

- Leave an empty space at the end of the condom to collect semen. When putting on the condom remove any air remaining in the tip by gently pressing the air out.
- Be sure that the condom is adequately lubricated before use and that lubrication is added occasionally, if needed, once sex has begun. Use water-based lubricants, such as KY jelly or glycerin. Do not use oil-based lubricants like Vaseline, vegetable oil, baby oil, or cold cream. Pocket-size packets of water-based lubricants are available and provide ample amounts of continued lubrication even when intercourse lasts a long time. Do not use spermicides containing nonoxynol-9 (N-9) nor condoms containing N-9, as it can damage the vagina and rectum, thus increasing the risk of HIV/STI sexual transmission.
- After ejaculation, carefully withdraw the penis while it is still erect. Hold onto the rim of the condom as you withdraw so that the condom does not slip.
- If the condom breaks or slips off, discuss this with the partner and consider contacting a health care provider.

Conclusion

For sexually active persons, the use of the male condom can reduce the risk of STD/HIV and unintended pregnancy. However, to achieve the greatest protection, condoms must be used consistently and correctly. Research reveals that condom-use mistakes are common, suggesting that condom failure is more often caused by user error than product failure. Incorrect use may result in condom breakage and slippage, thus reducing their protective effect. Condom promotion programs should target both men and women, focusing on increasing motivation to use condoms and enhancing skills for correct condom use including finding the best fitting condom for personal use.

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WHAT SEXUAL SCIENTISTS KNOW ABOUT...

CORRECT USE OF THE MALE CONDOM



A PUBLICATION OF
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For sexually active persons wanting to prevent sexually transmitted infections (STIs) and pregnancy, condom use for all sexual episodes is necessary. Consistent and correct use of the male, latex condom is an effective method of reducing the risk of transmitting and acquiring many STIs, including HIV infection, and unintended pregnancy. Condoms are highly effective in preventing HIV transmission and can reduce risk of transmission of chlamydia, gonorrhea, and trichomoniasis. The condom may also reduce the risk of genital herpes, human papilloma virus/genital warts, and syphilis, but only when the infected areas are covered or protected by the condom (Centers for Disease Control and Prevention, 2002; Hatcher et al., 2004; Holmes, Levine, & Weaver, 2004). However, consistently using condoms is not enough—condoms must also be used *correctly*.

Research Studies on Correct Male Condom Use

Investigators at The Kinsey Institute for Research in Sex, Gender, and Reproduction and the Rural Center for AIDS/STD Prevention at Indiana University, as well as other researchers, have conducted studies among varied samples of condom users to determine the prevalence of male condom-use errors and problems, and factors associated with incorrect use. These researchers have found that condom-use errors and problems are quite common.

□ A sample of college undergraduate, single men who had put the condom on themselves (male applicators) and single women who had placed a condom on their male partners (female applicators) were asked about difficulties with condom use. The most important errors and problems are presented in Table 1. Importantly, higher error scores were found to be associated with more condom breakage and slippage (Crosby, Sanders, Yarber, Graham, & Dodge, 2002; Sanders, Graham, Yarber, & Crosby, 2003). Other researchers have found similar results.

□ In a study of men attending a sexually transmitted disease (STD) clinic, researchers addressed erection loss related to condom use. Nearly 4 out of every 10 men (37%) reported erection loss on

at least one occasion while applying condoms and/or during protected penile-vaginal intercourse during the last three times a condom was used in the past 3 months. Men reporting condom-associated erection loss, compared to men not reporting erection loss, reported having more frequent unprotected penile-vaginal sex and were less likely to use condoms consistently. Men who lacked confidence to use condoms correctly, who experienced problems with the way condoms “fit or feel,” and who had numerous sexual partners were more likely to report condom-associated erection loss. Also, men who reported erection loss during sex were about twice as likely to remove condoms before sex ended (incomplete use). These findings suggest that condom-associated erection loss may cause nonuse or incomplete use of condoms, thus leading to increased risk behavior (Graham et al., 2006; Yarber et al., 2007). Previously, Richters, Hendry, and Kippax (2003) found that among HIV-positive gay men, difficulties in achieving or maintaining an erection sometimes led to a decision not to use condoms.

