MODULE 9: CONDOMS AND SPERMICIDES

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May 1998
Revised by Ellen Israel
July 2000
ACKNOWLEDGMENTS

The development of the *Comprehensive Family Planning and Reproductive Health Training Curriculum*, including this module, is an ongoing process and the result of collaboration between many individuals and organizations. The development process of this curriculum began with the privately-funded Reproductive Health Program (RHP) in Viet Nam. This manual is based on the adaptation of the Family Planning Course Modules, produced by the Indian Medical Association in collaboration with Development Associates, Inc. Parts of this curriculum are adapted from the work of: IPAS, Rob Gringle, for Manual Vacuum Aspiration, Postpartum/Postabortion Contraception; JHPIEGO for Infection Prevention, Reproductive Tract Infections; Family Health International for Postpartum/Postabortion Contraception; Georgetown University for Lactational Amenorrhea Method; and AVSC International for Client's Rights, Counseling, and Voluntary Surgical Contraception.

The entire comprehensive training curriculum was used to train service providers in 1995 under this cooperative project which included Pathfinder International, IPAS, AVSC International, and the Vietnamese Ministry of Health. Individual modules were used to train service providers in: Bolivia, Nigeria (DMPA); Azerbaijan, Ethiopia, Kenya, Peru, Tanzania, and Uganda (Infection Prevention); Azerbaijan, Jordan, Kazakstan, and Peru (Counseling); and Jordan (POPs & COCs; IUDs; PP/PAC). Feedback from these trainings has been incorporated into the training curriculum to improve its content, training methodologies, and ease of use.

With the help of colleagues at Pathfinder International, this curriculum has been improved, expanded, and updated to its present form. Thanks are due to: Cathy Solter, who provided technical support and input; Penelope Riseborough, who provided technical editing and guidance on printing and publication; Tim Rollins and Erin Majernik, who designed, formatted, and edited the document, and coordinated the process; Anne Read, who designed the cover; and Joan DeLuca, who entered hundreds of corrections and reproduced thousands of corrected pages. Participants in the Reproductive Health Project, and the development of this curriculum for its initial use in Viet Nam, include the following:

**IPAS**
Traci Baird, Rob Gringle, Charlotte Hord

**Development Associates**
Joseph Deering

**The Indian Medical Association**

**Institute for Reproductive Health**
Kristin Cooney
JHPIEGO Corporation
Ann Blouse, Rick Sullivan

AVSC International
John Naponick, Cynthia Steele Verme, James Griffin

Family Health International
Roberto Rivera

Viet Nam Reproductive Health Program

Colleagues in the field of reproductive health reviewed this training material and provided invaluable comments and suggestions. These reviewers included:

Kate Bourne          Pathfinder International, Viet Nam
Ellen Eiseman        Pathfinder International
Rob Gringle          International Projects Assistance Services (IPAS)
Bob Hatcher          Consultant to Pathfinder International, Jordan
Rick Sullivan        Johns Hopkins Program for International Education in Reproductive Health (JHPIEGO)
Jamie Uhrig          Consultant to Pathfinder International, Viet Nam

Special thanks are due to Pam Putney, who used her expertise as a clinical trainer to significantly improve the module through editing and the addition of training exercises, new methodologies, and materials.

This curriculum has been further improved, expanded, and updated to its present form with the help of Michele Whigham-Brown, who input and formatted the revisions, and Val Montanus, who edited and formatted the final copy.
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PURPOSE

This training module is designed for use as part of the comprehensive family planning and reproductive health training of service providers. It is designed to be used to train physicians, nurses, and midwives.

This module is designed to actively involve the participants in the learning process. Sessions include simulation skills practice, discussions, and clinical practice, using objective knowledge, attitude, and skills checklists.

DESIGN

The training curriculum consists of 15 modules:

1. Introduction/Overview
2. Infection Prevention
3. Counseling
4. Combined Oral Contraceptives and Progestin-only Pills
5. Emergency Contraceptive Pills
6. DMPA Injectable Contraceptives
7. Intrauterine Devices
8. Breastfeeding and Lactational Amenorrhea Method
9. Condoms and Spermicides
10. Voluntary Surgical Contraception
11. MVA for Treatment of Incomplete Abortion
12. Reproductive Tract Infections
13. Postpartum/Postabortion Contraception
14. Training of Trainers
15. Quality of Care

Included in each module is a set of knowledge assessment questions, skills checklists, trainer resources, participant materials, training evaluation tools, and a bibliography.

SUGGESTIONS FOR USE

• The modules are designed to provide flexibility in planning, conducting, and evaluating the training course.
• The curriculum is designed to allow trainers to formulate their own training schedule, based on results from training needs assessments.
• The modules can be used independently of each other.
• The modules can also be lengthened or shortened depending on the level of training and expertise of the participants.
In order to foster changes in behavior, learning experiences have to be in the areas of knowledge, attitudes, and skills. In each module, the overall objective, general, and specific objectives are presented in terms of achievable changes in these three areas.

Training references and resource materials for trainers and participants are identified.

Each module is divided into a Trainer's Manual and Appendix section.

The Trainer's Manual presents the information in two columns:
1. Content, which contains the necessary technical information; and
2. Training/Learning Methods, which contains the training methodology (lecture, role play, discussion, etc.) by which the information should be conveyed.

The training design section includes the content to be covered and the training methodologies.

The Appendix section contains:
- The Appendix section contains:
- Participant handouts
- Transparencies
- Pre- & Post-tests (Participant Copy and Master Copy with Key)
- Participant Evaluation Form

The Participant Handouts are referred to in the Training/Learning Methods sections of the curriculum and include a number of different materials and exercises, ranging from recapitulations of the technical information from the "Content" of the module to role play descriptions, skills checklists, and case studies.

The Participant Handouts should be photocopied for the trainees and distributed to them in a folder or binder to ensure that they are kept together as a technical resource after the training course has ended.

Transparency masters have been prepared where called for in the text. These should be copied onto clear overhead sheets for display during the training sessions.

The Participant Evaluation form should also be copied to receive the trainees' feedback in order to improve future training courses.

*The Methodologies section is a resource for trainers for the effective use of demonstration/return demonstration in training.

To ensure appropriate application of learning from the classroom setting to clinical practice, Clinical Practicum sessions are an important part of this training. For consistency in the philosophy of client’s rights, the following should be shared with participants, in preparation for their clinical practicum experiences:

**Informed Choice**

Informed choice is allowing a client to freely make a thought-out decision about family planning, based on accurate, useful information. Counseling provides information to help the client make informed choices.

"Informed" means that:

• **Clients have the clear, accurate, and specific information that they need to make their own reproductive health choices.** Service providers should provide the information on each available and appropriate method of family planning and can help clients use the method effectively and safely.

• **Clients understand their own needs.** They have thought about their own situation and service providers can help them match methods of family planning to their own needs.

"Choice" means that:

• **Clients have a range of family planning methods to choose from.** Program should offer a variety of different methods to suit people’s different needs. If a method is not available at a particular center, clients should be referred to the nearest facility providing the service.

• **Clients make their own decisions.** Clients always select from the available methods for which they are medically eligible. Service providers should not pressure clients to make a certain choice or to use a certain method.

**CLIENT’S RIGHTS DURING CLINICAL TRAINING**

The rights of the client to privacy and confidentiality should be considered at all times during a clinical training course. When a client is undergoing a physical examination it should be carried out in an environment in which her/his right to bodily privacy is respected. When receiving counseling, undergoing a physical examination, or receiving surgical contraceptive services, the client should be informed about the role of each individual inside the room (e.g., service provider, individuals undergoing training, supervisors, instructors, researchers, etc.).

The client’s permission must be obtained before having a clinician-in-training/participant observe, assist with or perform any services. The client should understand that s/he has the right to refuse care from a clinician-in-training/participant. Furthermore, a client’s care should not be rescheduled or denied if s/he does not permit a clinician-in-training/participant to be present or provide services. In such cases, the clinical trainer or other staff member should perform the procedure. Finally, the clinical trainer should be present during any client contact in a training situation.

Clinical trainers must be discreet in how coaching and feedback are given during training with clients. Corrective feedback in a client situation should be limited to errors that could harm or cause discomfort to the client. Excessive negative feedback can create anxiety for both the client and clinician-in-training.

It can be difficult to maintain strict client confidentiality in a training situation when specific cases are used in learning exercises such as case studies and clinical conferences. Such discussions always should take place in a private area, out of hearing of other staff and clients, and be conducted without reference to the client by name (AVSC, "Tips for Trainers-8," September 1994; NSV Trainer’s Manual).
DEMONSTRATION TECHNIQUE

The Five-Step Method of Demonstration and Return Demonstration is a training technique useful in the transfer of skills. The technique is used to make sure that participants become competent in certain skills. It can be used to develop skills in cleaning soiled instruments, high-level disinfection, IUD insertion, pill dispensing, performing a general physical examination, performing a breast or pelvic examination, etc. In short, it can be used for any skill which requires a demonstration. The following are the "five steps:"

1. **Overall Picture:** Provide participants with an overall picture of the skill you are helping them develop and a skills checklist. The overall picture should include why the skill is necessary, who needs to develop the skill, how the skill is to be performed, etc. Explain to the participants that these necessary skills are to be performed according to the steps in the skills checklist, on models in the classroom and practiced until participants become proficient in each skill and before they perform them in a clinical situation.

2. **Trainer Demonstration:** The trainer should demonstrate the skill while giving verbal instructions. If an anatomical model is used, a participant or co-trainer should sit at the head of the model and play the role of the client. The trainer should explain the procedure and talk to the role playing participant as s/he would to a real client.

3. **Trainer/Participant Talk-Through:** The trainer performs the procedure again while the participant verbally repeats the step-by-step procedure.

   **Note:** *The trainer does not demonstrate the wrong procedure at any time. The remaining participants observe the learning participant and ask questions.*

4. **Participant Talk-Through:** The participant performs the procedure while verbalizing the step-by-step procedure. The trainer observes and listens, making corrections when necessary. Other participants in the group observe, listen, and ask questions.

5. **Guided Practice:** In this final step, participants are asked to form pairs. Each participant practices the demonstration with her/his partner. One partner performs the demonstration and talks through the procedure while the other partner observes and critiques using the skills checklist. The partners should exchange roles until both feel competent. When both partners feel competent, they should perform the procedure and talk-through for the trainer, who will assess their performance using the skills checklist.
DO'S AND DON'TS OF TRAINING

The following "do's and don'ts" should ALWAYS be kept in mind by the trainer during any learning session.

DO'S

- Do maintain good eye contact
- Do prepare in advance
- Do involve participants
- Do use visual aids
- Do speak clearly
- Do speak loud enough
- Do encourage questions
- Do recap at the end of each session
- Do bridge one topic to the next
- Do encourage participation
- Do write clearly and boldly
- Do summarize
- Do use logical sequencing of topics
- Do use good time management
- Do K.I.S. (Keep It Simple)
- Do give feedback
- Do position visuals so everyone can see them
- Do avoid distracting mannerisms and distractions in the room
- Do be aware of the participants' body language
- Do keep the group on focused on the task
- Do provide clear instructions
- Do check to see if your instructions are understood
- Do evaluate as you go
- Do be patient

DON'TS

- Don't talk to the flip chart
- Don't block the visual aids
- Don't stand in one spot--move around the room
- Don't ignore the participants' comments and feedback (verbal and non-verbal)
- Don't read from curriculum
- Don't shout at participants
UNIT 1: CONDOMS

INTRODUCTION:

When used consistently and correctly, condoms are the most effective method of preventing HIV/AIDS and other sexually transmitted infections. As such, they play a crucial role in family planning programs worldwide.

UNIT TRAINING OBJECTIVE:

To prepare the participants to provide condoms as an effective contraceptive method and as a method of protection against the transmission of sexually transmitted infections (including HIV/AIDS).

SPECIFIC LEARNING OBJECTIVES:

By the end of the unit, participants will be able to:

1. Explain key messages related to condoms.
2. Describe the mechanism of action and effectiveness of condoms.
3. Explain the factors that influence the effectiveness of condoms.
4. Describe the advantages and disadvantages of condoms.
5. Explain the indications and rationale for the use of condoms.
6. Counsel men and women regarding the correct use of condoms.
7. Discuss the goals and challenges of dual method use.
8. Describe and apply the correct storage procedure for condoms in a service delivery setting.
9. Describe the use, advantages and disadvantages, and effectiveness of the female condom.

SIMULATED SKILL PRACTICE:

- Correct skills for putting on and removing a condom.
- Promoting the correct use of condoms among women at risk for pregnancy and/or STIs.

CLINICAL PRACTICUM OBJECTIVES:

During the clinical practicum, participants will be able to:

- Promote and counsel male clients and their partners on the benefits, indications for, and correct use of condoms.
TRAINING/LEARNING METHODOLOGY:

- Trainer Presentation
- Lecturette and Discussion
- Brainstorming
- Group Discussion
- Demonstration/Return Demonstration Technique
- Role Play

MAJOR REFERENCES AND TRAINING MATERIALS:


RESOURCE REQUIREMENTS:

- Condom samples, male and female
- Penis model
- Small pelvic or diaphragm models
- Flipchart
- Markers
- Overhead projector
- Transparencies
- Blindfolds
- Training video on Reality female condom (optional) available from The Female Health Company Chicago IL/London UK 1-800-635-0844 in U.S. (www.femalehealth.com)

EVALUATION METHODS:

- Pre- and Post-Test
- Observation and assessment during simulated practices
- Skills checklist
- Participant Reaction Questionnaire

TIME REQUIRED: 3 hours 45 minutes; with optional exercises, 4 hours 30 minutes
MATERIALS FOR TRAINERS TO PREPARE IN ADVANCE:

- Unit 1 Objectives (Transparency 1.1)
- Copies of the pre- and post-test for each participant
- Copies of Participant Handouts for each participant
# Introduction to Unit 1

<table>
<thead>
<tr>
<th>CONTENT</th>
<th>Training/Learning Methods (Time Required)</th>
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<tbody>
<tr>
<td><strong>Knowledge/Attitudes/Skills</strong></td>
<td><strong>Trainer Presentation (5 min.):</strong></td>
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</table>

## Introduction

When used consistently and correctly, condoms are the most effective method for preventing HIV/AIDS and other sexually transmitted infections (STIs), while preventing pregnancy.

