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# Condoms

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## Key facts

- In 2020, 374 million new STI infections occurred globally among adults aged 15–49 with 1 of the 4 curable STIs: syphilis, chlamydia, gonorrhoea and trichomoniasis. Most of these of these could be prevented with the correct use of condoms.
- Condoms have had a significant impact on the global HIV epidemic: model simulations have estimated that increased condom use since 1990 has averted approximately 117 million new HIV infections (1).
- Ninety-eight percent of women whose male partners use male condoms correctly in every sex act over one year will be protected from unplanned pregnancy; when female condoms are used, 95% of them will be protected against unplanned pregnancy.
- According to a [multi-party study in Europe](#), almost a third of adolescents (30%) reported using neither a condom nor the contraceptive pill at last intercourse, a figure that has barely changed since 2018.
- Non-judgmental, person-centred information should be provided to support condom use.
- Gender inequities, especially in intimate relationships is a major barrier for condom use.
- Research from WHO, HRP and partners indicates that interventions that use a positive language about sex, including sexual pleasure, are effective in increasing condom use.

# Overview

Condoms, when used correctly and consistently, are safe and highly effective in preventing transmission of most sexually transmitted infections, including HIV, and unplanned pregnancies. Condoms are safe, inexpensive and widely available.

There are both external (also known as male) condoms and internal (also known as female) condoms, which are effective when used correctly.

When using a condom, lubricants (also known as lube) make it less likely that the condom will break, slip or fall off and can enhance pleasure during sex. This is especially important during anal sex as the rectum, unlike the vagina, does not have natural lubrication. Use of a water- or silicone-based lube is recommended, as other types may cause the condom to break, such as kitchen oil, butter and hand lotion. Lube may also be helpful for individuals who experience vaginal dryness associated with menopause or other skin conditions in the genital area.

## Effectiveness

Condoms are highly efficacious in preventing pregnancy, STIs and HIV. However, the effectiveness of condoms in practice depends on their correct use. The risk of pregnancy or STIs, including HIV, is greatest when condoms are not used correctly with every act of sex. Very few pregnancies or infections occur due to slips or breaks. Condoms significantly reduce the risk of most STIs when used consistently and correctly during vaginal, oral and anal sex. When used correctly with every act of sex, 98% of women whose male partners use male condoms will be protected from unplanned pregnancy; when female condoms are used, 95% of them will be protected against unplanned pregnancy.

To assure the effectiveness, condoms need to follow ISO standards and WHO/UNFPA specifications.

## Global impact

Condoms are currently the only available multi-purpose prevention technology against HIV, STIs and unplanned pregnancy. Condom use has been a significant tool to decrease transmission of HIV globally. A modelling study that examined the impact of past and future condom use on the AIDS epidemic in 77 high-burden countries noted that increased condom use since 1990 has averted an estimated 117 million new HIV infections, close to half (47%) of them in sub-Saharan Africa and more than one third (37%) in Asia and the Pacific (1).

In addition, over 300 million unplanned pregnancies are estimated to be prevented each year by using contraceptives, including condoms.

## WHO response

WHO's work on condoms is covered by its overarching mandate to provide technical guidance and support Member States to strengthen programmes related to sexual and reproductive health and rights. This includes both the prevention and control of STIs, including HIV, as well as contraception and family planning services. Condoms are also included in other WHO's programs such as comprehensive sexual education and gender-based violence.

WHO is also 1 of 5 cosponsors of the Human Reproduction Programme (HRP), which is the main instrument within the United Nations system for research in human reproduction to identify and address priorities for research to improve sexual and reproductive health.

WHO's work on controlling the spread of STIs, including HIV, is guided by the [Global health sector strategy on HIV, Hepatitis and Sexually Transmitted Infections, 2022–2030](#). This includes the scale-up primary prevention such as condom availability and use. In addition, WHO supports countries' efforts to create an encouraging environment allowing individuals to discuss STIs, adopt safer sexual practices, seek treatment and provide accessibility of people-centred quality STI care.

WHO also includes condoms use as part of its contraception and family planning portfolios, ensuring that all people have access to their preferred contraceptive methods and the ability to determine if, when and how often to reproduce. This includes producing evidence-based guidelines on the safety and effectiveness of contraceptive methods and their provision, developing quality standards for their manufacture, providing pre-qualification of approved contraceptive commodities and helping countries introduce these methods.

In addition, given the [recent study](#) showing a decline in condom use among adolescents in Europe, WHO Regional Office for Europe calls upon policy-makers, educators and health-care providers to prioritize adolescent sexual health by offering evidence-based sexuality education in schools, enhancing access to youth-friendly sexual health services, promoting open dialogue to reduce stigma, providing specialized training for educators and health-care providers, and conducting research on factors influencing sexual behaviours, including the impact of social media and online content.

## References

1. Stover J, Teng Y. The impact of condom use on the HIV epidemic. *Gates Open Res.* 2022 Feb 11;5:91. doi: 10.12688/gatesopenres.13278.2. PMCID: PMC8933340.