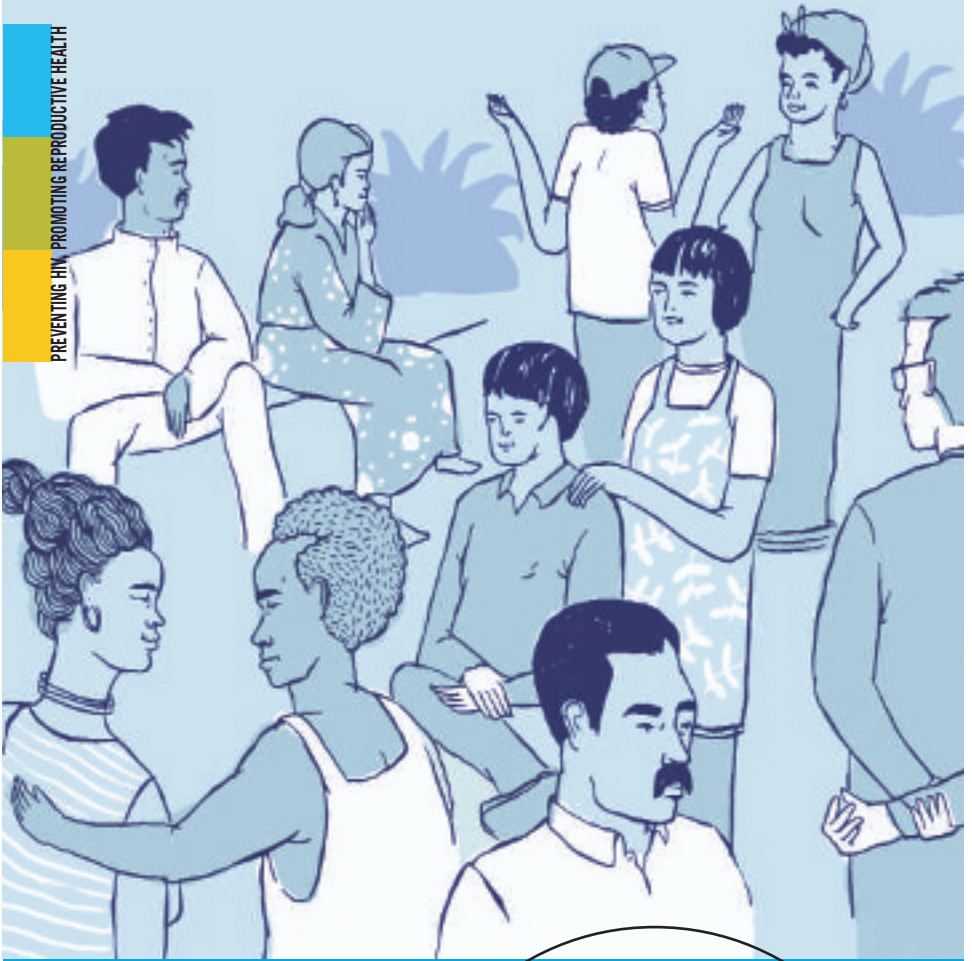


PREVENTING HIV, PROMOTING REPRODUCTIVE HEALTH



# MYTHS, MISPERCEPTIONS AND FEARS

ADDRESSING  
CONDOM USE  
BARRIERS



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## Acronyms

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<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>ASTM</b>	American Society for Testing and Materials
<b>CDC</b>	Centers for Disease Control (USA)
<b>CEN</b>	Comite Europeen de Normalisation
<b>CQI</b>	Condom Quality Index
<b>FHI</b>	Family Health International
<b>IATT</b>	Inter-Agency Task Team for Condom Programming composed of IPPF, UNFPA, UNICEF, UNAIDS, the World Bank and WHO
<b>HIV</b>	Human Immunodeficiency Virus
<b>IPPF</b>	International Planned Parenthood Federation
<b>ISO</b>	International Organization for Standardization
<b>N-9</b>	Nonoxynol-9
<b>NIH</b>	National Institutes of Health (USA)
<b>PATH</b>	Program for Appropriate Technology in Health
<b>STD</b>	Sexually Transmitted Disease
<b>STI</b>	Sexually Transmitted Infection
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS
<b>UNFPA</b>	United Nations Population Fund
<b>UNICEF</b>	United Nations Children Fund
<b>USAID</b>	United States Agency for International Development
<b>VCT</b>	Voluntary Counselling and Testing
<b>WHO</b>	World Health Organization
<b>WPRO</b>	Western Pacific Regional Office



## INTRODUCTION

This document has been developed to address commonly held condom myths, misperceptions, fears and negative attitudes (MMFs) that act as barriers to correct and consistent condom use around the world.

The United Nations Population Fund (UNFPA), World Health Organization (WHO) Department of Reproductive Health and Research and the International Planned Parenthood Federation (IPPF) collected these myths and misperceptions from regional and country programme managers and health care providers. The most commonly occurring myths and misperceptions are addressed in this document.

For every fact that is known about condoms, there are as many myths and misperceptions. This booklet offers evidence-based factual information about condoms and their use. WHO, UNAIDS, and UNFPA stated, in a position paper “Condoms and HIV Prevention” issued July 2004, that the male latex condom is the single most efficient and most available technology to reduce the sexual transmission of HIV and other STIs. A few direct references are provided throughout the text while a selected bibliography from this review is presented at the end of Section II for your expanded study into condoms and condom use.

There is a high awareness of HIV/AIDS in most major urban areas around the globe. Its basic transmission and prevention methods are also widely known. Condoms, when used correctly during every sexual penetration, have been proven to be an effective measure against sexually transmitted infections, including HIV<sup>1</sup>. Despite these known facts, many myths and misperceptions about condoms contribute to their inconsistent use, and therefore diminish their impact on the prevention of HIV.

<sup>1</sup>KK Holmes, et al Effectiveness of condoms in preventing sexually transmitted infections, *Bulletin of the World Health Organization*, June 2004, 82 (6)



## Introduction

Low condom use is sometimes attributed to unreliable supply and poor distribution to those who need condoms the most. It is reported that condom use among populations at high risk of acquiring HIV/STIs has increased, but despite increased acceptability, condom availability in many countries remains low<sup>2</sup>.

An estimated 8 to 10 billion condoms are currently used in low and middle-income countries; however, this represents only half of the condoms needed every year to protect the world's population from HIV and other STIs.

There are also other barriers to consistent and correct use of condoms. For some people, it is simply something that has not been part of their past set of behaviours (culture), and starting something new is their greatest hurdle. Others may have been influenced by misinformation or commonly held myths and misperceptions, which generate dismissive or negative views of condoms and/or condom use. Still others may be influenced by strong religious views or teachings or social inequities which prohibit discussing or negotiating safer sexual practices.

National authorities and development agencies can help prevent unintended pregnancy and the transmission of HIV/STIs by providing condoms free of charge or at affordable prices.

*These facts about condoms and approaches to condom use are to help individuals involved in reproductive health, particularly family planning and HIV/STI prevention and care programmes. The accurate evidence-based information should help provide convincing arguments to motivate individuals to adopt safe sexual practices and to consistently and correctly use condoms to prevent unintended pregnancy and the transmission of HIV/STIs.*

They can also support strategies that help make them acceptable and accessible to those in greatest need of their protective benefits.

This includes:

- Increasing supplies of quality assured male and female condoms.
- Increasing the type and number of distribution points.
- Promoting *dual protection*, which is the practice of using condoms for both family planning purposes as well as the prevention of STIs.<sup>3</sup>
- Promoting both male and female condoms, and
- Addressing attitudes and misunderstandings brought on by MMFs that threaten correct and consistent condom use.

Everyone who cares about the well-being of their community should take whatever action available to them to address misinformation, myth and misperception that hinder the prevention of HIV/STIs. With accurate information, individuals can make an informed choice about the use of condoms and safer sexual practices.

Much of the information presented here will be repeated in multiple ways, in varying contexts, with the hope that readers will find at least one presentation that is easy for them to understand and strongly connect with.

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<sup>3</sup>UNFPA. 2002 Programming for Prevention in Various Stages of an HIV/AIDS Epidemic. HIV Prevention Now: Programme Briefs. No. 8 New York: UNFPA



## PURPOSE

The purpose of this publication is to provide factual information that can be used to foster a positive attitude towards condom use. Its focus is on the individual's responsibility to themselves and their families and respect for the well-being of others.

The text concentrates on providing accurate evidence-based information to support the fact that consistent use of male or female condoms is highly effective at preventing unintended pregnancy, the transmission of HIV and other STIs. It acknowledges, but does not go into detail that male and female condom promotion should be a component of a comprehensive prevention programme that also promotes abstinence, being faithful (mutual monogamy), safe sexual practices, delayed onset of sexual initiation, non-penetrative safer sexual practices, and woman's empowerment. The messages will be kept simple and focused on responding to common, reoccurring myths, misperceptions, and fears (MMF) related to condoms and condom use.

***Note:** MMF is a generic designation that will be used at times in this publication to denote Myth, Misperception, and/or Fear due to the fact that many of the statements can be classified with more than one of the terms.*



## **AUDIENCE**

The material is presented in two sections: The first section is a short booklet for service providers/health promoters, which provides factual, evidence-based answers to common myths, misperceptions and fears about condom use. The second section contains a collection of Fact Sheets that can be shared directly with the community or adapted for use as local health promotion material.

Myths, Misperceptions and Fears (MMFs) have been identified primarily as they relate to male condoms and their use. Specific reference to Female Condoms has also been made in those instances that differ significantly from male condoms. MMFs have been divided into six categories:

1. **QUALITY OF CONDOMS:** Effectiveness, testing, and storage.
2. **CHARACTERISTICS OF CONDOMS:** Size, smell, and shape.
3. **SEXUAL PLEASURE:** Sexual enhancement, distraction, and satisfaction.
4. **HEALTH CONCERNS:** Beliefs and misunderstandings of human physiology.
5. **SOCIAL AND MORAL ISSUES:** Factual ignorance versus knowledge and the misperception that prevention messages encourage behaviours counter to community ideals.



6. **OTHER ISSUES:** HIV is feared to be a conspiracy to reduce populations of developing countries, and condoms are feared a tool of genocide.
7. **FEMALE CONDOM:** MMFs surrounding male condoms also apply to female condoms. A separate section deals with factual information and how to approach the issue of female condoms.

