Female condoms, an urgent need

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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.1 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 century2 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 Stein3 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.

Female Condoms

Sheath that fits in vagina:

Realty 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

Heterosexual Cases of AIDS*

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injection drug users</td>
<td>72</td>
<td>53</td>
</tr>
<tr>
<td>Blood products transmission</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

*The use of trade names does not imply endorsement of these products by the author, the CDC, AMWA, or JAMWA.
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. Let us detectable by the male partner. Let us in the development or trial working on these devices is hopeful.

inexpensive, safe, and effective. Acceptance by couples is the next hurdle. 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

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

THE AMERICAN HEART ASSOCIATION MEMORIAL PROGRAM

WE ARE FIGHTING FOR YOUR LIFE
American Heart Association

This space provided as a public service.

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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 Hunter, M.D., Chair, Search Committee, Department of Internal Medicine, The University of Iowa College of Medicine, Room C-23, 210 North Linn Street, 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—Full-time faculty positions in the salaried clinical professor series. Level of appointment will be commensurate with experience and qualifications. 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 eligibility in the specialty is required along with California licensure eligibility. Send curriculum vitae, bibliography, and names of three to five referees to: John H. Eisele, Jr., M.D., 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 endocrine 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, M.D., PhD, Chairman, Department of Obstetrics and Gynecology, Medical Center Hospital of Vermont, 111 Colton Ave, 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
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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 upon 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 microcirculation, and large coronary artery function. Research, teaching, and scholarly activities are encouraged.

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