Can all women use the female condom?

“This female condom in question ... I have been hearing of it but I don't actually believe it exists ... I want to be convinced there is something like the female condom.”

— Chinazo Nkechi
Yes. All women at risk for STIs and/or pregnancy are appropriate users of the female condom. It is especially suitable for women who are unable—for a variety of reasons—to depend on male condoms and who need protection from STIs. As many as one-half of new HIV infections each year occur within marriage or regular partnerships. Almost seven in ten young women surveyed in Zimbabwe and South Africa reported having one lifetime partner, and eight in ten had abstained from sex until at least age 17. Nonetheless, four in ten of these young women were HIV positive. Young, married women are the fastest-growing group of HIV-positive people, and it is urgent to reach them with preventive measures. Reaching out to these couples with unbiased, culturally appropriate information is an increasingly important focus of female condom programs.

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

As the global HIV/AIDS epidemic has evolved, so too have the populations at risk. About three of every four HIV infections in developing countries are transmitted through heterosexual intercourse. The majority of new HIV infections in women occur within marriage or long-term relationships with primary partners. In southern India, a significant proportion of new infections occurs among married women, many of whom have been infected by husbands who frequented CSWs. Male clients of CSWs are infecting their wives and girlfriends in Thailand, where
Does the female condom prevent transmission of STIs?

**Yes.** Evidence from laboratory and population-based studies shows the female condom is at least as effective as the male condom at preventing STIs.

Several laboratory studies show that the material used in female condoms, polyurethane, is an effective barrier against many common STIs, including HIV. A test simulating sexual intercourse found the female condom was impervious to HIV. A test of the permeability of female condoms to gas, liquid, and the \( \Phi X174 \) virus (a virus smaller than HIV) similarly found them to be impermeable barriers. Based on these laboratory tests, the study authors concluded that female condoms can provide a highly protective barrier for STI prevention and contraception.

An additional estimate of the effectiveness of female condoms in preventing HIV transmission has been derived from the method’s effectiveness for pregnancy prevention and estimates of the risk of HIV infection per act of sexual intercourse. According to one such scenario, perfect use of the female condom for a year by a woman having sexual intercourse
“... the female condom is not a luxury to many women, especially in Africa and probably elsewhere too. It is a necessity that determines life or death.”

— Daisy Nyamukapa, UNFPA Zimbabwe

twice a week with an HIV-infected partner could reduce her risk of acquiring HIV by more than 90 percent. Even if the woman only used a female condom half of the time, her risk of HIV infection in one year would still be reduced by 46 percent.

Several small studies, including the few randomized, controlled trials on female condom use, indicate that female condoms confer as much protection from STIs as male condoms. Studies in Kenya, Thailand, and the United States found that the prevalence of STIs declined by about the same amount among women who were given female or male condoms as among those who were given only male condoms. The additional protection offered by female condoms is shown in recent data from Madagascar, where STI prevalence declined by 13 percent among sex workers a year after female condoms were added to the distribution of male condoms. Consistent use of the female condom by women in the United States provided complete protection from trichomoniasis reinfection.

A review of studies of the male condom determined that, in typical use, the male condom results in an 80 percent reduction in HIV incidence. While no studies have evaluated the specific HIV prevention effectiveness of the female condom, it is likely that the female condom provides at least the same level of protection as the male condom. Because it covers the base of the penis and some of the external female genitalia and is more resistant to tears, the female condom may offer better protection against genital ulcer diseases.
Does the female condom offer dual protection against pregnancy and STIs?
Yes. The female condom is the only woman-initiated method of dual protection against STIs and pregnancy available.

Several studies show that the female condom provides about the same protection from pregnancy as the male condom. WHO-supported studies comparing the effectiveness of female and male condoms show that the two types of condoms are substantially equivalent in preventing unintended pregnancies. Effectiveness rates for typical use among study participants in China, Panama, and Nigeria ranged from 94 to 98 percent for the female condom and from 92 to 96 percent for the male condom. Previous studies had estimated the female condom to be 79 percent effective in typical use, compared to 85 percent for male condoms, 80 percent for diaphragms, and 71 percent for spermicides. Promotion of female condoms for dual protection is particularly relevant in countries where married women are increasingly at risk of infection. The female condom expands the opportunities for lifesaving dual protection.