Many beliefs and prejudices concerning condoms exist in cultures and settings. The ones identified in this document represent commonly reoccurring issues. It is also important to identify local MMFs through socio-cultural research in local communities and discussion groups so that appropriate specific responses can be developed.

*Health promoters and service providers need to be able to discuss a variety of safer sex options openly. They must be able to help men and women feel relaxed and comfortable enough to rethink their sexual relationships and behaviour.*





## **CLARIFYING MYTHS AND MISPERCEPTIONS WHILE CALMING FEARS**

Health care/service providers and health promoters need to discuss a variety of safer sex options openly. They must be able to talk about sexuality, male and female sexual pleasure, local sexual practices and taboos without embarrassment, shame or judgment. They must be able to help men and women, including adolescents, feel relaxed and comfortable enough to rethink their sexual relationships and behaviour.

Anyone working in programmes focused on the prevention of unintended pregnancy and HIV/STIs needs to be well informed with accurate factual information and be comfortable discussing details of STIs and sexual practices. They need to be gender-sensitive and respectful. In particular, they need to be effective in reaching young people to help them delay their first sexual experience and to adopt safer sexual behaviour in general, such as partner reduction and condom use, later in life.

Health care providers and health promoters must be effective communicators who can relate appropriately to their clients, customers, or target groups, and understand the local culture. Skilled and influential peer educators can play a particularly valuable role because of their close affinity with the people they are trying to influence.

Difficulties arise when health personnel have inadequate and/or inaccurate information and/or share their clients' disbeliefs, myths, and negative perceptions about condoms, and/or when they support an ideological position that is counter to evidence-based facts. When this occurs, service providers and health promoters become part of the problem and a barrier to condom use and the prevention of unintended pregnancy and the transmission of STIs.

Evidence suggests that some health personnel/promoters may:

- Lack sufficient factual information.
- Hold religious or cultural beliefs counter to condom use.
- Be uncomfortable and embarrassed when communicating about sexuality, condoms and related subjects.
- Be judgmental towards young people, especially young women, wanting to use condoms.
- Support political and/or religious ideology over scientifically sound health research findings.
- Be inexperienced regarding condom use, never having used condoms themselves and therefore also be unskilled at demonstrating condom application.
- Regard condoms as an inferior form of contraception and suggest other contraception methods, not recognizing HIV/STIs prevention as a priority.

Health personnel need appropriate capacity development through access to accurate information and guidelines to improve their knowledge and communication skills. They need to have a positive attitude and be able to communicate clearly, avoiding bias and judgment, without imposing their own religious and cultural beliefs on others. With training, effective providers and promoters can be drawn from existing health personnel, teachers, workplace educators, bar and hotel workers, military personnel, and peer educators in many different settings.



## **CRUCIAL GUIDELINES FOR HEALTH PROMOTERS AND SERVICE PROVIDERS:**

- Present condoms as an effective technology to prevent unintended pregnancy and sexual transmission of HIV and other STIs as part of a wider HIV/STI prevention strategy that also includes promoting: delaying first sexual experience, abstinence from penetrative sex, and mutual fidelity between sexual partners.
- Challenge gender norms that reinforce inequalities, particularly regarding condom use, and seek ways to empower women to have a stronger voice in their own reproductive health.
- Debunk myths, correct misperceptions, and calm fears. This requires health promoters and service providers to:
  - Understand the people you are working with and their varied cultural beliefs.
  - Help people gain new insights and knowledge.
  - Convey the effectiveness of condoms for the prevention of infection and unintended pregnancy.
- Adopt acceptable language to discuss sexuality and condom use effectively with potential users.
- Create open attitudes about condoms and other sexual issues to help people communicate effectively with their partners.
- Respect people's level of awareness and help them balance their biases with the benefits of condom use, so that people accept condom use as a widespread social norm, practiced by influential peers and role models.

- Be aware of socio-cultural influences, and engage community, religious, and political leaders in creating a supportive environment for condom promotion.
- Use teaching/learning tools, such as demonstration models, that are as close to reality as possible.

## **APPROACHES TO ADDRESS MYTHS, MISPERCEPTIONS AND FEARS**

- Provide evidence-based information in multiple ways (print and electronic media, peer and community key influencers, school classrooms, use of various languages including street talk, etc.) to ensure that the message is heard.
- Offer individual and couple counselling, to address relevant issues and to enhance your own understanding of the psychology and circumstances of potential users.
- Open a community dialogue and interact regularly with individuals and couples.
- Initiate your own local socio-cultural research, such as focus group discussions (FGD) and key-informant interviews. These FGD should highlight local myths and belief systems and promote a participatory approach to sharing and promoting the use of accurate information. Involve trusted traditional sources of knowledge, such as tribal, community, and religious leaders, who have a strong influence over the local population.



- Prepare simple fact sheets and/or flyers to address specific local issues. Potential condom users should be surveyed when developing material, to ensure that the information addresses locally relevant needs. See Fact Sheet examples in Section II.
- Provide factual information and utilize widely available media such as TV, radio, community theatre, town crier, discussion groups, health message boards, etc., that the target audience trusts, believes and widely accesses. Positive imagery should be used at all times. Persons identified by the audience as being respected, trusted, admired, believed, or followed (key influencers) should be included whenever possible in messaging efforts.
- Commercial sector techniques provide important tools in meeting social objectives including stimulating a culture of condom use. “Social Marketing” is the term used to describe these practical and effective practices. These practices include market research, testing the effectiveness of all material and activity, public relations, product promotion, positive imaging, and increasing the accessibility and the affordability of condoms. These activities must be maintained over time to effectively modify long term behaviours.





# 1

## CONDOM QUALITY ASSURANCE

### MYTHS, MISPERCEPTIONS AND FEARS

- Condoms have holes that allow the virus to pass through.
- Condoms are not reliable and leak.
- Condoms break or slip off easily.

### FACTS

- Condoms are made of latex, polyurethane, synthetic material, or animal tissue and new male and female condoms are being developed by Research and Development teams around the world.



## Section 1.1

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- Condom effectiveness also depends on user behaviour in opening the package, putting on the condom, sexual activity, lubrication, and number of times an individual condom is used.
- Latex condoms are the most commonly available and they are frequently procured by governments, bulk procurement agencies and donors due to stringent quality assurance procedures and low cost.
- The less common animal tissue condom is not suited for HIV/STI prevention because it is permeable to small viruses such as hepatitis B and possibly HIV.
- Although effective, polyurethane and other synthetic condoms are relatively more expensive than latex condoms and therefore not routinely purchased by bulk procurement agencies. They are available through the private sector and are an alternative to the male latex condom. The polyurethane and synthetic latex female condoms offer important alternative barrier methods particularly suitable for women and potentially offering psychological and empowerment benefits along with protection from HIV/STI.
- The Female Health Company's polyurethane Female Condom is comparable in effectiveness to other contraceptive methods.<sup>4</sup> The Female Condom (FC) is highly recommended in situations where the woman is unable to have her partner use the

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<sup>4</sup>Hatcher, R.A., Rinehart, W., Blackburn, R., Geller, J.S., and Shelton, J.D. *The Essentials of Contraceptive Technology*. Baltimore, Johns Hopkins Bloomberg School of Public Health, Population Information Program, 1997.

male condom (MC) and she can more effectively negotiate FC use. It should also be recommended when one of the intended sexual partners has allergies to latex and they have access to polyurethane or synthetic nitrile polymer Female Condoms.

- Quality assured condoms (male and female) are the most effective available technology to reduce the sexual transmission of HIV and other STIs. Only condoms that meet all of the specifications established by WHO or other qualified authority are packaged for distribution.
- Condoms are effective against most STIs, including gonorrhoea and HIV.<sup>5</sup> They are protective as long as they prevent bodily fluids of one partner touching the genitals or any mucous membrane of the other person. Condoms do not protect against infections, such as genital ulcers, which often occur in areas not covered by the condom. Sexual activity should be avoided with individuals having open lesions around their genitals until the individuals have been treated and the lesions have healed.
- Condoms stay firmly in place on a mature erect penis when applied according to instructions included in its packaging.

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<sup>5</sup>KK Holmes, et al Effectiveness of condoms in preventing sexually transmitted infections, *Bulletin of the World Health Organization*, June 2004, 82 (6)



## Section I.1

- Condom breakage rate increases with insufficient lubrication or with the use of non water-based lubricants.
- Consistent and correct use of condoms remains the most effective means of HIV prevention for people who have sexual intercourse.

Condoms must be procured according to the quality assurance procedures established by WHO, UNFPA and UNAIDS.<sup>6</sup> Condoms, when purchased according to these procedures, are manufactured utilizing the highest international standards and then stored in a dry environment away from direct heat sources to ensure safety and efficacy.

Manufacturing standards have also been established by the International Organization for Standardization (ISO), the Comité Européen de Normalisation (CEN), and the American Society for Testing and Materials (ASTM). These standards are mainly concerned with the safety and integrity of the condoms and establish minimum acceptable quality levels.<sup>7</sup>

WHO, UNFPA, and UNAIDS work with manufacturers, testing laboratories, researchers, donors, international agencies and programme managers to establish an internationally accepted specification, quality assurance and procurement procedure for male latex condoms.

*What are the procedures that ensure the procurement of quality condoms?*

<sup>6</sup>Male Latex Condom: Specification and Guidelines for Condom Procurement, WHO/UNFPA/UNAIDS/FHI, 2004.

<sup>7</sup>Erin T McNeil et al (eds) The Latex Condom: Recent Advances, Future Directions. Family Health International: Research Triangle Park, North Carolina. 44-49, January 1999

In accordance with the quality assurance procedure, all donor procured condoms are quality controlled and tested for safety and efficacy during the manufacturing process and before they enter a country's distribution network. Their ultimate effectiveness depends on transportation and storage conditions, and on user behaviour in opening the package, applying the condom, sexual activity, lubrication, and number of times an individual condom is used.