**Trainer Presentation (5 min.):**

The trainer should:

- Administer the pre-test to the Px. Review responses to determine objectives requiring special attention.
- Review with the Px the specific learning objectives on Transparency 1.1. and allow for questions. Clarify as necessary.
- Explain that training methods will include case studies and role plays.

**Note:** Condom counseling is one of the clinical practicum requirements.

(See Px Handout 1.1.)
### Specific Objective #1.1: Explain key messages related to condoms.

<table>
<thead>
<tr>
<th>Key Messages</th>
<th>Training/Learning Methods (Time Required)</th>
</tr>
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<tbody>
<tr>
<td><strong>CONTENT</strong> Knowledge/Attitudes/Skills</td>
<td><strong>Trainer Presentation (10 min.):</strong></td>
</tr>
<tr>
<td><strong>1.</strong> Use of condoms encourages the participation of men in contraception.</td>
<td>The trainer should:</td>
</tr>
<tr>
<td><strong>2.</strong> Condoms are the <strong>most effective</strong> contraceptive method for protecting against HIV/AIDS and other sexually transmitted infections.</td>
<td>- Explain that the first 7 Specific Objectives (S.O.s) discuss the male condom and SO 8 concerns the female condom.</td>
</tr>
<tr>
<td><strong>3.</strong> When used consistently and correctly, condoms provide effective protection from pregnancy and from sexually transmitted infections.</td>
<td>- Ask Px to give as many words as possible for the condom, using any language, dialect, slang, etc.</td>
</tr>
<tr>
<td><strong>4.</strong> Condoms help to protect women from cervical cancer and pelvic inflammatory disease (PID).</td>
<td>- List their responses on a flipchart.</td>
</tr>
<tr>
<td><strong>5.</strong> <strong>Condoms should always be provided</strong> along with another method to any client:</td>
<td>- Explain that these are the words, their clients use and knowing and using them can enhance communication between provider and client during counseling.</td>
</tr>
<tr>
<td>- Who might be at risk for sexually transmitted infections.</td>
<td>- Distribute condom samples and start the discussion by asking Px what they think of condoms as a contraceptive method:</td>
</tr>
<tr>
<td>- Who uses oral contraceptives (COCs and POPs) in case they forget a pill.</td>
<td>- Do they think they are effective?</td>
</tr>
<tr>
<td>- Who receives a vasectomy until aspermia occurs.</td>
<td>- Do they think they are reliable?</td>
</tr>
<tr>
<td>- Who might need condoms for any reason</td>
<td>- Do they promote condoms with their clients?</td>
</tr>
<tr>
<td>(See Px Handout 1.1.)</td>
<td>- Would they use condoms themselves?</td>
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Specific Objective #1.2: Describe the mechanism of action and effectiveness of condoms

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<th>CONTENT Knowledge/Attitudes/Skills</th>
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<tr>
<td><strong>Mechanism of Action</strong></td>
<td><strong>Trainer Presentation and Question/Answer (10 min.):</strong></td>
</tr>
<tr>
<td>• The condom is a barrier method which prevents entry of sperm into the vagina.</td>
<td>The trainer should:</td>
</tr>
<tr>
<td>• It is made of very thin latex rubber (or rarely the intestinal caecum of lambs).</td>
<td>• Review the mechanism of action and effectiveness rates of condoms with the Px.</td>
</tr>
<tr>
<td>• Sperm and disease-causing organisms including HIV do not pass through intact latex condoms. <strong>Condoms made from lamb intestine do not consistently offer protection from HIV and other disease-causing organisms</strong>, and are not recommended for use for STI protection.</td>
<td>• Review the effectiveness of condoms as protection against STIs.</td>
</tr>
<tr>
<td>• Condoms are placed on the erect penis.</td>
<td>(See Px Handout 1.3.)</td>
</tr>
<tr>
<td>• Condoms come in a variety of shapes, sizes, flavors and colors; most are lubricated; and some have a spermicidal coating.</td>
<td></td>
</tr>
<tr>
<td><strong>Effectiveness</strong></td>
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<tr>
<td>• Condoms are very effective when used consistently and correctly.</td>
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<tr>
<td>• The first-year failure rate among typical users of condoms averages about 12%, or 12 pregnancies per 100 women years. (88% effective).</td>
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<tr>
<td>• Using a condom with vaginal spermicide can increase its effectiveness in preventing pregnancy.</td>
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<tr>
<td>• Condoms used with every act of intercourse can reduce the risk of HIV infection by 80 - 90% or more. However, using condoms only 50 - 75% of the time offers little protection against HIV infection.</td>
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<td>CONTENT</td>
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<td>Knowledge/Attitudes/Skills</td>
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- Older couples who use condoms regularly, and couples highly motivated to avoid pregnancy, tend to use condoms correctly and consistently, and have fewer failures (i.e., pregnancies).

**Condoms as Protection against STIs**

- Latex condoms can effectively protect against most STIs. (Herpes simplex and other genital ulcer diseases (GUD) are exceptions, as
- the condom does not always cover the body area where lesions are sometimes found.)
- A WHO multi-country study indicated that condom-users face two-thirds less of a risk than non-users for contracting gonorrhea, trichomoniasis, or chlamydia.
- Condom use offers significant protection to women at risk for STIs. By preventing STIs, women are protected from PID (pelvic inflammatory disease) and its serious complications.
- Condoms can protect women from cervical cancer, which is caused by a sexually transmitted virus, human papilloma virus (HPV). One recent study indicated that a one-year use of condoms cut the risk of cervical cancer by one-half.
- In a study of heterosexual transmission of HIV among partners of AIDS patients, use of condoms reduced transmission of HIV significantly--there was a 17% rate of sero-conversion among couples who used condoms versus a 83% rate of sero-conversion among non-condom users. It is noteworthy, however, that consistent use of condoms did not completely protect all the spouses of the AIDS cases.
Specific Objective #1.3: Explain the factors that influence the effectiveness of condoms.

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<td>Knowledge/Attitudes/Skills</td>
<td>Brainstorm (10 min.):</td>
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<tr>
<td><strong>Factors that Influence Effectiveness</strong></td>
<td>The trainer should:</td>
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| Most condom failures that result in pregnancy or STI transmission are due to user-related causes, although condoms can break during intercourse. | • Ask the Px, "What factors influence the effectiveness of condoms?"
| **Incorrect use** | • Write Px responses on a flipchart.
| • Couples often do not use condoms with every act of intercourse. Studies conducted in Bangladesh and Barbados found that men who rely solely on condoms for contraception used condoms about 60% and 30% of the time. | • Complete list as needed for factors not identified by Px. |
| **Incorrect use** | (See Px Handout 1.4.)
<p>| • Some pregnancies and STI transmission occur due to mistakes made when using condoms: | |
| - Tears or breakage can occur when a man unrolls a condom before putting it on. | |
| - Rings and fingernails can cause tears. | |
| - Putting a condom on with the rolled rim toward the body instead of away from it. | |
| - Stretching/pulling on the condom may weaken the thin rubber wall. | |
| • Other causes described in the literature include: | |
| - Failure to hold on to the rim of the condom, when withdrawing, resulting in spills/leaks. | |
| - Having intercourse first, then stopping to put condom on before ejaculation. | |</p>
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<th>CONTENT</th>
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<td>Knowledge/Attitudes/Skills</td>
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**Condom breaks**

**Condom breaks can occur due to:**

- Inadequate vaginal lubrication
- Defects in the condom itself
- Poor or improper storage with exposure to heat, ultraviolet light, and/or humidity
- The application of certain mineral and vegetable oils as lubricants, which can weaken the latex in five minutes or less. The longer a condom is exposed to any of these elements, the more fragile and susceptible to breakage it becomes
- An unpublished report of a survey conducted with shopkeepers who sell condoms in India suggested that 25% of condoms were returned because of deterioration/defects.

**Condoms are more likely to break if:**

- Used after the expiration date on package,
- The seal on the package is broken,
- They are not produced by a reliable manufacturer, or
- They are stored in high temperatures or exposed to sunlight.

Inexperienced users tend to report more condom breaks than those who have been shown and understand how to correctly use condoms.
Specific Objective #1.4: Describe the advantages and disadvantages of condoms.

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</tr>
<tr>
<td><strong>Advantages</strong></td>
<td><strong>Brainstorm (10 min.):</strong></td>
</tr>
<tr>
<td>• Protects against sexually transmitted infections, including HIV/AIDS</td>
<td>The trainer should:</td>
</tr>
<tr>
<td>• Easy to use</td>
<td>• Ask the Px to identify advantages and disadvantages.</td>
</tr>
<tr>
<td>• Usually easy to obtain</td>
<td>• List on a flipchart.</td>
</tr>
<tr>
<td>• Usually inexpensive</td>
<td>• Elaborate/add to list as needed.</td>
</tr>
<tr>
<td>• Safe, effective, and portable</td>
<td>• Note the accuracy of Px contributions</td>
</tr>
<tr>
<td>• Helps protect against cervical cancer</td>
<td>(See Px Handout 1.2.)</td>
</tr>
<tr>
<td>• Allows men to share more responsibility for family planning</td>
<td></td>
</tr>
<tr>
<td>• Helps some men with premature ejaculation or to maintain erection</td>
<td></td>
</tr>
<tr>
<td>• Convenient for short-term contraception</td>
<td></td>
</tr>
<tr>
<td><strong>Disadvantages</strong></td>
<td></td>
</tr>
<tr>
<td>• Coitus-related</td>
<td></td>
</tr>
<tr>
<td>• Some men complain of decreased sensitivity</td>
<td></td>
</tr>
<tr>
<td>• Slipping off, tearing, spillage of sperm can occur, especially among inexperienced users</td>
<td></td>
</tr>
<tr>
<td>• Rare allergy to latex</td>
<td></td>
</tr>
<tr>
<td>• User must be highly motivated to use consistently and correctly</td>
<td></td>
</tr>
<tr>
<td>• Deteriorates quickly when storage conditions are poor</td>
<td></td>
</tr>
<tr>
<td>• Some men cannot maintain an erection with a condom on</td>
<td></td>
</tr>
</tbody>
</table>
**Specific Objective #1.5: Explain the indications and rationale for the use of condoms.**

<table>
<thead>
<tr>
<th>CONTENT</th>
<th>Training/Learning Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indications for Use</strong></td>
<td><strong>(Time Required)</strong></td>
</tr>
<tr>
<td>Condoms are an appropriate method for:</td>
<td><strong>Group Discussion (10 min.):</strong></td>
</tr>
<tr>
<td>• Anyone (male, female, or a couple) who is at risk of exposure to STIs, including HIV/AIDS. (Only latex condoms help prevent transmission of STIs including HIV.)</td>
<td>The trainer should:</td>
</tr>
<tr>
<td>• A couple who need a back-up method, e.g., immediate post-vasectomy client. (When used consistently with a vaginal spermicide, the effectiveness is increased.)</td>
<td>• Ask the Px to identify the indications and list on a flipchart.</td>
</tr>
<tr>
<td>• A woman who is at high risk for or is unwilling to use other contraceptive methods. (There are no systemic effects from condom use.)</td>
<td>• As each indication is identified, select different Px to offer an explanation for the rationale.</td>
</tr>
<tr>
<td>• Couples/individuals who need temporary contraceptive protection because of infrequent/unexpected sexual relations. (Condoms are readily available in most areas through the commercial and public health sectors.)</td>
<td>• Correct and add to Px’s answers as needed.</td>
</tr>
<tr>
<td>• A woman who is breastfeeding and needs contraception. (Condoms have no effect on lactation and are a complementary FP method for lactating women who no longer meet LAM criteria.)</td>
<td>(See Px Handout 1.5.)</td>
</tr>
</tbody>
</table>

**Precautions**

Condoms would probably not be suitable for couples when:

• Either partner has an allergy to latex (synthetic) rubber (latex condoms will cause local reaction, itching).
<table>
<thead>
<tr>
<th>CONTENT</th>
<th>Training/Learning Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge/Attitudes/Skills</td>
<td>(Time Required)</td>
</tr>
<tr>
<td><strong>Precautions (cont.)</strong></td>
<td><strong>Demonstration/Return</strong></td>
</tr>
<tr>
<td>• The man is unwilling to use condoms (successful and consistent use of condoms is dependent on cooperation between partners).</td>
<td><strong>Demonstration/Simulation Practice</strong> (35 min.):</td>
</tr>
<tr>
<td>• The man cannot sustain an erection when using condoms.</td>
<td>The trainer should:</td>
</tr>
<tr>
<td></td>
<td>• Demonstrate the procedure for putting a condom on an erect penis for Px using a penis model.</td>
</tr>
<tr>
<td></td>
<td>• Have Px repeat/practice procedure as many times as necessary until they are skillful at the procedure.</td>
</tr>
<tr>
<td></td>
<td>• Ask Px to form pairs.</td>
</tr>
<tr>
<td></td>
<td>• Have one partner hold the penis model and the other put the condom on while blindfolded. Then change places.</td>
</tr>
<tr>
<td></td>
<td>• Ask Px if they now could teach their clients to do this.</td>
</tr>
<tr>
<td></td>
<td><strong>Optional (10 min):</strong></td>
</tr>
<tr>
<td></td>
<td>The trainer should:</td>
</tr>
<tr>
<td></td>
<td>• Demonstrate putting a condom on a penis model with his or her mouth.</td>
</tr>
<tr>
<td></td>
<td>• Have Px repeat/practice procedure until proficient.</td>
</tr>
</tbody>
</table>
Specific Objective #1.6: Counsel men and women regarding correct use of condoms.

