



The male condom



UNAIDS
Technical update

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UNAIDS Best Practice Collection

At a Glance

Condoms, properly used, represent a proven, effective means for preventing the transmission of HIV, other traditional sexually transmitted diseases (STDs) and pregnancy. Latex rubber condoms are relatively inexpensive, can be mass-produced, are highly reliable and generally have no side-effects. Both men and women can obtain condoms through free distribution, social marketing at subsidized prices, and private sector sales. Social marketing has increased condom sales in many countries from previously low levels to several millions a year.

■ **Some obstacles to effective and widespread condom use are:**

- societal disapproval, including social and cultural beliefs and norms that restrict or stigmatize condom use. In some cultures, condom use is perceived as not 'macho', especially where ejaculation of semen into the vagina is considered to be a vital part of the sexual act.
- lack of control over condom use — often arising from unequal power relations between men and women, from lack of negotiating skills, or from societal disapproval of women proposing condom use
- incompatibility of regular condom use with the natural need for procreation
- implications for trust about fidelity in stable partnerships (i.e., users fear that insisting on using a condom will be interpreted as a lack of trust in their partner)
- difficulties in obtaining condoms arising from high prices, restricted availability, and lack of privacy at the point of sale or distribution; or inadequate promotion
- lack of awareness, especially among young people, of the seriousness of HIV/AIDS and STDs and effectiveness of condom use in preventing the sexual transmission of these diseases and avoiding pregnancy
- personal reluctance to use condoms because the users find that condoms reduce sensitivity or are uncomfortable or disruptive to spontaneous love-making, lack the necessary skills, or have experienced condom failure
- poor or inappropriate quality or design of condoms, including insufficiently strong condoms for anal intercourse.

■ **Some responses for dealing with these obstacles are:**

- improving and maintaining good quality standards for condoms, removing customs duties and taxes on them, and allowing advertising and radio/TV campaigns to encourage their use
- informing, educating and empowering people to change their behaviour and attitudes. This includes educating them about HIV, STDs and contraception, teaching skills around condom use, and breaking down social taboos on the discussion of sex by creating new opportunities for open dialogue on human sexuality
- promoting condom use as acceptable, fashionable and responsible, and integrating condom promotion with a package of interventions that includes HIV/AIDS education, sexual health and human sexuality, and gender sensitivity
- empowering women by improving their socioeconomic position, enabling them to negotiate decision-making with sexual partners
- providing easier access to condoms by reducing the price or distributing them free, making more distribution outlets available, ensuring privacy and confidentiality at the point of individual acquisition, and, where appropriate, using peer distributors.

UNAIDS Best Practice materials

The Joint United Nations Programme on HIV/AIDS (UNAIDS) publishes materials on subjects of relevance to HIV infection and AIDS, the causes and consequences of the epidemic, and best practices in AIDS prevention, care and support. A Best Practice Collection on any one subject typically includes a short publication for journalists and community leaders (Point of View); a technical summary of the issues, challenges and solutions (Technical Update); case studies from around the world (Best Practice Case Studies); a set of presentation graphics; and a listing of Key Materials (reports, articles, books, audiovisuals, etc.) on the subject. These documents are updated as necessary.

Technical Updates and Points of View are published in English, French, Russian and Spanish. Single copies of Best Practice materials are available free from UNAIDS Information Centres. To find the closest one, visit the UNAIDS website (<http://www.unaids.org>), contact UNAIDS by email (unaids@unaids.org) or telephone (+41 22 791 4651), or write to the UNAIDS Information Centre, 20 Avenue Appia, 1211 Geneva 27, Switzerland.

The male condom.
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I. UNAIDS II. Series
1. Acquired immunodeficiency syndrome – prevention
2. Condom
3. Contraceptives
4. Social marketing

The transmission of HIV and other STDs during sexual intercourse can be effectively prevented when quality condoms are used correctly and consistently. Studies on serodiscordant couples (only one of whom is HIV-positive) have shown that, with regular sexual intercourse over a period of two years, partners who consistently used condoms had a near zero risk of HIV infection.

Condoms — sheaths covering the erect penis — have existed in one form or another for many centuries, for use in sexual intercourse to prevent both infection and pregnancy. It was only in the 1930s, though, when latex rubber was developed, that mass production of condoms was made possible. Although the use of condoms to prevent pregnancy declined in the 1960s with the introduction of the contraceptive pill, their popularity has risen sharply since the early 1980s, when it was realized that they could prevent transmission of HIV, the virus that causes AIDS.