Safety and performance standards are published by national and international regulatory authorities to establish the minimum quality for products that are made, imported and sold within a particular country. A specification is a statement of product requirements and covers every aspect of a product that makes it acceptable to a buyer. A specification also states how to verify the quality of the product. WHO, UNFPA, and UNAIDS have developed a specification for male latex condoms that specifies all the tests needed to ensure a high quality product is manufactured for procurement. All condoms procured in bulk by these organizations use this specification and meet the requirements detailed in the WHO/UNFPA/UNAIDS Male Latex Condom Specification and Guidelines for Condom Procurement, WHO, 2004 and the International Male Natural Rubber Latex Condom Standard, ISO 4074.

Condoms are produced in “lots” of between 100,000 and 500,000 units. Each lot of condoms is tested using a complex sampling process during the manufacturing process and before the lot leaves the factory. This process helps to ensure that every lot of condoms



*"Come on condoms are unreliable - they leak and slip off easily."*



*"Not if you learn to use them properly. They're effective against HIV and most STI's."*



is manufactured to the required standard. Manufacturers producing condoms must verify that they follow good and acceptable manufacturing process procedures and have a continuous quality assurance system that conforms with a number of standards built into the manufacturing process from design to distribution. This will include undertaking specific tests to verify the quality of product produced on each lot of condoms and the establishment of the shelf life.

Manufacturers have to provide documentation to prove that the safety of the materials, used to manufacture the condoms, have been constantly monitored to meet minimum stability requirements detailed in the international standard.

**Performance Requirements** determine how the condom will perform when it is used. Performance requirements are tested by the manufacturer and independent laboratories on every lot of condoms. Performance testing involves:

- **Visual inspection** of condoms for critical visible defects, which will cause the condom to fail, and for non-critical visible defects. Non-critical visible defects may not cause the condom to fail the specification but they are undesirable from the user perspective and are generally not accepted.
- **Bursting Volume and Pressure tests:** Condoms are tested for bursting volume and, as can be seen from the picture, good quality condoms can easily be inflated to very high volumes.
- **Freedom from holes:** Stringent tests are undertaken during the manufacturing process and often when condoms first arrive in a country to ensure they are free of holes.





- **Package integrity:** Condom packages are tested to ensure that the seal is perfect, lubricant can not leak out and the condom is protected from air and other elements that can damage the latex. The individual package should be constructed of laminate, which includes a layer of suitable impermeable flexible aluminium foil. The package must have printed on it the manufacturing date and the date of expiry. In addition, there are strict requirements for the quality of the consumer packs, inner boxes and exterior shipping cartons. All of these requirements are designed to protect the condom from less than ideal environmental conditions that one finds in many countries.

To ensure that the consumer receives a quality product the WHO/UNFPA/UNAIDS Male Latex Condom Specification and Guidelines for Condom Procurement provides a detailed list of testing requirements that are undertaken prior to shipping bulk procured condoms to a country. This is called compliance testing and is undertaken to independently verify the quality of the product and confirm that the manufacturer has maintained the production of a quality product. Most countries importing condoms do further testing on randomly selected condoms at periodic intervals during storage and distribution. This is to make sure that the quality of the product is not compromised through poor storage and transportation conditions.



## **DESIGN OF CONDOMS**

The design requirements can be adapted to reflect the specific needs of populations and covers such issues as:

**SHAPE AND TEXTURE** – The type or style of condom that is required.

**COLOUR** – Manufacturers must prove that the desired colour is suitable for use in medical devices.

**SCENTS AND FLAVOURING** – Condoms often have a characteristic smell of rubber, which tends to disappear quickly once the package is opened. Fragrances and flavours can be added to condoms but the manufacturer has to provide documentary evidence that the flavour and fragrance are suitable for use in medical devices.

**THICKNESS** – Thickness can also be specified and tested to ensure that the condoms are thin, strong and elastic. Extra-strength condoms are normally thicker and less elastic and extra lubricant is recommended.

**WIDTH** – A matter of choice and it can be specified and tested.



## Section I.1

**LENGTH** – Also a matter of choice that can be specified and tested. There are minimum requirements specified in both the international standard and WHO specification.

**LUBRICANT** – Most condoms are pre-lubricated with water-based or silicone lubricants by the manufacturer. If additional lubrication is needed, water-based lubricants such as silicone or K-Y Jelly (popular sterile water based personal lubricant) can be used.<sup>8</sup> M. Free, et al suggests that silicone lubrication helps prevent deterioration of bulk condoms under adverse storage conditions.<sup>9</sup> The WHO specifies and tests the amount of lubricant used to reduce leakage and ensure package integrity.

*Note: Avoid oil-based lubricants such as petroleum jelly (Vaseline™), hand lotion, baby oil, or edible oils. These weaken latex condoms and make them more prone to breakage, therefore making them less effective.*

*For most users, condom failure (slippage and breakage) is relatively rare and generally determined by the skill level and experience of the user.*

*Less experienced users break condoms more often.*

*Providers should question clients about condom use problems and provide counselling on correct usage. Repeated complaints about the quality of the product must be investigated and if necessary the product re-tested using the standard quality assurance tests and procedures.*

<http://www.unaids.org/hiv/aidsinfo/faq/condom.htm>

<sup>9</sup> M. Free et al. 1996. Latex Rubber Condoms: Predicting and Extending Shelf Life. Contraception. 53: 221-29

## **CORRECT USE OF CONDOMS**

- Quality assured condoms do not break easily when used correctly. Typically, breakage rates are one to two percent. Repeated breakage is rare and only experienced by a small number of users. Many others experience no breakage<sup>10</sup>.
- Correct use requires learning how to put on condoms before a sexual encounter, and how to remove condoms afterwards. If a condom breaks or slips off during intercourse, the sex partners have not been protected from HIV and other STIs or from the risk of pregnancy.
- Correct use includes wearing the condom from the beginning of genital contact to the climax, and withdrawal after sexual relations.
- Incorrect use includes putting on the condom at any time after genital contact has been made. As far as infection is concerned, any unprotected penetration increases risk. Incorrect use also includes failing to extend the condom to the base of the penis, using insufficient water-based lubricant, using oil-based lubricants and failing to secure the condom at its' base during withdrawal.<sup>11</sup>

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<sup>10</sup>Alan B Spruyt. 1998. User Behaviors and Characteristics. Erin T McNeil et al (eds.) *The Latex Condom: Recent Advances, Future Directions*. Family Health International: Research Triangle Park, North Carolina. 20-35, January, 1999

<sup>11</sup>Jean Anderson (ed.), 2000. *A Guide to the Clinical Care of Women with HIV*. Preliminary Edition. HIV/AIDS Treatment Information Services (ATIS): Rockville, Maryland. 64



## Section I.1

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- Opening the package with a sharp instrument can tear the condom, as can long fingernails or putting it on while wearing rings.
- Risk of damaging the male condom increases if the condom is unrolled before being rolled onto the penis.
- The scientific literature on condom effectiveness over the past twenty years indicates that the most common errors in using condoms include:
  - ◆ Failure to leave space at the tip of the condom to collect semen
  - ◆ Failure to ensure the condom remains lubricated
  - ◆ Failure to apply a condom before any genital contact<sup>12</sup>
  - ◆ Poor withdrawal technique causing spillage
  - ◆ Failure to use a new condom during every act of intercourse
  - ◆ Reversing condom application after a failed attempt, inadvertently transferring seminal fluid to the outside of the condom

## **EFFECTIVENESS OF THE MALE LATEX CONDOM**

Conclusive evidence from extensive research<sup>13</sup> among heterosexual couples, in which one partner is infected with HIV, shows that correct and consistent condom use significantly reduces the risk of HIV transmission from men to women and from women to men.

Laboratory studies have established that male latex condoms are impermeable to infectious agents contained in genital secretions, including HIV. They provide a highly effective barrier method when used consistently and correctly.

Gonorrhoea, Chlamydia and Trichomoniasis are sexually transmitted infections and like HIV are transmitted by genital secretions amongst other ways. STIs are more easily transmitted than HIV and inconsistent condom use offers little to no protection. Correct condom use can provide a barrier protecting the area of exposure to genital secretions in both sexes.

Genital ulcer disease (such as genital herpes, syphilis and chancroid) and human papillomavirus (HPV), which is the main cause of cervical cancer, are transmitted primarily through contact with sores/ulcers or with infected skin. Research studies have shown that correct and consistent use of condoms can help reduce the risk of herpes and syphilis infection. Correct and consistent use of latex condoms may reduce the risk of chancroid and other general ulcerative diseases only when the infected area or site of potential exposure is covered.

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<sup>13</sup>Holmes K, Levine R, Weaver M. Effectiveness of condoms in preventing sexually transmitted infections. *Bulletin of the World Health Organization*. Geneva. June 2004.



## APPROACHES TO STIMULATE CONFIDENCE IN CONDOMS

- Be convinced and convincing about the effectiveness of male and female condoms to prevent unintended pregnancy and HIV/STIs.
- Provide factual information in a positive, proactive way without waiting to be asked. Include information on national and international standards for quality assurance of condoms.
- Demonstrate that condoms do not leak, by filling them with water. Also blow condoms up like balloons, tie them tightly shut, and put them under water to see if any air bubbles come out. Whenever possible have potential users do these experiments themselves.
- Provide an illustrative leaflet, or Fact Sheet, demonstrating how to put on a male or female condom, clearly explaining appropriate use, removal and safe disposal.
- Explore whether the Ministry of Health or other national body can issue a seal of approval for quality-assured condoms, and promote the Seal of Approval so that it becomes well known and trusted. Collaborate with Social Marketing organizations and private sector companies.
- Recommend that people use only quality controlled and approved condoms that are properly packaged and made available through recognized distribution points such as health

**Note:**  
*Always practice these procedures prior to attempting in front of others.*

centres, pharmacies, and venues such as bars, restaurants, hotels, and workplace settings.<sup>14</sup>

- Advise people not to use animal tissue or novelty condoms for HIV/STI prevention as they may be permeable to some viruses.
- Demonstrate the correct use of condoms by using a lifelike replica, your fingers, a banana, the end of a broom handle or other representative object for the penis. For Female Condoms, in the absence of a pelvic model, use your hand and bend your fingers to create a tunnel with the index finger touching the thumb to represent the vagina. Insert the Female Condom with the other hand, showing how the outer ring stays outside the vagina. Both of these demonstrations will require practice beforehand.
- Engage in detailed discussion and counselling with couples or individuals experiencing repeated condom breakage to identify the cause(s) of breakage and ways of reducing the problem.
- Advise individuals and couples to practice putting on a condom in private until they can do it easily every time, even in the dark. Provide free condoms for practicing and instruct them to dispose of the condoms afterwards and not keep the practice condoms for future use.
- Hold condom skill education sessions to familiarize boys and men with condoms and their proper use. Consider similar classes for women and girls. All education sessions should include both the male condom and the female condom.