<table>
<thead>
<tr>
<th>CONTENT</th>
<th>Training/Learning Methods (Time Required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge/Attitudes/Skills</td>
<td>Trainer Presentation/Discussion (25 min.):</td>
</tr>
<tr>
<td>Essentials of Condom Counseling</td>
<td>The trainer should:</td>
</tr>
<tr>
<td>1. The use of condoms has taken on new importance in view of HIV/AIDS and other STIs. Condoms are effective in preventing STIs, and are also an effective, safe and economical contraceptive.</td>
<td>• Ask Px to share myths they have heard about the condom, such as &quot;condoms have been injected with HIV.&quot;</td>
</tr>
<tr>
<td>2. Service providers are in position to promote and counsel clients in the promotion and use of condoms, both as an excellent temporary back-up contraceptive and as a protection against the transmission of HIV, hepatitis B, and other STIs. But providers must understand clients perceptions: Why aren't condoms used more? What rumors or myths do many men believe concerning condoms? Are these valid? What can service providers do to overcome the reluctance of many men/couples to use condoms consistently?</td>
<td>• List answers in abbreviated form on the flipchart.</td>
</tr>
<tr>
<td>3. Counseling for condom use is more complex than many people may think. Health professionals and the public often believe that condoms are not a very effective contraceptive. People are sometimes afraid that asking for condoms may be associated with prostitution or an implied STI risk. Many people, and women in particular, find it embarrassing to ask for or buy condoms. Many men believe it diminishes sexual pleasure, or that they are often likely to break. Many people do not know how to use condoms correctly.</td>
<td>• Explain that myths are a serious barrier to broader use of condoms and must be countered with facts.</td>
</tr>
<tr>
<td>4. Many of these perceptions and behaviors can be changed (or at least improved) by common-sense counseling</td>
<td>• Review the key concepts of condom counseling.</td>
</tr>
<tr>
<td></td>
<td>• Review content under How to Use Condoms.</td>
</tr>
<tr>
<td></td>
<td>(See Px Handout 1.6.)</td>
</tr>
</tbody>
</table>
that stresses the social, as well as technical, art of successful condom use.

When counseling clients about condoms

1. **Determine** the individual's or couple’s [previous experience with condoms](#), what they know about condoms, any myths/rumors they have heard, or misunderstandings they might have. Try to put those who are shy or embarrassed at ease.

2. **Provide basic facts** about condoms:
   - Effectiveness
   - Advantages
   - How to talk with a partner about using Condoms
   - Negotiation skills, including how to make it fun to use condoms.
   - Ask if any allergy to latex (rare)
   - Where to obtain condoms and the cost

3. Provide specific instructions:
   - Caution client **not to pretest** condoms by blowing them up, filling them with water, etc.
   - When to use: **during every act of intercourse**

### How to Use Condoms

**Demonstrate** putting on condom by using a banana, penis model, or two fingers. Explain how to use condoms:
- Put on when penis is erect.
- Put on before penis is near vagina.
- Do not unroll condom before using/putting on penis.
- Place rim of condom on penis and how to unroll up to penis base.
- Pull the foreskin back if the penis is uncircumcised.
<table>
<thead>
<tr>
<th>How to Use Condoms (cont.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Leave 1/2 inch space at tip of condom for semen, which must not be filled with air, as it may cause condom to burst during intercourse. Show how to pinch tip of condom to expel air.</td>
</tr>
<tr>
<td>• Caution client about tearing the condom accidentally with fingernails/rings.</td>
</tr>
<tr>
<td>• When removing penis from vagina following intercourse, hold on to the condom rim when withdrawing. Caution about semen spillage when withdrawing and penis is flaccid.</td>
</tr>
<tr>
<td>• After removal, carefully make a double tie in the condom toward the rim, with the semen inside, and dispose of it in a latrine, burn it or bury it. Do not throw it in a toilet or where animals can get at it.</td>
</tr>
<tr>
<td>• If the condom should break during intercourse, go as soon as possible to a doctor or clinic for emergency contraceptive pills (ECP’s).</td>
</tr>
</tbody>
</table>

**Note:** ECPs can be provided in a variety of manners, including 2 high dose COC pills (each containing 50 mcg of ethinyl estradiol and 0.5 mg of Norgestrel or 0.25 mg of Levonorgestrel in two doses 12 hours apart) or four low dose COC pills (each containing 30 mcg EE and 0.3 mg NG or 0.15 mg LNG) if begun within 72 hours of unprotected coitus. The sooner after intercourse ECPs are taken within the 72 hours window, the more effective they are. In many countries progestin-only pills are available just for emergency contraception. These are easier to use because there are fewer to take, and have many fewer side effects than combined oral contraceptive regimens.
<table>
<thead>
<tr>
<th>CONTENT</th>
<th>Training/Learning Methods (Time Required)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Knowledge/Attitudes/Skills</strong></td>
<td><strong>Further information is available in Module 5: Emergency Contraceptive Pills.</strong></td>
</tr>
<tr>
<td>• <strong>Have client practice</strong> putting on a condom using a penis model, banana, or her/his fingers.</td>
<td></td>
</tr>
<tr>
<td>• Instruct the client on the use of lubricants and what not to use. Caution against lubricating condoms with:</td>
<td></td>
</tr>
<tr>
<td>− petroleum-based products such as vaseline</td>
<td></td>
</tr>
<tr>
<td>− mineral or baby oil</td>
<td></td>
</tr>
<tr>
<td>− vegetable, or cooking oil</td>
<td></td>
</tr>
<tr>
<td>− margarine or butter</td>
<td></td>
</tr>
<tr>
<td>These substances weaken latex condoms in as little as <strong>five minutes</strong>. Water based lubricants or saliva can be safely used.</td>
<td></td>
</tr>
<tr>
<td>• <strong>Provide client with as large a supply as you can or client can afford.</strong> In any case, try to give the client a three-month supply of condoms.</td>
<td></td>
</tr>
<tr>
<td>• Advise client on how to dispose of condoms by burning, burying or discarding in a latrine.</td>
<td></td>
</tr>
<tr>
<td>• Reassure client s/he may return at any time for advice, additional supplies, or when s/he wants to use another method.</td>
<td></td>
</tr>
</tbody>
</table>

**Reiterate key messages to clients:**

- Be sure to have a condom **before** you need it.
- Use a condom with **every act of** intercourse.
- Do not use a condom more than once.
- Do not rely on a condom if it is outdated, dry and brittle, or very sticky.
<table>
<thead>
<tr>
<th>CONTENT</th>
<th>Training/Learning Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge/Attitudes/Skills</td>
<td>(Time Required)</td>
</tr>
<tr>
<td>Role Play (45 min.):</td>
<td></td>
</tr>
<tr>
<td>After the content has been completed, the trainer should:</td>
<td></td>
</tr>
<tr>
<td>• Hand out and explain use of Px Handouts 1.6A: Condom Role Plays and 1.6B: CBT Skills Assessment Checklist for Condoms Counseling.</td>
<td></td>
</tr>
<tr>
<td>• Explain objectives of role plays, what Px need to learn and practice, what each group should accomplish, set time limits, etc.</td>
<td></td>
</tr>
<tr>
<td>• Stress with Px that the process (how they counsel) is as important as the content.</td>
<td></td>
</tr>
<tr>
<td>• Divide into groups of four and have groups conduct the condom role play. Each group will present to the other. If time permits, repeat role play and have &quot;players&quot; change roles with &quot;observers&quot;.</td>
<td></td>
</tr>
<tr>
<td>• When each role play is completed, give feedback and guide the role play discussion.</td>
<td></td>
</tr>
<tr>
<td>(See PxHandouts 1.6A and 1.6B.)</td>
<td></td>
</tr>
<tr>
<td>Optional Exercise (20 min.):</td>
<td></td>
</tr>
<tr>
<td>The trainer can give Px the following assignment to do during the lunch break or for homework:</td>
<td></td>
</tr>
<tr>
<td>• Explain to Px objective is to put themselves in your clients shoes. Ask Px to each go out and buy a condom.</td>
<td></td>
</tr>
<tr>
<td>• Then return to the classroom and share the experiences.</td>
<td></td>
</tr>
<tr>
<td>• They have to bring the purchased condom with them.</td>
<td></td>
</tr>
</tbody>
</table>
Specific Objective #1.7: Discuss the goal and challenges of dual method use.

<table>
<thead>
<tr>
<th>CONTENT</th>
<th>Training/Learning Methods (Time Required)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dual Method Use</strong></td>
<td><strong>Trainer Presentation (15 min.):</strong></td>
</tr>
<tr>
<td>The goal of dual method use is to prevent unintended pregnancy and to prevent sexually transmitted diseases through the use of more than one contraceptive method (e.g., oral contraceptive pills and condoms).</td>
<td>The trainer should:</td>
</tr>
<tr>
<td>The only contraceptive currently recommended for STD/HIV prevention are condoms, making them crucial for reproductive health. However, many family planning programs are hesitant to recommend barrier methods because their record in preventing unintended pregnancies is less reliable than other contraceptives when not used perfectly.</td>
<td>• Ask Px what they have heard about the phrase &quot;dual method use.&quot;</td>
</tr>
<tr>
<td>As a side note, both male and female condoms, when correctly and consistently used, have been demonstrated to be effective in preventing unintended pregnancies and STIs. The challenge is that condoms are typically used sporadically and/or incorrectly.</td>
<td>• Use their responses to present the content regarding the concept and the implication for programs and for clients.</td>
</tr>
<tr>
<td>Based on data from well-conducted studies, spermicides containing nonoxynol-9 (N-9) show some protective effect against specific STIs--gonorrhea, chlamydia, trichomoniasis, and bacterial vaginosis. The current data from studies is inconsistent. However, N-9 agents have been shown to increase risk with frequent use and should not be used by high risk groups. Research on effective microbicides are the best option for at-risk men and women in the future, but for now, condoms are the best protection.</td>
<td>• Review with Px the factors which influence the findings on studies of compliance with dual method use.</td>
</tr>
<tr>
<td>Finally, promoting dual method use has an increased cost factor for programs and for clients. It also has an effect on user...</td>
<td>• Ask Px what should be included when counseling clients about dual method use.</td>
</tr>
<tr>
<td></td>
<td>• Allow for Px's questions.</td>
</tr>
<tr>
<td></td>
<td>• Note the content of Px questions related to dual method use.</td>
</tr>
</tbody>
</table>

(See Px Handout 1.7.)
<table>
<thead>
<tr>
<th>CONTENT</th>
<th>Training/Learning Methods (Time Required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge/Attitudes/Skills</td>
<td></td>
</tr>
<tr>
<td>Dual method use (cont.)</td>
<td></td>
</tr>
<tr>
<td>compliance--clients have different priorities to preventing either pregnancies or infections, and these priorities may change over time and among relationships.</td>
<td></td>
</tr>
<tr>
<td>Studies on dual method use have focused on condoms; results has shown that the more effective the primary contraceptive was in preventing pregnancy, the lower the level of consistent condom use. Reasons for this may include:</td>
<td></td>
</tr>
<tr>
<td>• pregnancy is seen as more of an immediate threat;</td>
<td></td>
</tr>
<tr>
<td>• clients using VSC, implants, injectable hormones, or IUDs do not have frequent reminders to use contraception, therefore are less likely to be prepared for prophylactic needs;</td>
<td></td>
</tr>
<tr>
<td>• effectiveness of counseling for dual methods use.</td>
<td></td>
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</tbody>
</table>

Specific Objective #1.8: Describe and apply the correct storage procedures for condoms.

<table>
<thead>
<tr>
<th>CONTENT Knowledge/Attitudes/Skills</th>
<th>Training/Learning Methods (Time Required)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Condom Storage</strong></td>
<td><strong>Questions/Answers (5 min.):</strong></td>
</tr>
<tr>
<td>Condoms have a shelf life of three years if properly stored:</td>
<td>The trainer should:</td>
</tr>
<tr>
<td>• In cool, dark, dry place.</td>
<td>• Ask the Px how they currently store condoms in their clinics or what they have observed of storage procedures in local pharmacies.</td>
</tr>
<tr>
<td>• Protected from sunlight, ultraviolet light, heat and humidity. These will damage condoms in a short time and are major causes of breakage during use.</td>
<td>• Briefly review the content, stressing that condoms should be stored under the best conditions possible in their clinics, and to be careful not to overstock in order to avoid expired supplies/prolonged storage under less than ideal conditions.</td>
</tr>
<tr>
<td>• As with COCs and other supplies, store new condoms behind the older supplies (i.e. apply the FEFO rule of &quot;First to Expire, First Out&quot;).</td>
<td>(See Px Handout 1.8.)</td>
</tr>
</tbody>
</table>
Specific Objective #1.9: Describe the use, advantages and disadvantages, and the effectiveness of the female condom.

<table>
<thead>
<tr>
<th>CONTENT</th>
<th>Training/Learning Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Knowledge/Attitudes/Skills</strong></td>
<td><strong>Discussion/Demonstration/Return Demonstration (45 min.)</strong></td>
</tr>
<tr>
<td><strong>The Use of the Female Condom</strong></td>
<td>The trainer should:</td>
</tr>
<tr>
<td>The female condom is a polyurethane plastic pouch that covers the cervix, the vagina, and part of the external genitals. It is placed in the vagina by the woman or by putting it on the man’s penis before he inserts it into the vagina.</td>
<td>• Distribute female condom samples.</td>
</tr>
<tr>
<td>The female condom is sturdier (does not tear as easily) than male latex condoms and may last longer in storage. It can prevent the transmission of trichomonas, but its effectiveness against other STIs, including HIV, is still under study. In the laboratory, it is impervious to HIV and other STIs, but semen spills can occur.</td>
<td>• Describe the female condom and its use</td>
</tr>
<tr>
<td>Advantages</td>
<td>• Ask Px for advantages and disadvantages and list answers briefly on a flip chart.</td>
</tr>
<tr>
<td>• It can be female initiated.</td>
<td>• Discuss effectiveness.</td>
</tr>
<tr>
<td>• Men find it less restricting.</td>
<td>• Distribute Px Handout 1.9A, a picture chart of steps for inserting and removing the female condom.</td>
</tr>
<tr>
<td>• The polyurethane transfers body heat and is very sensitive.</td>
<td>• Demonstrate how to insert and remove the female condom using a pelvic or diaphragm model. Stress the importance of the penis being placed inside the external ring. If models not available, talk through the procedure.</td>
</tr>
<tr>
<td>• Can be used with oil-based lubricants.</td>
<td>• Have Px repeat/practice until they are skillful at inserting and removing the female condom.</td>
</tr>
<tr>
<td>• Can be inserted up to 8 hours before.</td>
<td>• Ask Px to form groups of 3: provider, client, and observer. The observer should use Px Handout 1.9B: CBT Skills Assessment Checklist for Female Condom Counseling to monitor the provider and provide cues when needed. Each Px should have the opportunity to play the provider.</td>
</tr>
<tr>
<td>• There is some evidence that it can provide protection against STIs, but it is still being studied for this purpose.</td>
<td>• Summarize information and answer any questions.</td>
</tr>
<tr>
<td>• Does not alter vaginal flora or cause irritation, allergic reaction or vaginal trauma.</td>
<td>(See Px Handout 1.9, 1.9A and 1.9B.)</td>
</tr>
<tr>
<td><strong>Disadvantages</strong></td>
<td></td>
</tr>
<tr>
<td>CONTENT</td>
<td>Training/Learning Methods</td>
</tr>
<tr>
<td>---------</td>
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</tr>
<tr>
<td>Knowledge/Attitudes/Skills</td>
<td>(Time Required)</td>
</tr>
</tbody>
</table>
| • It is sometimes negatively associated with sex workers.  
• It is female initiated, but requires cooperation of the male.  
• It can be difficult to insert. Care must be taken that the penis is not inserted into the vagina outside of the **external** ring. | |
| **Effectiveness** | |
| The female condom has a somewhat higher pregnancy rate for typical use than the male condom. The annual pregnancy rate for typical use is about 21% for the female condom and 15% for the male condom. With correct and consistent use, the pregnancy rate for the female condom is 5.1%. | |

**Optional (15 min):**

The trainer may show video on the Reality female condom.
## Unit 1 Summary

<table>
<thead>
<tr>
<th>CONTENT Knowledge/Attitudes/Skills</th>
<th>Training/Learning Methods (Time Required)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Trainer Summary (5 min.):</strong></td>
</tr>
<tr>
<td></td>
<td>The trainer should:</td>
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<tr>
<td></td>
<td>• End the session by summarizing major points covered or by asking Px to summarize the major points and supplementing as necessary.</td>
</tr>
<tr>
<td></td>
<td>• Ask for and respond to questions.</td>
</tr>
<tr>
<td></td>
<td>• Review <em>Px Handout 1.6B: Learning Guide for Condoms Counseling Skills</em> to review this skill.</td>
</tr>
</tbody>
</table>

Pathfinder International

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Condoms and Spermicides Curriculum
UNIT 2:
SPERMICIDES

UNIT TRAINING OBJECTIVE

To prepare the participant to provide spermicides to maximize their effectiveness as a contraceptive method.