Attempts to produce condoms that can be worn by women have led to the development of a female condom which is now available in several parts of the world.

If both partners in a sexual relationship are strictly monogamous (that is, neither has sex outside their relationship), and

neither is infected with HIV or STDs, then they may justifiably feel they have no need to use condoms, except to prevent pregnancy.

Benefits of condom use

Condoms, used correctly and consistently, are one of the leading methods of protection against HIV infection — and other STDs. The presence of untreated STDs in either partner can greatly facilitate the transmission of HIV in unprotected sexual intercourse (that is, where a condom is not used), when HIV is present. An additional benefit of condoms, and a reason why many young people in particular often use them, is their contraceptive protection.

Condoms are relatively cheap and generally have no side-effects.

And they can readily be made available on a mass scale through free distribution, social marketing — promotion and use of marketing techniques to make products or social services available at an affordable price — and normal commercial sales.

Condom use as a means of protection against HIV/AIDS has become very popular in many parts of the world, and data from the social marketing of condoms have frequently shown dramatic increases in sales within a few years. In countries as diverse as Brazil, Nigeria and Viet Nam, social marketing has resulted in 10-fold increases in condom sales within five years.

For a person already infected with HIV, condom use during sexual intercourse is still very important, both to avoid onward transmission, as well as to prevent re-infection with HIV, which could make their condition more serious.

Making condoms acceptable among vulnerable populations: the example of male sex workers in Dhaka

The Bandhu Social Welfare Society in Dhaka, Bangladesh, works with low-income men who have sex with men, particularly male sex workers. In its early stages, Bandhu encountered great difficulty in gaining acceptance for condoms. This was partly because much of the sex took place in public places, such as parks — a setting not conducive to the use of condoms. More recently, Bandhu's approach has been to develop appropriate 'social frameworks' — including a social support programme for its clients, counselling facilities and a skills-building project. It has also pushed hard for the provision of lubricants, along with strong condoms. With these measures in place, and having achieved a better social environment, Bandhu is now finding that condoms are becoming more accepted, and more used, among its male sex worker clients in Dhaka.



The Challenges

Societal disapproval

In many countries, condom use was not part of the culture before the AIDS epidemic, and the use of condoms in these places has been slow to become accepted. Furthermore, societies often have religious or cultural rules discouraging or prohibiting condom use, and sometimes pronatalist policies designed to boost their populations. It may be prohibited for schools or colleges to supply them or even provide information on them.

Even where condoms are available, there may be a stigma attached to buying them or being seen carrying them around. This applies particularly to young people, who may be prohibited by law from buying condoms if they are below a certain age. Embarrassment about asking for them may be another factor. In many centres that provide family planning and STD services, condoms are not suggested to clients as an additional protective device.

Lack of control over condom use

Women (and sometimes men too) frequently lack the negotiating power to insist that their sexual partners use a condom. At the same time, the stereotyped idea of "having to please the man" may often lead women into accepting the man's decision-making role in sexual encounters.

Sex workers, and in particular young girls, are frequently unable to bargain over condom use. Brothel owners and pimps are often the ones who make the decisions about use or non-use of condoms by sex workers and their clients.

People using drugs — including those abusing alcohol — may not be fully in control of their actions, and may for this reason not use condoms during sex. As well, HIV interventions among substance users often place all the emphasis on the need to avoid sharing needles, and disregard the important need also to practise safer sex.

Procreation and fidelity issues

The use of condoms is often opposed in cultures where they (and other contraceptives) act as barriers to much-coveted female fertility and motherhood. Sometimes, people consider condoms to be relevant only for casual or commercial sexual encounters. When a relationship becomes regular or formal (as in marriage), and involves strong emotional bonds, condoms may be felt to imply lack of trust about the partner's fidelity. Irregular and inconsistent use of condoms is a major problem.

If a man wears a condom for only infrequent sexual encounters, he — and those of his partners with whom he does not use a condom — will be at risk of infection from STDs and HIV. For example, male migrant workers may use condoms when they are away, but not when they return home; but this may expose them to infection if their wife has had sex and been infected in their absence.

Lack of knowledge or skills in condom use

People may not be adequately informed about the protective effects of condoms against STDs and HIV. This is particularly likely to be the case with young people.

If condoms are not used correctly or with the right sort of lubricant, or not taken off properly, there are dangers of breakage or slippage.

