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Understanding the acceptability of the female condom: A qualitative study with Dominican female sex workers, their male clients and regular partners

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Abstract

Objective: The purpose of this study was to explore the acceptability of the female condom among female sex workers and their male clients and regular partners in the Dominican Republic.

Methods: We conducted in-depth interviews with 18 sex workers who had completed participation in a longitudinal study on the acceptability of barrier methods, and did additional in-depth interviews with 15 male clients and 7 regular partners of the sex workers.

Results: The majority of the sex workers in this study found the female condom acceptable and welcomed the option of a female-controlled method of protection against sexually transmitted infections (STIs). Sex workers were successful in negotiating use of the female condom with their clients. Clients and regular partners of the sex workers were very positive about the female condom; like the women, they valued its protection against STIs, and almost all of them preferred it to the male condom.

Conclusions: The introduction of the female condom, as a female-controlled barrier method, offers high risk groups such as sex workers, their male clients and regular partners an acceptable option for the prevention of transmission of HIV and other STIs. The positive male attitude towards the female condom can be used for marketing strategies if and when the method is introduced in the Dominican Republic.

Introduction

Clinical trials have provided evidence that the female condom protects against sexually transmitted infections (STIs), including HIV, and pregnancy at least equal to that of the male condom.[1,2] The most important advantage of the female condom is that it places control of protection against diseases in the hands of women, who often are unable to negotiate use of the male condom with their partners due to power inequities in their relationships.[3,4] The method may help vulnerable populations of women such as sex workers to protect themselves adequately from STIs.

The female condom has been found to be both effective in preventing STI transmission and acceptable for use with clients among sex workers in countries as diverse as Malawi, Zimbabwe, Thailand, Brazil and Costa Rica.[5-9] These studies show that the introduction of the female condom increases the number of protected sex acts, as it is often used as back-up in situations that clients refuse to use a male condom.[5,6] However, while self-reported acceptability was high in these populations, the use of the female condom was often inconsistent. Sex workers in different countries cited common obstacles to using the female condom, principally male clients' distrust of the method, their own and clients' aversion to the physical aspects of the method, discomfort and difficulty to insert.[5-9] Moreover, consistent (either male or female) condom use with intimate male partners remains low, as sex workers perceive these partners as less risky compared to male clients.[6] Despite the role of clients and regular partners in acceptance of sex workers' use of the female condom, we found few studies that documented male participants' perspectives. One example is a study conducted in Brazil; a small sample of male clients of females sex workers indicated a high acceptability of the female condom, emphasizing the female condom is safer, stronger and more comfortable than the male condom.[9] A study carried out in Spain, assessing female condom acceptability among young heterosexual couples, revealed that about one-third of the

participants claimed to be satisfied with the method, with no significant differences by gender.[10] Studies conducted in Uganda and Zimbabwe showed that the female condom was less desirable compared to other barrier methods.[11,12] The first study focused specifically on men's attitudes towards female controlled methods, and reported that men expressed significant anxiety about being able to retain control over their female partners. While men wanted women to be protected, they also wanted to remain in control of the means of protection, at least to some extent.[11] In Zimbabwe the main problem reported by women and their male partners was the female condom's obviousness and partial coverage of external genitalia, which they felt interfered with sexual pleasure.[12]

Sex work is widespread in the Dominican Republic, and brothels can be found throughout the country. The country is estimated to have a population of approximately 9.5 million; and, there are between 70,000 and 130,000 female sex workers.[13] While accurate prevalence information is difficult to obtain, data from 2002 estimate that approximately 15% of sex workers were infected with chlamydia and 7-12% were HIV-positive.[14] Since the 1980s, efforts have been made to reduce STI transmission among female sex workers, primarily through the promotion of male condoms, with mixed success.[15] Although the female condom is not yet commercially available in this country, in 2006, the Population Council carried out a five-month longitudinal study to assess whether the introduction of the female condom (and the diaphragm) would help increase the total number of protected sex acts in the population of sex workers in two cities in the Dominican Republic (Santiago and Puerto Plata). A sample of 243 female sex workers received three barrier methods (the male condom, the female condom and the diaphragm), together with counseling regarding their use, and were asked to return for monthly follow-up visits. At the conclusion of that study, 84% of the sex workers reported that they liked the female condom as much as or more than the male condom; 76% of the participants reported that they used the female condom in some

or all sex acts during the prior month. However, the proportion of women reporting use of female or male condom in every sex act remained unchanged during the study (66% at baseline to 68% at the final visit). The female condom was found very acceptable for women, and according to them, for their clients and regular partners as well.[16]