SPECIFIC LEARNING OBJECTIVES:

By the end of the unit, participants will be able to:

1. Explain key messages related to spermicide use.
2. Describe the mechanism of action and effectiveness of spermicides.
3. Explain factors influencing effectiveness of spermicides.
4. Describe the advantages and disadvantages of spermicide use.
5. Describe the indications for the use of spermicides.
6. Demonstrate the process for inserting spermicides correctly.
7. Provide instructions to men and women regarding the correct use of spermicides.

SIMULATED SKILL PRACTICE:

• Through return demonstration and simulation practice, reinforce correct skills for inserting spermicides.
• Through role play, demonstrate promoting the correct practices for spermicide use among women at risk of pregnancy.

CLINICAL PRACTICUM OBJECTIVES:

By the end of the unit, participants will be able to promote and counsel clients and their partners on the benefits, indications for and correct use of spermicides.

TRAINING/LEARNING METHODOLOGY:

• Discussion
• Trainer presentation
• Learning Games
• Return Demonstration
• Simulation practice
• Role Play
• Brainstorming
**MAJOR REFERENCES AND TRAINING MATERIALS:**

- Lande R. Population Reports: Controlling Sexually Transmitted Diseases, L(9) Population Information Program, Center for Communication Programs, The Johns Hopkins School of Hygiene et al. (June 1993).

**RESOURCE REQUIREMENTS:**

- Flipchart
- Markers and pens
- Assorted available spermicides
- Pelvic or diaphragm model for spermicide use demonstration

**EVALUATION METHODS:**

- Pre-/Post-test tool
- Session evaluation
- Observation and assessment during simulated practice during role plays
- Observation and assessment when counseling clients during clinical practicum utilizing Participant Skills Assessment Checklists
- Participant Reaction Questionnaire
- Direct verbal feedback

**TIME REQUIRED:** 3 hours 30 minutes
**Work for Trainers to Prepare in Advance:**

- Transparency on Unit Objectives (Transparency 2.1)
- Prepare all materials listed above, including spermicide samples, and copies of case studies, role plays, etc.
- Prepare jumble steps and grab bag contents for group exercises
- Stock skills practice stations with spermicides, applicators, and vagina models
- Distribute skills practice and counseling checklists
# Introduction to Unit 2

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## Introduction

<table>
<thead>
<tr>
<th>Trainer Presentation (5 min.):</th>
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<tbody>
<tr>
<td>The trainer should:</td>
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<tr>
<td>• Distribute sample spermicides.</td>
</tr>
<tr>
<td>• Review with the Px the specific learning objectives on <em>Transparency 2.1: Unit 2 Objectives</em> and allow for questions. Clarify as necessary.</td>
</tr>
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</table>
### Specific Objective #2.1: Explain key messages related to spermicide use.

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#### Key Messages

- Spermicides are simple, free of systemic effects, available without prescription.
- Spermicide use protects somewhat against transmission of some sexually transmitted infections including trichomonas, gonorrhea and chlamydia; its effect on HIV is still uncertain, but it may increase the risk of becoming infected with HIV and other STDs with frequent use.
- When used in combination with condoms, its effectiveness in preventing pregnancy is close to that of combined oral contraceptive pills.

#### Trainer Presentation (5 min.):

The trainer should:

- Prompt discussion with Px by asking the following questions:
  - How effective do you think spermicides are in preventing pregnancy?
  - Do spermicides offer non-contraceptive benefits?
  - Do you promote spermicide use with your clients? Give reasons.
- Link Px's responses to the content that will be covered during the session by recording the various responses on a separate flipchart and referring back to the responses as the content is covered and/or corrected.

(See Px Handout 2.1.)
Specific Objective #2.2: Describe the mechanism of action and effectiveness of spermicides.

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<th>Knowledge/Attitude/Skills</th>
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<tr>
<td>Description and Mechanism of Action</td>
<td>Large Group Discussion (5 min.):</td>
</tr>
<tr>
<td>Vaginal spermicides are substances in the form of a foam, cream, jelly, film, suppository, or tablet, which contain a chemical that kills sperm.</td>
<td>The trainer should:</td>
</tr>
<tr>
<td>Foams are used alone but can be used with a diaphragm or with a condom.</td>
<td>• Draw Px’s attention to the sample spermicides in circulation and ask for descriptions.</td>
</tr>
<tr>
<td>Creams/jellies or film are usually used with a diaphragm or condoms, but can also be used alone.</td>
<td>• Ask Px to explain how spermicides prevent pregnancy. Correct or clarify as necessary.</td>
</tr>
<tr>
<td>Suppositories are intended for use alone or with a condom.</td>
<td>• Reinforce the importance of correct and consistent use to increase effectiveness; using spermicides simultaneously with condoms also increases effectiveness to that of combined oral contraceptives.</td>
</tr>
</tbody>
</table>

**Effectiveness**

If 100 women used vaginal spermicides for one year, typically 21 would become pregnant. With consistent and correct use only six would become pregnant.

Dual use with condoms will substantially improve effectiveness. Emergency contraceptive pills (ECPs) may also be given in advance or information may be provided to make ECPs readily available if the spermicide is not used or is used incorrectly. (See S.O. #1.6 or Module 5: ECP for further information.)

The active ingredients nonoxynol-9 and octoxynol destroy the sperm cell membrane (available in U.S.). Menfegol and benzalkonium chloride are widely used in other part of the world.

(See Px Handout 2.2.)
Specific Objective #2.3: Explain factors influencing the effectiveness of spermicides.

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<tbody>
<tr>
<td><strong>Factors influencing effectiveness</strong></td>
<td><strong>Trainer Presentation (5 min.):</strong></td>
</tr>
<tr>
<td>Effectiveness is influenced by the user’s frequency of intercourse, fertility capacity, and whether the method is used correctly and consistently. Effectiveness is also influenced by the quality of service received -- providing clear instructions on correct use and counseling users about strategies to ensure consistent use.</td>
<td>The trainer should:</td>
</tr>
<tr>
<td>Elements of correct use include:</td>
<td>• Present the factors influencing effectiveness.</td>
</tr>
<tr>
<td>• using the method with each act of intercourse,</td>
<td>• Allow for questions and clarifications.</td>
</tr>
<tr>
<td>• inserting the method prior to initiation of intercourse,</td>
<td>(See Px Handout 2.3.)</td>
</tr>
<tr>
<td>• correctly positioning the method,</td>
<td></td>
</tr>
<tr>
<td>• waiting the specified time for activation/melting of some spermicides,</td>
<td></td>
</tr>
<tr>
<td>• reapplying spermicides for additional acts of intercourse,</td>
<td></td>
</tr>
<tr>
<td>• leaving the device in place and/or not douching for a specified period of time following use. [Outlook, vol.11, no. 4]</td>
<td></td>
</tr>
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</table>
Specific Objective #2.4: Describe the advantages and disadvantages of spermicide use.

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<td>Knowledge/Attitude/Skills</td>
<td>Brainstorming (20 min.):</td>
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**Advantages**

- Can be obtained without prescription.
- Can be used by the woman without partner involvement in the decision or in the use.
- Can be used for a back-up while waiting to start oral contraceptives, and when oral contraceptives are forgotten, and when an IUD user thinks that the device has been expelled.
- Can be used with condoms for increased contraceptive protection.
- Can be used to provide lubrication during intercourse and with condom use.
- Need to use only when required.
- Can be used as an emergency measure if a condom breaks (quickly insert an application of spermicide).

**Disadvantages**

- Vaginal and penile irritation can be experienced with spermicide use, especially if used frequently (more than every other day)\(^1\)
- May offer some protection against some STIs, including gonorrhea and chlamydia, but may increase risk of HIV and other STIs with frequent use.
- Suppositories may not melt and spread as they should.
- Increase of yeast vaginitis has been observed with the use of some spermicides.

---

1 In research with sex workers using spermicides, their risk of becoming HIV infected was increased rather than decreased, presumably due to irritation of the vaginal lining which allowed the virus to enter the body more easily.

Pathfinder International

Condoms and Spermicides Curriculum
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<tr>
<td>Knowledge/Attitude/Skills</td>
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</tr>
<tr>
<td>• Considered by some to be messy.</td>
<td></td>
</tr>
<tr>
<td>• Has to be used with each act of intercourse.</td>
<td></td>
</tr>
<tr>
<td>• Must wait for a period of time before some products are effective.</td>
<td></td>
</tr>
<tr>
<td>• Not effective if inserted more than 60 minutes ahead of intercourse, without a reapplication.</td>
<td></td>
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</table>
Specific Objective #2.5: Describe the indications for the use of spermicides.

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<tr>
<td><strong>Indications</strong></td>
<td><strong>Discussion (8 min.):</strong></td>
</tr>
<tr>
<td>Spermicides are an appropriate method:</td>
<td>The trainer should:</td>
</tr>
<tr>
<td>• For women having infrequent intercourse.</td>
<td>• Ask Px to list the indications for use of spermicides. Record on flipchart and elaborate as needed.</td>
</tr>
<tr>
<td>• For women not at risk HIV and other STIs.</td>
<td>• Note the accuracy of Px ’s list of indications for the use of spermicides.</td>
</tr>
<tr>
<td>• For women who desire the method.</td>
<td>(See Px Handout 2.5.)</td>
</tr>
<tr>
<td>• For women wanting additional protection to condom use.</td>
<td></td>
</tr>
<tr>
<td>• For women needing a backup method.</td>
<td></td>
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<tr>
<td>• For breastfeeding women.</td>
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Specific Objective #2.6: Demonstrate the process for inserting spermicides correctly.

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<td><strong>Using Spermicides</strong></td>
<td><strong>Demonstration (20 min.):</strong></td>
</tr>
<tr>
<td><strong>Before Intercourse</strong></td>
<td>The trainer should:</td>
</tr>
<tr>
<td>1. Check to be sure you have all the supplies you need to last until you can get more. If you use foam, cream, or jelly, you also need an applicator. Keep an extra container of spermicide on hand, you may not be able to tell when your current container is running low.</td>
<td>• Prepare supplies for the demonstration.</td>
</tr>
<tr>
<td>2. Read package instructions before use.</td>
<td>• Demonstrate on model the insertion of foam, cream/jelly, and suppository spermicides.</td>
</tr>
<tr>
<td>3. Spermicides can be inserted up to one hour before intercourse.</td>
<td>• Stock each practice station with the appropriate spermicides.</td>
</tr>
<tr>
<td>4. Spermicidal foams, creams, and jellies are effective immediately; suppositories and tablets require a waiting period (five to ten minutes) for activation and/or melting and spreading into the vagina.</td>
<td>• Divide group into three smaller groups with Foam, Cream/Jelly, and Suppository.</td>
</tr>
</tbody>
</table>

### Insertion

1. Wash your hands with soap and water.
2. **Foam:** Shake the foam container vigorously at least 20 times then use the nozzle to fill the plastic applicator to the top. Insert the applicator into your vagina as far as it will comfortably go; then, holding the applicator still, push the plunger to release the foam. The foam should be deep in your vagina, close to the cervix.
3. **Suppository:** Remove the wrapping and slide the suppository into your vagina. Push it along the back wall of your vagina as far as you can so that it rests on or near your cervix. Wait 5 to 10 minutes for the suppository to melt.
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**Vaginal film:** Remove a sheet of film from the wrapper. Place quickly over the pointer or second finger and push it along the back wall of the vagina and on to the cervix before it begins to meet. Wait 5 or 10 minutes for it to melt completely.

**Jelly or cream:** Fill the applicator by placing its opening over the mouth of the spermicide tube and squeezing the tube’s content into the applicator. Insert the applicator into your vagina as far as it will comfortably go; then, holding the applicator still, push the plunger to release the cream or jelly. The spermicide should be deep in your vagina, close to your cervix.

3. If intercourse is repeated, apply a new application of spermicide each time. Alternatively, you can switch to condoms for repeated intercourse, if desired.

4. Leave spermicide in place for at least six to eight hours after intercourse; do not douche or rinse your vagina. Douching is not recommended but if you choose to do so, you must wait at least six to eight hours.