Personal reluctance to use condoms

People are often reluctant to use condoms, for a variety of reasons. They may feel that they are not at risk of HIV or other sexually transmitted infections, or they may find condoms uncomfortable and inhibiting. When unplanned sex occurs, neither partner may want to interrupt the spontaneity by putting on a condom.

An unsatisfactory first experience with using condoms (such as a negative reaction from or conflict with a sexual partner, loss of erection, breakage or reduction in pleasure) may inhibit future use. In many parts of the world, surveys have revealed a sizeable number of individuals who have used condoms only once, suggesting non-satisfaction with the first experience. Finally, some people can develop an allergic reaction to the latex rubber from which condoms are manufactured, or to spermicides (such as nonoxynol-9) with which condoms may be lubricated.

Price and other obstacles to access

People may be discouraged or prevented from acquiring condoms, even when willing to use them, for a variety of reasons. The available private sector sale price may be too high for many people, sometimes partly due to high import taxes on imported condoms. Condoms may not be available from a convenient place, or else are available in only a

limited number of outlets (for instance, only in medical establishments). They may only be available during “irregular” hours (for instance, at night, especially in bars and dancing places), and lack of privacy or confidentiality at the point of sale or distribution may discourage would-be buyers.

In some cases, condoms are available and affordable, but are not promoted well. Prospective buyers are not made aware that condoms are available, or if they are, then condoms are not made to appear necessary, desirable or fashionable. As well, legislation or regulations sometimes still prevent public promotion of condoms. In some European countries and states in the USA, posters and radio and TV spots promoting condoms are banned.

Haiti: a condom social marketing success

In 1990, Population Services International (PSI) introduced the high-quality Pantè (‘panther’) condom into Haiti. With funding from AIDSCAP, a dynamic condom social marketing project was developed to package, promote and sell Pantè at a fraction of the cost of commercial condoms. In less than four years, monthly sales grew from an average 3000 to over 540 000 as more than 3000 points of sale were established throughout the country. PSI and AIDSCAP trained outreach workers from four partner nongovernmental organizations (NGOs) to act as wholesale distributors and retailers, with an NGO receiving a percentage of the profit made by its sales agents. These NGOs helped the project expand into many rural areas where distribution would not have been possible for commercial agents.

Poor quality or design

Poor quality of condoms may be due to inadequate manufacturing standards or application of standards as regards strength and impermeability, storage in facilities that do not conform to laid-down standards, and poor handling by users. These shortcomings may lead to breakage, leakage or slippage during use. Fortunately, most manufacturers follow ISO standards and produce good-quality condoms that can withstand tough conditions.

The activities that take place during sexual intercourse, and the particular positions that are adopted, can also increase the likelihood of breakage or slippage. The preference for ‘dry sex’ in some societies can have the same effect. Where anal sex is practised, ordinary condoms are usually not of sufficient strength to guarantee that they will not break. Lack of suitable lubrication may also increase the risk of breakage.

The Responses

Stressing cultural and social benefits

Before policy makers will support condom promotion programmes, social, political and religious barriers often have to be overcome. For this reason, condoms should not be presented as the only way to prevent AIDS and STDs, but as one of several options, including: delayed start of intercourse (especially for youth), reduction of the number of sexual partners, abstinence and mutual fidelity.

If concerns exist around the implications of condom use for fertility, it should be stressed that, when people wish to have children, the use of condoms is easy to discontinue. And fears that availability of condoms may increase promiscuity can be countered, since several studies have shown that this is not the case. (See UNAIDS Key Material on Impact of HIV and sexual health education on the sexual behaviour of young people: a review update, UNAIDS/97.4)

Information and education to change behaviour and attitudes

Much can be achieved to make condoms more acceptable through well-planned educational campaigns on the part of national AIDS programmes, other governmental departments, NGOs and the private sector. As well as the basic messages that AIDS and other STDs can be

prevented by using condoms and that it is acceptable to use condoms, it is essential that people are made aware of the importance of consistent condom use.

Educational efforts should therefore aim to destigmatize condom use, making it acceptable and normal behaviour. Among young people, studies have shown that acceptance by their peers significantly influences the acceptability of condoms.

More effective promotion

With good promotion, condoms can be made more attractive by marketing them as not only acceptable but actually fashionable, and as a sign of responsible behaviour. Television, radio, magazines, newspapers and public exhibitions can all be used to effect in raising awareness of the availability and benefits of condoms.

Teaching skills in condom use

Teaching people how to use condoms properly increases the effectiveness of condom use against HIV and other STDs. Studies show that breakage and slippage rates decrease as people become more experienced with condoms.

