Power and the Female Condom

As a graduate student in social psychology and a counselor at a clinic that distributes family planning methods and information, I observe and study—both in the lab and at work—the power differences that Janet Lever discusses in her viewpoint, "Bringing the Fundamentals of Gender Studies into Safer-Sex Education" [27:172–174, 1995]. The material is very timely, considering the relatively recent introduction of the female condom, as discussed by Erica Gollub and colleagues in the same issue ("Short-Term Acceptability of the Female Condom Among Staff and Patients at a New York City Hospital," 27:155–158, 1995). I believe that this latter study, and most other studies to date on the female condom, overlook the power and social norms that Lever discusses.

First, Gollub and colleagues list difficulty in maintaining an erection as a common reason for men’s resistance to condom use. This may be the main reason for some users, especially at later stages in a relationship, but as Lever points out, common reasons for the failure to use condoms include "embarrassment, alcohol, dissatisfaction with condoms for reducing physical sensation and disrupting sexual activity, and fear that they would slip and break." The problems with the male condom listed in Lever’s article would certainly apply to the female condom; in fact, embarrassment, fear of slippage and breakage, and even disruption of sexual activity might be increased with the female condom, especially among first-time users.

In addition, as Lever points out, the appearance of being in control of the sexual situation seems to be important to young men. If a woman’s “whispered plea for caution” creates control issues, imagine the control issues created by insertion of the female condom.

Furthermore, the mean age of the subjects reported on by Gollub and colleagues was 35 within a range of 18 to 57. Due to the age of the subjects, there is a possibility that the experiences described by these women would not be comparable to younger women’s experiences. In addition, 94% of these subjects had one primary sexual partner, which may not be the case with young adults.

The authors also did not mention whether any of the women involved in the study had initiated a sexual relationship with a new partner during the study period. Even if there were such women, the large percentage of women who were in an ongoing relationship would make it impossible to analyze differences in women’s perceptions of the female condom by type of relationship (new or ongoing). However, it may be hypothesized that initiating use of the female condom is more difficult in first-time sexual encounters, and that this difficulty may be intensified by the social norms and power variables in young adults’ relationships. When educators and family planners advocate the use of the female condom, they must keep these norms and variables in mind.

It would be wonderful if, in one brief counseling session, we could change the power dynamics in young adults’ relationships and empower young women; this, however, is unlikely to occur. Therefore, before suggesting the female condom as a viable alternative to the male condom, we must remember that the reasons why young adults do not use male condoms may not change with the use of the female condom. In addition, the problem with young men’s perception of power loss at women’s suggestions that they use the male condom may be exaggerated with use of the female condom.

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The authors reply:
Actual empirical evidence does not support the points made by Stockbridge. As we discussed in our article, in most female condom studies to date (conducted among a wide range of samples in the United States and abroad), the majority of women have liked the method, as have at least half of their partners. Outright refusals by partners of study participants to comply with women’s desires to use the female condom have been few.

Regarding the use of the female condom among adolescents, we are aware of no published studies. Early results from pilot studies have suggested that the product will be acceptable to some young women; however, identifying the best methods of introduction and dissemination among this diverse group remains a future challenge, which is just now beginning to be addressed.

We agree with two of Stockbridge’s points—namely, that use of the female condom may be more difficult with casual partners and among young people who have little sexual experience. However, Stockbridge seems to imply that these difficulties are insurmountable, and she questions counseling jointly on female and male condoms. Yet, when used correctly, the new method is comparable in effectiveness to the male condom.

Where men worry about diminished sensation during sex with a male condom, both men and women often report greater physical sensation with the female condom. Women in a study conducted by Shervington1 and women in our study mentioned the safe and sturdy appearance of the female condom, and that they felt increased confidence and satisfaction using something that appeared so durable. Women also reported enjoying the sense of control, because they spoke of their partners often surreptitiously re-moving the male condom before pene-
tration, leaving them completely vulnerable to infection and pregnancy.