### Care of supplies

1. Clean applicator with soap and water, store supplies in a convenient location preferably away from heat and light. Do not use talcum powder on your inserter.
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<td>Learning Game (40 min.):</td>
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The trainer should:

- Prepare ahead of time one step of the instructions written on one piece of paper for each instruction step, including before, at insertion, and for care of the supplies.
- Place pieces of paper on a wall or blackboard in a jumbled arrangement.
- Ask volunteer Px to arrange the instructions in the correct order.
- Correct as needed.
- Reinforce the instructions for actions that should be performed before insertion and for care of the supplies.
- Note the Px’s ability to correctly arrange the steps for spermicide insertion.
Specific Objective #2.7: Provide instructions to women and men regarding the correct use of spermicides.

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**Key counseling messages**

- Make sure that you have a supply of spermicide.
- When using suppositories, make sure to push the suppository high up into your vagina 5-10 minutes before intercourse.
- When using film, make sure it is placed on the cervix 5-10 minutes before intercourse to allow melting.
- When using foams, creams, or jellies with an applicator, insert the applicator high up into your vagina before pushing the plunger of the applicator.
- Be sure to read (if possible) the instructions carefully since each method has different directions for insertion.
- Use spermicide every time you have intercourse.
- Insert the spermicide deeply into your vagina and before your partner's penis goes inside your vagina.
- Reapply spermicide for each additional episode of intercourse.
- Do not douche after intercourse.
- Keep spermicides in a convenient location; store in a cool, dry place.
- Wash the spermicide applicator after each use with soap and warm water.

**Simulation Practice for Client Counseling (1 hour 30 min.):**

The trainer should:

- Prepare ahead of time three sets of small pieces of paper with pictures/drawings of foam, cream/jelly, film, and suppositories. The pieces of paper should be the number it would take to divide the large group into three equal sized groups.
- Divide large group into three smaller groups by having Px pick one piece of paper from a grab bag.
- Provide each group with the necessary supplies for their group's task (i.e. vagina models, foam, cream/jelly/applicators, suppositories; film, diaphragms, skills checklist).
- Each member of the group will take turns role playing the provider giving instructions and the client receiving instructions for spermicide use.
- When all members have been the provider, groups switch to the next spermicide group, continuing until all Px have provided instructions for all types of spermicides.
- During each simulation, use the checklist to assess the accuracy of instruction giving skill demonstrated.

(See Px Handouts 2.7 and 2.6A.)
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<td><strong>Simulation Practice (cont.):</strong></td>
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<tr>
<td></td>
<td>The trainer should:</td>
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<tr>
<td></td>
<td>• Give feedback immediately after each simulation, draw on group</td>
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<tr>
<td></td>
<td>members to contribute feedback to the Px demonstrating the</td>
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<tr>
<td></td>
<td>giving of instructions.</td>
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<tr>
<td></td>
<td>• Return checklists to Px at the end of the session.</td>
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<tr>
<td></td>
<td>• Based on the checklist assessment, note the ability of Px to</td>
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<tr>
<td></td>
<td>provide clear, accurate, and complete instructions for sperm</td>
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<td></td>
<td>cide use.</td>
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## Unit 2 Summary

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**Discussion (20 min.):**

The trainer should:

- Ask Px to contribute to a discussion answering the following questions related to the exercise, individually:
  - What did I do?
  - How did I feel/what did I think/what did I learn?
  - How could I apply the feelings, thoughts, and learning in my work providing RH services?
- Ask volunteer Px to summarize the session and to review the session objectives, determining the degree to which they were achieved.
- Check with original list of responses to opening questions to determine that issues have been addressed and misinformation corrected.
- Administer the post-test.
- Administer the session evaluation.
Participant Handout 1.1: Condoms as a Method

Introduction

When used consistently and correctly, condoms are the most effective method for preventing HIV/AIDS and other sexually transmitted infections (STIs), while preventing pregnancy.

Key Messages

1. Use of condoms encourages the participation of men in contraception.
2. Condoms are the most effective contraceptive method for protecting against HIV/AIDS and other sexually transmitted infections.
3. When used consistently and correctly, condoms provide effective protection from pregnancy and from sexually transmitted infections.
4. Condoms help to protect women from cervical cancer and pelvic inflammatory disease (PID).
5. Condoms should always be provided along with another method to any client:
   - Who might be at risk for sexually transmitted infections.
   - Who uses oral contraceptives (COCs and POPs) in case they forget a pill.
   - Who receives a vasectomy until aspermia occurs.
   - Who might need condoms for any reason
Participant Handout 1.2: Condoms' Mechanism of Action and Effectiveness

Mechanism of Action

- The condom is a barrier method which prevents entry of sperm into the vagina.
- It is made of very thin latex rubber (or rarely the intestinal caecum of lambs).
- Sperm and disease-causing organisms including HIV do not pass through intact latex condoms. **Condoms made from lamb intestine do not consistently offer protection from HIV and other disease-causing organisms**, and are not recommended for use for STI protection.
- Condoms are placed on the erect penis.
- Condoms come in a variety of shapes, sizes, flavors and colors; most are lubricated; and some have a spermicidal coating.

Effectiveness

- Condoms are very effective when used consistently and correctly.
- The first-year failure rate among **typical users** of condoms averages about 12%, or 12 pregnancies per 100 women years. (88% effective).
- Using a condom with vaginal spermicide can increase its effectiveness in preventing pregnancy.
- Condoms used with every act of intercourse can reduce the risk of HIV infection by 80 - 90% or more. However, using condoms only 50 - 75% of the time offers little protection against HIV infection.
- Older couples who use condoms regularly, and couples highly motivated to avoid pregnancy, tend to use condoms correctly and consistently, and have fewer failures (i.e., pregnancies).

Condoms as Protection against STIs

- Latex condoms can effectively protect against most STIs. (Herpes simplex and other genital ulcer diseases (GUD) are exceptions, as the condom does not always cover the body area where lesions are sometimes found.)
- A WHO multi-country study indicated that condom-users face two-thirds less of a risk than non-users for contracting gonorrhea, trichomoniasis, or chlamydia.
- Condom use offers significant protection to women at risk for STIs. By preventing STIs, women are protected from PID (pelvic inflammatory disease) and its serious complications.
- Condoms can protect women from cervical cancer, which is caused by a sexually transmitted virus, human papilloma virus (HPV). One recent study indicated that a one-year use of condoms cut the risk of cervical cancer by one-half.
Participant Handout 1.2: Mechanism of Action and Effectiveness (cont.)

- In a study of heterosexual transmission of HIV among partners of AIDS patients, use of condoms reduced transmission of HIV significantly--there was a 17% rate of sero-conversion among couples who used condoms versus a 83% rate of sero-conversion among non-condom users. It is noteworthy, however, that consistent use of condoms did not completely protect all the spouses of the AIDS cases.

Sources:  
Participant Handout 1.3: Factors Influencing the Effectiveness of Condoms

Factors that Influence Effectiveness

Most condom failures that result in pregnancy or STI transmission are due to user-related causes, although condoms can break during intercourse.

**Inconsistent use**

- Couples often do not use condoms with every act of intercourse. Studies conducted in Bangladesh and Barbados found that men who rely solely on condoms for contraception used condoms about 60% and 30% of the time.

**Incorrect use**

- Some pregnancies and STI transmission occur due to mistakes made when using condoms:
  - Tears or breakage can occur when a man unrolls a condom before putting it on.
  - Rings and fingernails can cause tears.
  - Putting a condom on with the rolled rim toward the body instead of away from it.
  - Stretching/pulling on the condom may weaken the thin rubber wall.
- Other causes described in the literature include:
  - Failure to hold on to the rim of the condom, when withdrawing, resulting in spills/leaks.
  - Having intercourse first, then stopping to put condom on before ejaculation.

**Condom breaks**

Condom breaks can occur due to:

- Inadequate vaginal lubrication
- Defects in the condom itself
- Poor or improper storage with exposure to heat, ultraviolet light, and/or humidity
- The application of certain mineral and vegetable oils as lubricants, which can weaken the latex in five minutes or less. The longer a condom is exposed to any of these elements, the more fragile and susceptible to breakage it becomes
- An unpublished report of a survey conducted with shopkeepers who sell condoms in India suggested that 25% of condoms were returned because of deterioration/defects.
Participant Handout 1.3: Factors Influencing Effectiveness (cont.)

Condoms are more likely to break if:

- Used after the expiration date on package,
- The seal on the package is broken,
- They are not produced by a reliable manufacturer, or
- They are stored in high temperatures or exposed to sunlight.
- Inexperienced users tend to report more condom breaks than those who have been shown and understand how to correctly use condoms.
Participant Handout 1.4: Advantages and Disadvantages of Condoms

Advantages

- Protects against sexually transmitted infections, including HIV/AIDS
- Easy to use
- Usually easy to obtain
- Usually inexpensive
- Safe, effective, and portable
- Helps protect against cervical cancer
- Allows men to share more responsibility for family planning
- Helps some men with premature ejaculation or to maintain erection
- Convenient for short-term contraception

Disadvantages

- Coitus-related
- Some men complain of decreased sensitivity
- Slipping off, tearing, spillage of sperm can occur, especially among inexperienced users
- Rare allergy to latex
- User must be highly motivated to use consistently and correctly
- Deteriorates quickly when storage conditions are poor
- Some men cannot maintain an erection with a condom on
Participant Handout 1.5: Indications and Precautions

**Indications for Use**

Condoms are an appropriate method for:

- Anyone (male, female, or a couple) who is at risk of exposure to STIs, including HIV/AIDS. (Only latex condoms help prevent transmission of STIs including HIV.)
- A couple who need a back-up method, e.g., immediate post-vasectomy client. (When used consistently with a vaginal spermicide, the effectiveness is increased.)
- A woman who is at high risk for or is unwilling to use other contraceptive methods. (There are no systemic effects from condom use.)
- Couples/individuals who need temporary contraceptive protection because of infrequent/unexpected sexual relations. (Condoms are readily available in most areas through the commercial and public health sectors.)
- A woman who is breastfeeding and needs contraception. (Condoms have no effect on lactation and are a complementary FP method for lactating women who no longer meet LAM criteria.)

**Precautions**

Condoms would probably not be suitable for couples when:

- Either partner has an allergy to latex (synthetic) rubber (latex condoms will cause local reaction, itching).
- The man is unwilling to use condoms (successful and consistent use of condoms is dependent on cooperation between partners).
- The man cannot sustain an erection when using condoms.
Participant Handout 1.6: Counseling for Condoms

Essentials of Condom Counseling

1. **The use of condoms has taken on new importance in view of HIV/AIDS and other STIs.** Condoms are effective in preventing STIs, and are also an effective, safe and economical contraceptive.

2. **Service providers are in position to promote and counsel clients in the promotion and use of condoms**, both as an excellent temporary back-up contraceptive and as a protection against the transmission of HIV, hepatitis B, and other STIs. But providers must understand clients perceptions: Why aren’t condoms used more? What rumors or myths do many men believe concerning condoms? Are these valid? What can service providers do to overcome the reluctance of many men/couples to use condoms consistently.

3. **Counseling for condom use is more complex than many people may think.** Health professionals and the public often believe that condoms are not a very effective contraceptive. People are sometimes afraid that asking for condoms may be associated with prostitution or an implied STI risk. Many people, and women in particular, find it embarrassing to ask for or buy condoms. Many men believe it diminishes sexual pleasure, or that they are often likely to break. Many people do not know how to use condoms correctly.

4. **Many of these perceptions and behaviors can be changed** (or at least improved) by common-sense counseling that stresses the social, as well as technical, art of successful condom use.

When counseling clients about condoms

1. **Determine** the individual’s or couple’s **previous experience with condoms**, what they know about condoms, any myths/rumors they have heard, or misunderstandings they might have. Try to put those who are shy or embarrassed at ease.

2. **Provide basic facts** about condoms:
   - Effectiveness
   - Advantages
   - How to talk with a partner about using Condoms
   - Negotiation skills, including how to make it fun to use condoms.
   - Ask if any allergy to latex (rare)
   - Where to obtain condoms and the cost

3. Provide specific instructions:
   - Caution client **not to pretest** condoms by blowing them up, filling them with water, etc.
   - When to use: **during every act of intercourse**
Participant Handout 1.6: Counseling for Condoms (cont.)

How to Use Condoms

Demonstrate putting on condom by using a banana, penis model, or two fingers.

Explain how to use condoms:

- Put on when penis is erect.
- Put on before penis is near vagina.
- Do not unroll condom before using/putting on penis.
- Place rim of condom on penis and how to unroll up to penis base.
- Pull the foreskin back if the penis is uncircumcised.
- Leave 1/2 inch space at tip of condom for semen, which must not be filled with air, as it may cause condom to burst during intercourse. Show how to pinch tip of condom to expel air.
- Caution client about tearing the condom accidentally with fingernails/rings.
- When removing penis from vagina following intercourse, hold on to the condom rim when withdrawing. Caution about semen spillage when withdrawing and penis is flaccid.
- After removal, carefully make a double tie in the condom toward the rim, with the semen inside, and dispose of it in a latrine, burn it or bury it. Do not throw it in a toilet or where animals can get at it.
- If the condom should break during intercourse, go as soon as possible to a doctor or clinic for emergency contraceptive pills (ECPs).

Note: ECPs can be provided in a variety of manners, including 2 high dose COC pills (each containing 50 mcg of ethinyl estradiol and 0.5 mg of Norgestrel or 0.25 mg of Levonorgestrel in two doses 12 hours apart) or four low dose COC pills (each containing 30 mcg EE and 0.3 mg NG or 0.15 mg LNG) if begun within 72 hours of unprotected coitus. The sooner after intercourse ECPs are taken within the 72 hours window, the more effective they are. In many countries progestin-only pills are available just for emergency contraception. These are easier to use because there are fewer to take, and have many fewer side effects than combined oral contraceptive regimens. Further information is available in Module 5: Emergency Contraceptive Pills.

- Have client practice putting on a condom using a penis model, banana, or her/his fingers.
- Instruct the client on the use of lubricants and what not to use. Caution against lubricating condoms with:
  - petroleum-based products such as vaseline
  - mineral or baby oil
  - vegetable, or cooking oil
  - margarine or butter

These substances weaken latex condoms in as little as five minutes. Water based lubricants or saliva can be safely used.
Participant Handout 1.6: Counseling for Condoms (cont.)

- **Provide client with as large a supply as you can or client can afford.** In any case, try to give the client a three-month supply of condoms.
- Advise client on how to dispose of condoms by burning, burying or discarding in a latrine.
- Reassure client s/he may return at any time for advice, additional supplies, or when s/he wants to use another method.

