

CONDOM FACT SHEET

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The U.S. Agency for International Development (USAID) is a leader in global HIV prevention. USAID is fully committed to an integrated approach to realize an AIDS-free generation. Promoting correct and consistent condom use is central to USAID's HIV prevention programming. While no barrier method is 100 percent effective, correct and consistent use of condoms, used together with condom-compatible lubricants, significantly reduces the risk of transmission of HIV and other sexually transmitted infections (STIs) and helps prevent unintended pregnancy.

USAID-funded HIV prevention programs distribute high-quality male and female condoms and lubricants in health care settings, such as clinics and pharmacies, and in community settings, including bars, hotels, and commercial sex-work establishments. Additionally, USAID-funded programs focus on providing risk-reduction counseling and disseminating medically accurate information about condoms and lubricants for HIV and STI prevention.

The Effectiveness of Condoms in HIV Prevention

Laboratory tests show that male and female condoms are impermeable to micro-organisms as small as viruses.¹ Both male and female condoms have been demonstrated to be highly effective in preventing HIV. When used correctly and consistently, male condoms are estimated to be 90 percent effective in reducing HIV transmission.² Female condoms can reduce HIV transmission by as much as 94 percent when used correctly with every intercourse.³ For those who practice anal sex, lubricants are recommended to prevent the condoms from slipping or tearing. Condoms must be used consistently and correctly to achieve the high levels of protection against HIV discussed here. When condoms fail to protect individuals against STI/HIV transmission, it is usually a result of incorrect or inconsistent use, rather than product failure.

Condoms also assist in preventing other sexually transmitted infections that are passed through genital contact. Some STIs, including gonorrhea, chlamydia, and syphilis, are transmitted more easily than HIV, and condoms have been demonstrated to significantly reduce their transmission.

Dual Protection Advantages of Condoms

Male and female condoms are the only barrier methods that offer dual protection. This means that male and female condoms offer significant protection against both HIV and other STIs and unintended pregnancy. Studies show that male condoms have efficacy rates of approximately 87 percent when used consistently as a primary means of contraception. Female condoms have been shown to be up to 95 percent efficacious in preventing pregnancy.⁴

1. Carey RF, Lytle C.D., Cyr W.H. Implications of Laboratory Tests of Condom Integrity. *Sexually Transmitted Diseases*. 1999; 26(4):216-220.

2. Weller S., Davis K. Condom Effectiveness in Reducing Heterosexual HIV Transmission. *Cochrane Database Systemic Review*. 2002;(1).

3. Trussel J., Sturgen K., Strickler J., Dominick R. Comparative Contraceptive Efficacy of the Female Condom and Other Barrier Methods. *Family Planning Perspectives*. 1994;26(2):66-72.

4. Trussel J., Sturgen K., Strickler J., Dominick R. Comparative Contraceptive Efficacy of the Female Condom and Other Barrier Methods. *Family Planning Perspectives*. 1994;26(2):66-72.

SUPPLEMENTAL TECHNICAL INFORMATION ON CONDOMS

U.S. Agency for International Development (USAID)-funded condom programs distribute high-quality male and female condoms in health care settings, such as clinics, pharmacies, and in community settings, including bars, hotels, and commercial sex-work establishments. These programs aim to increase the use of condoms and lubricants by introducing relevant and appealing products to the market and by creating demand for condoms. USAID-funded programs aim to increase condom use by disseminating medically accurate information about their benefits for sexual and reproductive health for people of all genders and sexual orientations.

The Effectiveness of Condoms for Other Sexual Transmitted Infection Prevention

Condoms assist in preventing other sexually transmitted infections (STIs) that are passed through genital contact. Some STIs, including gonorrhea,¹ chlamydia, and syphilis,² are transmitted more easily than HIV, but condoms have been demonstrated to significantly reduce their transmission. Recent epidemiological research shows that consistent and correct use of male latex condoms was found to be 71 percent effective in reducing gonorrhea, up to 66 percent effective in reducing syphilis, and up to 75 percent effective in reducing transmission of chlamydia and trichomoniasis.³ Herpes varies in its presentation and may be asymptomatic; therefore, it is difficult to conclusively determine the extent to which condoms reduce genital herpes transmission. However, recent analyses indicate that individuals who use male latex condoms during more than 75 percent of their sexual encounters cut their risk of genital herpes by half.⁴ Research further suggests that condom use significantly reduces transmission of the human papillomavirus (HPV), of which several types cause cervical, anal, and penile cancer. Women who report using condoms each time they have sex have been found to have significantly lower rates of HPV and very low indications of pre-cancerous lesions.⁵

