



# CONDOM PROGRAMMING FOR HIV PREVENTION



A MANUAL FOR  
SERVICE PROVIDERS



**The United Nations  
Population Fund**  
220 East 42nd Street  
New York, NY 10017, USA  
[www.unfpa.org](http://www.unfpa.org)



World Health Organization

**Department of Reproductive  
Health and Research**  
*World Health Organization*  
1211 Geneva 27  
Switzerland  
[www.who.int](http://www.who.int)



**PATH**  
1455 NW Leary Way  
Seattle, WA 98107, USA  
[www.path.org](http://www.path.org)

# **CONDOM PROGRAMMING FOR HIV PREVENTION**



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ACKNOWLEDGEMENTS

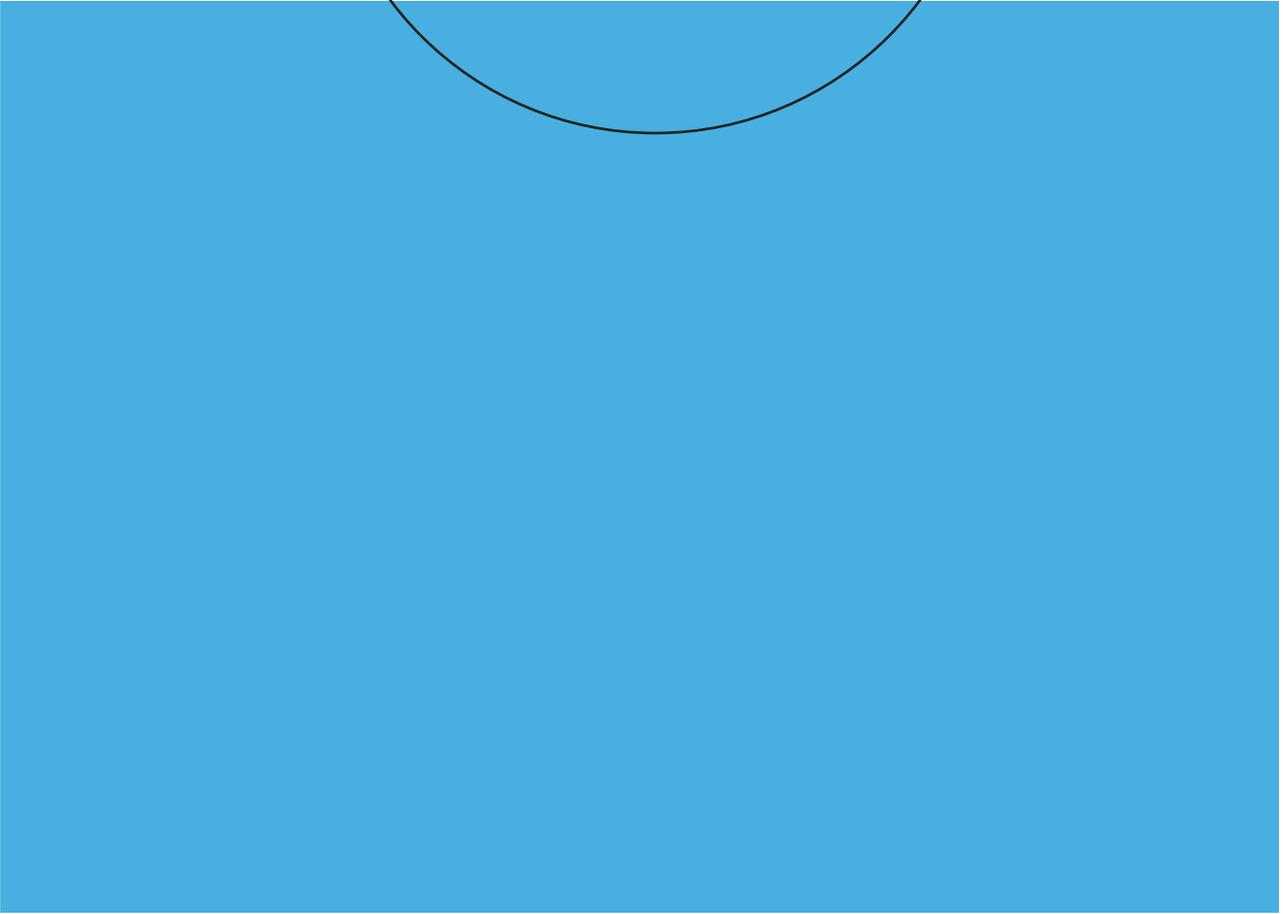
This document was prepared by PATH staff, including Patricia S. Coffey, Adrienne Kols, Maggie Kilbourne-Brook, and Clea Finkle, with the guidance of Jacqueline Sherris. Jack Kirshbaum edited the document with production assistance from Jennifer Fox and Scott Brown. Bongs Lainjo coordinated the project for UNFPA, where Kebedech Ambaye, Sylvie Cohen, Lynn Collins, Andre DeClerq, Lindsay Edouard, Anne Fabiani, Suman Mehta, Luca Monoja, and Jagdish Upadhyay all provided helpful suggestions and guidance. Raja Rao, of John Snow, Inc., helped resolve questions on logistics (Step 2). Thanks also to Maggie Usher-Patel and her colleagues at WHO and WHO/RHR for their review and comments.

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EXECUTIVE SUMMARY

**C**ondoms play a special role in combating the spread of HIV/AIDS because of their ability to protect against the sexual transmission of HIV. Since condoms also prevent pregnancy, couples can use them for dual protection against infection and unintended pregnancy. To encourage people to use condoms, programmes need to raise awareness of HIV/STI risks, make good-quality condoms readily available, teach people how to use condoms correctly, work to eradicate the social stigma associated with condoms, and advocate for HIV prevention and condom use in the community.

This manual is intended for the health care workers, peer educators, and other outreach workers who counsel clients on HIV/STI prevention and condom use; the sales clerks, bartenders, gas station attendants, taxi drivers, and others who sell condoms as part of their jobs; and the shop owners, store managers, and clinic staff who run condom outlets. It offers detailed and practical advice on how to increase the demand for and supply of condoms by following a five-step process:

#### **STEP 1. MAKE THE OUTLET CLIENT-FRIENDLY.**

Every condom outlet – whether it is a store, clinic, school, or outreach site – should welcome potential condom clients. You can make an outlet condom-friendly by assuring privacy for clients, making it easy to get condoms and counselling, and displaying promotional and educational materials.

#### **STEP 2. ENSURE THAT HIGH-QUALITY CONDOMS ARE ALWAYS AVAILABLE.**

By tracking supply levels, systematically calculating how many condoms to order, and storing condoms properly, you can ensure that there are always enough good-quality condoms in stock to satisfy clients' demands.

#### **STEP 3. COUNSEL CLIENTS ABOUT CONDOMS.**

Effective counsellors understand their own attitudes and values, help clients assess their risk of infection and pregnancy and create a risk-reduction plan, address misconceptions and rumours, teach condom use and negotiation skills, help clients deal with problems using condoms, and refer condom clients for other services.

#### **STEP 4. REACH OUT TO THE COMMUNITY.**

You can help create favourable attitudes towards condoms by discussing HIV/AIDS and condoms with community groups, displaying and distributing promotional materials, using local entertainment forms to promote condoms, and persuading influential individuals and organisations to endorse condoms.

#### **STEP 5. CHECK PROGRESS.**

By routinely collecting information on the number of condoms distributed, the number of clients served, the quality of counselling, and clients' satisfaction with services, you can detect and fix problems and improve services.

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## ACRONYMS

AIDS	acquired immunodeficiency syndrome
BCC	behaviour change communication
CBD	community-based distribution
HIV	human immunodeficiency virus
IDP	internally displaced person
IPPF	International Planned Parenthood Federation
JSI	John Snow, Inc.
LMIS	logistics management information system
NGO	nongovernmental organisation
PSI	Population Services International
STI	sexually transmitted infection
UNAIDS	Joint United Nations Programme on AIDS
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
VCT	voluntary counselling and testing
WHO	World Health Organization

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	Evaluate the client's need for dual protection		
	Teach condom use and negotiation skills		
	Help clients deal with problems using condoms		
	Refer clients for other services		

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# 1.

## INTRODUCTION



## SLOWING THE HIV/AIDS PANDEMIC

**S**ince the early 1980s, more than 60 million people have been infected with human immunodeficiency virus (HIV), and more than 20 million people have died from the resulting disease, acquired immunodeficiency syndrome (AIDS).

Unless prevention efforts are stepped up, another 45 million people will become infected by 2010.

HIV spreads in four ways, through:

- Unprotected sexual intercourse with an infected person;
- Transfusions of infected blood;
- Transmission from mother to child during pregnancy, labor, delivery, or breastfeeding; and
- Injections with contaminated needles.

In many areas, unprotected sexual intercourse is the leading cause of HIV. Slowing the spread of infection requires that people adopt safer sexual practices, including abstinence, faithfulness to a single uninfected sexual partner, and condom use. Condoms are especially important because they are currently the only device that protects against sexually transmitted HIV. People who use

condoms consistently reduce their risk of HIV by about 80 percent—and also prevent many other sexually transmitted infections (STIs). (See Appendix for the “Counselling Guide on Male and Female Condoms,” which provides information on condoms’ effectiveness in preventing HIV/STIs.)

## DUAL PROTECTION AGAINST PREGNANCY AND INFECTION

In addition to protecting against infection, male and female condoms also prevent unintended pregnancy. Thus condoms offer couples the convenience of dual protection, that is, couples can simultaneously protect against infection and unplanned pregnancy by using a single device. (See the “Counselling Guide on Male and Female Condoms” for information on condoms’ effectiveness in preventing pregnancy.)

## PROMOTING CONDOMS

Many people at risk of HIV/STIs do not use condoms. Some do not realise that they are at risk of infection or understand how to protect themselves. Some worry about how their partners will react if they suggest using condoms, or they believe condoms will make sex less enjoyable.

Some are discouraged by the social stigma associated with condoms. Some have difficulty finding a convenient and affordable source of supply.

Effective condom programmes (see Figure 1) must overcome all of these potential barriers to condom use by:

- Creating a reliable supply of good-quality condoms by improving stock management and storage conditions;
- Making condoms readily available even for spontaneous users;
- Promoting demand for condoms by raising awareness of HIV/STI risks and teaching people how to use condoms correctly and consistently;
- Working to eradicate the social stigma associated with condoms; and
- Promoting a supportive environment by advocating for HIV prevention and condom use in the broader community.

vagina. Providing and promoting both options is a challenge but can add to a programme's success.

**USING THIS MANUAL**

Providers of all kinds play an important role in promoting condom use, and they work in a wide variety of settings. They include health care workers, such as nurses, midwives, community-based distributors, and pharmacists. They include outreach workers trained to counsel people in the community on HIV/STI prevention, such as teachers, peer educators, workplace promoters, and others. They also include the sales clerks, bartenders, gas station attendants, taxi drivers, and hotel clerks who sell condoms as part of their jobs. People who run condom outlets also play a key role in promoting condoms. They include shop owners and managers, vendors, and clinic staff who oversee contraceptive supplies.

No matter where you work or what your

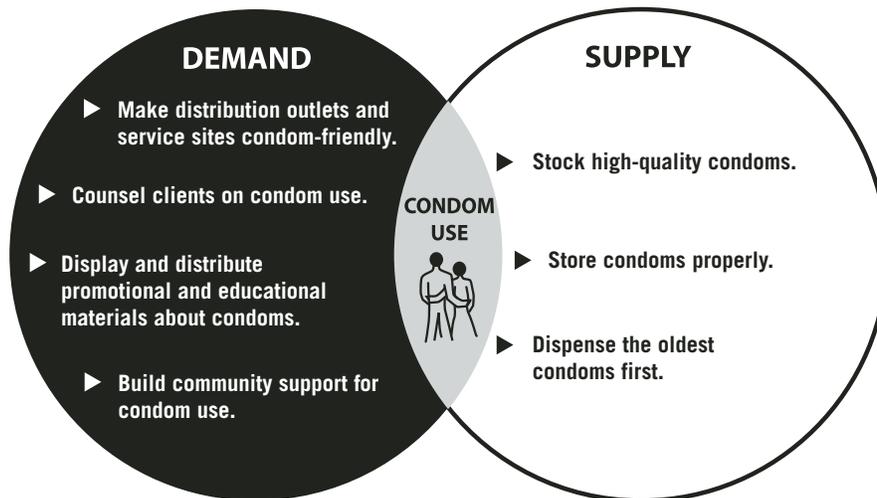


Figure 1. Elements of condom provision.

