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Pope's comments on condoms are wrong and irresponsible

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The Treatment Action Campaign (TAC) acknowledges the excellent work done by churches worldwide to address the HIV epidemic. The groundswell of support from churches in caring for people with HIV has often meant that people have access to essential services who would otherwise have suffered and died needlessly. The church is one of the greatest allies of the HIV treatment access movement across the globe, and especially in Africa. In South Africa, where over 50% of the population attends a house of worship at least once a week, Archbishop Njongonkulu Ndungane and other religious figures have championed the struggle for access to ARVs and other life-saving services, side by side with activists. It is for this reason that TAC was so dismayed to hear the recent harmful and ill-informed comments by Pope Benedict XVI on his visit to Cameroon on Tuesday.

On Tuesday 17 March, Pope Benedict XVI visited Cameroon and told reporters, ?You can't resolve [AIDS] with condoms ... On the contrary, it increases the problem.? To view a CNN video clip of the Pope's comments please click here.

The Pope's comments are irresponsible. The evidence that consistent condom use is effective at reducing the risk of HIV transmission is incontrovertible. Below we reprint the abstract of a scientific meeting that analysed 138 peer-reviewed articles to determine the effectiveness of condoms at reducing the risk of contracting sexually transmitted infections (STIs) including HIV. A key finding of the meeting was that the results of ?longitudinal studies of the sexual partners of HIV-infected persons indicate that consistent condom use reduces the risk of HIV/AIDS transmission by approximately 85%.?
See also:

- Page 15 of our HIV prevention issue of Equal Treatment
- An article by The Body.com summarising the evidence on the efficacy of condoms as an HIV prevention tool
- A Center for Disease Control (CDC) factsheet on condom effectiveness

The evidence is considerable that abstinence-only programmes, apparently favoured by the Pope, are ineffective. The AIDS Research Institute of the University of California, San Francisco published a monograph in March 2002 that states:

An assessment of the peer-reviewed, published research reveals no evidence that abstinence- only programs delay sexual initiation or reduce STIs or pregnancy. By contrast, credible research clearly demonstrates that some comprehensive sex education, or 'abstinence-plus,' programs can achieve positive behavioral changes among young people and reduce STIs, and that these programs do not encourage young people to initiate sexual activity earlier or have more sexual partners.

The AIDS Research Institute's report can be accessed in full by clicking here.

The evidence shows that it is important to distribute condoms and that it is also important to provide sex education to adolescents that includes accurate information on how to use condoms (see the second of the two abstracts below titled

?Condom Use Errors and Problems Among Adolescents?).

In Khayelitsha, Cape Town's largest township, TAC activists distribute in excess of 500,000 condoms every month. A dedicated Khayelitsha activist is nicknamed the 'Condom King'. As a result, medical officials in Khayelitsha report that sexually transmitted infections among the local population have declined. And this is in a poor community with traditionally high rates of STIs and HIV.

Preaching abstinence to many communities in Africa is alienating and irrelevant. Many sexual encounters in marginal communities with high rates of HIV infection are coercive or transactional. In contexts in which gender inequality is rife, to instruct women to abstain from sex or to remain faithful to only one partner demonstrates an ignorance of their sexual realities.

The South African Catholic Bishops Conference (SACBC) is a large provider of HIV services in South Africa including antiretroviral treatment. It is concerning that the views of the leader of the Catholic Church are incongruent with the good work being done by the SACBC.

The following two abstracts mentioned above can be retrieved by following this link.

Effectiveness of Male Latex Condoms for HIV/STD Prevention: Workshop Update

Kanouse DE; National HIV Prevention Conference (2003 : Atlanta, Ga.).
Abstr Book 2003 Natl HIV Prev Conf July 27 30 2003 Hyatt Regency Atlanta Hotel Atlanta Ga Natl HIV Prev Conf 2003 Atlanta Ga. 2003; abstract no. T1-C1301.
RAND, Santa Monica, CA

