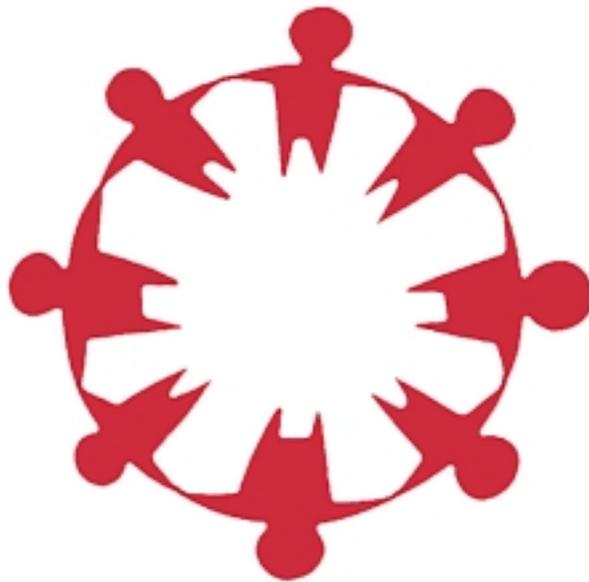


# **The Aboriginal Female Condom Pilot Project**

**A Report on the Experiences of  
Aboriginal Women Living in Two BC  
Communities with the Female Condom**



Report Prepared for  
BC Aboriginal AIDS Awareness Program, BC Centre for Disease Control

by  
Namaste Marsden and Suzanne Newmann  
Healing Our Spirit BC Aboriginal HIV/AIDS Society

2001

Funded by the Aboriginal Health Division, BC Ministry of Health



## TABLE OF CONTENTS

Dedication .....	5
Acknowledgements .....	6
Project Summary .....	7
“In the Hands of Women” .....	8
The Aboriginal Female Condom Pilot Project .....	8
Methodology .....	9
Limitations of the Data .....	12
Findings .....	12
Discussion of Findings .....	15
Recommendations .....	17
Summary .....	18
Bibliography .....	19
APPENDIX A Questionnaire – Background Information .....	21
APPENDIX B Consent Form – Kamloops .....	24
APPENDIX C Questionnaire – After the Five Female Condoms .....	25
APPENDIX D Questionnaire – Second Phase .....	32
APPENDIX E Questionnaire – Male Partners of the Participants .....	33
APPENDIX F Responses to Background Information Questionnaire .....	35
APPENDIX G Responses to After the Five Female Condoms Questionnaire .....	41
APPENDIX H Responses to Male Partners of the Participants Questionnaire .....	53
APPENDIX I Aboriginal HIV/AIDS Organizations .....	55
APPENDIX J Chart of the Female and Male Condom .....	56
APPENDIX K Diagrams for Use of the Female Condom .....	57
APPENDIX L Aboriginal Male and Female Condom Resource Page .....	58



**DEDICATION TO  
Janice Dyck  
May 26, 1963 to October 2, 2000**

This report is dedicated to the late Janice Dyck. Janice devoted her time, experience and knowledge to the HIV/AIDS movement in British Columbia and Canada. She was involved in volunteering for community based and provincial HIV/AIDS organizations and government bodies. She was a Board member for AIDS Prince George, and represented AIDS Prince George as a PAN (Pacific AIDS Network ) delegate. In 1998, she was appointed to the Minister's Advisory Committee on HIV/AIDS. Janice was a presenter at community workshops, provincial and national conferences. At her untimely passing, she was working on a video project, sponsored by the Women's Health Bureau, that would have documented her life and struggles with HIV and addictions.

Her life and efforts have touched the lives of many Aboriginal and non-Aboriginal people. She will be sadly missed by many for her invaluable contributions to the community, and for being the special person that she was.

## ACKNOWLEDGEMENTS

Thank you to Indigo Sweetwater, Kamloops project coordinator, and Carrie Mae Garber, Street Nurse with the Thompson Region Harm Reduction, for initiating the project in Kamloops. Thank you to Kathy Baylis and Tanya Kirkland at AIDS Prince George for all their hard work and assistance in coordinating the Prince George project. We would also like to acknowledge the Aboriginal women who participated in the original project in Duncan

Thank you to the male partners who agreed to participate in the project and share their experiences of using the female condom with their partners. Most importantly, we appreciate the Aboriginal women who participated in the Aboriginal Female Condom Pilot Project for sharing their experiences and for having a sense of adventure to participate in a female condom project.

A special thank you to Jacqueline Barnett, Nursing Education Administrator for STD/AIDS Control, for her never ending inspiration, enthusiasm and determination in raising awareness of the female condom to the women of this province.

Lucy Barney  
BC Aboriginal AIDS Awareness  
Program  
BC Centre for Disease Control

Namaste Marsden and  
Suzanne Newman  
Health Our Spirit  
BC Aboriginal HIV/AIDS Society

## PROJECT SUMMARY

The Aboriginal Female Condom Project is modeled after the BC Centre for Disease Control's (BCCDC) project entitled, "*In the Hands of Women*", that took place at two sites: Vancouver and Duncan. The primary goals of this BCCDC project were the following: to introduce the female condom to BC women; to provide information and support to these women; and to assess their experiences of using the female condom.

"*The Aboriginal Female Condom Pilot Project*" (Project) took place at two sites: Prince George and Kamloops. The goals of the Project were to:

- introduce the female condom to small participatory groups of Aboriginal women;
- provide Aboriginal women with condoms to try; and
- document their experiences of using the female condom.

The male partners of these Aboriginal women were also offered opportunities to share their experiences of using the female condom.

The introduction of a female-controlled prevention method in Aboriginal communities, through culturally appropriate ways, has significant potential to reduce the risk of women contracting STDs, including HIV/AIDS and unplanned pregnancies.

This report will summarize the following:

- how the Project introduced the female condom to Aboriginal women in a culturally sensitive manner; and
- the results of the questionnaires and interviews that were administered to the female participants and their male partners

Overall, the Project was a success in making female condoms accessible, available, and a positive choice for Aboriginal women.

## **“IN THE HANDS OF WOMEN”**

*“In the Hands of Women”*, a project initiated by BCCDC, introduced the female condom to demonstration groups of up to ten women at two different sites: the Downtown Eastside in Vancouver and Duncan on Vancouver Island.

In January 2000, BCCDC, an Aboriginal participant, and a health care provider presented this project at the Annual Aboriginal Women and Wellness Conference.

The final report for this project, *“Evaluation of the Female Condom Pilot Project”* is available from BCCDC. The contact information is provided at the end of this document.

## **THE ABORIGINAL FEMALE CONDOM PILOT PROJECT**

Although the female condom is available in Canada through pharmacies, Aboriginal women are not aware of it nor do they use it. *“The Aboriginal Female Condom Pilot Project”* (Project) was initiated to introduce the female condom to Aboriginal women through Aboriginal service providers, in a culturally appropriate manner, using a support and education model.

The Project utilized the model used in the *“In the Hands of Women”* project but specifically targeted Aboriginal women that live in communities outside of the Lower Mainland. The Project recruited Aboriginal participants through Aboriginal community health care providers. Participants were recruited primarily through word of mouth or by advertising through community agencies.

The BC Aboriginal AIDS Awareness Program (BCAAAP) established Aboriginal community partnerships with AIDS Prince George in Prince George and the Thompson Harm Reduction in Kamloops by publicizing the Project initiative.

Lucy Barney, BCAAAP Program Manager, visited these two community groups to meet with local coordinators and community health workers to set up the Project. BCAAAP assisted the two groups by providing training, support, female condoms, and questionnaires.