Couples today can choose between two different kinds of condoms, each of which has proven safe, effective, and acceptable in countries around the world. The male condom is a rubber sheath that fits over the erect penis; the female condom is a plastic sheath that is inserted in the woman's

background and training, this manual can give you practical advice on how to promote condoms and help reduce the spread of HIV/STIs in your community. It outlines a simple, five-step process (see Figure 2).

- Step 1 tells how to make your outlet condom friendly.
- Step 2 explains how to maintain a steady supply of condoms.
- Step 3 describes how to counsel clients on using condoms.
- Step 4 explains how you can promote condoms in the broader community.
- Step 5 helps you assess the progress of your efforts.

Depending on where you work and what your job is, some parts of this manual will be more useful than others. Even though you may not have direct responsibility for some tasks, such as ordering condoms or counselling clients, you may still find it helpful to understand how those tasks are done. The manual also will be more useful if

you customise the forms and exercises so they include items of local importance.

Complementary guidelines to help managers design and implement effective condom programmes are presented in UNFPA, WHO, PATH, *Condom Programming for HIV Prevention: An Operations Manual for Programme Managers*, which is available from the United Nations Population Fund on their website ([www.unfpa.org](http://www.unfpa.org)). Concerning procurement, there is also *The Male Latex Condom: Specification and Guidelines for Condom Procurement* (December 2003), which is published by the World Health Organization, UNFPA, UNAIDS, and Family Health International. It is available on the WHO website ([www.who.int/reproductive-health/publications/m\\_condom/who\\_specification\\_04.pdf](http://www.who.int/reproductive-health/publications/m_condom/who_specification_04.pdf)).

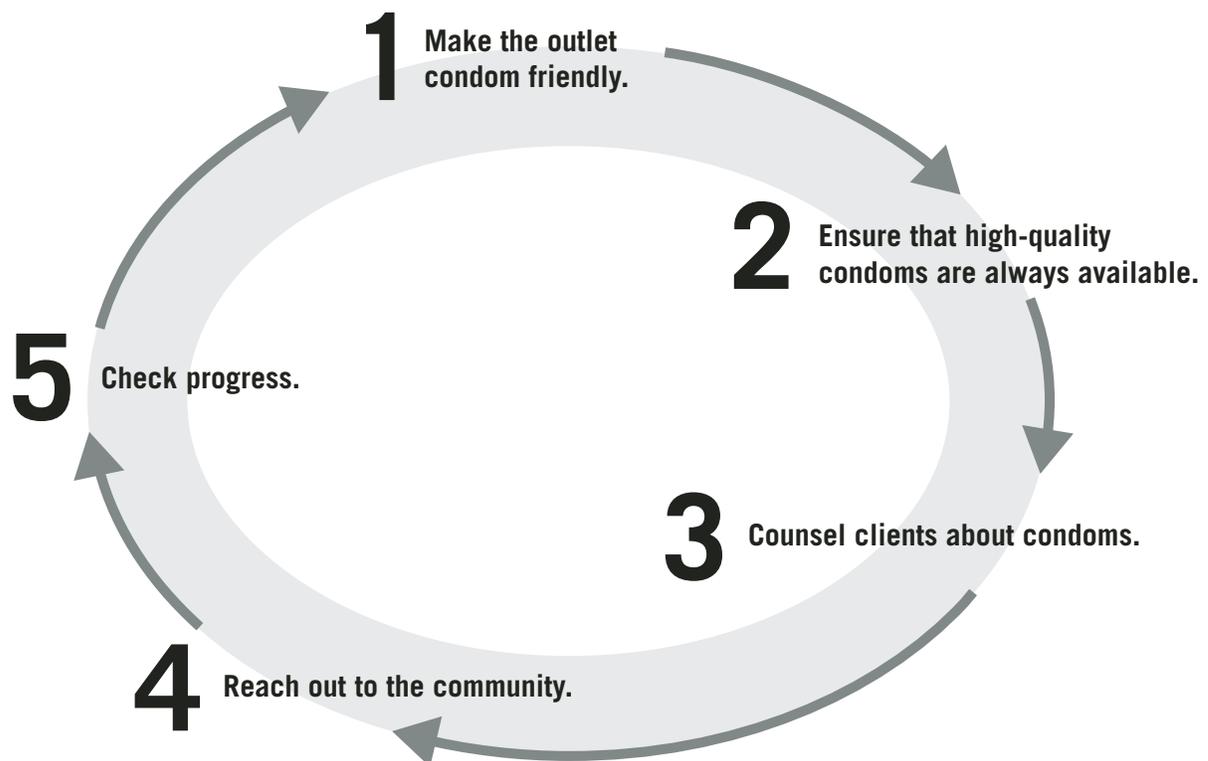


Figure 2. Five steps for condom provision for HIV prevention.

# STEP 1.

MAKE THE OUTLET  
CONDOM FRIENDLY



## KEY ACTIONS

- *Assure clients of privacy and confidentiality.*
- *Make it easy for clients to get condoms and counselling.*
- *Display promotional and educational materials about condoms.*

**N**o matter where you work—at a clinic, store, school, or elsewhere—it is important that the physical surroundings and organisational systems promote condom services. “Condom-friendly” means that an outlet welcomes potential condom clients, gives them privacy, communicates a consistent, pro-condom message, and eliminates barriers to access. Outreach workers, such as peer educators or workplace motivators, may not have a fixed outlet, but they too should think about how to make the setting more condom friendly.

### ASSURE CLIENTS OF PRIVACY AND CONFIDENTIALITY

Privacy and confidentiality are essential for clients. Clients often feel embarrassed or uncomfortable seeking HIV/STI prevention and condom services, especially if they are young, unmarried, or belong to a marginalised group such as sex workers or homosexuals. They may want to minimise face-to-face interaction or at least make sure that sensitive information about their private lives is not disclosed to others. Evaluate how well your outlet assures privacy and confidentiality using the checklist on the following page.

### MAKE IT EASY FOR CLIENTS TO GET CONDOMS AND COUNSELLING

Condom clients should always feel welcome and comfortable, regardless of their gender, age, or marital status. Evaluate how easy it is for clients to get condoms and counselling at your site using the checklist on the following page.

### Action Checklist for Privacy and Confidentiality

<input type="checkbox"/>	Signs indicate where condoms can be found, so clients do not have to inquire.
<input type="checkbox"/>	Clients do not have to fill out forms or register in order to receive condoms or counselling.
<input type="checkbox"/>	A private meeting space is available for individual counselling.
<input type="checkbox"/>	Counsellors assure clients that whatever they say will remain confidential.
<input type="checkbox"/>	Condom vending machines allow clients to bypass sales clerks or other staff.
<input type="checkbox"/>	Condoms are available in restrooms or other private, but readily accessible, locations.
<input type="checkbox"/>	Print materials and other media offering information on HIV prevention and instructions for condom use are readily available.
<input type="checkbox"/>	Policies and procedures guarantee the confidentiality of all client records.

### Action Checklist for Ease of Access

<input type="checkbox"/>	The site is open (or outreach workers are available) at times that are convenient for clients, for example, after work or on weekends.
<input type="checkbox"/>	Service locations, whether fixed sites or places used by outreach workers, are convenient for clients.
<input type="checkbox"/>	Waiting times are brief.
<input type="checkbox"/>	Both male and female condoms are available at all times.
<input type="checkbox"/>	All clients are offered condoms, regardless of age, gender, and marital status.
<input type="checkbox"/>	Workers treat all clients with respect and do not judge or lecture people who request condoms.
<input type="checkbox"/>	Condoms are offered for free or at affordable prices.
<input type="checkbox"/>	Clients are offered enough condoms to meet their needs.
<input type="checkbox"/>	Workers feel comfortable handling condoms and discussing their use.

## DISPLAY PROMOTIONAL AND EDUCATIONAL MATERIALS ABOUT CONDOMS

Promotional and educational materials can help create a condom-friendly setting:

- Posters and signs tell clients that they are welcome and that condoms and related information are available at the outlet. They can make an especially powerful statement in schools and the workplace.
- Leaflets and brochures are especially useful at shops, kiosks, and other locations where individual counselling is not available. They can give clients essential information about HIV/STI prevention; help teach them how to use condoms correctly by supplementing the instructions printed on condom packets, which are not always legible or easy to read; and refer them to local clinics and outreach workers for further services. Leaflets also can reinforce and supplement face-to-face counselling by giving clients an opportunity to review instructions at home, look up answers to questions, and share information with a partner.

- Videos and audiocassettes are especially helpful where literacy levels are low, but audiences of all kinds find them appealing. Like leaflets and brochures, they provide essential information. When counselling is not available or clients fail to take advantage of counselling, these materials also can partially substitute for individual counselling.

Clients can examine educational materials by themselves (for example, reading a poster in a barbershop or watching a video in a clinic waiting room), can view them together with a provider (reviewing a pamphlet with a peer educator), or can take home copies to read later and share with friends (picking up an instruction sheet from a pharmacy or kiosk along with a supply of condoms). When you select promotional and educational materials and decide where to display them, consider community sensitivities as well as the particular needs and preferences of your clients.

Evaluate whether your outlet is taking full advantage of promotional and educational materials using the checklist below.

### Action Checklist for Promotional and Educational Materials

<input type="checkbox"/>	Posters are displayed in public areas, such as clinic waiting rooms, school hallways, store walls and windows, and toilets.
<input type="checkbox"/>	Posters are designed and placed so that clients can easily read them.
<input type="checkbox"/>	Leaflets and brochures are available for clients to take home, and they are regularly resupplied.
<input type="checkbox"/>	Print materials are appropriate for the audience: the messages and illustrations are clear and easily understood, the wording is appropriate for the literacy level of the audience, and the content fits local circumstances.
<input type="checkbox"/>	All materials deliver the same message, and that message is consistent with what providers, counsellors, teachers, and outreach workers are telling clients.
<input type="checkbox"/>	Outreach workers carry or wear items that identify them as condom promoters.

# STEP 2.

ENSURE THAT HIGH-QUALITY CONDOMS ARE ALWAYS AVAILABLE



## KEY ACTIONS

- *Track supply levels.*
- *Decide when and how many condoms to order.*
- *Store condoms properly.*
- *Dispense the oldest condoms first.*

**K**eeping enough good-quality condoms in stock to satisfy clients' demands poses a constant challenge. Unless distribution outlets carefully manage their inventory and reorder condoms as needed, they may run out of condoms altogether or run out of the kinds that clients like best. Alternatively, outlets may end up with too many condoms in stock, so that the condoms expire before they can be used. If storage conditions are poor, condoms may deteriorate prematurely and have to be destroyed.

Depending on the nature of your outlet, you may rely on a social marketing programme, a commercial distributor, the Ministry of Health, or some other supplier for condoms. No matter what the system, however, its success ultimately rests on your ability or the ability of your co-workers to track condom supply levels, forecast demand, and maintain proper storage conditions at your outlet. Even outreach workers have to be aware of keeping an adequate supply of quality condoms on hand.

## TRACK SUPPLY LEVELS

To make sure that there are always enough condoms on hand, inventory systems track three essential pieces of information:

- Stock on hand—the number of usable condoms on hand;
- Rate of consumption—the number of condoms dispensed to users; and
- Losses and adjustments—the number of condoms lost to damage, expiration, or theft.

All condoms received by and dispensed from the outlet are entered on a stock card, which also may be called an inventory control card (see sample card). This includes shipments received from suppliers, condoms dispensed to clients, and condoms destroyed because they are expired or damaged. Each type of condom (for example, female condoms and male condoms of different sizes, shapes, and brands) must have its own stock card.

Fill in the top of the stock card with a description of the product, its location, and information on stock levels and average monthly consumption (see the next section on “Ordering Condoms” for explanations of maximum and



### DECIDE WHEN AND HOW MANY CONDOMS TO ORDER

A maximum-minimum (or “max-min”) inventory control system can help you decide when and how many condoms to order.

#### STEP 1. CALCULATE AVERAGE MONTHLY CONSUMPTION (AMC)

Start by estimating how many condoms will be needed in the future, based on how many condoms the outlet has dispensed in the past. (In new outlets, efforts should be made to establish rough estimates, for example through consultation with providers in similar locations.) Because the number of condoms dispensed varies from month to month, it is best to analyze six months of records when calculating average monthly consumption (see worksheet).

NUMBER OF CONDOMS DISPENSED:	
6 months ago	
5 months ago	
4 months ago	
3 months ago	
2 months ago	
Last month	
Total:	

WORKSHEET FOR CALCULATING AVERAGE MONTHLY CONSUMPTION		
Total number of condoms dispensed during past six months*	÷ 6 =	Average monthly consumption
	÷ 6 =	

\* This number is only reliable in circumstances where there has been continuous service provision and no condom stockouts.

