Women's Voices...

The Diaphragm Lives!

Zena Stein, Ida Susser, Marion Stevens

Inexpensive – a single purchase may last for years – easy to use – and virtually hidden from the partner – the diaphragm! ... Would it give *'harm reduction'* to HIV, as it did for pregnancy?

A session at the conference discussed the difficulty of getting policy makers to look anywhere except at randomized clinical trials. Although the outstanding researcher, Nancy Padian, has carried out such a trial, those who oversee these trials insisted that the experimental group be instructed to use a male condom, as well as the diaphragm, while the control group used the condom only. Unsurprisingly, many experimental participants – and who could blame them – rejected this instruction, and used the diaphragm alone. The trial was rated a failure, because the experimental group, and the control group, ended up with exactly the same number of new infections (and pregnancies).

Careful study of the findings of Nancy Padian's path-breaking randomized control trial of the diaphragm suggests that the diaphragm did act as *'harm reductive'*. The efficacy of the diaphragm was clearly demonstrated by the findings that when many of those in the experimental group abandoned the condom and used the diaphragm alone, this method achieved equally good results.

Almost since the epidemic began, some of us have wondered if the vaginal diaphragm might not have a *'harm reduction'* role in protecting women. Used by generations of women as an alternative to the male condom in preventing pregnancy, it did reduce, although not absolutely prevent, conceptions. It also gave some protection against other sexually transmitted infections. As understanding of HIV emerged it could be argued that the diaphragm gave protection to the cervix, the site of many of the cells that are infected by the semen.

The degree of protection the diaphragm achieves is uncertain, but its known merits have been neglected for too long. The evidence for protection given by the male condom never included Randomized Control Trials (RCTs) that examined the protection they give to women. In fact, the trials only traced the protection from sexually transmitted infection that they gave to sailors, spending their time ashore. In recent years, however, reports of male condom use – not RCTs – among discordant couples have been persuasive that consistent use gives protection for both partners.

Meanwhile, as we well know, many women cannot convince their male partners to use a male condom, or allow a female condom. This is the rationale behind the enormous ongoing efforts to find a microbicide.

It would be very important if, having no reasonable alternative, we could say to women:

First, try and get your partner to use a male condom or try to use a female condom. If these propositions fail – discretely insert your diaphragm as a tool for harm reduction. Every woman should be fitted with a diaphragm and shown how use it.

> ...we cannot deprive women of the diaphragm alternative...

Who would oppose this simple option?

Theorists who argue against the diaphragm are afraid that women will abandon the male or female condom. However, surely we cannot deprive women of the diaphragm alternative, when so many people are failing to use anything at all.

Shouldn't women be educated and empowered to make their own choices?

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UPCOMING EVENT

08:15-10:30h – Plenary Session

Speakers:
Chakaya Jeremiah, Kenya
Bruno Spire, France
Edwin Cameron, South Africa
Zonibel Woods, Canada

The plenary will address the following issues:

- HIV and TB; HIV prevention: What have we learned from community experiences in concentrated epidemics?
- Criminal statutes and criminal prosecutions in the epidemic: Help or Hindrance?
- Investing in gender equality: Why women and girls matter in the AIDS response