



Original article

Female Condoms = Missed Opportunities: Lessons Learned from Promotion-centered Interventions



Jessica L. Maksut, BA^{*}, Lisa A. Eaton, PhD

Department of Human Development and Family Studies, University of Connecticut, Storrs, Connecticut

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ABSTRACT

Introduction: The female condom is a barrier contraceptive device that is underutilized despite its effectiveness at preventing both unintended pregnancy and sexually transmitted infections (STIs). Prior research has highlighted that the underuse of the female condom as a contraceptive option is owing in large part to social stigma, and lacking or incorrect information about the product.

Methods: In an attempt to better understand the discrepancy between the female condom's documented effectiveness and its general lack of uptake, we conducted a systematic search and qualitatively reviewed 20 published intervention studies that focus on efforts to promote the female condom. The strategies that each intervention used were coded and carefully examined. We obtained information regarding relevant characteristics of the studies, including intervention setting, sampling strategy, participant demographics, and methodology used.

Results: We found that the majority of the studies had significant positive findings concerning the female condom, for example, many were effective at demonstrating participant uptake as well as increasing the number of protected sex acts. Additionally, perceived ability to use the device was a significant predictor of female condom use in multiple studies. Finally, the studies tended to include younger women; only 10.0% ($n = 2$) reported having participants with a mean age older than 30), meaning that older women generally have not been well-served by previous efforts to promote the use of the female condom.

Conclusions: We offer guidelines for improving female condom uptake and recommendations for future research that seeks to establish and utilize best practice promotional strategies for female condoms.

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The female condom is a barrier contraceptive device that is used during sexual intercourse. The female condom is a thin, soft sheath made of synthetic nitrile rather than latex and has a flexible ring at each end, one of which is inserted into the vagina before sex. It is an efficacious dual protection method as it can be used to avert both unintended pregnancy and the spread of sexually transmitted infections (STIs), including HIV/AIDS (Beksinska, Smit, Joanis, & Potter, 2012; Choi et al., 2008; French et al., 2003). The most recent version of the female condom, called 'FC2,' was approved for use in the United States in March of 2009 (U.S. Food and Drug Administration, 2013); however, the first-generation female condom (the FC1) has been approved by

the Food and Drug Administration since 1993. Despite its availability in the United States and in some developing countries, the female condom's level of uptake has been lower than expected, suggesting that introducing the female condom to the public is not as straightforward of a process as was originally expected (Hoffman, Mantell, & Exner, 2004). The problem of slow uptake has unfortunately continued to persist since its introduction. Despite its theoretical potential and demonstrated efficacy, some researchers have had trouble successfully introducing the female condom to women in communities in the United States (Bull et al., 2008) and elsewhere in the world (Feldblum et al., 2001).

It is possible that many individuals have resisted using the female condom in part owing to deeply rooted biases that exist about the female condom's effectiveness as a contraceptive option. Often, the female condom is portrayed as inferior to the male condom, although their failure rates are similar and exceedingly low (French et al., 2003). The higher cost of the

^{*} Correspondence to: Jessica L. Maksut, BA, University of Connecticut, Human Development and Family Studies, 348 Mansfield Road, U-1058, Storrs, CT 06269-1058. Phone: +1-(207) 590-8207; fax: +1-(860) 486-4876.

E-mail address: Jessica.Maksut@UConn.edu (J.L. Maksut).

female condom compared with the male condom may also impede uptake—specifically, male condoms cost between \$0.50 and \$2.50 per condom, whereas female condoms cost between \$2.00 and \$4.00 each (Planned Parenthood, 2014). However, increased awareness of the female condom and the resultant demand for the product could make female condom costs comparable with those of male condoms. In addition, there have been reported concerns about insertion technique (that it is too difficult to manage) as well as the look and feel of the device (too noisy, too messy, or unattractive; Kulczycki, Kim, Duerr, Jamieson, & Macaluso, 2004). Furthermore, reluctance from male partners, often owing to initial skepticism or a general resistance to women's efforts to use barrier protection, has been highlighted as an impeding factor (Penman-Aguilar et al., 2008; Welsh, Feldblum, Kuyoh, Mwarogo, & Kungu, 2001). Female condom use may also be hindered by societal norms and gender roles, which can create difficulties for women in navigating condom use in heterosexual partnerships. According to Campbell et al. (2011, p. 2), “Feminine passivity in heterosexual relationships or adherence to institutionally sanctioned gender roles and sexual scripts makes the introduction and the use of contraception appear outside the norm of ideal romantic relationships.” Another challenge to the acceptability of the female condom is its lack of accessibility. Again, there is a very real financial barrier to female condom use for many individuals owing to its prohibitive cost; however, its availability is also consistently quite poor, even in more urban communities (Weeks et al., 2010). Insufficient availability of the female condom is a principal concern for those who wish to increase its use (French et al., 2003). Latka, Kapadia, and Fortin (2008) found that young women cite availability as being among the most important characteristics of potential contraceptive options, and so despite its efficacy, the female condom's limited availability renders it a less impactful prophylactic tool. The preceding issues have stymied the potential for the female condom to serve as a practical, first-line choice for pregnancy and STI prevention, which is an outcome that we seek to better understand and address in this article.