Before accepting the figure generated by the worksheet, consider whether there are other factors that might increase or decrease the demand for condoms over the next six months. For example, did condom shortages during the past six months limit the number of condoms dispensed? Is a media campaign underway that may increase demand for condoms? Are there seasonal changes in demand, for example, when migrant workers move into or out of the area? Based on your knowledge of these factors, adjust the figure for average monthly consumption up or down.

#### STEP 2. CALCULATE LEAD TIME

Lead time is the time taken to deliver condoms after an order is placed. Look at records of past orders and deliveries to see how many months it took for orders to arrive. If the lead time is consistent from one order to the next, use the average lead time in your calculations. If lead times vary widely, it is safer to use the longest lead time instead.

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LEAD TIME =  MONTHS

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#### STEP 3. DETERMINE THE SAFETY STOCK

Every distribution outlet must keep a safety stock, or extra supply, on hand to prevent shortages in case of unexpected problems. For example, an outlet may need a safety stock if there is a delay in deliveries, a sudden spike in demand for condoms, or water damage in the storage room.

If condom deliveries are reliable and the demand for condoms is steady, set the safety stock at half of the time that elapses between deliveries. For example, if an outlet receives regular condom deliveries every four months, the safety stock would be two months supply. If deliveries are unreliable or the demand for condoms fluctuates, set the safety stock higher.

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SAFETY STOCK =  MONTHS

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**STEP 4. CALCULATE MINIMUM STOCK LEVEL AND QUANTITY**

Whenever the supply of condoms drops to the minimum stock level, more condoms must be ordered. Otherwise the outlet may run out of condoms. The minimum stock level, which is expressed in months, is the sum of the safety stock and lead time. Multiplying that figure by average monthly consumption yields the minimum quantity of condoms an outlet should have on hand (see worksheets).

WORKSHEET FOR CALCULATING MINIMUM STOCK LEVEL				
Safety stock (in months)	+	Lead time (in months)	=	Minimum stock level
	+		=	

WORKSHEET FOR CALCULATING MINIMUM QUANTITY				
Minimum stock level	x	Average monthly consumption	=	Minimum quantity
	x		=	

Whenever the supply of condoms on hand falls below the minimum quantity, determine the reason why. If it reflects a general increase in demand for condoms, it is time to recalculate average monthly consumption. If it is due to delivery problems, it is time to increase the lead time or safety stock. If an order has been placed and a timely delivery is expected, however, the system is working as designed.

**STEP 5. CALCULATE MAXIMUM STOCK LEVEL AND QUANTITY**

The maximum stock level sets a ceiling on how much stock a distribution outlet should have on hand. Under usual conditions, inventory levels should not rise above the maximum stock level. Otherwise, condoms may stay in storage so long that they will deteriorate or expire before they can be dispensed to clients. The maximum stock level, which is expressed in months (or months-worth-

of-supplies), is the sum of the minimum stock level and the length of time between orders, which is called the order interval. Multiplying that figure by average monthly consumption yields the maximum quantity of condoms an outlet should have on hand (see worksheet).

WORKSHEET FOR CALCULATING MAXIMUM STOCK LEVEL				
Minimum stock (in months)	+	Order interval (in months)	=	Maximum stock level
	+		=	

WORKSHEET FOR CALCULATING MAXIMUM QUANTITY				
Maximum stock level	x	Average monthly consumption	=	Maximum quantity
	x		=	

Whenever the supply of condoms on hand rises above the maximum quantity, determine the reason why. If the demand for condoms has fallen, recalculate the average monthly consumption. If deliveries are now arriving more promptly or more reliably, recalculate the lead time or decrease the safety stock.

**STEP 6. CALCULATE MONTHS OF SUPPLY ON HAND**

To make sure the outlet has an adequate supply of condoms, calculate how many months the supply on hand will last if demand for condoms remains steady. If the supply on hand will not last until the next scheduled delivery, the outlet does not have enough condoms. Consider arranging for an emergency delivery.

WORKSHEET FOR CALCULATING MONTHS OF SUPPLY ON HAND				
Stock on hand	x	Average monthly consumption	=	Months of supply on hand
	x		=	

**STEP 7. CALCULATE ORDER QUANTITY**

Depending on the supply system, you may order condoms at regularly scheduled intervals or you may order condoms whenever the supply on hand reaches minimum levels. Whatever the system, you can calculate how many condoms to order at a given time by completing the worksheet below. To make the order as accurate as possible, first recalculate average monthly consumption and the maximum quantity using the most recent figures available.

WORKSHEET FOR CALCULATING ORDER QUANTITY					
Maximum quantity	–	Stock on hand	–	Stock on order (but not yet received)	= Quantity to order
	–		–		=

**STORE CONDOMS PROPERLY**

Condoms are perishable. With proper storage, male condoms remain effective for three years to five years, depending on the manufacturer and according to national policy. Female condoms have a shelf life of five years. Exposure to direct sunlight or fluorescent (tube) light, heat, humidity, moisture, and ozone can considerably shorten the shelf life of male latex condoms. In contrast, female condoms, which are made out of polyurethane, are not sensitive to high temperatures and humidity.

To make sure that all condoms dispensed are in good condition, you must regularly and randomly inspect condom supplies, maintain proper storage conditions, and dispense condoms before they expire.

**Inspections.** Careful visual inspections can detect defects and deterioration. New supplies of condoms should be inspected when they arrive, and they should be reinspected periodically if they remain in storage for more than six months. Examine the outside of the carton and a few randomly chosen

packets pulled from different parts of the carton. Look for the following problems:

- Torn or damaged packaging,
- Leaking lubricant,
- Brittle or damaged packets,
- Yellowed or discoloured packets,
- Broken seals or open packets,
- Broken strips, or
- Foreign matter in package.

If you find a problem with some of the condoms—or if clients report a problem with condoms they have received—check the rest of the condoms in the same carton or with the same lot number to see if the problem is widespread.

When clients complain, take them seriously. Note the date, product, brand, type, lot number, and nature of the complaint. Try to determine whether the problem was due to the condom itself or to the client’s lack of knowledge or incorrect use of the condom. For example, if a client complains of a funny smell, it may be normal for that brand. If clients complain about condoms breaking during sex, check to make sure that the condoms in that lot have not expired or prematurely deteriorated. If the rest of the lot is in good condition, ask about how the client handled the condom that broke. The client may need advice on how to use condoms correctly, for example, on using water-based rather than oil-based lubrication to maintain the strength of the latex.

If an entire carton or lot of condoms is defective, destroy them. **Do not dispense condoms with defects or damage.** Dispose of the defective condoms according to programme guidelines dictated by government and donor regulations. They must be disposed of in a way that makes them absolutely unusable (for example, by incineration). Try to identify the cause of the defects and correct it. This may mean changing suppliers, improving storage conditions, or instituting a first-to-expire-first-out (FEFO) system (see following page).

**Storage conditions.** Storing female condoms is easier than storing male latex condoms because female condoms are made out of polyurethane, a material that is unaffected by humidity and ozone levels. It requires no special storage conditions. To make certain that male condoms do not deteriorate prematurely, store them in a clean, dry, well-ventilated area (see Figure 3).

**Security.** To prevent pilferage, keep the storeroom locked and limit access to authorised personnel. Match any condoms put in or taken out of storage against documentation. To uncover problems, crosscheck stock-keeping records against transaction records and conduct an annual physical inventory.

The first step in conducting an annual physical inventory is to count all condoms in stock and

compare the totals against the stock cards. Then determine if any condoms are no longer usable due to deterioration or expiration and destroy them. Correct any problems you find to ensure that condoms are safely and effectively received, stored, and accounted for. If necessary, correct stock cards and reorganise the storeroom.

### DISPENSE THE OLDEST CONDOMS FIRST

Condoms have a limited shelf life, beyond which they should not remain in storage. By the time condoms arrive at your distribution outlet, one or two years may already have gone by since they were manufactured. The First-to-Expire, First-Out (FEFO) system ensures that the oldest condoms in storage are dispensed first, before they expire (see Figure 4).

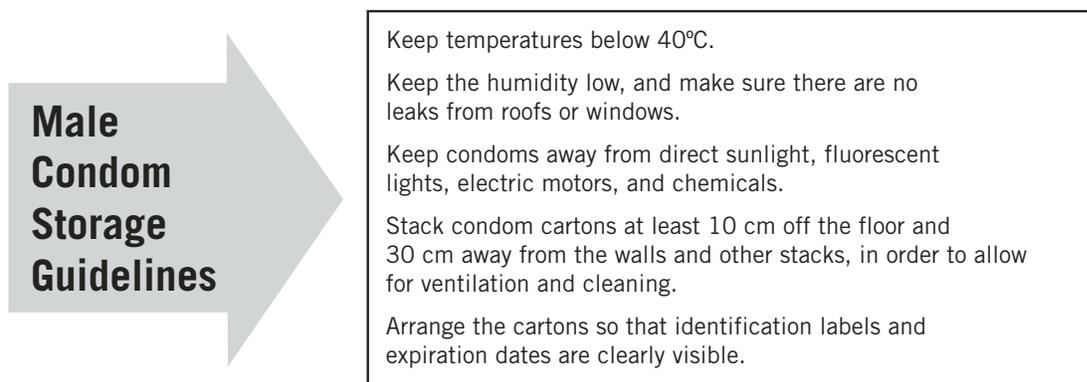


Figure 3. Male condom storage guidelines.

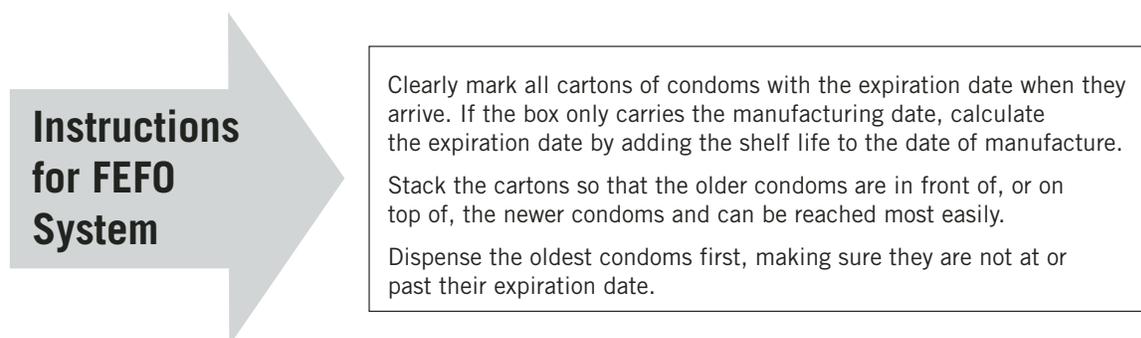


Figure 4. First-to-Expire, First-Out system.

Note: For complete information on how to ensure that condoms are manufactured, purchased, stored, distributed and handled properly, see WHO, UNFPA, UNAIDS, FHI. *The Male Latex Condom: Specification and Guidelines for Condom Procurement*. Geneva: WHO, December 2003.



# STEP 3.

COUNSEL CLIENTS  
ABOUT CONDOMS



## KEY ACTIONS

- *Explore your own attitudes and values.*
- *Assess the client's risk of infection and create a plan to reduce it.*
- *Address myths, perceptions, dislikes, and fears.*
- *Evaluate the client's need for dual protection.*
- *Teach condom use and negotiation skills.*
- *Help clients deal with problems using condoms.*
- *Refer clients for other services.*

Counseling goes beyond mere information giving: it helps clients make and implement decisions based on their individual needs, preferences, and circumstances. The degree to which individual counselling is available, or even possible, will vary by setting. For example, a site that offers voluntary counselling and testing for HIV can and should offer much more in-depth counselling than could be given at a pharmacy. Nonetheless, individual counselling is the best way to help clients appreciate the advantages as well as the challenges of using condoms. Individual counselling provides an opportunity for counsellors to learn about the client's situation, to give hands-on demonstrations, and to help clients practice essential skills, such as how to use condoms and how to negotiate their use with partners.

### EXPLORE YOUR OWN ATTITUDES AND VALUES

Counseling clients on HIV prevention and condom use may be embarrassing both for you and your clients, since it requires discussing intimate sexual behaviours. It also may challenge

your personal values and attitudes about sexual and gender issues, since clients and their partners do not always behave the way you think they should.

You cannot be an effective counsellor, however, unless you:

- Feel comfortable with the subject matter;
- Empathise with clients and try to understand their point of view;
- Respect all clients, regardless of their age, gender, marital status, or sexual practices;
- Resist the temptation to judge clients and impose your own values on them; and
- Recognise your biases towards or against condoms and other contraceptive methods.

