Are there challenges to increasing access to and use of the female condom?

“...the biggest challenge [to female condom promotion] is not the noise or the way to use it—but that men are afraid it will make women promiscuous.”

— Manju Chatani, African Microbicides Advocacy Group
Yes. Expectations of uptake and impact may have been too optimistic, given the challenges of introducing a new product.

With so many women’s lives depending on an effective prevention option, hopes and expectations for the female condom have been high. While research shows that the female condom does provide STI and pregnancy protection, like all user-dependent methods, its effectiveness relies on correct and consistent use and good communication between partners. As with all new methods, counseling, practice, and peer support lead to greater comfort and confidence in use of the female condom. Experience in many diverse settings shows that women have learned to use the female condom successfully for protection.

The challenges of introducing the female condom have been compounded by negative perceptions of barrier methods. Some donors, program managers, and providers think that women are not willing to learn the steps necessary for insertion, including touching their genitals, or to talk with their partners about condom use. Similar obstacles were proposed for other vaginal products, such as tampons, (the feminine hygiene product designed to absorb menstrual blood), which took almost 20 years to be widely accepted. The tampon faced preconceived health care provider biases and slow user uptake similar to those associated with the female condom, but it is now a well-accepted product used by many women. These potential obstacles could be viewed as opportunities for women to learn about their anatomy and become comfortable with their bodies.

By teaching women to become familiar with their bodies and to gain confidence using vaginal methods, the female condom can ease the acceptance of other female-initiated products currently being developed, such as new cervical barriers and microbicides, which also will require insertion into the vagina. Providers influence acceptance of new methods by their attitudes and by the type of information they provide to clients. Stronger efforts must be made to ensure that providers convey accurate, unbiased information about female condoms to their clients.

Another challenge cited as hindering the uptake of the female condom is the product cost, especially compared to the male condom (see boxes, next pages). New methods often cost more than existing products, especially until demand reaches a level that encourages
Cost of the female condom

One of the obstacles to more widespread distribution and use of the female condom is the high cost of the current product, especially compared to the male condom. The FC Female Condom is available to donor programs through an agreement with the Joint United Nations Programme on HIV/AIDS at a cost of £0.38 per unit (~US$0.66), or 22 times the cost of a male condom ($0.03 per unit). The discrepancy is somewhat less when the costs of delivering female and male condoms through a comprehensive STI/HIV prevention program (training, advocacy, promotion, marketing, distribution, and monitoring) are added. For example, using data from all its social marketing programs, Population Services International (PSI) estimates that the “fully loaded” unit cost (product and program costs minus income generated) for the female condom in 2005 was $1.28, 12 times greater than the fully loaded cost for the male condom ($0.11).37

The good news is that whereas the fully loaded cost for male condom programming has stabilized, the program cost for female condoms continues to drop. The current cost of $1.28 is a decrease of almost two-thirds from the $2.96 cost to procure and program female condoms in 2000. Programming costs tend to decrease over time, as programs mature and products gain familiarity and wider distribution. PSI’s social marketing programs sold 867 million male condoms in 2004, a volume that allowed immense cost efficiencies, in comparison with sales of only 2 million female condoms. As the demand for female condoms increases worldwide, so will sales, reducing the unit cost of purchasing female condoms. And as programs mature and product awareness grows, the need for intensive promotion should lessen, further decreasing the cost of delivering female condoms to populations where they are needed.

In addition to reducing a woman’s risk of disease and pregnancy, it can lead to women’s increased knowledge of their bodies, improved sexual communication and negotiation skills, and empowerment. These benefits are difficult to measure, but they can have significant impact on women’s overall quality of life.
“If we have this new condom, we will get our men to use it ... It will help us a lot.”\textsuperscript{39}

— Female participant in group discussion near Durban, South Africa, 1995

“We can create providers ... who understand how to talk to women about their bodies [and] we can train women about their bodies ... We can do that with the female condom today and it will benefit male condom programs, female programs, and microbicides introduction.”\textsuperscript{40}

