

# Can condoms prevent sexually transmitted infections other than HIV?

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Consistent condom use can reduce the spread of HIV, but are they the answer to rising rates of other sexually transmitted infections? Researchers debate the issue in this week's BMJ.

For people who are sexually active, condoms remain our best solution to reducing risks of acquiring sexually transmitted infections (if uninfected) or transmitting these infections (if infected), say Markus Steiner and Willard Cates of Family Health International.

Despite some inconsistencies in the evidence, studies show that condoms are an effective physical barrier against passage of even the smallest sexually transmitted pathogens, they write.

For example, a recent review provides strong evidence that condoms reduce the risk of gonorrhoea and chlamydia in both men and women. Studies have also shown consistent and correct use of condoms can reduce genital herpes and human papillomavirus infection.

However, the promotion of condoms remains controversial in many countries, including the United States. Another concern is that condom promotion could lead to risk compensation, although the authors point to a recent review of condom related prevention approaches which concluded that sexual risk reduction interventions do not increase unsafe sexual behaviour.

Like any prevention tool (such as seat belts or airbags) condoms are not

100% effective, they say. Accurate messages about condoms must build on a wide range of risk avoidance and risk reduction approaches, such as the ABC strategy: abstinence, be faithful to one partner, and use condoms.

They suggest that clinicians reassure people who are sexually active that condom use reduces the risk of most infections, while emphasising the importance of consistent and correct use for optimal risk reduction.

But Stephen Genuis from the University of Alberta argues that a more comprehensive approach is needed.

Condoms cannot be the definitive answer to sexually transmitted infection, he writes, because they provide insufficient protection against many common diseases. Intercourse generally involves skin to skin contact in the external genital area not covered by a condom.

But the main problem with condoms, he says, is that average people, particularly teenagers and young adults, do not use them consistently, regardless of knowledge or education.

He points to numerous large studies where concerted efforts to promote use of condoms has consistently failed to control rates of sexually transmitted infection – even in countries with advanced sex education programmes like Canada, Sweden, and Switzerland.

Data also suggest that changes in sexual behaviour (fewer partners, less casual sex, and less use of sex workers) rather than widespread condom use is reducing infections in countries such as Thailand and Cambodia.

The World Health Organisation estimates that two thirds of sexually transmitted infections worldwide occur in teenagers and young adults. Yet innumerable adolescents saturated with condom focused sex

education end up contracting sexually transmitted infections, he argues.

Although factual information should be included in any discussion of sexually transmitted infections, narrow condom focused initiatives should be replaced with comprehensive evidence-based programmes, he concludes.

Source: British Medical Journal

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