



HIV/AIDS, Gender and Male and Female Condoms

Addressing the gender roles and power dynamics between women and men is critical in preventing HIV infection. Gender issues have profound implications for condom acceptance and use. Used consistently and correctly, both male and female condoms protect against pregnancy and sexually transmitted infections (STIs), including HIV, by providing a barrier to prevent the exchange of bodily fluids. They are available without a prescription from a variety of outlets, including community-based distribution programmes, health services, vending machines and shops. The most recent meta-analysis of 25 published studies examining the effectiveness of condoms (Weller 1993; Weller and Davies 2003) found them to be about 90 percent effective, with a high range of about 96 percent. The studies have demonstrated that male condoms reduce the risk of gonorrhoea in men. Although clinical studies have not been carried out on the female condom for this purpose, laboratory studies indicate that it is similarly impermeable to STIs and HIV. While male and female condoms are both effective, they should not be used together.

Main Characteristics of Male and Female Condoms (WHO and UNAIDS 2000)

Male Condom	Female Condom
Rolled on to the man's erect penis.	Inserted into the woman's vagina; can be inserted prior to sexual intercourse.
Made from latex; some are also made from polyurethane.	Made from polyurethane.
Lubricant: ·Can include spermicide. ·Must be water-based only; cannot be oil-based. ·Located on the outside of the condom.	Lubricant: ·Can include spermicide. ·Can be water-based or oil-based. ·Located on the inside of the condom.
Must be withdrawn with the penis soon after ejaculation.	Does not need to be removed immediately after ejaculation.
Covers most of the penis and protects the woman's internal genitalia.	Covers both the woman's internal and external genitalia and the base of the penis.
Latex condoms can deteriorate if not stored properly; polyurethane condoms are not susceptible to deterioration from temperature or humidity.	Polyurethane is not susceptible to deterioration from temperature or humidity. It also does not produce irritation or allergic reactions in people sensitive to latex.
Recommended as a one-time use product.	Recommended as a one-time use product. Re-use research is currently underway.
The average international price of a male condom is US\$0.03.	UN preferential unit cost is about US\$0.60.
Age is a strong predictor of condom use: younger people are more likely to use them.	Level of education is a strong predictor of condom use: women with higher level of education are more likely to use them.

Studies show that men are more likely to transmit HIV to women than vice-versa. Although condoms can provide effective protection against HIV infection, and female condoms are agreed to increase women's empowerment, several issues impact upon the use of both male and female condoms. Cost, availability and perceptions of risk are important factors. Power relations between men and women including the relative social and economic status of partners influence the extent to which condom use can be successfully negotiated.



Accepted notions of masculinity and femininity also come into play. For instance, in many cultural settings, young women are supposed to be sexually innocent and may therefore be reluctant to carry or suggest using condoms for fear of being seen as promiscuous. Many young men dislike condoms for their interference in the carefree enjoyment of sex, an attitude strengthened by a stereotypical association of sex with risk-taking as a marker of masculinity.

Since condoms are also associated in many contexts with illicit or extra-marital sex, married women are often powerless to request their partner to wear a condom despite suspecting that he may be infected with HIV, for fear of reprisal at the implied accusation of being unfaithful. Research conducted in a diverse range of countries has found that women avoid asking their partner to wear a condom for fear of violent response or accusations of her own suspected infidelity.

Although dual protection from infection and unwanted pregnancy is often seen as a benefit of condoms, the fact that condoms act as a contraceptive may provide a disincentive for some men and women to use them. In many settings there is pressure not to use barrier methods since motherhood is considered an essential part of womanhood and often guarantees a woman's social status.

The female condom is not a replacement for the male condom, but since its availability in 1992 it has expanded options for safer sexual behaviour, especially for women. Its availability is to a degree limited by demand and by factors such as lack of knowledge, lack of trained staff able to demonstrate its fitting and use, and by higher cost.

Although both types of condoms usually require some level of partner cooperation, the female condom may provide women with a greater opportunity to engage in safer sex, for example with men who refuse to use the male condom. Since the female condom is worn by the woman and can be inserted prior to sexual activity, it can be less disruptive thereby increasing the likelihood that safer sex is practiced and taking the onus off the male partner. Although most women use female condoms with the full endorsement of the male partner, some women are apparently able to use them without the male partner being aware that the device is in place, hence circumventing partner compliance. While the goal of gender equity would best be served by open communication and shared responsibility, the need to protect oneself, some would argue, takes precedence under these circumstances.

