The majority of clinics endeavoured to talk to people about the female condom on an individual basis.



**In Philadelphia, USA**, group sessions took place during long waiting times generated by the walk-in policy of the STI clinic.



**In Zimbabwe**, women were introduced to the female condom through individual discussions that were followed up with group sessions. Counsellors found that, if women were made to feel comfortable in a group, spontaneous information sharing and brainstorming could be abundant and could enrich a counsellor's approach to and understanding of women's experiences with the female condom.



**In New York, USA**, clients of an infectious disease clinic met regularly for five weeks for two-hour counselling sessions.

### How a provider can address key issues

Regardless of the setting or the size of the group, trainers and counsellors must consider and respect the users' values, attitudes, needs and preferences. This process will involve establishing whether the female condom is, indeed, a viable choice for the user, which will help to ensure more effective and appropriate use. Anyone involved in promoting the female condom should:

- Talk about sexuality and gender issues in an open and easy manner. Avoid the use of medical terms.
- Listen and respond to explicit questions without making judgements about people's attitudes, sexual habits or behaviours.
- Encourage and educate women and men who are apprehensive about touching their bodies or trying new methods.
- Become familiar with and learn to use the local or popular expressions for body parts, sexual activity and medical procedures.
- Be aware of how gender and sexuality mean different things to men and to women and how gender relations can affect decision-making.
- Practise in pilot group discussions with volunteers from the target population.
- Use the female condom, or, at a minimum, practice its insertion on themselves, partners or demonstration models.
- Talk to other counsellors and share experiences of training sessions, as target audiences may vary and the questions raised may differ between groups. This support network is very important and should be included in the programme as an ongoing activity if possible.

#### Key points when introducing the female condom

The female condom may be introduced in group sessions, with couples or through one-to-one discussion. In any of these settings, the following points should be emphasized:

- Discuss personal vulnerability and risk.
- Explain protection, especially the idea of "dual protection" – protection from STIs/HIV/AIDS and unintended pregnancy.
- Describe the female condom and compare it to the male condom and other contraceptive methods.
- Outline common concerns and responses.
- Review female anatomy.
- Demonstrate how to properly insert, use and dispose of the female condom.
- Discuss partner negotiation skills and techniques.
- Emphasise practice and patience.
- Section 7 provides the key information described above.

**9. Monitoring and evaluation**

Once the female condom is introduced to a target audience, the acceptability and effectiveness for this specific population needs to be assessed. By designing good evaluation components, programme managers can generate a continuous feedback loop that assists with modifying and adapting the programme. There are two key monitoring components:

1. *Evaluate materials and communications impact.* Be sure to adapt, modify and change materials based on feedback from the target audience.
2. *Monitor female condom uptake, use and re-supply.* Given limited resources, it is important to track to what degree the female condom is being taken and used and by whom. This information is necessary to obtain profiles of actual users and to assess female condom demand for future programming.

On-going monitoring will be useful in the continuation of programme efforts targeting the original population as well as in the development of strategies for its introduction to other groups.

**Following these steps can lead to an effective introduction and integration of the female condom into reproductive health programmes:**

1. **Strategy for integration**
2. **Programme costing**
3. **Select target audience**
4. **Gather information**
5. **Advocacy with community and consolidate support**
6. **Develop distribution strategy**
7. **Develop communication strategies and materials**
8. **Training**
9. **Monitoring and evaluation**

**Section 7** provides materials to introduce and explain the female condom to potential users.

**Section 8** provides a guide to resource materials and organizations to assist with programme design and implementation.