People should know how to open the packaging without damaging a condom — and not use teeth or

sharp objects in doing so. If lubricants are used with latex rubber condoms, then the lubricants should be water-based; if they are oil-based, they may cause the rubber to dissolve, or cause a skin reaction.

The concern that condoms reduce pleasure or disrupt the spontaneity of intercourse can be addressed through education programmes that eroticize the use of condoms and teach skills on how it should be done.

Information available on the risk of HIV transmission through oral sex suggests that oral-penile sex poses a minimal risk. But other sexually transmitted infections, such as herpes simplex, syphilis, gonorrhoea and human papilloma virus infection, can be contracted through oro-genital sex. Consequently, use of a condom during oral sex is recommended, especially with a new partner. Information regarding the risk of HIV transmission through oral-vaginal sex (cunnilingus) is imperfect, and the traditional recommendation has been to use a dental dam.

Negotiating skills

Couples can learn to introduce condoms to their partners in a non-confrontational manner. More generally, women can be helped to develop self-confidence and self-respect in dealing with their partners and helped to improve their socioeconomic situation. The resulting empowerment can help

Changing attitudes to condoms: the case of Nepal

In the Nepal's Terai region condom social marketing was set up in 1994 by the Nepal Contraceptive Sales Company (CRS). There was strong initial resistance among local shopkeepers to stocking condoms, because they feared customer disapproval. Eventually, CRS's sales force persuaded owners of grocery stores, tea shops and roadside stands to try a single box of condoms. As they discovered that the condoms sold well, the shopkeepers asked for more, and finally were enthusiastic about them. Between 1993 and 1996, annual sales of condoms in the Terai doubled, reaching 1.3 million. CRS also organized workshops for storekeepers, to get them to educate customers about the importance of condom use.

An effective 100% condom use policy: Thai example

In 1991, the Thai National AIDS Committee decided to enforce a policy of 100% condom use in all sex establishments across the country. This sought to ensure that brothels could not compete for customers who wanted condom-free services. A very high rate of condom use in sex establishments has resulted, with condom use with recent clients reported by sex workers increasing from under 15% in 1989 to over 95% in 1997. At the same time demand increased from 10 million condoms a year to around 120 million a year, and there was a sharp reduction in the incidence of STDs, from 321 cases per 100,000 population in 1991 to 31 per 100,000 in 1998.

At present the 100% condom use policy is also being implemented in Sihanoukville in Cambodia through a joint pilot project between the National AIDS Programme, the local authorities and WHO. Plans are also underway to introduce this policy into the Philippines and Viet Nam (see Key Materials, UNAIDS: The 100% Condom Programme in Thailand – A Case Study, in press.)

them to negotiate the use of condoms with a partner who might be reluctant.

In some educational efforts, negotiating skills are taught through simple comic books (see Key Materials, AIDSCAP: 'Emma Says' Comic Book Series). As well, women should be given information on the female condom and help in obtaining it (where it is available), enabling them to exert greater control over their own protection (see Key Materials, WHO/UNAIDS, The female condom).

Reducing prices and improving distribution

In many countries, inexpensive condoms have been made widely available by the public sector or through social marketing programmes. Free condom distribution combined with information and skills building has proved effective in HIV prevention campaigns, especially among groups whose behaviour may put them at heightened risk of infection. In Thailand, for instance, free distribution has contributed to making condom use the norm in commercial sex. Condom prices can be reduced by more cost-effective production, introducing subsidies, lowering tax and import duties, and

using the most efficient marketing channels (see Key Materials, UNAIDS, Social marketing: an effective tool in the global response to HIV/AIDS). Condoms should not only be available at family planning clinics or pharmacies.

Broadening distribution to supermarkets, grocery stores, bars, motels, petrol stations and other non-traditional outlets was shown in one study to increase condom sales six-fold over a two-year period. In many developing countries, condoms that are sold through social marketing are available at various points, including in bookshops and open markets, and through retail traders. On London's Hampstead Heath (a large open space where sexual encounters are frequent) condoms were hung on trees for free distribution. At places that provide services on family planning and STDs, attention should be given to methods that increase access to condoms for young people, such as peer counsellors/distributors and special youth clinics, and for various other vulnerable groups as regards HIV infection, such as migrant and refugee populations and drug users.