Reiterate key messages to clients:

- Be sure to have a condom **before** you need it.
- Use a condom with **every act of** intercourse.
- Do not use a condom more than once.
- Do not rely on a condom if it is outdated, dry and brittle, or very sticky.
Participant Handout 1.6A: Condoms Role Plays

Role Play 1: Mr. [A] and Mrs. [B], a newly married couple, want to postpone their first child for two years. They learned from a television advertisement that condoms are a safe and easily available method of contraception for young couples. But a friend of Mr. [A] said that the chance of getting pregnant when using condoms is very high. The young couple go to Nurse-Midwife [C]'s Maternity Center to ask if this is really true before they decide to use condoms.

Consider in your simulation
1. What would Nurse-Midwife [C] tell [A] about the failure rate, and the reasons for failure of condoms?
2. What other information would Dr. [C] tell Mr. [A] about the use of condoms?
3. What instructions can be given to [A] and [B] to increase the effectiveness of the condom?
4. What is the role of wife [B] during the visit?

Role Play 2: Ms. [X] comes to see Dr. [Y] because she wants to use FP. She thinks she would like the use the COC. [X] mentions her husband is a salesman for a large shoe company and travels extensively around the country. He is often away for 10-12 days each month. She also hints that she suspects her husband may see other women during these times.

Consider in your simulation
1. What questions might Dr. [Y] want to ask Ms. [X] before helping her to choose a contraceptive method?
2. What would Dr. [Y] say to [X] concerning the use of condoms in this circumstance?
3. What negotiation skills Dr. [Y] teach [X] to help introduce the use of condoms to her husband?

Role Play 3: 16-year-old (J) comes to the adolescent clinic to see nurse (R). After avoiding the question for several minutes, he finally says that he and his girlfriend at school have begun to have sex. He worries about pregnancy and disrupting both of their school careers.

Consider in your simulation
1. What questions would you want to ask (J) about his risk of STDs?
2. How would you counsel him about using condoms
3. How can you make sure (J's) partners will be well protected, too?
Participant Handout 1.6B: Competency-Based Training (CBT) Skills Assessment Checklist for Condom Counseling

Date of Assessment ___________  Dates of Training _________________________

Place of Assessment: Clinic ___________  Classroom ___________

Name of Clinic Site ________________________________ ___________________

Name of the Service Provider ________________________________ _____________

Name of the Assessor ________________________________________________

This assessment tool contains the detailed steps that a service provider should follow in counseling and providing client instructions for condoms. The checklist may be used during training to monitor the progress of the trainee as s/he acquires the new skills and it may be used during the clinical phase of training to determine whether the trainee has reached a level of competence in performing the skills. It may also be used by the trainer or supervisor when following up or monitoring the trainee. The trainee should always receive a copy of the assessment checklist so that s/he may know what is expected of her/him.

Instructions for the Assessor

1. Always explain to the client what you are doing before beginning the assessment. Ask for the client’s permission to observe.
2. Begin the assessment when the trainee greets the client.
3. Use the following rating scale:
   2 = Done according to standards
   1 = Needs improvement
   N/O = Not observed
4. Continue assessing the trainee throughout the time s/he is with the client, using the rating scale.
5. Observe only and fill in the form using the rating numbers. Do not interfere unless the trainee misses a critical step or compromises the safety of the client.
6. Write specific comments when a task is not performed according to standards.
7. Use the same copy for several observations.
8. When you have completed the observation, review the results with the trainee. Do this in private, away from the client or other trainees.
# CBT Skills Assessment Checklist for Condom Counseling

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<thead>
<tr>
<th>ACTIVITY/TASK</th>
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</table>

## INITIAL INTERVIEW

1. Greets client respectfully

2. Asks what MCH/FP services client is seeking and responds to any general questions client may have

3. Explains what to expect during clinic visit

4. Helps client make an informed choice:
   - Asks client about reproductive goals
   - Explores any attitudes or religious beliefs that may favor or rule out one or more methods
   - Explains contraceptive choices available
   - Explains benefits/advantages of each
   - Explains risks/disadvantages of each
   - Asks client if they have any questions and responds to them
   - Helps client to make decision about choice of method
   - Asks client which method s/he prefers

## METHOD-SPECIFIC COUNSELING

5. Assures necessary privacy. Tries to put at ease those who are shy or embarrassed

6. Obtains necessary biographic data

7. If client has chosen condoms:
   - Asks what client knows about condoms, if ever used in the past and what was her/his experience
   - Corrects any myths/rumors or incorrect information
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<tr>
<th>ACTIVITY/TASK</th>
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<tr>
<td>8. Provides basic facts about condoms:</td>
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<tr>
<td>• How they work and effectiveness</td>
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<tr>
<td>• Repeat advantages of using condoms, alone or with another method</td>
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<tr>
<td>• Ask if client/partner has any allergies to latex</td>
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<tr>
<td>• Counsel talking with partner about using condoms</td>
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<td></td>
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<tr>
<td>• Where to obtain/the cost</td>
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<tr>
<td>• Ask if any questions and respond to them</td>
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<tr>
<td>9. Provides very specific instruction on how to correctly use and when to use condoms:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Use during every act of intercourse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Use with spermicide if low risk of STIs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Do not “test” condoms by blowing-up or unrolling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Put on when penis is erect</td>
<td></td>
<td></td>
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<tr>
<td>• put on before penis is near/introduced into vagina</td>
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<tr>
<td>10. <strong>Demonstrates</strong> how to correctly put on condom by using a model, banana, or two fingers:</td>
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<tr>
<td>• Caution client <strong>not to unroll</strong> condom before putting on</td>
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<tr>
<td>• Shows how to place rim of condom on penis and how to unroll up to the base of penis</td>
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<tr>
<td>• Instructs on how to leave 1/2 inch space at tip of condom for semen, which must not be filled with air or it may burst</td>
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<tr>
<td>• Shows how to expel air by pinching tip of condom as it is put on</td>
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<tr>
<td>• Cautions about tearing accidentally with fingernails/rings</td>
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<tr>
<td>11. Counsels client what to do if condom breaks or slips off during intercourse:</td>
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<tr>
<td>• See doctor/clinic where woman can be assessed for emergency contraception</td>
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<tr>
<td>• Request emergency contraceptive pills within 72 hours (the earlier the better) of unprotected intercourse or breakage of a condom</td>
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<tr>
<td>ACTIVITY/TASK</td>
<td>CASES</td>
<td>COMMENTS</td>
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<tr>
<td>13. Counsels client on how to remove penis from vagina with condom intact and with no spillage of semen:</td>
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<tr>
<td>• Hold on to rim of condom when withdrawing</td>
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<tr>
<td>• Be careful not to let semen spill into vagina when penis is flaccid</td>
<td></td>
<td></td>
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<tr>
<td>14. Discusses use of lubricants and what not to use:</td>
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<tr>
<td>• No petroleum-based products (vaseline), no mineral, vegetable, or cooking oil, no baby-oil, no margarine or butter, etc.</td>
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<tr>
<td>15. Advises to use a spermicide or water-based lubricants if one is needed.</td>
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<tr>
<td>16. Advises client to dispose of condoms by burning, burying, or throwing in the latrine.</td>
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<tr>
<td>17. Counsels clients on how to use the female condom.</td>
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<tr>
<td>18. Conveys/repeats major condom messages to client:</td>
<td></td>
<td></td>
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<tr>
<td>• be sure to have condom before you need it</td>
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<td></td>
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<tr>
<td>• use condom with every act of intercourse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• do not use condom more than once</td>
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<tr>
<td>• do not rely on condom if package is damaged, torn, outdated, dry, brittle or sticky.</td>
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<tr>
<td>19. Provides client with at least a three-month supply (about 30-40 condoms).</td>
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<tr>
<td>20. Reassures client s/he should return at any time for advice, more condoms or when s/he wants to use another method.</td>
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Module 9/Participant Handouts

Comments:

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Participant Handout 1.7: Dual Method Use

Dual Method Use

The goal of dual method use is to prevent unintended pregnancy and to prevent sexually transmitted diseases through the use of more than one contraceptive method (e.g., oral contraceptive pills and condoms).

The only contraceptive currently recommended for STD/HIV prevention are condoms, making them crucial for reproductive health. However, many family planning programs are hesitant to recommend barrier methods because their record in preventing unintended pregnancies is less reliable than other contraceptives when not used perfectly.

As a side note, both male and female condoms, when correctly and consistently used, have been demonstrated to be effective in preventing unintended pregnancies and STIs. The challenge is that condoms are typically used sporadically and/or incorrectly.

Based on data from well-conducted studies, spermicides containing nonoxynol-9 (N-9) show some protective effect against specific STIs—gonorrhea, chlamydia, trichomoniasis, and bacterial vaginosis. The current data from studies is inconsistent. However, N-9 agents have been shown to increase risk with frequent use and should not be used by high risk groups. Research on effective microbicides are the best option for at-risk men and women in the future, but for now, condoms are the best protection.

Finally, promoting dual method use has an increased cost factor for programs and for clients. It also has an effect on user compliance—clients have different priorities to preventing either pregnancies or infections, and these priorities may change over time and among relationships.

Studies on dual method use have focused on condoms; results has shown that the more effective the primary contraceptive was in preventing pregnancy, the lower the level of consistent condom use. Reasons for this may include:

- pregnancy is seen as more of an immediate threat;
- clients using VSC, implants, injectable hormones, or IUDs do not have frequent reminders to use contraception, therefore are less likely to be prepared for prophylactic needs;
- effectiveness of counseling for dual methods use.

Adapted from Cates, W. 1996. The dual goals of reproductive health. *Networki* 16(3).
Participant Handout 1.8: Condom Storage

Condom Storage

Condoms have a shelf life of three years if properly stored:

- In cool, dark, dry place.
- Protected from sunlight, ultraviolet light, heat and humidity. These will damage condoms in a short time and are major causes of breakage during use.
- As with COCs and other supplies, store new condoms behind the older supplies (i.e. apply the FEFO rule of "First to Expire, First Out").
Participant Handout 1.9: The Female Condom

The Use of the Female Condom

The female condom is a polyurethane plastic pouch that covers the cervix, the vagina, and part of the external genitals. It is placed in the vagina by the woman or by putting it on the man's penis before he inserts it into the vagina.

The female condom is sturdier (does not tear as easily) than male latex condoms and may last longer in storage. It can prevent the transmission of trichomonas, but its effectiveness against other STIs, including HIV, is still under study. In the laboratory, it is impervious to HIV and other STIs, but semen spills can occur.

Advantages

- It can be female initiated.
- Men find it less restricting.
- The polyurethane transfers body heat and is very sensitive.
- Can be used with oil-based lubricants.
- Can be inserted up to 8 hours before.
- There is some evidence that it can provide protection against STIs, but it is still being studied for this purpose.
- Does not alter vaginal flora or cause irritation, allergic reaction or vaginal trauma.

Disadvantages

- It costs more than the male condom, but the price is going down in some regions.
- Some couples find it awkward; can be noisy.
- It is sometimes negatively associated with sex workers.
- It is female initiated, but requires cooperation of the male.
- It can be difficult to insert. Care must be taken that the penis is not inserted into the vagina outside of the external ring.

Effectiveness

The female condom has a somewhat higher pregnancy rate for typical use than the male condom. The annual pregnancy rate for typical use is about 21% for the female condom and 15% for the male condom. With correct and consistent use, the pregnancy rate for the female condom is 5.1%.
Participant Handout 1.9A: How to Use the Female Condom

How to use the female condom:

1. Carefully open the packet.

2. Find the inner ring, which is at the closed end of the condom.

3. Squeeze the inner ring together.

4. Put the inner ring in the vagina.

5. Push the inner ring up into your vagina with your finger. The outer ring stays outside the vagina.

6. When you have sex, guide the penis through the outer ring.

7. Remove the female condom immediately after sex, before you stand up. Squeeze and twist the outer ring to keep the man’s sperm inside the pouch. Pull the pouch out gently, and then burn or bury it. Do not flush it down the toilet.
Participant Handout 1.9B: Competency-Based Training (CBT) Skills Assessment Checklist for Female Condoms

Date of Assessment ___________ Dates of Training ______________________

Place of Assessment: Clinic __________ Classroom __________

Name of Clinic Site __________________________________________________________________________

Name of the Service Provider __________________________________________________________________

Name of the Assessor _________________________________________________________________________

This assessment tool contains the detailed steps that a service provider should follow in counseling and providing client instructions for female condoms. The checklist may be used during training to monitor the progress of the trainee as s/he acquires the new skills and it may be used during the clinical phase of training to determine whether the trainee has reached a level of competence in performing the skills. It may also be used by the trainer or supervisor when following up or monitoring the trainee. The trainee should always receive a copy of the assessment checklist so that s/he may know what is expected of her/him.

Instructions for the Assessor

1. Always explain to the client what you are doing before beginning the assessment. Ask for the client’s permission to observe.
2. Begin the assessment when the trainee greets the client.
3. Use the following rating scale:
   2 = Done according to standards
   1 = Needs improvement
   N/O = Not observed
4. Continue assessing the trainee throughout the time s/he is with the client, using the rating scale.
5. Observe only and fill in the form using the rating numbers. Do not interfere unless the trainee misses a critical step or compromises the safety of the client.
6. Write specific comments when a task is not performed according to standards.
7. Use the same copy for several observations.
8. When you have completed the observation, review the results with the trainee. Do this in private, away from the client or other trainees.