Table 1
(Percent Reporting the Error or Problem Occurred At Least Once During Sex in the Past 3 Months.)

Error/problem	Male applicators	Female applicators
Put condom on after starting sex	43%	51%
Did not hold tip to leave space at end of condom	40%	46%
Put condom on the wrong side up	30%	30%
Used condom without lubricant	19%	26%
Took condom off before sex was over	15%	15%
Condom broke	29%	19%
Condom slipped off during sex	13%	19%
Lost erection before condom was put on	22%	14%
Lost erection after condom was on and sex had begun	20%	20%

- Nearly one third of men attending an STD clinic reported condom breakage at least once of the last three times a condom was used during penile-vaginal intercourse (Crosby et al., 2007). Researchers, using samples of college men and women, found that those reporting condoms having contacted a sharp object (e.g., teeth, fingernails) were three times more likely to report breakage. Further, those reporting using condoms without proper lubrication and those experiencing loss of erection during sex were more likely to report slippage (Yarber, Graham, Sanders, & Crosby, 2004).
- Investigators studying a sample of young men attending an STD clinic found that couples rarely interrupt sexual intercourse to add lubricants to condoms (Crosby, Graham, Yarber, & Sanders, 2004). Prolonged penile-vaginal intercourse may result in vaginal dryness or any condom lubrication “drying out,” thus increasing the chances of condom breakage and slippage. Researchers utilizing men and women attending clinics in three international sites found that those experiencing condom slippage were also more likely to experience condom breakage (Spruyt et al, 1998).
- Yarber et al. (2007), investigating men attending an STD clinic, found that men who were not highly motivated to use condoms were nearly twice as likely to put a condom on after penile-vaginal sex had begun. In a study of undergraduate college men and women, researchers found that those highly motivated to use condoms and who perceived their partners highly motivated were more likely to use condoms from the start to the finish of sex (Graham, Crosby, Sanders, & Yarber, 2003).
- Using a sample of men and women college students, researchers identified problems with “fit and feel” of condoms. Nearly one third of the sample reported discomfort, including tightly fitting condoms, vaginal irritation, and loss of sensation. Discomfort was associated with breakage, incomplete use, and less motivation to use condoms (Crosby, Yarber, Sanders, & Graham, 2005).

Guidelines for Correct Male Condom Use

Most educational efforts directed toward promoting male condom use have been focused mostly on encouraging consistent usage, with minimal attention to correctness. This limited message is particularly true for schools, the one institution that reaches nearly all of our young people but where many sexuality and health educators do not feel free to present detailed information on correct condom use. Researchers have shown that over three quarters of adults agree that instruction about correct condom use for STD/HIV prevention should be provided in public high schools (Yarber, Milhausen, Crosby & Torabi, 2005). Because most young people are not being educated about correct condom use, they may not be using them correctly once they become sexually active.

Given the findings on the incorrect usage of the male condom, condom use can be most effective if the following suggested guidelines are carefully followed:

- Use only latex, not natural membrane (sheepskin), condoms. Polyurethane (plastic) condoms can reduce the risk of HIV/STI transmission.
- If the rubber material is sticky or brittle, discolored, or damaged, do not use the condom. Keeping condoms in a cool, dry place and out of the sun and hot places will help prevent this.
- Use the condom for every type of sexual behavior between partners involving contact with the penis. The condom should be used for the entire duration of that behavior, using a new condom for each different behavior, such as penile-vaginal intercourse and anal intercourse.
- Do not use teeth, fingernails, or other sharp objects when opening the condom wrapper. Be sure that the condom fits snugly without being uncomfortably tight. Unroll the condom only after the top of the condom has been placed on the head of the penis.
- If the condom is accidentally placed on the penis wrong-side up, discard the condom and use another one.