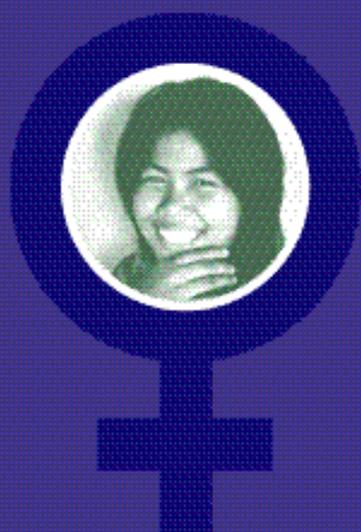
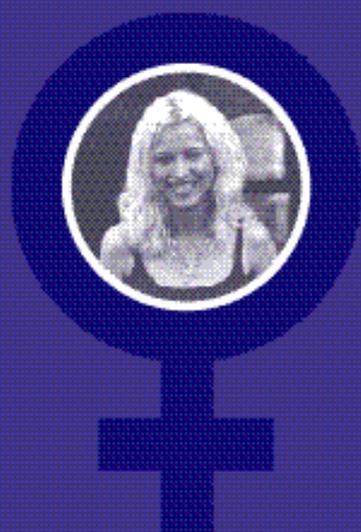
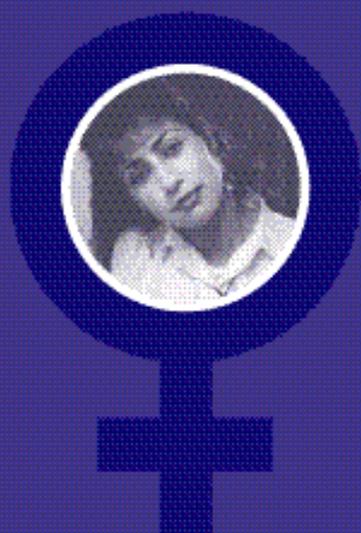
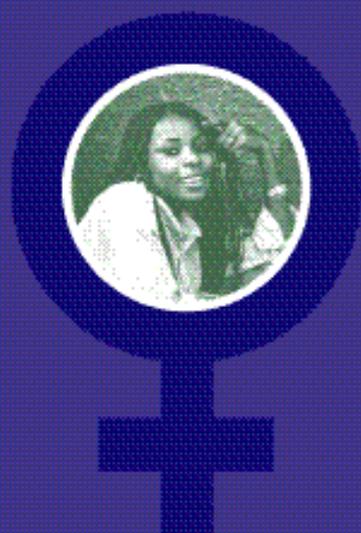


Explaining the female condom to potential users

7

Resource materials

8



# 7

## Explaining the female condom to potential users

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The female condom is the first and only female-controlled contraceptive barrier method with the advantage of also providing protection from STIs. The female condom is safe and effective if used correctly and consistently and has high acceptability among both women and men in many countries. Because it is a new method, though, the way the product is presented to potential users is critical. Many people will be seeing the female condom for the first time and, at first glance, the female condom may look strange or hard to use.

Introducing the female condom 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 the female condom can be introduced. 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 dynamics of sexual relationships.
- 2 Establish how much the person or group knows about safer sex, anatomy and the female condom.
- 3 Provide a brief overview of disease transmission.
- 4 Provide an overview of the reproductive system.
- 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 the female condom:
  - The difference between the vaginal canal and the urethra.
  - The vagina is a closed pouch.
  - The location of the pubic bone and cervix.
  - Explain that the female condom will not interfere with normal bodily functions.
- 8 Let each person touch the female condom.

- 9 Describe the female condom and compare it to the male condom and other contraceptive methods.
- 10 Demonstrate proper use and disposal.
- 11 Discuss partner negotiation skills and techniques.
- 12 Emphasize practice and patience.

**The information on the following pages is meant to help people understand the female condom and related issues. These pages can be photocopied for users; be used in brochures with visual examples; and/or be developed as flip chart materials. FHC is currently developing this material as a flipchart for wide distribution.**

## Disease transmission and safer sex

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### **Personal vulnerability and risk**

Many men and woman may not believe that they are at risk of STIs. Therefore, the following messages should be delivered in introduction programmes:

- Good, reliable data should be presented about the realities and risks of STI and HIV infection and the fact that women are also at risk of contracting HIV/AIDS.
- A person can become infected through having sexual relations with someone who is infected.
- An HIV-infected person may or may not have any symptoms or signs of the infection and may not know that he or she is infected.
- A person with an STI is at increased risk of contracting HIV, the virus that causes AIDS.
- An STI may affect a person's fertility.
- Protection against STIs is also protection against infections that can cause cervical cancer.
- An infected pregnant woman can infect her baby in the womb or during childbirth.
- Infections such as syphilis can cause permanent heart and brain damage if untreated.
- Infections such as HIV can kill the infected person.
- Counsellors should encourage clients with signs and symptoms of common STIs to see a health care provider immediately, as most STIs can be treated. They should be advised also to inform their partners to seek out a health care provider to ensure that they are not also infected.

### **Dual protection**

Only barrier method contraceptives provide protection against both unwanted pregnancy **and** the transmission of some STIs.

Other methods, such as oral contraceptive pills, injectables, implants and IUDs reduce the risk of pregnancy only, but provide no protection against STIs.