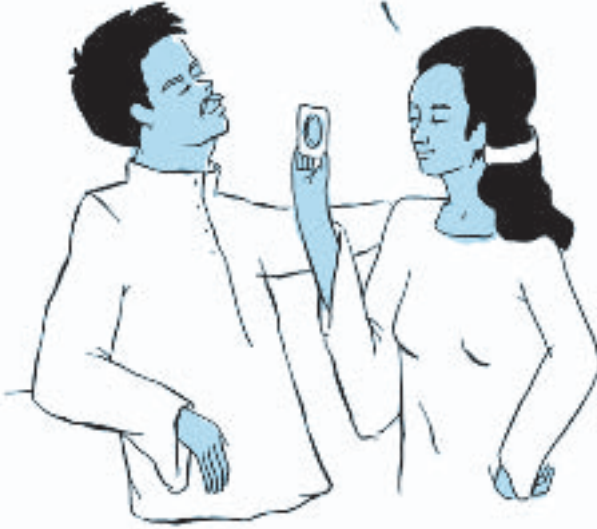
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<sup>14</sup>UNFPA. 2002. Condom Programming for HIV Prevention. HIV Prevention Now. Programme Briefs. No. 6. New York: UNFPA



*"It says we should use water based lubricants with latex condoms."*

*"Or, maybe we could try a female condom."*



- Emphasize four points for condom effectiveness:
  1. Use a quality assured, unexpired condom.
  2. Leave a small space at the end.
  3. Assure that the condom is sufficiently lubricated.
  4. Insert female condom or put on male condom prior to any sexual penetration.
- Discuss expiry dates and storage requirements and let clients touch and experience the feeling of quality assured, fresh condoms.
- Show clients the difference between the manufactured date and expiration date marked on the condom package.





# 2

## CHARACTERISTICS OF CONDOMS: SIZE, SMELL AND SHAPE



Condoms come in various sizes, shapes and textures and all are available in developed countries as well as in many developing countries. Couples should be encouraged to find their own correct size, type and fit, and discuss with each other what is comfortable, so that condom use becomes the norm in their sexual encounters and affords them a safer sexual experience.

### MYTHS, MISPERCEPTIONS AND FEARS

- Condoms are too big and slip off, exposing the woman to risks.
- Condoms are small, tight, constricting and uncomfortable.
- Condoms have an unpleasant smell.



## FACTS

### SIZE

- Male condoms are more likely to slip off if they are too large or if lubricant is used inside the condom directly on the penis. However, total slippage rates are very low (range from 0.1 to 2.1 percent)<sup>15</sup>.
- Younger adolescent males need a narrower condom than mature adult males. Moderate ethnic differences exist on the average size of an erect adult penis, and individual men of the same ethnic group also differ in erect penis size.
- Standards for the size of condoms vary in length from 150mm to 180mm and width from 42mm to 56mm<sup>16</sup>. ISO specifies one minimum length, whereas the WHO procurement specification acknowledges that there is sufficient evidence to recommend a variety of sizes.
- Latex condoms are elastic and can stretch to fit any penis size, though a narrow condom will feel tighter on a wide penis and will cover less of the shaft of a longer one. Condoms that are tight around the base can constrict the penis and contribute to a fuller, firmer erection. Men need to experiment and identify which size of condom they feel most comfortable with.

<sup>15</sup>Valappil T, et al, Female Condom and male condom failure among women at high risk of sexually transmitted diseases, Sexually Transmitted Diseases. 2005 Jan;32(1):35-43.

<sup>16</sup>Western Pacific region and Oceania (WPRO), WHO. 2001. Promoting Condoms in Clinics for Sexually Transmitted Infections: A Practical Guide for Programme Planners and Managers. Manila: WPRO, WHO. 10. <http://www.wpro.who.int/pdf/condom.doc>

- Condoms are also produced in different shapes. Men who dislike snug-fitting condoms may prefer slightly larger ones or condoms with a bulbous or twisted end. The different styles are available commercially in larger urban markets. A limited range of styles has been included in international specifications for bulk procurement by international donor organizations.
- The Female Condom is about the same length as the male condom but is wider for a looser fit, allowing freedom in movement that some say provides a more natural feeling. Lubricant is used on the inside and the outside of female condoms.

### **SMELL/FRAGRANCE**

- WHO specifications require manufacturers to test for odour and re-test before being distributed.<sup>17,18</sup>

*Condoms are made in a wide variety of flavours, such as chocolate, strawberry, vanilla, and mint. Condoms come in different colours too. Colour, flavour and fragrance have been included in international specifications for bulk procured condoms to provide variety and choice to the client.*

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<sup>17</sup>Western Pacific region and Oceania (WPRO), WHO. 2001. Promoting Condoms in Clinics for Sexually Transmitted Infections: A Practical Guide for Programme Planners and Managers. Manila: WPRO, WHO. 10.

<http://www.wpro.who.int/pdf/condom.doc>

<sup>18</sup>[http://www.who.int/reproductive-health/publications/m\\_condom/](http://www.who.int/reproductive-health/publications/m_condom/)



## Section I.2

- An unpleasant smell on some condoms may be due to chemical residues in the rubber which will usually disappear a few seconds after the package is opened. Condoms can be made in a wide variety of colours, tastes and fragrances.

### SHAPE

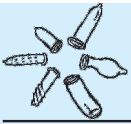
- Condom design may have an effect on pleasure and comfort. Some condoms fit loosely over the tip of the penis to facilitate friction during intercourse stimulating the glans (the most sensitive area of the penis.)<sup>19</sup>
- The Female Condom is wider than the male condom to allow more freedom of motion by the male partner. It has been noted that the device itself may be unnoticeable under certain circumstances by some men<sup>20</sup>.

19J. Trussell et al. 1992. Condom Slippage and Breakage Rates. *Family Planning Perspectives*. 24: 20-33. New York: Alan Guttmacher Institute; G S Bernstein et al. 1994. Stretching The Barriers: The Changing Methodology for Non-Latex Condom Research. Presented at the 121st Annual Meeting of the American Public Health Association, San Francisco, CA, October 20-28, 1993; WR Grady et al. 1993. Condom Characteristics: The Perceptions and Preferences Of Men In The United States. *Family Planning Perspectives*. New York: Alan Guttmacher Institute. 25: 67-73. In FHI.

20Kerrigan D, Mobley S, et al, The Female Condom: Dynamics of Use in Urban Zimbabwe. *Population Council/Horizons* 2002, [www.popcouncil.org/pdfs/horizons/fcz.pdf](http://www.popcouncil.org/pdfs/horizons/fcz.pdf)

## **APPROACHES TO ADDRESS MYTHS, MISPERCEPTIONS AND FEARS**

- Discuss with clients the reasons for their concerns about condom sizes, shapes and issues of slippage. Address their concerns with evidence-based factual information.
- Demonstrate how much condoms can stretch, using water, air, a forearm, or other object. Service providers and health promoters should practice these demonstrations prior to having an audience.
- Make different sizes and shapes of condoms available. Smaller condoms need to be presented using imagery and words that attract the target audience. Snug and tight are generally acceptable terms as is stimulating. Larger condoms should be presented in such a way not to detract from the other sizes. Local research is always highly recommended.
- In countries where taboos exist on women touching their vagina, providers need to be able to explain to clients how to retrieve a condom that has slipped off during intercourse. A condom can always be removed from the vagina.
- Reduce any perceived unpleasant condom odour by opening the condom package in advance to diffuse the smell. The package should only be opened for a few minutes prior to intended use to reduce the possibility of damaging it.



"Do you think we can find one that fits right?"

"Sure, they come in all different shapes and sizes - we'll try a few and find one we like."





# 3

## SEXUAL PLEASURE



Some people cite lack of spontaneity and sensation in sex as a downside of using condoms. A sexually aware individual should be able to address this issue in a stimulating way and it is up to the service provider and/or promoter to cover these issues during counselling and orientation sessions, and/or in marketing and promotion activities.

### MYTHS, MISPERCEPTIONS AND FEARS

- Condoms reduce spontaneity.
- Condoms cause premature ejaculation, and can reduce sensation and pleasure.



- Condoms cause impotence, penile weakness, and loss of erection.
- Condoms cause vaginal dryness.

## FACTS:

### SENSATION

- Most condoms are thin enough to provide nearly normal sensitivity when applied correctly. One must leave a small space at the tip to collect semen and allow a bit more of the latex to rest behind the glans, allowing that part of the penis to be more directly stimulated during sexual intercourse. With practice most people can learn to apply condoms in such a way to add to, not detract from, the sexual experience.
- Spruyt (1998) found, in a global study comparing latex with polyurethane condoms, that latex condoms are perceived to fit better and are more effective while polyurethane condoms are believed to be better for sensitivity, smell better and have better lubrication<sup>21</sup>.

### PLEASURE

- Sexual stimulation can be enhanced when a man allows their partner to put the condom on him prior to sexual intercourse.

<sup>21</sup>Alan B Spruyt. 1998. User Behaviors and Characteristics. Erin T McNeil et al (eds.) The Latex Condom: Recent Advances, Future Directions. Family Health International: Research Triangle Park, North Carolina. 20-35



- A condom which constricts the shaft of the penis at its base actually helps create a fuller, more rigid penis, increasing stimulation.

## **VAGINAL DRYNESS**

- Condoms can not cause vaginal dryness. If the vagina is dry, lubricated condoms can alleviate the problem or additional water-based lubricant can be added to the condom or directly to the vagina. Reasons for vaginal dryness should be explored with the client along with a referral to a physician, if this is feasible. Causes could be the use of contraceptive pills, a vaginal infection, ageing or insufficient arousal.
- Men may not want to use lubricated condoms where there is a cultural preference for dry sex as found in some parts of Africa. This practice puts women at a higher risk for HIV/STI because of increased risk of creating lesions on the vaginal wall. Condoms are more likely to tear/break when used without sufficient lubrication.

