

FACT SHEET

THE TRUTH ABOUT LATEX CONDOMS

Sexually involved individuals owe it to themselves to get accurate, unbiased information about condoms and the part they play in preventing unwanted pregnancies and sexually transmitted diseases.

SIECUS has updated this Fact Sheet—*The Truth About Latex Condoms*—for this purpose. It includes information on both their reliability and their effective use.

It also includes resources used in compiling the Fact Sheet so that people will know where to look for more information.

EFFECTIVENESS

- Condoms are only effective when used consistently and correctly.¹
- Using a condom during intercourse is more than 10,000 times safer than not using a condom.²
- Condoms are 98 percent effective in preventing pregnancy when used correctly³—and up to 99.9 percent effective in reducing the risk of STD transmission when combined with spermicide.⁴
- The first-year pregnancy failure rate among typical condom users averages about 12 percent and includes pregnancies resulting from errors in condom use.⁵
- Studies of hundreds of couples show that consistent condom use is possible when sexual partners have the skills and motivation.⁶

REGULATIONS AND TESTS

- In the United States, manufacturers follow the voluntary performance standards for condoms established by the American Society for Testing and Materials and recommended by the Food and Drug Administration (FDA).⁷
- Before packaging, every condom is tested electronically for defects. In addition, the FDA tests samples from every batch using water-leak and air-burst tests.⁸
- The average batch of condoms tests better than 99.7 percent defect free.⁹
- During the water-leak test, if there is a leak in more than four per 1,000 condoms, the entire lot is discarded.¹⁰

- Laboratory studies show that sperm and disease-causing organisms (including HIV) cannot pass through intact latex condoms.¹¹

HIV TRANSMISSION

- Condom use substantially reduces the risk of HIV transmission.¹²
- A study published in *The New England Journal of Medicine* observed heterosexual couples where one partner was HIV-positive and the other was HIV-negative (sero-discordant couples), for an average of 20 months. Findings included¹³:
 - No seroconversion occurred among the 124 couples who used condoms consistently and correctly for vaginal or anal intercourse.¹⁴
 - 10 percent of the HIV-negative partners (12 of 121) couples became infected when condoms were used inconsistently for vaginal or anal intercourse.¹⁵
 - Of the 121 couples who used condoms inconsistently, 61 used condoms for at least half of their sexual contacts and 60 rarely or never used condoms. The rate of seroconversion was 10.3 percent for the couples using condoms inconsistently and 15 percent for couples not using condoms.¹⁶
- A study published in *The Journal of Acquired Immune Deficiency Syndromes* observed sero-discordant heterosexual couples and showed that only three out of 171 who consistently and correctly used condoms became HIV infected; eight out of 55 who used condoms inconsistently became HIV infected; and eight out of 79 who never used condoms became HIV infected.¹⁷

CONSISTENT AND CORRECT USE*

Individuals who use condoms to prevent unwanted pregnancies and STDs must understand the meaning of *consistent* and *correct* condom use.

Consistent Use

- Use a condom with every act of sexual intercourse, from start to finish, including penile vaginal intercourse, oral, and anal intercourse.

Correct Use

- Store condoms in a cool place out of direct sunlight (not in wallets or glove compartments). Latex will become brittle from changes in temperature, rough handling or age. Don't use damaged, discolored, brittle, or sticky condoms.
- Check the expiration date.
- Carefully open the condom package—teeth or fingernails can tear the condom.
- Use a new condom every time a person has sexual intercourse.
- Put on the condom after the penis is erect and before it touches any part of a partner's body. If a penis is uncircumcised, the person must pull back the foreskin before putting on the condom.
- Put on the condom by pinching the reservoir tip and unrolling it all the way down the shaft of the penis from head to base. If the condom does not have a reservoir tip, pinch it to leave a half-inch space at the head of the penis for semen to collect after ejaculation.
- Withdraw the penis immediately if the condom breaks during sexual intercourse and put on a new condom before resuming intercourse. When a condom breaks, use spermicidal foam or jelly and speak to a health-care provider about emergency contraception.
- Use only water-based lubrication. Do not use oil-based lubricants such as cooking/vegetable oil, baby oil, hand lotion, or petroleum jelly—these will cause the condom to deteriorate and break.
- Withdraw the penis immediately after ejaculation, while the penis is still erect, grasp the rim of the condom between the fingers and slowly withdraw the penis (with the condom still on) so that no semen is spilled.

*Items under the heading "Consistent and Correct Use" are from the U.S. Centers for Disease Control and Prevention (CDC), "Questions and Answers About Male Latex Condoms to Prevent Sexual Transmission of HIV," *CDC Update* (U.S. Centers for Disease Control: Atlanta, GA: April 1997).

RESOURCES

1. U.S. Centers for Disease Control (CDC), "Questions and Answers about Male Latex Condoms to Prevent Sexual Transmission of HIV," *CDC Update* (CDC: Atlanta, GA: April 1997).
2. R. F. Carey, et al, "Effectiveness of Latex Condoms As a Barrier to Human Immunodeficiency Virus-sized Particles under the Conditions of Simulated Use," *Sexually Transmitted Diseases*, 19, no. 4 (July/August 1992), p.230.
3. J. Trussell, et al, "Contraceptive Failure in the United States: An Update," *Studies in Family Planning*, 21, no. 1 (January/February 1990), p. 52.
4. P. Kestelman and J. Trussell, "Efficacy of the Simultaneous Use of Condoms and Spermicides," *Family Planning Perspectives*, 23, no. 5 (Sept./Oct. 1991), p. 227.
5. R. A. Hatcher, et al, *Contraceptive Technology, Sixteenth Revised Edition* (New York: Irvington Publishers, Inc., 1994), pp. 154–55.
6. CDC (April 1997).
7. R. A. Hatcher, et al (1994), pp. 159–60; CDC (April 1997).
8. R. A. Hatcher, et al (1994), p. 160; CDC (April 1997).
9. CDC (April 1997).
10. Consumers Union of the United States, Inc. "How Reliable Are Condoms?," *Consumer Reports* (May 1995), p. 3.
11. CDC, "Facts about Condoms and Their Use in Preventing HIV and Other STDs," *Condoms and STD/HIV Prevention* (July 1993), p.2.
12. I. De Vincenzi, "A Longitudinal Study of Human Immunodeficiency Virus Transmission by Heterosexual Partners," *The New England Journal of Medicine*, 331, no. 6 (August 11, 1994), p. 341–6.
13. I. De Vincenzi (August 11, 1994), p. 341.
14. I. De Vincenzi (August 11, 1994), p. 343.
15. Ibid.
16. I. De Vincenzi (August 11, 1994), p. 342–4.
17. A. Saracco, et al, "Man-to-Woman Sexual Transmission of HIV: Longitudinal Study of 343 Steady Partners of Infected Men," *Journal of Acquired Immune Deficiency Syndromes*, 6, no. 5 (1993), p. 499.

