

FC Female Condom and Anal Sex

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FC Female Condom is not approved by the US Food and Drug Administration for anal sex. However, there are reports of studies conducted in several countries including the US regarding its potential use in this regard. In addition, FC use for anal sex has been reported by groups practising high-risk behaviours in several countries. This document summarizes several studies that have been reported. This is not a recommendation; it is merely presenting information that currently exists, which we feel important for those interested. Several additional studies would need to be completed before a recommendation for anal use could be attained, including additional safety studies.

The Research

Experiences of 100 men who have sex with men using the Reality condom for anal sex.

Gibson S; McFarland W; Wohlfeiler D; Scheer K; Katz MH. AIDS EDUCATION AND PREVENTION. 1999 Feb;11(1):65-71.

Abstract: Men who have sex with men (MSM) in gay male communities do not always use condoms when having anal sex. Reasons for such risky behavior include men's objections to the lack of spontaneity demanded from condom use, decreased sensation, and condom breakage. Reality, a polyurethane pouch designed to line the vagina, was developed mainly to provide women with a contraceptive and STD prevention option. A removable inner ring and fixed outer ring keep the device in place. Some MSM use Reality when having anal sex. 750 free Reality kits were distributed by the STOP AIDS Project in San Francisco at venues frequented by MSM. Kits included 2 female condoms, instructions, a self-administered questionnaire on the users' experiences with Reality, and a stamped return envelope. 108 surveys were returned, with 100 MSM reporting use of Reality during the past 6 months in 147 episodes of insertive and 187 episodes of receptive anal sex. 86 men reported that they would use Reality again, and 54 said they would rather use Reality than conventional male condoms. Generally most liked about Reality were its heightened sensitivity and spontaneity, while insertion difficulties and high cost were the factors least liked. Acceptability was higher among MSM who were HIV-positive, in nonmonogamous relationships, or who had serodiscordant sex partners. Negative experiences included difficulty inserting (33%), irritation (17%), bunching up (12%), unpleasant texture (10%), and noise (9%). Breakage was reported 3 times in 334 episodes of use. Reality appears to be a welcome alternative for some MSM who do not consistently use penile condoms. Although use of the method probably reduces HIV transmission compared to unprotected anal sex, more research is needed to definitively assess its effectiveness as a risk reduction method for MSM.

Use of Reality "female condoms" for anal sex by US men who have sex with men. Gross M; Buchbinder SP; Holte S; Celum CL; Koblin BA; Douglas JM Jr, AMERICAN JOURNAL OF PUBLIC HEALTH.1999 Nov;89(11):1739-41.

Abstract: This observational sample assesses the use of Reality female condoms for anal sex by HIV-seronegative men who have sex with men. A total of 2277 men from Boston, Chicago, Denver, New York, San Francisco, and Seattle completed the self-administered

questionnaires. Results showed that of the 1084 men who had heard of using the female condom for anal sex, 145 (13%) reported using it in the prior 6 months, 95 used it for receptive sex, 94 used it for insertive sex, and 44 used it for both. 49% of the receptive users cited problems, which included pain, discomfort, and difficulty in inserting and keeping the device in place. For the insertive users, 37% complained of lack of pleasure and difficulty in inserting and keeping it in place during sex. 2 receptive and 2 insertive users reported bleeding by the receptive partner. In view of these complaints, there is a need to redesign female condoms so as to increase acceptability and use by men. This is important for the prevention of HIV transmission.

Attitudes towards and experience with the female condom: results of a qualitative study with heterosexual women and male injecting drug users, and with men who have sex with men. Smith, R.A., Hirky, A.E., Shedlin, M., Tross, S. and Kim, J. 1999: Paper presented at *The National AIDS Prevention Conference in USA*.

Background/Objectives: The emerging prevention technology of the "female" condom or "vaginal pouch" is becoming better known and more widely used among at-risk populations. This new technology may offer greater control over safer sex by receptive partners in vaginal and anal intercourse, who until this time had to rely upon penetrative partners to wear a traditional "male" condom. In addition, some users report that female condoms provide less loss of sensitivity than male condoms, and they thus may be more likely to be use them consistently. However, studies regarding knowledge of, attitudes towards, use of, and experience with the female condom among diverse populations remain limited. This study examines these issues through use of a qualitative interviews and analysis.