In this paper, we report findings from qualitative in-depth interviews with sex workers and their male clients and regular sexual partners in the Dominican Republic. The female study participants comprise a subsample of a larger population of sex workers who participated in the longitudinal study. The objective of the interviews was to deepen understanding of factors associated with acceptability of the female condom among female sex workers and male clients/regular partners in the Dominican Republic.

Methods

As noted earlier, in 2006 the Population Council carried out a longitudinal study among 243 sex workers in two cities of the Dominican Republic (Santiago and Puerto Plata)[1] in order to assess women's acceptability of barrier methods (male condom, female condom and the diaphragm). The protocol of this comprehensive study was approved by the Internal Review Board (IRB) of the Population Council and the Ethical Review Committee of the Instituto Dermatológico y Cirugía de Piel Dr. Huberto Bogaert Díaz in Santo Domingo, Dominican Republic, and also included the qualitative component of the study reported in this paper.

We started the qualitative study one month after finishing the longitudinal study (July 2006), and finished data collection in February 2007. Initially, with budgetary and data saturation considerations in mind, we planned to conduct interviews with a convenience sample of approximately 20 sex workers, 15 male clients and at least five regular partners.

[1] Santiago is the second largest city in the Dominican Republic, with a population of about 535,000 people (according to the most recent census in 2002), while Puerto Plata is a coastal resort city and one of the country's primary tourist destinations, with a population of approximately 313,000 inhabitants.[17]

We recruited sex workers by inviting the first thirty participants at the last visit of the longitudinal study if they would consent to be contacted to participate in an in-depth interview, assuming that about one-third of the participants would either change their minds or be lost to follow-up. Among the women who gave their consent, we contacted women in the same order in which they had given consent until we had a sample of 20 women for the in-depth interviews. One woman was excluded from analysis because she had no experiences with the female condom, and one was lost to follow-up. Two trained female interviewers conducted the interviews with the female study participants in a private location away from the establishments where the women worked.

To recruit the convenience sample of male clients, a (male) trained sociologist visited the sex establishments where the women participating in longitudinal study worked. He asked the women he met on-site to invite a male client with whom they had used a female condom at least once for an interview. All fifteen clients accepted an interview.

Finally, for the recruitment of regular male partners, first sought consent from a sample of sex workers during their last visit of the longitudinal study – those who had used the female condom with their regular partners – to contact their male partners for an in-depth interview. Most women agreed, and of the regular partners we contacted in this manner, seven accepted an interview.

The same male sociologist who had recruited clients interviewed the male participants in the commercial sex establishments, a nearby bar or restaurant of the client's preference. The interviews with regular partners took place at the office of a local partner NGO. We decided to interview clients and regular partners who were not "linked" to the subgroup of interviewed women in this study (*vs.* the longitudinal one), to ensure that the information that men would provide would be unbiased by the interviewed sex workers. Moreover, we felt this approach would allow male participants to be more open and honest with their responses.

All participants provided written informed consent for the interview. Participants could use pseudonyms during the interviews. To maintain the participants' confidentiality, the collected information was identified by numbers. All interviews were audio-recorded; the recorded files were deleted after analysis was completed. The interview guide for both female and male participants included questions on experience with the female condom, negotiation of the method, advantages and disadvantages of the female condom, and knowledge about protection of the female condom against STI's. Sex workers were asked additional consent for the use of their socio-demographic information from the longitudinal study. The male interviewees were not asked socio-demographic information, except for age.

Two researchers analyzed the transcripts of the interviews using content analysis, according to a set of pre-defined themes and categories as well as new categories that emerged from the interviews. We were confident that saturation had indeed been reached with the sample size we had recruited initially, and therefore did not extend our sample.

