



Position statement: Condoms

Correct and consistent use of condoms effectively prevents HIV transmission. Condoms have been the cornerstone of the public health response to HIV in Aotearoa New Zealand since the 1980s, and remain so as we implement a combination HIV prevention approach aiming to end new HIV transmissions by 2030. Importantly, condoms also help protect against sexually transmitted infections (STIs).

Condoms are one tool in an ecosystem of HIV prevention options, and can be used alongside other prevention tools such as pre-exposure prophylaxis (PrEP) and viral suppression.

In Aotearoa New Zealand, gay and bisexual men, alongside all cisgender men who have sex with men (MSM) are disproportionately at risk of acquiring HIV,¹ and therefore ease of access is particularly important for MSM and their sexual partners.

Burnett Foundation Aotearoa advocates for and promotes the following:

- use of condoms as a valid, important and central tool for HIV and STI prevention.
- improved self-efficacy on the correct use of condoms (i.e. knowing how to put on, remove, unroll, lube, how they can be introduced in a sexual session etc).
- addressing barriers that hinder effective access to and correct use of condoms and lubricant.
- the importance of sexual health as part of bodily autonomy.
- free distribution of condoms in a range of sizes and with lubricant.
- condom use as a key tool in a combination HIV prevention approach in Aotearoa New Zealand.



Correct use of a condom prevents HIV transmission

Condoms are a physical barrier that prevent the sexual transmission of HIV. The materials used to make condoms (latex, nitrile, polyurethane, and polyisoprene), are impermeable to HIV (meaning the virus cannot pass through them). When used consistently and correctly, condoms act as a barrier to HIV infection by preventing the vulnerable tissues of the vagina, penis, and rectum from being exposed to bodily fluids which can contain HIV (such as semen, vaginal fluid, and rectal fluid).

Correct use of a condom during sex means HIV transmission is not possible.² In fact, a global position statement estimated that condoms had prevented 50 million HIV transmissions by 2015.³ Population-based research has shown that condom use significantly reduces (by at least 80%) the risk of HIV transmission however, this included some incorrect use of condoms, and condom efficacy is an inherently complex issue to study.^(2, 4, 5) Expiry dates should always be checked.⁶

Condoms protect against other STIs

Condoms are the only HIV prevention method to help provide protection against other STIs.^(5, 7) Importantly, condoms do not **fully** protect against some STIs, but they can lower the risk of giving or getting them (such as for chlamydia, syphilis, gonorrhoea, HPV, mpox from skin-to-skin contact during sex, herpes, trichomoniasis, and hepatitis).

There is still an absence of available vaccines and microbicides for most STIs (with the exception of HPV and hepatitis), and therefore condoms must be remain a central part of STI prevention where there is an increased risk of STIs,⁸ particularly with new, casual, or fuckbuddy partners. Condoms can also be used in conjunction with PrEP or viral suppression to prevent STIs. Whether someone is using condoms consistently or not, it is important that they are testing regularly for STIs so that they can be caught early and treated, and partners can be notified too.

While the risk of acquiring HIV through oral sex is extremely low, oral sex does have some risks for other STIs (especially syphilis and gonorrhoea) and condoms could be considered. All sex work in Aotearoa New Zealand legally requires condoms and/or dental dams for both penetrative and oral sex.



Condoms must be used consistently and correctly (with lubricant)

To prevent HIV and STIs, condoms must be used consistently and correctly. This means they are put on correctly at the beginning of a sexual encounter every single time, removed correctly, replaced when necessary, and that they are used with sufficient lubricant.

Using condoms without lubricant increases friction, putting extra strain on the condom which may cause it to break. Not using lubricant can also cause physical trauma in the receptive partner, further increasing the risk of HIV transmission. Lubricant is especially important for people practicing anal intercourse, including cisgender MSM. HIV is transmitted efficiently through receptive anal intercourse,^(9, 10) and there is insufficient lubrication produced in the rectum during anal sex.