Participant Handout 1.9A: CBT Skills Assessment Checklist for Female Condoms
### Condoms

<table>
<thead>
<tr>
<th>TASK/ACTIVITY</th>
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#### INITIAL INTERVIEW

1. Greets client respectfully.

2. Asks what MCH/FP services client is seeking and responds to any general questions client may have.

3. Explains what to expect during clinic visit.

4. Helps client make an informed choice:
   - Asks client about reproductive goals
   - Explores any attitudes or religious beliefs that may favor or rule out one or more methods
   - Explains contraceptive choices available
   - Explains benefits/advantages of each
   - Explains risks/disadvantages of each
   - Asks client if they have any questions and responds to them
   - Helps client to make decision about choice of method
   - Asks client which method s/he prefers

#### METHOD-SPECIFIC COUNSELING

5. Assures necessary privacy. Tries to put at ease those who are shy or embarrassed

6. Obtains necessary biographic data

7. If client has chosen female condoms:
   - Asks what client knows about female condoms, if ever used in the past and what was her experience
   - Corrects any myths/rumors or incorrect information

8. Provides basic facts about female condoms (FC):
   - How they work and effectiveness
   - Their ability to prevent both pregnancy and STD.
   - That women can initiate their use
   - Where to obtain them and their cost
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<tr>
<th>TASK/ACTIVITY</th>
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<tbody>
<tr>
<td>• Safety and effectiveness of re-usability has not been determined.</td>
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<tr>
<td>• Asks if any questions and responds to them.</td>
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<tr>
<td>9. Gives general instruction on correct use:</td>
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<td></td>
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<tr>
<td>• The FC can be inserted anytime from 8 hours before to immediately before intercourse.</td>
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<tr>
<td>• Neither insertion nor removal requires an erect penis.</td>
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<tr>
<td>• Cautions that the outer ring may move from side to side or the sheath may slip up and down inside the vagina during intercourse, but this does not reduce protection.</td>
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<tr>
<td>• Explains that there is little protection if the outer ring is pushed into the vagina, or the penis is underneath or beside the sheath, rather than inside the sheath.</td>
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<tr>
<td>• Explains that any kind of lubricant with the female condom.</td>
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<tr>
<td>• Tells not to use the male condom with the female condom as it may cause too much friction and result in one or the other slipping or tearing.</td>
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<tr>
<td>10. Provides instructions on how to insert, remove, and dispose of the FC:</td>
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<tr>
<td>• The packet must be carefully torn open.</td>
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<tr>
<td>• Find the inner ring, which is at the closed end of the condom.</td>
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<tr>
<td>• Squeeze together the inner ring with your fingers.</td>
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<tr>
<td>• Put the inner ring in the vagina.</td>
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<tr>
<td>• Push the inner ring up into your vagina with your finger. The outer ring stays outside the vagina.</td>
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</tr>
<tr>
<td>• When you have intercourse, guide the penis through the outer ring, making sure it goes inside the sheath.</td>
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<tr>
<td>TASK/ACTIVITY</td>
<td>CASES</td>
<td>COMMENTS</td>
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<tr>
<td>• An alternative method is to put the FC over the man’s erect penis so that the end of the penis is touching the inner ring, and have him insert his penis with the sheath into the vagina.</td>
<td>1 2 3</td>
<td></td>
</tr>
<tr>
<td>• Remove the female condom immediately after sex, before you stand up. Squeeze and twist the outer ring to keep the man’s sperm inside the pouch.</td>
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<td></td>
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<tr>
<td>• Pull the pouch out gently,</td>
<td>1 2 3</td>
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<tr>
<td>• Burn or bury it. Do not flush it down the toilet.</td>
<td>1 2 3</td>
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11. Counsels client on what to do if female condom breaks or slips off during intercourse:
- Go to clinic where you can be assessed for emergency contraception.
- Request emergency contraceptive pills within 72 hours (the earlier the better) of unprotected intercourse or breakage of condom.


Comments:
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__________________________________________________________________________
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Participant Handout 2.1: Introduction to Spermicides

Key Messages

- Spermicides are simple, free of systemic effects, available without prescription.
- Spermicide use protects somewhat against transmission of some sexually transmitted infections including trichomonas, gonorrhea and chlamydia; its effect on HIV is still uncertain, but it may increase the risk of becoming infected with HIV and other STDs with frequent use.
- When used in combination with condoms, its effectiveness in preventing pregnancy is close to that of combined oral contraceptive pills.
Participant Handout 2.2: Description, Mechanism of Action and Effectiveness of Spermicides

Description and Mechanism of Action

Vaginal spermicides are substances in the form of a foam, cream, jelly, film, suppository, or tablet, which contain a chemical that kills sperm.

Foams are used alone but can be used with a diaphragm or with a condom.

Creams/jellies or film are usually used with a diaphragm or condoms, but can also be used alone.

Suppositories are intended for use alone or with a condom.

Effectiveness

If 100 women used vaginal spermicides for one year, typically 21 would become pregnant. With consistent and correct use only six would become pregnant.

Dual use with condoms will substantially improve effectiveness. Emergency contraceptive pills (ECPs) may also be given in advance or information may be provided to make ECPs readily available if the spermicide is not used or is used incorrectly. (See S.O. #1.6 or Module 5: ECP for further information.)

The active ingredients nonoxynol-9 and octoxynol destroy the sperm cell membrane (available in U.S.). Menfegol and benzalkonium chloride are widely used in other part of the world.
Participant Handout 2.3: Factors Influencing the Effectiveness of Spermicides

Factors influencing effectiveness

Effectiveness is influenced by the user’s frequency of intercourse, fertility capacity, and whether the method is used correctly and consistently. Effectiveness is also influenced by the quality of service received -- providing clear instructions on correct use and counseling users about strategies to ensure consistent use.

Elements of correct use include:

- using the method with each act of intercourse,
- inserting the method prior to initiation of intercourse,
- correctly positioning the method,
- waiting the specified time for activation/melting of some spermicides,
- reapplying spermicides for additional acts of intercourse,
- leaving the device in place and/or not douching for a specified period of time following use. ([Outlook, vol.11, no. 4]
Participant Handout 2.4: Advantages and Disadvantages of Spermicides

Advantages

- Can be obtained without prescription.
- Can be used by the woman without partner involvement in the decision or in the use.
- Can be used for a back-up while waiting to start oral contraceptives, and when oral contraceptives are forgotten, and when an IUD user thinks that the device has been expelled.
- Can be used with condoms for increased contraceptive protection.
- Can be used to provide lubrication during intercourse and with condom use.
- Need to use only when required.
- Can be used as an emergency measure if a condom breaks (quickly insert an application of spermicide).

Disadvantages

- Vaginal and penile irritation can be experienced with spermicide use, especially if used frequently (more than every other day)\(^1\)
- May offer some protection against some STIs, including gonorrhea and chlamydia, but may increase risk of HIV and other STIs with frequent use.
- Suppositories may not melt and spread as they should.
- Increase of yeast vaginitis has been observed with the use of some spermicides.
- Considered by some to be messy.
- Has to be used with each act of intercourse.
- Must wait for a period of time before some products are effective.
- Not effective if inserted more than 60 minutes ahead of intercourse, without a reapplication.

---

\(^1\) In research with sex workers using spermicides, their risk of becoming HIV infected was increased rather than decreased, presumably due to irritation of the vaginal lining which allowed the virus to enter the body more easily.
Participant Handout 2.5: Indications for the Use of Spermicides

Indications

Spermicides are an appropriate method:

- For women having infrequent intercourse.
- For women not at risk HIV and other STIs.
- For women who desire the method.
- For women wanting additional protection to condom use.
- For women needing a backup method.
- For breastfeeding women.
Using Spermicides

Before Intercourse

1. Check to be sure you have all the supplies you need to last until you can get more. If you use foam, cream, or jelly, you also need an applicator. Keep an extra container of spermicide on hand, you may not be able to tell when your current container is running low.

2. Read package instructions before use.

3. Spermicides can be inserted up to one hour before intercourse.

4. Spermicidal foams, creams, and jellies are effective immediately; suppositories and tablets require a waiting period (five to ten minutes) for activation and/or melting and spreading into the vagina.

Insertion

1. Wash your hands with soap and water.

2. **Foam:** Shake the foam container vigorously at least 20 times then use the nozzle to fill the plastic applicator to the top. Insert the applicator into your vagina as far as it will comfortably go; then, holding the applicator still, push the plunger to release the foam. The foam should be deep in your vagina, close to the cervix.

   **Suppository:** Remove the wrapping and slide the suppository into your vagina. Push it along the back wall of your vagina as far as you can so that it rests on or near your cervix. Wait 5 to 10 minutes for the suppository to melt.

   **Vaginal film:** Remove a sheet of film from the wrapper. Place quickly over the pointer or second finger and push it along the back wall of the vagina and on to the cervix before it begins to meet. Wait 5 or 10 minutes for it to melt completely.

   **Jelly or cream:** Fill the applicator by placing its opening over the mouth of the spermicide tube and squeezing the tube’s content into the applicator. Insert the applicator into your vagina as far as it will comfortably go; then, holding the applicator still, push the plunger to release the cream or jelly. The spermicide should be deep in your vagina, close to your cervix.

3. If intercourse is repeated, apply a new application of spermicide each time. Alternatively, you can switch to condoms for repeated intercourse, if desired.

4. Leave spermicide in place for at least six to eight hours after intercourse; do not douche or rinse your vagina. Douching is not recommended but if you choose to do so, you must wait at least six to eight hours.

Care of supplies

1. Clean applicator with soap and water, store supplies in a convenient location preferably away from heat and light. Do not use talcum powder on your inserter.
Participant Handout 2.7: Key Counseling Messages

Key counseling messages

- Make sure that you have a supply of spermicide.
- When using suppositories, make sure to push the suppository high up into your vagina 5-10 minutes before intercourse.
- When using film, make sure it is placed on the cervix 5-10 minutes before intercourse to allow melting.
- When using foams, creams, or jellies with an applicator, insert the applicator high up into your vagina before pushing the plunger of the applicator.
- Be sure to read (if possible) the instructions carefully since each method has different directions for insertion.
- Use spermicide every time you have intercourse.
- Insert the spermicide deeply into your vagina and before your partner's penis goes inside your vagina.
- Reapply spermicide for each additional episode of intercourse.
- Do not douche after intercourse.
- Keep spermicides in a convenient location; store in a cool, dry place.
- Wash the spermicide applicator after each use with soap and warm water.
Participant Handout 2.7A: Competency-Based Training (CBT) Skills Assessment Checklist for Spermicide Counseling

Date of Assessment ________________  Dates of Training _______________________

Place of Assessment: Clinic ___________  Classroom ___________

Name of Clinic Site ________________________________ ___________________

Name of the Service Provider ________________________________ _______________

Name of the Assessor _______________________________________________

This assessment tool contains the detailed steps that a service provider should follow in counseling and providing client instructions for spermicides. The checklist may be used during training to monitor the progress of the trainee as s/he acquires the new skills and it may be used during the clinical phase of training to determine whether the trainee has reached a level of competence in performing the skills. It may also be used by the trainer or supervisor when following up or monitoring the trainee. The trainee should always receive a copy of the assessment checklist so that s/he may know what is expected of her/him.

Instructions for the Assessor

1. Always explain to the client what you are doing before beginning the assessment. Ask for the client’s permission to observe.
2. Begin the assessment when the trainee greets the client.
3. Use the following rating scale:
   - 2 = Done according to standards
   - 1 = Needs improvement
   - N/O = Not observed
4. Continue assessing the trainee throughout the time s/he is with the client, using the rating scale.
5. Observe only and fill in the form using the rating numbers. Do not interfere unless the trainee misses a critical step or compromises the safety of the client.
6. Write specific comments when a task is not performed according to standards.
7. Use the same copy for several observations.
8. When you have completed the observation, review the results with the trainee. Do this in private, away from the client or other trainees.
### CBT Skills Assessment Checklist for Spermicide Counseling

<table>
<thead>
<tr>
<th>ACTIVITY/TASK</th>
<th>CASES</th>
<th>COMMENTS</th>
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<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
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<tr>
<td><strong>INITIAL INTERVIEW</strong></td>
<td></td>
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<tr>
<td>1. Greets client respectfully</td>
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<tr>
<td>2. Asks what MCH/FP services client is seeking and responds to any general questions client may have</td>
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<tr>
<td>3. Explains what to expect during clinic visit</td>
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<tr>
<td>4. Helps client make an informed choice:</td>
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<tr>
<td>- Asks client about reproductive goals</td>
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<tr>
<td>- Explores any attitudes or religious beliefs that may favor or rule out one or more methods</td>
<td></td>
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<tr>
<td>- Explains contraceptive choices available</td>
<td></td>
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<tr>
<td>- Explains benefits/advantages of each</td>
<td></td>
<td></td>
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<tr>
<td>- Explains risks/disadvantages of each</td>
<td></td>
<td></td>
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<tr>
<td>- Asks client if they have any questions and responds to them</td>
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<tr>
<td>- Helps client to make decision about choice of method</td>
<td></td>
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<tr>
<td>- Asks client which method s/he prefers</td>
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<tr>
<td><strong>METHOD-SPECIFIC COUNSELING</strong></td>
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<tr>
<td>5. Assures necessary privacy. Tries to put at ease those who are shy or embarrassed.</td>
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<tr>
<td>6. Obtains necessary biographic data.</td>
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<tr>
<td>7. If client has chosen spermicides:</td>
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<tr>
<td>- asks what client knows about spermicides, if ever used in the past and what was experience</td>
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<tr>
<td>- corrects any myths/rumors or incorrect information</td>
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<tr>
<td>ACTIVITY/TASK</td>
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<tr>
<td>8. Provides basic facts about spermicides:</td>
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<tr>
<td>• how it works and its effectiveness</td>
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<tr>
<td>• repeat advantages of using spermicides, alone or with another method</td>
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<td></td>
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<tr>
<td>• ask if client/partner has had any allergies to spermicides (if used in the past)</td>
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<tr>
<td>• counsel talking with partner on the use of spermicides</td>
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<tr>
<td>• where to obtain/cost</td>
<td></td>
<td></td>
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<tr>
<td>• ask if any questions and respond to these</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Provides very specific instruction on when and how to correctly use spermicides:</td>
<td></td>
<td></td>
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<tr>
<td>• use at every act of intercourse</td>
<td></td>
<td></td>
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<tr>
<td>• use with condoms whenever possible</td>
<td></td>
<td></td>
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<tr>
<td>• wash hands with soap and water</td>
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<tr>
<td><strong>Foam</strong></td>
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<tr>
<td>• Shake the foam container vigorously at least 20 times then use the nozzle to fill the plastic applicator</td>
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<td></td>
</tr>
<tr>
<td>• insert the applicator into your vagina as far as it will comfortably go</td>
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<tr>
<td>• holding the applicator still, push the plunger to release the foam (foam should be deep in your vagina, close to the cervix).</td>
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<tr>
<td><strong>Suppository</strong></td>
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<tr>
<td>• Remove the wrapping and slide the suppository into your vagina</td>
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<td></td>
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<tr>
<td>• Push it back along the back wall of your vagina as far as you can so that it rests on or near your cervix.</td>
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<tr>
<td>• Wait 5 to 10 minutes for suppository to activate.</td>
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</tr>
<tr>
<td>ACTIVITY/TASK</td>
<td>CASES</td>
<td>COMMENTS</td>
</tr>
<tr>
<td>--------------</td>
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</tbody>
</table>
| 9 Provides specific instructions (continued. *Cream or Jelly*  
• Fill the applicator by placing its opening over the mouth of the spermicide tube and squeezing the tube’s content into the applicator  
• insert the applicator into your vagina as far as it will comfortably go  
• hold the applicator still and push the plunger to release the cream or jelly (spermicide should be deep in your vagina, close to the cervix).  
*Film*  
• Remove film wrapping and quickly place over end of pointer or 1\textsuperscript{st} finger.  
• Push it back along the back wall of the vagina until it rests on the cervix.  
• Wait 5-10 minutes for film to melt completely. | 1 | 2 | 3 |
| 10. **Demonstrates** how to correctly put on condom by using a vagina model:  
• insertion of foam,  
• insertion of suppositories,  
• insertion of cream or Jelly.  
• insertion of film. | | | |
| 11. Counsels client what to do if spermicides are forgotten at intercourse:  
• see doctor/clinic where she can be assessed for emergency contraception: given emergency contraceptive pills (ECPs) within 72 hours (the earlier the better) of unprotected intercourse and repeated 12 hours later. | | | |
<p>| 12. <strong>Has client demonstrate and practice</strong> inserting the spermicide using a vaginal model. Corrects any technique errors. | | | |
| 13. Discusses use of condoms along with spermicides. | | | |
| 14. Discusses the lubricating benefit of spermicide use when using condoms. | | | |
| 15. Advises client to clean applicator with soap and water, store supplies in a convenient location, preferably away from heat and light. | | | |</p>
<table>
<thead>
<tr>
<th>ACTIVITY/TASK</th>
<th>CASES</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. Conveys/repeats key spermicide messages to client:</td>
<td></td>
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</tr>
<tr>
<td>• Make sure that you have a supply of spermicide.</td>
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<tr>
<td>• When using suppositories, make sure to push the suppository high up into your vagina. When using applicators for foam, cream, jellies, insert applicator high up into your vagina before pushing the plunger to release the spermicide.</td>
<td></td>
<td></td>
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<tr>
<td>• Read instructions for spermicide use.</td>
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<tr>
<td>• Use spermicide <strong>every time</strong> you have intercourse.</td>
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<tr>
<td>• Insert spermicide in your vagina <strong>before</strong> your partner's penis goes inside your vagina.</td>
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<tr>
<td>• Reapply spermicide for each additional episode of intercourse.</td>
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<tr>
<td>17. Provides client with at least a three-month supply.</td>
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<tr>
<td>18. Reassures client s/he should return at any time for advice, more spermicides or when s/he wants to use another method.</td>
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</tbody>
</table>

