

# Fact Sheet

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## The Truth About Condoms

### History of the Condom

The earliest known illustration of a man using a condom during sexual intercourse is painted on the wall of a cave in France. It is 12,000–15,000 years old (Parisot, 1987). We know that condoms have been used to protect against sexually transmitted infection since the sixteenth century and to prevent unwanted pregnancy since the eighteenth century (Himes, 1963). Since the 19<sup>th</sup> century, American moralists — who have misunderstood or denied its public health benefits — have attacked condom use (Brodie, 1994).

**As a result, those who cared more about the control of human sexuality than about the prevention of sexually transmitted infection and unwanted pregnancy have stymied public health efforts toward increased condom use in the U.S. for most of the 20<sup>th</sup> century.** During World War I, for example, U.S. allies, such as New Zealand, gave their troops condoms to prevent sexually transmitted infection. But social hygienists in the U.S. forced the American Armed Expeditionary Forces to adopt a chastity campaign — they were opposed to any prophylactic prevention of sexually transmitted infection. Consequently, in 1919

alone, U.S. troops reported a yearly admissions rate of 766.55 per 1,000 for sexually transmitted infection (Brandt, 1985).

**In the last several years, anti-sex, anti-choice radicals have reverted to a shameless distortion of scientific fact in order to discourage condom use.** Three myths propagated by this anti-condom misinformation campaign are particularly dangerous. The first myth purports that talking about condoms or giving people condoms will make them sexually promiscuous (Hartigan, 1997). The second claims that condoms cause AIDS because HIV allegedly passes through microscopic pores in the latex (A.L.L.). The third blames condoms for cervical cancer (Lerner, 1999; Cantu & Farish, 1999).

These outrageous myths are now so widespread that they are recited in Congress and have infected the sexuality education programs of more than a third of U.S. schools (Lerner, 1999; Landry *et al.*, 1999).

However, as this fact sheet will make clear, the effectiveness of condoms against unintended pregnancy and sexually transmitted infection has long been established (see below). Further, information about and access to condoms clearly do not increase sexual activity among

adolescents (Kirby, 1997; Schuster *et al.*, 1998). One World Health Organization review of 19 studies found no evidence that sexuality education programs lead to earlier or increased sexual activity among teens (NCHSTP, 1996). But easy access to condoms does encourage use among teens that are *already* sexually active (Schuster *et al.*, 1998). And teens need protection — at least 60.9 percent of twelfth-graders report having had sexual intercourse (AGI, 1999; Kann *et al.*, 1998).

*The truth about condoms is that they offer the best protection for the sexually active* (Stone *et al.*, 1999; CDC, 1998).

#### Condom Use is a National Public Health Goal

The U.S. Public Health Service has included increased condom use as part of Healthy People 2000 and Healthy People 2010 — the national health promotion and disease prevention objectives. The federal government plans to “increase to at least 50 percent the proportion of sexually active, unmarried people who used a condom at last sexual intercourse.” Another goal will “increase to at least 60 percent the proportion of sexually active, unmarried young women aged 15–19 whose partner used a condom at last sexual intercourse.” For adolescent men, usage will go even higher — “to at least 75 percent” (NCHS, 1999). **Increased condom use can reduce the skyrocketing incidence of sexually transmitted infection among sexually active teens** (KFF, 1998; Felman, 1979).

#### Condoms as Birth Control

**Condoms are an effective, inexpensive form of birth control.** Of 100 women whose partners use condoms inconsistently or imperfectly, 14 will become pregnant in the first year of use.

Only three will become pregnant if condoms are used perfectly (Warner & Hatcher, 1998). Unlike many other forms of birth control, condoms also protect against sexually transmitted infection. Additional advantages of condoms as birth control include: low cost, easy access, simple disposal, minimal side effects, and longer-lasting sex play. Using condoms can also enhance sexual pleasure by reducing anxieties about the risk of infection and pregnancy (Warner & Hatcher, 1998).

#### Condoms and Sexually Transmitted Infection

**Condoms offer effective protection against most serious sexually transmitted infections by preventing the exchange of body fluids** (Cates & Stone, 1992; CDC, 1998; Stone *et al.*, 1999).

Such fluids — semen, genital discharge, or infectious secretions — are the primary routes of transmission (Stone *et al.*, 1999). While latex condoms may not completely prevent skin-to-skin contact, they offer the best protection possible since most sexually transmitted infections attack areas of the penis covered by the condom (Stone *et al.*, 1999). (In order to be effective, condoms must be used consistently and correctly, put on prior to genital contact, and used throughout contact (Cates & Stone, 1992; CDC, 1998)).

#### Condoms and Fertility

Condoms can help protect fertility by preventing transmission of sexually transmitted infections that cause infertility, such as chlamydia and gonorrhea. Women whose partners use condoms are at much lower risk of hospitalization for pelvic inflammatory disease — a condition that causes infertility — than those whose partners do not (Kelaghan *et al.*, 1982). And women whose partners use

condoms are at 30 percent less risk of infertility due to sexually transmitted infection (Cramer *et al.*, 1987).