For anal sex, it is recommended that water and silicone-based lubricants are used. Most are safe to use with all condoms, and will be marked “condom safe.” Using lubes that contain minimal additional chemicals reduces risk of irritation. Water-based lube is less expensive and more commonly available, but often people end up needing to use more because it gets absorbed by the body. Silicone-based lube, on the other hand, does not get absorbed by the body, so people do not need to use as much or reapply it as often. However, silicone-based lube usually costs more, and could be more difficult to wash off afterwards.

Oil-based lubricants (such as coconut oil, Vaseline, baby oil, or lotion) **should not be used** as they can react with latex and polyisoprene condoms and increase the risk of condom breakage by deteriorating the quality of the condoms. Warming, tingling, flavoured, and desensitising lubes are also available and for some people can increase sexual pleasure. However, desensitising or relaxing anal lubes should be avoided (especially for people who are less experienced with anal intercourse), because if a person has reduced sensation, they may not be able to monitor whether physical trauma or injury may be occurring.

Condoms can make it difficult for some people to maintain an erection, and for some people condoms can be uncomfortable and decrease sexual pleasure and intimacy. It is important that people find a condom that is the right fit and material for them. Sexual pleasure and sensation can be increased through using the right sized condom and adequate lubricant. This will reduce issues with sensitivity, irritation, erectile dysfunction, and the ability to climax. Condoms can sometimes facilitate pleasure through things like decreased anxiety about STI transmission, and lube plays an important role in enhancing this. Finding the correct fit and lube preference, and practicing through masturbation before having a partnered sexual encounter, can be very helpful.

Condoms and combination HIV prevention

Condoms are effective on their own to prevent HIV and other STIs. Unlike other HIV prevention tools, condoms can be seen and verified in the moment. It can, however, be difficult to negotiate condom use with sexual partners every time you have sex and substance use, unequal power dynamics, psychological factors, and difficulties using condoms can inhibit consistent and correct condom use.¹¹

Condoms do not need to be used as a singular HIV prevention method and can be used in combination with other HIV prevention strategies. A combination HIV prevention approach prioritises individuals' and communities' right to health through programmes that include complimentary medical, behavioural, and structural interventions. In Aotearoa New Zealand, this includes evidence-based sexual health education, maximising the availability of condoms, timely and widespread testing, equitable PrEP uptake among those who need it, prompt access to treatment for people living with HIV, and undetectable viral loads (UVL).

The best HIV prevention tools are the ones you will use. Cisgender MSM will experience different periods of risk throughout their lives, and combination HIV prevention offers a range of tools that may be used interchangeably and/or in combination depending on context of the sexual activity. While consistent condom use is decreasing, there have been concerns about condom migration or risk compensation, where the use of one prevention method (i.e. PrEP) leads people to abandon another method (i.e. condoms).^(12, 13) Behavioural surveillance data from Aotearoa New Zealand has found that while consistent condom use has been declining, there is more prevention coverage in terms of HIV as more people rely on PrEP and suppressed viral loads as they primary prevention tool¹⁴. However, the risk for STIs remains.

Condoms are an effective community response to HIV

Condoms have been the foundation of community-led HIV prevention in Aotearoa New Zealand since the beginning of the epidemic and have been vital at breaking the chain of HIV transmission within sexual networks. Maintaining high rates of condom use among cisgender MSM and their sexual partners provides community-level protection from HIV and most STIs.

Condoms continue to be a highly effective strategy to prevent HIV and STIs for the following reasons:¹⁵

Verifiable – their effectiveness is not dependent on knowing your or your partner's HIV and STI status, on accurate communication or whether they are using PrEP, and both partners can tell they are being used.

Safe – there are no side effects to using condoms (latex allergies can be managed by latex-free condoms) and no risk of HIV developing resistance against condoms.

Inexpensive – they are cheaply available to buy and are often free through sexual health providers, GPs, and community organisations like Burnett Foundation Aotearoa.

Acceptable – condom use among cisgender MSM in Aotearoa New Zealand has remained very high, with over 80 percent of cisgender MSM reporting high rates of condom use for anal sex with casual partners from 2002-2014.^(16, 17)

Accessible – they can be made easily available to everyone, without a prescription or follow-up care, through community organisations, pharmacies, health providers, supermarkets, and dairies.

