

do condoms work?

can condoms save lives?

Absolutely. Although controversy persists regarding whether condoms are an effective means of preventing human immunodeficiency virus (HIV) transmission, condoms that are readily available, effectively promoted, and used correctly and consistently, play an important public health role in HIV prevention.

Abstinence or sexual intercourse with a mutually faithful uninfected partner are most effective in preventing HIV infection. However, in a national survey of adolescents, 63% of 14-21 year-olds reported engaging in sexual intercourse.¹ Using condoms can reduce the risk of infection of sexually transmitted diseases (STDs), including HIV, for those people who are not abstinent.

No public health strategy can guarantee perfect protection. For instance, the influenza vaccine is “only” 60 to 80% effective in preventing influenza, but thousands of deaths could be prevented annually through the wider use of this “imperfect” vaccine.² The real public health question is not are condoms 100% effective, but rather, how can we more effectively use condoms to help prevent the spread of disease.

are condoms effective barriers?

Yes. In the laboratory, latex condoms are very effective at blocking transmission of HIV because the pores in latex condoms are too small to allow the passage of the virus. Condoms have been shown to be effective barriers not only to HIV, the virus that causes AIDS, but also to herpes simplex, CMV, hepatitis B, chlamydia, and gonorrhea.³

Out of the laboratory, condom effectiveness declines with the introduction of the “human factor.” Because condom education has been lacking, people do not use them well. Condom failure is more often due to user failure than product failure. Users may fail to: 1) use a condom with each act of sexual intercourse, 2) put the condom on before any genital contact occurs, or 3) completely unroll the condom.³ Using drugs or alcohol can also impair judgment and proper condom use.⁴

To insure maximum condom efficacy, the following should be avoided: use of oil-based lubricants (petroleum jelly, shortening, lotions) that weaken latex; storing condoms in direct heat or sunlight; using condoms in damaged packages or showing obvious signs of age (brittle, sticky or discolored).³

why do people not use condoms?

Mainly because of emotional reactions or misperceptions. Results from a telephone interview of heterosexuals in 23 urban areas with a high prevalence of AIDS found that distrust associated with condom use was more likely among males, African-Americans, and the less educated. Of the respondents, 54% believed condoms might fail during intercourse, 41% complained they reduced sexual sensation, 35% were uncomfortable buying them, and 21% felt uncomfortable putting condoms on.⁵

Adolescent girls asking for help buying condoms, in a 1988 survey of Washington DC drugstores, encountered resistance or condemnation from store clerks 40% of the time.⁶

In a study of Canadian college students, factors associated with not using a condom included embarrassment about condom purchase, difficulty discussing condom use with partner, use of oral contraceptives, insufficient knowledge of HIV/STDs, and the belief that condoms interfere with sexual pleasure.⁷ Misapprehensions can be addressed by education, frank talk about sexuality, and better marketing and distribution of condoms.

Says who?

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can condoms be promoted more effectively?

Absolutely. Barriers to greater condom usage have hardly begun to be addressed in the US. For example, in Switzerland's STOP AIDS program, a brochure about AIDS was mailed to every Swiss household in 1986, and followed-up with a mass media campaign promoting the use of condoms. Sexually active people between 17 and 30 years old reported an increase in always using condoms in casual sexual contacts from 8% in 1987 to more than 50% in 1991. For the youngest group, between 17 and 20 years old, condom use increased from 19% in 1987 to 73% in 1990.⁸

*Condom social marketing efforts have dramatically increased sales of condoms. For example, in Zaire, careful consumer research produced "Prudence," a condom designed and priced to be culturally sensitive, attractive and affordable. Total sales of Prudence increased 443% from 1988 to 1989, and in many regions of Zaire, the word Prudence has become a generic substitute for the word condom.*⁹

Television is one of the most popular means of communication in the US, yet most networks continue to bar paid condom advertising from prime time. A poll of injection drug users in Baltimore showed that 47% learned the most about AIDS from television; the average television watching was 28 hours per week.¹⁰ Television could reach millions of Americans with AIDS prevention messages.

*Increasingly, junior and senior high schools are making condoms available in special programs. A 1991 Roper poll found that two out of three (64%) adults say condoms should be available in high schools; 47% favor making condoms available in junior high schools.*¹¹

The way in which condoms are made available has a great impact on whether or not they are acquired. At a drug abuse treatment center condoms were made available in the programs' private restroom or in the public waiting area. Overall, 381% more condoms were taken from the restroom.¹²

Making condoms available in more venues would not only ease access, it would help remove any stigma or embarrassment. Bars where gay or straight singles meet sometimes provide condoms for free or in bathroom dispensing machines. In Atlanta, GA, local ordinances have been introduced to require bar and liquor store owners to sell condoms. Innovative approaches like these and those used in other countries could boost sales, acceptability, and ultimately, use of condoms.

are condoms foolproof?

No. Neither are seatbelts, helmets, vaccines, or people. But in the real world we drive to work, vaccinate our children, and hope to get through the day unscathed. No disease prevention strategy is ever perfect, and all strategies, including abstinence, depend on the skills and knowledge of the user. A comprehensive HIV prevention strategy uses multiple elements to protect as many people at risk of HIV infection as possible. Abstinence and mutual monogamy are a part of that strategy, as well as promoting correct and consistent condom use.

*In a study of 245 heterosexual couples where one partner was HIV-infected and the other wasn't, none of the 123 male or female partners who consistently used condoms became infected. In contrast, 12 of the 122 partners who either didn't use condoms or used them inconsistently became infected.*¹³

Correct and consistent condom use can dramatically reduce the risk of HIV or STD transmission. With a million Americans currently infected with HIV, and the majority of infections sexually transmitted, condom promotion is a crucial part of any public health strategy.

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