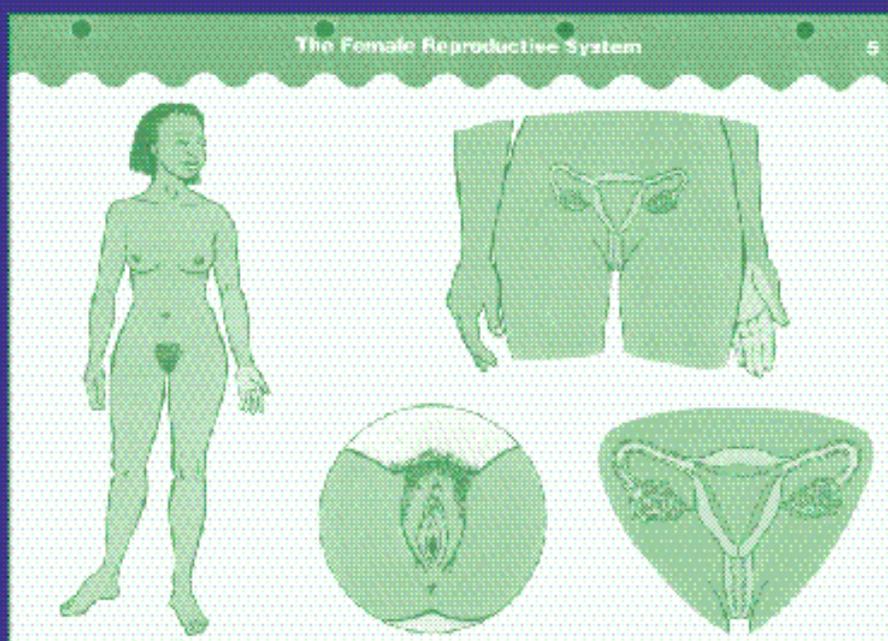
## Female anatomy

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- It is important to be familiar with both your body and your partner's.
- Show the vagina, explaining that this is where the penis goes during sex.
- Show the urethra, explaining that inserting a female condom will not interfere with normal bodily functions such as urination.
- Show the location of the pubic bone and cervix on a diagram or plastic model, explaining that the female condom covers the cervix and protects it from both sperm and diseases that can enter the cervix.
- Point to the uterus, explaining that this is where the fetus grows, and to the fallopian tubes, stating that each month an egg is released, it goes into the uterus, and the outcome is either pregnancy or a period.
- The vagina is a closed pouch; the female condom will not “float up” and become lost in a woman's body.

The female condom is a relatively new method and requires practice and patience. Think about developing a mechanism to provide support to new users through drop-in weekly groups and one-to-one counselling sessions.

The Female Reproductive System from the Reproductive Health Research Unit's contraceptive methods flip chart in South Africa.



**The female reproductive organs**

1. **External female reproductive parts:**

- The **external female reproductive system** includes:
  - **vulva**
  - **vaginal opening (vagina)**
  - **outer labia** (or **labia majora**)
- The **internal female reproductive organs** include:
  - **uterus** (womb)
  - **ovaries** (two, one on each side)
  - **fallopian tubes** (uterine tubes)
  - **ovulation** (when an egg is released from the ovary)
- **Other openings include:**
  - **urethra** (urine)
  - **anus**

2. **Functions of the external reproductive organs:**

- **Vulva:** (outer female part) protects the **vagina** (inner female part)
- **Vaginal opening (vagina):** (inner female part) allows **menstrual periods** (the cells develop) **passing through the vaginal opening** during sex. When a **baby** is born it passes through the **vagina** (opening).

3. **Functions of the internal reproductive organs:**

- **Uterus:** (womb) is the **organ** in which the **embryo** (the **newly formed** baby) develops.
- **Fallopian tubes:** connect the **ovaries** to the **uterus**. Each month an **egg** is released from the **ovary** and moves down the **fallopian tube**.
- **Uterus:** (womb) is where the **embryo** (newly formed baby) grows into a **baby**.
- **Cervix:** (neck of the uterus) which connects the **uterus** to the **vagina**.

4. **Functions of the male (partner):**

- **Penetration:** (when the penis enters)
- **Anal:** (where babies come out)

**Labels for the diagrams:**

**External female reproductive parts:** vulva, outer labia, vaginal opening, inner labia, urethra, anus.

**Internal female reproductive organs:** fallopian tube, ovary, uterus, cervix, vagina, vaginal opening.



## The female condom

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- A strong, loose-fitting polyurethane sheath that is 17 centimetres long (about 6.5 inches) with a flexible ring at each end.
- Polyurethane is a soft, thin plastic that is stronger than the latex, used to make most male condoms.
- Polyurethane conducts heat efficiently, so sex can feel very sensitive and natural with the female condom.
- Polyurethane is odourless.
- The inner ring is used to insert the female condom and helps keep the female condom in place. The inner ring slides in place behind the pubic bone.
- The outer ring is soft and remains on the outside of the vagina during sexual intercourse. It covers the area around the opening of the vagina (the vulva). It can prove pleasurable for men as well as for women.
- There are no serious side-effects associated with use of the female condom; less than 10% of users report mild irritations.
- It can be inserted up to eight hours in advance so it will not interrupt sexual spontaneity.
- It does not require an erect penis to insert the female condom into the vagina.
- It need not be removed immediately after ejaculation.
- It comes pre-lubricated with a non-spermicidal, silicone-based lubricant that is needed for ease of insertion and for easy movement during intercourse.
- Lubrication reduces noise during sexual intercourse and makes sex smoother.
- Additional lubricant, either oil-based or water-based, can be used.
- It is not tight or constricting.
- Its larger size makes the female condom easier for ejaculation.
- It does not require a prescription or the intervention of a health care provider.
- Male and female condoms should not be used together as friction between the plastic and the latex rubber can result in either product failing.