## METHODOLOGY

### **Project Sites:**

There were two project sites:

- AIDS Prince George in Prince George; and
- Thompson Harm Reduction in Kamloops.

### **Participants:**

To be eligible to participate in the Project, the woman must be:

- Aboriginal;
- at least 18 years of age;
- sexually active;
- willing to try the female condom; and
- concerned about STDs.

### **Recruitment:**

Health workers recruited Aboriginal participants from their community. Most of the participants became involved in the Project through word of mouth or networking.

### **Number of Participants:**

The number of participants for each site was set at a maximum of ten.

### **Confidentiality:**

Confidentiality is a major concern for women participating in a sensitive project like this Project. Confidentiality of participants before, during and after this Project was guaranteed and maintained.

### **Honourarium:**

Each of the participants was offered a small honourarium for her participation in the Project.

### **Project Activities:**

The Project consisted of seven main activities, including a total of four questionnaires that were administered to the participants and their partners.

Listed below were the seven Project activities.

- **Recruitment of Aboriginal Women.** The women were asked to try the female condom and to share their experiences in interview sessions and by completing questionnaires. To recruit for participants, the Project coordinators utilized existing community 'word of mouth' networks and publicized the Project through community venues (e.g. Friendship Centres).
- **A Culturally Appropriate Group Education Session.** This session introduced the female condom to the participants and showed them how to use it. Each participant was provided with five female condoms to try.

The objectives of the session were to assist the women in:

- meeting one another;
- becoming comfortable with handling the female condom; and
- establishing a network of support.

At the Kamloops site, the session was opened by an Elder.

- **Questionnaire - Background Information (see APPENDIX A).** This questionnaire included demographic information, previous and existing experiences with birth control, and awareness of HIV/AIDS and STD.
- **Questionnaire – To be Completed After the Five Female Condoms Have Been Used (see APPENDIX C).** Question topics include the following: previous knowledge and experience with the female and male condom; the likes and dislikes of using the female condom; and the experiences of the sexual partner with the female condom.

Questions also covered the technical concerns about using the female condom: lubrication, comfortability, and skin reactions. In

addition, a question was asked what are the barriers to using the female condom regularly as a form of STD and pregnancy prevention.

- **Participants Were Given as Many Female Condoms as They Needed.** After using the initial five female condoms, participants were given as many female condoms as they needed. They were also offered support and group sessions with other participants by the health care providers and coordinators.
- **Questionnaire – Second Phase (see APPENDIX D).** If the participants continued using the female condom after using the initial five, then they were asked to complete a short second phase questionnaire.

The results of this questionnaire were not included in this report because there were only a few completed and thus did not provide enough unique information to make a comparison to the questionnaire that was completed after using the initial five female condoms.

- **Questionnaire – Male Partners of the Participants (see APPENDIX E).** The male partners of the participants were asked to complete a short questionnaire. The purpose of the questionnaire was to assess their experiences with the female condom.

Most of the male partners of the participants did not complete this questionnaire. Reasons for this low level of participation were not known. Even though only three men completed the questionnaire, the information that they provided will be valuable in program planning and thus has been included in this report.

## LIMITATIONS OF THE DATA

This Project was not a formal research study. The number of participants in this Project was small. The total number of women who participated in the Project was 20: 10 from Prince George and 10 from Kamloops.

Of these 20 participants, 19 completed the background information questionnaire and 16 completed the full length questionnaire. Three men completed the male partner questionnaire.

The results of the Project, a pilot Project, represent a self-selected sample of Aboriginal women from the participating communities (i.e. Prince George and Kamloops). The women who participated in the Project were women who accessed community health services and were willing to try the female condom. These women may not reflect the harder-to-reach women who do not access community health services and may not be as willing to try the female condom. Furthermore, the women participating in the Project may not be reflective of Aboriginal women as a whole.

Although the results cannot be applied widely, the Project has provided Aboriginal communities with a successful model to introduce the female condom to Aboriginal women. The response of the participants to this model (i.e. to provide culturally appropriate information, support, access, and availability of the female condom) was very positive.

The coordinators, who were recruited by BCAAAP to conduct the Project, recommended that other Aboriginal communities implement similar projects as their experiences with this Project were very successful.

## FINDINGS

A summary of the responses to the various questionnaires is presented. A complete tally of the responses can be found in the following appendices:

- APPENDIX F. Questionnaire – Background Information;
- APPENDIX G. Questionnaire – To be Completed After the Five Female Condoms Have Been Used; and
- APPENDIX H. Questionnaire – Male Partners of the Participants.

### **Background Information:**

Of the 19 participants who completed the “Background Information” questionnaire:

#### Demographics

- 78.9% were between the ages of 20 to 39 years.
- 63.2% self identified as either Aboriginal or First Nations.
- 21.0% self identified as Metis.
- 68.4% lived off reserve.

#### STD/HIV Prevention

- 78.9% were using something to stop getting pregnant.
- 40.0% were using the male condom to stop getting pregnant.
- 78.9% were concerned about sexually transmitted diseases.
- 63.2% have had a test for HIV.
- 31.6% stated that their main interest in trying the female condom was to try something different.
- 94.7% engage in vaginal sex.

#### Drug and Alcohol Use

- 52.7% indicated that they or their partner never or very rarely use alcohol or drugs during sex.
- 89.5% indicated that they or their partner do not exchange sex for money or drugs.
- 89.5% indicated that they or their partner do not inject drugs.

### **Female Condom:**

Of the 16 participants who completed the “To Be Completed After the Five Female Condoms Have Been Used” questionnaire:

#### Using the Female Condom

- 75.0% heard of the female condom before the education session.
- 6.2% tried the female condom before the education session.

- 75.0% indicated that by the 4<sup>th</sup> time they started to feel comfortable using the female condom.
- No one reported the female condom breaking or tearing when used.
- 62.5% liked the condom design.
- 56.2% reported that their partners liked the female condom.
- 12.5% experienced uncomfortableness or itchiness after using the female condom.
- 6.2% had trouble taking out the female condom.
- 56.2% changed their attitudes about the female condom from the first time they saw it until now.
- 62.5% somewhat liked using the female condom.
- All participants indicated that the education session helped.
- 93.8% would recommend the female condom to a friend.
- 75.0% are planning to continue using the female condom.

#### Using the Male Condom

- All participants have used a male condom.
- 43.8% have had difficulties using the male condom.
- 85.8% of the problems with the male condom were tearing, tightness or latex allergies/vaginal irritation.
- 37.5% always or almost always use the male condom with their partners.
- 56.2% reported that they or their partner would rather use the male condom than the female condom.

#### Accessing the Female Condom

- 68.7% indicated that it would be easiest to pick up the female condom at a pharmacy or a health clinic.
- 37.5% would get the female condom if it were as easy to get as the male condom and if it was free.
- 68.7% would be willing to pay up to \$2.00 for the female condom.

#### **Male Partners:**

Of the 3 male partners of the participants who completed the “Male Partners of the Participants” questionnaire:

- 66.7% would choose to use the female condom.
- 66.7% were willing to try the female condom because their partner convinced them or it seemed like a good way to help prevent STDs.

## DISCUSSION OF FINDINGS

Despite the limitations of the data collected, the findings can still provide health care providers and health planners with important qualitative data about a select group of Aboriginal women's experiences (i.e. those Aboriginal women who participated in the Project) with the female condom.

The goal of the Project was not to try to 'convert' Aboriginal women into using only the female condom, but to introduce Aboriginal women to a female-controlled STD prevention tool. The culturally appropriate support and education model used in this Project has generated positive results with the participants. All of the participants stated that the education/information session was important in helping them overcome their anxiety about the female condom prior to sexual activity.

