

7-1991

## Female Condoms, An Urgent Need

Mary Guinan

University of Nevada, Las Vegas, [mary.guinan@unlv.edu](mailto:mary.guinan@unlv.edu)

Follow this and additional works at: [https://digitalscholarship.unlv.edu/  
community\\_health\\_sciences\\_fac\\_articles](https://digitalscholarship.unlv.edu/community_health_sciences_fac_articles)



Part of the [Obstetrics and Gynecology Commons](#), and the [Women's Health Commons](#)

---

### Repository Citation

Guinan, M. (1991). Female Condoms, An Urgent Need. *Journal of the American Medical Women's Association*, 46(4), 131-134. Reston, VA:

[https://digitalscholarship.unlv.edu/community\\_health\\_sciences\\_fac\\_articles/70](https://digitalscholarship.unlv.edu/community_health_sciences_fac_articles/70)

This Article is protected by copyright and/or related rights. It has been brought to you by Digital Scholarship@UNLV with permission from the rights-holder(s). You are free to use this Article in any way that is permitted by the copyright and related rights legislation that applies to your use. For other uses you need to obtain permission from the rights-holder(s) directly, unless additional rights are indicated by a Creative Commons license in the record and/or on the work itself.

This Article has been accepted for inclusion in Public Health Faculty Publications by an authorized administrator of Digital Scholarship@UNLV. For more information, please contact [digitalscholarship@unlv.edu](mailto:digitalscholarship@unlv.edu).

## WOMEN'S HEALTH

### Female condoms, an urgent need

Mary E. Guinan, MD, PhD



As of February 1991, more than 16,000 cases of AIDS in women had been reported in the United States, but the tidal wave of cases

in women is yet to come. World Health Organization (WHO) estimates of the number of women infected with the human immunodeficiency virus (HIV) range from 1.5 million in Africa to 100,000 in the United States. Within the next ten years, the majority of these women will develop AIDS and die. Some will live a bit longer, but all are eventually doomed to die prematurely. Most will not live to see their 40th year.

WHO describes the world pandemic of AIDS as comprised of many separate epidemics among and within countries.<sup>1</sup> Countries have been categorized as Pattern I, in which homosexual men and IV drug users have been predominately affected, but where heterosexual transmission is increasing, and Pattern II, where heterosexual transmission predominates. The United States is a Pattern I country and the countries of sub-Saharan Africa are Pattern II countries. The US ratio of male to female cases is 9:1; in African countries, it is 1:1. Of all cases of AIDS in the world, 60% were acquired through penile-vaginal intercourse. In the US the proportion is considerably less, but heterosexual intercourse is the fastest growing transmission category. If we look at cases of heterosexual AIDS in the US (see table), we see the vast difference in sexual transmission between men and women. Thirty percent, or 4,783, female cases in the US were acquired through sexual intercourse, more than double the 2,020 male heterosexual cases.

WHO projects that millions of new

infections will occur in the 1990s. Since the incubation period between infection and the emergence of disease averages about ten years, AIDS is not a good marker for what is happening right now. Women are at risk for sexually transmitted HIV infection, especially in Pattern II countries; the risk for American women is rapidly rising.

What can be done now to prevent these infections? Educating women on their risk is paramount. We ask women to encourage their sex partners to use condoms. This is very dif-

#### Female Condoms

Sheath that fits in vagina:

**Reality Condom\***

Wisconsin Pharmacal  
Chicago, Illinois

**Women's Choice Condom\***

MD Personal Products  
Hayward, California

Latex panty with built-in condom:

**Bikini Condom\***

International Pharmaceuticals  
Princeton, New Jersey

ficult even in the best of circumstances where the balance of power between men and women in sexual decisions is about equal. In many African countries and in many parts of the United States where AIDS is most prevalent, women do not have the power to negotiate condom use by their partners. Such encounters may result in abuse and even abandonment of women. Yet, we have no personal protection devices for use by women to offer as an alternative.