Results

We conducted in-depth interviews with 18 sex workers, 15 male clients and seven regular partners. The interviewed sex workers had a mean age of 27 years, the majority had less than an eighth grade education (see Table I). The male clients and regular partners ranged in age from 30 to 35 years.

Table I. Socio-demographic and work characteristics of selected female sex workers

Characteristic		*N (18)*
Age	<20 (minimum age 18)	2
	20-24	5
	25-29	5
	30+	6
Currently in a committed relationship	Yes	9
	No	9
Place of residence	Santiago	10
	Puerto Plata	8
Number of children	1	3
	2	6
	3+	9
Education	None	1
	Primary school (1st-6th grade)*	8
	Secondary school (7th- 8th grade)*	5
	High school (1 to 4 years)*	4
Religion	Catholic	11
	Other	2
	None	5
Years in sex work	<1 year	3
	1-5 years	9
	6+	6
Average fee per sexual intercourse (RD$)[2]	400-599	7
	600-999	5
	1,000+	6
Places of sex work	Bars, cafes	11
	Car wash	3
	Night clubs	2
	Other	2

* Only 4 sex workers completed the respective grade.

[2] At the time we conducted the study, 1 US dollar was equivalent to 30 Dominican pesos.

Experience with the female condom

The majority of the interviewed sex workers had used the female condom "frequently" (not specifying the number of times) over the five-month study period, often trying it out first with their regular partners before using it with clients. The men interviewed all confirmed that they had at least one experience with the female condom. All the men (including regular partners) and most sex workers (12 of 18) interviewed reported positive experiences with the female condom, and said they would continue using the female condom if it were available at an accessible price. The price they would pay varied from 10 pesos (which was the cost of a male condom), to 100 pesos.

Advantages of the female condom

The sex workers emphasized that they felt safe with the female condom because it offered protection against diseases such as HIV, gonorrhoea, syphilis and chlamydia, as well as against unwanted pregnancy. Several women said they would not "risk their lives for money" by having sexual intercourse without using protection against sexually transmitted infections:

> *You have to protect yourself because you have your children and you want to see them grow up… It's better to lose the one or two thousand pesos they give me for sex than lose your life because…then there wouldn't be any money that could save me.*

Some sex workers also mentioned that the female condom offered better protection than the male condom against STIs because it covers "everything" – the internal and external female genitalia. In addition, sex workers said they didn't worry that the female condom would break or be punctured as the male condom might, since it seemed to be made of a thicker, stronger material.

The men (both clients and regular partners) agreed that an important advantage of the female condom is the protection it provides against STIs, specifying HIV/AIDS, syphilis and gonorrhea. Like women, most men stated that the female condom's material seemed tougher and stronger and would not break easily. Clients, but especially regular partners seemed very aware of the risks faced by female sex workers:

> *I think it's a good method to protect people in these times. [With the female condom] we [men] realized that we're not the only ones who can protect ourselves; women can protect themselves now as well from serious diseases while they work in the streets.*

When asked, almost all the clients and regular partners also knew that the female condom offered protection against pregnancy.

Importantly, the female sex workers felt that they "had" the control when they used the female condom. They said they could decide to use it when a man rejected use of a male condom.

> *I am the one who has the control [with the female condom]. I know that no man is going to cheat me, putting it [the male condom] on and then telling me it broke.*

Because women felt they could now self-protect against STIs with the female condom, they perceived a clear economic benefit: they could retain clients who refuse to use a male condom, and hence increase their income.

> *Sometimes I was frightened to go out with them because I knew they didn't like to use the male condom, but when they saw that I was the one who had to wear it, there was no problem anymore.*

A key advantage of the female condom, according to our (female and male) participants, was that clients and regular partners actually liked to use the female condom. The reason that some clients and regular partners refused to use the male condom, according to both sex workers as men themselves, was that they felt physically "tightened" (*apretados*)

or “bound” (*atados*) by the male condom. However, the female condom, they said, was more comfortable (“wide and soft”). Almost all men, both clients and regular partners, reported that they had more pleasurable sex with the female condom because they felt more “free” and had better erections and ejaculations. Only three men said they felt no difference in pleasure between the male and the female condom.