— Key informant, 2004

Reuse of the female condom

Reuse of the female condom has been proposed as a way to make the method more affordable now and increase its acceptability. Although the FC Female Condom is designed as a single-use product, there have been reports of reuse. In Zimbabwe, 2.2 percent of users in a study reported reusing the female condom for reasons of cost, inadequate supply, saving time, and mere experimentation.\textsuperscript{41} In 2000, WHO developed a draft protocol for reuse and commissioned research to test the safety and effectiveness of reused female condoms. Two years later, WHO issued a statement saying it does not recommend or promote reuse of female condoms, but it did publish a draft protocol that includes disinfecting, washing, drying, storing, and relubricating female condoms intended for reuse.\textsuperscript{42} While not advocating reuse, WHO has said the final decisions must be made locally, given the diversity of cultural, social, and personal factors that influence use. It is unclear how much reuse currently takes place worldwide—and whether there is any increased risk for the woman and/or her partner—but more research on this option, including simplified disinfection protocols and the potential for reuse of the new FC2, are needed. Studies are under way to evaluate a simplified cleaning protocol.
Are there feasible strategies for increasing demand and access?

“In Senegal, the [female] condoms are sold with noisy bine bine beads, an erotic accessory that women wear around their hips. The rustle of the polyurethane during sex is now associated with the clicking of the beads—and so, a turn-on.” 43

— The Sunday Independent, 2005
No. Increased promotion, wider distribution, better integration with other health programs, and reaching out to at-risk couples will stimulate demand for female condoms and contribute to improved access.

Worldwide orders for female condoms have not changed significantly during the last three years, as evidenced by steady sales data from Female Health Company. But consistent, large sales in South Africa and Brazil show what is possible with investments in programming (see boxes, next pages). There is a need for greater demand at the community level to gain the attention of local decision-makers who handle procurement and programming.

Private- and public-sector donors, as well as ministries of health and program managers, need to hear from those who stand to benefit from use of the female condom. The experience in Zimbabwe—where women’s groups collected more than 30,000 signatures from women demanding access to the female condom, resulting in the government’s importation of the female condom—shows the power of local groups.

Global and grassroots advocacy strategies are needed to make the case for female condoms. Well-coordinated efforts to reach decision-makers with key messages are needed to raise awareness and respond to questions and concerns. Involving professional health associations, policymakers, program managers, service providers, community leaders, and local women’s and youth groups in coordinated efforts to advocate for increased funding, support, and programming for the female condom will better voice the need for this type of protection.

Far greater education and outreach is needed to increase the demand for female condoms by potential users. This involves reaching out to women and men who are not normally the focus of condom promotion. Targeting the female condom to young people can help them incorporate this risk-reducing strategy early in their sexual experience to protect against pregnancy, disease, and infertility (a sequela of STIs such as chlamydia). Men need to be included in female condom education and outreach efforts to help overcome partner opposition, an important reason given by some women for discontinuing use of the method.
Promoting dual protection in South Africa

South Africa has one of the largest female condom programs in the world. In 2004, 1.4 million female condoms were distributed through the national program. The female condom was introduced in the country in 1998 through a pilot program targeting distribution through family-planning clinics, CSW sites, and a social marketing program in eight of nine provinces. The introduction strategy included provider training, information pamphlets for clients, monitoring and analysis of condom distribution, and quality assurance and supervision visits. Interviews with female condom users following the introduction showed that most female condom accepters were young (age 20 to 29), were current users of hormonal contraceptives, and mainly adopted the female condom for the additional benefit of STI/HIV protection.

The female condom program in South Africa is guided by a government barrier methods task force that includes all the key female condom stakeholders and works to ensure consistent supply of high-quality condoms to all provinces. The program’s success is also due to the coordinated, structured introduction strategy; well-monitored and controlled supply of female condoms; and comprehensive training of providers on female condom and dual protection. The program is now working to keep pace with demand, as well as stimulate greater involvement from the private sector.

