



## THE FEMALE CONDOM: A POWERFUL TOOL FOR HIV PREVENTION

### WHY “WOMAN-CONTROLLED” METHODS OF HIV PREVENTION ARE NEEDED

Today, women and girls represent more than half of those infected with HIV worldwide and roughly 60 percent in sub-Saharan Africa.<sup>1</sup> In many countries, the rate of new infection is highest among married women and adolescent girls.<sup>2</sup>

Women are biologically, economically, and socially more vulnerable to HIV infection than are men. Women are four times more likely to contract HIV from sexual intercourse than men, in part because the cells in the vaginal area are highly receptive to the HIV virus.<sup>3</sup> Millions of married, monogamous women throughout the world are at risk of HIV infection because of the sexual practices and behaviors of their husbands and partners; studies in India, for example, show that more than four-fifths of new infections in women result from sex with husbands or primary partners.<sup>4</sup> Social and economic inequality as well as fear of physical, sexual, and psychological violence leave many women unable to control the “if and when” of sex. These same factors often prohibit women from successfully negotiating for consistent and correct use of male condoms to prevent transmission of HIV and other diseases.

These women need immediate and greater access to “woman-controlled” methods that help prevent infection. While research into the development of vaginal microbicides (e.g. gels, creams, suppositories) suggests a product may be available in five to seven years, the first products on the market will be no more than 30 to 60 percent effective. In the meantime, expanded access to the female condom could dramatically reduce the number of infections in women and girls, and help change the course of the AIDS epidemic. The female condom is the only safe and effective woman-controlled HIV prevention option now available.

### WHAT IS THE FEMALE CONDOM?

The version of the female condom that has been most widely tested and used is a polyurethane sheath that can be inserted into the vagina up to eight hours prior to intercourse. It is odorless and causes no allergic reactions. It is not dependent on the male erection, does not constrict the penis, and does not require immediate withdrawal after ejaculation. The most widely available female condom is produced by the U.S.-based Female Health Company (FHC). This product has been approved by the United States Food and Drug Administration (FDA), and endorsed in the United Nations Declaration of Commitment on HIV/AIDS. Yet misinformation, complacency, and lack of public sector investment in female condoms has undermined access to this method, despite studies showing that it is acceptable to a large share of women at risk of infection.

<sup>1</sup> *Accelerating Action against AIDS in Africa*. (Geneva: UNAIDS, 2003).

<sup>2</sup> *The AIDS Pandemic in the 21<sup>st</sup> Century*. Draft Report. (DC: U.S. Census Bureau, July 2002).

<sup>3</sup> *Women and HIV/AIDS*. Factsheet No 242. (Geneva: World Health Organization, June 2000).

<sup>4</sup> Rodrigues, et al. “Risk Factors for HIV Infection in People Attending Clinics for Sexually Transmitted Diseases in India.” *BMJ* 311, no.7000 (1995);

Newman, et al. “Marriage, Monogamy and HIV: a Profile of HIV-Infected Women in South India.” *Int J STD AIDS* 11, no.4 (2000); Solomon, et al.

“Prevalence and Risk Factors of HIV-1 and HIV-2 Infection in Urban and Rural Areas in Tamil Nadu, India.” *Int J STD AIDS* 9, no.2 (1998).

### DOES THE FEMALE CONDOM WORK?

Numerous studies from throughout the world show that the female condom is an effective tool for preventing the transmission of HIV and other sexually transmitted infections as well as for preventing unintended pregnancy. For example:

- Consistent and correct use of the female condom is estimated to reduce the risk of sexually transmitted infection (including HIV) by between 94% and 97% per act of intercourse. Data suggests that the female condom is often easier to use than the male condom and increases consistent use of condoms overall, that it can help women avoid infection while not requiring them to confront their husbands and partners when they suspect them of sexual infidelity, and that it can enable women to protect themselves when forced to have sex with husbands or partners who abuse alcohol.
- A study of sex workers in Thailand showed that the intervention group that received both male and female condoms had a higher incidence of protected sex experienced a 34% lower rate of STIs compared to those in the group using only male condoms.<sup>5</sup>
- A UNIFEM-sponsored study in Senegal showed that the combination of availability, training in the use of female condoms, and training in negotiating skills resulted in 80 percent of the women being able to protect themselves from unsafe sex.<sup>6</sup>

### IS THE FEMALE CONDOM A PERFECT PREVENTION SOLUTION?

No single, perfect prevention measure exists, but studies from numerous countries show that the female condom can provide coverage to as much as 20 percent of a population at risk of infection.

*That means 20 percent fewer people at risk of infection, leading to a potentially dramatic reduction in infection rates overall.* Given that the female condom can prevent HIV transmission and is acceptable to millions of women throughout the world currently at risk of infection, it is imperative to make this method as widely available as possible.

### HOW CAN THE FEMALE CONDOM BE MADE MORE AVAILABLE?

The cost (roughly 55 cents per unit) of the female condom is a critical impediment to its increased access worldwide. A large-scale bulk purchase of the female condom would reduce the initial purchase price and increase its affordability and access. The United States government is in a position to dramatically increase access to the female condom worldwide by making this method a centerpiece of prevention strategies within U.S. Global AIDS Strategy; by investing directly in access to female condoms and through all relevant international bilateral and multilateral channels—e.g. by making increased access to the female condom a core component of prevention strategies developed by USAID and the World Bank. Moreover, governments throughout Africa and Asia can facilitate access to female condoms by removing regulatory and programmatic barriers to its introduction on a wide scale in their own countries; promoting information and education about both female and male condoms; investing in programs on sexual negotiation and communication; and ensuring that female condoms have a central role in national prevention strategies. There is no time to waste: female condoms can save lives starting now.

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<sup>5</sup> A. L. Fontanet, J. Saba, V. Chandelying, et al. "Protection Against Sexually Transmitted Diseases by Granting Sex Workers in Thailand the Choice of Using the Male or Female Condom: Results from a Randomized Controlled Trial." *AIDS*. 1998; 12(14): 1851-59.

<sup>6</sup> *Women's Human Rights, Gender and HIV/AIDS*, (New York: UNIFEM).