

Study of Sustained Female Condom Use in Hartford, CT: 2008 Summary of Project Findings

All study participants in the survey or partner interviews were provided with up to four free female condoms each time they were interviewed and research staff instructed them on the proper way to use it, common problems, and how to solve them. We also gave participants information about where they could find more female condoms if they wanted to buy them or get more for free.

Survey Findings

Increased and sustained female condom use:

- As of September 2007, 403 women completed the baseline survey. This was a relatively high-risk sample with 11.4% HIV+ and 8.7% with an HIV+ partner; also 35.9% used crack in the prior 30 days, 7.2% injecting drugs, 9.5% had IDU partners, 6.2% were engaged in sex work and 26.7% reported homelessness. The sample was 56.9% African American, 29.2% Hispanic/other Latino and 14.0% white, with a mean age of 39.5 years.
- Of the first 403 Hartford women completed the baseline survey, at the time of their intake survey, most (86%) had not used female condoms, or tried them but decided not to use them again; only 14% reported having used female condoms occasionally as back up, regularly, or as their primary method of preventing HIV/STD.
- However, of the 323 women who completed both the intake and 1 month surveys, women who used female condoms at least occasionally increased significantly, from 14% to 31%, and the numbers remained at that level at the 10-month survey.
- Overall, with provision of female condoms as well as male condoms, we found that people who used both were more likely to have protected sex than those who just used male condoms.
- These findings suggest that once female condoms are accessible and people know how to use them properly, they can quickly adopt them for prevention purposes.

Partners' Female Condom Trial.

- 32 couples completed a 2-week female condom trial
- Although many of the women in these couples find aspects of using female condoms inconvenient, and experienced initial difficulty inserting them, 88% said that they were somewhat likely or very likely to use female condoms in the future with their partner.
- Even among the 15 women who had either neutral or mostly negative attitudes towards the female condom, 13 still intended to use FC again with their partner.
- Overall men had less favorable attitudes than women at post-trial. Fifteen of the men reported negative attitudes, but 9 of those men reported that they were still likely to use female condom again with their partner despite negative attitudes. Among the 14 men with positive FC attitudes, all but one intended to use FC again with their partner.
- Of the 26 women and 24 men returned for their 10-month follow-up interviews in the partners' trial, 58% of both the women and the men reported continued female condom use at least occasionally since the trial.
- Also, 81% of the women and 79% of the men reported intentions to continue female condom use with their trial partner or in a future relationship.

Community Assessment of FC Availability.

- We conducted community assessments in 49 locations in Hartford at six-month intervals beginning in the second year of the study, including pharmacies, health/service organizations, clinics, HIV prevention or service organizations, grocery stores, and other locations. In half of these, female condoms were not available upon request over one or more visits.
- All the sites visited either had MC or it was available upon request.
- In pharmacies, staff reported that the product doesn't sell and it expires, so they usually only had one box on the shelves. When asked if available, their typical response was that they needed to check the warehouse catalog.
- Summary findings from the repeated community assessments indicate that FC is largely

unavailable for purchase in Hartford and difficult to find for free.

- Generally speaking, service organizations, especially drug treatment, health, or HIV programs, have FC and staff are able to instruct people on its proper use, but hours and staff availability are limited.
- Over the period of the study, the female condom become **less** available even to service organizations in Hartford.

Supplement to Study Clinical Barriers.

- We also conducted interviews with clinical health care providers (CHCP) providing care to men and women involved in high risk behavior, in order to evaluate organizational and other barriers impeding female condom distribution and promotion.
- From 32 surveys and 7 in-depth interviews with CHCP from 15 of 39 identified primary healthcare and HIV-related service organizations in Hartford, 90% of CHCP indicated they were familiar with the FC, but only 78% knew how to use it properly, 75% had discussed it with female patients, and 41% with male patients.
- Also, 34% recommended it to female patients for pregnancy, 53% recommended it for STI prevention, and 66% recommended it for HIV prevention; even fewer recommended it to male patients for the same.
- Only 53% of CHCP had a favorable impression of the FC. For those with favorable impressions, we found that female CHCP were more favorably disposed than males.