



DIAPHRAGM UPDATES

Singa® diaphragm now available in seven countries



The [Singa®](#) is a multi-size silicone diaphragm with a nylon ring that comes in 60, 65, 70, 75, 80, 85, and 90 mm diameters. The Singa may be an option for people seeking a latex-free diaphragm in a size that isn't accommodated by a single-size diaphragm like the Caya®. The Singa must be fitted by a clinician and purchased through a pharmacy.

Manufactured by KESSEL medintim GmbH, the Singa was first launched in Germany in May 2020. Since then, availability has expanded to Switzerland, Austria, France, the Netherlands, Belgium, and the United Kingdom. The manufacturer also expects the Singa to become available in Sweden and Israel later this year. To view a list of distributors that currently carry the Singa, you can search the distributor list [here](#).

INTERNAL/FEMALE CONDOM UPDATES



New research from Australia

Two manuscripts published in early 2021 present findings from a cross-sectional study of cisgender women in New South Wales, Australia. During the 2019 study, participants were given three internal/female condoms and asked to complete a survey about their opinions and experiences using or attempting to use them. Check out the abstracts below, or follow the links to access the full text of each manuscript.

Fenwick SE, Botfield JR, Kidman P, McGeechan K, Bateson D. [Views and experiences of the female condom in Australia: An exploratory cross-sectional survey of cisgender women](#). PLoS One. 2021 Feb

19;16(2):e0246664. BACKGROUND: The female condom is the only female-initiated form of protection against unintended pregnancy and sexually transmissible infections (STIs). However, use of this method in Australia is low. To better understand women's views and experiences of the female condom, we conducted an interventional cross-sectional study. METHODS: Cisgender women ≥ 16 years, heterosexually active and living in New South Wales were recruited through social media advertisements and email invitations to clients of a family planning service. Eligible participants were provided with three female condoms and invited to complete a follow-up survey. Survey responses for women who attempted to use at least one female condom were summarised using counts and proportions. RESULTS: We recruited 556 women; few (30/556) had used the female condom before the study. There were 284 women who used, or attempted to use, a female condom during the study and completed the follow-up survey. Fifty-one percent (104/205) reported experiencing some difficulty in insertion, although only 46% (130/284) had seen an instructional demonstration. Approximately half (105/204) of women rated the sensation and comfort of the female condom as the same or better than the male condom, and 66% (137/204) reported that it provided the same or better lubrication. Approximately half of women said they would consider using the

female condom again for STI prevention (51% (133/260)) or contraception (40% (103/260)), or would recommend to others (43% (112/260)). CONCLUSION: Findings highlight the need for increased health promotion and education regarding use of the female condom. To increase access it will be important to address method cost and availability in Australia. Future research should explore other perspectives of this method, including among the LGBTIQ+ community.

Botfield JR, Cucuzza S, Kidman P, Fenwick SE, Bateson D. [The female condom: What do Australian women say?](#) Health Promot J Austr. 2021 Jan 31. doi: 10.1002/hpja.459. Online ahead of print. BACKGROUND: The female condom is a barrier method for the prevention of sexually transmissible infections and unintended pregnancy. Uptake of this method remains low in Australia, although little research has been undertaken to explore this. METHODS: An interventional cross-sectional study was undertaken in 2019 to explore the views and experiences of women in New South Wales. After trying the female condom, they were invited to complete an online survey and/or structured interview. Training in the use of the female condom was not provided. This paper reports on qualitative findings from open-ended survey responses and interviews. RESULTS: In total, 284 participants completed the survey and 20 participated in an interview. Most were aware of the female condom prior to participating in the study, but few had used it previously. Four broad themes were identified from the data: (i) accessibility of the female condom, including cost and availability, (ii) supporting choice in different circumstances, (iii) aspects of empowerment and control and (iv) use of gendered language. CONCLUSIONS: The female condom may be an acceptable option for many women in Australia. To support the choice of method and promote uptake, it will be important to increase the accessibility of the female condom by raising awareness and addressing the issues of cost and availability. Further exploration of issues regarding inclusive language and messaging in health promotion campaigns and marketing is warranted to ensure that this product is accessible for all people who may wish to use it, regardless of gender or sexuality. Similar research could be undertaken with men/partners and members of the LGBTQ+ community to explore their perspectives of the female

condom. SO WHAT?: To support contraceptive choice and promote the uptake of the female condom for those who desire this method, it will be important to address the issues of cost and availability. Accessibility will also be enhanced through the consideration of inclusive language and messaging in health promotion campaigns and marketing of the female condom.

Domina internal/female condom now available in India



January 2021 marked the launch of the **Domina** internal/female condom in India. Marketed by the personal hygiene brand Pee Safe, the Domina is made of latex, and features an internal sponge and lavender fragrance. They are available in packs of two or 12 and can be purchased in local retail stores or online through the manufacturer’s [website](#) or Amazon.

A note on terminology

In order to acknowledge that people of many genders and lived experiences have a cervix and may use barrier methods of contraception, including non-binary people, men, women, and people with a range of other gender identities, we use gender-neutral terminology throughout this site except when referring to products and research that specifically use the term “woman” or “female”. In addition, to recognize both the terminology used widely in global contexts, as well as the name-change adopted in 2018 by the US Food and Drug Administration, we use the terms “internal condom” and “female condom” interchangeably.



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