

“Planned Parenthood Introduces FC2 Female Condoms to Three Local Communities”

Introduction

In early 2011, the Female Health Company (FHC) – maker of the FDA-approved “FC2” Female Condom – provided pilot grants to three Planned Parenthood affiliates to study various approaches to increase awareness of the FC2 Female Condom and how best to integrate FC2 into ongoing prevention outreach programs. The overall goal of the project was to produce a set of successful strategies that could be replicated at other health centers to give women a prevention option that they can initiate. The three grantees were:

- Planned Parenthood of Central Oklahoma, Oklahoma City, OK
- Planned Parenthood Southeast, Atlanta, GA
- Planned Parenthood of Southern New England, New Haven, CT

Located in different settings, each center used different methodologies and activities to introduce FC2 and provide women with the information and tools needed to decrease the risk of unintended pregnancies, and reduce exposure to sexually transmitted infections. While the approaches varied, the results yielded a common theme– training and education on two levels is paramount to increasing trial and use of FC2:

1. When health care providers become familiar with FC2 and how to talk with their clients about FC2 use the providers are more likely to recommend FC2 to their clients.
2. Once clients become familiar with FC2 and have seen an FC2 demonstration, they are more likely to take FC2 home and will ask for more.

Methodologies Studied

A variety of outreach methods were used to introduce FC2 to each community: internal trainings, live demos at outreach events, distribution and “giveaway” programs, playful mascots, health provider trainings, and social media. The anecdotes below offer a small sample of the different creative approaches utilized:

- Planned Parenthood of Central Oklahoma (PPCO) developed a Facebook page and a mascot “Frida the Female Condom” which became a popular local icon. PPCO’s social networking efforts led to an extremely successful outreach event called “Cocktails and Condoms” held at a local restaurant/bar. PPCO also held an FC2 training for local health center staff.
- In downtown Atlanta, Planned Parenthood Southeast adapted its “birds and bees” approach – used successfully in the past to promote parent-child communication about sex – and designed “Love Bug” costumes for its FC2 health educators as a light-hearted, ice-breaking approach to health education. The Love Bugs were deployed to clinics, campuses, and local parades to deliver information and answer questions about the FC2.

- In Connecticut, Planned Parenthood of Southern New England trained a large group of clinicians from nineteen area health centers on FC2, the facts, how to do a FC2 demonstration, and how to talk to clients about FC2. PPSNE also used its teen peer educator group to conduct outreach at local high schools and college campuses. At certain events, New Haven teens were invited to make paper dolls to send to the United Nations (UN) high-level meeting on HIV/AIDS in June 2011.

Results

Each grantee used surveys or focus groups to collect data and measure results for their respective efforts.

Across the board, the surveys demonstrated that once exposed to education and training, recipients were significantly more knowledgeable than the general public on how to use the FC2, were able to differentiate facts and myths about the product, and were dramatically more inclined to choose the FC2 over other forms of protection. PPSE's data reported that 85.5% of the participants who completed the Love Bug outreach agreed or strongly agreed that they would consider using FC2 when they have sex, compared to 57.3% of the general public. In addition, 69.4% of the participants who completed the same outreach either agreed or strongly agreed that the FC2 could increase sexual pleasure compared to 22% of the general public.

Similarly, grantees that trained health center staff about FC2 and its use reported significant changes in clinician's comfort with educating patients about FC2, an increased knowledge in FC2, and a higher likelihood for their clinic to distribute FC2. PPSNE reported that the majority of the health center staff trained on FC2 "answered the pre-test incorrectly"; however, "All clinic staff circled the correct answers during the post-test." Staff reported a significant increase in their capacity, comfort, and willingness to talk with clients about FC2 as a result of the PPSNE FC2 training of clinic staff. Clinicians also expressed their new comfort with educating clients about FC2 with statements such as, "I feel I am able to demonstrate and give more about it (FC2)", "demonstration feels more realistic and acceptable", and "I will discuss this option now." By tracking the distribution of FC2, PPSNE discovered that following the PPSNE FC2 training the health centers that ordered and distributed FC2 went from 6 out of 19 centers order and distribute the FC2, to 19 out of 19 clinics order and distribute the FC2.

Lessons Learned

Among the many teachable moments reported by the grantees the following were consistent messages from all three and supported by data collected from surveys, focus groups, and pre/post tests:

- "Work directly to educate the health center staff and health practitioners, who will in turn spread the word about FC2."
- "Clinicians change their attitudes regarding Female Condom (FC2) with a simple presentation focusing on the advantages of the female condom and a short demonstration."

- When providing patient education and outreach, do not offer FC2 as a “back-up”, offer FC2 as its own product with its unique advantages.
- Do not be discouraged by client’s initial thoughts or feelings about FC2. “Initial reactions to the female condom were overwhelmingly negative simply because it is so foreign. However upon educating our clients and introducing them to the benefits of FC2, their attitudes completely changed.”

Conclusion

Community attitudes, conditions, and support for FC2 education and training varied widely among the populations served by the three grantees, leading to a variety of tactics to disseminate information. No particular method stood out as superior to another, leading to the conclusion that each organization must individually tailor its approach to local culture and demographics. Yet despite the methods selected, the common denominator was the same: when you tailor FC2 education to your local audience, clients will not only take it, they will use it, show a preference for it, and ask for more.