

## **Abstract:**

**Objective:** To measure the impact on sexually transmitted infection (STI) prevalence of a female condom introduction and risk-reduction program at Kenyan agricultural sites. **Design:** We conducted a cluster-randomized trial to determine whether a replicable, community-level intervention would reduce STI prevalence. **Methods:** Six matched pairs of tea, coffee and flower plantations were identified. The six intervention sites received an information/motivation program with free distribution of female and male condoms, and six control sites received only male condoms and related information. Participants were tested for cervical gonorrhea and chlamydia by ligase chain reaction on urine specimens, and vaginal trichomoniasis by culture, at baseline, 6 and 12 months. **Results:** Participants at intervention (n 969) and control sites (n 960) were similar; baseline STI prevalence was 23.9%. Consistent male condom use was more than 20% at 12 months. Consistent female condom use was reported by 11 and 7% of intervention site women at 6 and 12 months. Unadjusted STI prevalence was 16.5 and 17.4% at 6 months, and 18.3 and 18.5% at 12 months, at the intervention and control sites, respectively. Logistic regression models confirmed the null effect of the female condom intervention. **Conclusions:** Female condom introduction did not enhance STI prevention at these sites. It is unclear which aspects of the intervention ± STI education, condom promotion, case management ± were associated with decreased STI prevalence from baseline to follow-up.