

Chapter 7

BARRIER METHODS:

Male and Female Condoms, Diaphragm, Cervical Cap, Spermicides

WHAT ARE BARRIER METHODS?

Barrier methods are devices that mechanically or chemically prevent fertilization.

MALE CONDOMS

WHAT ARE MALE CONDOMS?

A male condom is a thin sheath of latex rubber made to fit on a man's erect penis to prevent the passage of sperm cells by forming a barrier that prevents pregnancy. It also helps keep infections in semen, on the penis, or in the vagina from infecting the other partner.

HOW EFFECTIVE IS THE MALE CONDOM?

The effectiveness of this method depends on the user. The risk of pregnancy or sexually transmitted infection (STI) is greatest when condoms are not used with every sexual intercourse.



Protection against pregnancy

- When used correctly with every sexual intercourse, only 2 per 100 women whose partners use male condoms become pregnant over the first year of use.
- As commonly used, about 15 per 100 women whose partners use male condoms become pregnant over the first year of use.

Protection against human immunodeficiency virus (HIV) and other STIs

- When used consistently and correctly, condoms prevent 80% to 95% of HIV transmission that would have occurred without a condom.
- When used consistently and correctly, condoms reduce the risk of STIs.

HOW IS THE MALE CONDOM USED?

The following steps must be followed by the user when using a condom before sexual intercourse:

1. Hold the pack, and look for any perforation or damage; check the expiration date as well. If the pack is damaged or has expired, discard it.
2. Open the package properly and carefully; do not use fingernails, teeth, or anything that can damage the condom.
3. Hold the condom in a way that the tip of the condom is facing away from the penis.
4. Press the tip of the condom between the thumb and index finger of one hand, and maintain it there while the other hand places the condom with the rolled side out over the erect penis. Pressing the tip prevents air accumulation.
5. Unroll the condom all the way down to the base of the erect penis; put on the condom before the entry of the penis into the vagina.
6. After ejaculation, hold the rim of the condom at the base of the penis so it will not slip off while withdrawing the penis out of the vagina before it completely loses its erection.



7. Remove the condom by sliding it off the penis, making sure not to spill semen on the vaginal opening.
8. Make a knot of the condom, place it inside the package, and wrap it with a paper and dispose of it properly. Reuse of male condoms is NOT recommended.

WHO CAN USE THE MALE CONDOM?

- Couples who ask for its use and are reliable users
- Couples who want to use it as a backup method when the use of another method is interrupted
- Couples who are at high risk of STIs
- Couples who want to use it as a temporary method until another method is preferred
- Couples who have medical contraindications with other methods or those who personally prefer condom use
- Men who have problems with premature ejaculation, as condoms can help delay ejaculation
- Postvasectomy clients who are waiting for sperm check or semen analysis after three months



WHO CANNOT USE THE MALE CONDOM?

- Either or both sex partners with allergic reaction to latex rubber

WHAT ARE THE KNOWN HEALTH BENEFITS AND RISKS OF MALE CONDOM USE?

- Protects against the risks of pregnancy and against microorganisms that cause STIs, including HIV
- Protects women against some STI-induced conditions (recurring pelvic inflammatory disease and chronic pelvic pain [endometriosis], cervical cancer, and infertility)
- Can cause severe allergic reaction among individuals with latex allergy (extremely rare)

WHAT SHOULD BE DONE IF A SEVERE ALLERGIC REACTION OCCURS?

If the user develops severe allergic reaction to the latex rubber, perform the following:

- 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 unless the client is at risk for STIs.
- If itching continues, the client and partner should be assessed for infection.
- Suggest the use of female condoms or plastic male condoms for clients or partners who cannot avoid the risk of STIs.

WHAT HAPPENS WHEN THE CLIENT STOPS USING THE METHOD?

A client who stops using this method faces the risk of getting his partner pregnant and the risk of getting STIs or HIV.

WHEN IS A REFERRAL NEEDED?

A referral is needed when the client develops symptoms of STIs, such as sores on the genitals, pain when urinating, appearance of discharge, or when the client develops allergic reactions to condoms.

WHAT ARE THE FACTS ABOUT MALE CONDOMS?

Contrary to popular beliefs, condoms

- do not make men sterile, impotent, or weak.
- do not decrease men's sex drive.
- cannot get lost in a 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 sperm or semen from entering her body.
- do not cause illness in men and do not cause sperm to "back up."
- are also used by married couples.

WHAT COUNSELING TIPS SHOULD BE PROVIDED TO THE CLIENT?

- The effectiveness of the condom is enhanced if used with spermicides because it will not only act as a barrier in the union of the sperm and egg cell but also immobilize or kill the sperm cells.
- Water-based lubricants, such as spermicides and glycerin, should be used. Water or the vaginal secretion can also be used. Advise users not to use cooking oil, baby oil, coconut oil, or skin lotion as a lubricant because these products can damage the condom.
- Ensure that the client understands the correct use of a condom. Ask the client to explain the basic steps of using the condom by putting it on a penis model or a similar object and then taking it off.
- Explain the importance of using a condom during sexual intercourse. Emphasize to the client that one unprotected sexual intercourse can lead to pregnancy, STI, or both. If the client forgets to use the condom at one time during sex, encourage him to use the next time and explain again the risks.
- Encourage a client to consistently use a condom.
- Ask clients how they are doing with the method and whether they are satisfied. Ask if they have any questions or anything to discuss.
- Ask clients if they are having any trouble using condoms correctly every time they have sex. Give the clients information or help that they need.

WHAT ARE THE FREQUENTLY ASKED QUESTIONS ABOUT MALE CONDOMS?

1. Are condoms effective in preventing pregnancy?

- Yes. Male condoms are effective but only if used correctly every time during sexual intercourse. When used consistently and correctly, only 2 of every 100 women whose partners use condoms become pregnant over the first year of use. However, many men do not consistently or correctly use condoms, thereby reducing protection from pregnancy.

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

- On the average, when used correctly and consistently, condoms are 80% to 95% effective in protecting people against HIV infection that would have occurred without condoms. However, this statistic does not indicate that 5% to 20% of condom users will become infected with HIV. For example, about 10 of 10,000 uninfected women whose partners have HIV infection would likely become infected with HIV if each couple had unsafe (i.e., without condom) vaginal sex even once and has no additional risk factors for infection. However, only 1 or 2 of these women would likely become infected with HIV if their male partners correctly used condoms.

3. Are plastic (synthetic) condoms effective in preventing STIs including HIV?

- Yes. Plastic condoms are expected to provide the same protection as latex condoms, but they have not been studied thoroughly. Plastic condoms are recommended for clients who cannot use latex condoms. However, condoms made of animal skin such as lambskin (also called natural skin condom) are not effective for preventing STIs, including HIV.

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

- No. On the average, about 2% of condoms break or slip off completely during sex, primarily because they are used incorrectly. Some studies suggest that some users consistently misuse condoms, which lead to breaks or slips. Users must learn the correct way of opening and removing the condom from the pack, putting it on before and removing it after sexual intercourse, and avoiding practices that increase the risk of breakage.

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

- No. Impotence has many causes. Some causes are either physical or emotional. Condoms do not cause impotence. A few men may have problems keeping an erection when using condoms; older men may have difficulty keeping an erection because condoms can dull the sensation from having sex. Using more lubrication may help increase sensation for men who use condoms.

6. Are condoms used mainly in casual relationship 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 to avoid pregnancies or as a family planning method.