## **PSYCHOLOGICAL FACTORS**

- Loss of erection, penile weakness, and impotence are more likely due to issues other than condom use. As in vaginal dryness, these issues should be discussed with the client along with a referral to a physician, if feasible. There could be medical, physical, or psychological reasons for the condition.



## **APPROACHES TO ADDRESS MYTHS, MISPERCEPTIONS AND FEARS**

- Promote condom use as part of sexual intimacy. Suggest sexual foreplay, such as the woman applying the condom to the man to avoid loss of arousal due to a delay in sexual stimulation.
- Weigh benefits of using effective latex condoms with the client over the scent free and more expensive hypoallergenic polyurethane condoms.
- Promote attractively packaged condoms with a variety of designs, textures, colours, scents and flavours, if available. The experimentation with different condoms can increase stimulation for both partners and increase overall use rates.
- Carry out focus group discussions and interviews with relevant people to discuss sexual practices and preferences and address risky practices. For example, lubrication of the vagina is the natural expression of female sexual arousal, whereas a dry, abrasive vagina can lead to viral and bacterial infection, with or without condom use, and it is indicative of less female arousal.





# 4

## HEALTH CONCERNS

Several misconceptions circulate from time to time that condoms cause health problems. In addition to these, there are several myths and misunderstandings about semen. For example, in some countries, semen is thought to give strength and therefore should be ejaculated into the woman rather than collected in a condom.

### MYTHS, MISPERCEPTIONS AND FEARS

- Condoms cause pain, bleeding, infertility in men, infection, disease, foetal damage, cancer, sores, back or kidney pain, other health problems, death.

- Condoms prevent women receiving the benefits of semen.
- Retaining semen in the condom can harm the man if it flows back into the penis.
- Using a condom means wasting semen.
- Male condoms can get lost in the woman's body or burst inside her during sexual intercourse.
- Female condoms will get lost in the vagina.

## **FACTS**

- Condoms can not cause bleeding, infertility, infection, disease, foetal damage, cancer, or back pain. However, vigorous sex may contribute to some of these problems. For instance, excessive rubbing of the penis against a dry vagina can be painful for the woman and sometimes for the man as well, and lead to bleeding. Vigorous thrusting or an uncomfortable sexual position may cause back pain.
- Condoms provide protection against many health risks, such as unintended pregnancy, HIV and most STIs, and infertility arising from untreated STIs. This latter issue is particularly



relevant for women, over half of whom don't show symptoms from many sexually transmitted infections.

- Male and female condoms cannot get lodged inside the uterus, nor do they have any harmful effects on a foetus if the woman is pregnant. The opening to the cervix is far too small to allow a condom to pass through. On the contrary, condoms protect both the foetus and the mother from HIV and many other STIs.
- A vagina is a small closed pouch and male or female condoms cannot get lost in it.

## ALLERGIES

- A very small number of men and women are allergic to latex or to chemicals added to latex and these people should not use latex condoms. Allergies could cause burning and itching and the development of rashes and sores on the genitals. This type of allergy is categorized as Type 4 contact dermatitis. If a person is allergic to latex, they must be counselled to use synthetic condoms such as polyurethane female condoms or polyurethane male condoms. An

individual may experience a reaction to one manufacturer and not another and should try various brands to see which works best for them.

- Some people are allergic to the lubricant or spermicide on some condoms and may develop rashes and sores. Nonoxynol-9 (N-9) treated condoms can cause such an allergic reaction<sup>22</sup>.
- The WHO recommends that condoms with Nonoxynol-9 (N-9) spermicidal treatment no longer be promoted due to adverse side effects. N-9 does not provide extra protection against HIV/STI<sup>23</sup>. N-9 actually increases the risk of HIV infection when used frequently by women at high risk of infection. N-9 also increases the risk of infection through anal sex<sup>24</sup>.

## **SEMEN AND SPERM**

- Semen is the fluid that protects and carries the sperm to fertilize an egg (ovum) in human reproduction. All men inevitably “waste” billions of sperm and litres of semen during a lifetime. They are wasted in a condom, washed out of a woman’s vagina, or re-absorbed into the man’s body because he has not ejaculated. All this is completely normal and does not cause any harm to the man or the woman.

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<sup>22</sup>P. Stratton. 1996. Nonoxynol-9 Lubricated Latex Condoms May Increase Release of Natural Rubber Latex Protein. Presentation At The International Conference On AIDS, Vancouver, BC, Canada, July 1996; Gilmore. 41.

<sup>23</sup>WHO. Nonoxynol-9 Ineffective in Preventing HIV Infection. Press Release SH0/55. 28th June 2002.

<sup>24</sup>Kathleen Henry Shears. 2003. N-9 Not for Women at High Risk of HIV Infection. Network. Vol. 22, No. 4.



- Sperm, transported into women by semen, has the potential to fertilize the female's egg (ovum). It does not possess any health benefit to women.
- If, on the other hand, the semen is infected with viruses or bacteria, it does pose a serious health risk to her. This includes infection with HIV, gonorrhoea, Chlamydia and trichomoniasis<sup>25</sup>. Condom use can also reduce the risk of syphilis, herpes simplex virus (HSV), human papilloma virus (HPV) and associated disease, including cervical cancer<sup>26</sup>.

## **APPROACHES TO ADDRESS MYTHS, MISPERCEPTIONS AND FEARS**

- Discuss negative perceptions of condom use and explain the health consequences caused by not using condoms consistently. Provide accurate information about condoms and condom use.
- Clarify the associations and relationships that people perceive of condoms and condom users, as this may highlight why they think condoms are harmful. Explore and discuss other causes of the problems and issues surrounding condoms.

<sup>25</sup>CDC. 1998. 1998 Guidelines for the Treatment of Sexually Transmitted Diseases. Morbidity and Mortality Weekly Report. 47 (RR-1). 1-116.

<sup>26</sup>CDC. 2002. Fact Sheet for Public Health Personnel: Male Latex Condoms and Sexually Transmitted Diseases. <http://www.cdc.gov/hiv/pubs/facts/condoms.htm>.



*"I heard condoms  
cause infertility and  
all sorts of  
health problems."*

*"No way - condoms can protect  
you from many health risks  
including cervical cancer."*



- For those with an allergic reaction to latex condoms, suggest switching to a latex condom made by another manufacturer. If this does not solve the problem, advise them to use polyurethane male or female condoms or synthetic nitrile polymer female condoms (FC2).



# 5

## SOCIAL AND MORAL ISSUES

Condoms are sometimes thought to be associated with illicit or casual sex. Some people also believe that providing information to young people on condom use for prevention of pregnancies and STIs, including HIV, will promote earlier first time sexual experiences and/or increased sexual activity.

### MYTHS, MISPERCEPTIONS AND FEARS

- Sex education and condom availability promote early sexual activity and promiscuity.
- Using condoms means you don't trust your partner.

- Male and female condoms are for use with sex workers and for casual sex; married and long-term partners don't need protection against infection.

## **FACTS**

- The WHO and UNAIDS reviewed scientific articles on sex education programmes in different countries and found two promising results. The first was that sex education influenced adolescents to delay sexual activity, and the second was that when these adolescents finally became sexually active, they were much more likely to have protected sex<sup>27</sup>.
- Condom availability makes sexual activity safer rather than increases sexual activity. Condom promotion leads to reduced sexual activity because people become aware of the risks<sup>28</sup>.
- In countries with strong youth-friendly sexual and reproductive health services, including easily accessible condoms, the incidence of teenage pregnancy, abortion and STIs are consistently much lower than in countries where these services are not available. Anyone might reasonably surmise that girls are much safer if they know about sex and have the confidence and skills to say 'NO' to sex, or to insist on condom use.

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<sup>27</sup>A Grunseit. 1997. Impact of HIV and Sexual Health Education on the Sexual Behaviour of Young People: A Review Update. UNAIDS. Update of Study by A Grunseit and S Kippax. 1993. Sex Education on Young People's Sexual Behavior. Geneva: WHO; A Baldo et al. 1993. Does Sex Education Lead to Earlier or Increased Sexual Activity in Youth? Report by WHO, Global Programme on AIDS. Presented at IXth International Conference of AIDS, Berlin.

<sup>28</sup>Kaiser Family Foundation. 2003. Condom Availability in High Schools Does Not Affect Amount of Sexual Activity, Study Says. Kaiseretwork.org



- Being mutually faithful with a long-term partner does not remove the risk of infection unless both partners have a current negative HIV test and both refrain from behaviours that would place them at risk of future infection. People can have HIV infection for many years, 10 or more, before they have any physical signs or symptoms of AIDS.
- Some partners may not be honest about their sexual relationships with others, past or present. They might lie in order to avoid upsetting or angering a partner, and not reveal information about other partners.
- In a relationship where one partner is HIV-positive, a healthy sexual life is possible with consistent and correct condom use.
- Women have difficulty insisting on male condom use when the relationship with their partner, spouse or client is one of subservience or inequality. Until women are free of fear to demand or negotiate safer sex from their partners they will continue to be in a vulnerable position.