Jonathan Mann, MD, the former

*\*The use of trade names does not imply endorsement of these products by the author, the CDC, AMWA, or JAMWA.*

Heterosexual Cases of AIDS\*

	Men (N = 38,434) %	Women (N = 15,759) %
Injection drug users	72	53
Blood products transfusion	10	10
Heterosexual contact	5	30
Other	13	7

\*Reported to the CDC through February 1991, not including cases born in Pattern II countries

director of the Global Programme on AIDS, has stated in a number of speeches that the control of the AIDS epidemic depends on political will and on raising the status of women to equality in sexual decision making. I agree, but what do we do in the meantime? Do we expect equality by the year 2000? Or even 3000? We simply can't wait! We must offer women a defensive weapon. Female condoms or their equivalent should be a part of the strategy to prevent HIV infections in women.

Condoms for use by men were first described in the 16th century<sup>2</sup> for protection against venereal diseases. By the 18th century, condoms were generally available and even advertised. Now, 200 years later, no female equivalent of the condom is available. The time has come for us to demand for women personal protective devices that are safe, effective in preventing sexually transmitted diseases, and inexpensive. The devices must be acceptable to both women and men since, as Stein<sup>3</sup> points out, effectiveness of condoms for heterosexual couples depends in large part on acceptance by the male partner. Even though used by women, female protective devices that are obvious depend on male acceptance. Women may be more comfortable negotiating for a device they can use themselves,

*continued on page 134*

## WOMEN'S HEALTH, *continued*

but the ideal would be a device that is not seen or felt by the male partner so that negotiations are unnecessary.

Three female condoms are known by the Food and Drug Administration to be in the development or trial stages.<sup>4</sup> FDA approval of safety and efficacy studies of these devices (referred to as vaginal pouches) is necessary before they can be marketed. Acceptance by couples is the next hurdle.

The fact that private industry is working on these devices is hopeful and exciting. I would like to hear of others, especially those that are undetectable by the male partner. Let us support, encourage, and demand an inexpensive, safe, and effective condom for use by women. Waiting for sexual equality is not the answer. We must put the power in the hands of women to protect themselves against a fatal infection. The time is here. We have an urgent need for female condoms.

### References

1. WHO Global Programme on AIDS: Current and future dimensions of the HIV/AIDS pandemic. WHO/GPA/SFI/90.2, September 1990.
2. Valdiserri RO: Cum hastis sic clypeatis: The turbulent history of the condom. *Bull NY Acad Med* 1988;64:237-245.
3. Stein ZA: HIV prevention: The need for methods women can use. *Am J Public Health* 1990;80:460-462.
4. Liskin L, et al: Condoms: Now more than ever. *Popul Rep (H)*, No. 8, 1990.

Death is forever.  
Heart disease  
doesn't have to be.

THE AMERICAN HEART  
ASSOCIATION  
MEMORIAL PROGRAM®



WE'RE FIGHTING FOR YOUR LIFE

American Heart Association 

This space provided as a public service.

## CLASSIFIEDS

### Allergy/Immunology

Faculty and Director, Division of Allergy-Immunology—Applications are being invited for the position of director of the Division of Allergy-Immunology in the University of Iowa College of Medicine, Department of Internal Medicine. The Division, which currently numbers five full-time faculty, has had a long history of excellence in teaching, patient care, and research. Candidates should have an outstanding record in academic allergy and immunology and be dedicated to providing leadership in teaching, specialized patient care, and research. Women and minorities are encouraged to apply. Applications will be received until the position is filled and should be sent to: Gary Hunninghake, MD, Chair, Search Committee, Department of Internal Medicine, The University of Iowa College of Medicine, Room C-33 GH, Iowa City, IA 52242. The University of Iowa is an equal opportunity/affirmative action employer.