UNFPA Global Female Condom Initiative

The most comprehensive program to promote the female condom as a dual protection method is the Global Female Condom Initiative launched by UNFPA in 2005, which aims to scale up female condom programming in at least 23 countries. At the country level, UNFPA has helped establish condom technical working groups and is working with government and other stakeholders to develop and implement country-driven strategies for integrating female condoms into a wide range of reproductive health services. The goals of the Female Condom Initiative are to (1) expand access to female condoms and (2) integrate female condoms as an essential component of national HIV/AIDS policy guidelines and reproductive health programs. The Initiative aims to:

- Increase uptake of female condoms.
- Empower women to negotiate safer sex with their partner(s).
- Promote correct and consistent use of female condoms for HIV prevention.
- Advocate for the inclusion of female condoms in the WHO essential drug list.
Does the female condom have an impact on levels of protected sex?

“It has always been difficult for women to have the courage of telling a man to put on a condom whenever they are having sex, but this time around they will have a chance to protect themselves.”

— Clemente Naunje, Banja Lamtsogolo, 2006
Yes. Effective female condom interventions can increase the proportion of protected sex acts and decrease STI prevalence.

The contribution of the female condom to overall increased protection and decreased prevalence of STIs depends on who uses it, how correctly and consistently it is used, and whether it is a substitute for the male condom. Many studies show that providing the female condom (as part of a comprehensive prevention strategy) results in increased levels of protection.

Protected sex among women in studies in the United States and Brazil doubled after they received female condoms and counseling on their correct use.\textsuperscript{21,22} In Madagascar, protected sex increased by 10 percent among CSWs due to their use of the female condom.\textsuperscript{14} Other studies of female or male condom use in Kenya, Zambia, the United States, Zimbabwe, South Africa, and Nigeria found that encouraging use of either method contributed to increases in the proportion of protected sex acts.\textsuperscript{23–29} When both types of condoms are available, consistent condom users often switch between use of female and male condoms. These studies provide important evidence that the female condom is not just a substitute for the male condom, but is complementary and contributes to increased use of both types of condoms.

As has been shown for male condoms, female condoms likely offer some protection against chlamydia, gonorrhea, herpes simplex, syphilis, and human papillomavirus infections.\textsuperscript{30} Because the female condom covers more of the external female genitalia than the male condom does, it may be even more effective at preventing genital ulcer diseases—all of which can increase risk for HIV infection. Female partners of male condom users are less likely to get cervical cancer, and it is plausible that the same protection is provided by female condoms.\textsuperscript{31} More research is needed to determine the disease-specific protection offered by the female condom, especially to safeguard the reproductive health and future fertility of young women.
Is the female condom cost-effective?
Yes. Modeling exercises have shown that when the female condom is offered as part of a well-planned STI and pregnancy prevention program, it is a cost-effective public health intervention.

Health economists have developed models to estimate the relative benefit of female condom investment compared with other costs of STI/HIV prevention and treatment. Such models can help donors, health decision-makers, and program managers better understand the potential contribution of female condoms to safeguarding health and reducing negative impacts of unprotected sex. In one such model commissioned by the Female Health Company, substantial cost savings to the health sector were estimated based on different use scenarios in South Africa and Brazil of their new female condom, FC2.32 For example, the model estimated that in South Africa, assuming a low uptake of 4 million (at an estimated unit cost of US$0.77 for product, distribution, training, and education) the female condom would prevent 1,740 HIV infections, with a net savings to the health care system of about $980,000. Another type of model estimates that an investment of $4,000 for female condoms distributed to 1,000 CSWs in rural South Africa would prevent many cases of HIV, syphilis, and gonorrhea, yielding net savings to the health sector of just over $9,000.33

These types of models suggest that female condom programs can be highly cost-effective and offer significant protection to women and men. The additional benefits associated with prevention of pregnancy—and prevention of mother-to-child transmission of HIV—have not been quantified in these models, but they would make the cost-benefit analysis of the female condom even stronger.

In recent years, the international community has focused on improving access to treatment of HIV. While the gains made in treatment are laudable, they should not come at the expense of prevention services, which are estimated to be 28 times more cost-effective than treatment.34 Female condom programming is far less expensive than many other HIV/AIDS program inputs, such as antiretroviral therapy, which, at commercial prices, can cost US$300 to $1,200 per user per year in developing countries.35 Even at greatly reduced prices for antiretroviral therapy, such as those negotiated by the Clinton Foundation HIV/AIDS Initiative, the costs associated with treatment will grow substantially. The female condom is an important prevention tool, and its use along with antiretroviral therapy is one way to efficiently and effectively combine prevention and treatment.