Large-scale distribution of condoms — ideally subsidized or free — can be effective at a community level, in workplaces (see UNAIDS Technical

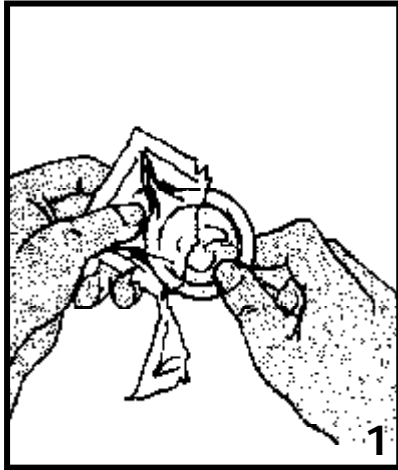
Update on HIV/AIDS and the workplace) and in schools and colleges. Similarly, distributing condoms in prisons and in the armed services is an effective way of reducing the spread of HIV (see UNAIDS Technical Update on AIDS and prisons and UNAIDS Point of View on AIDS and the military). However, until efforts to destigmatize condom use are successful, lack of privacy at the point of sale will continue to deter some people — especially young people and women — from buying condoms. Vending machines are one way of overcoming this obstacle.

Good quality and design

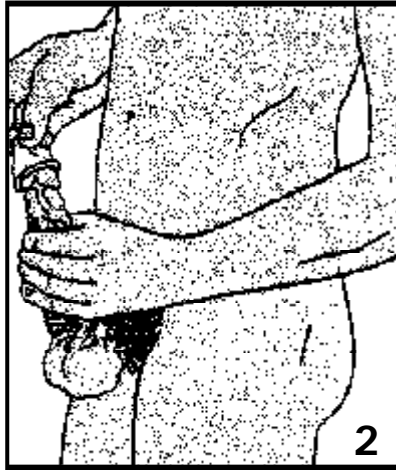
Condoms today are produced according to strict guidelines and standards for quality assurance, governing their shelf life and storage, packaging, dimensions, ingredient materials, strength, elasticity and permeability (see Key Materials, WHO/UNAIDS, The male latex condom for technical specifications). Every lot of condoms must be tested by the manufacturer for compliance with specifications before being shipped to the purchaser. There are established procedures for sampling lots and for deciding acceptable quality levels which should be used by manufacturers and buyers.

The Responses

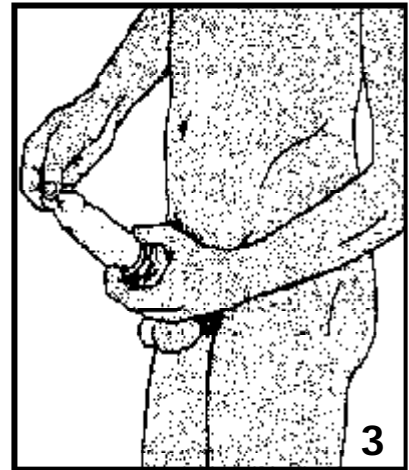
Instructions for use of the male condom



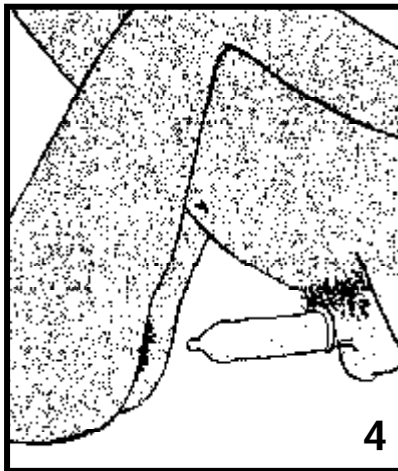
Carefully open the package so the condom does not tear. Do not unroll condom before putting it on.



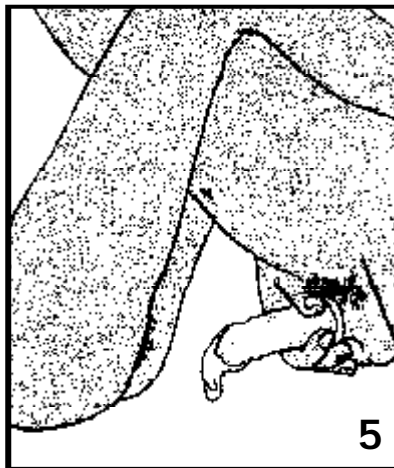
If not circumcised, pull fore-skin back. Squeeze tip of condom and put it on end of hard penis.