Although setbacks to female condom promotion persist, experts have continued to advocate for the female condom as an important option for women. The demand and need for female controlled forms of pregnancy and STI prevention is an international public health priority and has been well documented (Gollub et al., 2010; Holmes, Karon, & Kreiss, 1990; Peters, van Driel, & Jansen, 2013). The female condom can address this concern, because it is both female-controlled and has demonstrated a high level of efficacy, comparable with that of the male condom (Weeks et al., 2013). The female condom is an important technology that, thereby, has the potential to bolster women's feelings of sexual empowerment.

Much of the theoretically driven research concerning the female condom has prioritized a focus on testing promotional strategies for the device. Ajzen's (1988, 1991) theory of planned behavior is commonly referred to in this work and states that attitudes toward behavior, subjective norms, and perceived behavioral control together shape an individual's intentions and behaviors. There has been support for this theory with respect to the use of the female condom, suggesting that attitudes, norms and behavioral control are robust predictors of female condom use (Bogart, Cecil, & Pinkerton, 2000). Consistent with this theory, promotion-based interventions that aim to influence

individuals' intention to use the female condom are likely to play an important role in uptake.

Efforts in the United States and elsewhere have been made to promote the use of the female condom, including both structural interventions (i.e., altering the social or political context in which an individual or group is situated) and behavioral intervention techniques (i.e., directly working with individuals to encourage behavior change). Parsing how specific health intervention methodologies relate to the uptake of female condoms is an important conceptual task. The current authors posit that determining which promotional strategies are effective, when, and with whom will be useful for future researchers to strengthen the field's efforts to encourage use of the female condom. In this article, we review the body of literature that has undertaken interventions to promote the general awareness of and the use of female condoms. Our primary aim was to examine the extent to which researchers have done work to promote female condoms and the ways in which their methodologies and outcomes varied. Understanding which of these strategies has worked will give practitioners a helpful roadmap for future efforts to establish best practice promotional interventions for increased female condom use.

Methods

The primary aim of this study was to assess the extent to which researchers have implemented and examined various female condom promotional strategies. We were interested in better understanding the strategies that have been used previously and their effectiveness. We were focused primarily on how uptake varied, and by what factors, across the studies that were included in the current review. In other words, we were interested in better understanding factors that influence female condom uptake.

Criteria for Inclusion

Studies that were included in the present review met all of the following criteria: each a) focused on female condom use, b) quantitatively examined female condom uptake, and c) included intervention components to encourage female condom use.

Search Strategy

For the present review, we searched PubMed, PsycINFO, and The World Health Organization public databases. In each of these databases, we cross-referenced the following key search terms: “female condom,” “cohort,” “longitudinal,” “cross-sectional,” “trial,” “qualitative,” “focus groups,” “retrospective,” “Reality,” “Femidom,” “Femy,” “MyFemy,” “Dominique,” “Protectiv,” and “Care” for citations available through mid-April 2013. Our process for determining eligibility for the review is depicted in Figure 1. Language restrictions were not applied.

The search yielded a total of 697 records with 352 records from PubMed, 164 from PsycINFO, and 181 from the WHO databases. We reviewed the titles of the records for relevance and searched for key phrases like “female condom promotion” or “introducing female condoms.” This strategy resulted in 439 abstracts to review. Of those, 129 were removed because they did not offer empirical data on female condoms. Two hundred eight more were removed because they did not include interventions.

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