## How to use a female condom

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The female condom is a new method and requires practice and patience. Practice putting it in and removing it before using it for the first time during sexual intercourse. Insertion becomes easier with time, and it may take several tries before you are comfortable with inserting the female condom. Try it at least three times before making any decisions about continuing to try it or not.

- 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 Choose a position that is comfortable for insertion – squat, raise one leg, sit or lie down.
- 3 Look at the condom and make sure it is lubricated.
- 4 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.
- 5 With the other hand, separate the outer lips of the vagina.
- 6 Gently insert the inner ring into the vagina. Feel the inner ring go up and move into place.
- 7 Place the index finger on the inside of the condom, 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.
- 8 The female condom is now in place and ready for use with your partner.
- 9 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. Use enough lubricant so that the condom stays in place during sex. If the condom is pulled out or pushed in, there is not enough lubricant – add more to either the inside of the condom or the outside of the penis.
- 10 To remove the condom, twist the outer ring and gently pull the condom out. Try to do this before standing up.
- 11 Wrap the condom in the package or in tissue, and throw it in the garbage. Do not put it into the toilet.

The female condom may be unfamiliar at first. It is lubricated and may be slippery to insert. Be patient – with time, using the female condom becomes easier and easier. You will become more and more comfortable with it each time you use it, and so will your partner.



## Comparison between a female condom and a male condom

Both the female condom and male condom are barrier methods that provide dual protection against pregnancy and STIs. The female condom is the same length as the male condom and somewhat wider. They also differ in the following ways:

Male condom	Female condom
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"> <li>● Can include spermicide</li> <li>● Can be water-based only; cannot be oil-based</li> <li>● Located on the outside of condom</li> </ul>	Lubricant: <ul style="list-style-type: none"> <li>● Can include spermicide</li> <li>● Can be water-based or oil-based</li> <li>● Located on the inside of condom</li> </ul>
Requires erect penis	Does not require erect penis
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
Latex condoms can decay if not stored properly; polyurethane condoms are not susceptible to deterioration from temperature or humidity	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

Male and female condoms should not be used together as friction between the plastic and the latex rubber can result in either product failing.

## Talk to your partner about the female condom

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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. However, 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.

The female condom provides women with an extended choice to protect themselves from unwanted pregnancy and STIs. Extending choice and enhancing women's options increases the number of protected sexual encounters. In addition, the female condom may provide women with a device that can increase their ability to negotiate safer sex.

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 all help men and women to negotiate female condom use.

### Some lessons learned about negotiating safer sex include:

- 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 the female condom.
- In some cases it can be useful to incorporate the female condom 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 the female condom by arguing that most local women now use the device. More often than not, partners felt 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. They emphasized the novelty of the new product and the key attributes that other men really liked about the female condom.
- In Birmingham, Alabama, USA a video for male partners was used as a motivation strategy.
- In the area of sex work, it has been reported that some sex workers impose the female condom on the clients rather than negotiate its use. Some sex workers did not even tell their client that they were wearing the female condom prior to sex and found that men either did not notice or were happy not to use the male condom. Others felt more confident about introducing and persuading clients to use the female condom after the client had refused to use the male condom.

### 1 **Is the female condom difficult to use?**

The female condom is not difficult to use, but it may take some practice to get used to it. Supportive and positive counselling for new users is very useful to encourage women not to abandon the female condom until they have tried it several times. Research has indicated that the female condom may need to be tried at least three times before users become confident about inserting the device.

Counsellors need to explain that the female condom requires practise and patience. Women should be advised to practise putting it in and removing it before using it for the first time during sexual intercourse. They should try to place 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. Encouragement should be given that insertion becomes easier with time, and that it may take several tries before the user becomes comfortable with inserting the female condom. They should be encouraged to try it at least three times before making any decisions about continuing to use it or not.

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 the female condom and not between the vaginal wall and the outer side of the female condom. Diagrams and/or anatomical models should be used to illustrate this problem at introduction. Women and men should be instructed that the penis must be guided to ensure no errors occur. If the penis does enter incorrectly, the man should withdraw his penis and the couple should start again using the same female condom with additional lubrication, if necessary.

