

Male Condoms

This chapter describes male latex condoms. Female condoms, which usually are plastic and inserted into a woman's vagina, are available in some areas (see Female Condoms, p. 211, and Comparing Condoms, p. 360).

Key Points for Providers and Clients

- **Male condoms help protect against sexually transmitted infections, including HIV.** Condoms are the only contraceptive method that can protect against both pregnancy and sexually transmitted infections.
- **Require correct use with every act of sex for greatest effectiveness.**
- **Require both male and female partner's cooperation.** Talking about condom use before sex can improve the chances one will be used.
- **May dull the sensation of sex for some men.** Discussion between partners sometimes can help overcome the objection.

What Are Male Condoms?

- Sheaths, or coverings, that fit over a man's erect penis.
- Also called rubbers, "raincoats," "umbrellas," skins, and prophylactics; known by many different brand names.
- Most are made of thin latex rubber.
- Work by forming a barrier that keeps sperm out of the vagina, preventing pregnancy. Also keep infections in semen, on the penis, or in the vagina from infecting the other partner.

How Effective?

Effectiveness depends on the user: Risk of pregnancy or sexually transmitted infection (STI) is greatest when condoms are not used with every act of sex. Very few pregnancies or infections occur due to incorrect use, slips, or breaks.

Protection against pregnancy:

- As commonly used, about 15 pregnancies per 100 women whose partners use male condoms over the first year. This means that 85 of every 100 women whose partners use male condoms will not become pregnant.
- When used correctly with every act of sex, about 2 pregnancies per 100 women whose partners use male condoms over the first year.

Return of fertility after use of condoms is stopped: No delay

Protection against HIV and other STIs:

- Male condoms significantly reduce the risk of becoming infected with HIV when used correctly with every act of sex.
- When used consistently and correctly, condom use prevents 80% to 95% of HIV transmission that would have occurred without condoms (see Question 2, p. 208).
- Condoms reduce the risk of becoming infected with many STIs when used consistently and correctly.
 - Protect best against STIs spread by discharge, such as HIV, gonorrhea, and chlamydia.
 - Also protect against STIs spread by skin-to-skin contact, such as herpes and human papillomavirus.



Side Effects, Health Benefits, and Health Risks

Side Effects

None

Known Health Benefits

Help protect against:

- Risks of pregnancy
- STIs, including HIV

May help protect against:

- Conditions caused by STIs:
 - Recurring pelvic inflammatory disease and chronic pelvic pain
 - Cervical cancer
 - Infertility (male and female)

Known Health Risks

Extremely rare:

- Severe allergic reaction (among people with latex allergy)

Why Some Men and Women Say They Like Condoms

- Have no hormonal side effects
- Can be used as a temporary or backup method
- Can be used without seeing a health care provider
- Are sold in many places and generally easy to obtain
- Help protect against both pregnancy and STIs, including HIV

Bringing Up Condom Use

Some women find it hard to discuss their desire to use condoms with their partners. Others have difficulty persuading their partners to use condoms every time they have sex. Men give different reasons for not using condoms. Some do not like the way condoms can dull the



sensation of sex. Sometimes men's reasons are based on rumors or misunderstanding. Having the facts can help a woman respond to her partner's objections (see *Correcting Misunderstandings*, p. 202).

Talking First Can Help. Women who talk to their partners about using condoms before they begin to have sex can improve the chances that condoms are used. Women can try the approaches they think are best, depending on the partner and the circumstances. Some points that have been persuasive in different situations include:

- Emphasizing use of condoms for pregnancy prevention rather than STI protection.
- Appealing to concern for each other—for example: “Many people in the community have HIV infection, so we need to be careful.”
- Taking an uncompromising stance—for example: “I cannot have sex with you unless you use a condom.”
- Suggesting to try a female condom, if available. Some men prefer them to male condoms.
- For pregnant women, discussing the risks that STIs pose to the health of the baby and stressing how condoms can help protect the baby.

Also, a woman can suggest that her partner or the couple together come to the clinic for counseling on the importance of condom use.

Correcting Misunderstandings (see also Questions and Answers, p. 208)

Male condoms:

- Do not make men sterile, impotent, or weak.
- Do not decrease men's sex drive.
- Cannot get lost in the woman's body.
- Do not have holes that HIV can pass through.
- Are not laced with HIV.
- Do not cause illness in a woman because they prevent semen or sperm from entering her body.
- Do not cause illness in men because sperm "backs up."
- Are used by married couples. They are not only for use outside marriage.

Who Can and Cannot Use Male Condoms

Medical Eligibility Criteria for Male Condoms

All men and women can safely use male condoms except those with:

- Severe allergic reaction to latex rubber

For more information on latex allergy, see Mild irritation in or around the vagina or penis or mild allergic reaction to condom, p. 207; Severe allergic reaction to condom, p. 207; and Question 11, p. 210.