Negotiating use of the female condom

The sex workers used different strategies to get their clients and regular partners to agree to the use of the female condom. With regular partners, women felt comfortable talking with them about the “new method,” and the importance of trying it out. Some sex workers gave clients the choice of using either the male or the female condom. However, most women proposed its use to clients (or sometimes regular partners) if they refused to use a male condom:

> *If they say, “I won’t put on a condom,” I tell them, “I have one, and if [the male condom] bothers you at all, I can put on mine so that you’ll feel fine.”*

Some sex workers reported they put the female condom on in front of their sexual partners, sometimes encouraging the man to participate in its insertion:

> *After putting it on you have to insert one finger-- but because I always have long nails, you know, they help me to put it in with their hand, with their finger, [...] and I let them, as they also want to learn.*

The women said that some men (both regular partners and clients) were reluctant to use the female condom when they first saw it and needed convincing. The women explained to them that the female condom was a method to protect both of them from STIs and some men agreed to use it for this reason. However, many women said there was no need to negotiate

because they had found that most clients or regular partners liked them to use the female condom; others had heard about the method from friends and also wanted to try it.

A few women used the female condom without telling their clients, or even their regular partners. When the man refused to put on a male condom, they would insert the female condom without his knowledge, in the bathroom or when the lights were out. The women revealed that men (most often clients) were unaware that a female condom was being used because the women do not permit clients to touch their vagina. Women added that clients were often drunk, making this strategy easier.

> *When they come upstairs they don't want to put it on, but I have the solution for a client like that--I put it on. I tell him, "Yes, that's fine my love, let me go to the bathroom to pee," and when I go to the bathroom I'm not really going to pee, I insert the female condom. I turn off the light, you understand, I already know the little trick. I put his penis inside me and tell him "fine, you did it without a condom," and they leave without even noticing.*

Interestingly, most of the interviewed clients and regular partners reported that the woman had indeed told them in advance that she was going to use the female condom. One client mentioned that he had asked the sex worker to use it, and several clients and regular partners stated that they had helped the woman to put it on.

Disadvantages of the female condom

While all the sex workers interviewed reported positive experiences with the female condom, about one-third also mentioned drawbacks to the method. Some thought the female condom looked ugly and feared their clients or regular partners would not like it. They said it was too big, too wide and too long, and they did not like the looks of the portion of the condom that lies outside the vagina. A couple of women said they felt ashamed to "be seen

like that." Only one sex worker reported that she had been with clients who had told her to take it off.

A few women complained that the female condom makes a strange sound while having sexual intercourse, and others felt it had an excess of lubricant, making it difficult to hold during insertion. Two women reported that the man's penis sometimes pushed aside the female condom during penetration:

> *I have a friend who doesn't like the female condom at all because he says that I hold his penis and I don't let him go alone, but I tell him: "no, it's better for you because I try to put it in its place, where it belongs".*

A few sex workers expressed a preference for the male condom not because of any perceived problem with the female condom but as a practical matter, because they had more experience with the male condom.

Interestingly, neither clients nor regular partners interviewed mentioned the problems with the female condom that the sex workers talked about. Although two men said they were surprised when seeing the female condom for the first time, they didn't find it particularly ugly. None of the men had had experiences of slippage of the condom and none felt that the female condom was uncomfortable, too lubricated, or too noisy. To the contrary, most male clients and regular partners stated that they preferred the female condom to the male condom.

Discussion

Most of the sex workers, clients and regular partners participating in this study found the female condom to be acceptable and welcomed the option of having a female-controlled method of protection against HIV/STIs. Findings also suggest that sex workers were successful in negotiating use of the female condom with their clients. Clients and regular partners of the sex workers were very positive about the female condom; like the women,

they valued its protection against STIs, and almost all of them preferred it to the male condom. In sum, the study suggests that the introduction of the female condom, as a female-controlled barrier method, offers high risk groups such as sex workers, their male clients and regular partners an acceptable option for the prevention of transmission of HIV and other STIs. We are confident that we achieved saturation of the information among our sample, as most of the key issues were echoed among both female as male participants.

