

SHOULD THE CONDOM COME WITH A HEALTH WARNING?

Graham White.

In our various AIDS awareness campaigns vague comments are made about faithfulness to one partner, delaying sexual activity for as long as possible (how long is that?), the safety of marriage and so on. In my opinion these comments amount to no more than a whisper compared to the deafening ubiquitous roar, "Practise safe sex. Use a condom," or words to that effect. Thus I have seen countless posters, T-shirts, balloons and other freebies extolling the condom as the potential hero of our morally suspect country. On the other hand I have yet to see a poster or any freebie which proclaims "Abstinence Outside Marriage" in readable letters from any state orientated programme.

For those who are old enough, cast your minds back a few decades. For your sexual activities you relied heavily on the condom, safe period or withdrawal as the best of a limited number of choices to prevent pregnancy. And then came the oral and injectable contraceptive and the condom factories must have nearly gone "broke". Despite the side effects of the hormone contraceptive, there was a massive swing from the condom to this new discovery.

Clearly the condom was a nuisance which was perceived to interfere with "passion" and "performance", but a major reason for the switchover was also the failure rate of the condom to prevent pregnancy. According to Sapire ¹, the condom has a failure rate varying from 3 to 36 per 100 woman years (WY). According to Jones and Forrest ², an USA study revealed that 15% of survey respondents became pregnant within one year of condom use. Although I am guessing, in my view the average South African situation would probably experience a failure rate above 30%. There are 25 steps to using a condom correctly and something could go wrong at any one of these steps.

No wonder we don't trust the condom to prevent pregnancy! So why do we trust the condom so much to prevent HIV infection?

It needs to be remembered that for the condom to fail for pregnancy, there has been a "slip up" over one 24 hour period in a 28 day cycle, as that is the time an ovum is around each month. As it is possible to acquire an HIV infection on ANY day of the cycle, it seems logical to conclude that the HIV "failure" rate is likely to be even higher than that pertaining to pregnancy. Of course

the HIV risk is related to one of the partners being HIV positive - and the chances are fairly high according to the SA statistics. In 1998 22.8% of South African antenatal mothers were HIV positive ³. According to Weller ⁴, the condom's overall contribution to reducing HIV risk is 69 percent in the USA, *if* the condom is used correctly every time.

Perhaps one of the reasons why South Africa has one of the highest incidences of AIDS in the world relates to "culture" - the culture of materialism, violence and immediate gratification (often surfacing as rape). Sex has become just another appetite requiring fulfilment with the same feeling some may have for a slice of bread. If so, our AIDS strategy needs to take this into account.

I believe that our AIDS Awareness Campaign has, until now, been somewhat counterproductive. The AIDS campaign has made many more people sexually aware at increasingly younger ages. This, with the encouragement of the "normative" properties of our sexually explicit electronic and printed media, has probably assisted to produce more "illicit" sex acts (involving more and more partners per person) than before. The message is "Everyone is doing it, it's OK, enjoy your sex (this part they remember). But try to use a condom (this part they tend to forget) ". The combination of an early age of onset of sexual activity plus a significant condom failure rate gives rise to a form of Russian roulette with very unfavourable odds.

Although those on the "abstinence" bandwagon are often looked upon as unrealistic or "prudes", I submit that this matter is too important to be glossed over. It is quite possible that the relative silence on these strategies may also relate to a lifestyle conflict with those who are involved in the AIDS campaign. A newspaper report recently indicated that the Cape Town prostitutes would be very unhappy if Parliament moved to Pretoria, for instance.

In my view the horrifying AIDS statistics in South Africa shows that a very different emphasis is required. Although the condom will slow down transmission, I feel that our present sense of dependence on the condom is flawed, especially with our high incidence of HIV. The HIV condom failure rate does not favour longevity in those youth who have many sex partners. "If you must, use a condom, but do not rely on it to prevent HIV infection over time". That is my condom health warning.

I have personally found that even many educated people are not condom enthusiasts, so what is

the success factor likely to be in the informal or rural areas? The 1998 South African Demographic and Health Survey shows that condom use in rural areas is about half that in urban areas! It also reports that only 22.2% of women aged 15 to 49 years (who had had sexual intercourse in the past year) had ever used a condom and only 16.4% had used a condom during their last sexual intercourse with a non-spouse ⁵. My nursing staff also have the distinct impression that the males who help themselves to clinic condoms with such aplomb, do so to advertise their sexual ego and not because they use them. I wonder what percentage of our free condoms are actually used and I suspect that we would be shocked if we knew. Many will retort that we therefore have to educate more about the importance of using a condom properly every time. However reality will show that the failure rate cannot escape the human condition and to pretend otherwise may constitute misleading advertising.

I am not suggesting that we therefore give up on condom promotion, but I appeal for realism on long term protection against HIV infection. We cannot hide behind the phrase "abstinence outside marriage is inappropriate in the modern world". To save lives from AIDS, abstinence must be considered as a serious option and strongly promoted by the Health Department and relevant NGO's.

The average South African is behaving like the proverbial frog in cold water. Warm the water up to boiling point slowly and the frog will get cooked before he has thought of jumping out. He kept on thinking that the temperature would stop rising. We seem to have the same mentality about AIDS - and the sooner we take meaningful steps to jump out of the hot water we are already experiencing, the sooner we will be able to save South Africa from an economic catastrophe. We need to create a culture of abstinence.

This letter represents my views and not necessarily those of the Port Elizabeth Municipal Health Department with whom I am employed as a Principal Medical Officer.

1. Sapiro K E. Contraception and Sexuality in Health and Disease. McGraw-Hill Book Company 1986.
2. Jones E.F., & Forrest J.D. Contraceptive Failure in the United States. Revised Estimates from the 1982 National Survey of Family Growth. *Family Planning Perspectives* 1989; **21**: 103-109.
3. Antenatal Survey of Women Attending Antenatal Clinics in South Africa 1998. Dept of Health.
4. Weller S C. A Meta-analysis of Condom Effectiveness in Reducing Sexually

Transmitted HIV. *Social Science Medicine* 1993; **36**: 1635 - 1644.

5. South African Demographic and Health Survey 1998, Department of Health.