"Clever dicks do it in a condom"

Teenagers need specific, direct and practical advice about why and how to use condoms, if they are to ever to accept them as a routine part of their sex lives

David T Evans, RN, BA (Hons), PG Dip Psychol Couns, PGCE (Health Professions), MPhil (Wales), is a freelance educational consultant in sexual health

Nurses need to actively promote effective and consistent condom use, as an element of safer sex, among young people.

Three indisputable facts about teenage sex are that:

- Teenage sex has always happened
- Numbers of teenage unplanned conceptions in the UK are going down since implementation of the current Teenage Pregnancy Strategy[1]
- Many unfortunate consequences of unprotected intercourse — such as infections, including HIV, and unplanned conceptions — are avoidable with correct and consistent use of condoms.

BEER PRESSURE, PEER PRESSURE AND (CULTURAL) BULLYING

Unprotected sex often happens, with subsequent regret, infections or conceptions, because of certain cultural situations such as over-indulgence in alcohol or drugs, or because of encouragement, incitement, threat or even through fear of losing out (Figure 1).

BARRIERS TO CONDOM USE

Many healthcare professionals will have heard personal excuses against condom use such as 'they don't fit', 'we trust and love each other' and 'it's like chewing a sweet with the wrapper on'. With today's availability of condoms to fit all shapes, sizes and desires, these excuses can now be countered effectively (see Resources).

However, if the promotion of positive sexual health is to succeed, there are some significant negative barriers and moral panics to clear away. When Cardinal Alfonso Lopez Trujillo, president of the Vatican's Pontifical Council for the Family, was asked whether it was the opinion of the Vatican that the HIV virus can pass through a condom, he said: "Yes, yes, because this is something which the scientific community accepts."[2]

This erroneous view was picked up by others within the Catholic Church, particularly in Africa, and promoted as fact. The Archbishop of Nairobi, Ndingi Mwana a'Nzeki, used this information to suggest that spreading the 'false' belief that condoms can prevent HIV transmission was in fact contributing to the spread of AIDS by encouraging promiscuity. This propaganda has been condemned by the UN AIDS Organization, part of the World Health Organization (WHO).[3]

The prevalence of sexual infections, and of unplanned and teenage conceptions, is blamed by some people on a so-called liberal, permissive attitude to sex. They see the promotion of condom use as part of the problem, but sexual health can also be put at risk by abstinence education programmes.

THE ABC APPROACH TO SEXUAL ACTIVITY

One approach to promoting sexual health is that of the Ugandan 'ABC' campaign:
Abstain
Be faithful, and (if these fail) use…
Condoms.

The extent to which each of these influenced the overall decline in Uganda's HIV rates throughout the 1990s is not certain.[4] Campaigns of this type are often motivated by religion and politics. In some countries and cultures, there is also debate about how much control women have over their sexual behaviour. Uganda has a high number of people living with HIV infection, and this approach has not been systematically evaluated in countries such as the UK, where the motivators and demographics are entirely different.[5]

Anecdotally, other people regard promoting sexual health by advocating abstinence as a different 'ABC':
Asks the impossible
Blames women
Costs lives.

A more beneficial ABC may be :
Assert and affirm
Be open
Communicate.

FIGURE 1. "IT SHOULDN'T HAVE HAPPENED LIKE THIS!"

"We were all drunk. Everyone else seemed to be up for it – I couldn't be the odd one out – but the next morning…!"

"I told him to stop, but I was feeling so sick and the room kept spinning. It was nice when we kissed and petted earlier, we even did some 'oral' – but then my mind went blank — I think I passed out — but I know he went all the way. I didn't want that — I wanted it to be really meaningful on my first time."

"The rest of the lads said I had to do it, like it was a company initiation ceremony. They said it had to be with the ugliest bird there — a 'grottbag', they called her — and that they must all see it for me to win the prize. Yeah, some prize: I'm now peeing razor blades!"

"I had to do it — my family expect it of me and they would disown me if they knew the truth. They say it's 'normal'. I just get nothing from doing it with someone of the other sex."

> "When the president of the Vatican's Pontifical Council for the Family was asked whether the HIV virus can pass through a condom, he said: 'Yes, yes'"

THE SILVER RING THING

Another abstinence-based programme is the religiously motivated Silver Ring Thing, recently introduced in various schools and churches across the UK.[6] This programme, imported from the US – the country with the highest teenage pregnancy rates in the developed world — encourages young heterosexual people to make a pledge to remain chaste until marriage. If, for whatever reason, individuals break this pledge and have sex, evidence from the US shows that too few of them have the back-up knowledge, skills and safer-sex resources (such as condom + contraception) to protect themselves from sexual infections and/or unplanned conceptions.[7]

There is growing evidence that the Silver Ring Thing is failing. A report from the US House of Representatives concludes that: "These curricula contain misinformation about condoms, abortion and basic scientific facts. They also blur religion and science, and present gender stereotypes as fact."[8]

Moreover, media and anecdotal evidence points to how, rather than it being a deterrent, girls wearing the Silver Ring get more attention from amorous males, who see their virginity as a challenge or an added incentive.

