

Sex Talk

Promoting Sexual Health for Youth

Editor's note

Youth have the highest rates of sexually transmitted diseases (STDs) and unintended pregnancies, yet many do not use condoms to protect themselves and their partners. According to the 1996 Teen Health Survey (Bruce-Grey-Owen Sound Health Unit), one-third of teens are having sexual intercourse. This translates into approximately 3,000 teenagers in Grey-Brace.

What do condoms have to do with health? A lot. Condoms play an important role in reducing the risk of infections (STDs). For condoms to be effective in preventing STDs, they must be used correctly with every act of intercourse and genital contact (including oral and anal sex). Condoms are effective in preventing pregnancy when used in *addition* to another reliable birth control method. Nothing is 100 percent foolproof except abstinence; while some youth may make this choice, others do not. We need to help support choices that protect health.

Not taking steps to ensure protection can have a long-term impact. Sexually transmitted diseases can affect future health and fertility of both males and females. While many bacterial infections can be treated with antibiotics, some have no symptoms and go on to cause damage to the reproductive organs, undetected. Other STDs—like HIV, hepatitis B, and human papilloma virus (HPV)—are viral. Viral infections can be treated but not cured; therefore, they can affect a person's health for the rest of his or her life. It is known that HIV will eventually cause AIDS, and HPV is directly related to cervical cancer.

Unplanned pregnancy will also affect a teen's life. The implications are significant for both males and females. Whatever choices a person makes, he or she must live with the outcome for the rest of his or her life.

People engage in a wide range of sexual behaviours. Some people like some things when intimate with their partners; others do not. We will provide explicit information to discuss how people who engage in these behaviours can reduce their risk of sexually transmitted diseases or unplanned pregnancy. Condoms have an important role to play in the health of youth. This issue of Sex Talk provides strategies for persons who work with youth, when discussing

CONDOM *sense*

Educators must realistically address the problems associated with condom use if we are to get more youth to use condoms, says Debby Minielly of the Bruce-Grey-Owen Sound Health Unit.

"Honesty helps young men relax and open up," says Minielly. "It's no good saying you must practise safer sex if you don't find ways to help young men and young women deal with some of the embarrassments and difficulties that can occur with condoms.

"Condoms can get caught in pubic hair, they can get kinked as they're rolled out, a guy can lose his erection when he puts one on," says Minielly. "We need to talk about the things that can and do go wrong," she says.

Once you start talking realistically, you can look at the positive things about condoms, she adds. Compared to pregnancy, sexually transmitted diseases or pulling out, condoms look pretty good, says Minielly. As well, men who have sensitive penises find condoms helpful in lasting longer and having more time to enjoy sex.

Young people are often told that condoms won't break when they're used properly, says Minielly. That kind of answer isn't always useful. The reality is that condoms do break more often with teens because they aren't put on properly. The guys fumble around, the condom could be too small, the women aren't lubricated, or sometimes the condoms are old or have been stored improperly. These are very practical concerns we need to address.

Men's complaints that condoms feel tight or uncomfortable have largely been dismissed by sex educators, says Minielly. "A lot of sex education material insists that penis size doesn't make a difference, but for men with larger penises, condoms can be tight and very uncomfortable if the diameter of the condom is too small." This contributes to breakage.

Sex educators should consider promoting different brands or sizes of condoms if males report discomfort with use.

Minielly advises young men to practise with condoms to get used to how they feel.

"Most kids are clumsy about sex," she says. "It's nervous anxiety. They start fumbling with a condom and lose their erection. I bet there's not a guy that this hasn't happened to, but no one ever talks about it. When this happens once to a guy, he's anxious about using them again." Educators need to normalize condom practice and occasional loss of erection so youth will not feel so uncomfortable when problems do occur.

Minielly has a hard time convincing young men to use a condom with their girlfriends. "It's inconceivable to them why they might need to do that," she says. Most teens think more about pregnancy protection than protection against sexually transmitted diseases; so while many girls use birth control pills, condom use is not so widespread.

"Educators need to initiate an honest, open discussion about young men's issues with condoms and learning how to use them with confidence and comfort," says Minielly. "We can either give them strategies to deal with these problems or they'll just throw the condoms away and have risky sex anyway," she says. Providing practical information and helpful tips about wearing condoms will help young men use them more often and more effectively.

Adapted with permission from City of Toronto Public Health's *Sex Talk*, Vol. 1, No. 5, Oct. 1995.

CONDOMS

Effective When Used Properly

In theory, condoms are 98 percent effective in preventing pregnancy. In real life, however, the effectiveness may be reduced to 80 percent.¹ This means that out of 100 women using condoms, 20 will become pregnant within a year if they rely solely on condoms. Further, the simultaneous use of latex condoms and spermicide is estimated to be 99.9% effective in reducing the risk of STD transmission when used with each act of intercourse.²

Human error is the most common reason that condoms break. Following are reasons why condoms fail and how to reduce this failure rate.