Water-based and silicone-based lubricants are condom compatible and increase the efficacy of condoms and are essential to maximizing their benefits when used for anal sex. Although they are widely used for personal lubricant, substances such as cosmetic lotions and creams, petroleum jelly, or cooking oils cause condoms to tear, slip, and break. For individuals who practice anal sex, lubricants are recommended to prevent the condoms from slipping or tearing. When used correctly and consistently for anal sex, condoms used alone are up to 70 percent effective.⁶ When used together with condom compatible lubricants for anal sex, reported condom breakage has been shown to decrease from 21.4 percent to 3 percent.⁷

Reducing HIV Transmission through Increased Condom Use

Increases in condom usage results in lower HIV transmission rates on a population level. Between 2002 and 2008, South Africa experienced a 35 percent decline in the rate of new HIV infections. One major study compared national prevalence surveys from three consecutive years in order to measure changes in HIV rates over time.⁸ Two mathematical models were applied to calculate HIV prevalence and changes in HIV self-reported access and use of prevention and intervention methods among different age groups.

While other factors, including increased adherence to antiretroviral treatments among HIV-positive individuals, partly account for these lower rates, condom use was found to be the most significant factor resulting in nationwide reductions in HIV transmission. Youth ages 15–24 experienced the most drastic reductions in new HIV infections. In 2005, this age group had a prevalence rate of 10.3 percent. By 2012, it had declined to 7.3 percent. Condom use among young women in particular corresponds to lowered HIV transmission. In 2002, only 46 percent of young women reported using a condom at last sex compared to 73 percent in 2008. While national rates were declining in this period, young women experienced a 60 percent reduction in HIV incidence. This evidence strongly suggests that HIV can be effectively prevented with more widespread and more frequent condom use.⁹

Condom Effectiveness Rates in Preventing Pregnancy, HIV, and Other STIs ^{10,11}			
Method	HIV	Pregnancy	Other STIs
Male Condom	98.5%	98%	66%–75%
Female Condom	94%	95%	66%–75%

1. National Institute of Allergy and Infectious Diseases. Scientific Evidence on Condom Effectiveness for Sexually Transmitted Disease (STD) Prevention. NIAID, 2001.

2. NIAID, 2001.

3. Hocking J, et al. Associations between Condom Use and Rectal or Urethral Chlamydia Infection in Men. Sexually Transmitted Diseases. 2006; 33(4):256-258; Sanchez J, et al. Prevention of Sexually Transmitted Diseases (STDs) in Female Sex Workers: Prospective Evaluation of Condom Promotion and Strengthened STD Services. Sexually Transmitted Diseases. 2003; 30:273-279.

4. Wald A, et al. "The Relationship between Condom Use and Herpes Simplex Virus Acquisition," Annals of Internal Medicine. 2005; 143:707-713.

5. Winder, R.L., et al. "Condom Use and the Risk of Genital Human Papillomavirus Infection in Young Women," New England Journal of Medicine. 2006; 354:2645-2654.

6. Detels, R., et al. "Seroconversion, Sexual Activity, and Condom Use among 2915 HIV Seronegative Men Followed for up to 2 Years," Journal of Acquired Immune Deficiency Syndrome. 2:77-83, 1989;

Smith D, et al. Condom Efficacy by Consistency of Use among MSM: US. 20th Conference on Retroviruses and Opportunistic Infections, Atlanta, abstract 32, 2013.

7. Golombok, S., Harding, S., Sheldon, J. "An Evaluation of a Thicker Versus a Standard Condom with Gay Men," AIDS 2001; (15):245-250.

8. Johnson L.F., Hallett T.B., Rehle T.M., Dorrington R.E. The Effect of Changes in Condom Usage and Antiretroviral Treatment Coverage on Human Immunodeficiency Virus Incidence in South Africa: A Model Based Analysis. J.R. Soc Interface. 2012;9(72): 1544-1554.

9. Bekinska M.E., Smit J.A., Mantell, J.E. Progress and Challenges to Male and Female Condom Use in South Africa Sex Health. Mar 2012; 9(1): 51–58.

10. These rates reflect perfect use of condoms when they are used correctly and consistently at each intercourse. Rates of effectiveness with typical use, when they are used inconsistently or incorrectly, may be significantly lower.

11. Fitch, T., Stine, C., Hager, W., et al. "Condom Effectiveness: Factors that Influence Risk Reduction" Sexually Transmitted Diseases. Dec. 2001 (29) 12:81-817.