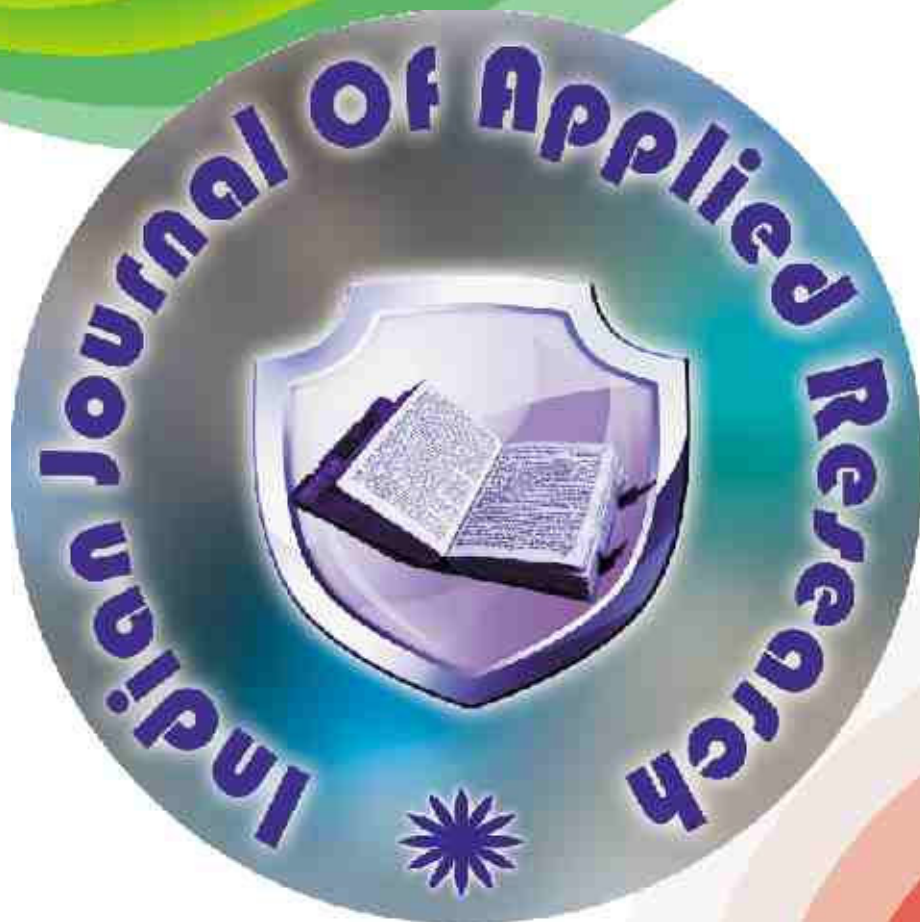


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To Assess Acceptability Of Female Condom As A Method Of Temporary Contraception Among Indian Women

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ABSTRACT

Study Design: Data on use and acceptability of the female condom were collected using a structured questionnaire during 4-week follow-up. *Results:* Analysis included 150 women participants. The overall satisfaction rate with the female condom was 32%, although, among users, 62% had difficulties in device insertion, 21% had agreeable feel and 31% reported noisy sensations. The main reason for using the female condom in the future was its perceived safety (50%), and the main reason for not using it would be the husband refusal. *Conclusion:* Two-thirds of the participants were not satisfied with the female condom. Future modifications to the female condom may enhance its acceptability without compromising its effectiveness as a pregnancy or disease prevention method.

Keywords : Female condom, acceptability, Male condom

Introduction

More than 20 years have elapsed since the female condom became widely available, and it remains the only female-initiated means of preventing both pregnancy and sexually transmitted infections, including HIV (1). Indeed, there are still gaps in knowledge about how acceptable the female condom is for long-term use (2). In our population the initial barrier to the use of the female condom would be its acceptability. It was therefore proposed to do a pilot study to determine if this method of contraception will find favor among Indian women.

Material & Method

The study was conducted at Command Hospital, Pune. 150 participants were recruited from the patients attending the Gynecology OPD. Women were eligible if they were aged 19 or older and having no latex allergy.

After providing written, informed consent, each participant was given a study number. Each participant completed a questionnaire to provide information on her and her partner's baseline demographic characteristics and sexual and reproductive history. Each participant was also given two Female condoms to use first and was asked to use them within 1 week. She was given proper demonstration about the correct use of the method on a dummy plastic model of the female pelvis.

After using the 02 assigned condoms, each participant returned for a follow-up visit. The patient was then given 3 more additional condoms if she wanted to use them again during the subsequent 2 weeks and again returned for a follow-up visit, at which she answered a questionnaire. Items with Likert-type scales asked the participant about the condom's ease of insertion or application and its ease of removal (scales for both items ranged from one, denoting very easy, to four, for very difficult), the general fit of the

condom and the feel of the condom during sex (score options for both were same, designating very easy 1, good; 2, average-3, below average -4; poor-5), and whether the condom made penetration easier or harder for her partner (1- representing easier; 2-no change; 3- harder)(3). Dichotomous questions asked whether the participant and her partner had ever experienced pain during sex because of the condom, and whether she and her partner had ever experienced burning, itching or irritation when using the condom. Finally, the participant was asked how much she and her partner each liked using the condoms (response options were like a lot, like a little, doesn't matter, dislike a little, dislike a lot) and how sex with the condom felt compared with sex without a condom (a lot better, little better, no different, little worse, a lot worse). In addition, the participant's coital logs were reviewed briefly for completeness and logical consistency (4).