Comments:
________________________________________________________________________
________________________________________________________________________
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Transparency 1.1: Unit 1 Objectives

By the end of the unit, participants will be able to:

1. Explain key messages related to condoms.
2. Describe the mechanism of action and effectiveness of condoms.
3. Explain the factors that influence the effectiveness of condoms.
4. Describe the advantages and disadvantages of condoms.
5. Explain the indications and rationale for the use of condoms.
6. Counsel men and women regarding the correct use of condoms.
7. Discuss the goals and challenges of dual method use.
8. Describe and apply the correct storage procedure for condoms in a service delivery setting.
9. Describe the use, advantages and disadvantages, and effectiveness of the female condom.
Transparency 2.1: Unit 2 Objectives

By the end of the unit, participants will be able to:

1. Explain key messages related to spermicide use.
2. Describe the mechanism of action and effectiveness of spermicides.
3. Explain factors influencing effectiveness of spermicides.
4. Describe the advantages and disadvantages of spermicide use.
5. Describe the indications for the use of spermicides.
6. Demonstrate the process for inserting spermicides correctly.
7. Provide instructions to men and women regarding the correct use of spermicides.
CONDOMS AND SPERMICIDES
PRE/POST-TEST
Participant Copy

Participant Name: _____________________________________________________

Instructions: Circle the letter(s) of the correct answer.

1. Condoms protect against (circle all that apply):
   a. pregnancy
   b. hepatitis A and HIV
   c. hepatitis B and HIV
   d. prostate cancer
   e. Other bacterial and viral STIs
   f. Cervical cancer and PID among women

2. The main reasons for condom failure are (circle all that apply):
   a. inconsistent and incorrect use
   b. defective product and improper storage
   c. penis too small with leakage around condom
   d. penis too large with condom breakage
   e. tearing of condom by improper handling when putting on or insufficient lubrication

3. If a condom is carefully removed from penis, washed and examined for tears, it can be reused
   a. three times
   b. two times
   c. as many times as client wants provided no tears are present
   d. should not be reused

4. For a condom to be effective it is important that the penis be withdrawn from vagina
   a. when still moderately erect
   b. when flaccid
   c. only after woman has had a climax
   d. just before ejaculation

5. When counseling clients about how to use the condom, it is essential that the counselor (check all that apply)
   a. have client explain why s/he needs to use a condom instead of other method
   b. explain in detail how and when to use the condom
   c. demonstrate how to put on and how to take off the condom
   d. have client give return demonstration
   e. show client how to test condom for tears by unrolling
   f. explain that any lubricant will do if needed
6. When used correctly, the effectiveness of the condom is in the range of:
   a. 75-80% effective
   b. 80-85% effective
   c. 85-90% effective
   d. 90-95% effective

7. Worldwide, the use of condoms are estimated to be about one-half of what it should be. Major reasons for this include
   a. inadequate counseling of client by health professionals
   b. skepticism on part of health professionals as to its effectiveness
   c. embarrassment on part of clients to ask for condoms
   d. too few free condoms provided to users and too expensive for many to buy commercially
   e. all of above
   f. none of above

8. If 100 women used vaginal spermicides for one year, _____ would become pregnant.
   a. 6 - 21
   b. 3 - 5
   c. approximately 25
   d. 2.5 - 5

9. The active ingredient in spermicides prevents pregnancy by
   a. blocking the cervical os
   b. preventing ovulation
   c. destroying the sperm's cell membrane and killing the sperm
   d. preventing ejaculation

10. For which of the following women would spermicide use be indicated?
    a. Ms. K. who no longer fits the criteria to use LAM and has infrequent intercourse
    b. Ms. P. who used spermicides before and had an local irritation
    c. Ms. W. who uses pills but wants to keep a back-up method available
    d. Ms. Q. who is not sure that her partner uses condoms with his other sexual partners since he complains when she asks him to use condoms with her
    e. Ms. R. who used the method before, whose partner uses condoms, and who like using both methods
    f. Ms. T., 8 weeks postpartum, not breastfeeding, who did not get her consent form signed in time for a postpartum VSC, worried about getting pregnant again

11. The goal of "dual method" use is to
    a. provide lubrication and contraception
    b. provide lubrication and prevent condom breakage
    c. prevent premature ejaculation and prevent pregnancy
    d. prevent pregnancy and prevent sexually transmitted infections
Instructions: In the space provided in front of the question, write the word "True" if the statement is true and "False" if the statement is false.

____ 1. The use of the condom as a contraceptive method by men is not widely practiced because of many allergic latex reactions.

____ 2. Even when properly used, the failure rate of the condom is very high.

____ 3. It is appropriate to counsel couples using other methods successfully to use condoms also.

____ 4. Condoms help to protect women against ovarian cancer.

____ 5. Water-soluble lubricants or spermicicides are an appropriate lubricant for use with condoms.

____ 6. There is no need to leave a space at the tip of a condom to collect semen.

____ 7. Improper disposal of condoms may spread HIV.

____ 8. Condoms made from lamb intestines effectively protect against HIV.

____ 9. The shelf-life of condoms is 10 years.

____ 10. It is appropriate to use condoms right after a vasectomy.

____ 11. Spermicide use reduces transmission of sexually transmitted infections including gonorrhea, chlamydia, and HIV.

____ 12. When used in combination with condoms, spermicides effectiveness is closed to that of the combined oral contraceptive pills.

____ 13. Nonoxynol-9 may somewhat protect a user against getting some sexually transmitted infections.

____ 14. The key to increased effectiveness in using spermicides is correct and consistent use.

____ 15. Spermicides must be inserted immediately before intercourse.

____ 16. Spermicidal foams, creams, and jellies are effective immediately.

____ 17. Spermicidal suppositories, and film require a waiting period of 5-10 minutes for activation and/or melting and spreading in the vagina.

____ 18. A new application of spermicide is not necessary with repeated acts of intercourse.
_____ 19. Spermicides should be left in place for at least 6-8 hours after intercourse, therefore, do not douche or rinse out your vagina.

**Instructions:** Write the number in the space provided, in the order of priority of protective measures used to prevent STIs.

_____ Diaphragm with spermicide

_____ Male latex condom

_____ Female condoms

_____ Spermicide alone
CONDOMS AND SPERMICIDES
PRE/POST-TEST
Answer Key

Participant Name: _____________________________________________________

Instructions: Circle the letter(s) of the correct answer.

1. Condoms protect against (circle all that apply):
   a. pregnancy
   b. hepatitis A and HIV
   c. hepatitis B and HIV
   d. prostate cancer
   e. Other bacterial and viral STIs
   f. Cervical cancer and PID among women

2. The main reasons for condom failure are (circle all that apply):
   a. inconsistent and incorrect use
   b. defective product and improper storage
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   a. three times
   b. two times
   c. as many times as client wants provided no tears are present
   d. should not be reused

4. For a condom to be effective it is important that the penis be withdrawn from vagina
   a. when still moderately erect
   b. when flaccid
   c. only after woman has had a climax
   d. just before ejaculation

5. When counseling clients about how to use the condom, it is essential that the counselor (check all that apply)
   a. have client explain why s/he needs to use a condom instead of other method
   b. explain in detail how and when to use the condom
   c. demonstrate how to put on and how to take off the condom
   d. have client give return demonstration
   e. show client how to test condom for tears by unrolling
   f. explain that any lubricant will do if needed
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   a. inadequate counseling of client by health professionals
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   c. embarrassment on part of clients to ask for condoms
   d. too few free condoms provided to users and too expensive for many to buy commercially
   e. all of above
   f. none of above

8. If 100 women used vaginal spermicides for one year, _____ would become pregnant.
   a. 6 - 21
   b. 3 - 5
   c. approximately 25
   d. 2.5 - 5

9. The active ingredient in spermicides prevents pregnancy by:
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11. The goal of "dual method" use is to:
    a. provide lubrication and contraception
    b. provide lubrication and prevent condom breakage
    c. prevent premature ejaculation and prevent pregnancy
    d. prevent pregnancy and prevent sexually transmitted infections
Instructions: In the space provided in front of the question, write the word "True" if the statement is true and "False" if the statement is false.

_ F _ 1. The use of the condom as a contraceptive method by men is not widely practiced because of many allergic latex reactions.

_ F _ 2. Even when properly used, the failure rate of the condom is very high.

_ T _ 3. It is appropriate to counsel couples using other methods successfully to use condoms also.

_ F _ 4. Condoms help to protect women against ovarian cancer.

_ T _ 5. Water-soluble lubricants or spermicides are an appropriate lubricant for use with condoms.

_ F _ 6. There is no need to leave a space at the tip of a condom to collect semen.

_ F _ 7. Improper disposal of condoms may spread HIV.

_ F _ 8. Condoms made from lamb intestines effectively protect against HIV.

_ F _ 9. The shelf-life of condoms is 10 years.

_ T _ 10. It is appropriate to use condoms right after a vasectomy.

_ F _ 11. Spermicide use reduces transmission of sexually transmitted infections including gonorrhea, chlamydia, and HIV.

_ T _ 12. When used in combination with condoms, spermicides effectiveness is close to that of the combined oral contraceptive pills.

_ T _ 13. Nonoxynol-9 can somewhat protect a user against getting some sexually transmitted infections.

_ T _ 14. The key to increased effectiveness in using spermicides is correct and consistent use.

_ F _ 15. Spermicides must be inserted immediately before intercourse.

_ T _ 16. Spermicidal foams, creams, and jellies are effective immediately.

_ T _ 17. Spermicidal suppositories and gels require a waiting period of 5-10 minutes for activation and/or melting and spreading in the vagina.

_ F _ 18. A new application of spermicide is not necessary with repeated acts of intercourse.
Module 9/Pre & Post-test

19. Spermicides should be left in place for at least 6-8 hours after intercourse, therefore, do not douche or rinse out your vagina.

Instructions: Write the number in the space provided, in the order of priority of protective measures used to prevent STIs.

3     Diaphragm with spermicide
1     Male latex condom
2     Female condoms
4     Spermicide alone
Comprehensive FP/RH Curriculum  
Participant Evaluation  
Module 9: Condoms and Spermicides

Rate each of the following statements as to whether or not you agree with them, using the following key:

5  Strongly agree  
4  Somewhat agree  
3  Neither agree nor disagree  
2  Somewhat disagree  
1  Strongly disagree

Course Materials

I feel that:

- The objectives of the module were clearly defined. 5 4 3 2 1
- The material was presented clearly and in an organized fashion. 5 4 3 2 1
- The pre-/post-test accurately assessed my in-course learning. 5 4 3 2 1
- The competency-based performance checklists were useful. 5 4 3 2 1

Technical Information

I learned new information in this course. 5 4 3 2 1
I will now be able to:

- explain the rationale for condoms and spermicides services. 5 4 3 2 1
- provide condoms and spermicides counseling to clients. 5 4 3 2 1
- provide condoms and spermicides FP services. 5 4 3 2 1

Training Methodology

The trainers’ presentations were clear and organized. 5 4 3 2 1
Class discussion contributed to my learning. 5 4 3 2 1
I learned practical skills in the role plays. 5 4 3 2 1
The required reading was informative. 5 4 3 2 1
The trainers encouraged my questions and input. 5 4 3 2 1
Training Location & Schedule

The training site and schedule were convenient  5 4 3 2 1
The necessary materials were available.  5 4 3 2 1

Suggestions

What was the most useful part of this training?

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What was the least useful part of this training?

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What suggestions do you have to improve the module? Please feel free to reference any of the topics above.

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