The following exercises will help you recognise and address attitudes, values, and biases that might prevent you from being an effective counsellor.

**EXERCISE 1: PUTTING YOURSELF IN THE CLIENT'S PLACE**

**Goal:** Appreciate how clients feel when they are asked about intimate details of their sexual lives.

**Instructions:** Read the risk assessment questions on page 20. Reflect on your own sexual life and honestly answer the questions. How does this make you feel? How would you feel about sharing this information with others?

**Reflection and response:** Consider what you can do to ask these kinds of questions in a non-threatening way. How can you make clients feel less uncomfortable? How can you make them trust you? What can you do or say that will make clients feel confident that the discussion is totally confidential?

### ASSESS THE CLIENT'S RISK OF INFECTION AND CREATE A PLAN TO REDUCE IT

A personalised risk assessment is the best way to help clients appreciate their vulnerability to infection and motivate them to take action. Once clients understand and acknowledge the behaviours and circumstances that put them at risk of infection, they can develop a plan to reduce that risk.

Effective risk assessments involve an extended and interactive conversation with the client, following an in-depth risk assessment guide (see box). A combination of open-ended and probing questions allows you to discuss the details and context of the client's risk factors and help him or her create a personal risk-reduction plan. Some clients, however, may not feel comfortable fully disclosing or discussing their circumstances. In this case, offer clients the guidance they need to assess their own risks. For example, explain how having multiple sexual partners increases the chance of infection, especially if those partners also have multiple sexual partners. Then clients can decide if this poses a risk for themselves without enumerating their partners.

Based on this discussion, help the client make a personal plan to reduce the risk of HIV/STI infection. Make sure that the plan is practical, detailed, and anticipates potential obstacles. For example, the client might decide to:

- Talk with a regular partner about using condoms.
- Buy condoms and keep them next to the bed.
- Carry condoms at all times, even when not planning to have sex.
- Avoid alcohol or drink less in order to stay in control.
- Be faithful to a single partner.
- End a relationship with a partner who is seeing other people.

**EXERCISE 2: ASSESSING YOUR ATTITUDES AND COMFORT LEVEL**

**Goal:** Identify personal values, attitudes, and issues that may make it difficult for you to counsel clients on HIV prevention and condom use.

**Instructions:** Listed below are some situations that may occur when you counsel clients about HIV prevention and condom use. Think about how you would feel if you were involved in that situation. Rate your comfort level on this five-point scale:

VERY UNCOMFORTABLE		NEUTRAL		VERY COMFORTABLE
1	2	3	4	5

RATING (FROM 1 TO 5)	SITUATION
	Discussing sexual behaviours that put people at risk for HIV/STI infection.
	Discussing sexuality with a client whose opinions about what is right and wrong differ from yours.
	Discussing sexual relations including different modes and routes.
	Pronouncing slang words for such terms as penis, vagina, and sexual relations.
	Discussing how condoms affect sexual enjoyment.
	Handling condoms and demonstrating how to use them.
	Being asked by a client if you use condoms.
	Advising married couples to use condoms instead of other contraceptive methods.
	Discussing sexual behaviour with young people and encouraging them to use condoms.
	Discussing sexual behaviour with unmarried women and encouraging them to use condoms.
	Describing detailed symptoms of STIs and reproductive tract infections (RTIs).
	Teaching women how to ask their partners to use condoms.

**Reflection:** Each item you rated as 1 or 2 could pose a problem for you in counselling condom clients. Think about the sources of these problems and create a plan to address them. For example, if you feel embarrassed and shy talking about sexual matters, desensitise yourself by practicing out loud, either alone or in role-plays with co-workers. If you feel that advising certain clients to use condoms conflicts with your personal values, talk the issue over with your supervisor, manager, or co-workers to clarify your feelings and overcome any biases.

Source: Adapted from EngenderHealth. *Sexually Transmitted Infections Minicourse*. Accessed July 17, 2003, from <http://www.engenderhealth.org/res/oncl/index.html>.

**IN-DEPTH HIV/STI RISK ASSESSMENT GUIDE**

**Instructions:** Prompt clients to give you full and honest answers to these questions, and follow up with probing questions as needed. For example, ask: “Could you tell me more about that?” or “Do you think that puts you at risk of HIV/STIs?”

Do not make any assumptions about the client’s sexual activities or the sexual activities of his or her partners: the client may have same or opposite sex partners, partners inside or outside of marriage, consensual or involuntary relationships.

Depending on the client’s response, you may need to offer appropriate counselling, treatment, or referral (see page 38).

1. Do you have a steady sexual partner?

Tell me about your partner.

How long have you been together?

Would you like to talk about what you do with this sexual partner?

Is there anything you are doing to prevent pregnancy or infection with this partner?

Do you suspect this partner has other sexual partners in addition to yourself?

Do you feel your partner may have been exposed to HIV? Why?

2. Tell me about your other sexual relationships?

How often do you see these other sexual partners?

Would you like to talk about what you do with these sexual partners?

Is there anything you are doing to prevent pregnancy or infection with these partners?

Do you suspect these persons have other sexual partners in addition to yourself?

Do you feel these partners might have been exposed to HIV? Why?

3. Have you ever found yourself in a situation where you had to exchange sexual relations for money, gifts, food, or other things you need? Have you ever offered someone money or gifts to have sexual relations with you?

4. Have you ever been forced to have sex with someone?

What were the circumstances?

Does it still happen?

5. Have you ever had an STI?

Do you have any symptoms now?

Has your partner(or partners)

ever had an STI?

Do they have any symptoms now?

6. Do you ever drink alcohol or use other drugs?

Do you ever get together sexually with someone after you are drunk or high?

7. Have you or your partner(s) ever

injected drugs to make you feel good?

When did you or your partner(s)

last have an injection?

Were the needles disposable? If not,

were they boiled or disinfected?

8. Have you ever had a blood transfusion?

Have you received treatment from a traditional practitioner that involved cutting or breaking the skin?

In-depth risk assessments are not possible at many condom outlets, for example, at kiosks and gas stations. It is possible for clients to screen themselves instead, using a brief checklist (see box

right). While this approach cannot substitute for an in-depth, personalised risk assessment, it may raise clients’ awareness of HIV/STI risks and prompt them to seek counselling.

**HIV/AIDS SELF-SCREENING CHECKLIST FOR CLIENTS**

*First, think about yourself:*

- Have you ever had sexual relations without a condom?
- Do you have more than one sexual partner?
- Have you ever offered or received money for sex?
- Have you ever had an STI?

*Now think about your partner(s):*

- Have they ever had sexual relations without a condom?
- Do they have more than one sexual partner?
- Have they ever offered or received money for sex?
- Have they ever had an STI?

*If the answer to any of these questions is yes, you may be at risk of infection with HIV or another STI. Talk to a health care provider to find out more.*

have legitimate worries about real problems associated with using condoms. Be honest about the problems that may arise, offer advice on how to deal with them, and stress that many people use condoms happily. The table on next page lists many common concerns and appropriate responses.

**ADDRESS MYTHS, PERCEPTIONS, DISLIKES, AND FEARS**

Use the fact sheet “Counselling Guide for Male and Female Condoms” (see Appendix) to give clients a complete and accurate overview of essential information, including condoms’ effectiveness in preventing infection and pregnancy, safety, advantages and disadvantages.

Myths, perceptions, dislikes, and fears about condoms are widespread and can discourage people from trying them. To discover clients’ concerns about condoms, ask what they have heard about condoms and how they feel about using them. Ask whether they have ever used condoms before and, if so, what their experience was.

Whatever the client’s concerns may be, address them openly and honestly. In some cases, all you will need to do is explain the facts and debunk misconceptions. In other cases, the client may

RESPONDING TO MYTHS, PERCEPTIONS, DISLIKES, AND FEARS ABOUT MALE AND FEMALE CONDOMS	
CLIENT'S CONCERN	WHAT TO SAY
Condoms are only for sex workers and promiscuous people.	▶ All kinds of people use condoms now, including married couples, because they are a simple way to protect against pregnancy and disease. HIV and STIs are becoming so common that everyone is at risk.
Using a condom means I don't love or trust my partner.	▶ If you are truly concerned about your partner, you will help protect his or her health by using condoms.
I know my partner doesn't have HIV or other diseases.	▶ Most people do not show any signs when they have HIV. They may not even know themselves. Anyone can have it and pass it on to others.
If I use condoms, people will think I have HIV/AIDS.	▶ Most people who use condoms don't have HIV or AIDS—and it's because they use condoms to protect themselves.
I can't afford condoms.	▶ Condoms don't cost any more than other everyday items, like toiletries and beer. You can even get them for free from the clinic.
I feel too embarrassed to buy condoms.	▶ Sales clerks are used to handling condoms and don't think twice about it. Go with a friend the first time if it makes you feel more comfortable. You also can get condoms from vending machines.
Condoms make sex less enjoyable.	▶ Both partners can still have an orgasm when using a condom. In fact, condoms increase sexual pleasure for some couples by delaying ejaculation. To increase your sexual pleasure, try putting the condom on as part of foreplay. You can also use more lubrication to increase sensation or try different varieties of condoms that are designed to enhance pleasure, for example, ribbed, flavoured, or coloured condoms. Remember, if you're worrying about HIV, you won't be able to enjoy sex anyway.
Condoms cause loss of erection and premature ejaculation.	▶ Condoms tend to delay ejaculation and can help men who have a problem with premature ejaculation. However, condoms do make it difficult for some men to maintain a full erection. Often the problem is embarrassment, which goes away with experience. Making condom use more enjoyable, by integrating it into foreplay or using more lubrication, also helps.

CLIENT'S CONCERN	WHAT TO SAY
Condoms make it impossible to have a baby.	<p>➤ Condoms actually protect men's and women's fertility by preventing infection until they are ready to conceive. When you are ready to conceive, stop using condoms and consider undergoing voluntary counselling and testing to determine HIV status.</p>
Condoms have holes that let HIV through.	<p>➤ According to laboratory studies, HIV and other viruses do not pass through intact latex condoms. As long as condoms are not old or damaged, they can reduce your risk of HIV by 80 percent, which is much safer than not using condoms at all.</p>
Condoms often break, burst, or slip off during sex.	<p>➤ Condoms rarely break or slip if you use them properly and they are not old or damaged. If they do break or slip, you can use emergency contraception to prevent pregnancy.</p>
Condoms have a bad odour.	<p>➤ Some latex condoms do have an unpleasant odour because of chemical residues in the rubber. If you open the packet a few minutes before you need the condom, the smell will disappear. You can also try flavoured condoms.</p>
Lubricants spoil condoms.	<p>➤ If you use lubricants, you have to be careful which kind you use with male condoms. Oil-based lubricants can weaken the latex. Water-based lubricants, such as silicone and glycerine, are fine. All kinds of lubricants can be used with female condoms, because they are made out of polyurethane.</p>
Condoms cause serious health problems, like cancer and infertility.	<p>➤ On the contrary, condoms protect people from serious health problems associated with STIs, which include cervical cancer, pelvic inflammatory disease, and infertility. Condoms can cause irritation or itching in some people; only a few people are allergic to latex.</p>
Condoms make the vagina dry.	<p>➤ Condoms can feel dry, but vaginal dryness is a problem for some women whether or not they use condoms. You can use extra lubricants if dryness is a problem.</p>
Condoms can harm unborn children.	<p>➤ On the contrary, using a condom helps an uninfected pregnant woman protect her unborn child from HIV and STIs.</p>
Condoms can get lost inside the woman's body.	<p>➤ The condom cannot get out of the vagina (use a picture to help explain). See female condom fact sheet.</p>

CLIENT'S CONCERN	WHAT TO SAY
Two condoms give more protection than one.	▶ Using two condoms at once reduces sensitivity and feeling and does not increase protection. If you use a male and female condom at the same time, the friction may cause either or both condoms to slip or tear.
Condoms can be used more than once.	▶ You risk infection if you use male and female condoms more than once. Research is going on to determine whether it is safe to reuse the female condom <i>after it has been thoroughly disinfected</i> .
Condoms feel tight and don't fit.	▶ Male condoms are big: they can be stretched over a fist when they are unrolled. If a man has a large penis, however, they may feel tight. These men will feel more comfortable if they use a larger size condom or one with a different shape. Female condoms also are a good choice for them, because they are looser than male condoms.
Women need the protein in sperm	▶ Women do not get any nutrition from sperm and do not need sperm to be healthy. The whole purpose of using condoms is to keep infected body fluids from coming into contact with the partner's body.