*"The Aboriginal Female Condom Pilot Project"* (Project) demonstrates that the experiences of the Aboriginal women, participating in this Project, using the female condom were varied as was their male partners' experiences with the female condom.

The participants ranged in age from 18 years of age to 49 years of age. The Kamloops coordinator noted that the younger the participant the more likely that the partner was willing to take part in the interview. From this, one could conclude that younger women and their partners might be more willing to try the female condom.

While participant diversity was not an intended goal of the Project, the women participants were very ethnically diverse. There was representation from self identified Aboriginal, Metis, First Nations, Inuit, and women of mixed heritage. The majority of the participants lived off reserve.

Although some participants did indicate, on their Background Information Questionnaire, that they practiced anal sex, questions about the use of the female condom with this type of sexual activity were not raised during the interviews with the participants or during the education session.

Concern about acquiring an STD played a role in many of the participants' lives and also in their decision to participate in the Project.

The findings from this Project clearly outlined the barriers that the participants faced when using the female condom as the preferred method of birth control and STD prevention. These barriers included the following:

- cost of the female condoms;
- limited availability of the female condoms;
- 'buy-in' required by the women's sexual partners;
- lack of comfort in using the female condom;
- awkward appearance of the female condom; and
- difficulty in using the female condom.

A positive outcome of this Project was that it assisted the participants in overcoming the above barriers. For example, to reduce their anxiety and become more familiar with the condom, the participants were provided with general knowledge of how to use the female condom in a group setting. Providing the participants with unlimited free condoms and services in a confidential, culturally appropriate manner also helped to alleviate their anxiety.

A quick review of the literature indicates that there at least two other projects that have attempted to identify what the successful factors are to introducing the female condom and what are the culturally appropriate methods of promoting the use of the female condom.

The first project, used as the education model for this Project, is written up in a report entitled, "*Evaluation of the Female Condom Pilot Project*".

The second project entitled, "*Reality for Aboriginal Women*", was developed and implemented by the HIV/AIDS Strategies Coalition in Calgary, Alberta. This project used a peer support group model and focus groups to document the experiences of Aboriginal women and their partners with the female condom. Key themes that emerged from this project included: the importance of the male partner's perceptions; comparisons with the male condom; and issues related to the newness of the female condom. Recommendations from this project included the need for more culturally sensitive education materials and the need for further research on the perceptions of the female condom among

heterosexual men, heterosexual women, homosexual men, and homosexual women.

## RECOMMENDATIONS

The following recommendations are based on the Project's FINDINGS and subsequent DISCUSSION of the Findings. Also, the Project coordinators provided input into the recommendations.

### **Recommendation #1:**

More research needs to be done on the women's general experiences with the female condom. Also, more research needs to be done on the factors that prove to be effective in encouraging women to use the female condom.

### **Recommendation #2:**

There needs to be more development of culturally appropriate teaching and support methods, such as this Project, to increase Aboriginal women's comfort level with the female condom and to also decrease the fear and anxiety associated with insertion and use of the female condom.

### **Recommendation #3:**

Female condoms need to be made more accessible and discreetly available to Aboriginal women in their communities.

### **Recommendation #4:**

Implementation of female condom projects for Aboriginal women should use existing support networks. If no existing support networks are available in a community then new support networks need to be developed.

**Recommendation #5:**

Providers of health services to Aboriginal women should model positive acceptance of the female condom and promote it as an effective and viable choice for STD prevention and prevention of unwanted pregnancies for Aboriginal women.

**Recommendation #6:**

Partners of Aboriginal women should be included in all community based female condom projects.

**Recommendation #7:**

Develop and implement a female condom awareness campaign that targets younger women and their partners.

**Recommendation #8:**

Develop and implement a female condom project for Aboriginal women who live on reserve.

## SUMMARY

The female condom needs to be desensitized so that Aboriginal women will feel less awkward and embarrassed by it and its use. Furthermore, the female condom needs to be affordable and accessible.

As stated by the Prince George Coordinator,

*It is absolutely necessary to give Aboriginal women the opportunity to participate in the development of their own health strategies. It is important, at least here in the north to recognize that the high number of Aboriginal women living in high risk, transient lifestyles require flexibility within this type of project.*

## BIBLIOGRAPHY

BC Centre for Disease Control, STD/AIDS Control (Semi Annual 1999). HIV/AIDS Update. Vancouver: BCCDC

BC Centre for Disease Control, STD/AIDS Control (Semi Annual 2000). HIV/AIDS Update. Vancouver: BCCDC

BC Centre for Disease Control (1999) . In The Hands of Women : A Preliminary Report. Vancouver: Author

Canadian AIDS Society (2000). Community Mobilization Kit – Microbicides: A Female Controlled Method of Preventing HIV and other STDs. Ottawa: Author

Canadian AIDS Society (1997). Positively Sexual Women: A resource for women living with HIV & AIDS. Ottawa: Author

Community Solutions (2000). Evaluation of the Female Condom Pilot Project – Prepared for STD/AIDS Control Division BC Centre for Disease Control. Vancouver: Author.

Female Health Company, The (2001). Female Condom Insertion Diagrams. Chicago. Retrieved November 13, 2000 from the World Wide Web: <http://www.femalehealth.com/insertiondiagrams.html>.

First Nations Chief's Health Committee (2000). Press Release – Anonymous unlinked HIV and HTLV seroprevalence survey for First Nations people in BC. Vancouver: First Nations Chief's Health Committee

Health Canada (2000). HIV/AIDS Epi Update, HIV and AIDS Among Aboriginal People in Canada. Ottawa: Authors. Retrieved January 26, 2001 from the World Wide Web: [http://hc-sc.gc.ca/hpb/cdc/bah/epi/aborig\\_e.html](http://hc-sc.gc.ca/hpb/cdc/bah/epi/aborig_e.html).

Health Canada (1998). HIV and Sexual Violence Against Women – A guide for counsellors working with women who are survivors of sexual violence. Ottawa: Author

Kellington, S. with the Listen Up! Project Advisory Group, AIDS Vancouver, Positive Women's Network & Status of Women Canada (1999). Listen Up! Women Are Talking About... The Social Determinants of Women's Risk for HIV infection and illness progression in the Lower Mainland British Columbia Women's Health Research Project Phase 1 Report. Vancouver: Authors

Pauquin, M., & van Dijk, M., with Calgary Regional Health Authority (1999). Reality for Aboriginal Women Project Report. Calgary: Authors.

Red Road HIV/AIDS Network Society (1999). The Red Road: Pathways to Wholeness – An Aboriginal Strategy for HIV and AIDS in BC. Vancouver: Author

World Health Organization, Joint United Nations Programme on HIV/AIDS (2000). The Female Condom: A Guide for Planning and Programming. Geneva: Author Retrieved November 14, 2000 from the World Wide Web:<http://www.unaids.org/publications/documents/care/index.html#female>

# APPENDIX A

## Questionnaire – Background Information

### BACKGROUND INFORMATION:

Note: All of the questions in this section need to be asked as a way for us to determine some of the motivating factors women may have in using the female condom. Although the risk factors do not apply to all communities or women, perhaps a short explanation at the beginning about why we are interested in knowing these things will help. It also allows discussion of risk factors in relation to sexually transmitted diseases.