### 3 **What kind of lubricant should be used with the female condom?**

The female condom comes pre-lubricated with a silicone-based, non-spermicidal lubricant. This lubrication is necessary to assist in the insertion of the device and to allow easy movement during intercourse. The lubricant may make the female condom a little slippery at first.

If the outer ring of the female condom gets pushed in or the condom pulled out of the vagina, more lubricant may be needed. Also, if the female condom makes noise during sex, simply add more lubricant.

The female condom can be used with both water-based and oil-based lubricants, whereas male latex condoms can only be used with water-based lubricants.

### 4 **Can the female condom be used more than once?**

At present the female condom is intended for a single use only. However, researchers are currently exploring the safety of re-use of the female condom. It is anticipated that by mid-2000, the results of the ongoing research will provide adequate information and data to recommend clear guidelines on the re-use of the female condom.

The current research is examining the following properties of the female condom during re-use and after repeated washing, drying and relubrication procedures:

- structural integrity;
- microbial retention;
- acceptability;
- safety; and
- potential cleaning, storage and relubrication practices.

The practice of re-use has been documented in several countries; therefore, clear guidelines based on scientific evidence are urgently needed.

**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 the female condom differently (i.e. reinsert or re-position the device) so that the inner ring is tucked back behind the cervix and out of way. On the other hand, some people report that the inner ring adds to both a man's and a woman's sexual pleasure.

**6 Is the female condom big?**

There may be an initial negative reaction to the female condom because of its size, but this feeling diminishes with use. To avoid this misperception of size, it is useful to compare the female condom to an unrolled male condom to highlight that the female condom is the same length but wider than the male condom. It is also important to note that the female condom provides added protection because the base of the penis and the external female genitalia are partly covered during use.

Some strategies that have been used to reduce the possible negative reaction of the woman's sexual partner include introducing the female condom rolled up, to minimize its size (Mexico), and inserting the female condom before the initiation of sexual activity (Zimbabwe). In Zimbabwe, counselling stressed the advantages of the wider diameter, as many men complain about the constricting nature of male condoms.

**7 How do I dispose of the female condom?**

The proper removal and disposal of the female condom should be included with the packaging of the female condom as well in introductory training programmes:

- The female condom 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.
- The female condom can be pulled out.
- It is important to stress that the female condom should be disposed of in waste containers and not, for example, 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 the female condom.

**8 Can I use the female condom in different sexual positions?**

The female condom can be used in any sexual position; however, additional lubricant may be needed. But some women may feel more comfortable learning to use the female condom 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.

**9 Can we use a female condom 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 due to inadequate lubrication resulting in either or both condoms slipping or tearing, and/or the outer ring of the female condom being pushed inside the vagina.

**10 How long will the female condom last?**

The United States Food and Drug Administration has approved the female condom for a shelf-life of five years from the date of manufacture. Because of the properties of polyurethane, the female condom is not affected by differences in temperature and humidity, so no special storage conditions are required.

## 11 How can the risk of unintended pregnancy be minimized?

Where the female condom has been approved, it is recommended both as a contraceptive and as a method to prevent STI and HIV transmission. It is, therefore, understandable that women may regard the female condom as a contraceptive alternative. If a woman stops using her previous method of contraception when she first tries the female condom, there is a risk that, should she soon reject the female condom, she may not be covered for pregnancy prevention. One counselling strategy that recognizes both the contraceptive and disease prevention capabilities of the female condom, as well as the “novelty” of a new method, is to define a period where overlap in contraceptive methods can be encouraged. This type of “trial period” will provide a few months for users to become comfortable with the new method and avoid unintended pregnancy during any switch-over period between contraceptive methods. Following this period, the woman can choose to continue with the female condom as her main contraceptive method, to return to her previous method, or to integrate (where appropriate) the female condom into her contraceptive/disease prevention mix.

Where available, it is important to also discuss the possibility of using emergency contraception as a back-up for the prevention of conception in the case of non-use or failure of the female condom (for example if the condom is removed before ejaculation) during any specific act of sexual intercourse. A female condom client should be given information about where emergency contraception can be obtained, and when and how it should be used.

## 12 Who can use the female condom?

- People who want to protect themselves and their partners, and show their partners that they care.
- People who are concerned about unintended pregnancy and STIs, including HIV/AIDS.
- 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 allergic to nonoxynol-9 spermicide.
- People who are HIV+ or have HIV+ partners.

# 8

## Resource materials

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There are a number of resource materials and tools being developed to assist in the introduction and integration of the female condom. These materials are currently being collected and catalogued. This section of the Guide will be continually updated.

### Bibliography

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#### ● Background on the female condom

*The Female Condom: An information pack.* UNAIDS and WHO, April 1997.

#### ● Strategic Planning – see Section 5

*A guide for assessing strategies to broaden contraceptive choice and improve quality of care.* WHO, July 1999 (draft).