### Anesthesiology

Department of Anesthesiology, University of California, Davis, Medical Center—2 full-time faculty positions in the salaried clinical professor series. Level of appointment will be commensurate with credentials. Responsibilities include (clinical educator) primarily clinical service with some teaching in the clinical setting. Applicants with training and/or experience in intensive care, OB, peds, ambulatory, and pain are preferred. Board certification or in-process of certification is required along with California licensure eligibility. Send curriculum vitae, bibliography, and names of three to five (3-5) references to: John H. Eisele, Jr, MD, Professor and Chairman, Department of Anesthesiology, University of California, Davis, Medical Center, 2315 Stockton Blvd, Sacramento, CA 95817. Position open until August 31, 1991. We are an equal opportunity/affirmative action employer.

### Endocrinology

Reproductive Endocrinologist—The University of Vermont College of Medicine, Department of Obstetrics and Gynecology, seeks a fourth board certified/board eligible reproductive endocrinologist to join an active, academic division. This tenure track appointment will allow ample time and opportunity for teaching and the pursuit of independent research interests. The division has a well-established, accredited RE fellowship, proven research productivity, a successful IVF program, and a busy endoscopic surgical service. Salary and rank will be commensurate with the successful candidate's experience. Applications will be accepted until the position is filled. Please send curriculum vitae to: Daniel H. Riddick, MD, PhD, Chairman, Department of Obstetrics and Gynecology, Medical Center Hospital of Vermont, 111 Colchester Avenue, Burlington, VT 05401. The University of Vermont is an equal opportunity/affirmative action employer. Applications from women and people from diverse racial, ethnic, and cultural backgrounds are encouraged.

### Family Practice

Medical Director—MetroHealth Medical Center, a 742-bed diversified health care facility with an outstanding urban health program in maternal child health is seeking a medical director for its Maternity and Infant Health Care Program. Winner of the 1988 Foster McGaw Award for Community Service, this centerpiece program offers an opportunity to provide direct patient care and participate in new program development, resident training, and research. Family physician with advanced obstetrical training or ob/gyn. Preferred academic rank at Case Western Reserve University is commensurate with the candidate's qualifications and experience. We offer a competitive salary and benefits package. Interested candidates may call or write: Linda L. Post, MD, Department of Family Practice, MetroHealth Medical Center, 3395 Scranton Road, Cleveland, OH 44109; 216-459-5737.

### Internal Medicine

Chair/Head, Department of Medicine—The University of Illinois College of Medicine at Peoria announces a search for a chair/head of the Department of Medicine. The chair/head has responsibility for the scholarly development of the faculty and program in undergraduate and graduate education in internal medicine. The candidate should be board certified in internal medicine with prior experience in graduate education, research, and administration. He/she must be eligible for licensure in the state of Illinois and for appointment at the level of professor in the College of Medicine. The position description is available on request. For full consideration, application should be received before August 1, 1991. First letter and curriculum vitae should be sent to Patrick W. Elwood, MD, Chair, Search Committee for the Department of Medicine, University of Illinois College of Medicine at Peoria, Box 1649, Peoria, IL 61656. The University of Illinois is an affirmative action/equal opportunity employer. Women and minorities are encouraged to apply.

Assistant Professor—PhD degree or equivalent; 2-3 years of postdoctoral experience in physiology and cellular biology, molecular biology, neuroscience, immunology, and genetics is required. Applicants with established research in the following specific areas will be considered: cardiovascular physiology, regulation of cerebral circulation, exercise physiology, control of pulmonary circulation, coronary micro-circulation and large coronary artery function, renal physiology, mechanisms involved in the neural control of renal function, examining the role of insulin in the central nervous system, transgenic mice as models in hypertension and atherosclerosis research, and development of important cell lines for renin gene regulation. Candidate must have proven track record of research and demonstrated ability to establish and maintain an active independent research program. A track record of external funding is desirable. Research activities will be commensurate with the interest and