Practice makes perfect. Encourage young men to practise on their own before they need to count on having

one on correctly.

Tips on correct condom use:

- ✧ Put the condom on before you enter your partner's mouth, vagina or anus, and before you come in contact with any body fluids—including blood, semen or vaginal secretions.
- ✧ Open the package making sure you do not nick or tear the condom as you remove it from the package.
- ✧ Carefully place your thumbs inside the condom to find out which way it rolls down.
- ✧ Hold the tip of the condom between two fingers to squeeze out air; this leaves room for the ejaculate so the condom doesn't break.
- ✧ Add a bit (two drops) of water-based lubricant inside the condom to increase sensation.
- ✧ Unroll the condom over a hard penis. If it's hard to unroll, you might be putting it on the wrong way.
- ✧ Lubricate the outside with water-based lubricant, if you wish.
- ✧ Reach down to ensure the condom hasn't slipped during sex.
- ✧ After coming (ejaculating), hold the condom firmly in place (at the base of the penis) and pull out of your partner while the penis is still hard. If the penis becomes soft, the condom may fall off and leak sperm.
- ✧ Throw the condom away.
- ✧ Use a new condom every time you have sex.¹



✧ Never store condoms in a wallet or glove compartment or in a tight pocket. Exposure to air, heat, light, cold, and pressure makes condoms more likely to break.

✧ Store condoms in a dry, cool place. Keep them in a protective cover (not a

wallet) and keep in a shirt pocket, bag, purse, or night table.

- ✧ Always check the package for tears and expiry date before using.¹



✧ Check expiration date (all condoms will have one).

✧ Do not use if there is any question that the condom has been stored properly.



✧ Make sure condom is on properly before starting to have sex.

- ✧ Do not use too much water-based lubricant.
- ✧ If slippage is a problem, you can pull the condom under and around.
- ✧ Hold onto the base of the penis and pull out of your partner before the penis becomes soft.



✧ Make sure condom package is intact (no holes or tears).

✧ Be careful opening condom

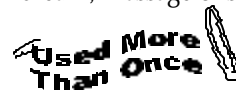
package.

- ✧ Do not open with teeth or nails; use fingertips.
- ✧ Avoid wearing rings or having long fingernails.
- ✧ Check condom for rips or tears before putting it on.
- ✧ Remember to squeeze the air from the tip of the condom.
- ✧ Do not unroll the condom before you put it on.
- ✧ Use a water-based lubricant if needed to reduce friction.
- ✧ Change condom hourly if partaking in "marathon sex".¹

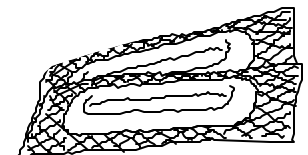


✧ Use only water-based lubricant (KY, Astroglide or Muko).

✧ Do not use Vaseline, hand cream, massage oils, baby oil, or saliva.



✧ Never use a condom more than once.



Choosing the Right Condom

What type of condom you choose will depend on a number of things. These range from the type of sex to the comfort of the wearer and personal choice. **NEVER DEPEND ON NOVELTY OR NATURAL MEMBRANE CONDOMS FOR STD OR PREGNANCY PREVENTION.** A condom must be used for every act of vaginal, oral, and anal sex to be effective.

Some condoms contain a spermicide, nonoxynol-9, which has the potential to kill HIV and other STD organisms in sperm. When a condom containing nonoxynol-9 in the tip is torn, the spermicide kills HIV in two-thirds of all cases. Products with nonoxynol-9 should not be used during anal intercourse because it irritates the rectal lining. Also, the use of products containing nonoxynol-9 should be discontinued if vaginal irritation occurs.³ In addition to the male latex condom, there is now a female polyurethane condom. It can be purchased at pharmacies for about \$5.

VAGINAL SEX

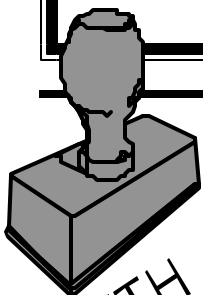
- You can use condoms that are flavoured, scented, lubricated, coloured, ribbed, or condoms with spermicide (nonoxynol-9).
- Condoms must be used with another reliable birth control method for pregnancy prevention!

ORAL SEX

- Most prefer non-lubricated, scented, coloured, flavoured latex condoms.
- You can cut a condom lengthwise to cover the female genitals.

ANAL SEX

- Use lubricated latex condoms.
- Avoid condoms containing spermicide (nonoxynol-9).
- Use with lots of water-based lubricant to prevent trauma to the mucosal lining.



Exploring the Myths

MYTH

Sexual health education promotes or leads to sexual experimentation.

FACT

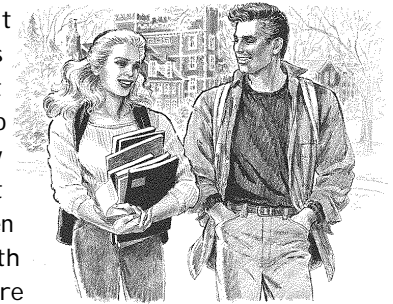
Studies consistently show that sexual health education is wanted by teens and that it does not promote promiscuity and experimentation.