RISKY SEX —NAUGHTY BUT NICE?

Some safety promotion campaigns really seem to make an impact. Most people in the UK now wear car seatbelts — at least

when in a front seat — dramatically reducing their risk of death or serious injury. But it is hard to know how much this is because of the 'clunk-click every trip' campaign and how much can be attributed to the legal penalties.

'Clever dicks do it in a condom' appeared on car stickers in the 1990s, across the smiling face of a cartoon condom. Other messages included: 'Safe sex now, ask me how,' and the gay US health promotion slogan: 'On me, not in me.'

Health promotion campaigns commonly refer to 'risk' as a bad thing ('risky behaviours', 'at-risk populations', 'serious risk takers') and in the 1990s a UK government campaign warned, concerning HIV infection: "You know the risks – the decision is yours!"

We use health promotion techniques to help individuals reduce or manage risk factors for disease. But how effective is the concept of risk in relation to sexual activity? Some people, especially the young, seem to thrive on risk. Telling them not to engage in risky behaviours tends not to work. An alternative, of subjecting sexual activity to the same policing that has made the wearing of seatbelts routine, would be a gross invasion of personal freedoms.[9]

So if neither importing ideas from other cultures nor media campaigns on safer sex seem the way ahead, what is the answer? And how can practice, school and other community nurses help? Young people are better served by comprehensive sex education. They need to acquire the knowledge, skills and resources that promote good sexual health and avoid undesired consequences such as infections (see Figure 2) and unplanned conceptions (see Figure 3), while encouraging delaying sexual activities until an individual considers it appropriate.

FIGURE 2. PROTECTION AFTER THE EVENT — HIV PROPHYLAXIS

Post-exposure prophylaxis (PEP) is the one-month supply of anti-HIV drugs offered to people who are genuinely at risk of having been exposed to the virus, through unprotected sex or injecting drugs.

It is important for nurses to know where PEP resources are available locally, and understand clearly how and when to refer a person on.

This is particularly important when dealing with young gay, bisexual and other males having unprotected intercourse with males, because of the current lack of sufficient information about HIV transmission, and the abundance of societal misinformation.

Time is of the essence, as PEP needs to be started as soon as possible after the unprotected exposure, and certainly within 72 hours.

For the national guidelines on PEP, information on HCP training, and information packs, see www.bashh.org.uk and www.chapsonline.org.uk

CONDOMS AND THE DUTY OF CARE

We may be brilliant at convincing parents to inoculate their children, spectacular on advising on dieting and reducing obesity, unparalleled at listening to a client's problems, but how are we doing when it comes to including sexual health in the holistic view of the life and well-being of our clients? We need to proactively encourage sexually active people in a variety of relationships to use condoms as an effective and proven method of contra-infection, as well as a complement to contraception. Sadly, when it comes to sex and relationship education in schools, similar criticisms are sometimes levelled at certain nurses, in that the learning is:

- too little
- too late
- too biological
- too focused on reproduction
- too heavily weighted towards fear tactics and warnings
- lacking any genuine 'discourse of desire'
- in a word, 'boring'.

Authors reporting results of a survey of young people in Northern Ireland state that "instead of focusing on advocating responsibility within relationships and the fostering of mutual respect, the emphasis was on what were perceived as negative aspects of sexuality".[12]

THE NON-HETEROSEXUAL POPULATION

There are belief systems that regard as wrong all non-heterosexual relationships and sex. Lesbian females and gay males, not to mention bi- and transsexual people, generally do not feature in initiatives to promote sexual health. This is a problem

FIGURE 3. PROTECTION AFTER THE EVENT — EMERGENCY CONTRACEPTION

A recent survey, carried out for Brook, revealed that 54% of respondents, all young people, did not know that emergency hormonal contraception (EC) can be taken as late as 72 hours after unprotected intercourse.[10] This may be caused by EC still mistakenly being referred to as 'the morning-after pill'.

Some nurses and other healthcare professionals treat EC as though it were an abortifacient. This is not the case, as EC prevents pregnancy from being established, and is contra-indicated if pregnancy is suspected or confirmed.[11] However, such moral objections can hinder speedy clinical help for clients seeking EC, as witnessed by its varying availability across locations in the UK and Northern Ireland.

Nurses who have an objection to providing EC have a duty to make their manager aware of this fact, so that alternative sources can be identified, and to refer clients on immediately to an appropriate service to obtain what they are looking for or need. Such services might include pharmacies, contraception services, GP practices and some schools or youth services where Patient Group Directions (PGDs) or similar protocols are in place for the provision of EC.

See www.rcn.org.uk and www.ffprhc.org.uk

that we ignore at our peril, given that statistics estimate as much as 10% of the UK population to be non-heterosexual. This is a significantly higher portion of the total population than many minority ethnic groups, whose cultural needs would never be so routinely dismissed.