*Facilitators guide for stakeholder meeting and strategic planning workshop – currently under development*

*Framework for accessing and promoting the female condom from public sector health facilities in Zimbabwe.* Zimbabwe National AIDS Coordination Programme, November 1998.

*Launching and promoting the female condom in Eastern and Southern Africa.* A UNAIDS “Key Material” in its Best Practice Collection, May 1999.

#### ● Training

*Model curriculum – currently under development*

*Outline of a National Barrier Methods Training Course in South Africa,* 1999.

*The Female Health Company’s “Training Model” and video – available from FHC.*

#### ● Research

Summary of clinical research on the Internet at <http://www.femalehealth.com>

*Sample research tools – currently under development*

*The female condom in the US: A literature review.* Supplement, American Journal of Public Health, June 1999.

WHO and UNAIDS monograph in *The Female Condom: An information pack,* April 1997.

*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.

*Use of the female condom: Gender relations and sexual negotiations in “Sex and Youth: contextual factors affecting risk for HIV/AIDS”.* Aggleton P, Rivers K, Scott S. UNAIDS Best Practice Collection, 1999.

## Directory of key organizations and contacts for assistance

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This is only a small listing of organizations active with the female condom, and this list will be continually updated.

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### United Nations Organizations

#### **Joint United Nations Programme on HIV/AIDS – UNAIDS**

Information Centre  
20 avenue Appia  
1211 Geneva 27  
Switzerland  
Tel: +41-22-791-4651,  
Fax +41-22-791-4165  
E-mail: [unaids@unaids.org](mailto:unaids@unaids.org)  
Website: <http://www.unaids.org>

UNAIDS publishes case studies, position papers and key material on the female condom. With WHO, produced *The female condom: An information pack* (April 1997) which provides information about what the female condom is, why it is important, what we know about its safety, effectiveness and acceptability, and what is needed to make it more widely available. UNAIDS has also published *The female condom and AIDS*, *Launching and promoting the female condom in Eastern and Southern Africa* and *Use of the female condom: Gender relations and sexual negotiations*, all part of the UNAIDS Best Practice Collection.

#### **United Nations Population Fund – UNFPA**

Senior Logistics Adviser  
220 East 42nd Street,  
New York, NY 10017, USA  
Tel: +1-212-297-5231  
Fax: +1-212-297-5145  
E-mail: [info@unfpa.org](mailto:info@unfpa.org)  
Website: <http://www.unfpa.org>

UNFPA is prepared to follow a cooperative approach, in close consultation with its network of field offices in 130 countries, Technical Support Services partners in 11 United Nations specialized agencies, and Country Support Teams in eight regions. Drawing upon *The female condom: A guide for planning and programming* and in consultation with in-country partners, including the government and members

of the donor community, UNFPA will assist in the planning and design of country-specific strategies.

#### **World Health Organization – WHO**

Department of Reproductive Health  
and Research  
20 avenue Appia  
1211 Geneva 27  
Switzerland  
Tel: +41-22-791-2111  
Fax +41-22-791-4171  
E-mail: [rhrpublications@who.int](mailto:rhrpublications@who.int)  
Website: <http://www.who.org>

With UNAIDS, WHO produced *The female condom: An information pack* (April 1997). WHO has also recently developed *Expanding options in reproductive health: Making decisions about contraceptive introduction: A guide for assessing strategies to broaden contraceptive choice and improve quality of care* (draft July 1999). In addition, the Department of Reproductive Health and Research is undertaking a multicentre comparative assessment in four countries of family planning clients choosing the male or female condom. They will be followed up to one year, and the incidence of pregnancy and infections compared according to the method used.

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**Female condom manufacturer**

**The Female Health Company (FHC)**

Director for International Affairs  
One Sovereign Park,  
Coronation Road,  
London NW10 7QP, UK  
Tel: +44-20-8965-2813  
Fax: +44-20-8453-0324  
E-mail: [info@femalecondom.org](mailto:info@femalecondom.org)  
Website: <http://www.femalecondom.org>

Sole manufacturer of the female condom and, with UNAIDS, established the Global Public Sector Price of £0.38 per female condom. In addition, FHC is available to assist in developing introductory strategies, materials, social marketing programmes, special packaging, educational and training guides, research materials, advocacy tools and videos. The materials are available from FHC and through the website.