### Condoms and Bacterial Infections

**Condoms offer good protection against sexually transmitted bacterial infection — chlamydia, gonorrhea, trichomoniasis, and syphilis (Stone *et al.*, 1999; Judson *et al.*, 1989).**

During the 1980s, genital chlamydia became the most prevalent bacterial STI in the U.S., and in 1996 there were an estimated 3 million new cases — this made chlamydia the most frequently reported infectious disease in the country (KFF, 1998). Increased condom use will help reduce the incidence of these infections (Stone *et al.*, 1999; Cates & Stone, 1992). The national goals to double condom use were based on the condom's proven ability to reduce gonorrhea, chlamydia, and HIV infection (NCHS, 1999).

### Condoms and Viral Infections

Condoms are effective against viral infections such as HIV, hepatitis B, cytomegalovirus, and herpes simplex virus 2, which are transmitted by semen, urethral fluids, and genital sores (Judson *et al.*, 1989; Cates & Stone, 1992).

#### HIV

Given the serious consequences of HIV infection, much of the research about condom efficacy has focused on HIV transmission. **The condom is recognized as a highly effective barrier against HIV infection (CDC, 1998).**

**Condom-use opponents, however, have manipulated the findings of flawed laboratory tests to create public doubt about the condom's effectiveness against HIV.** For example, one study erroneously concluded that latex condoms leak HIV virus even though it used particles that were 100 million times smaller than the HIV particles found in semen (Stone *et al.*, 1999). In fact, the risk of HIV transmission with a condom is reduced — as much as 10,000-fold (Carey *et al.*, 1992; Cavalieri d'Oro *et al.*, 1994; Weller, 1993).

**In a recent study of couples in which one partner was HIV positive, only one case of infection (2 percent) occurred among those who remained sexually active and used condoms consistently and correctly.**

In contrast, the incidence of HIV infection was 14 percent with inconsistent use (Deschamps *et al.*, 1996). A similar study showed a 10-percent infection rate without consistent condom use (de Vincenzi, 1994). A meta-analysis of 25 studies on HIV transmission and condoms found that efficacy rates ranged from 87 percent to 96 percent against HIV infection (Davis & Weller, 1999).

#### HPV and Herpes

Condoms provide some protection against viruses such as human papilloma virus (HPV) and herpes simplex virus (HSV), that infect the

general genital area (CDC, 1998). The Centers for Disease Control and Prevention recommend condom usage as a way to reduce the risk of both infections (CDC, 1998). Since HPV and herpes viruses ‘shed’ beyond the covered area, however, condoms do not provide as complete protection as they do for other pathogens.

**However, condoms can decrease the risk of infection.** Condom use directly correlated with a lower risk of herpes infection in Costa Rican women whose partners wore condoms (Oberle *et al.*, 1989). And failure to use condoms has been shown to be among the most significant risk factors for pre-cancerous conditions related to HPV (Wang & Lin, 1996).

Unlike HIV, most HPV and HSV infections do *not* have catastrophic health consequences. In general, HPV and HSV are not as dangerous as HIV or chlamydia, which condoms can more successfully prevent — HIV infection is considered fatal, and chlamydia can result in infertility or permanent disability (Friedman *et al.*, 1998; Howell *et al.*, 1998; OWH, 1997).

## HPV and Cervical Cancer

**Few HPV infections lead to cervical cancer. It is estimated that 75 percent of women will have HPV at some point in their lives, but only two percent to five percent will ever have an abnormal Pap test result because of HPV**

**infection. Even fewer will develop cervical cancer. (CDC, 1999; Lytwyn & Sellors, 1997).** Most HPV infections are short-lived, and many women appear to develop immunity to different HPV infections. Nearly a third of women may recover from the infection within six months, and after two years, more than 90 percent of HPV infections clear. Persistent infection seems to be the higher risk factor for cervical cancer (Elfgrén *et al.*, 2000; Ho *et al.*, 1998).

The claims of condom-use opponents regarding HPV are false and alarmist. Condom use cannot be blamed for the high prevalence of HPV or cervical cancer among women in the U.S. While condoms may not eliminate the risk of transmitting the HPVs that cause cancer, the CDC recommends them for risk reduction (CDC, 1998).

## Condom Effectiveness

Condoms are effective because they block contact with body fluids that cause pregnancy and sexually transmitted infection. Most reports of condom failure are the result of inconsistent or incorrect use, not breakage (Macaluso *et al.*, 1999). In the U.S., the actual breakage rate is a low two per 100 condoms (CDC, 1998). High failure rates in some studies occur because many people lie about contraceptive use to shift the responsibility for an unintended pregnancy to a “faulty” contraceptive. Such over-reporting artificially inflates failure rates (Trussell, 1998).

## Additional Resources

American Medical Association. *Guidelines for Adolescent Preventive Services* — [www.ama-assn.org/adohlth/recomend/monogrf1.htm](http://www.ama-assn.org/adohlth/recomend/monogrf1.htm)

— Recommendation 9 includes guidelines for making latex condoms available to adolescents.

Centers for Disease Control and Prevention, Division of HIV/AIDS Prevention. Prevention of HIV/AIDS — [www.cdc.gov/nchstp/hiv\\_aids/pubs/facts.htm](http://www.cdc.gov/nchstp/hiv_aids/pubs/facts.htm) — provides access to a number of CDC publications, including *Condoms and Their Use in Preventing HIV Infection and Other STDs* and *Patterns of Condom Use Among Adolescents: The Impact of Mother-Adolescent Communication*.

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