The advantages of the female condom mentioned by our study participants are consistent with previous research.[2,5-9] One of the most important advantages that sex workers perceived was that the female condom increased their ability to negotiate safer sex, which gave them a sense of control. The women used the female condom as a complementary method to the male condom: when clients or regular partners refused to use male condoms, they could opt for the female condom, sometimes in negotiation with the client or even regular partner, sometimes secretly. In addition, we found that sex workers, clients and regular partners believed that the female condom is stronger, and therefore safer compared to male condoms.

Moreover, sex workers, but more notably, clients and regular partners participating in the study, reported that the female condom enhanced their sexual pleasure. Men perceived the female condom as much more comfortable compared to the male condom; they felt "free," as if they were not using any condom at all. Some men would even ask women to use the female condom instead of the male condom. Although we cannot draw conclusions on the *frequency of use* of the female condom with clients compared to regular partners, our findings did not suggest a difference in *acceptance* of the method between the two male groups.

A female condom acceptability study in Brazil (which, however, did not include regular partners) reported results similar to ours: clients accepted the female condom because of its comfort and sexual pleasure (it does not feel restrictive and does not interrupt the flow

of sex as women put it on in advance), and its perceived safety. It is interesting to note that the studies conducted in Uganda and Zimbabwe,[11,12] with men from the general population, did not show overly positive attitudes towards the female condom, for different reasons. They disliked this method because it restricted access to the outer genitalia, the association of use of (female and male) condoms with extramarital affairs or with sex workers in general, and, in the case of Uganda, the lack of the men's control over the means of protection. These studies indicate that female condoms serve certain groups, such as sex workers and their clients, but not everyone. However, the findings may also be context specific, and may be different for the Latin-American context.

The disadvantages of the female condom that we found from the perspective of sex workers, were also comparable with studies conducted in other countries: the unattractive aspect of the female condom, client distrust of the method, slippage of the device, condom lubrication problems and discomfort.[5-9] However, it is remarkable that neither clients nor regular partners of our study shared these negative aspects of the female condom at all. They may have been a bit surprised when seeing the female condom for the first time, but they expressed their willingness to try the method and tended to express advantages and positive attributes.

In contrast with some other studies,[5-9] sex workers in our study did not complain about problems with the insertion or withdrawal of the female condom. In addition, women did not report reusing the device, as has been identified as a problem in Malawi.[5] We think this may be due to the extensive and repeated counseling women received during the five-month longitudinal study preceding the interviews.

This study also has a few notable limitations. At times sex workers, clients and regular regular partners had a bit of difficulty expressing themselves when answering open-ended questions, or did not understand the questions very well. This may be a reflection of the

generally low educational level of the participants or that they did not have experience in discussing such sensitive issues. However, our interviewers were well-trained and adept at anticipating by sometimes simplifying and explaining the questions and offering encouragement to make interviewees feel comfortable responding.

Another limitation of this study is that we did not ask about the number of times that sex workers used the female condom with regular partners or clients. Therefore, we cannot say whether they only tried the method, or whether they used it consistently at every sex act. The fact that the selection of sex workers, clients and regular partners depended on whether they had at least one experience with the female condom may also have biased our findings, as we did not interview women or men who refused to try the method even once.

This study has useful programmatic implications. As a female-controlled method that is effective in preventing the transmission of HIV and other STIs, the female condom is an important alternative option to the male condom for high risk populations such as sex workers, especially since alternative female-controlled barrier methods, effective against HIV, are still in process of development. Unfortunately, the costs of introducing the female condom are still too high for a large-scale introduction in the Dominican Republic. While ongoing research is being conducted worldwide to find ways to produce safe female condom designs at a lower and more accessible price, we believe that the positive findings of our study justify further research to the acceptability of the female condom in the general population of the Dominican Republic, including both women and men. Future studies could explore whether the female condom in the general population is as acceptable as it is among sex workers, male clients and regular partners. Findings of our study also could provide valuable contributions to the design of female condom promotion strategies, especially if the Dominican Government decides to incorporate the female condom in national HIV/STI strategies.. The exceptionally positive reactions of the male participants on the female

condom, and the assurance of female participants that they have more control over the negotiation of safe sex, could be utilized for a successful marketing of the method.

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