



The Health Provider

Editorial

Recently the National Family Planning Board (NFPB) conducted second generation female condom (FC2) training workshops for health care providers. We recognise that the tremendous challenge that would be posed to schedule all health care providers for training. As such the decision has been made to use *The Health Provider newsletter*, an educational tool, as the vehicle that takes the information to you.

Workshops have been held and in each there is a recapping of facts about HIV/AIDS and STIs,

the introduction of the female condom and its proper use, demystifying sexual and gender values and proposing ways of motivating women and their partners to use it. Identifying scenarios, issues and challenges that may mitigate its incorporation into person’s reproductive health setting was explored.

With the recent addition of the FC2 to the contraceptive mix the NFPB is encouraging health care providers to personally try the female condom so that they can speak from an authoritative position in their counselling ses-

sions. The recommendation is that each user tries it at least five (5) times before making a final decision. Currently, there are questionnaires in circulation that have been given to health care staff to gather feedback from them, as users. These persons were trained and represent each health region.

The NFPB welcomes your feedback once you have tried it. As a suggestion, before using it in actual sexual activity perhaps you might consider inserting it and walking around the house for an hour or two so as to get used to the feel of it.

Introducing the Female Condom – FC2

In 2008, the United Nations Population Fund (UNFPA) made a donation of female condoms to the NFPB. Further refinement of the female condom has taken place since its initial introduction to the market. Market research and development has guided the new and

improved commodity that is once more available through many local health centres, without a prescription or provider intervention. The FC2, or second generation female condom, is constructed using a synthetic rubber known as nitrile polymer.

It has retained many of the positive attributes of the FC1 such as its accommodation of the user’s preference to use alternative lubricants like oils and greases. The condom itself is pre-lubricated with a silicone-based lubricant.

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Coming soon:

**Safer Sex
Week,
February 9-15,
2020**

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Photo Credits:
The Female Health Company
<https://fc2femalecondom.com/>

Introducing the Female Condom – FC2 (*Continued*)



The fact that it can be inserted **up to 3 hours** prior to sexual intercourse was a detail that did not escape those learning about the product. Its ability to adjust to the body's temperature, that is warming fairly quickly, was another attractant for many. After sex the condom does not have to be removed immediately.

Women are encouraged to give serious consideration to the method as it places

control, the power of protection and peace of mind squarely in their hands. Highly effective in providing protection against unintended pregnancy, sexually transmitted infections (STIs) and HIV, the length of the FC2 allows it to cover the vagina, cervix and parts of the genitalia.

An unfurled female condom has both an open and a closed end. The open end rests against the opening to the vagina.

The closed part of the condom with a soft inner ring on its inside is the end that is inserted into the vagina and which rests up against the cervix. The ring functions to effectively guide the condom into the vagina and hold it in place against the cervix.

Now that you know about the FC2 why not introduce it to a client, female family member, or friend after all knowledge is power.

HOW TO USE THE FEMALE CONDOM

Here are step-by-step instructions for the use of the female condom. **NEVER USE THE FEMALE CONDOM AT THE SAME TIME THAT A MALE CONDOM IS BEING USED IN INTERCOURSE.**

- ◇ Examine the packet and ensure that it is intact.
- ◇ Check the expiry date.
- ◇ At the top right of the packet is a little notch, feel for it and tear downwards from it.
- ◇ Remove the condom from the packet.
- ◇ Grasp the condom at the end with the inner ring and squeeze the ring with the thumb

and forefinger to form a point or what looks like the number '8'.

- ◇ Choosing a position that is comfortable to allow for its insertion (squatting, lying on your back, placing one leg up on a chair and the other flat of the floor, or sitting at the edge of a chair, toilet seat or bed) you are now ready to insert it in the vagina.
- ◇ Separate the lips of the vagina.
- ◇ Gently insert the end of the condom that resembles the figure '8' into the vagina.



- ◇ Place the index finger inside the condom and push the ring as far as possible.
- ◇ When ready for intercourse the partners penis needs to be guided into the condom to ensure it enters properly.
- ◇ After intercourse be careful in removing it, while lying down, twist the outer ring

and gently remove the condom before standing.

- ◇ Examine the condom. Any discharge on the outside of the FC2 has come from the female and any on the inside

of the condom is from the male. Check for any unusual discolouration or smell and if present, individuals must seek treatment from a qualified health care provider.

- ◇ Place the condom back in the packet or wrap it in tissue paper, tie it and throw it in the garbage. Do not flush it.
- ◇ **Do not reuse the FC2.**

LOST IN TRANSLATION

As part of your course of study in counselling you would have learned about the GATHER Technique and you promised to apply it to the real world but then you got the reality check – employment, the work world and its hectic pace and workload. Text-book huh?

