

Failure of Condoms against Sexual Transmitted Diseases (STD):

Five Studies

1. "Condom Use Is Still Baffling to Many"

A recent survey reveals that a large percentage of sexually active young adults are not using condoms properly. Dr. Diane Civic, an epidemiologist at Group Health Cooperative in Seattle, and colleagues at the University of Washington and Duke University, studied 779 sexually active unmarried women ages 18- 24 who were recent condom users. The women were enrolled in two health maintenance centers run by Group Health.

Forty-four percent (44%) of the women revealed that within the previous 3 months, they had waited too long for the condom to be applied. Nineteen percent (19%) reported the condom slipped or broke during intercourse, placing them at risk of disease and pregnancy. Among those for whom condoms were the main method of contraception, 59 percent (59%) waited until after initial penetration for the condom to be applied. The delay may have exposed them to viable sperm and infectious organisms, including HIV, in the pre- ejaculate fluids.

"Other studies suggest this is a common practice," Civic said. "We don't know if women don't understand the risk involved, or they're willing to take the risk." Impediments to effective condom use include embarrassment, not knowing how to approach the subject, lack of preparedness, unanticipated sexual activity, and concerns about alienating or insulting a partner.

["Ineffective Use of Condoms Among Young Women in Managed Care," journal AIDS Care (2002;14(6):779-788); *Orange County Register*, 1/22/03, by Jane E. Brody]

2. Safe Sex Myth Exposed by Scientific NIH 20July01 Report

Condoms Do Not Prevent Most STDs

There are 15 Million New STD Cases in the U.S. Each Year

There is no scientific evidence that condoms prevent the transmission of most sexually transmitted diseases (STDs) according to a report released by the U.S. National Institutes of Health in July 2001.

[www.niaid.nih.gov/dmid/stds/condomreport.pdf]

The report was developed by a scientific panel of 28 experts who collaborated to examine 138+ peer-reviewed, published studies on condom effectiveness in the transmission of STDs.

This workshop report, "Scientific Evidence on Condom Effectiveness for Sexually Transmitted Disease Prevention", is co-sponsored by the National Institutes of Health (NIH), the FDA, the Centers for Disease Control and Prevention (CDC), and the U.S. Agency for International Development (USAID).

The researchers found no proof that condoms are effective in preventing the spread of the primary STDs that represent 98% of the 15 million new STD cases annually.

Of eight major STDs [HIV, gonorrhea, chlamydia, syphilis, chancroid, trichomoniasis, genital herpes, & human papillomavirus (HPV)] examined by the panel, condoms were not found to provide universal protection against any of these STDs.

The panel of researchers found just two areas of condom effectiveness, both of which were significantly limited:

- the heterosexual transmission of HIV and...
- the female to male transmission of gonorrhea

When used correctly and consistently, condoms were found to reduce the risk of heterosexual HIV infection by 85 percent (p.14). The important qualification here is that most HIV is not transmitted heterosexually, and most gonorrhea is not transmitted from female to male.

Additionally, these two areas (heterosexual HIV and female to male gonorrhea) represent a mere 2% of all STDs occurring annually in the U.S., and nearly all of this 2% is gonorrhea, which can be treated with antibiotics. In fact, HIV represents just 0.26% of all STDs occurring annually in America [about 40,000 cases] and heterosexually transmitted HIV represents just 0.03% of all annual cases of STDs.^{1,4}

In effect then, the panel found that condoms can reduce the risk of transmission of two of the least common STDs which represent about 2% of the annual cases of STDs in America, nearly all of which is the curable, bacterial disease -- gonorrhea. [The Panel concluded that condoms "could reduce the risk of gonorrhea," *but only for men*. (Executive Summary p. 2)]

The Panel concluded that there was no epidemiological evidence that condom use reduced the risk of HPV infection (ES 2)."

An estimated 20 million Americans are currently infected with genital HPV, making it the most common STD (23). HPV is the cause of nearly all cervical cancer and has also been linked to prostate, anal and oral cancer. While not everyone infected with HPV will develop cancer, every year 15,000 cases of cervical cancer are diagnosed and 5,000 U.S. women die from the disease. Hundreds of thousands of other women will be diagnosed and treated for pre-cancerous conditions which some researchers estimate are about four times more common than invasive cervical cancer.

For the remaining five diseases, the Panel noted that no evidence was available that could be interpreted as "proof of the adequacy" of condoms (ES 2).