Providing Male Condoms

When to Start

- Any time the client wants.

Explaining How to Use

IMPORTANT: Whenever possible, show clients how to put on a condom. Use a model of a penis, if available, or other item, like a banana, to demonstrate.

Explain the 5 Basic Steps of Using a Male Condom

Basic Steps	Important Details
1. Use a new condom for each act of sex	<ul style="list-style-type: none">• Check the condom package. Do not use if torn or damaged. Avoid using a condom past the expiration date—do so only if a newer condom is not available.• Tear open the package carefully. Do not use fingernails, teeth, or anything that can damage the condom. 
2. Before any physical contact, place the condom on the tip of the erect penis with the rolled side out	<ul style="list-style-type: none">• For the most protection, put the condom on before the penis makes any genital, oral, or anal contact. 
3. Unroll the condom all the way to the base of the erect penis	<ul style="list-style-type: none">• The condom should unroll easily. Forcing it on could cause it to break during use.• If the condom does not unroll easily, it may be on backwards, damaged, or too old. Throw it away and use a new condom.• If the condom is on backwards and another one is not available, turn it over and unroll it onto the penis. 
4. Immediately after ejaculation, hold the rim of the condom in place and withdraw the penis while it is still erect	<ul style="list-style-type: none">• Withdraw the penis.• Slide the condom off, avoiding spilling semen.• If having sex again or switching from one sex act to another, use a new condom. 
5. Dispose of the used condom safely	<ul style="list-style-type: none">• Wrap the condom in its package and put in the rubbish or latrine. Do not put the condom into a flush toilet, as it can cause problems with plumbing. 

Supporting the User

Ensure client understands correct use

- Ask the client to explain the 5 basic steps of using a condom by putting it on a model or other object and then taking it off. When counseling, use the graphic on p. 363, *Correctly Using a Male Condom*.

Ask clients how many condoms they will need until they can return

- Give plenty of condoms and, if available, a water- or silicone-based lubricant. Oil-based lubricants should not be used with latex condoms. See box below.
- Tell clients where they can buy condoms, if needed.

Explain why using a condom with every act of sex is important

- Just one unprotected act of sex can lead to pregnancy or STI—or both.
- If a condom is not used for one act of sex, try to use one the next time. A mistake once or twice does not mean that it is pointless to use condoms in the future.

Explain about emergency contraceptive pills (ECPs)

- Explain ECP use in case of errors in condom use—including not using a condom—to help prevent pregnancy (see *Emergency Contraceptive Pills*, p. 45). Give ECPs, if available.

Discuss ways to talk about using condoms

- Discuss skills and techniques for negotiating condom use with partners (see *Bringing Up Condom Use*, p. 201).

Lubricants for Latex Condoms

Lubrication helps avoid condom breakage. There are 3 ways to provide lubrication—natural vaginal secretions, adding a lubricant, or using condoms packaged with lubricant on them.

Sometimes lubricants made of glycerine or silicone, which are safe to use with latex condoms, are available. Clean water and saliva also can be used for lubrication. Lubricants should be applied on the outside of the condom, in the vagina, or in the anus. Lubricants should not be put on the penis, as this can make the condom slip off. A drop or two of lubricant on the inside of the condom before it is unrolled can help increase the sensation of sex for some men. Too much lubricant inside, however, can make the condom slip off.

Do not use products made with oil as lubricants for latex condoms. They can damage latex. Materials that should *not* be used include: any oils (cooking, baby, coconut, mineral), petroleum jelly, lotions, cold creams, butter, cocoa butter, and margarine.

What Condom Users Should Not Do

Some practices can increase the risk that the condom will break and should be avoided.

- Do not unroll the condom first and then try to put it on the penis
- Do not use lubricants with an oil base because they damage latex
- Do not use a condom if the color is uneven or changed
- Do not use a condom that feels brittle, dried out, or very sticky
- Do not reuse condoms
- Do not have dry sex

Also, do not use the same condom when switching between different penetrative sex acts, such as from anal to vaginal sex. This can transfer bacteria that can cause infection.

“Come Back Any Time”: Reasons to Return

Assure every client that she or he is welcome to come back any time—for example, if he or she has problems, questions, or wants another method or she thinks she might be pregnant. Also if:

- Client has difficulty using condoms correctly or every time he or she has sex.
- Client has signs or symptoms of severe allergic reaction to latex condom (see Severe allergic reaction to condom, p. 207).
- Woman recently had unprotected sex and wants to avoid pregnancy. She may be able to use ECPs (see Emergency Contraceptive Pills, p. 45).

