Digging Deeper: Condoms Under a Microscope

The effectiveness of condoms as a major emphasis of the risk reduction strategy (safer sex) has been under question for the following reasons:

A. Product Failure:

1. **Condom permeability** – The United States Food and Drug Administration AIDS-related lab tests, using HIV-sized fluorescent beads demonstrated condoms to have a certain degree of permeability, though small, since condom pores can be significantly larger than the HIV virus. In fact, “there are so-called ‘leaker’ condoms in which small holes are detectable by the water leak test but marketed anyway” (Green, p. 96). These tests were done in the United States where product safety is of utmost importance.

2. **Condom breakage** – In a 2007 article, Dr. Richard Crosby reported an event-specific analysis of condom breakage among at-risk African American men that excluded MSM (men having sex with men). “Result: More than one-fifth (21.2 percent) reported condom breakage” (Crosby, STD, pp.174-177). Higher breakage results were anticipated from the practice of anal sex by MSM who are at a higher risk of transmitting HIV.

B. User Failure:

1. **Inconsistent use** - Many men and women do not like using condoms especially in established relationships (Shelton, pp.1947-1949).

   a. **Condom use is negligible within marriage** – A Malawi study of condom use by married couples, revealed that “initiating a discussion of condom use for preventing infection in marriage is like bringing an intruder into the domestic space” (Chimbiri, pp.1015-1018). Thus the government advocates condom use in marriage only if either spouse has more than one sexual partner.

   b. **Serodiscordant (one of the partners is known to be HIV positive) partner resistance** – In a US study of HIV-infected women in Wisconsin, 18 percent of 55 respondents (10 out of 55) reported unprotected sex regularly at the insistence of their primary partners (Stevens, pp.1015-1022).

An analysis of condom and abstinence issues for HIV prevention from the Pure Love Club – a chastity outreach program of Catholic Answers based in California – on why condoms will not stop HIV/AIDS in Africa showed that only 50 percent of serodiscordant couples always
used a condom (What’s Wrong with Shipping Condoms…). If these couples, where one partner is known to be HIV positive, are not motivated enough to use condoms consistently, it is unimaginable to expect the general population, who do not perceive a definite risk of infection, to do so.

c. Reduced effectiveness with repeated exposure – A study funded by the Centers for Disease Control and Prevention titled, “Prevention of Genital HPV Infection and Sequelae,” reported that ‘protection’ offered by condoms wears off with numerous acts of sex with an infected partner (Fitch, pp. 1136-1138).

d. Erection loss in association with condom use – A study reported by The U.S. National Library of Medicine done with men attending a Sexually Transmitted Infection (STI) clinic concluded that “men may be more likely to experience …errection loss if they lack confidence to use condoms correctly, if they experience problems with the way condoms fit or feel, and if they have sex with multiple partners” (Graham, pp. 255-260). This problem may lead to incomplete or inconsistent condom use.

f. Socio-cultural and personal reasons – There are numerous documented reasons for the “weak demand” for condoms in Africa despite a variety of marketing and educational strategies (Green, p. 98).

Condoms:
- Reduce pleasure.
- Reduce the spontaneity of sex.
- Are “a sign of mistrust between regular partners.”
- Are often seen by parents, school officials and religious leaders as a tacit approval of sexual license.
- Are feared by women who believe condoms will become stuck in their wombs or otherwise injure their health.
- Prevent pregnancy, a challenge to social mores in cultures that value having many children. For example, the Maasai, an East-African cattle-raising tribe, have “strongly held opinions and beliefs connected to condoms and their use, including their contraceptive effects, negative impact on the quality of sex, the wasting of semen, and the ‘otherness’ of condoms” (Cult Health Sex, pp. 387-401).

g. Exceptions to user intentions – A qualitative investigation of inner-city adolescents’ intentions to use condoms revealed that, “Although participants reported strong intentions to use condoms, they described many exceptions to their intention. Condom use intentions were also
trumped by the presence of alternative, often conflicting intentions.”
The study was done following an intensive safer sex program
(Bauman, pp. 248-274).