A. Age: \_\_\_\_\_

B. Ethnic Background: \_\_\_\_\_

C. Where do you live? \_\_\_\_\_

D. Are you using anything to stop getting pregnant like the birth control pill, male condoms or IUDs?

Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, what are you using?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Have you ever used:

1) a diaphragm \_\_\_\_\_

2) a cervical cap \_\_\_\_\_

3) a cervical sponge \_\_\_\_\_

(Note to interviewer: these methods may have to be explained briefly.)

F. Are you concerned about sexually transmitted diseases?

Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, what are you doing to try to stop getting a sexually transmitted disease?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

G. Have you or your partner ever had a sexually transmitted disease like chlamydia, gonorrhea or syphilis?

Yes \_\_\_\_\_

No \_\_\_\_\_

H. Have you ever had a test for HIV?

Yes \_\_\_\_\_

No \_\_\_\_\_

I. What is your main interest in trying the female condom?

1) As a way to prevent sexually transmitted diseases, including HIV \_\_\_\_\_

2) As a way to prevent pregnancies \_\_\_\_\_

3) As a way to prevent both STDs and pregnancies \_\_\_\_\_

4) Other reason (please be specific)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

J. During the past month, how many times a week, on average, did you have sexual intercourse?

\_\_\_\_\_  
\_\_\_\_\_

K. Do you or your partner use alcohol or drugs before or during sex?

Often \_\_\_\_\_

Sometimes \_\_\_\_\_

Never \_\_\_\_\_

L. Do you or your partner exchange sex for money or drugs?

Yes \_\_\_\_\_

No \_\_\_\_\_

(Note to the interviewer: we have included this category as one high risk factor. It needs to be put in the context of the other factors that create risk for sexual disease transmission.)

M. Do you or your partner inject drugs?

Yes \_\_\_\_\_

No \_\_\_\_\_

N. Has your partner told you that he is worried about sexually transmitted diseases?

Yes \_\_\_\_\_

No \_\_\_\_\_

## **APPENDIX B**

### **Consent Form – Kamloops**

#### **FEMALE CONDOM PILOT PROJECT ( KAMLOOPS ) CONSENT**

**CONTACT PERSON:**

**CONTACT NUMBER:**

*This is a five month pilot project to learn from aboriginal women and their partners of their experiences using the female condom.*

The project will begin March 2000. Ten Aboriginal women will be invited to participate. You will be asked to come to an education session on the female condom ( about one hour ). The first week following this session will be spent trying out the female condoms (using the contact person as a resource). Following a two to three week trial period ( during which you may use as many condoms as you like) you will be asked to attend a private interview to answer some questions about the female condom. This interview will take one hour. You will be given an honorarium at the close of this interview. Near the end of the project you will be contacted for a follow-up interview. You may decide or not to participate.

Your participation in this project is confidential. The consents will be kept by the contact person only until the completion of the project (July 31 2000). At that time the consents will be shredded. To assure your anonymity you will be assigned a number and will not be identified in reports by name.

You will be supplied free of charge with as many female condoms as you need during this trial period.

Your participation in this project is greatly valued and respected.

#### **Participant Statements:**

I understand that participation in this pilot project is entirely voluntary. I may withdraw from the project at any time and for any reason (disclosed or undisclosed). I have received a copy of this consent form.

Signature\_\_\_\_\_

Client No\_\_\_\_\_

**Contact Person**\_\_\_\_\_

**Date**\_\_\_\_\_

# APPENDIX C

## Questionnaire – To be Completed After the Five Female Condoms Have Been Used

Date: \_\_\_\_\_

### Questionnaire

Note to interviewers: This questionnaire contains some technical terms that might not be clear to participants. Before starting the questionnaire, you may want to clarify some of the terms. Or you might choose to explain the terms as they come up.

A small glossary of terms to explain could include:

HIV: human immunodeficiency virus. The virus that causes AIDS.

STD: sexually transmitted diseases. Diseases that are spread through sexual contact (examples include: chlamydia, gonorrhea, syphilis and herpes.)

Barrier methods of STD prevention: Methods that help reduce your risk of getting an STD by blocking the flow of sexual body fluids (examples include: the male condom, the diaphragm and the cervical sponge)

The questionnaire may provide an opportunity to provide some educational information as unknown terms such as these arise.

### QUESTIONS ABOUT THE FEMALE CONDOM:

1. Had you ever heard of the female condom before the information session?

Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, what did you hear?

---

---

---

---

2. Had you ever tried the female condom before this session?

Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, explain how you first heard about it and why you were interested in trying it.

---

---

---

3. How many female condoms did you use during the trial period? Total: \_\_\_\_\_  
a) How many female condoms did you use for sex? \_\_\_\_\_  
b) How many of these did you insert only? \_\_\_\_\_

4. Was it hard to put in the female condom?

Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, why?

---

---

---

---

5. Did using the female condom become easier the more times you tried it?

Yes \_\_\_\_\_

No \_\_\_\_\_

6. When did you start to feel comfortable, if you did feel comfortable, using the female condom? (eg: after the second time you put it in, after the fourth time, etc.)

---

---

---

---

7. When did you put in the condom?

a) Before foreplay \_\_\_\_\_

b) During foreplay \_\_\_\_\_

c) Just before sex \_\_\_\_\_

(Note to the interviewer: "foreplay" is a term that may not be familiar to women. We are trying to find out if they put the female condom in some time before they had sex or if they waited and put it in just before sex like they would with a male condom.)

8. Did you notice the female condom break or tear when you used it?

Yes \_\_\_\_\_

No \_\_\_\_\_

9. What DID you like about the female condom? Try to be as specific as possible.

---

---

---

---

10. What DIDN'T you like about the female condom? Please be as specific as possible.

---

---

---

---

11. Did your man like the female condom?

Yes \_\_\_\_\_

No \_\_\_\_\_

What did or didn't he like about it?

---

---

---

---

12. Did you stop using the female condom at some point during the trial?

Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, what were your main reasons?

a) It was uncomfortable for me. \_\_\_\_\_

b) It was uncomfortable for my partner. \_\_\_\_\_

c) It was too inconvenient to use. \_\_\_\_\_

d) It made sex less enjoyable for me. \_\_\_\_\_

e) It made sex less enjoyable for my partner. \_\_\_\_\_

f) Other reasons. Please specify.

---

---

---

(Note to the interviewer: We want to leave this question open so that we can record all responses including feelings such as embarrassment. Answers may fall under the categories provided or they may come under "other reasons.")

13. Did you only use the female condom during the trial period?

Yes \_\_\_\_\_

No \_\_\_\_\_

If you also used other methods to prevent pregnancy or sexually transmitted diseases (STDs), what did you use?

---

---

---

14. Was there enough lubrication on the female condom?

Yes \_\_\_\_\_

No \_\_\_\_\_

If there was not enough, did you have trouble adding more lubrication? (Please explain lubrication if necessary) Explain.

---

---

---

15. Were there any health problems, like a skin rash for example, that you noticed after using the female condom? If yes, explain.

Yes \_\_\_\_\_

No \_\_\_\_\_

---

---

---

---

16. Did you have any trouble taking out the female condom?

Yes \_\_\_\_\_

No \_\_\_\_\_

17. Has your attitude about the female condom changed from the first time you saw it until now? In what ways?

---

---

---

---

MALE CONDOMS:

18. Have you ever used a male condom?

Yes \_\_\_\_\_

No \_\_\_\_\_

19. Have you had any difficulties using the male condom?

Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, what kinds of problems?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Note to the interviewer: we want to have an introduction to using the male condom that allows women to answer honestly. We don't want them to feel that they haven't met an expectation for regular male condom use coming from health care providers or others. The following is an example of one such 'lead in':  
The male condom is becoming well known as a safer way to have sex. Women are having different experiences in convincing their partners to use a male condom. While some women have partners who regularly use a male condom, most women do not.)