The panel was convened [in 2000] at the request of then-Congressman Tom Coburn, a practicing physician, who had long criticized the CDC and Planned Parenthood for misleading the public about the effectiveness of condoms. "This report finally exposes the 'safe' sex myth for the lie that it is," said Coburn. "For decades, the federal government has spent hundreds of millions of dollars to promote an unsubstantiated claim that promiscuity can be safe. We all now know for a fact that that is a lie. Who can ever know the true toll in human lives and health care costs that have resulted from the misinformation that has been propagated by the CDC, Planned Parenthood and the rest of the 'safe' sex lobby?" Coburn said nearly half of the pregnant women he cares for in his practice are infected with HPV. *Most of his patients, and most Americans according to several recent polls, have never even heard of HPV.*

In 1999, a total of 7%--18% of women attending Title X clinics reported using condoms as their primary method of contraception. [MMWR Weekly, 10May02]

A law authored by Coburn (Public Law 106-554) requires that all federal agencies, including the CDC, and all organizations receiving federal funding provide "medically accurate information regarding the effectiveness or lack of effectiveness of condoms in preventing" HPV and other STDs. Coburn has sent a letter to HHS Secretary Thompson outlining how the CDC has failed to implement the law and requesting that the Secretary "take appropriate actions to properly enact the law and educate the public with the truth about HPV so we can start saving lives...This report means that when condom use is discussed, it is no longer medically accurate -- or legal -- for the CDC -- to refer to sex as 'safe' or 'protected,'" [emphasis added] Coburn pointed out. "Condoms may reduce risk for heterosexual HIV infection, and gonorrhea for men, but it is medically inaccurate to say that condoms prevent STDs. In fact, this report is quite clear that there is no evidence that condoms can prevent HPV infection."

"As a medical doctor, the best prescription I can give to avoid infection with a sexually transmitted disease is abstinence until marriage and a life-long, mutually monogamous relationship with one uninfected partner," Coburn said.

According to the NIH report, "in the US, more than 65 million individuals are living with a STD, the majority of which are incurable viral infections. Approximately 15 million new sexually transmitted infections occur annually in the U.S. (ES 1)."

Abstinence educators are committed to helping teens make good decisions for their future and to understand the truth that abstinence until marriage is the only true protection from the physical, emotional, mental, and social consequences of sexual activity, and that saving sex until marriage is the safest and healthiest lifestyle.

3. Condom-HIV failure rate found to be 10%

- A draft report for the UN's AIDS agency has found that even when people use condoms consistently, the failure rate for protection against HIV is an estimated 10 percent,

making them a larger risk than often portrayed. [John Donnelly, *Globe Staff* 6/22/03 <http://www.boston.com/>; L. Benn]

4. New Studies on Condom Effectiveness Since the NIH Report

[from MedInstitute.org website]

The NIH report was based on articles published prior to June 2000. Studies have been reported since that time and provide important new published information. What follows is a summary of all valid, credible, and pertinent studies since June of 2000.

Published Studies

Condoms and Genital Herpes: At the time of the NIH conference, the panel deemed there to be insufficient evidence to make any statements about condom effectiveness for reducing the risk of genital herpes. However, in June of 2001, a study investigating condom effectiveness for herpes prevention was published.¹ The study was conducted using 528 monogamous couples, one of whom was infected with herpes simplex virus 2 (HSV-2). The uninfected member of each couple was tested periodically for the acquisition of HSV-2 infection over the 18-month follow-up, and condom use practices were assessed. Findings of the study include:

- 39 percent of participants never used condoms, and 29 percent used condoms 25 percent of the time or less.
- Only 31 percent of participants used condoms more than 25 percent of the time.
- When condom effectiveness was examined by gender, using condoms more than 25 percent of the time reduced risk for women (91.5 percent risk reduction) but not for men (no risk reduction).
- In this study both partners knew that one partner was infected and one was not. Also, as stated in the report, "...the period in a relationship of highest risk for transmission was not included in this study." Even with this knowledge most couples (87 percent) did not use condoms consistently.

The same researcher presented new data on the impact of condom use on genital herpes risk² at the 2002 National STD Prevention Conference. Based on a larger sample of individuals and including people who were not necessarily monogamous, these new data indicate that *using condoms at least 65 percent of the time reduces the risk of acquiring genital herpes in both men and women. However*, the degree of risk reduction was similar for both sexes, and was substantially less impressive than that demonstrated for women in the first study - that is, *the risk reduction effect was only partial (approximately 40 percent)*.

