Condoms and Sexually Transmitted Disease: The Facts

Recommendations from the US Centers for Disease Control:

- The surest way to avoid transmission of sexually transmitted diseases is to abstain from sexual intercourse, or to be in a long-term mutually monogamous relationship with a partner who has been tested and you know is uninfected (i.e. marriage).

- Correct and consistent use of the male latex condom can reduce the risk of STD transmission. However, no protective method is 100 percent effective, and condom use cannot guarantee absolute protection against any STD.

- Condoms lubricated with spermicides are no more effective than other lubricated condoms in protecting against the transmission of HIV and other STDs.

- Incorrect use can lead to condom slippage or breakage, thus diminishing their protective effect. Inconsistent use can lead to STD transmission because transmission can occur with a single act of intercourse.

Source: Center for Disease Control "*Fact Sheet for Public Health Personnel," CDC* Divisions of HIV/AIDS Prevention http://www.cdc.gov/hiv/pubs/facts/condoms.htm, January 23, 2003

What condoms do and don't protect against:

- Condoms can be expected to provide different levels of protection for various sexually transmitted diseases, depending on differences in how the diseases are transmitted. Because condoms block the discharge of semen or protect the male urethra against exposure to vaginal secretions, a greater level of protection is provided for the discharge diseases. A lesser degree of protection is provided for the diseases transmitted by exposure to genital areas, e.g., infected skin or mucosal surfaces that are not covered or protected by the condom.

Condoms can help prevent:

- Human immunodeficiency virus (HIV), as well as gonorrhea, chlamydia, and trichomoniasis – the discharge diseases – are transmitted when infected semen or vaginal fluids contact mucosal surfaces (e.g., the male urethra, the vagina or cervix).

Condoms are not recommended for preventing:

- Genital ulcer diseases – genital herpes, syphilis, and chancroid – and human papillomavirus are primarily transmitted through contact with infected skin or mucosal surfaces.

- While some epidemiologic studies have demonstrated lower rates of HPV infection among condom users, most have not. It is particularly difficult to study the relationship between condom use and HPV infection because HPV infection is often intermittently detectable and because it is difficult to assess the frequency of either existing or new infections. Many of the available epidemiologic studies were not designed or conducted in ways that allow for accurate measurement of condom effectiveness against HPV infection.

- Protection against genital ulcer diseases and HPV depends on the site of the sore/ulcer or infection. Latex condoms can only protect against transmission when the ulcers or infections are in genital areas that are covered or protected by the condom. Thus, consistent and correct use of latex condoms would be expected to protect against transmission of genital ulcer diseases and HPV in some, but not all, instances.

Source: Center for Disease Control "*Fact Sheet for Public Health Personnel," CDC* Divisions of HIV/AIDS Prevention http://www.cdc.gov/hiv/pubs/facts/condoms.htm January 23, 2003

Female condoms:

- The female condom is a 6-inch polyurethane sheath approved by the U.S. Food and Drug Administration for contraceptive use.

- In laboratory tests the device is impermeable to sperm and to sexually transmitted pathogens including human immunodeficiency virus (HIV).

Sources: Leeper MA, Conrardy M. Preliminary evaluation of REALITY, a condom for women to wear. Adv Contracep 1989; 5:229-235. Drew WL, Blair M, Miner RC, Conant M. Evaluation of the virus permeability of a new condom for women. Sex Transm Dis 1990; 17:110-112.

- However, actual use studies indicate that typical users will experience a 21% annual failure rate. This means that every year, more than one in five sexually active women using the female condom alone will become pregnant. The female condom appears to be less effective than the male condom.

Source: Trussell J, Contraceptive efficacy, in: Hatcher RA et al., Contraceptive Technology: Seventeenth Revised Edition, New York: Ardent Media, 1998.

- In one study, men frequently complained that the female condom felt "artificial," "unnatural," "rubbery," or "impersonal" in comparison to no condom. Some even found the female condom considerably less natural than the male condom. Loss of interest in the sexual encounter due to waiting for insertion was also a common complaint.

Penman, A; Hall, J; Artz, L; Macaluso, M. "A Qualitative Analysis of Effect of the Female Condom on Men's Sexual Experience," Abstract 534, Centers for Disease Control National HIV Prevention Conference, 1999.

Interesting facts:

- In their first experience with intercourse as adolescents, more than two-thirds of men and women rely on the condom.

Source: AGI, unpublished tabulations of the 1995 National Survey of Adolescent Men and the 1995 National Survey of Family Growth.

- Among sexually active teenage girls aged 12 to 18, 30% contracted an STD over a six month period, including condom users.

Source: LM Dinerman et al, Archives of Pediatrics and Adolescent Med, 149(9):967-72, Sept 1995.

- Studies show that condoms break at a rate of anywhere from 0-6.7% of the time, per use. On average, one in fifty condoms will break, and over twice that number will slip off during vaginal intercourse.

Source: RA Hatcher et al, Contraceptive Technology, 17th Revised Ed., Ardent Media, New York, 1998, p. 329.

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