20. How often do you and your partner(s) use male condoms?

a) Always \_\_\_\_\_

b) Almost always \_\_\_\_\_

c) Sometimes \_\_\_\_\_

d) Very rarely \_\_\_\_\_

e) Never \_\_\_\_\_

21. Which makes you feel safer about your sexual health:

a) The male condom? \_\_\_\_\_

b) The female condom? \_\_\_\_\_

c) About the same? \_\_\_\_\_

22. How convenient is using the female condom for you compared to using the male condom? (Note: We're trying to find out how easy it is for women to incorporate the female condom into their sexual practices. Does it take too long to insert, for example.)

a) Less convenient. In what ways?

---

---

---

b) More convenient. In what ways?

---

---

---

c) About the same. \_\_\_\_\_

23. How much did you like using the female condom?

- a) Liked a great deal \_\_\_\_\_
- b) Liked somewhat \_\_\_\_\_
- c) Disliked somewhat \_\_\_\_\_
- d) Disliked a great deal \_\_\_\_\_
- e) No opinion \_\_\_\_\_

24. Did the information/education session help you?

Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, in what ways?

---

---

---

25. Where would it be easiest for you to pick up the female condom? (eg: health care clinics, STD clinics, women's centres, vending machines in bathrooms, pharmacies, or other places)

---

---

---

---

26. If the female condom were as easy to get as the male condom and you could get it for free like the male condom, would you take the female condom or the male condom or a mix of both?

Female condom \_\_\_\_\_  
Male condom \_\_\_\_\_  
Both \_\_\_\_\_

27. If you had to pay for the female condom, how much would you be willing to pay?

a) I wouldn't pay for the female condom under any circumstances \_\_\_\_\_  
b) 0 - \$.50 \_\_\_\_\_  
c) \$.50 - \$1.00 \_\_\_\_\_  
d) \$1.00 - \$2.00 \_\_\_\_\_  
e) More than \$2.00 \_\_\_\_\_

28. Would you recommend the female condom to a friend?

Yes \_\_\_\_\_  
No \_\_\_\_\_

29. Are you planning to continue using the female condom?

Yes \_\_\_\_\_  
No \_\_\_\_\_

## APPENDIX D

### Questionnaire – Second Phase

Date: \_\_\_\_\_

#### Female Condom Pilot Project Second Phase Follow-up Questions

1. When you have sex, when have you had the chance to use the female condom?
  - a) Always \_\_\_\_\_
  - b) At certain time (with some partners but not with others) \_\_\_\_\_
  - c) Rarely (usually use something else instead of the female condom) \_\_\_\_\_

2. Is there anything else you are doing to help prevent STDs or pregnancies? (Eg: male condoms, other birth control) What else are you doing?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. When using the female condom, are you having any difficulties? (Eg: putting it in, condom tearing, partner refuses to use it, lubrication problems, health concerns). Please describe.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Have any other issues (positive or negative) come up around using the female condom? Please describe.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# APPENDIX E

## Questionnaire – Male Partners of the Participants

Date: \_\_\_\_\_

### Questionnaire For Male Partners

1. If the female condom were as easy to get as the male condom, which of the following would you choose to use?
  - Female condom
  - Male condom
  - Both male and female condoms
  
2. Why were you willing to try the female condom? (check all answers that apply to you)
  - My partner convinced me
  - I was curious
  - I don't like using the male condom
  - The female condom seemed like a good way to help prevent sexually transmitted diseases (STDs), including HIV , and/or unwanted pregnancies
  - Other

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_
  
3. What DID you like about the female condom? (check all answers that apply to you)
  - It felt better than using a male condom (e.g. more sexual sensation)
  - It felt about the same as using a male condom (e.g. sexual sensation was the same)
  - It was almost like using nothing at all
  - It was easy to use
  - My partner uses it so there is less work for me
  - I like the fact that my partner can take control of protecting herself against STDs/HIV and/or unwanted pregnancies
  - Other

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. What DIDN'T you like about the female condom? (check all answers that apply to you)

It decreased sexual pleasure

The rings are uncomfortable

It wasn't easy to use

It didn't give me as much control as the male condom

I didn't like the way it looked when my partner had put it in

It didn't seem as effective as the male condom for protection against STDs/HIV and/or unwanted pregnancies

Other

---

---

---

5. Would you like to continue using the female condom? (check the best response)

I would like to use it ALL the time

I would like to use it SOME of the time

I do NOT want to use it at all

## APPENDIX F RESPONSES

### Questionnaire – Background Information

NOTE: % = (number of responses / number of participants) \* 100  
number of participants = 19 UNLESS stated otherwise

#### Age

AGE	RESPONSE	%
<19	1	5.3
20 to 29	8	42.1
30 to 39	7	36.8
40 to 49	3	15.8
TOTAL:	19	100.0

#### Ethnic Background

ETHNICITY	RESPONSE	%
Aboriginal	6	31.6
Metis	4	21.0
First Nations	6	31.6
Mixed First Nations heritage	2	10.5
Inuit	1	5.3
TOTAL:	19	100.0

#### Where do you live?

LIVE WHERE	RESPONSE	%
community* - off reserve	13	68.4
on reserve	4	21.0
visiting/school**	2	10.5
TOTAL:	19	99.9

\* living in the community (i.e. Prince George or Kamloops), off reserve

\*\* visiting the community or living there for school

**Are you using anything to stop getting pregnant like the birth control pills, male condoms or IUDs?**

USE OF BIRTH CONTROL	RESPONSE	%
yes	15	78.9
no	4	21.0
TOTAL:	19	99.9

**If yes, what are you using?**

TYPE OF BIRTH CONTROL	RESPONSE	(%)@
male condom	6	40.0
birth control pills	3	20.0
Deprovera (injections)	2	13.3
tubal ligation (tubes tied)	2	13.3
intrauterine device (IUD)	1	6.7
withdrawal	1	6.7
TOTAL:	15	100.0

@ number of participants = 15

**Are you concerned about sexually transmitted diseases (STDs)?**

CONCERNED ABOUT STDs	RESPONSE	%
yes	15	78.9
no	4	21.0
TOTAL:	19	99.9

**If yes, what are you doing to try to stop getting an STD?**

DOING TO STOP GETTING AN STD	RESPONSE	(%)@
use male condoms	10	66.7
monogamy	9	60.0
not have sex as often	1	6.7
trying to find condoms I can use	1	6.7
get to know my partners	1	6.7
inform people of my HIV/Hep C status	1	6.7
nothing – married for 25 years	1	6.7
<b>TOTAL*:</b>	<b>24</b>	<b>-----</b>

\* a participant may have more than one response (e.g. response is both ‘use male condoms’ and ‘monogamy’) thus total number of responses may be greater than total number of participants

@ number of participants = 15

**Have you or your partner ever had an STD?**

EVER HAD AN STD	RESPONSE	(%)@
yes	7	77.8
no	2	22.2
<b>TOTAL:</b>	<b>9</b>	<b>100.0</b>

@ number of participants = 9

**Have you ever had a test for HIV?**

HAD AN HIV TEST	RESPONSE	%
yes	12	63.2
no	7	36.8
<b>TOTAL:</b>	<b>19</b>	<b>100.0</b>