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**Organizations involved in female condom programmes and research**

**Brazil Ministry of Health**

Chief of Prevention,  
Brazil NAP, Ministério da Saúde  
Esplanada dos Ministérios,  
Bloco G, Sobreloja,  
CEP 70.058-900 Brasília DF  
Phone: 61.315.21.40 - 315.28.89  
Fax: 61.323.37.48  
E-mail: [rosemeire@aids.gov.br](mailto:rosemeire@aids.gov.br)  
Website: <http://www.aids.gov.br>

The Ministry of Health of Brazil through its National AIDS Programme has established the policy of purchasing and distributing the female condom as an effective barrier method for STI and AIDS prevention as well as a contraceptive device, to low income women who attend the public health system. The National AIDS Programme Prevention Division can offer exchange of experience and information regarding the conduct of a multi-centre acceptability study, the culturally appropriate materials developed for the training of health professionals, and for female condom users. Information on the purchase and logistics of condom distribution is also available. Some information is available on the website.

**CARE**

HIV Programme Coordinator  
Road 7/A, House 60  
Dhanmondi 1209,  
Dhaka, Bangladesh  
Fax: +880 2 814183  
E-mail: [carehiv@bangla.net](mailto:carehiv@bangla.net)

CARE is prepared to share its experience and results of an acceptability study among street and brothel-based sex workers in

Bangladesh. They are prepared to help programmes develop an approach to using the female condom in commercial sex settings.

**DKT do Brasil**

Avenida Brigadeiro Faria Lima,  
6th Floor São Paulo SP, 1739  
01452-000 Brazil  
Tel: +55-11-815-7522  
Fax: +55-11-816-1273  
E-mail: [dktbra@attglobal.net](mailto:dktbra@attglobal.net)

DKT do Brasil has been socially marketing the female condom under the brand name Reality since December 1997 and has developed various educational and promotional materials that can be applied to other efforts worldwide. The staff of DKT do Brasil can also share valuable experience gained in the marketing of this product.

**Family Health International**

P.O. Box 13950,  
Research Triangle Park,  
North Carolina 22709, USA  
Tel: +1-919-544-7040,  
Fax: +1-919-544-7261  
Website: <http://www.fhi.org>

FHI has worked on female condom introductory programmes and operations research in South Africa, Kenya, Brazil, Thailand and elsewhere. FHI has also produced extensive material about barrier methods, and has conducted extensive research about female condom re-use.

### **Health Strategies International (HSI)**

2 Madrone Place,  
Orinda, CA 94563, USA  
Tel: +1-925-254-5379,  
Fax: +1-800-683-3442  
E-mail: emarseille@home.com  
With UNAIDS support, HSI conducted female condom cost-effectiveness research. HSI has developed a computer-based model for assessing the cost-effectiveness of the female condom in both low-income and developed country settings.

### **HIV Center for Clinical and Behavioral Studies at Columbia University**

722 West 168th Street  
New York, NY 10032, USA  
Tel: +1 (212) 543-5788  
Fax: +1 (212) 543-6003

The HIV Center has worked on female condom introduction programmes in Nigeria, South Africa and the USA, with a special emphasis on developing dual protection strategies. They have produced intervention guides, resource manual, assessment tools and training programmes.

### **International Planned Parenthood Federation (IPPF)**

Assistant Director General,  
Global Advocacy  
Regent's College, Regent's Park,  
Inner Circle, London NW1 4NS, UK  
Tel: +44-20-7487-7852  
Fax: +44-20-7487-7865  
Email: info@ippf.org  
Website: <http://www.ippf.org>

IPPF recognizes the usefulness of the female condom for disease prevention and contraception. Family Planning Associates may request supplies of the female condom from IPPF, and grant-receiving FPAs will be in a position to obtain supplies as part of each FPA's commodity grant. IPPF is also able to provide scientific and technical information on the female condom.

### **Johns Hopkins Center for Communication Programs (JHU/CCP)**

111 Market Place, Suite 310  
Baltimore, MD 21202, USA  
Website: <http://www.jhuccp.org>

The Population Information Program (JHU/PIP) at the Johns Hopkins Center for Communication Programs strengthens reproductive health and related programmes in developing countries through a unique set of complementary information services. JHU/PIP provides health professionals and policy-makers with comprehensive information through its three major components, Population Reports, POPLINE, and the Media/Materials Clearinghouse (M/MC).

**POPLINE** is the most comprehensive and widely available bibliographic database on population, family planning, and related issues. The database consists of over 260,000 citations with abstracts of scientific articles, reports, books, and papers in all languages. *To view records on the female condom*, you may visit the POPLINE site at <http://www.jhuccp.org/POPLINE> and find *female condom* under the search of the month feature.

### **The Media/Materials Clearinghouse**

is an international resource for health professionals who seek samples of pamphlets, posters, audiotapes, novelty items, training materials, videos, CDs, and other media/materials designed to promote reproductive health and related issues. M/MC staff have collected tens of thousands of items from around the world. *To see samples of materials designed to promote the female condom, and for further information, please contact:* Susan Leibtag at [sleibtag@jhuccp.org](mailto:sleibtag@jhuccp.org)

### **Marie Stopes International (MSI)**

Tel: +44-020-7574-7400  
Fax: +44-020-7574-7418  
E-mail: [info@stopes.org.uk](mailto:info@stopes.org.uk)  
Website: <http://www.mariestopes.org.uk>

MSI has established a female condom social marketing project in Uganda.