Methods: The Health Living Project, an NIMH-funded intervention program for HIV-positive women, male injecting drug users (IDUs), and men who have sex with men (MSM), is a collaboration among research teams at Columbia University (New York City), UC San Francisco, UC Los Angeles, and the Medical College of Wisconsin (Milwaukee). Phase I of the study, which is concluding in August 1999, involves in-depth 2-3 hour individual interviews with members of all three sub-populations, including their attitudes towards and experience of sex and safer sex in general, and the female condom in particular. This presentation will draw upon newly coded and analysed qualitative data from New York City for 39 women, IDUs, and MSM. These data, which have become available since July 1999, regard female condoms in the following areas: general knowledge of their existence; ability to describe them; knowledge of where to obtain them; experience of use; and decision-making about whether to use them.

Results: Preliminary findings suggest knowledge of the female condom is widespread, although not always entirely accurate, and that most respondents believe that they would be able to obtain them. A minority of respondents have used the female condom, but those who have report widely differing experiences.

Conclusions - The presentation will highlight differences across the sub-populations, and suggest strategies for tailoring messages about female condoms for different groups. In particular, implications will be discussed for study participants who reported being heavily influenced by the sexual wishes of their partners and those who report finding male condoms to be uncomfortable or unpleasurable. As this data has just become available, analysis of the findings will be ongoing until the time of the conference.

Acceptability and safety of the reality condom for anal sex. CL Celum, C Renzi, S Tabet, N Eaton, P Heagerty, MoPeD3656, Presented at the XIV International AIDS Conference, July 2002

Objectives: To assess acceptability and safety of Reality condoms for anal sex among men who have sex with men (MSM), and future willingness to use Reality condoms with partners of unknown HIV status.

Methods: Crossover study of HIV-concordant monogamous MSM couples, randomized to 12 male latex & 12 Reality condoms (inner ring removed) used during anal sex.; 3 condoms of each type required for study completion. Self-reported safety outcomes were condom breakage, slippage, semen spillage, & rectal bleeding.

Results: 76 men (33 HIV- and 5 HIV+ couples) completed the study and of those, 71% of receptive and 61% of insertive partners reported they thought Reality condoms provided protection during sex and ~45% reported sex was pleasurable with Reality condoms. Safety outcomes were similar, except condom slippage was significantly higher with Reality than male condoms: Risk Ratio (RR)=2.7; 95% CI 1.2-5.8; p=0.013 for receptive partners and RR=34.1; 95% CI 13.8-84.1; p<0.001 for insertive partners. Receptive partners were more likely to report pain or discomfort with Reality than male condoms (RR=5.0; 95%CI 2.6-9.4; p<0.001). About 20% of men reported willingness to use Reality condoms in the future with an unknown HIV status partner; those reporting willingness to use Reality condoms were more likely to be receptive partners who reported past problems with male condoms and did not report safety problems or discomfort with Reality condoms during the study, insertive partners who used Reality condoms in the past, and HIV+ insertive partners.

Conclusions: Safety outcomes (condom breakage, semen spillage, rectal bleeding) were not significantly different for male and Reality condoms, but slippage was more frequent with Reality condoms than male condoms, and design modifications and training may be needed for anal sex. The Reality condom may be a reasonable alternative to the male condom for some subgroups of MSM, particularly those with past problems with male condoms.

Programme Support Materials

There are several on-line resource materials that have been developed on this issue by different organizations. Some of these materials may contain language and descriptions of sex and sexual organs for the purpose of education that some people may find offensive. These materials are not developed or endorsed by the Female Health Company.

- “Femidom and Gay Men” from the UK Gay Men's Health Wiltshire and Swindon, UK:
<http://www.gmhp.demon.co.uk/guides/femidom/htut>. Also, available as a PDF file at
<http://www.gmhp.demon.co.uk/guides/femidom/femidoms.pdf>.
- Safe sex leaflets from the Fenway Health Center in Boston, USA:
<http://www.fenwayhealth.org/publicat/safersex.pdf> and
<http://www.fenwayhealth.org/publicat/safersexbi.pdf>
- Safer Sex with the ‘Female Condom’ from The Whole Body, Spring 2001:
<http://www.darrenmain.com/pages/writing/articles/femalecondom.pdf>.

For more information about FC Female Condom, contact the Female Health Company via e-mail at info@femalecondom.org and/or visit the website at www.femalecondom.org.