Female Condoms, An Urgent Need

Mary Guinan

University of Nevada, Las Vegas, mary.guinan@unlv.edu

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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. 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 difficult 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 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 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 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.

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

<table>
<thead>
<tr>
<th>Heterosexual Cases of AIDS*</th>
<th>Men (N = 38,434)</th>
<th>Women (N = 15,759)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injection drug users</td>
<td>72</td>
<td>53</td>
</tr>
<tr>
<td>Blood products</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Heterosexual contact</td>
<td>5</td>
<td>30</td>
</tr>
<tr>
<td>Other</td>
<td>13</td>
<td>7</td>
</tr>
</tbody>
</table>

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

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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, pediatrics, 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.

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