2. Incorrect use:

a. **Time of Application** – The results of a survey of young people in
educational establishments in England conducted over a large cross-
sectional area were as follows: “Of the 375 survey respondents who
reported having used a condom on the most recent occasion of vaginal
sex, six percent had applied the condom after penetration and six
percent had continued penetration after condom removal. Of the 74
diary respondents, 31 percent applied a condom late and nine percent
removed a condom early at least once over a six-month period”
(Hatherall, pp. 68-70).

b. **Use of Oil-Based Lubricants** – In a clinical study, men who had used
an oil-based lubricant were more than three times as likely to report
breakage and those who completely unrolled the condom before
putting it on were also about three times more likely to report
breakage. The breakage rate for men indicating both errors (e.g. use of
an oil-based lubricant and unrolling the condom before application)
was 54.5 percent compared to 33.3 percent among those who indicated
either error, and 12.8 percent indicating neither error. Attributable risk
for the two errors combined was 39 percent (Crosby, *STI*, pp. 71-75).

c. **Practice of Dry Sex** – Dry sex (e.g. the use of astringents, herbs or
other implants to make the vagina drier and tighter) “reported in parts
of central and southern Africa and the Caribbean, is thought to
contribute to condom breakage” (Green, p. 97).

d. **Miscellaneous Problems Including Product and User Failure** – In a
study by the Centers for Disease Control and Prevention of 1,152 STI
clinic participants, 41 percent reported that condoms broke, slipped
off, leaked or were not used throughout the duration of intercourse in
the previous three months (Warner, pp. 341-349). A similar study
conducted by the College of Public Health at the University of
Kentucky revealed condom-specific behaviors (i.e. contact with sharp
objects, problems with the “fit or feel,” and not squeezing air from the
receptacle tip) caused breakage (Crosby, *STI*, pp. 71-75).

C. Condom ‘Disinhibition’

A Uganda condom study in 2001-2002 was conducted using a control group that was
given only general AIDS information, and an intervention group that was strongly
encouraged to use condoms. The study was conducted in a state-of-the-art promotion program for young men. Both groups were given coupons for free condoms and both groups increased their use of condoms. However, both groups also showed an increase in the number of sex partners. This has been explained by a phenomenon called ‘condom disinhibition,’ where “people might believe they can engage in risky sex with impunity so long as they use condoms” (Hearst, Evidence, p. 32).

D. Rise of Other STIs

A 100 percent condom use program among sex workers in Wuhan, China, increased the condom use rate to 94.5 percent over 15 months. (Note: A 100 percent condom use program is a program aimed at increasing condom use of sex workers to 100 percent.) Although the program resulted in an improvement from a previous lower rate, only 94.5 percent of the workers actually used condoms. However, refractive rates of chlamydia put the effectiveness of the program in question (Zhongdan, p. 10).

People involved with multiple sex partners or multiple exposures with an infected partner will most likely contract other STIs, which in turn will render them more vulnerable to HIV. As a matter of fact, one AIDS researcher remarked that risk reduction (safer sex, specifically the use of condoms) “has not been safe in the UK, and in Africa it has been positively dangerous” (Fitch, pp. 1136-1138).

Behavior Change – The Crux of the Matter

Multiple concurrent sex partners is the driving force of the sub-Saharan Africa HIV epidemic. Shelton observed that in a generalized epidemic, “reliance on a vast number of condoms without a strong foundation of partner reduction fails to stem the epidemic” (Shelton, p. 1947-1949).

“Promotion of condoms alone … has not been shown to be an effective strategy to reduce infection in a generalized epidemic (i.e. Africa), but has been shown to lower HIV prevalence in a concentrated epidemic, such as in Thailand and Cambodia where most HIV infections are found among high risk groups” (Hearst, Studies, p. 39-47).

The risk avoidance approach “reflects the straightforward nature of the spread of the virus in sub-Saharan Africa… Therefore, the inescapable solution is not to have multiple concurrent sex partners” (Shelton, p. 1947-1949).

Shelton asserts, “So an armistice in the polarized argument pitting condoms against abstinence is imperative, as is a strong focus on partner limitation…. Every year, many more people become infected than the cumulative number on antiretroviral treatment. Only prevention can reverse these generalized epidemics. We need a harmonized HIV prevention strategy that uses all valid approaches, where partner limitation takes center stage” (Shelton, p. 1947-1949).
Bibliography


“What’s wrong with shipping condoms overseas to help with the AIDS epidemic?” *Pure Love Club*, Catholic Answers. February 2009  