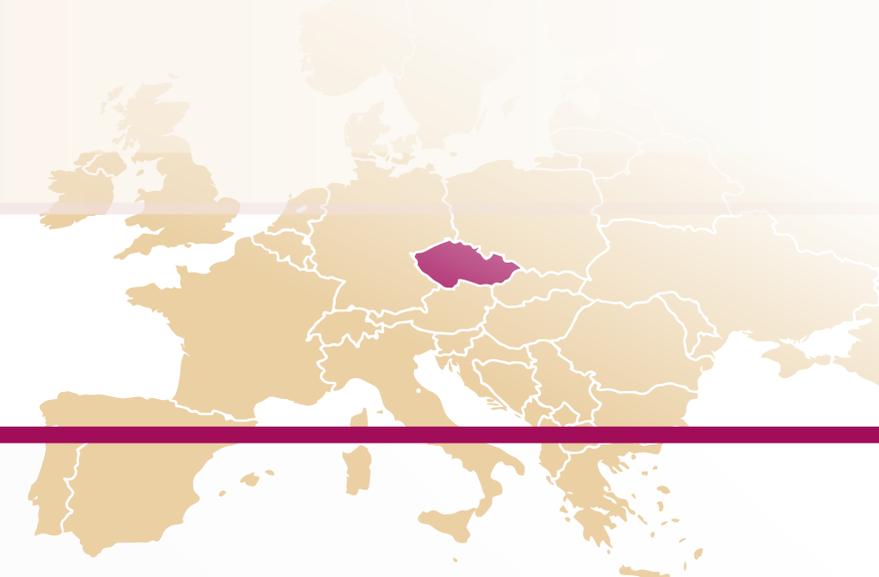




Barrier contraceptives:

Evaluation after three years of counselling

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Introduction 1/5

Objectives

This study evaluates the first three years of counselling for the FemCap vaginal contraceptive device. Because the effectiveness of the FemCap depends on user motivation, knowledge and education, we launched a counselling program based on our professional background and personal experience.

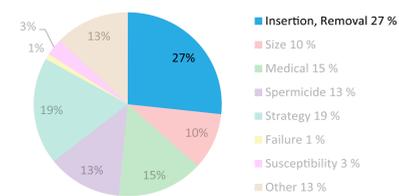
Method

Email queries received through the program were categorized into individual clusters, then evaluated.



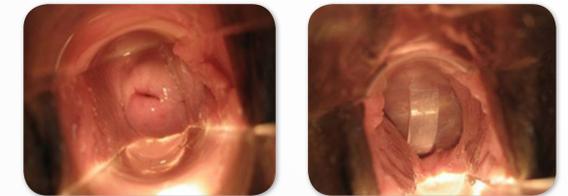
Results - Insertion, Removal 3/5

27% of the queries pertained to insertion or removal. All women were instructed to perform a self-exam first, yet some still had difficulty determining whether they inserted the FemCap correctly. Some women reported they could feel the front edge of the brim. They were advised to push the FemCap more towards the navel.



Some women reported strong suction when removing the FemCap. They were advised to twist the FemCap before removing to release this suction.

A few women with shorter fingers found they could not easily insert or remove the FemCap. They were advised to insert and remove the FemCap in a wide squat position while pressing the lower belly with one hand to get the cervix closer to the vaginal opening. If their difficulties continued, they were told to tie a cotton string from a tampon to the FemCap removal strap, or to ask their partners for help.



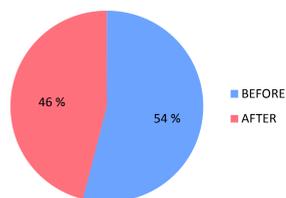
Counselling and knowledge empower women to use FemCap.

Results 2/5

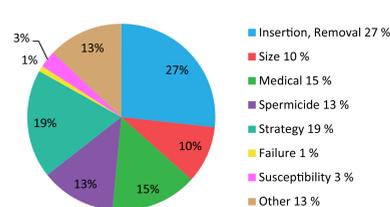
In three years, we answered 426 emails, each averaging 1.42 queries.

- 54% of questioners requested counselling prior to purchase
- 46% requested it after reading the instructions for use.

Queries Before and After Purchase



Types of Queries in Percents



Results - Other 4/5

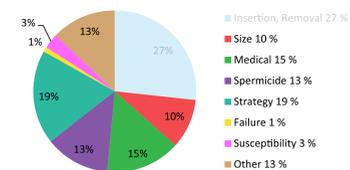
• 19% of the queries related to general contraception strategy with emails often starting: I should be old enough to know this, but still I would like to ask about... Some women stated that their daughters probably knew more about female sexuality than they did.

• 15% of the queries pertained to medical issues such as vaginal discharge, ectropium, mycosis, retroverted uterus, etc. When using the FemCap, women learned more about their bodies. They noticed vaginal discharge they were not aware of before, as well as minor bleeding related to ovulation. They were reassured it was physiological and were advised to visit their OB/GYN if the discharge or bleeding increased.

• 13% of the queries related to the use of spermicides, whether to use the FemCap with a spermicide, and which one to choose.

• 10% of all the queries related to appropriate size. Some women underwent conization and were not sure whether the FemCap was appropriate for them, and if so, which size?

• 3% of the queries related to susceptibility in men, 1% to failure, and 13% were classified as Other.



Conclusions 5/5

Although the counselling was primarily intended as a support for FemCap users, almost 20% of questioners welcomed it as an opportunity to discuss nonhormonal contraceptive strategy in general. Based on this finding, we believe women need greater access to credible counselling on contraception and sexuality.

We also recommend that manufacturers and sellers of female barrier devices provide online counselling to ensure user comfort and real-time support.

Acknowledgement

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