Data analysis was undertaken using Version 6 of SAS. We obtained simple frequencies for demographic variables and for outcome variables describing female condom use patterns.

Results

Subject Characteristics

A total of 150 women were enrolled in the study; they ranged in age from 18 to 40 years, with a mean of 26 year (Table 1). All women were married and had one main sexual partner (Husband). All of them were HIV negative. Three in four had at least a high school degree, and 21% had graduated from college.

Contraceptive Use and acceptability

55% of the sample reported least liking the device. 50% felt safe and confident. An additional 62% were faced difficulty in removal/ insertion and 31 % complaint of too much noise during sex. (Table-2)

Study participants (couples) were asked to rate their overall reaction to the female condom on a five-point Likert-type scale (0=liked very much, 1=liked, 2=felt neutral, 3=disliked and 4=disliked very much). As is shown in Table 3 the women were generally positive in their opinions (mean score above 1.1). Similarly, when the couples were asked to rate the method's ease of use (using a Likert-type scale ranging from 0=very easy to 4=very difficult), insertion was considered relatively easy (score above 1.2) and removal very easy (1.4). Nearly three-quarters of respondents and more than two-fifths of their partners preferred the male condom to the female condom. Only 38.1% couple felt natural during sex. 19.1% respondents felt that it really protects them. (Table 4). Small proportions in each group had no preference, and one-fifth of the women could not report whether their partner had any opinion.

Discussion

The female condom is a pre lubricated, disposable, polyurethane vaginal sheath with two rings: one inside the closed upper end, which fixes around the cervix, and the other at the wider open bottom which forms the external edge of the sheath and remains outside the vagina after insertion (Figure-1) (5).

In this study, participants preferred the male condom to the female condom and were dissatisfied with multiple aspects of their experience using the female condom (6). The male condom was rated better for ease of application and general fit. Moreover, participants' reports of their or their partner's experiencing discomfort or pain during sex were more common for female condom use than for male condom use. About nine out of 10 women reported that they or their partner disliked using the female condom and said that sex felt worse with it than without it (7). Women's report of their own objections to the male condom was less common than report of their partner's; however, levels of disapproval for this method were still high (8). When women's ratings at the end of the study on nine acceptability criteria were evaluated, the distribution was highly skewed in favor of male condom use (9).

Because of the relatively small number of multiple follow-up questionnaires collected, we could not assess changes over time in women's attitudes toward this method. We encouraged participants to use the female condom more than once, given that women are generally not encouraged to use vaginal methods and may not feel comfortable about touching their genitals. Anecdotal evidence from group discussions suggested that women's attitudes changed substantially after their first one or two uses of the device (10). Another challenge relates to negotiation with male partners. Therefore, the female condom is now usually referred to as "female-initiated," rather than "female-controlled," to reflect that its use is not fully in the hands of women (11).

Conclusion

We found the acceptability of the female condom to be significantly lower than that of the male condom. Future modifications to the female condom and reduction in its cost may enhance its acceptability without compromising its effectiveness as a pregnancy or disease prevention method (12). We also recommend further studies among sex workers, where disease prevention and women

empowerment are main issues besides contraception.

Figure-1: Female condom



Table 1. Selected characteristics of women enrolled in trial of female condom.

Variable	Mean /percentage
Mean age (in years)	26 yr
Marital Status	100%
Education above high school	90%
Mean number of pregnancies	1.5
STD in past	Nil
No of partner in past six months	01
Mean number of sexual intercourse in a week	3.5

Table 2. Percentage of women citing features of female condom that they liked most and liked least.

Feature	Percentage
Most-liked	32
Felt protected, confident and safe	50
Agreeable feel of device	21
Felt responsible or in control, liked change in role, felt no need to negotiate	19
Least-liked	55
Removal or insertion difficulty of inner ring of female condom	62
Need to guide partner, did not stay in place	60
Too much/too little lubrication	44
Noise during sexual intercourse	31

Table 3 - Mean scores (and standard deviations) for measures of condom acceptability among couples completing the study protocol.

Measure (and scale range)	Male (n=150) Scale ± SD	Female(n=150) Scale ± SD
Ease of application/insertion(1-4)	1.4 (0.6)	2.8 (0.8)
Ease of removal (1-4)	1.7 (0.9)	1.4 (0.6)
General fit (1-5)	2.3 (1.1)	3.0 (1.0)
Feel of condom during sex (1-5)	2.7 (1.0)	3.7 (1.0)
Ease of penetration for partner(1-5)	2.1 (0.6)	2.5 (0.7)

TABLE 4- Percentage distribution of couples completing the study protocol, by comparative rating of male and female condoms, according to method characteristics.

Characteristic	Worst than male condom (%)	slightly better than male condom (%)	Equally better (%)	Cannot comment (%)
Easy to learn to use	66.7	9.5	3.2	19.1
Easy to put on/insert	71.4	15.9	6.4	4.8
Feels natural during sex	38.1	19.1	7.9	19.1
Easy to keep on/in during sex	46.0	15.9	9.5	23.8
Easy to remove	23.8	6.4	6.4	49.2
Not messy	41.3	14.3	9.5	28.6
Does not interrupt sex	34.9	19.1	12.7	27.0
Makes sex enjoyable	28.6	20.6	11.1	34.9
Feels good because it protects you	19.1	12.7	6.4	54.0

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