POSITIVE ACTION

Many nurses in the UK are achieving amazing results in helping clients improve their sexual health, including adopting safer sex practices and widening access to free condoms. The innovative RCN Sexual Health Skills distance-learning course (www.rcn.org.uk/sexualhealthlearning) is one such initiative, which in the past 15 months has been undertaken by just under 1,000 nurses, midwives and community health practitioners.

Where to find a condom when you need one!

The WHO emphatically states that "condoms should be available through all regular healthcare services [...including any] outreach services to target groups and the general population".[13] This is supported by the UK's Standards for HIV and Sexual Health Services, which says: "Primary care can have a significant role in widening provision of interventions which can prevent HIV, such as condom distribution", by allowing people access to free provision of all methods of contraception, including condoms.[14,15]

Primary prevention initiatives are a team effort, and can be greatly enhanced by easier access to freely available condoms, such as in general practice settings, travel clinics, young people's services, etc. Practice managers may have a budget to include condoms; otherwise, practice nurses can contact their local trust, board or PCT sexual health lead.

For school nurses, the situation can be complicated by school or employment policies which prevent them providing this service. Team collaboration is essential, this time involving parents, teachers and governors. Contacting the local sexual health lead and teenage pregnancy co-ordinator will be a helpful first step in dealing with issues of client need versus inadequate service provision.

FIGURE 4. YOUNG PEOPLE'S PROBLEMS WITH CONDOMS

- Belief that condoms are useful only for preventing babies in penis-vagina intercourse, and failure to realise that, even if other contraception is used, condoms provide good protection against many sexual infections
- Confusion about when and how to use them effectively
- Lack of affordability and/or (free) availability
- Lack of experience in effective condom use — particularly with young teenagers having sex for the first time
- Condom use is falling among young gay, bisexual and other males having sex with males because of wholly insufficient awareness about the reality of HIV and transmission of other sexual infections.

FIGURE 5. RESOURCES AND TRAINING AIDS FOR TEENAGERS FROM FPA

- Drunkbusters impairment goggles help simulate the effects of being drunk, including reduced alertness, slowed reaction time, confusion, visual distortion, alteration of depth and distance perception, reduction of peripheral vision, poor judgement and decision-making, double vision and lack of muscular co-ordination — try fitting a condom over a demonstrator with a pair of these on!
- Fpa also supplies a range of condom demonstrators in a variety of colours (the most popular being blue, as this has no race connotations). The most interactive variety of demonstrator is the ejaculating demonstrator, which is connected to a vial of artificial semen so that ejaculation can be witnessed during the training, giving participants as realistic an education as possible, along with a non-threatening environment in which to learn natural human body functions
- Drunk glasses available for £54.59; ejaculating demonstrator for £15.70; artifical semen for £5.57 (all prices excluding VAT) — from FPA sales. Tel: 0870 442 4061
- Fpa produces an ever-expanding range of books, leaflets, videos and other resources. For details of how to order any publications or resources visit www.fpa.org.uk/about/pubs/index.htms

Safer sex please – we're teenagers!

Studies find that a large proportion of young people learn about sex, sexual infections and contraception in the school setting.[10] In a Northern Ireland survey on sex education in schools, the largest percentage of young people interviewed chose school as the preferred place to learn about these matters.[12] The studies also reveal numerous problems for young people with condoms (Figure 4).

Healthcare provision of free condoms has been advocated to encourage young boys, in particular, to practise using them.[16] This could be done during masturbation, eroticising the use of condoms and getting individuals used to applying them (alone or with a partner), using them and enjoying them.

This would clearly help many young males who, as highlighted in the Brook report, not only find condom usage difficult and unpleasant but also make

mistakes, because of lack of experience.[10] It is ironic that so many young people, as they describe it, 'go all the way' in sex (have vaginal intercourse) with so little prior knowledge, skills and experiences. Society would never let them drive cars legally without first going through proper training and tests! Such familiarisation with condoms could help young males to see them as an integral, 'normal' part of safer sexual relations.

CONCLUSION

The cultural, institutional and, sometimes, religious, barriers to regular and effective use by young people of condoms as a method of safer sex — contra-infection as well as a back-up to contraception — are enormous. On top of this, condoms are sometimes considered a threat to masculine — and especially hypermasculine (macho) — identities, an attitude more prevalent in some ethnic and social cultures than in others.

Equally, the lack of ability to access an adequate number of condoms easily and affordably, in anticipation of need, is a significant barrier against their effective and consistent use for penetrative sexual encounters.

Nurses, as members of multiprofessional teams working alongside young people, have a duty to care for clients' sexual health and well-being. However, if the UK continues to-ing and fro-ing between advocating abstinence and taking a liberal approach to sex and condom use among young people, then sadly, the preventable and undesirable consequences of unprotected sex will be with us into the next generation.

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RESOURCES

- www.ruthinking.co.uk
- www.fpa.org
- www.brook.org
- www.sexualhealthgroup.org (Condomania)
- www.condoms4life.org
- www.durex.com/UK/
- www.mates.co.uk