(Note: Caution should be used in drawing conclusions from this abstract presentation, because it has not yet undergone the "peer review" process necessary for publication in a scientific journal - often the data ultimately published differ from the preliminary data presented at medical conferences.)

1. Wald A, Langengerg AG, Link K, et al. Effect of condoms on reducing the transmission of herpes simplex virus type 2 from men to women. JAMA. 2001;285:3100-3106.
2. Wald A, Langengerg A, Kexel E, Izu AE, Ashley R, Corey, L. Condoms protect men and women against Herpes Simplex Virus Type 2 (HSV-2 Acquisition). Abstract B09E, 2002 National STD Prevention Conference, San Diego, CA, March 4-7, 2002. Available at <http://www.stdconference.org>.

[MedInstitute.org]

[The drumbeat for condoms continues as the evidence mounts that they are NOT the silver bullet for the HIV/AIDs pandemic. The following evidence was recently presented in Washington DC by researchers from Harvard and the University of California - San Francisco. It is vital that this information be distributed all over Africa, and worldwide]: 5. New Research Shows DANGERS of CONDOMS in HIV Prevention -- January 2004 Availability of condoms statistically increase promiscuity and risk of contracting HIV according to medical experts who presented their findings on the "ABC" approach to the HIV/Pandemic in Washington, DC. The presentations, hosted by the Medical Institute for Sexual Health, were critical of the insistence by some NGO's and policy makers that the "C" (condom) approach will stem the tide of the pandemic.

"20 years into the pandemic there is no evidence that more condoms leads to less AIDS," stated Dr. Edward C. Green of Harvard's Center for Population and Development Studies. Citing data on condom availability in many African counties, Green went on to say that "we are not seeing what we expected: that higher levels of condom availability result in lower HIV prevalence." Dr. Norman Hearst of the University of California --- San Francisco supported this analysis with statistics on Kenya, Botswana, and other countries, which show an increasingly alarming pattern of increased condom sale correlation with rising HIV prevalence by year. Promotion of the "safe-sex" message has reportedly increased numbers of sexual partners. The spread of HIV is a behavioral problem, according to Green, who said that "having multiple sexual partners drives AIDS epidemics. If people did not have multiple sex partners, epidemics would not develop or, once developed, be sustained." He continued, "over a lifetime, it is the number of sexual partners [that matter]. Condom levels are found to be non-determining of HIV infection levels."

Unfortunately, Hearst stated, we are "raising a generation of young people in Africa that believe that condoms will prevent HIV." This is concerning because condoms are not 100% effective, even when used properly. According to Hearst, "the most recent Met-analysis came up with 80%. *But even if it is 90%, over time it's the question of when, not if. You don't want to give people a false sense of security and A [Abstinence] and B are better in the long term.*"

In other cases, often reported by proponents of the safe-sex message, countries such as Thailand saw incidence rates for HIV decrease after the government mandated 100% condom use in brothels. Unfortunately, according to Hearst and Stoneburner, proponents rarely look closer at the data, and in such instances behavior change had much more to do with the decreased rates of transmission. "This is usually attributed to 100% condom use, *but visits to sex workers declined by 60%. They did so out of fear and risk avoidance.*" It is the

behavior change advocated by the "A" and "B" approach that is additionally supported by data, such as in the famed Uganda case. According to Dr. Rand Stoneburner (formerly of the WHO and an independent advisor to USAID), "declines of HIV in Uganda are linked to behavior change [and] include primary risk avoidance with a 65% decline in causal sex." The Ugandan government, which promoted abstinence and faithfulness, helped bring about a 75% decline in HIV prevalence among 15-19 age group, 60% in the 20-24, and a 54% decline overall by 1998.

Stoneburner and others believe the change was due to different language used. In Uganda, President Museveni reportedly repeated to Ugandans "you are going to die if you don't stop this!" whereas in other countries, there is little talk of death. Stoneburner pointed out "25% of South Africans don't believe HIV causes AIDS" and in many countries "they do not talk about death links to AIDS." This information proves the unfortunate effectiveness of the "safe sex" message that increasingly places individuals at risk for HIV transmission and STDS worldwide. [CULTURE & COSMOS, 13Jan04, Volume 1, Number 23 Copyright---Culture of Life Foundation. Permission granted for unlimited use. Credit required. www.colfi.org]