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A safe barrier

Barrier contraceptives are effective means of contraception, as well as preventing sexually transmitted infections, provided they are used properly on every occasion when there is sexual contact.

The Doctor Says

By Dr MILTON LUM

UNTIL a few decades ago, contraception focused almost exclusively on the prevention of unintended pregnancy. Changes in sexual behaviour and the increase in sexually transmitted infections (STIs), including HIV/AIDS, have led to a shift in the focus towards the sexual and reproductive health of women.

Hence, contraception approaches today seek to address both unintended pregnancy and prevention of STIs, ie dual protection.

Barrier contraceptives prevent the sperm from meeting an egg, and provide some protection from STIs, including HIV/AIDS. This is of particular importance for those who have more than one sexual partner, or whose partner has more than one partner, both of which increases the likelihood of getting STIs.

The cervix in young girls, teenagers and pregnant women is especially vulnerable to infection. Adult women are more than 10 to 20 times more likely than men to get STIs.

As such, barrier contraceptives (ie male and female condoms, caps or diaphragms) in particular, condoms, should be used with other contraceptives, whenever there is a risk of getting STIs.

This article is about condoms, which are popular and immediately effective, provided they are used properly on every occasion when there is sexual contact.

It provides a barrier to the ejaculate, pre-ejaculate and to cervicovaginal secretions.

They can be used as a primary method of contraception, or as an additional method either in the short term, for example, when starting the Pill, or in the long term, to provide double protection. There are male and female condoms, and the male condom is a commonly used method of contraception in many countries.

When used correctly and consistently, only two in 100 women will get pregnant in one year of use of the male condom. With the female condom, pregnancy occurs in five in 100 women in one year of use. However, usage is frequently imperfect. So, with typical use, which includes incorrect and inconsistent use, pregnancy occurs in 18 and 21 in 100 women in one year of use of the male and female condoms respectively.

The effectiveness of condoms is influenced by various factors, which include background fertility, coital frequency, and usage of emergency contraception when condoms fail. There is no difference in the failure rates of latex and non-latex condoms.

Advantages

There are no side effects from using condoms. Condoms come in different types, shapes and sizes to suit everyone's needs and preferences, and are easily available and affordable.

The view that its easy availability promotes promiscuity is not supported by research studies.

When used correctly and consistently, condoms are effective at preventing unintended pregnancy. It is the most efficient means of protection from STIs for both partners. The STIs include chlamydia, trichomonas, human papilloma virus (HPV), herpes simplex, hepatitis B, syphilis and HIV/AIDS.

Its use is only needed when there is sexual contact. No advance use is required, and it is suitable for unplanned sex.

Female condoms (femidoms), which can be inserted up to eight hours before sex, provide women with shared responsibility.

Disadvantages

Some couples say that condoms affect the spontaneity of sex. This can be addressed by making its usage part of foreplay. Some feel that there is a decrease in sensation. It can sometimes slip off or split.

With the male condom, withdrawal is necessary almost immediately after ejaculation, with care taken not to spill any semen. Men who do not always maintain their erection may encounter difficulty using the condom.

With the female condom, the penis must enter the condom, and *not* the space between the condom and vagina. The open end of the condom must remain outside. The outer or inner ring of the condom may cause some discomfort.

Female condoms are relatively expensive, compared to the male condom, and are not easily available.

Some people may be allergic to the condom's latex or plastic, or associated spermicides, causing discomfort or irritation. This rare problem can be addressed by using condoms that have a lower risk of causing an allergic reaction. Although strong, condoms may split or tear if not used properly.

A condom can be used only once. Condoms should never be reused, and two condoms should never be used together.

Male condom

This is made of very thin latex or polyurethane (plastic), and has to be fitted before the erect penis touches the vaginal area, as sperm can leak out before ejaculation occurs. It has to be removed immediately after ejaculation, before the penis softens, with the condom held firmly in place as it is pulled out slowly and carefully from the vagina, without spilling any semen.

The expiry date should be checked as the rubber can deteriorate if the date has passed. It is advisable to use only condoms that have a mark from a standards organisation stamped on the packet.

Condoms are lubricated to make use easier. Some couples may want

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to use lubricants as well. Any lubricant can be used with polyurethane condoms. Oil-based lubricants – body oils, lotions, creams or petroleum jelly – cannot be used with latex condoms because they can damage the latex and increase its likelihood of splitting.

Some people prefer latex condoms, which contain spermicides for additional reassurance. If the spermicide causes discomfort or irritation, its use should be stopped and medical advice sought. Polyurethane condoms do not contain spermicides.

Female condom

This is a polyurethane sheath that lines the vagina, and can be inserted up to eight hours before sexual contact. It may not be suitable for women who do not feel comfortable touching their private parts.

The expiry date on the packet should always be checked before use.

It can be fitted in the position that suits the woman best, eg lying down, squatting or with one leg on a chair.

When taking the condom out of the pack, care must be taken, as sharp fingernails or rings may tear it. The closed end of the condom has to be held, and the inner ring squeezed between the thumb and middle finger, with the index finger on the inner ring to steady it.

The folds of skin at the vaginal opening (labia) are separated with the other hand, and the squeezed ring is inserted into the vagina and pushed up as far as possible.

The index or middle finger, or both, are then put inside the open end of the condom until the inner ring is felt, and the inner ring pushed as far into the vagina as possible, until it lies just above the pubic bone, which can be felt by inserting the index or middle finger into the vagina and curving slightly forward. The outer ring must lie closely against the vaginal opening (vulva).

It is good practice for the woman or man to guide the penis into the condom, so that it does not go between the vagina and condom. The female condom will move during intercourse, as it is loose-fitting. There will be pregnancy protection as long as the penis stays inside the condom. It is removed by twisting the outer ring to keep the semen inside, and then, pulled out gently.

Effectiveness

Despite using a condom, sometimes, sperm can get into the vagina. This may happen if the penis touches the vulva or vagina before a condom is put on, the male condom splits or slips off, the female condom gets pushed too far into the vagina, the penis enters the vagina outside the female condom by mistake, and/or the condom is damaged by sharp fingernails or jewellery.

It can also occur when latex condoms are damaged by oil-based lubricants or medicines for fungal infection.

The Faculty of Sexual and Reproductive Health of the Royal College of Obstetricians and Gynaecologists recommend the following measures to enhance the effectiveness of condoms:

- The use of condoms lubricated with nonoxinol-9 is not recommended.
- When using lubricant with latex condoms, a water or silicone-based preparation is recommended.
- Lubricants are recommended for anal sex to reduce the risk of condom breakage.
- There is insufficient evidence to routinely advise additional lubricant for vaginal sex, but its use can be considered for those experiencing condom breakage.
- Adding lubricants to the inside of condoms, or to the outside of the penis before using condoms, is associated with an increased risk of slippage.
- Condom breakage rates are similar for standard and thicker condoms, and therefore, there is no requirement to recommend thicker condoms for anal sex.
- Ill-fitting condoms can be associated with breakage and incomplete use. One should remember that different shapes and sizes of condoms are available.

Condoms are useful for those who are at risk of sexually transmitted infections or who have occasional sex, as the possible side effects of other prescription contraceptives can be avoided.

Even if an individual is using some other contraceptive, the usage of condoms is advisable whenever there is a possibility of getting sexually transmitted infections.

■ *Dr Milton Lum is a member of the board of Medical Defence Malaysia.*

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For your protection: A model wears an outfit by British designer Katherine Hamnett, renowned for using her catwalk shows to deliver political and ethical messages.