### EVALUATE THE CLIENT'S NEED FOR DUAL PROTECTION

Sexually active couples need protection against unwanted pregnancy as well as infection. They have two options:

- **Dual protection:** Condoms protect against pregnancy as well as infection, but they are not as highly effective as several other family planning methods in preventing pregnancy. Therefore, couples relying on condoms for dual protection also need access to emergency contraceptive pills or safe and effective methods of pregnancy termination (in countries where it is legally accepted).
- **Dual method use:** Clients can use another family planning method along with condoms for greater protection against pregnancy, but using two methods instead of one is more costly and more work for clients.

Use the dual protection decision tree (See Appendix, Job Aids, page 54) to determine whether dual protection or dual method use is

appropriate for the client. First assess the client's risk of infection based on his or her answers to the risk assessment guide. If the risk of infection is low, the client should adopt an effective family planning method to prevent pregnancy and reserve condoms for use with new sexual partners, who may carry an infection or engage in high-risk behaviours. If the risk of infection is high, condoms are essential.

### TEACH CONDOM USE AND NEGOTIATION SKILLS

Teaching clients how to use condoms correctly is critical: most condom failures are not caused by flaws in the condoms themselves, but by improper use. Review each step in the instructions for using the male or female condom with the client, including how to open the packet, how to put on or insert the condom, which lubricants to use, how to deal with problems, and how to remove and dispose of the condom (see Appendix for job aids on male and female condoms). Demonstrate how to put on and take off condoms, using a

penis model for male condoms. Have the client practice as well. Hands-on demonstrations and practice will make clients feel more confident about using condoms and help prevent problems with breakage and slippage.

Clients also need to persuade their partners to agree to use condoms. This poses an especially difficult challenge for women, who may fear accusations of infidelity and violence if they even mention the idea of using condoms. Talk to clients about their relationships with their partners. How easy or difficult is it for them to discuss sexual matters with their partners? How much influence do they have over the nature and timing of sex with their partners? How are their partners likely to react to a request to use condoms? When advising women, investigate and acknowledge the possibility that male partners may react violently.

Use stories, videos, and print materials to illustrate condom negotiation skills, and review the advice in the box at right. Offer clients brochures to take home to use as discussion starters. Role-plays are the most powerful way to help clients plan for and rehearse potentially difficult discussions. First ask the client to play the role of his or her partner, while you model how to open the discussion and respond to objections. Then switch roles, so the client has an opportunity to practice. Offer to talk to the client's partner, either separately or together.

#### SUGGESTIONS FOR NEGOTIATING CONDOM USE

- Try talking to a friend or someone you trust before talking to your partner.
- Prepare in advance what you will say and anticipate your partner's objections.
- Practice different scenarios and responses so you will feel confident. Role-playing with a friend can help you develop new ways to deal with your partner.
- Choose a time and place that will allow you and your partner to talk comfortably, in private, as long as needed, without interruptions or distractions. You may want to agree on a time and place with your partner ahead of time. The discussion should not take place just before intercourse.
- Say clearly and calmly what you know, feel, and would like to do.
- Talk to your partner in a loving way, but be assertive. Do not plead, and do not attack, threaten, or blame your partner.
- Give your partner time to think and speak. Listen to him or her with an open mind. Do not assume you know how he or she feels.
- Try to have a positive attitude and reach agreement on each point as you go along.
- If your partner refuses to talk to you or will not agree to use condoms, you may need to ask for help. Consider asking someone your partner respects and trusts, such as a close relative or friend, to talk to him or her in your absence.
- You can also ask your partner to come with you to talk to a provider.

Sources: IPPF. *Programme Guidance on Counseling for STI/HIV Prevention in Sexual and Reproductive Health Settings*. 2002.  
<http://ippfnet.ippf.org/pub/Aids2002/CounselingGuide.pdf>.  
 Santé Familiale et Prévention du SIDA and Johns Hopkins University Center for Communication Programs. *Are you at risk? Do you know for sure? Make a plan to avoid infection*. Pamphlet. Abidjan, Côte d'Ivoire: SFPS, 2001.  
<http://db.jhuccp.org/dbtwwpd/images/imagebas/pdf/plafr143.pdf>.

## HELP CLIENTS DEAL WITH PROBLEMS USING CONDOMS

If clients return with complaints about using condoms, help them deal with the problem and encourage them to continue using condoms to prevent infection. In some cases, they may simply

need further advice and reassurance about how to use condoms. In other cases, they may be happier if they switch to a different kind of condom. The table below summarises how to respond to common problems.

APPROPRIATE RESPONSES WHEN CONDOM USERS HAVE PROBLEMS	
CLIENT'S COMPLAINT	WHAT TO SAY OR DO
Itching or rash on genitals.	➤ Recommend using condoms that have no lubricant (including talc) or spermicide, and also recommend using water as a lubricant. If itching continues, examine client for infection. If there is no infection and allergy to latex seems likely, suggest using male condoms made of plastic or switching to female condoms, which are also made of plastic.
Difficult to maintain erection while putting on or using male condoms.	➤ If shyness or embarrassment is a problem, explain that most couples feel less embarrassed with experience. Discuss how to make condom use more enjoyable, for example, by having the woman put the condom on for the man. Suggest using a small amount of water or water-based lubricant on the penis and extra amount on the outside of the condom to increase sensation and help maintain an erection.
Male condom doesn't fit comfortably.	➤ Suggest using a different kind or size of condom, if available. Or suggest switching to the female condom.
Difficult to use condoms consistently.	➤ Discuss ways to make condoms part of each sex act, for example, by keeping a supply by the bed or in a purse. Remind the client that condoms are the only method that offers dual protection against both STIs and pregnancy. Give the client plenty of condoms so that supply is not a concern.
Pain during sexual relations.	➤ Dryness can cause pain during intercourse. Suggest using more (water-based) lubrication. If this does not help, send the couple for a check-up in case they have an infection or are allergic to latex.
Condoms break during sexual relations.	➤ Make sure that condoms are not damaged or expired and check that client is storing them properly. Recommend using more (water-based) lubrication. Tell client to use emergency contraception when a condom breaks.
Difficult to insert female condom.	➤ Explain that inserting the female condom takes patience and practice. Suggest that the client try inserting the device in different positions (e.g., sitting, crouching, or lying down) to find what works best.

CLIENT'S COMPLAINT	WHAT TO SAY OR DO
Female condom gets pushed in or pulled out of vagina.	➤ Recommend using more lubrication.
Female condom is noisy during sex.	➤ Recommend using more lubrication.
Inner ring of female condom feels uncomfortable.	➤ Recommend reinserting or repositioning the device so that it is tucked behind the cervix and out of the way. See female condom fact sheet.
Difficult to use female condom in different sexual positions.	➤ The female condom can be used in any sexual position, but the client may need additional lubrication and practice. Suggest learning how to use it first in the “man on top” position and then adding other positions.

### REFER CLIENTS FOR OTHER SERVICES

In the course of counselling clients on HIV prevention, other health care and psychosocial needs may emerge. For example, clients may mention that they have symptoms of an STI or that their partners have abused them. Be prepared to refer clients for additional services. Identify local clinics, support groups, and other organisations that can help clients with a variety of problems. List their contact information on a referral card and keep the information readily available (see sample referral card).

REFERRAL CARD		
SERVICE NEEDED	CONTACT INFORMATION FOR SERVICE PROVIDERS	
STI testing, treatment, and counselling	Organisation: Phone: Address: Hours: Contact person:	Organisation: Phone: Address: Hours: Contact person:
Voluntary counselling and testing for HIV/AIDS	Organisation: Phone: Address: Hours: Contact person:	Organisation: Phone: Address: Hours: Contact person:
Maternal and child health care and counselling	Organisation: Phone: Address: Hours: Contact person:	Organisation: Phone: Address: Hours: Contact person:
Domestic violence and rape counselling, medical care, and legal services	Organisation: Phone: Address: Hours: Contact person:	Organisation: Phone: Address: Hours: Contact person:
Family planning counselling and services	Organisation: Phone: Address: Hours: Contact person:	Organisation: Phone: Address: Hours: Contact person:
Reproductive health care and counselling	Organisation: Phone: Address: Hours: Contact person:	Organisation: Phone: Address: Hours: Contact person:

STEP 3: COUNSEL CLIENTS ABOUT CONDOMS

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SERVICE NEEDED	CONTACT INFORMATION FOR SERVICE PROVIDERS	
Alcohol and drug counselling and medical management	Organisation: Phone: Address: Hours: Contact person:	Organisation: Phone: Address: Hours: Contact person:
Other:	Organisation: Phone: Address: Hours: Contact person:	Organisation: Phone: Address: Hours: Contact person:

# STEP 4.

REACH OUT TO THE  
COMMUNITY



## KEY ACTIONS

- *Discuss HIV/STIs and condom use with community groups.*
- *Display and distribute print and promotional materials.*
- *Use local forms of entertainment to promote condoms.*
- *Persuade influential individuals and organisations to endorse condoms.*

**P**eople are more likely to use condoms if they believe their family, friends, and the broader community support, rather than stigmatise, condom use. You can help create favourable attitudes towards condoms by reaching out to the community, including influential leaders.

### DISCUSS HIV/STIS AND CONDOM USE WITH COMMUNITY GROUPS

Group talks about HIV/STI prevention and condom use can stimulate dialogue and change attitudes. Try to organise formal talks and group discussions at clinics, schools, youth centres, workplaces, and churches. Ask local organisations, such as women's groups, to sponsor educational meetings for their members. If possible, invite local people who already use condoms to participate. Their experience makes them powerful role models, and they can offer practical advice on how to overcome barriers to condom use, such as negotiating condom use with partners or buying condoms without embarrassment.

You also can take advantage of less formal gatherings to stimulate discussion of HIV/STIs and condoms. Put up a booth promoting condoms at

events like carnivals, fairs, and sports competitions, and talk to the people who attend. Start informal conversations about HIV prevention and condoms at bars, markets, or other busy meeting places.

No matter where you speak, focus on a few key messages and tailor those messages to the needs and interests of the audience. Motivate people to change their behaviour by giving them clear and accurate information about HIV/STIs and the risk of infection for people like themselves. Explain how they can reduce that risk by changing their behaviour. Emphasise the benefits of condoms for dual protection against infection as well as unintended pregnancy. Help them act on a decision to use condoms by directing them to condom distribution points and counselling services and by giving clear instructions on how to use condoms.

### DISPLAY AND DISTRIBUTE PRINT AND PROMOTIONAL MATERIALS

Public display and distribution of billboards, posters, leaflets, comic books, and promotional materials, such as key chains and t-shirts, can make it easier for local people to acknowledge the

problem of HIV/STIs and talk about condoms. In addition to influencing community norms and attitudes, such materials can disseminate accurate information about condoms and tell potential clients where to go for condoms or counselling.

When selecting or designing promotional and educational materials, remember the needs and preferences of your community. Consider the language, artwork, and medium carefully to ensure that people will find the materials attractive, credible, and easy to understand.

Take equal care in deciding where to display or distribute materials. Try to reach as large an audience as possible by placing materials in busy locations. If you want to reach a specific group, choose an appropriate time and place. For example, distributing materials at a pop concert will reach young people, and handing them out at a soccer game will reach men.

### USE LOCAL FORMS OF ENTERTAINMENT TO PROMOTE CONDOMS

Both traditional and modern forms of entertainment can promote condoms in a way that local people will find appealing and relevant. Work with local actors, musicians, dancers, puppeteers, and storytellers to incorporate messages about HIV prevention and condom use in their performances. For example, consider collaborating with a local drama troupe to write a play on HIV prevention and arrange for them to perform it at schools or in the streets. Try to work with talented performers who are popular with the audience that you want to reach. Alternatively, hold a song, poetry, or drama competition that will spur amateurs and professionals alike to take part. The competition itself will attract attention, and the creations may be very compelling. Still another option is sponsoring a competition in a popular sport (such as soccer) or a carnival.

### PERSUADE INFLUENTIAL INDIVIDUALS AND ORGANISATIONS TO ENDORSE CONDOMS

Local leaders and organisations can have a tremendous impact on the awareness of HIV/STI risks, community attitudes towards condom use, and whether public discussion of condoms is socially acceptable. For example, opposition from conservative religious and political leaders can raise doubts about the morality of condom use, limit sex education to discussions of abstinence, and restrict condom advertising and sales. In contrast, support from these leaders can persuade the community that HIV/STIs pose a serious threat, that using condoms is responsible behaviour, and that sex education curricula should include discussions of condoms.

Use the worksheet on the following page to help identify the leaders and organisations that are most influential in your own community.

Depending on what portion of the community you are trying to reach—for example, men, women, or adolescents—certain types of people or groups may be more helpful. For example, HIV prevention programmes based in the workplace may focus on getting the support of local businessmen and business organisations; programmes targeting young people will try to enlist the support of schoolteachers and principals, youth groups, and clergy.