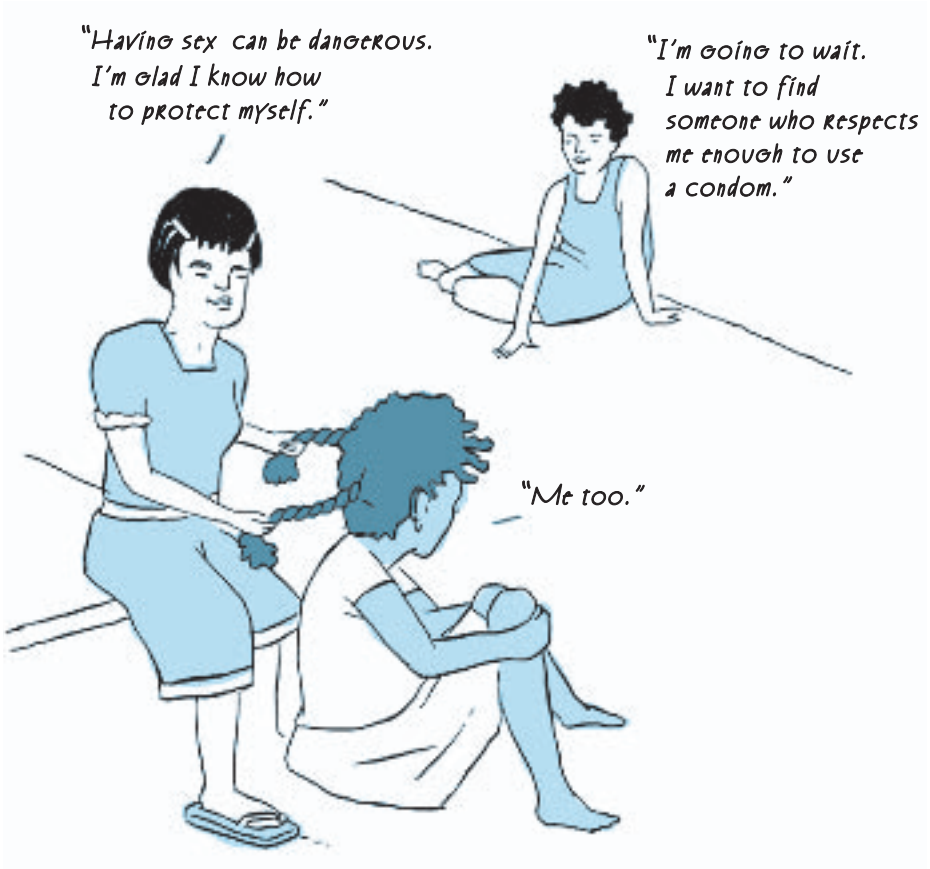
## **APPROACHES TO ADDRESS MYTHS, MISPERCEPTIONS AND FEARS**

- Abstinence and mutual monogamy of non-infected partners are the only 100% effective ways of avoiding sexually transmitted HIV and other sexually transmitted infections. Mutual monogamy, non-penetrative sexual practices, and other safe sexual practices, such as consistent and correct condom use, are valid options to abstinence. Open a discussion of the possibilities through condom and health promotion activities.
- Provide factual information. Explore the reasons why some of your constituency cannot believe or accept the evidence on condom effectiveness, sex education and contraceptive service provision.
- Use participatory approaches and open discussions with religious, cultural or other groups opposed to condom use and life skills (sex) education for young people. Discuss condom use as a way to protect existing life.
- Encourage people to associate condom use with protecting their partner and themselves. It is a caring, respectful, and responsible practice to use a condom with someone you love. Discuss



ways to improve communication between sexual partners in order to overcome the difficulties women face in talking to men about sex and negotiating condom use.

- Condom use can be suggested for dual protection (to prevent unintended pregnancy and the transmission of HIV/STI). Young females as well as older married women should find it easier to insist on condom use for prevention of pregnancy, rather than HIV/STI, avoiding the issue of stigma, blame and distrust, while maintaining protected sex.
- Explain to married couples and others in long-term relationships, as well as individuals, that condom use is one of the ways of preventing HIV and unintended pregnancies. Encourage HIV testing and mutual monogamy between tested uninfected partners.
- Advise sexually active couples to use condoms consistently and correctly in Voluntary Counselling and Testing (VCT) settings where the HIV+ status of one or both may have been disclosed.



*Note: If one of the partners in a relationship has a sexual relationship outside of the partnership, condom use is the best prevention option. Many women are placed at risk of HIV by falsely believing they are in a mutually monogamous relationship.*



# 6

## OTHER ISSUES

Promoting condoms has been alleged by some people to be a conspiracy of developed nations to depopulate developing countries. Condom use has also been blamed for an increase in HIV incidence.

### MYTHS, MISPERCEPTIONS AND FEARS

- Condoms are part of a racist plan against people in developing countries having children.
- As condom use increases, so does HIV.
- Condoms are deliberately infected with HIV.



## **FACTS**

- No study anywhere has found condoms to contain a virus. No study has found any motivation to infect condoms deliberately.
- HIV does not survive outside of the body. As bodily fluid dries, the virus dies.
- Condoms have a fascinating history and date back to the 13th Century B.C. (3300 plus years ago) in Egypt. Anecdotally, they got their present name from the Earl of Condom, a physician for King Charles II of England in the late 1600's (A.D.). Whatever the source of the name, they were used to prevent unintended pregnancies and possibly diseases like syphilis. Men used to tie pink ribbons around them to hold them in place and to be more attractive to women. The important thing is they have been recognized for a long time for their effectiveness.
- Although condoms have been around a long time, they have received more attention since the emergence of the HIV pandemic, as they are the only device available proven to prevent the transmission of HIV and other sexually transmitted infections. Private and public sector researchers and programme managers have spent a great deal of time and energy improving both the quality and design of these products.



- Today there is compelling evidence that correct and consistent condom use can significantly reduce unintended pregnancy, the risk of HIV infection and the transmission of other sexually transmitted infections. Condom promotion and use is combined with other behaviour change strategies, such as delayed sexual initiation, fidelity and partner reduction, all of which are effective components of HIV prevention programmes.
- Consistent and correct use of condoms provide a high degree of protection against the transmission of HIV<sup>29</sup>.

*There is a significant body of evidence that demonstrates, as condom use increases, the incidence of HIV and other sexually transmitted infections decreases. In a recent policy brief on condoms, issued by USAID (January 2006), the following examples of condoms' contribution to HIV prevention success are noted.*

A) Thailand slowed its explosive epidemic by promoting/mandating 100% condom use in brothels. As a result of this policy and the accompanying public information campaign, condom use increased to more than 90%, reported visits to sex workers

declined by about half and the cases of five other sexually transmitted infections decreased by nearly 80% among brothel workers.

B) Cambodia has also succeeded in reducing HIV prevalence through increased condom use and a large reduction in visits to sex workers.

C) Along with abstinence and partner reduction, targeted condom promotion and distribution has been a central component of Senegal's successful HIV prevention programme.

## **APPROACHES TO ADDRESS MYTHS, MISPERCEPTIONS AND FEARS**

- Improve the image of condoms and condom use by providing accurate evidence-based information. Harmonize messages for public information campaigns and educational programmes with all key stakeholders including Social Marketing programmes and private sector marketing communications. Create a positive image, expand distribution points and make varieties of condoms easily accessible.



- Ensure that condom programming becomes an integral component of all HIV prevention programmes. Promote the efficacy of condoms for pregnancy and HIV/STI prevention.
- Some religious, traditional, political or other leadership oppose condoms due to the misperception that condom promotion and sexual health education encourage promiscuity. Suggest clients consider the scientific facts and separate overly conservative views from their own reality and their desire for a healthy, happy, future for themselves and their children.
- Use this same methodology when faced with resistance to use condoms for dual protection or family planning. Open a dialogue with leaders to share evidence-based and faith-based ideas for prevention.

*What is harmful to unintended pregnancy and HIV/STI prevention programmes is widespread misinformation about the effectiveness of condoms, individual bias and misperceptions, inability of women to negotiate safe sexual practices, and limited access to quality condoms when they are needed.*



# 7

## FEMALE CONDOMS

The polyurethane Female Condom (FC) produced by the Female Health Company was the first female condom available to women through donor supported programs. These include donor subsidized commercial sales programs. The Female Condom has been subjected to many of the same myths, misperceptions and fears held against male condoms, and these may be approached in similar ways.

As female condoms are relatively new, further prejudices and fears may also arise. These need sensitive exploration with clients and potential user groups. Comparisons<sup>30</sup> must be weighed with other contraceptive methods to determine which is best for the individual user under their own set of circumstances.

<sup>30</sup>Hatcher, R.A., Rinehart, W., Blackburn, R., Geller, J.S., and Shelton, J.D. *The Essentials of Contraceptive Technology*. Baltimore, Johns Hopkins Bloomberg School of Public Health, Population Information Program, 1997.



## MYTHS, MISPERCEPTIONS AND FEARS

- The Female Condom makes a lot of noise during sex.
- The Female Condom is difficult to use.
- The inner ring can cause pain to both the man and the woman.

## FACTS:

- The Female Health Company acknowledges this concern and state that their new and improved female condom (FC2) doesn't make as much noise during sex. Like most things new, one has to become accustomed to its ways. Some people are also noisy during sex but to some various sounds can become part of the enjoyment of the experience.
- The Female Condom requires some practice before one can use it with ease. Since the female condom is a new method, it is recommended to try inserting it several times before utilizing it in a sexual situation.
- The inner ring of the Female Condom should not cause any discomfort if inserted properly. If it is bothersome, the inner ring

can be removed after using it to insert the Female Condom and before inserting the penis. Some people report that the inner ring actually adds sexual pleasure to both the man and the woman.

- Some men and women prefer the female condom over the male condom because it has more space and feels less restrictive. This is especially so when the female condom has been put on in advance thereby avoiding the loss of erection that is often discussed while one stops an intimate moment to put on a male condom.
- The Female Health Company produces two condoms. The FC1 is made of polyurethane while the newer, potentially less expensive FC2 is made of a nitrile polymer. They are thin, soft, odourless, and strong. The effectiveness of Female Condoms approximates that of the male condom. “The contraceptive efficacy of the female condom during typical use is not significantly different from that of the diaphragm, the sponge or the cervical cap<sup>31</sup>.” Effectiveness depends greatly on the correct and consistent use of barrier methods.

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<sup>31</sup>Trussell, J., Sturgen, K., Strickler, J. and Dominik, R.: “Comparative contraceptive efficacy of the female condom and other barrier methods”, *Family Planning Perspectives*, 26(2): 66-72 (1994).



## Section 1.7

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- The Female Condom can be used without interrupting sexual spontaneity since it can be inserted long before sexual intercourse; it does not need to be removed immediately after ejaculation; and, it does not depend on the male erection for application.
- Female condoms offer more protective coverage because they cover the women's internal and some of the external genitalia.
- Some couples find the Female Condom erotic, stating that it enhances female and male sexual pleasure.
- Some men prefer the looseness of the female condom over the snugness of the male condom<sup>32</sup>.
- Water-based or oil-based lubricants can be used with the polyurethane female condom and with the synthetic, nitrile polymer Female Condom (FC2).
- A study in Thailand<sup>33</sup> showed that STI incidence rates were reduced when women had an option of using a female condom if their partner refused a male condom.