Helping Continuing Users

1. Ask clients how they are doing with the method and whether they are satisfied. Ask if they have any questions or anything to discuss.
2. Ask especially if they are having any trouble using condoms correctly and every time they have sex. Give clients any information or help that they need (see Managing Any Problems, p. 206).
3. Give clients more condoms and encourage them to come back for more before their supply runs out. Remind them where else they can obtain condoms.
4. Ask a long-term client about major life changes that may affect her or his needs—particularly plans for having children and STI/HIV risk. Follow up as needed.

Managing Any Problems

Problems With Use

May or may not be due to the method.

- Problems with condoms affect clients' satisfaction and use of the method. They deserve the provider's attention. If the client reports any problems, listen to the client's concerns and give advice.
- Offer to help the client choose another method—now, if he or she wishes, or if problems cannot be overcome—unless condoms are needed for protection from STIs, including HIV.

Condom breaks, slips off the penis, or is not used

- ECPs can help prevent pregnancy in such cases (see Emergency Contraceptive Pills, p. 45). If a man notices a break or slip, he should tell his partner so that she can use ECPs if she wants.
- Little can be done to reduce the risk of STIs if a condom breaks, slips, or is not used (see Question 7, p. 209). If the client has signs or symptoms of STIs after having unprotected sex, assess or refer.
- If a client reports breaks or slips:
 - Ask clients to show how they are opening the condom package and putting the condom on, using a model or other item. Correct any errors.
 - Ask if any lubricants are being used. The wrong lubricant or too little lubricant can increase breakage (see Lubricants for Latex Condoms, p. 204). Too much lubricant can cause the condom to slip off.
 - Ask when the man withdraws his penis. Waiting too long to withdraw, when the erection begins to subside, can increase the chance of slips.

Difficulty putting on the condom

- Ask clients to show how they put the condom on, using a model or other item. Correct any errors.

Difficulty persuading partner to use condoms or not able to use a condom every time

- Discuss ways to talk about condoms with partner (see Bringing Up Condom Use, p. 201) and also dual protection rationales (see Choosing a Dual Protection Strategy, p. 280).
- Consider combining condoms with:
 - Another effective contraceptive method for better pregnancy protection.
 - If no risk of STIs, a fertility awareness method, and using condoms only during the fertile time (see Fertility Awareness Methods, p. 239).
- Especially if the client or partner is at risk for STIs, encourage continued condom use while working out problems. If neither partner has an

infection, a mutually faithful sexual relationship provides STI protection without requiring condom use but does not protect against pregnancy.

Mild irritation in or around the vagina or penis or mild allergic reaction to condom (itching, redness, rash, and/or swelling of genitals, groin, or thighs during or after condom use)

- Suggest trying another brand of condoms. A person may be more sensitive to one brand of condoms than to others.
- Suggest putting lubricant or water on the condom to reduce rubbing that may cause irritation.
- If symptoms persist, assess or refer for possible vaginal infection or STI as appropriate.
 - If there is no infection and irritation continues or recurs, the client may have an allergy to latex.
 - If not at risk of STIs, including HIV, help the client choose another method.
 - If the client or partner is at risk for STIs, suggest using female condoms or plastic male condoms, if available. If not available, urge continued use of latex condoms. Tell the client to stop using latex condoms if symptoms become severe (see Severe allergic reaction to condom, below).
 - If neither partner has an infection, a mutually faithful sexual relationship provides STI protection without requiring condom use but does not protect against pregnancy.

New Problems That May Require Switching Methods

May or may not be due to the method.

Female partner is using miconazole or econazole (for treatment of vaginal infections)

- A woman should not rely on latex condoms during vaginal use of miconazole or econazole. They can damage latex. (Oral treatment will not harm condoms.)
- She should use female condoms or plastic male condoms, another contraceptive method, or abstain from sex until treatment is completed.

Severe allergic reaction to condom (hives or rash over much of body, dizziness, difficulty breathing, or loss of consciousness during or after condom use). See Signs and Symptoms of Serious Health Conditions, p. 320.

- Tell the client to stop using latex condoms.
- Refer for care, if necessary. Severe allergic reaction to latex could lead to life-threatening anaphylactic shock. Help the client choose another method.
- If the client or partner cannot avoid risk of STIs, suggest they use female condoms or plastic male condoms, if available. If neither partner has an infection, a mutually faithful sexual relationship provides STI protection without requiring condom use but does not protect against pregnancy.

Questions and Answers About Male Condoms

1. Are condoms effective at preventing pregnancy?

Yes, male condoms are effective, but only if used correctly with every act of sex. When used consistently and correctly, only 2 of every 100 women whose partners use condoms become pregnant over the first year of use. Many people, however, do not use condoms every time they have sex or do not use them correctly. This reduces protection from pregnancy.

