How the Female Condom Affects Male Condom Use

If availability and acceptance of the female condom increase, will its use undermine that of the male condom? Or, does making both the male and female condom more accessible increase the overall number of protected sex acts?

Research suggests that making the female condom available may increase the overall number of protected sex acts, but better research designs are needed to confirm this finding. More research is also needed to examine related questions, including the reliability of reported rates of condom use and how the combined use of male and female condoms affects rates of sexually transmitted infection (STI). A summary of the main studies to date follows.

- When the female condom was offered along with the male condom to some 1,500 Brazilian women at national health services in six cities, the proportion of acts protected by either condom type at last sexual intercourse increased from 31 percent to 65 percent. All women who were HIV-positive and sexually active used or continued to use the female condom during the entire study period of three months.1

- Among 198 women who were supplied with the female condom at least once at family planning clinics in South Africa, 88 percent reported they were using either a male or female condom more often since the female condom became available.2 A more rigorous research design is needed, however, to confirm these one-time, self reports.

- In a prospective, six-month study at two STI clinics in the U.S., 895 sexually active women were given male and female condoms. At six months, nearly three of four women had used both types of condoms. Also, among some 300 consistent condom users, three-fourths used both types of condoms, and only 18 percent used the male condom exclusively. Having both condom types available allowed inconsistent users of the male condom to achieve higher protection rates by mixing condom types over time.3

- In a 24-week study in Thailand, 249 sex workers with access to both the male and female condom reported fewer unprotected sex acts (5.9 percent), than did 255 sex workers using only the male condom (7.1 percent unprotected acts). "Unprotected sex acts" included those during which the condom tore or slipped. The overall proportion of sex acts in which any condom was used was similar in the two groups. Male condom use was already very high in this population, so the number of unprotected sex acts was already small, and hence, the results were not statistically significant.4
• In a study in Zambia, 99 HIV-serodiscordant couples were counseled to use either a female or male condom plus spermicide for each coital act. Over 12 months, couples who used the female condom regularly (28 percent to 47 percent of the time) reported fewer unprotected sex acts (5 percent), compared to couples who used the female condom less than 10 percent of the time (14 percent unprotected acts). The research suggested that availability of the female condom resulted in more protected coital acts, rather than the female condom use replacing male condom use.5

• Overall condom use increased among STI clinic patients in the U.S. receiving hierarchy messages, which promote male condoms and female-controlled barrier methods along a prevention continuum. In one study, a group of patients receiving hierarchy counseling reported higher condom use than groups counseled only in male condom or only female condom use.6 Another study of a four-level hierarchy (male condoms, female condoms, diaphragm and spermicides) found that initial levels of male condom use were sustained over time and supplemented with female condoms, resulting in more condom protection.7

More research needed

Researchers are trying to capture more accurate data on self-reported condom use. More reported protected sex acts due to the availability of the female condom may not necessarily result in lower STI rates. A decline in STI rates is related to consistent and correct use of the condom. Researchers currently assume that consistent and correct use is lower with the female condom than the male condom because pregnancy rates in typical use are higher with the female condom. As users become more familiar with this new device, user errors may decline over time. Studies of the STI protection provided by differing levels of female condom use are needed, as are studies of ways — such as enhanced counseling or training — to minimize incorrect use of the device.8 FHI is currently examining these issues in a study in Madagascar among 1,000 sex workers.


FHI produced these research briefs as part of an information dissemination effort supported by the Bureau for Africa/Office of Sustainable Development, U.S. Agency for International Development. For more information, please contact femalecondom@fhi.org. Copyright Family Health International, 2001.