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

Integrating female condom programming with other services, including family planning, reproductive health, voluntary HIV counseling and treatment, preventing mother-to-child transmission of HIV, antiretroviral treatment programs, and antenatal care, can be cost-efficient and increase access to the method for these potential users. The combined forces of these programs can build capacity and help institutionalize female-initiated methods and facilitate the introduction of other women’s protection options as they become available.

All women need access to a range of methods to protect themselves from unintended pregnancy and STIs. Decades of family-planning research have shown that increasing the choice of methods leads to increases in overall use. The greater the number of choices, the greater the likelihood that couples will use protection for every sexual act. Supporting female condom programming efforts that include information, practical training, and low-cost supplies will help make the female condom acceptable and available to all who can benefit from its protection. It is not a question of whether the female condom is a better method than
the male condom, diaphragm, or other family-planning method, but of how to give a woman options. With more than one option, she can choose the method that best fits her (and her partner’s) reproductive health needs.

“…there is generalized lack of political commitment on the part of national leaders to support the procurement, distribution and promotion of female condoms…”

— Maxwell Madzikanga

Reaching out to high-risk women in Brazil

The female condom is a widely recognized STI/HIV prevention method in Brazil. The government first introduced female condoms following a large-scale acceptability study in 1999, targeting the most vulnerable groups, including CSWs, HIV-positive women, women with STIs, female drug users, and women at risk from violence. Social marketing of female condoms had begun two years earlier in the private sector by DKT do Brasil. In 2000 and 2001, almost 2 million female condoms were distributed at no or low cost through the public and private sectors.

After five years, knowledge and acceptance are widespread, and distribution of the female condom has been highly effective in specific groups, like CSWs. Training service providers how to introduce and demonstrate use of the female condom and reaching out to women and men through community-based organizations have been key elements in the successful introduction of the female condom in Brazil.

The program is now faced with the challenge of increasing distribution to meet the urgent need to protect vulnerable populations. Although 4 million female condoms were distributed in 2003 and 2004, Ministry of Health officials believe that distribution should increase five-fold to better meet the need.
Are there prospects for new female condom products?

“We call on governments to ensure that the female condom is marketed to women in local communities and promoted as an effective method to prevent HIV/AIDS and sexually transmitted infections.”

— Dr. Musimbi Kanyoro, World YWCA
Yes. Two new female condom models are in limited distribution, and a second-generation condom (FC2) will soon be available. Three new products are in development but will not be available for several years.

Most global experience and published information currently available about the female condom comes from just one product, the FC Female Condom, manufactured by the Female Health Company (FHC). Two other female condoms, the V’Amour Female Condom and the Natural Sensation Panty Condom, are in limited marketing outside the United States, but they have not been approved by the US Food and Drug Administration or included in procurement by major donor agencies. FHC has developed a second-generation female condom, the FC2, made of synthetic latex, which should allow for price reductions as production volumes increase. At the request of the Joint United Nations Programme on HIV/AIDS, UNFPA is negotiating a price agreement with FHC for large-volume procurement of FC2. FHC hopes to develop a coalition of regional buyers to enable cost savings through bulk regional procurement. Nonetheless, to achieve even a 50 percent price reduction (US$0.31), global sales and bulk purchasing will have to increase to 200 million units—more than 14 times the total 2005 sales of the FC Female Condom (14 million units). This will require a substantial increase in global demand.

Three additional female condom products—the Woman’s Condom, the Silk Parasol Female Panty Condom, and the Belgian Female Condom—are in various stages of design, testing, and regulatory approval. Regulatory approval of these products is contingent on the developers receiving adequate funding for clinical trials and regulatory applications. It will be several years before any of these new products are available.

The availability of more female condom products will yield many benefits for current and future users of the female condom. New products may improve acknowledged problems with the first-generation product and therefore better meet users’ needs. Less-expensive design and manufacturing and market competition may result in lower product costs and therefore greater access. The regulatory approval pathway these new products must follow is costly and difficult, however, and can keep viable new products from reaching users. Amending the clinical trial requirements and streamlining the regulatory approval processes for female condoms in the United States may help bring innovative products to market.