We'll get back to that in a moment but as a reminder, or for those reading this newsletter who are unfamiliar with it, GATHER refers to

Greet
Ask or Assess
Tell
Help
Explain; and
Refer.

Back to the reality, in a clinic setting with a room full of clients waiting to be attended to it boils down to effectively giving each client the information that they need, ensuring that they understand what was imparted and sending them on their way feeling satisfied. How do you achieve this efficiency? Effective communication skills!

The truth is some people do not speak much so you will have to rely on interpreting their guttural noises or body movements or body language (non-verbal cues) in order to fill in the blanks. Your own non-verbal cues relay information to the client as well. Therefore, adopt

the SOLER principle – sit squarely; adopt an open posture (no folding of arms), lean forward, maintain eye contact (avoid a stare down!) and show relaxation of one's body so as not to appear hurried. These are their non-verbal means of communicating and can prove quite insightful.

Effective communication skills also involve great listening skills. Allow the client time to express him/herself, giving them your undivided attention and listening carefully. There will be times when you don't quite understand what is being articulated but wait for the client to pause then interject to paraphrase and

clarify. This may necessitate asking the same question in different ways. In the end always reassure them that you understand what they were conveying. Always acknowledge their concern and their feelings, being respectful, never judging them or their situation.

Clients' rights to access, information, confidentiality, opinion, dignity, choice, continuity, comfort, and safety are to be upheld at all times. By way of printed and audio-visual educational materials and talks, clinics can also steer users to being more direct in their questioning by the time they get to the point of a sit down session.

Thursdays in Black is an initiative of the World Council of Churches (WCC). The Jamaica Council of Churches (JCC) launched the campaign in Jamaica in 2017.

The Campaign began in 2008 as a peaceful protest against rape and violence; the aim was to challenge attitudes that cause rape and violence. Today, the campaign continues to raise awareness *and encourage people to work towards a world without rape and violence, especially against women and children.*

When we **wear Black** we take a stand

- * In mourning for men, women and children who are harmed and killed in sexual violence
- * in solidarity with 1 in 3 women worldwide who face violence in their lives because of gender based violence especially sexual violence
- * in protest against systems and societies that encourage violence in any form
- * to challenge attitudes that cause rape and violence on a personal and public level
- * to transform the despair, pain and anger into resistance
- * to show we are tired of putting up with violence.

Thursdays in Black (*continued*)

Gender based violence (GBV) is a universal and global issue that harms men, women and children in our most private spheres. We often feel helpless and hopeless in the face of so much pain and injustice. GBV is one of the drivers in the contraction and spread of HIV.

What else can you do along with symbolic **black** attire?

- Pray, send positive energy for healing for survivors and families of murdered victims & for workers and activists in this field.
- Report any incident whether personally experienced, observed or heard of, to:

CISOCA: 876-926-4079

(Centre for the Investigation of Sexual Offences & Child Abuse)

Crisis Centre Helpline:

- **Kingston** (24 hours) **929-2997** for women and men!!
- **Montego Bay** (9:00 a.m. – 5:00 p.m. Daily) **876-952-9533**

A World without rape and violence is possible!

EFFECTIVELY SELLING THE FEMALE CONDOM TO CLIENTS

Selling the idea of acceptance of the female condom may prove challenging considering the features of the FC that were viewed as problematic by those who tried it or simply saw it – size, appearance, the amount of lubricant on it, the rings, the noise that the material made during intercourse, the manipulation of the device, and timing. As a health care provider with your knowledge of the benefits of it, it is imperative that you can explain the female condom to potential users and get them to the point

of trying it and accepting it.

The numerous advantages of the FC2 must come readily to mind when you are having the conversation with the person before you. Like the male condom the female condom can be partner initiated. Consider the person who is allergic to latex, they have the FC2 as an option. Wanting to avoid an unplanned pregnancy, HIV or STI is good enough reason to use the female condom. HIV+ persons can rely on the condom for the prevention of the transference of the virus.

The method is there for the woman at various stages of her reproductive cycle from menstruation, to post delivery of a baby to menopause to a hysterectomy.

How you impart the information is just as important so keeping the individual relaxed and receptive to the information can be your trump card. Therefore, highlight the benefits of the method in language that the person will understand, if possible show them a sample of the method and let them touch it, demonstrate insertion on a pelvic model

break the tension with humour, and allow for questions from them being careful not to respond in a judgemental way.

Sell, sell, and sell the positive attributes of power, pleasure and protection that come from patiently persevering and mastering the art of insertion through practice.