Stockbridge contends that the reasons why young adults do not use male condoms will not change with use of the female condom. We offer two observations here. First, Shervington’s data clearly suggest that gender dynamics change when the female condom is introduced into a sexual scenario. Part of this change is certainly related to the lessened erection anxiety associated with the female condom. Second, when male condom use rates are examined across age-groups, adolescents often show the highest rates of use, implying that this age-group may be more receptive to changing their behavior.

There is no reason to suspect that over time the female condom will not hold as much promise as, or perhaps even more than, the male condom among young adults, especially compared with older adults. Indeed, male acceptability data from studies on the female condom give every reason for optimism.

We suggest that empirical data from intervention trials both completed and now under way guide the introduction of the female condom into the counseling scenario for adolescents. We believe that the availability of this new device, especially among adolescents, may be a first step toward change in the power norms between men and women, and thus an important tool in reducing women’s risk.

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References


The Revolution Revisited

As editor, Michael Klitsch undoubtedly (and perhaps even appropriately) has a privileged position to publish as he sees fit in his own journal. This does not, however, justify his cavalier disregard in “Still Waiting for the Contraceptive Revolution” [27:246–253, 1995] of an entire series of articles during the past quarter century covering the same ground and doing it more thoroughly. For the sake of brevity, only six examples will be cited here.

Already in 1970 in a widely reprinted article, I documented for the first time the reasons for the impending withdrawal of the pharmaceutical industry from innovative contraceptive research and development, which Klitsch now repeats. In that article, I made specific policy recommendations to slow down such industry withdrawal. As prime examples for needed contraceptive innovations, I presented exhaustive detail on time and cost estimates for the development of a menses inducer in women and a contraceptive pill for men—both of them among Klitsch’s topics. Since the early 1970s, I have focused on such policy matters in one of my regular courses at Stanford University and have summarized my analysis and recommendations in a widely reviewed and quoted book.2

Klitsch emphasizes the need for innovative means of having public-sector circles contribute to the development of new contraceptives in the light of the pharmaceutical industry’s withdrawal. Yet he fails to mention a unique approach under World Health Organization auspices, which was conceived at a 1975 planning meeting in my Stanford office.3 This international chemical synthesis program in the field of injectable steroids has produced two products currently in clinical trial.

Klitsch appropriately refers to the need for tort and liability insurance reform as an incentive for industry, without, however, mentioning the detailed coverage of this topic, and the specific legislative suggestions made, in a widely cited 1989 article.4 That contribution to policy improvements also included a list of six top-priority items in the contraceptive field, starting with new spermicides and a repeat call for a menses inducer.

As a third item, I listed one of the few realistically implementable advances during the remainder of this century, namely sophisticated means for determining the “safe period” as well as the specific time of ovulation. (I emphasize the word “realistically” because of my earlier expressed concerns in your journal5 about the lack of realism in discussions of the so-called contraceptive revolution.) Neither this approach, currently under development by both public and private industrial circles, nor the 1990 article6 dealing with the subject are mentioned by Klitsch.

Most stunning is Klitsch’s apparent ignorance of a highly relevant 1994 article7 discussing birth control in males. While using precious journal space on terminally moribund approaches like gossypol, there is not even a sentence on our proposal to implement long-term cryopreservation of sperm coupled with vasectomy and artificial insemination, an approach that does not require participation by the pharmaceutical industry.

Since all of these articles appeared in the two most widely distributed scientific journals, Science and Nature, I must conclude that for some curious reason they do not fall within the reading purview of your editor. But what about your referees? Or are articles authored by your journal’s editor not subject to such independent scrutiny? In any event, I would be happy to welcome a member of your editorial staff as auditor during the spring quarter when my course, “Gender-Specific Perspectives on Birth Control,” is again offered.

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The executive editor replies:

Klitsch may wish that his position allowed him to publish as he sees fit, but that is not entirely the case. The special report was reviewed by the executive editor, two reviewers from The Alan Guttmacher Institute and seven from other institutions across the country and around the world.

The references cited in the Klitsch article were not intended to be a complete bibliography of the literature on contraceptive research and development. We meant no slight to Djerassi and, through publication of his letter, are happy to acknowledge his contributions on the topic over the past quarter century.