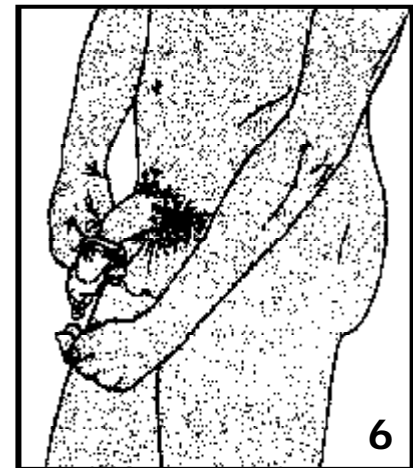
Continue squeezing tip while unrolling condom until it covers all of penis.



Always put on a condom before entering partner.



After ejaculation (coming), hold rim of condom and pull penis out before penis gets soft.



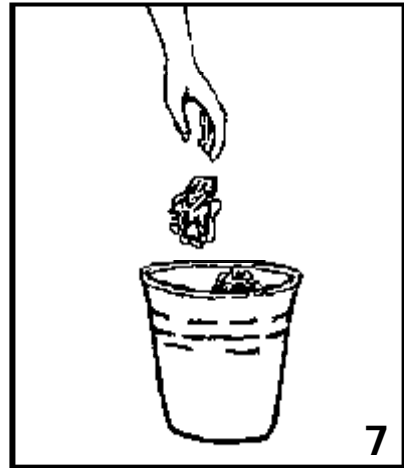
Slide condom off without spilling liquid (semen) inside.




Notes

Notes

The Responses



Tie and wrap the condom (in paper, if available) then throw in dust bin. Wash hands.



Burn or bury the condom with other trash. Wash hands.

Selected Key Materials

The male latex condom. Geneva: WHO/UNAIDS, 1998. WHO/RHT/FPP98.15, UNAIDS/98.12. Package including: specification and guidelines for condom procurement; 10 fact sheets on topics including facts about latex condom, condom programming, quality assurance, promotion, logistics management, research, social marketing, synthetic condoms. Also a bibliography, and lists of organizations working in manufacturing, logistics and social marketing of condoms.

The female condom: an information pack. Geneva: WHO/UNAIDS, April 1997.

Pack contains documents on female condom, providing information and educational materials, including questions and answers. Deals with programmatic and several technical issues. Studies are also listed.

The 100% Condom Programme in Thailand – A Case Study. Geneva: WHO/UNAIDS, (in press) 1999, 27(1).

Description of the rationale for the policy in Thailand, how it was implemented, and an evaluation of its successes and limitations.

Closing the Condom Gap. Baltimore: Johns Hopkins School of Public Health, 1999. Population Reports, Series H, Number 9, 1999, 27, (1).

The edition provides information and data on condom use, sexual behaviour and condoms, effectiveness of condoms and new condoms in future. It also covers issues of access and promotion of condoms, and some obstacles.

Emma Says Comic Book Series. AIDSCAP Project (Family Health International/USAID), 1999. The cartoon images in the series depict several true-to-life encounters where people, especially couples, negotiate use of condoms. It shows how problematic the use of condoms can be within cultural and social norms.

Social marketing: An effective tool in the global response to HIV/AIDS. UNAIDS, 1998. UNAIDS/98.26. Explanation of the social marketing approach and how it has been applied to condoms. It justifies the use of social marketing, provides extensive data on sales of condoms and outlines some challenges.

Aphichat C. et al. The success of the 100% condom promotion programme in Thailand: evaluation of the 100% condom promotion programme and the validation of the decline in trends for selected STDs. Institute for Population and Social Research, Mahidol University, Thailand; Government of Thailand and UNAIDS, 1998. Report of a research that examined history, rationale, implementation of the Thai 100 per cent condom policy, and measured its success and limitations.

McNeill ET, Gilmore CE, Finger WR, Lewis JH, Schellstede WP (eds.). The latex condom. North Carolina, USA: Family Health International, 1998.

Range of topics related to latex condom, including acceptability of condoms, user behaviour and condom failure, recent advances in research, standards, specifications and compliance testing, and development in non-latex condoms.

Mehryar A. Condoms: awareness, attitudes and use. In Cleland J, Ferry B, eds., Sexual behaviour and AIDS in the developing world. Geneva: WHO, 1995.

Discusses and provides statistics on awareness of condoms, access to condoms, condom use, and perceived attributes of condoms in developing countries.

Sheeran P, Abraham C. Measurement of condom use in 72 studies of HIV-preventive behaviour: a critical review. Patient Educ. Couns. December 1994; 24 (3): 199-216.

Of interest to those wishing to understand strengths and limitations of frequently reported measures of condom use, and for empirical researchers planning a study on condom use.