**What is your main interest in trying the female condom?**

MAIN INTEREST FOR TRYING THE FEMALE CONDOM	RESPONSE	(%)@
try something different/curious	6	31.6
to prevent STD/HIV	3	15.8
to prevent STD/HIV and pregnancy	3	15.8
to see if it is comfortable	3	15.8
recommended by friend/family member	2	10.5
to see if I like it better than male condoms	2	10.5
for the money (honourarium)	1	5.3
to educate my children	1	5.3
female condom may be better choice for me in later years	1	5.3
participate in the Project to help make female condom more accessible/free	1	5.3
TOTAL*:	23	-----

\* a participant may have more than one response (e.g. response is both to prevent STD/HIV and for the money) thus total number of responses may be greater than total number of participants

@ number of participants = 19

**During the past month, how many times a week, on average, did you have sexual intercourse?**

SEXUAL INTERCOURSE TIMES PER WEEK	RESPONSE	%
0 to 10	16	84.2
20 to 60	3	15.8
TOTAL:	19	100.0

## Type of Sexual Activity

ACTIVITY	RESPONSE	(%)@
vaginal sex	18	94.7
oral sex	9	47.4
anal sex	4	21.0
TOTAL*:	31	-----

\* a participant may have more than one response (e.g. response is both vaginal and oral sex) thus total number of responses may be greater than total number of participants

@ number of participants = 19

## Do you or your partner use alcohol or drugs before or during sex?

ALCOHOL OR DRUG USE	RESPONSE	%
yes	1	5.3
often	1	5.3
sometimes	7	36.8
very rarely	1	5.3
never or no*	9	47.4
TOTAL:	19	100.1

\* one participant responded that she didn't use alcohol or drugs before or during sex, however, she didn't know about her multiple partners

## Do you or your partner exchange sex for money or drugs?

EXCHANGE SEX FOR MONEY OR DRUGS	RESPONSE	%
yes	1	5.3
yes partner does	1	5.3
no	17	89.5
TOTAL:	19	100.1

### **Do you and your partner inject drugs?**

INJECT DRUGS	RESPONSE	%
yes partner does	2	10.5
no*	17	89.5
TOTAL:	19	100.0

- \* one participant responded that she didn't inject drugs, however, she didn't know about her partner

## APPENDIX G RESPONSES

### Questionnaire – To be Completed After the Five Female Condoms Have Been Used

NOTE:      % = (number of responses / number of participants) \* 100  
                  number of participants = 16 UNLESS stated otherwise

**Had you ever heard of the female condom before the information session?**

HEAR FEMALE CONDOM	RESPONSE	%
yes	12	75.0
no	4	25.0
TOTAL:	16	100.0

**If yes, what did you hear?**

WHAT DID YOU HEAR?
At treatment centre in Vancouver.
Heard about it through workshops for drug & alcohol outreach work training.
Just hear about it on the news, when it first came out.
Never thought about, heard they were coming out with one, had not seen it.
Just that there was a woman's condoms and this is what it looked like.
That it was expensive and that it probably wouldn't go over too well – not that many people would use it.
That it was expensive.
Don't remember.
That some women liked it but some men didn't. I think they felt like we had some control and some men don't like that.
Most people made jokes about using a baggie up there. I never saw one before this.
They are expensive, hard to get, and hard to put in.

### Had you ever tried the female condom before this session?

TRIED FEMALE CONDOM	RESPONSE	%
yes	1	6.2
no	15	93.8
TOTAL:	16	100.0

### How many female condoms did you use during the trial period?

FEMALE CONDOMS USED FOR	AMOUNT
sex	234
insert only	19
TOTAL:	253

The number of female condoms given out at the test sites ranged from 5 to 40 per woman.

### Was it hard to put in the female condom?

HARD TO PUT IN FEMALE CONDOM	RESPONSE	(%)@
yes	6	40.0
no	9	60.0
TOTAL:	15	100.0

@ number of participants = 15

**Did using the female condom become easier the more times you tried it?**

EASIER THE MORE TIMES TRIED	RESPONSE	(%)@
yes	10	66.7
no	5	33.3
TOTAL:	15	100.0

@ number of participants = 15

**When did you start to feel comfortable, if you did feel comfortable, using the female condom? (eg: after the second time you put it in, after the fourth time, etc.)**

WHEN FEEL COMFORTABLE	RESPONSE	%
right away	3	18.8
2 <sup>nd</sup> time	3	18.8
3 <sup>rd</sup> time	1	6.2
4 <sup>th</sup> time	5	31.2
not ever	4	25.0
TOTAL:	16	100.0

**When did you put in the condom?**

WHEN PUT IN FEMALE CONDOM	RESPONSE	%
before foreplay	7	43.8
during foreplay	3	18.8
just before sex	6	37.5
TOTAL:	16	100.1

**Did you notice the female condom break or tear when you used it?**

FEMALE CONDOM BREAK OR TEAR	RESPONSE	%
yes	0	0.0
no	16	100.0
TOTAL:	16	100.0

**What DID you like about the female condom? Try to be as specific as possible.**

LIKED	RESPONSE	%
condoms were free	2	12.5
feeling of being in 'control'	2	12.5
good feeling of the condom design	10	62.5
didn't like the female condom	2	12.5
TOTAL:	16	100.0

**What DIDN'T you like about the female condom? Please be as specific as possible.**

DIDN'T LIKE	RESPONSE	%
concern about appearance	4	25.0
noise	2	12.5
slippery	2	12.5
uncomfortable ring	2	12.5
hard to put in	4	25.0
other	2	12.5
TOTAL:	16	100.0

**Did your man like the female condom?**

MAN LIKE FEMALE CONDOM	RESPONSE	%
yes	9	56.2
no	7	43.8
TOTAL:	16	100.0

**Did you stop using the female condom at some point during the trial?**

STOP USING FEMALE CONDOM	RESPONSE	(%)@
yes	6	40.0
no	9	60.0
TOTAL:	15	100.0

@ number of participants = 15

**If yes, what were your main reasons?**

REASONS	RESPONSE	(%)@
it was uncomfortable for me	3	50.0
it was uncomfortable for my partner	4	66.7
it made sex less enjoyable for me	2	33.3
it made sex less enjoyable for my partner	3	50.0
other reasons	1	16.7
TOTAL:	13	-----

@ number of participants = 6

**Did you only use the female condom during the trial period?**

USE FEMALE CONDOM TRIAL PERIOD ONLY	RESPONSE	%
yes	13	81.2
no	3	18.8
TOTAL:	16	100.0

**Was there enough lubrication on the female condom?**

ENOUGH LUBRICATION ON FEMALE CONDOM	RESPONSE	%
yes	10	62.5
no	6	37.5
TOTAL:	16	100.0

**Were there any health problems, like a skin rash for example, that you noticed after using the female condom?**

HEALTH PROBLEMS AFTER USING FEMALE CONDOM	RESPONSE	%
yes	2	12.5
no	14	87.5
TOTAL:	16	100.0

**If yes, explain.**

HEALTH PROBLEM	RESPONSE	(%)@
itchiness, when away after taking bath	1	50.0
uncomfortable, triggered feeling about childhood sexual abuse	1	50.0
TOTAL:	2	-----

@ number of participants = 2

**Did you have any trouble taking out the female condom?**

TROUBLE TAKING OUT FEMALE CONDOM	RESPONSE	%
yes	1	6.2
no	15	93.8
TOTAL:	16	100.0

**Has your attitude about the female condom changed from the first time you saw it until now?**

ATTITUDE ABOUT FEMALE CONDOM CHANGE	RESPONSE	%
yes	9	56.2
no	2	12.5
neither yes or no	3	18.8
same	2	12.5
TOTAL:	16	100.0

**In what ways has your attitude changed?**

WAYS ATTITUDE CHANGED
Yes, when I first saw it I though I would never use it. Now that I have tried it I want it to be readily available for all women to choose. This would be excellent for girls who work the street.
Yes, too much work to lube it up again and stop – (partner) lose their erection.
When I first saw it I though it was weird. The education session helped me to be more comfortable with it. When you let me touch it, it helped.
Yes, not scared of it anymore – dimensions were big, (now) look at it without flinching.
Yes, it's different to see it and to actually do it. It looked easier than it actually was.
Totally! Telling everyone about it. Would use it anyday over male condom.
Yes, I have experience now. At first I though it would be uncomfortable but now I would use it. It was him having the discomfort.
No, I hadn't heard of it before, as soon as I did I though it was a good idea – because it gave me control.
No, I thought it would be bigger. I didn't know about the ring. There are not pictures of them around but everyone know what a male condom is.
No, I know how to use it. (response of 2 participants)
No, it is a good thing to use and we want to have some control.
No, don't remember what I thought.
When I first saw it I thought it was a good thing. After trying it I found out it was not all that great.