The next step is to approach these influential people and groups with accurate information on the risks of HIV/STIs and the benefits of condom use. Develop clear, concise, persuasive messages, and deliver them at a time and place when recipients are most likely to be receptive. You may want to accompany your oral presentations with fact sheets and other print materials that support your arguments.

Ask these leaders for their help in fighting HIV/STIs. The biggest contribution many can make is to publicly acknowledge the threat posed by HIV/STIs and endorse condom use. For example, clergy can spread the message in sermons and discussions with their congregations,

STEP 4: REACH OUT TO THE COMMUNITY

WORKSHEET FOR IDENTIFYING INFLUENTIAL PEOPLE AND GROUPS IN YOUR COMMUNITY	
INSTRUCTIONS: Think about each of the categories listed below. Fill in the names of influential local people and groups you should approach.	
CATEGORY	NAMES OF LOCALS
Government officials	
Community heads and other local political leaders	
Law enforcement and police officials	
Clergymen from all religions	
School administrators, principals, and teachers	
Businessmen and business organisations	
Newspaper editors and journalists	
Radio and television personalities	
Non-governmental organisations (NGOs)	
Women's organisations	
Youth groups	
Sports organisations and popular athletes	
Popular musicians, dancers, actors, and drama troupes	
Informal opinion leaders	
Other:	

journalists can write editorials and articles on the subject, and local celebrities (such as athletes and musicians) can make public statements of support or personal testimonials. Other leaders can contribute directly to condom programming. For example, school officials can sponsor workshops

on HIV/STI prevention for students, business owners can install condom vending machines at workplaces and train workplace motivators to meet with employees, and radio and newspaper executives can solicit condom advertisements.

**STEP 5.**  
CHECK PROGRESS



## KEY ACTIONS

- *Monitor the quantity of condoms distributed and clients served.*
- *Monitor the quality of counselling provided.*
- *Seek client feedback on services.*
- *Work with supervisors and staff to improve services.*

**R**outinely collecting and reviewing information on condom distribution and services can help you detect and fix problems at your outlet and improve the quality of services offered.

### MONITOR THE QUANTITY OF CONDOMS DISTRIBUTED AND CLIENTS SERVED

If you are in charge of a condom outlet, use service records, sales figures, stock cards, and the results of the annual physical inventory to gather information on the numbers of condoms distributed and clients served. Use these sources to fill out the forms on “Annual Service Statistics” and “Assessment of Condom Supplies.”

STEP 5: CHECK PROGRESS

ANNUAL SERVICE STATISTICS				
NAME OF FACILITY OR OUTLET:				
YEAR:				
MONTH	NO. OF CONDOMS SOLD/DISTRIBUTED		NO. OF CONDOM CLIENTS SERVED	
	MALE	FEMALE	NEW	REPEAT
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				
Total, current year				
Total, last year				
Total, two years ago				

STEP 5: CHECK PROGRESS

ASSESSMENT OF CONDOM SUPPLIES						
NAME OF OUTLET/FACILITY:				DATE OF ASSESSMENT:		
TYPE OF CONDOM	USUALLY AVAILABLE	AVAILABLE TODAY	NO. OF STOCKOUTS IN LAST 6 MONTHS	DURATION OF LAST STOCKOUT	STOCK ON HAND	LOSSES IN LAST 6 MONTHS
Female	Yes / No	Yes / No		__days __weeks __months		
Male, lubricated	Yes / No	Yes / No		__days __weeks __months		
Male, unlubricated	Yes / No	Yes / No		__days __weeks __months		
Male, large/small sizes	Yes / No	Yes / No		__days __weeks __months		
Male, textured or shaped	Yes / No	Yes / No		__days __weeks __months		
Male, coloured	Yes / No	Yes / No		__days __weeks __months		
Male, flavoured	Yes / No	Yes / No		__days __weeks __months		

If you are a peer educator, workplace motivator, or other outreach worker, you can keep track of the condoms you distribute and the clients you serve

on the “Reporting Form for Outreach Workers” (page 38). Totals from this form should be included in the “Annual Service Statistics.”

STEP 5: CHECK PROGRESS

REPORTING FORM FOR OUTREACH WORKERS									
NAME OF OUTREACH WORKER:			MONTH		YEAR:		LOCATION:		
<p><i>Instructions: Complete one row each time you see a client. At the end of the month, total the number of condoms supplied and the number of clients seen by sex and new versus follow-up visits.</i></p>									
NO.	DATE	SEX		CONTACT		COUNSELLING OFFERED			NO. OF CONDOMS SUPPLIED
		M	F	NEW	REPEAT	Y	N	TOPIC(S)	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
<b>Total</b>									

Source: Adapted from Adamchak S et al. *A Guide to Monitoring and Evaluating Adolescent Reproductive Health Programs*. Washington, D.C.: FOCUS on Young Adults, June 2000, page 298.

If you are in charge of a condom outlet or its supplies, complete the forms on “Annual Service Statistics” and “Assessment of Condom Supplies” at least once a year. Review the information collected, and consider the following questions:

- Has there been an increase or decrease in the number of condoms distributed over time?
- Has there been an increase or decrease in the

number of condom clients served over time?

- Are condom stockouts and shortages a problem?
- Are condom losses low or high?

Follow the decision trees (Figures 5–7) for each of these questions to decide whether and what action to take.

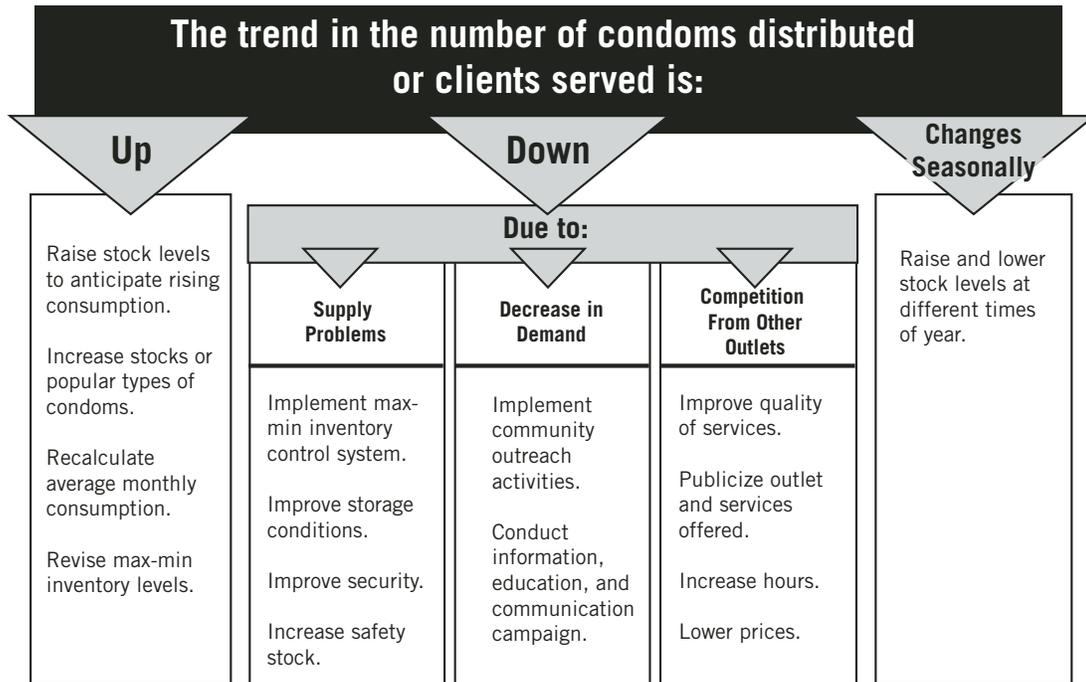


Figure 5. Change in the number of condoms distributed or clients served.

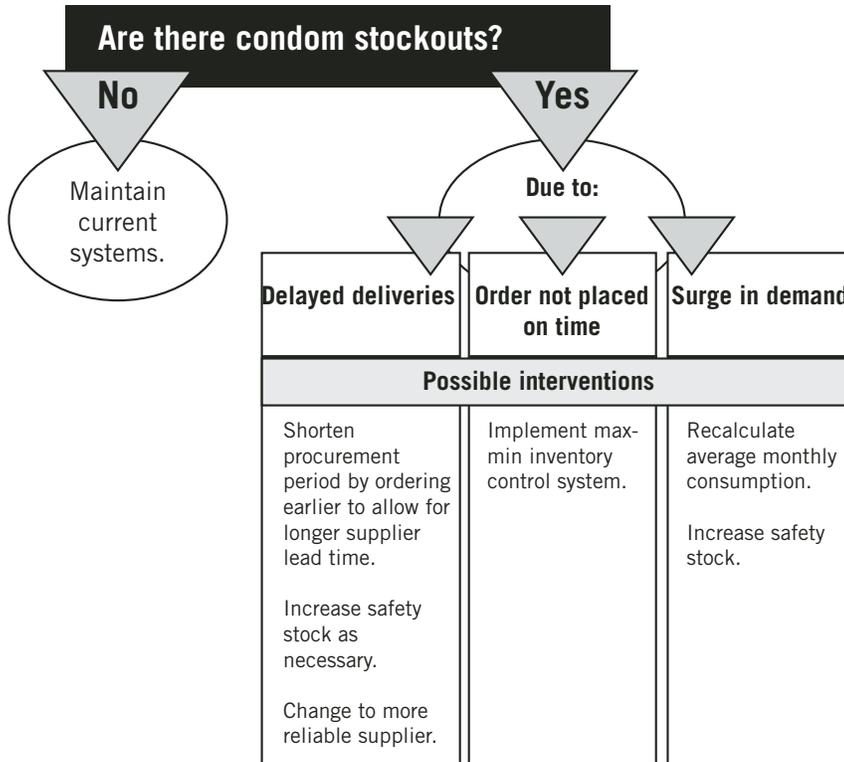


Figure 6. What to do about condom stockouts.

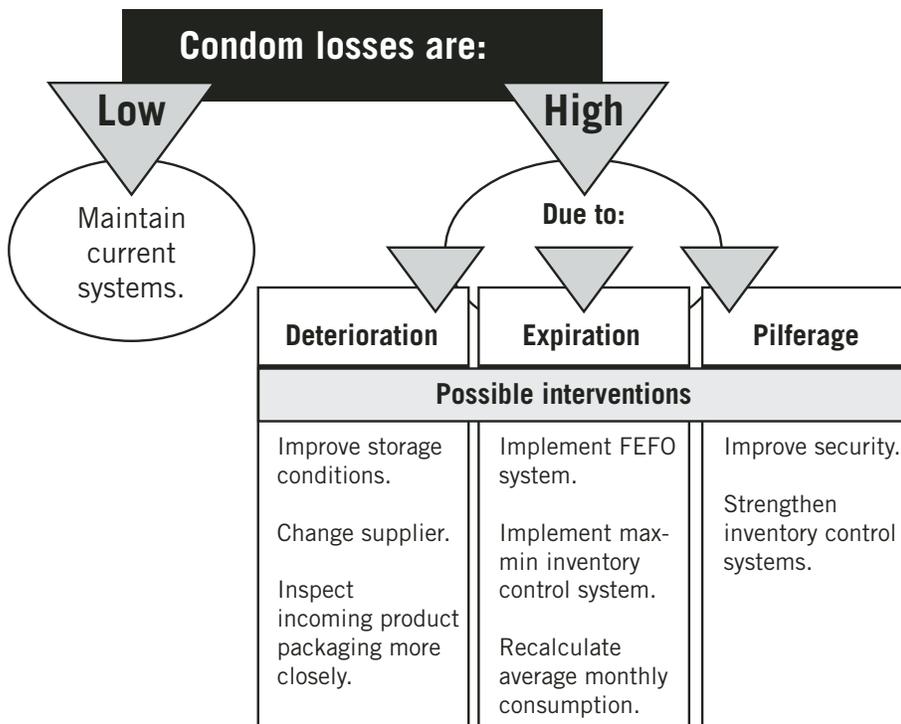


Figure 7. What to do about condom losses.

### **MONITOR THE QUALITY OF COUNSELLING PROVIDED**

The best way to monitor the quality of counselling offered to condom clients is for an observer to complete a checklist while watching an actual counselling session or while viewing a videotaped session. The observer must ask the client's permission before doing so, since it infringes on client confidentiality. The checklist covers information-giving as well as counselling skills, since both are an integral part of most consultations.

Typically, an outside supervisor is responsible for making this kind of observation. Supervisors must be knowledgeable about counselling techniques and have strong counselling skills themselves. When a supervisor is not available, another qualified staff member can conduct the observation or the counsellor can use the checklist to assess his or her own performance. It

is also possible to train a local person to pretend to be a client (sometimes called a simulated or mystery client) and report back on how well she or he was counselled.