Important Recent Insights:

- Inadequate quality control procedures have led to poor standard condoms being distributed in some countries with a consequent negative impact on reliability and acceptability. This has unwittingly provided ammunition for those who are reluctant to use condoms, thereby making condom negotiation even more difficult.
- Condom uptake is higher in non-traditional outlets - for example, in bathrooms, walk-ways, hotel rooms, and from dispensers, - although there can still be a discrepancy between uptake and use. Availability of condoms is essential but does not ensure that they get used.
- HIV awareness is not a predictor of condom use; the gap between condom use and HIV awareness remains high, with use often determined by gender issues.
- A favourable enabling environment (including formal endorsement by leaders and adequate funding) facilitates condom use especially when gender dimensions are addressed.
- A positive provider attitude is essential in making condoms available to young people, including attention to the nuances of gender differences in attitudes to their use.
- Myths, misperceptions and fears about condoms are significant deterrents to their use, and often exhibit underlying gender inequalities.
- Targeted interventions (for example in Thailand) have been effective in reducing HIV incidence rates.



Key Actions Required:

At country level:

- Disseminate information on the purpose, efficacy, and relevance of condom use including through reproductive health workshops where men and women can learn to store and use condoms correctly.
- Make high quality condoms readily and consistently available and affordable.
- Scale up the number of non-traditional outlets.
- Implement gender-sensitive behaviour communication change messages that will close the gap between HIV awareness and condom use.
- Strengthen negotiation skills around condom use particularly amongst young people and women.
- Integrate condoms for STI/HIV prevention into Sexual and Reproductive Health (SRH) programmes.
- Help providers develop positive attitudes to make condoms available to young people.
- Address myths, misperceptions and fears about condoms, including the gender dimensions of these attitudinal barriers.
- Create a supportive environment that addresses the gender dimensions of condom programming.
- Develop and implement dual protection strategies, oriented especially to young people bearing in mind the gender implications of this strategy.

At a global level:

- Reduce the current unit cost of the female condom.
- Accelerate research on the acceptability and safety of female condom reuse, and on improving female condom comfort and ease of use.

At both country and global levels:

- Provide more advocacy on condoms and their gender dimensions among political, religious, and community leaders and in civil society.
- Raise awareness to address gender inequities and stereotypes affecting access to and use of condoms.
- Promote dual protection as a prevention method against STI/HIV and unwanted pregnancies.



Resources and References

UNAIDS Inter-Agency Task Team on Condom Programming (2004). "Compendium of Approaches to Increase Condom Use by Overcoming Condom Myths, Negative Perceptions and Fears".

UNFPA and Population Council (2003). "Rapid Needs Assessment Tool for Condom Programming".

UNFPA in collaboration with PATH (2004). "Condom Programming Guidelines for Programme Managers".

UNFPA in collaboration with PATH (2004). "Condom Programming Guidelines for Providers".

UNFPA and WHO Interagency document (2004). "Male Latex Condom: Specifications and Guidelines for Procurement".

UNFPA (2004). "Technical Paper on Effectiveness of Condom Programming for HIV Prevention in Young People".

UNFPA in collaboration with IPPF (2004). "Models and Best Practices in Condom Programming for Sexually Active Young People".

Weller, S (1993). "A Meta-Analysis of Condom Effectiveness in Reducing Sexually Transmitted HIV". *Social Science and Medicine* 36 (12): 1635–1644.

Weller, S and K Davis (2003). "Condom effectiveness in reducing heterosexual HIV transmission". *The Cochrane Library Issue 2*. Oxford: Update Software.

WHO and UNAIDS (2000). "Female Condom: A guide to planning and programming". WHO/RHR/00.8 and UNAIDS/00.12E.

Useful Websites:

www.unfpa.org

www.unaids.org/publications/documents/care/index.html#female

www.popcouncil.org/horizons/ressum/zimbabwe.html

www.who.int/reproductive-health/rtis/male_condom.html

www.cdc.gov/hiv/pubs/facts/condoms.htm

www.global-campaign.org

www.femalehealth.com/

[www.unfpa.org/upload/lib pub file/192 filename contraceptives 01.pdf](http://www.unfpa.org/upload/lib_pub_file/192_filename_contraceptives_01.pdf)