## MALE CONDOMS:

### Have you ever used a male condom?

USED MALE CONDOM	RESPONSE	%
yes	16	100.0
no	0	0.0
TOTAL:	16	100.0

### Have you had any difficulties using the male condom?

DIFFICULTIES USING MALE CONDOM	RESPONSE	%
yes	7	43.8
no	9	56.2
TOTAL:	16	100.0

### If yes, what kinds of problems?

PROBLEM	RESPONSE	(%)@
tearing	2	28.6
tightness/causes pain	2	28.6
latex allergies/vaginal irritation	2	28.6
lack of stimulation/sensitivity	1	14.3
difficult to put on	1	14.3
sometimes leaks	1	14.3
sometimes breaks	1	14.3
sometimes fall off	1	14.3
TOTAL:	11	-----

@ number of participants = 7

**How often do you and your partner(s) use male condoms?**

HOW OFTEN USE MALE CONDOM	RESPONSE	%
always	2	12.5
almost always	4	25.0
sometimes	4	25.0
very rarely	3	18.8
never	3	18.8
TOTAL:	16	100.1

**Which make you feel safer about your sexual health?**

SAFER ABOUT YOUR SEXUAL HEALTH	RESPONSE	%
male condom	4	25.0
female condom	7	43.8
about the same	5	31.2
TOTAL:	16	100.0

**How convenient is using the female condom for you compared to using the male condom?**

FEMALE CONDOM CONVENIENT	RESPONSE	(%)@
It's not convenient to carry around.	6	37.5
It doesn't fit into my sexual routine very well.	4	25.0
I'd rather use a male condom.	4	25.0
My partner would rather use a male condom.	5	31.2
I wouldn't use it if it were too expensive.	10	62.5
TOTAL:	29	-----

@ number of participants = 16

### How much did you like using the female condom?

LIKE USING FEMALE CONDOM	RESPONSE	%
liked a great deal	4	25.0
liked it somewhat	10	62.5
disliked somewhat	1	6.2
disliked a great deal	1	6.2
TOTAL:	16	99.9

### Did the information/education session help you?

SESSION HELP YOU	RESPONSE	%
yes	16	100.0
no	0	0.0
TOTAL:	16	100.0

### If yes, in what ways?

WAYS SESSION HELPED	RESPONSE	(%)@
It was important to have the opportunity to learn about them before the sexual encounter, to get 'practice'.	4	30.8
I needed to know how to use it, session provided me with knowledge.	3	23.1
The shared experience with the other women was important, and having support and guidance from facilitator and other women participating in the project.	3	23.1
The experience of touching the condom and having it explained helped with my level of comfort.	3	23.1
TOTAL:	13	100.1

@ number of participants = 13

**Where would it be easiest for you to pick up the female condom?**

WHERE TO PICK UP FEMALE CONDOM	RESPONSE	(%)@
pharmacies	6	37.5
health clinic	5	31.2
vending machines	3	18.8
STD clinics	3	18.8
AIDS Prince George/AIDS organization	2	12.5
women's centre	2	12.5
Friendship Centres	1	6.2
mall	1	6.2
needle exchange	1	6.2
street clinic	1	6.2
doctor's office for free	1	6.2
health care centre at Band	1	6.2
have them come in the mail	1	6.2
TOTAL:	28	-----

@ number of participants = 16

**If the female condom were as easy to get as the male condom and you could get it free like the male condom, would you take the female condom or the male condom or a mix of both?**

WHICH CONDOM	RESPONSE	%
female condom	6	37.5
male condom	1	6.2
mix of both	9	56.2
TOTAL:	16	99.9

**If you had to pay for the female condom, how much would you be willing to pay?**

HOW MUCH FOR FEMALE CONDOM	RESPONSE	%
I wouldn't pay under any circumstances.	4	25.0
\$0.00 to \$0.50	5	31.2
\$0.50 to \$1.00	2	12.5
\$1.00 to \$2.00	4	25.0
more than \$2.00	1	6.2
TOTAL:	16	99.9

**Would you recommend the female condom to a friend?**

RECOMMEND TO FRIEND	RESPONSE	%
yes	15	93.8
no	1	6.2
TOTAL:	16	100.0

**Are you planning to continue using the female condom?**

CONTINUE USING FEMALE CONDOM	RESPONSE	%
yes	12	75.0
no	3	18.8
maybe	1	6.2
TOTAL:	16	100.0

## APPENDIX H RESPONSES Questionnaire – Male Partners of the Participants

NOTE:     % = (number of responses / number of participants) \* 100  
               number of participants = 3 UNLESS stated otherwise

**If the female condom were as easy to get as the male condom, which of the following would you choose to use?**

CHOOSE TO USE	RESPONSE	%
female condom	2	66.7
male condom	0	0.0
both male and female condoms	1	33.3
TOTAL:	3	100.0

**Why are you willing to try the female condom?**

WHY TRY FEMALE CONDOM	RESPONSE	(%)@
My partner convinced me.	2	66.7
I was curious.	1	33.3
The female condom seemed like a good way to help prevent STDs, including HIV, and/or unwanted pregnancies.	2	66.7
It is better, polyurethane is stronger.	1	33.3
To help out with the studies of the female condom.	1	33.3
TOTAL:	7	-----

@ number of participants = 3

### What DID you like about the female condom?

LIKED ABOUT THE FEMALE CONDOM
It felt better than using the male condom.
It felt about the same as using the male condom.
It was almost like using nothing at all.
It was easy to use.
My partner uses it so there is less work for me.
I like the fact that my partner can take control of protecting herself against STDs/HIV/ and/or unwanted pregnancies.
I like that my growing daughters will have the chance to take their protection into their own hands, regardless of their partner's decision.

### What DIDN'T you like about the female condom?

DIDN'T LIKE ABOUT THE FEMALE CONDOM
The rings are uncomfortable.
It wasn't easy to use.
I didn't like the way it looked when my partner had put it in.
Satisfied, the only concern is the high cost, they should be available free.
Loud and crinkly.

### Would you like to continue using the female condom?

CONTINUE USING FEMALE CONDOM	RESPONSE	%
all the time	1	33.3
some of the time	1	33.3
not want to use it all	1	33.3
TOTAL:	3	99.9

## **APPENDIX I**

### **Aboriginal HIV/AIDS Organizations**

For more information about the female condom, this report, or HIV/AIDS and Aboriginal people, contact the following organizations.