Scalable – they are a low-stakes intervention that can be made available to everyone and are an effective population-wide prevention tool.

Complementary – use does not in any way affect the effectiveness of other prevention tools.

Maintainable – consistent condom use can be sustained over many years.

Equitable – condoms are cheap and easily available, making them an equitable form of HIV and STI prevention.

Condoms and consent

If someone prefers to use condoms, it's important to respect their wishes. It is still possible they will encounter people who may wish to use different prevention method(s) and/or have condomless intercourse. Negotiating condom use can be challenging, but people should feel empowered to use condoms if they prefer them. Respecting someone's decision to use condoms without pressure or stigma is an essential part of sexual consent. Condoms are one of many prevention method(s) that ensure no one is left without HIV prevention coverage. It's important to note that non-intercourse options like oral sex or mutual masturbation, or not having sex, are an option if partners cannot agree on a preferred prevention method.

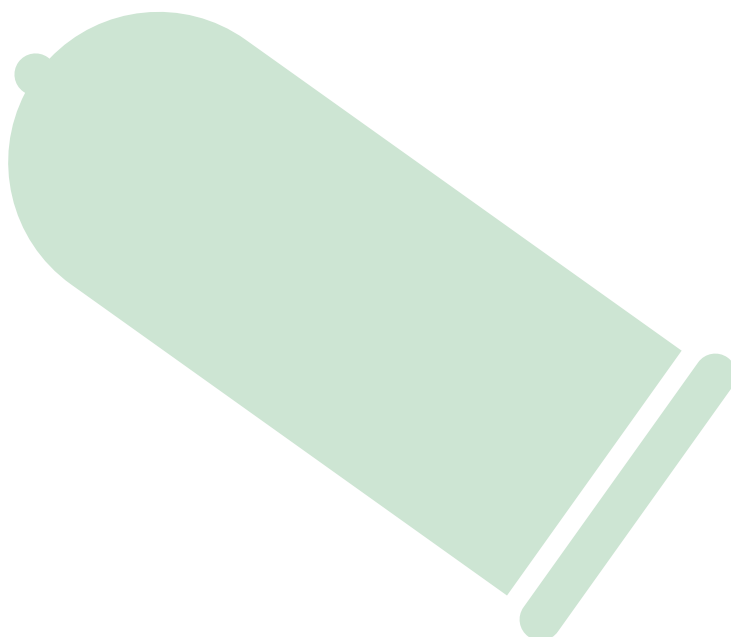
“Stealthling” is a colloquial term for non-consensual condom removal, either by force, deception, or coercion. It is a form of sexual assault, and has been successfully prosecuted as such in Aotearoa New Zealand.¹⁸ People who have experienced sexual assault and need to talk confidentially can contact Safe to Talk by calling 0800 044 334, or texting 4334.

Other barrier prevention methods

Outside condoms (sometimes — incorrectly — called ‘male’ condoms) can be used for penetrative sex, oral sex involving a penis, or with sex toys. However, there are other barrier methods also available for penetrative and other types of sex.

- Internal condoms (sometimes — incorrectly — called ‘female’ condoms) can also be used for penetrative sex (anal or vaginal) or oral sex, and are designed to line the walls of the vagina or anus.
- Dental dams are used as a barrier between the mouth and anus/vagina during oral sex (cunnilingus or anilingus). Dams are a thin, flexible piece of latex or polyurethane, and they can reduce the risk of spreading STIs during oral sex by covering the mouth, vagina, front hole or anus, protecting against direct mouth-to-genital or mouth-to-anus contact and the sharing of fluids during oral sex.¹⁹

Neither of these other barrier methods are currently funded by PHARMAC, and therefore they can be hard to find, and expensive if so. However, both are available for purchase online, from Sexual Wellbeing Aotearoa (formerly Family Planning), Positive Women Inc., some sex stores, or at the New Zealand Sex Workers' Collective; it is legally required to use them for commercial oral sex. You can also make a dental dam from a condom!



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