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<sup>32</sup>Ray S, Bassett M, Maposhere C, et al, 1995. Acceptability of the female condom in Zimbabwe: positive but male centered responses. *Reproductive Health Matters*. 5(May):68-79.

<sup>33</sup>Fontanet S, Saba J, Chandelying V, et al. Protection against sexually transmitted diseases by granting sex workers in Thailand the choice of using the male or female condom: results from a randomized controlled trial. *AIDS* 1998;12(14):1851-59.



## **EFFECTIVENESS OF THE FEMALE CONDOM**

The polyurethane female condom produced by the Female Health Company has been extensively studied and the conclusion is that these female condoms are a safe and effective method of contraception and HIV/STI prevention (Deperthes 2005; Hatzel, 2005).

Laboratory studies have found that this particular female condom<sup>34</sup> is impermeable to various STI pathogens including HIV. Because the outer ring partially covers the external genitalia, the female condom may provide more protection against ulcerative STIs, such as herpes and chancroid than does the male condom.

The same company has produced a new version of the female condom made of synthetic latex. At a recent meeting convened by WHO to review the manufacturing dossiers of female condom manufacturers, experts noted that there is sufficient information to suggest that the FC2 is being manufactured to at least the same standard as the polyurethane Female Condom (FC1). In addition, the design and physical characteristics of FC2, supported by the clinical data, suggest that the two devices are functionally equivalent, when used correctly ((Smit et al., 2006). The Female Health Company is however promoting the new device as being quieter than the original.

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<sup>34</sup>There are several "female condoms" on the market in various parts of the world. In this document we are referring to the only donor supported female condom made by the Female Health Company and approved by FDA in 1993.



## APPROACHES TO ADDRESS MYTHS, MISPERCEPTIONS AND FEARS

- Try introducing Female Condoms in groups or individual/couple sessions. As for all condoms, providers and promoters must maintain a non-judgmental attitude and use plain, non-technical language. Training and encouragement are beneficial in stimulating correct and consistent usage.
- Encourage women to talk to their partners about the female condom as a contraceptive method<sup>35</sup>. Promote the dual protection benefits of condoms.

## **INTRODUCTION FOR HEALTH PERSONNEL**



*The following set of fact sheets provide short concise essential information on issues that adversely affect the effective promotion of condom use, for the prevention of unintended pregnancy and transmission of HIV and other sexually transmitted infections.*

*Adapt or duplicate these materials to support condom programming and promotion activities.*

**FACT  
SHEET  
ONE**

**EFFECTIVENESS OF CONDOMS  
IN PREVENTING SEXUALLY  
TRANSMITTED INFECTIONS  
INCLUDING HIV**

*(The information contained in this fact sheet comes from a review of the most currently available condom research literature. A few references are provided throughout the text.)*

-  Condoms have long been a mainstay of HIV prevention programming and prevention is the first line of defense against HIV/AIDS. An extensive review of condom literature was conducted by a panel convened by the US National Institute of Health (NIH) and the Centers for Disease Control and Prevention (CDC) in June 2000 in the United States along with the participation of the WHO. This is consistent with the WHO/UNAIDS Statement in 2004 and a paper by USAID in 2006. These reviews concluded that condoms, when used correctly and consistently, are effective for preventing HIV infection in women and men.
-  Condom use is associated with statistically significant protection of men and women against HIV and several types of STI, including Chlamydia infection, gonorrhoea, herpes simplex virus type 2, and syphilis<sup>36</sup>.

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<sup>36</sup>KK Holmes, et al Effectiveness of condoms in preventing sexually transmitted infections, *Bulletin of the World Health Organization*, June 2004, 82 (6)

**KEY FINDINGS IN THE LITERATURE ARE:**

- Latex and polyurethane condoms are protective against infectious agents contained in genital secretions, including the smallest viruses.
- The consistent, correct use of condoms significantly reduces the risk of HIV infection in men and women.
- Condoms protect when they are applied before any sexual contact and they protect the area they cover only. The surrounding genital area may contain viral agents such as genital warts and herpes. These are evidenced by small bumps on the skin or open sores, and skin to skin contact should be avoided until the affected area has been treated and the lesions have cleared.
- Viruses (including HIV) do not pass through intact latex condoms, even when condoms are stretched or stressed.
- The government of Thailand achieved a dramatic increase in the use of condoms (from 14 per cent in 1990 to 94 per cent in 1994) in commercial sex settings; an equally dramatic

decline in nationwide numbers of bacterial STI cases (from 410,406 cases in 1991 to 27,362 cases in 1994); and reduced HIV prevalence in Thai soldiers through an enforceable 100% condom use policy<sup>37</sup>. A similar effort in the Dominican Republic achieved equally impressive results<sup>38</sup>.

- Research with serodiscordant couples (when one partner is infected with HIV and the other is not) has presented the most convincing data on the effectiveness of condoms in preventing HIV infection. These studies show that with consistent condom use, the HIV infection rate among uninfected partners was less than one per cent per year. Also, in situations where one partner is definitely infected, inconsistent condom use can be as risky as not using condoms at all.

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<sup>37</sup>Ching, F. Thai army winning AIDS battle. *Far Eastern Economic Review* 16(18): 36. Apr. 30, 1998.





<sup>38</sup>Kerrigan, D. et al. 2004. "Community approaches and government policy reduce HIV risk in the Dominican Republic," *Horizons Research Summary*. Washington, DC: Population Council.

**FACT  
SHEET  
TWO**

## HOW TO AVOID LATEX CONDOM BREAKAGE

*(The information contained in this fact sheet comes from a review of the most currently available condom research literature. A few references are provided throughout the text.)*

-  Take care opening the package and putting the condom on. Sharp objects such as fingernails, rings, scissors or knives used to open the package can tear or rip the condom. The male condom should be unrolled only over an erect penis. Check for rips or tears after the condom has been unrolled onto the penis.
-  Use only water-based lubricants if more lubricant is needed. Avoid the use of oil-based lubricants such as vegetable oils, hand creams, petroleum jelly, baby oil and cold creams among others. Look on the labeling instructions to see if the “lubricant” can be used with latex products. If it doesn’t say it’s safe to use with condoms and/or latex products, avoid using it.
-  Keep male condoms in a cool, dry place, and throw away expired condoms or ones that are dry and brittle when opened. They might break during use.

-  Never reuse a latex condom.
-  Use either a male OR a female condom, but NOT both together. The two condoms rubbing together can cause breakage or slippage resulting in semen and/or disease exposure.
-  Friction causes a loss of lubrication. Individuals should be aware that extra-vigorous and prolonged vaginal or anal sex, without adding lubrication, increases condom breakage. Water-based lubricants should be used as needed, such as silicone or K-Y™ Jelly, with latex condoms.
-  Be aware that the practice of “dry sex” increases the risk of condom breakage and creates small lesions that increase the threat/risks of bacterial and viral infections.

*Breakage rates are reduced by the correct use of quality controlled and approved condoms, while ensuring that there is sufficient lubrication during sex. Too much lubrication inside the condom can lead to slippage, so users need to find out through practice how much, if any, to add.*






## FACT SHEET THREE


### KNOW THE FACTS: BE PREPARED!



*(The information contained in this fact sheet comes from a review of the most currently available condom research literature. A few references are provided throughout the text.)*

 A man or woman who has become comfortable with condom use through practice and is prepared for a sexual encounter, by having one or two quality assured condoms readily accessible, can approach the encounter with greater confidence that the experience will be both satisfying and safe.

- Successful condom use comes with practice.
- Condom use effectiveness increases with practice.
- Sexual pleasure may increase as fear of infection or pregnancy diminishes.

*Be Prepared.  
Ensure a condom or two are placed in an accessible place BEFORE initiating a sexual encounter.*

 Practice opening the packet, putting a condom on the erect penis, taking it off and disposing it. Men can practice this in private and even in the dark until it is as habitual as breathing. All new condom users should ask a health care provider or health/condom promoter for guidance on putting on and removing a condom. The more experienced the user, the easier it becomes.

-  Women can try different ways of getting their partner to use a condom. Some women can apply a condom with their hands and/or mouth.
  - Condoms come in different colours, shapes, smells, size and flavours. Find the one that works best with you and your partner. Try the male version and the female version.
  - There is sometimes a slight smell of rubber upon opening the wrapper of a latex condom. An individual may however choose to diminish the smell by opening the package a few minutes before use which will allow the scent to dissipate.
  - Condoms vary in the amount of lubricant, and it is worth exploring different brands to find the one that best suits each individual. Think of condoms as slippery and smooth. Have a tissue, paper, or cloth nearby to wipe any lubricant off the hands but never wipe the lubricant off the condom. Lubricant reduces the risk of breakage, makes the condom easier to put on and helps the penis slide more easily into the vagina/orifice during sex.
  
-  Discuss condom use before beginning the sexual encounter. Try demonstrating to your partner how you apply the condom or have your partner unroll the condom on your erect penis.

# FACT SHEET FOUR

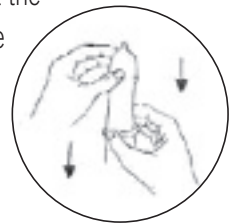
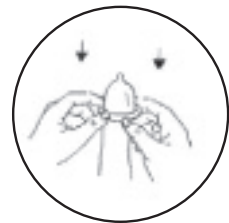
## HOW TO USE A MALE CONDOM

*(Adapted from Johns Hopkins Population Information Program, The Essentials of Contraceptive Technology: A Handbook for Clinic Staff; Using a Condom Correctly, p., 29, Alan B. Spruyt, The Latex Condom: FHI.)*

- ➡ Men should practice how to put on and take off a condom. Use a fabricated penis model, smooth stick, banana, your own erect penis or two fingers to practice putting on the condom.
- ➡ Women can practice novel ways of applying a condom to their partner by using the same devices as above before their next sexual experience.

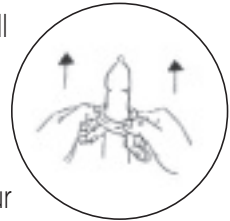
### INSTRUCTIONS FOR CONDOM USE:


1. Put the condom on the erect penis before the penis touches the receiving partner.
2. Hold the pack at its edge and open by tearing from a ribbed edge.
3. Hold the condom by the bulb so that the rolled rim is facing up, away from the penis. If the condom is held on the wrong end and any fluid from the penis gets on it, change condoms and try again.