BACKGROUND/OBJECTIVES: In June 2000, four federal agencies (U. S. Agency for International Development, Food and Drug Administration, Centers for Disease Control and Prevention, National Institutes of Health) co-sponsored a workshop to evaluate the published evidence establishing the effectiveness of male latex condoms in preventing HIV/AIDS and 7 other STDS.
METHODS: The scientific scope of the workshop was limited to the effectiveness of male latex condoms for use during penile-vaginal intercourse for reducing the risk of transmission of 8 STDs: HIV infection, gonorrhea, chlamydial infection, syphilis, chancroid, trichomoniasis, genital herpes caused by herpes simplex viruses (HSV) 1 and 2, and genital human papillomavirus (HPV) infection and HPV disease. Condom effectiveness was defined to mean the level of protection against STDs when condoms are used correctly and consistently. The panel examined only peer-reviewed, published articles (n = 138).
RESULTS: Male latex condoms were found in laboratory tests to be of high quality. Viral penetration assays demonstrate that condoms provide a highly effective barrier against the smallest STD organisms. Data on condom use suggest that method failure (breakage/slippage) occurs in about 3% of coital acts and is related to user knowledge and experience. Studies of the effectiveness of condoms to reduce the risk of transmission through intercourse are methodologically much stronger for HIV/AIDS than for other STDs. Results of longitudinal studies of the sexual partners of HIV-infected persons indicate that consistent condom use reduces the risk of HIV/AIDS transmission by approximately 85%. Studies on the effectiveness of condom use for preventing transmission of gonorrhea were limited either by retrospective design, inadequate measures of condom use, or small sample sizes. However, several studies demonstrated a protective effect of condoms for men, and the panel concluded that collectively these studies demonstrated that consistent and correct condom use would reduce the risk of gonorrhea for men, with insufficient evidence available for women. The panel reviewed 12 studies that addressed condom effectiveness for prevention of chlamydial infection and found the results inconclusive. One limited study found a 30% reduction in trichomonas infection among women attending an STD clinic who reported using condoms as a method of contraception, but further

studies are needed to arrive at an accurate assessment of risk reduction. Limitations in study design or paucity of data prevented the panel from forming any conclusions regarding the effectiveness of condoms for HSV 1 or 2, chancroid, or syphilis. For HPV, the panel found no evidence that condom use reduces the risk of HPV infection, but some evidence that condom use might reduce the risk of HPV-associated diseases.
CONCLUSIONS: Consistent use of male latex condoms reduces risk of HIV transmission between men and women and reduces the risk of gonorrhea transmission in men. Recent studies not reviewed by the panel provide evidence of condom effectiveness against transmission of HSV and chlamydial infection. These findings can be represented in various ways. Promoting correct and consistent condom use should be a key part of a comprehensive prevention strategy that also includes other messages aimed at reducing STD/HIV incidence.

Condom Use Errors and Problems Among Adolescents

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BACKGROUND: Condom promotion programs delivered to adolescents are a central feature of public health efforts to reduce the incidence of HIV and other sexually transmitted infections. Unfortunately, researchers and practitioners have largely ignored a critical aspect of condom use promotion.
OBJECTIVE: To assess the prevalence and selected correlates of condom errors and problems as experienced by males and females 14 to 24 years of age.
METHODS: Data from three distinct samples was analyzed: African American adolescent females, undergraduates from a large Midwestern university and from a Southern university. Assessed errors included slippage during withdrawal, incorrect and incomplete application of condoms, starting sex before condoms were applied, removing condoms before sex was over, reusing condoms, and lack of adequate lubrication. Assessed problems included loss of erection, slippage during sex, and breakage. Significance was defined by an alpha of .05. Correlates were tested in a multivariate logistic regression models. Data (collected from the National Longitudinal Study of Adolescent Health) relative to misinformation about correct condom use was also analyzed.
RESULTS: Condom use errors and problems were commonly reported. Errors related to incomplete use and incorrect applications were especially common. Problems related to erection, slippage, and breakage were also very common. Significant correlates included gender, instruction on condom use, motivation to use condoms, and frequency of condom use.
CONCLUSIONS: Condom use errors and problems among adolescents are common and may be amenable to behavioral intervention. Implications for the design, delivery, and evaluation of improved condom use promotion programs will be discussed.

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