Every person at the outlet who counsels condom clients should be observed at least twice a year, using the following checklist. The observer should provide feedback directly to each counsellor, focusing on items rated "no" and discussing what changes the counsellor needs to make in approaching clients. The observer also should review the results for the entire group of counsellors working at an outlet or as part of an outreach programme. If several counsellors share the same weakness, for example, doing a poor job of HIV/STI risk assessment, the entire group may benefit from further training or a job aid. (See observation check list, page 42)

STEP 5: CHECK PROGRESS

OBSERVATION CHECKLIST FOR CONDOM CONSULTATIONS		
<p><i>Instructions: Obtain consent of both provider and client before observing the interaction between them. Sit out of the way and be as discreet as possible. Respect client confidentiality.</i></p>		
HEALTH FACILITY: <input type="text"/>	SEX OF CLIENT: MALE/FEMALE	TIME SESSION BEGINS: <input type="text"/>
DATE: <input type="text"/>	REASON FOR VISIT: <input type="text"/>	TIME SESSION ENDS: <input type="text"/>
YES	NO	DID THE PROVIDER:
		Describe the effectiveness, safety, and (dis)advantages of <i>male</i> condoms?
		Describe the effectiveness, safety, and (dis)advantages of <i>female</i> condoms?
		Discuss dual protection and dual method use?
		Conduct an in-depth HIV/STI risk assessment of client?
		Help the client create a risk reduction plan?
		Elicit the client's concerns about using condoms?
		Advise the client on how to deal with common condom problems (e.g., lubrication, itching, slippage)?
		Demonstrate the correct way to use <i>male</i> condoms?
		Demonstrate the correct way to use <i>female</i> condoms?
		Have the client practice putting on and taking off a male condom, using a penis model?
		Instruct the client on how to negotiate condom use with the partner?
		Have the client practice condom negotiation skills in role plays?
		Tell the client where to get more condoms?
		Give the client leaflets on HIV/STIs and condoms to take home?
		Refer the client for other health services?
		Treat the client with respect?
		Use language the client could understand?
		Encourage the client to ask questions and express concerns?

## SEEK CLIENT FEEDBACK ON SERVICES

Clients have a unique and valuable perspective on the quality of services. One simple way to elicit their feedback is to post a suggestion box, but this may not capture the full range of clients' opinion. A more systematic approach is to interview a random sample of 10 to 12 clients after they have purchased condoms or received counselling. By interviewing groups of clients twice a year, you can find out whether clients perceive any changes in the quality of services offered at the outlet and what they see as problems. Client interviews also are a good way to find out how clients feel about group talks, sex education classes, dramas, and other condom promotion activities they attend.

Write a short list of questions to ask clients. Ask questions that will encourage clients to say whatever is on their minds. The list of "Sample Questions for Client Exit Interviews" (right) offers some examples, but they must be adapted to fit the setting. Some questions are more appropriate for outlets that offer counselling, while others are better for retail outlets that sell condoms. Clients will be more open and honest if they are interviewed in private by someone who did not serve them.

The results of client interviews should be reported and discussed at staff meetings, where staff can decide whether and how to respond to clients' concerns and suggestions. All client concerns and suggestions should be considered seriously, since they bear directly on the perceived quality of services.

### SAMPLE QUESTIONS FOR CLIENT EXIT INTERVIEWS

1. Did you get the information, advice, or condoms that you came for today? If not, what didn't you get and why?
2. Were you able to talk about all of your concerns and ask questions? How well did the staff respond to your concerns and questions?
3. After talking to the staff here, how confident do you feel about your ability to use condoms? How confident do you feel about your ability to ask your partner to use condoms?
4. In your opinion, did you have enough privacy during your consultation? Do you believe that the information you shared about yourself will be kept confidential?
5. How well were you treated by the staff here?
6. How long did you wait to get counselling or buy condoms? Do you think the wait was reasonable?
7. Do you think the cost of condoms here is reasonable, or is it too expensive for you?
8. How convenient are the hours and the location of this facility for you? What times or locations would be more convenient?
9. How comfortable do you feel asking for/buying condoms at this facility? How comfortable do you feel asking for HIV/STI counselling here?
10. How satisfied do you feel with your visit today? What aspects of your visit make you feel dissatisfied?
11. How can we improve services here? Please make as many suggestions as possible.

## **WORK WITH SUPERVISORS AND STAFF TO IMPROVE SERVICES**

Arrange periodic staff meetings to review monitoring data and other sources of feedback, keeping providers' busy schedules in mind. If possible, schedule these meetings when outside supervisors are visiting the outlet and invite them to participate. Supervisors are a valuable source of feedback, experience, and expertise. They have observed other outlets cope with similar problems, can offer practical advice and on-the-job training, and may be able to tap outside resources to solve intractable problems.

Begin the meeting by presenting the results of monitoring activities and identifying problems and weaknesses. Decide, as a group, which of the problems identified should take priority, either because they are most important or because they will be relatively quick and easy to fix. Discuss the possible causes of each problem. If the group cannot agree on the root causes, assign a staff member to investigate further and report back at the next staff meeting. Once the causes of a problem have been identified, discuss possible solutions and agree on a course of action to correct the problem. Assign responsibility for making the changes to specific staff members. Follow up at future staff meetings to make sure that the changes are implemented and that the problem has been solved.



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# APPENDIX

Job Aids

- *Counselling Guide for Male and Female Condoms*
- *Instructions for Using Male Condoms*
- *Instructions for Using Female Condoms*
- *Protecting Against Both HIV and Pregnancy*

## COUNSELLING GUIDE ON MALE AND FEMALE CONDOMS

### WHAT ARE MALE AND FEMALE CONDOMS?

**Male condoms.** The male condom is a thin rubber sheath made to fit over the man's erect penis during sex. It keeps sperm out of the woman's vagina and prevents HIV and many other STIs from passing between sex partners.

**Female condoms.** The female condom is a thin plastic sheath made to fit inside the woman's vagina. Before sex, the woman inserts a ring at one end of the condom into her vagina up to the cervix, while the outer ring stays outside the body and covers the external genital area. During sex, the man's penis goes inside the female condom, which keeps sperm out of the woman's vagina and prevents HIV and many other STIs from passing between sex partners.

### HOW EFFECTIVE ARE CONDOMS IN PREVENTING PREGNANCY AND INFECTION?

Condoms are most effective when couples carefully follow instructions on how to use them and when couples use a condom each and every time they have sex. During sex, condoms offer the

best protection available against catching HIV/STIs or giving HIV/STIs to a partner. However, condoms are less effective at preventing pregnancy than some other methods of contraception.

**Male condoms.** When used correctly and consistently, the pregnancy rate for male condoms is 3 percent (that is, in the first year of use, 3 women out of 100 will become pregnant). They also reduce the risk of HIV by 80 percent. They also protect against gonorrhoea, syphilis, and some other STIs. As commonly used (including times when condoms are used incorrectly or not used at every act of intercourse), the pregnancy rate is 14 percent.

Natural male condoms, which are made out of lambskin or other animal products, do not protect against HIV/STI infection, although they do prevent pregnancy.

**Female condoms.** When used correctly and consistently, the pregnancy rate for female condoms is 5 percent. As commonly used, the pregnancy rate is 21 percent. The female condom may protect women against HIV/STIs even better than the male condom because it covers the

vagina, cervix, and vulva and because it is inserted before sex begins.

#### ARE CONDOMS SAFE?

Condoms do not have any systemic side effects and do not pose any health risks. Some people experience mild irritation and itching after using latex condoms. A few people are allergic to the latex that most male condoms are made of. People with latex allergies may experience itching, redness, and swelling after using male condoms. They should use male condoms made of plastic (instead of latex) or they should switch to using female condoms, which are also made of plastic.

#### WHAT ARE THE ADVANTAGES OF USING CONDOMS?

- Condoms offer dual protection: they protect against the transmission of HIV/STIs during sex and also prevent pregnancy.
- Condoms protect women and men against medical problems associated with STIs, such as pelvic inflammatory disease and cervical cancer in women and infertility in both women and men.
- Condoms are easy to get and use. They do not require a visit to a health care provider.

#### WHAT ARE THE DISADVANTAGES OF USING CONDOMS?

- The couple must have a supply of condoms available whenever they have sex.
- Condoms may decrease sensation and make sex less enjoyable. (See pages 32 and 36 for discussion.)

#### COMPARING MALE AND FEMALE CONDOMS

- **Ease of use:** Users may initially find it difficult to insert a female condom or to put on a male condom. In each case, it becomes easier with practice.
- **Sexual spontaneity:** Male condoms require couples to pause during sex and put the male condom on the erect penis before intercourse, and the man must withdraw promptly after ejaculation. Female condoms can be inserted ahead of time (up to eight hours before sex,

according to the manufacturer) and do not need to be withdrawn immediately after intercourse.

- **Sexual pleasure:** Male condoms prolong erection and time to ejaculation so sexual intimacy can last longer. Female condoms transfer heat through the plastic, and some people find that sex feels more natural than with a latex male condom. Male and female condoms may reduce sensation for both partners.
- **Comfort:** Men find female condoms more comfortable, but women find male condoms more comfortable.
- **Cost and availability:** Male condoms are far less expensive and more widely available than female condoms.
- **Lubrication:** Male condoms must be used only with water-based lubricants. Female condoms can be used with any type of lubrication.

#### WHO SHOULD USE CONDOMS?

Condoms are a good choice for a person who:

- Needs protection from HIV/STIs.
- Has more than one sex partner.
- Wants to protect against both pregnancy and infection.
- Is pregnant or breastfeeding. Condoms do not affect breast milk production, and they protect mothers and, in turn, their babies from infection.

#### CAN CONDOMS BE USED DURING DRY SEX?

In some areas, women put drying agents or powders into the vagina prior to sex in order to increase vaginal dryness and tightness. This practice makes male condoms more likely to break, as a result of both the friction and the chemical effects of the drying agents. Traditional drying agents should not be used with male condoms. Using cold water as a drying agent instead may produce the desired sense of tightness while decreasing the amount of breakage in male condoms.

## INSTRUCTIONS FOR USING MALE CONDOMS

- Use a condom each and every time you have sex. If you don't have a condom, don't have penetrative sex. Do other things for pleasure instead.
- Always use a new condom for each act of intercourse. Never use the same condom more than once.
- Try to keep condoms in a cool, dry place. Do not leave them in the sun or carry them in a wallet or back pocket under friction for a long time.

### INSPECTING AND OPENING THE PACKET

- Before sex, talk to your partner about using a condom.
- Never use a condom that has expired. Check the expiration date on the package. If the package has a manufacture date instead, make sure that less than 5 years have passed.
- Do not use a condom if the packaging is torn or damaged, if the condom is sticky or dried out, or if the colour has changed.
- Open the packet and handle condoms carefully. Fingernails and rings can tear them.
- Do not worry if you find a slippery substance in and on the condom when opening the packet. Some condoms have a lubricant to make sex smoother.

### LUBRICATION

- Lubrication is very important. The condom-covered penis should slide easily in the partner's body. Otherwise the condom may cause pain, may make the body more vulnerable to HIV, or may break.
- Use only water-based lubricants, such as water, water-based jelly, or spermicidal foam.
- Do not use lubricants with oil in them, such as petroleum jelly, Vaseline, butter, mineral oil, or cooking oil. Oil weakens latex condoms.
- Do not put anything into the vagina to make it drier.

### IN CASE OF SLIPPING OR BREAKING

- If you feel the condom might be slipping, check it with your hand. It is very important that the condom does not slip off during sex.
- If you feel the condom break, stop sex at once. If the man has not ejaculated, the risk is low. Remove the torn condom and put on another. Do not make the risk greater by continuing without a condom.
- If the condom breaks and the man has ejaculated, take action to prevent pregnancy. Put spermicide into the vagina and go to the nearest clinic for emergency contraception as soon as possible, but at least within 72 hours of the breakage.