### **Mpumalanga Provincial Department of Health in South Africa**

Chief Community Liaison Officer  
Private Bag X11285, Nelspruit 200,  
South Africa  
Tel: +27-13-752-8085  
Fax: +27-13-755-3549  
E-mail: [Kelvinb@social.mpu.gov.za](mailto:Kelvinb@social.mpu.gov.za)

The Mpumalanga Department of Health is using the female condom mainly for targeted peer education projects that focus on disadvantaged, vulnerable women in both rural and periurban areas of South Africa. Cost analysis indicates a targeted approach is essential in resource poor communities. Further work on social marketing through government clinics is also being conducted. The Department can act as a resource for the operationalising of female condoms in resource poor communities.

**Papua New Guinea Institute of Medical Research (IMR)**

PO Box 7981, Boroko NCD,  
Papua New Guinea  
Tel: +675-3231298, +675-4725266  
Fax: +675-3230148, +675-4725267  
E-mail [imrpom@datec.com.pg](mailto:imrpom@datec.com.pg)

The PNG IMR has extensive information and experience on the use of the female condom by sex workers and non-sex workers in PNG. IMR will share this experience and provide information on the use of the female condom to any interested NGO or CBO in PNG or elsewhere. IMR has designed a flipchart and a brochure on how to use the female condom. These materials which are written in both English and Pidgin can be made available free of charge to NGOs and CBOs that wish to promote the female condom. IMR will also assist NGOs and CBOs to plan and execute female condom programmes.

**Population Council/Horizons Project**

4301 Connecticut Avenue, NW  
Suite 280,  
Washington, DC 20008, USA  
Tel: +1-202-237-9400  
Fax: +1-202-237-8410  
E-mails: [SMOBBLEY@pcdc.org](mailto:SMOBBLEY@pcdc.org) and  
[chris@popcouncil.th.com](mailto:chris@popcouncil.th.com)  
Website: <http://www.popcouncil.org/horizons>

Horizons is conducting operations research in a variety of countries, including Brazil, Cambodia and Zimbabwe. This research is studying various aspects of

female condom use and hopes to identify the barriers and enabling factors with regard to the initiation, negotiation, and continued use of the female condom.

**Population Services International (PSI)**

1120 19th Street, NW, Suite 600,  
Washington, DC 20036, USA  
Tel: +1-202-785-0072  
Fax: +1-202-785-0120  
E-mail: [generalinfo@psiwash.org](mailto:generalinfo@psiwash.org)  
Website: <http://www.psiwash.org>

PSI is social marketing the female condom in ten countries and has produced a wide variety of social marketing and communication materials. PSI also has conducted research on brand development and user profiles.

**The Reproductive Health Research Unit in South Africa (RHRU)**

Chris Hani Baragwanath Hospital,  
PO Bertsham 2013, South Africa  
Tel: +27-11-933-1228,  
Fax: +27-11-933-1227  
E-mail: [kimdt@obs.co.za](mailto:kimdt@obs.co.za),  
Website: <http://www.rhru.co.za>

RHRU has considerable experience in developing and implementing female condom research, training and programmes and is prepared to offer technical support to develop strategies and programmes for the female condom, dual protection, or more generally to include other barrier methods and emergency contraception. Its National Barrier Methods Training Course can be adapted to suit country specific needs. RHRU has also produced flipcharts, posters and leaflets as part of an “Expanding Contraceptive Choice” project.

**Terpan**

Tel: 33-2-37-32-64-94  
Fax: 33-2-27-83-44-27  
E-mail: [Terpan@wanadoo.fr](mailto:Terpan@wanadoo.fr)  
Website: <http://www.terpan.com>

FHC’s distribution and marketing partner in France has produced extensive materials in French, including a training video.

**Zimbabwe National AIDS  
Co-ordination Programme  
(ZNACP)**

Condom Management Advisor  
Box CY 1122, Causeway,  
Harare, Zimbabwe  
Tel: +263 (4) 702-446/792-981  
Fax: +263 (4) 795-191  
E-mail: nacp@telconet.co.zw

materials development and overall female condom programming in the public sector. NACP Zimbabwe is willing to assist and provide information on the above areas.

NACP Zimbabwe has had experience in a step-by-step participatory and integrated approach in introducing and promoting the female condom: from acceptability studies, user perspective studies, consensus building, educational

**The Training Model  
and video available  
from The Female  
Health Company.**