Providing education increases safer sex practice while not altering the overall numbers of teens who become sexually active. Also, some studies report a decrease in the number of sexually active teens and/or a postponement of sexual intercourse.⁴

Finding the Words

"Young men believe they are expected to be sexually knowledgeable, so their lack of knowledge makes it difficult for them to speak up about their concerns about many issues. These can include developing intimate relationships, social pressures, and the mechanics of sexual activity," says Tammy Allison, a public health nurse who works at a secondary school sexual health clinic.

"It would be better if we were encouraged to talk about sex and how it feels," says Chad (not his real name), age 18. "A lot of guys brag about who they slept with, but they don't want to talk about anything else." And when it comes to talking with their girlfriends, they're often completely out of touch with their partners' feelings.



Getting young people to talk to each other in groups and as partners—about sexual issues and about postponing intercourse, as well as using condoms when they do choose to have sex—is challenging. Encouragement to think about choices, values, and how to communicate is so important. This may come from teachers, nurses at sexual health clinics, and from parents. "We encourage teens to talk to their parents and try to help them find the actual words to use," says Allison. "We know it's not easy to do, but teens are often surprised by how their parents respond. Although parents may be uncomfortable at first, they are usually pleased to be approached by their teens; they want to support their youth in making responsible decisions."

MYTH

Promotion and distribution of condoms increases the rates of sexual activity.

FACT

According to research, this increases condom use without increasing sexual activity rates.⁵

MYTH

HIV can pass freely through condoms.

FACT

HIV can pass through natural membrane or novelty condoms. But the virus cannot pass through intact latex condoms sold in Canada.

The use of latex condoms provides substantial protection from HIV infection.³

Uh-oh, the condom broke! What do we do now?

Even if you do everything right, the condom may still break. Knowing what to do if this happens is important.

1. Don't douche or try to "flush" the sperm out of the vagina. This will wash some semen out but may push some farther in!
2. Insert some spermicidal or contraceptive foam or gel into the vagina.
3. Wash the genitals with soap and water and urinate (to lower risk of STDs).
4. If oral contraceptives are not being used along with the condom, consider the emergency contraceptive pill (ECP). This must be obtained within 72 hours of the condom breaking. ECP is available through hospital emergency departments, family doctors, or the sexual health clinics at the Bruce-Grey-Owen Sound Health Unit. Access to health care is *confidential*. Teens are capable of making informed consent for medical care, providing they understand the risks and benefits of the proposed treatment.



CAUTION
UNPROTECTED SEX

5. If you think your partner may have an STD or if you develop symptoms of an STD (skin lesions, itching, unusual odour, or discharge from the penis or vagina), go to the sexual health clinic at the Bruce-Grey-Owen Sound Health Unit or to another health professional for accurate diagnosis and treatment.

6. Consider STD/HIV testing. Persons with HIV and other STDs often have no obvious symptoms. Free,

REFERENCES

Information adapted and reproduced with permission of:

- 1 The City of Toronto Public Health, *Sex Talk*, Vol. 1, No. 5, October 1995.
- 2 Hatcher, R.A., et al. *Contraceptive Technology*, 16th edition, Irvington Publishers Inc., New York, 1994.
- 3 Alberta Health, *Condom Fact Sheet*.
- 4 Health Canada, *Canadian Guidelines for Sexual Health Education*, 1994.
- 5 Raab, M. *Condom Availability in High School Does Not Increase Teenage Sexual Activity But Does Increase Condom Use*, *Family Planning Perspectives*, Vol. 30, No. 1, Jan.-Feb. 1998.

Resources

PAMPHLETS
Choices: Condoms and Foam Condom Fact Sheet

Both available from the Bruce-Grey-Owen Sound Health Unit, Sexual Health Clinic.

VIDEO AND TEACHING RESOURCE BINDER
It's Cool to Ask: Questions and Answers About HIV/AIDS and Other STDs

Available from Bruce-Grey-Owen Sound Health Unit, Sexual Health Clinic.

INTERNET SITES
Bruce-Grey-Owen Sound Health Unit
www.srhip.on.ca/bgoshu
JAMA Contraception Information Center - Patient Education - The Condom

USEFUL PHONE NUMBERS FOR YOUTH

Sexual Health Program	Crisis Intervention
Owen Sound.....376-9420	Ask for Crisis Team519-376-2121
(toll free).....1-800-263-3456	
Walkerton881-1920	
(toll free).....1-800-821-7714	
Southampton.....797-2010	
	Sexual Assault Centre 24-Hour Hotline...1-800-720-7411
	CHOICES - Drug & Alcohol
(toll free).....1-800-230-7719	

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Bruce-Grey-Owen Sound Health Unit
Prevention is the Intention

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