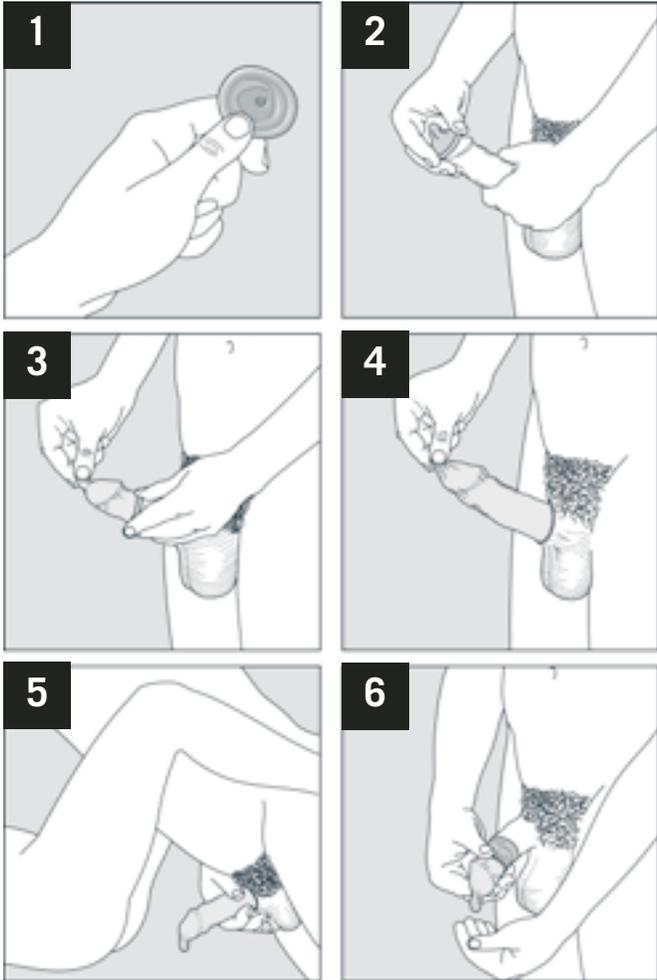
### REMOVING THE MALE CONDOM

- When withdrawing the penis after sex, hold the rim of the condom to keep the condom in place.
- Remove the condom while the penis is still hard.
- Be careful not to spill any semen on the woman's genitals.

### DISPOSAL

- Use the condom only once.
- Wrap the used condom in a piece of paper and throw it away safely where children cannot get hold of it. Put it in a latrine, bury it, or burn it. Do not flush it in a flushing toilet.

**INSTRUCTIONS FOR MALE CONDOM USE**



**BEFORE INTERCOURSE:**

1. Carefully open the package so the condom does not tear. (Do not use teeth or a sharp object to open the package.) Do not unroll the condom before putting it on.

2. If you are not circumcised, pull back the foreskin. Put the condom on the end of the hard penis.

**Note:** If the condom is initially placed on the penis backwards, do not turn it around. Throw it away and start with a new one.

3. Pinching the tip of the condom to squeeze out air, roll on the condom until it reaches the base of the penis.

4. Check to make sure there is space at the tip and that the condom is not broken. With the condom on, insert the penis for intercourse.

**AFTER INTERCOURSE:**

5. After ejaculation, hold onto the condom at the base of the penis. Keeping the condom on, pull the penis out before it gets soft.

6. Slide the condom off without spilling the liquid (semen) inside. Dispose of the used condom.

## INSTRUCTIONS FOR USING FEMALE CONDOMS

- Use a condom each and every time you have sex. If you don't have a condom, don't have penetrative sex. Do other things for pleasure instead.
- Always use a new condom for each act of intercourse. Never use the same condom more than once.

### INSPECTING AND OPENING THE PACKAGE

- Talk to your partner about using a condom beforehand.
- Wash your hands.
- Check the expiration date on the package. (Female condoms have a shelf life of 5 years from the date of manufacture.)
- Do not use a condom if the packaging is broken; if the condom is brittle, dried out, or unusually sticky; or if the colour is uneven or has changed.
- Open the package carefully by tearing at the notch on the top. Do not use scissors or a knife.

### LUBRICATION

- Lubrication is very important to make sure the female condom stays in place during sex. Add more lubricant to the inside of the condom or the outside of the penis if the condom is pulled out, if the outer ring is pushed inside, if the penis sticks, or if you hear noise during sex.
- Use saliva, spermicide, or water-based or oil-based lubricants for extra moisture. Oil-based lubricants will not harm female condoms because they are made of plastic.

### REMOVING THE FEMALE CONDOM

- You can safely remove the female condom any time after intercourse. To remove the female condom, twist the outer ring to seal the condom shut and gently pull the condom out.
- If you are lying down, remove the condom before standing up to prevent any semen from spilling out.

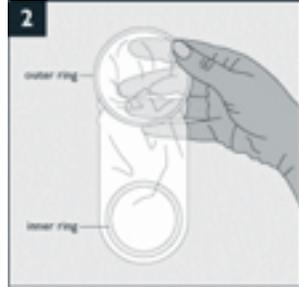
### DISPOSAL

- Do not reuse the female condom. The safety and feasibility of reuse is still being studied.
- Wrap the used female condom in paper or leaves and put it in the latrine, waste container, or a place where children cannot find it. Do not put it into a flush toilet.

**INSERTION INSTRUCTIONS FOR THE FEMALE CONDOM**



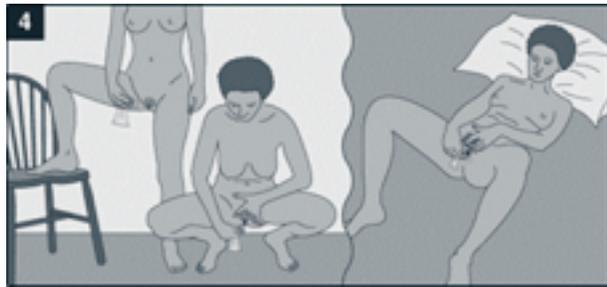
Open the Female condom package carefully; tear at the notch on the top right of the package. Do not use scissors or a knife to open.



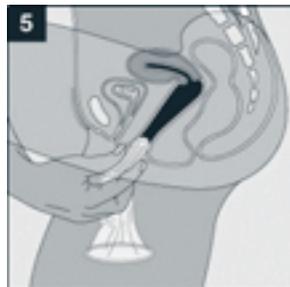
The outer ring covers the area around the opening of the vagina. The inner ring is used for insertion and to help hold the sheath in place during intercourse.



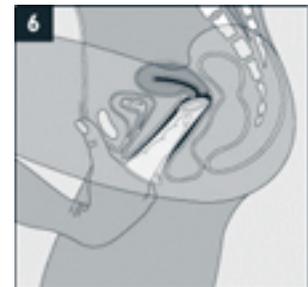
While holding the Female condom at the closed end, grasp the flexible inner ring and squeeze it with the thumb and second or middle finger so it becomes long and narrow.



Choose a position that is comfortable for insertion – squat, raise one leg, sit or lie down.



Gently insert the inner ring into the vagina. Feel the inner ring go up and move into place.



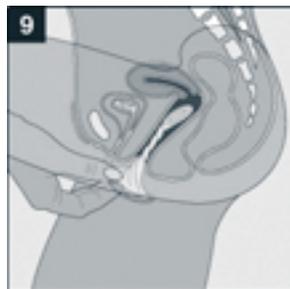
Place the index finger on the inside of the condom, and push the inner ring up as far as it will go. Be sure the sheath is not twisted. The outer ring should remain on the outside of the vagina.



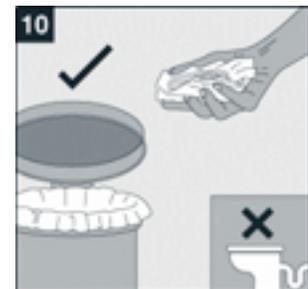
The female condom is now in place and ready for use with your partner.



When you are ready, gently guide your partner's penis into the condom's opening with your hand to make sure that it enters properly – be sure that the penis is not entering on the side, between the sheath and the vaginal wall.



To remove the Female condom, twist the outer ring and gently pull the condom out.



Wrap the condom in the package or in tissue, and throw it in the garbage. Do not put it into the toilet.

## PROTECTING AGAINST BOTH HIV AND PREGNANCY

### DUAL PROTECTION

Sexually active couples need protection against pregnancy as well as HIV/STIs. Condoms are unique because they provide “dual protection,” that is, they simultaneously prevent pregnancy and reduce the risk of infection. Dual protection is especially important to women, who face the risk of unwanted pregnancy as well as infection when they have unprotected sex.

With perfect use, the pregnancy rate for male and female condoms is just 3 to 5 percent. However, incorrect and inconsistent use pushes the pregnancy rate to 14 percent or more among typical couples—relatively high compared with hormonal contraceptives, intrauterine devices, and sterilisation. For this reason, couples relying on condoms for dual protection also need access to emergency contraceptive pills or safe and effective methods of pregnancy termination. Couples can use emergency contraceptive pills, which prevent pregnancy when taken within 72 hours of intercourse, if a condom breaks or they have unprotected intercourse.

Condom programmes have not adequately promoted condoms as a method of dual protection: HIV-prevention programmes focus exclusively on its ability to prevent infection, while family planning programmes focus on its contraceptive powers. Providers should mention

dual protection to every client, and materials for information, education, and communication should broadly disseminate the dual protection message. Promoting dual protection has another benefit for condom programming: by focusing on the condom’s family planning benefits, it can help dispel the idea that condoms are only for use with sex workers or casual partners.

### DUAL METHOD USE

Clients who are concerned about pregnancy may be reluctant to rely on condoms alone. Another option is “dual method use,” that is, using condoms along with another family planning method, such as injectable contraceptives.

Dual method use presents greater challenges than dual protection: clients must be motivated enough to pay for and consistently and correctly use two methods instead of one. When women are already using a highly effective form of contraception, they may find it burdensome to use condoms as well. Adding condoms may actually weaken how effectively, consistently, and correctly women use their original method of contraception.

### DECIDING ON DUAL PROTECTION OR DUAL METHOD USE

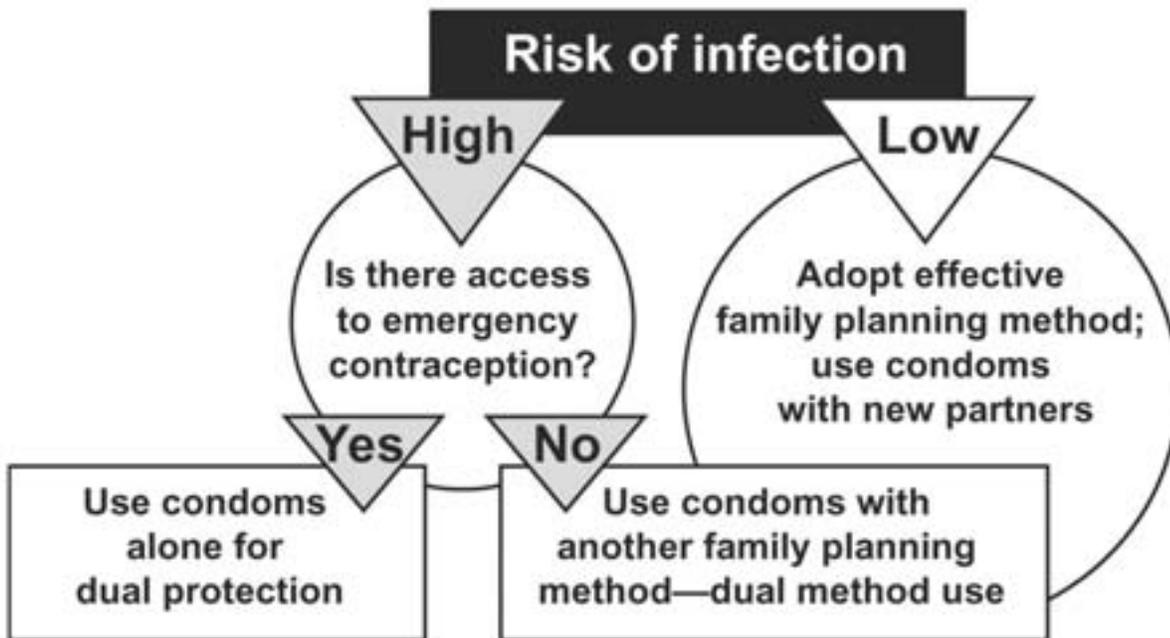
Before recommending dual protection or dual method use, providers should assess a client’s risk

**PROTECTING AGAINST BOTH HIV AND PREGNANCY**

of infection based upon community prevalence and individual risk behaviours (see decision tree). When the risk of infection is high, condoms are essential. However, condoms should be used alone for dual protection only where there is access to emergency contraception or safe methods of pregnancy termination. Otherwise, condoms should be used in combination with another contraceptive method.

When the risk of infection is low, then clients' need for family planning outweighs their need for HIV prevention. In this situation, the clients should choose an effective family planning method appropriate to their personal circumstances. However, providers also should stress the importance of using condoms with any new partners, since they may carry an infection or engage in high-risk behaviours.

**Dual Protection Decision Tree**







## PHOTO CREDITS

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**The United Nations**  
**Population Fund**  
220 East 42nd Street  
New York, NY 10017, USA

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