When no other option exists, wipe off any fluid that got on the condom, turn it over and try again. This latter option is only recommended in cases when there are no other alternatives. Practice will eliminate this occurrence. Be aware that any reapplication of a misapplied condom carries a great deal of risk.


4. Pull the foreskin back if the penis is uncircumcised. Place the condom on the tip of the penis. Unroll the condom all the way to the base of the penis. The condom should unroll easily. If it does not, it is probably on backwards. If this happens, do not use it. The risk of infecting your partner is high if you are HIV+ and turn it over and try again. Practice will prevent this problem.



 Many condoms have a receptacle (bulb) on the end for semen collection. If the condom does not have one, hold the end of the condom while unrolling it onto the penis to create a small space for the semen.

5. Hold the condom by the bulb end with the rim away from the body and unroll all the way to the base of the penis.
6. Use only water-based lubricant. Lubricants keep condoms from tearing during sex. Natural vaginal secretions also act as a lubricant.

7. AVOID lubricants made from oil, as most of these damage condoms. Do NOT use cooking oil, baby oil, coconut oil, mineral oil, petroleum jelly (such as Vaseline™), skin lotions, suntan lotions, cold creams, butter, cocoa butter, or margarine.


 Avoid genital contact before a condom is unrolled on the erect penis to prevent the exchange of any genital fluid between sex partners.

8. After ejaculation, while the penis is still erect, withdraw the penis from your partner, holding onto the rim of the condom to help prevent the condom slipping off and the semen spilling into the vagina or anus.

9. After the condom is removed, genital contact should be avoided to prevent transfer of residual sperm or STI micro-organisms on the skin.

10. Throw the condom away in a pit latrine or trash container, or burn or bury it. Condoms should not be flushed down a toilet. Do not leave condoms where children will find them and play with them. Do not use the latex condom more than once.






### **CARING FOR CONDOMS**

 Condoms packaged according to international standards should be able to withstand normal handling and storage. As a precaution, keep condoms in a cool, dry, dark place. Male condoms can be damaged by heat, light, and high

#### **IF A CONDOM BREAKS**

*When emergency contraception is not accessible, immediately insert a spermicide (other than N-9) into the vagina, if available. Also, wash both penis and vagina with soap and water. This should reduce the risk of STIs and/or pregnancy.*

humidity. When available, use lubricated condoms that come in square wrappers and are packaged so that light does not reach them.

-  Extra lubrication may help prevent tearing.
-  Handle condoms carefully.
-  Open the package carefully with fingers to avoid ripping or tearing the condom.
-  Do not use sharp objects such as scissors, teeth, or sharp fingernails.
-  Do not unroll condoms before use. This may weaken them. An unrolled condom is also more difficult to put on.

#### **AVOID CONDOMS THAT:**

- Have torn or damaged packaging which may have aged the condom prematurely and/or exposed it to bacteria.
- Are expired. See manufacturing or expiry date on the package. Do not use a latex condom more than five years old, it's expired and may break during use.
- Have uneven coloration or have changed in colour which may indicate contamination or deterioration.
- Are dried out, feel brittle or very sticky. These should be obvious warning signs of unsuitability for use.



**FACT  
SHEET  
FIVE****THE FEMALE CONDOM**

*(From Chia Wang, MD, MS, and Connie Celum. 2002. Prevention of HIV. Jean Anderson. A Guide to the Clinical Care of Women with HIV 2002) <http://www.brsa.gov/hab>.*

The female condom may seem unusual at first. It is lubricated and may be slippery to insert.

Practice a few times prior to using it during intercourse. Be patient - with time, using the female condom becomes easier. You will become more comfortable with it each time you use it, and so will your partner. The female condom can be inserted hours before sexual intercourse.



**HOW TO USE THE FEMALE CONDOM:**

-  The female condom is a new method and requires practice and patience. Practice putting it in and removing it prior to using it during sexual intercourse for the first time.
-  Insertion becomes easier with time, and it may take several tries before you are comfortable with inserting the female condom. Try it at least three times before making any decisions about continuing with the device.
  1. Open the package carefully; tear the notch on the top of the package. Do not use scissors or a knife to open.
  2. Choose a position that is comfortable for insertion—squat, raise one leg, sit or lie down.
  3. Check that the condom is lubricated.

4. While holding the sheath at the closed end, grasp the flexible inner ring and squeeze it with the thumb and second or middle finger so it becomes long and narrow.
5. With the other hand, separate the outer lips of the vagina.
6. Gently insert the inner ring into the vagina. Feel the inner ring go up and move into place behind the tip of the cervix.
7. Place the index finger on the inside of the condom, and push the inner ring up as far as it will go. Be sure the sheath is not twisted. The outer ring should remain on the outside of the vagina.
8. The female condom is now in place and ready for use with your partner.

## **Q and A**

### **IS THE FEMALE CONDOM DIFFICULT TO USE?**

-  Like most new things, the female condom may take some practice to get used to it. Women should practice putting it in and removing it prior to using it for the first time during sexual intercourse.
-  Women should try to insert the condom several times, each time with the body in a different position (e.g. lying down, crouching, sitting) to find the most comfortable and successful position for insertion. While individual counselling and personal fitting may help to reassure women in its trial, group sessions and peer groups may overcome early abandonment as women can share concerns and success stories. See your health care provider or health promoter.



## FEMALE CONDOM INSERTION AND POSITIONING

- A. Apply a small amount of lubricant to the penis. Use enough lubricant so that the condom stays in place during sex. If the condom is pulled out or pushed in, there is not enough lubricant– apply more to either the penis or the inside of the condom.
- B. When you are ready, gently guide your partner's penis into the sheath's opening with your hand to make sure that it enters properly - be sure that the penis is not entering on the side between the sheath and the vaginal wall.
- C. If one is frustratingly unable to insert the female condom, and a male condom is not available, take out the inner ring of the female condom and place it over the erect penis before inserting directly into the vagina.
- D. To remove the condom, twist the outer ring and gently pull the condom out. Try to do this before standing up.
- E. Wrap the condom in the package or in tissue, and throw it in the garbage. Do not put it into a toilet.



**STEP 1**  
Inner ring is squeezed for insertion.



**STEP 2**  
Sheath is inserted, similarly to a tampon.



**STEP 3**  
Inner ring is pushed up as far as it can go with index finger




**STEP 4**  
Female condom is in place.



## WHAT HAPPENS IF THE PENIS DOESN'T ENTER CORRECTLY?




It is important that the penis be guided into the centre of the female condom and not between the outer side of the female condom and the vaginal wall. Diagrams and/or anatomical models should be observed to foresee this potential outcome at introduction.

-  If the penis enters incorrectly, the man should withdraw his penis and the couple should start over using the same female condom with additional lubrication if necessary.


### **WHAT KIND OF LUBRICANT SHOULD BE USED WITH THE FEMALE CONDOM?**

-  The female condom comes pre-lubricated with a silicone-based, non-spermicidal lubricant. This lubrication is necessary to assist in the insertion of the device and to allow easy movement during intercourse. The lubricant may make the female condom seem a little slippery at first. If the outer ring of the female condom gets pushed in or pulled out of the vagina, more lubricant may be needed. Also, if the female condom makes noise during sex, simply add more lubricant.
-  The female condom (FC1 and FC2) can be used with both water-based and oil-based lubricants, whereas male latex condoms can only be used with water-based lubricants.


### **CAN THE FEMALE CONDOM BE USED MORE THAN ONCE?**

-  The female condom is intended for a single use only. Researchers and policy makers are exploring its suitability for hand washing, re-lubrication and re-use. Ask your health care provider for additional information.


### **IS THE INNER RING UNCOMFORTABLE FOR THE USER OR PARTNER?**

-  Some women have reported an uncomfortable sensation with the inner ring. If this happens, the female condom should be inserted differently (re-insert or reposition the device) so that the inner ring is tucked back behind the cervix and out of way. Conversely, some people report that the inner ring adds to both a man's and a woman's sexual pleasure.


### **IS THE FEMALE CONDOM BIG?**

-  There may be an initial negative reaction to the female condom because of its size, but this reaction lessens with practice. To avoid this perception of size, it is useful to compare the female condom to an unrolled male condom to observe that the female condom is the same length, just wider than the male condom. It is also important to note that the female condom provides added protection because the base of the penis and the external female genitalia are partly covered during use.


### **HOW DO YOU DISPOSE OF THE FEMALE CONDOM?**

-  The proper removal and disposal of the female condom should be included with the packaging of the female condom as well in introductory training programmes. The female condom does not need to be removed immediately after the man has ejaculated, as with the male condom. But it should be taken out before the woman stands up to avoid spilling the semen. The outer ring should be twisted to seal the condom so that no semen comes out. The female condom can then be removed. It is important to stress that the female condom should be disposed of in waste containers, as one might dispose of sanitary napkins, and not in a toilet.

### **SHOULD A FEMALE CONDOM AND A MALE CONDOM BE USED AT THE SAME TIME?**

-  **No.** Using the condoms simultaneously may cause friction due to inadequate lubrication resulting in either or both condoms slipping or tearing, and/or the outer ring of the female condom being pushed inside the vagina.

**HOW LONG WILL THE FEMALE CONDOM LAST?**

 The United States Food and Drug Administration (FDA) approved the female condom for a shelf life of five years from the date of manufacture. Because of the properties of polyurethane, the female condom is not affected by differences in temperature and humidity, so no special storage conditions are required.

**WHO CAN USE THE FEMALE CONDOM?**

- People who want to protect themselves and their partners, and show their partners that they care about their health including married couples.
- People who are concerned about unplanned pregnancy and STIs, including HIV/AIDS.
- People whose partners cannot or will not use the male condom.
- Women who are menstruating.
- Women who have recently given birth.
- Women who have had a hysterectomy.
- Women who are peri-menopausal or menopausal.
- People who are allergic or sensitive to latex.
- People who are HIV-positive or have HIV-positive partners.
- People who have not been tested for HIV.

*Addressing Common Questions, Problems and Concerns on the Female Condom (Adapted from The Female Condom: A Guide For Planning and Programming 2000 – WHO and UNAIDS - WHO/RHR/00.8)*

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