2. How well do condoms help protect against HIV infection?

On average, condoms are 80% to 95% effective in protecting people from HIV infection when used correctly with every act of sex. This means that condom use prevents 80% to 95% of HIV transmissions that would have occurred without condoms. (It does *not* mean that 5% to 20% of condom users will become infected with HIV.) For example, among 10,000 uninfected women whose partners have HIV, if each couple has vaginal sex just once and has no additional risk factors for infection, on average:

- If all 10,000 did not use condoms, about 10 women would likely become infected with HIV.
- If all 10,000 used condoms correctly, 1 or 2 women would likely become infected with HIV.

The chances that a person who is exposed to HIV will become infected can vary greatly. These chances depend on the partner's stage of HIV infection (early and late stages are more infectious), whether the person exposed has other STIs (increases susceptibility), male circumcision status (uncircumcised men are more likely to become infected with HIV), and pregnancy (women who are pregnant may be at higher risk of infection), among other factors. On average, women face twice the risk of infection, if exposed, that men do.

3. Does using a condom only some of the time offer any protection from STIs, including HIV?

For best protection, a condom should be used with every act of sex. In some cases, however, occasional use can be protective. For example, if a person has a regular, faithful partner and has one act of sex outside of the relationship, using a condom for that one act can be very protective. For people who are exposed to STIs, including HIV frequently, however, using a condom only some of the time will offer limited protection.

4. Will using condoms reduce the risk of STI transmission during anal sex?

Yes. STIs can be passed from one person to another during any sex act that inserts the penis into any part of another person's body (penetration). Some sex acts are riskier than others. For example, the risk of becoming infected with HIV is 5 times higher with unprotected receptive anal sex than with unprotected receptive vaginal sex. When using a latex condom for anal sex, a water- or silicone-based lubricant is essential to help keep the condom from breaking.

5. Are plastic (synthetic) condoms effective for preventing STIs, including HIV?

Yes. Plastic condoms are expected to provide the same protection as latex condoms, but they have not been studied as thoroughly. The United States Food and Drug Administration recommends that condoms made of plastic be used for protection from STIs, including HIV, only if a person cannot use latex condoms. Condoms made of animal skin such as lambskin (also called natural skin condoms) are not effective for preventing STIs, including HIV, however.

6. Do condoms often break or slip off during sex?

No. On average, about 2% of condoms break or slip off completely during sex, primarily because they are used incorrectly. Used properly, condoms seldom break. In some studies with higher breakage rates, often a few users experienced most of the breakage in the entire study. Other studies also suggest that, while most people use condoms correctly, there are a few who consistently misuse condoms, which leads to breaks or slips. Thus, it is important to teach people the right way to open, put on, and take off condoms (see *Correctly Using a Male Condom*, p. 363) and also to avoid practices that increase the risk of breakage (see *What Condom Users Should Not Do*, p. 205).

7. What can men and women do to reduce the risk of pregnancy and STIs if a condom slips or breaks during sex?

If a condom slips or breaks, taking emergency contraceptive pills can reduce the risk that a woman will become pregnant (see *Emergency Contraceptive Pills*, p. 45). Little can be done to reduce the risk of STIs, however, except for HIV. Washing the penis does not help. Vaginal douching is not very effective in preventing pregnancy, and it increases a woman's risk of acquiring STIs, including HIV, and pelvic inflammatory disease. If exposure to HIV is certain, treatment with antiretroviral medications (post-exposure prophylaxis), where available, can help reduce HIV transmission. If exposure to other STIs is certain, a provider can treat presumptively for those STIs—that is, treat the client as if he or she were infected.

8. Can a man put 2 or 3 condoms on at once for more protection?

There is little evidence about the benefits of using 2 or more condoms. It is generally not recommended because of concerns that friction between the condoms could increase the chance of breakage. In one study, however, users reported less breakage when 2 condoms were used at once, compared with using 1 condom.

9. Will condoms make a man unable to have an erection (impotent)?

No, not for most men. Impotence has many causes. Some causes are physical, some are emotional. Condoms themselves do not cause impotence. A few men may have problems keeping an erection when using condoms, however. Other men—especially older men—may have difficulty keeping an erection because condoms can dull the sensation of having sex. Using more lubrication may help increase sensation for men using condoms.

10. Aren't condoms used mainly in casual relationships or by people who have sex for money?

No. While many casual partners rely on condoms for STI protection, married couples all over the world use condoms for pregnancy protection, too. In Japan, for example, 42% of married couples use condoms—more than any other family planning method.

11. Is allergy to latex common?

No. Allergy to latex is uncommon in the general population, and reports of mild allergic reactions to condoms are very rare. Severe allergic reactions to condoms are extremely rare.

People who have an allergic reaction to rubber gloves or balloons may have a similar reaction to latex condoms. A mild reaction involves redness, itching, rash, or swelling of the skin that comes in contact with latex rubber. A severe reaction involves hives or rash over much of the body, dizziness, difficulty breathing, or loss of consciousness after coming in contact with latex. Both men and women can be allergic to latex and latex condoms.