**BC Aboriginal AIDS Awareness Program (BCAAAP),  
STD/AIDS Control, BC Centre for Disease Control**

655 West 12<sup>th</sup> Avenue  
Vancouver, BC  
V5Z 4R4  
Tel: 604-660-2088/ 660-2087  
Fax: 604-775-0808

**Healing Our Spirit BC Aboriginal HIV/AIDS Society**

Suite 100, 2425 Quebec Street  
Vancouver, BC  
V5T 4L6  
Toll Free: 1-800-336-9726  
Tel: 604-879-8884  
Fax: 604-879-9926

**The Red Road HIV/AIDS Network Society**

Suite 100, 2425 Quebec Street  
Vancouver, BC  
V5T 4L6  
Toll Free: 1-800-336-9726  
Tel: 604-879-8884  
Fax: 604-879-9926

**Canadian Aboriginal AIDS Network**

602-251 Bank Street  
Ottawa, ON  
K2P 1X3  
Toll Free: 1-888-285-2226  
Tel: 613-567-1817  
Fax: 613-567-4652

## APPENDIX J

### The World Health Organization Comparison and Description Chart of the Female and Male Condom

The following chart describes male and female condoms, showing the similarities and differences of the two forms protection.

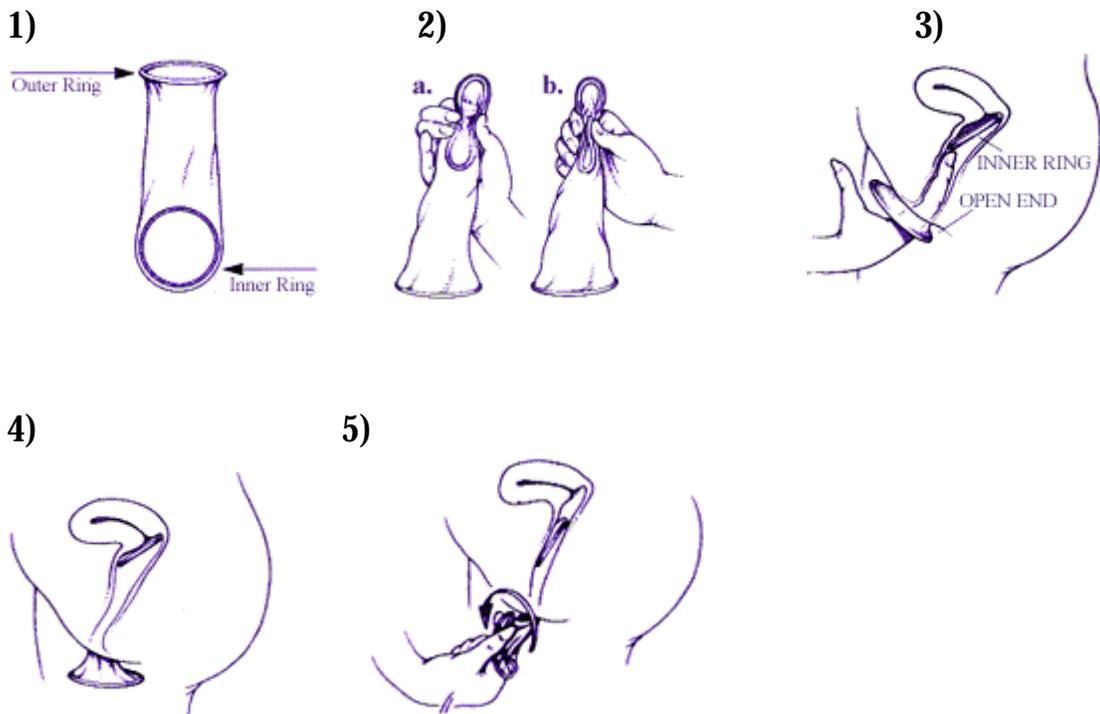
<b>MALE CONDOM</b>	<b>FEMALE CONDOM</b>
Rolled on the man's penis	Inserted into the woman's vagina
Made from latex; some also from polyurethane	Made from polyurethane
Fits on the penis	Loosely lines the vagina.
Lubricant: <ul style="list-style-type: none"> <li>• Can include spermicide</li> <li>• Can be water-based only; cannot be oil-based</li> <li>• Located on the outside of condom</li> </ul>	Lubricant: <ul style="list-style-type: none"> <li>• Can include spermicide</li> <li>• Can be water-based or oil-based</li> <li>• Located on the inside of condom</li> </ul>
Requires erect penis	Does not require erect penis
Condom must be put on an erect penis	Can be inserted prior to sexual intercourse, not dependent on erect penis
Must be removed immediately 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, which provides broader protection.
Latex condoms can decay 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.
Recommended as one time use product.	Recommended as one time use product. Re-use research is currently underway.

## APPENDIX K

### The Female Health Company

### Diagrams for Use of the Female Condom

The following instructions were obtained from the Female Health Company website, full information is provided in the references section of this document. The following diagrams illustrate what a female condom looks like (1), and how to insert one in a woman's vagina. The condom has an inner ring that must be pinched and then placed over the cervix of the woman (2, 3). A part of the condom stays outside of the body, and covers the lips of the vagina (4). The last diagram (5) shows how the woman removes the condom by twisting it, and finally disposing of the condom in the garbage. Condoms should never be flushed down toilets.



## **APPENDIX L**

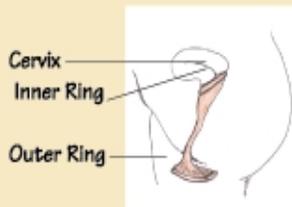
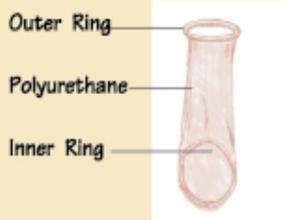
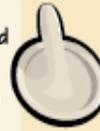
### **Aboriginal Male and Female Condom Resource Page**

The following is 1 page of a 13 page Aboriginal HIV/AIDS resource that was developed by BC Aboriginal AIDS Awareness Program. It is distributed by BCAAAP and Healing Our Spirit Educators in Aboriginal communities across BC. To receive a full copy of the resource package, please contact BC Aboriginal AIDS Awareness Program, BC Centre for Disease Control, or Healing Our Spirit, contact information is provided at the end of this report.

One of the best ways to prevent HIV is to use a condom - every time you have sex. A condom protects against most STDs. Using a condom shows that you care about yourself and your partner.

## The male condom

- A new latex condom should be used each time the couple has sex (anal, vaginal or oral sex).
- Check the expiry date.
- Remove carefully from packet.
- Use only water soluble lubricant (oils or vaseline will weaken the condom).
- Place the condom on the penis when the penis is stiff and erect and before you start touching genitals.
- Pinch any air out of the tip of the condom, leaving space for the semen to collect and carefully roll the condom down the penis.
- After sex, withdraw the penis from the other person while holding on to the condom.
- Slide the condom off the penis and knot the open end.
- Throw away in a safe place; do not flush down the toilet.



## The female condom

- The Medical Services Branch has agreed to cover the cost of the female condom for First Nations status women in BC.
- The female condom allows women to control their own protection against HIV, STDs and unintended pregnancy.
- The female condom can be inserted up to 8 hours before sex.
- It is made of polyurethane.
- It is recommended that you use water-based lubricants.
- The condom consists of an inner and an outer ring.
- The outer ring sits outside the vagina.
- The inner ring is inside the condom and it can be pinched and pushed into the vagina much like a tampon.
- The inner ring sits up against the cervix.
- Make sure that the penis is inside the condom when it enters the vagina.
- After sex, gently twist the outer ring and pull out the condom making sure that no semen is spilled.
- Throw the condom away safely. Do not flush down the toilet.



BC Aboriginal AIDS Awareness Program April 2000 PKB

