Position paper

Condom Availability in Schools: A Practical Approach to the Prevention of Sexually Transmitted Infection/HIV and Unintended Pregnancy

The Society for Adolescent Health and Medicine

ABSTRACT

Adolescents and young adults are highly impacted by sexually transmitted infections (STIs) and unplanned pregnancy in the United States and globally. Consistent and correct use of male latex condoms is associated with protection against both STIs and pregnancy. Providing adolescents and young adults with access to free condoms in schools may increase the use of condoms by improving condom availability, eliminating cost, and decreasing embarrassment associated with purchasing condoms. Studies demonstrate that condom availability in schools is associated with the increased use of condoms and improved overall sexual health. The Society for Adolescent Health and Medicine encourages schools to make condoms available to students as part of efforts to decrease rates of STIs and unplanned pregnancy in adolescents and young adults. The Society for Adolescent Health and Medicine also encourages health care providers to advocate for and support the availability of condoms in local schools.

Positions

The Society for Adolescent Health and Medicine supports the following positions:

1. Condoms should be available to students free of cost at secondary schools.
2. Condoms should be available in unobtrusive locations, such as school health clinics, nurses’ offices, or bathrooms.
3. It is recommended that condom availability programs be accompanied by education and skills training; however, inability to provide education should not preclude making condoms available.
4. Health care providers should advocate for the availability of condoms in schools and support local districts and administrators in developing condom availability policies and practices.

Sexually transmitted infections (STIs) and unplanned pregnancy continue to disproportionately impact youth in the United States and globally. Adolescents and young adults are the age groups most heavily burdened by STIs in the United States [1]. Globally, over one third of new human immunodeficiency virus (HIV) infections occur in youths aged 15–24 years [2]. In the United States in 2011, 75% of pregnancies among 15- to 19-year-old young women were unintended [3]. Latex condoms have been well-proven to provide protection against bacterial and viral STIs and reduce the risk of pregnancy, particularly among adolescents who are not using hormonal contraception. However, limited access to condoms continues to be a barrier for many teens. Schools provide an ideal setting for access to condoms and are therefore a practical and important resource in the battle against the epidemics of STIs and unplanned pregnancy in youth.

Methods

This position statement was developed through (1) review of the literature related to effectiveness of condoms, barriers to condom use among adolescents, and condom availability programs in schools in the United States and internationally and (2) the consensus of a team of experts in the field of adolescent sexual health.

Statement of Problem/Summary of Information

Condom effectiveness for STI and pregnancy prevention

Condoms effectively reduce STI transmission. Findings of a meta-analysis of well-designed studies demonstrate that consistent
Condom use reduces the risk of HIV transmission by approximately 80% [4]. The effectiveness of condoms for prevention of nonviral STIs, especially gonorrhea and chlamydia, is well-documented. A multisite prospective study found no infectious incidents with consistent and correct condom use [5], and a larger cross-sectional study of adolescents demonstrated a 90% risk reduction for gonorrhea and a 60% risk reduction for chlamydia among those who used condoms consistently and correctly [6]. In the largest study, consistent and correct condom use reduced the odds of gonorrhea, chlamydia, and trichomonas infection by 59% [7]. Consistent condom use was also associated with a decreased risk of syphilis acquisition [8], a 30% decrease in herpes simplex virus-2 acquisition [9], and a 70% decreased likelihood of acquiring human papillomavirus infection among women [10]. Therefore, significant evidence demonstrates the importance of consistent and correct condom use in the prevention of STIs, particularly in high-risk populations such as adolescents and young adults. In addition to preventing STIs, condoms can significantly reduce the rate of unplanned pregnancy. Latex male condoms are highly efficacious with perfect use, with only a 2% rate of unintended pregnancy; this rate increases to 18% with “typical use,” likely due to incorrect and inconsistent condom use [11].

When condoms are not used correctly, the likelihood of breakage or slippage increases, thus increasing the risk for HIV, other STIs, and unintended pregnancy. Most breakage and slippages are caused by user errors, not device-related problems; user errors decrease significantly with greater condom use experience. Better education and training for correct condom use has the potential to increase condom efficacy, both for STI prevention and pregnancy prevention. Pregnancy prevention is greatly enhanced with the use of dual contraceptive methods, which is recommended for adolescents and young adults. Thus, making condoms available to adolescents and young adults already using hormonal birth control may further reduce their risk of pregnancy, in addition to affording users protection against HIV and other STIs.

**Barriers to condom use among youth**

Adolescents and young adults may fail to use condoms during sexual activity for various reasons. Lack of availability of condoms is a frequently cited barrier [12]. Although school-based health centers often provide assessment and treatment of STIs, fewer centers provide students with access to condoms [13]. Adolescent condom use is also affected by relationship dynamics and anticipated length of time to sexual activity (i.e., little time between the decision to have sex and actual sexual activity) [12]. In addition, many adolescents report embarrassment when purchasing condoms, and those with greater embarrassment may purchase fewer condoms and purchase them less often [14]. Cost is another barrier to condom use for youth. Condoms are expensive, ranging in price per unit from $0.20 to $1.00 USD when bought in bulk or more if bought individually from dispensing machines. Providing adolescents and young adults with access to free condoms in schools may improve their rates of condom use by increasing availability, eliminating cost, and decreasing embarrassment associated with purchasing condoms.

**Condom availability in schools leads to increased condom use and improved sexual health**

Over the last few decades, many schools in the United States have developed reproductive health programs in which condom availability is an integral part. As of 1996, 2.2% of U.S. schools reported having a condom availability program; 98% of these programs included an educational component [15]. Students at schools with such programs accessed and used the condoms [16,17], and overall, students were more likely to obtain condoms from baskets and school clinics, and least likely to obtain condoms from school vending machines [15,17]. The few studies that examined the effect of condom availability programs on rates of STIs or condom use during sexual activity showed promising results. Youth with access to condoms at school were more likely to use condoms at their last sexual intercourse [16,18]. Gonorrhea and chlamydia rates declined significantly among adolescent males in schools with a condom availability program, whereas rates of STIs increased among those in schools without such a program [19]. In another study of school-based condom provision, although the overall rate of condom use decreased compared with a national sample, it was associated with an increase in oral contraceptive use, keeping the overall use of contraception unchanged [17]. Critics of school condom availability programs have argued that the increased availability of condoms will lead to an increase in sexual activity, but, to date, no studies have shown such an increase [16,18,20]. Moreover, several studies suggest that condom availability programs may be associated with a decrease in recent sexual activity or delayed onset of sexual activity [16,18,20].

Although the media, government, and local school boards often present school-based sexuality education and sexual health services in a controversial light, schools are a natural place for youth to receive such education and services. Evidence shows that broad public support for school-based education programs and health interventions, as well as positive outcomes associated with them. For example, school-based vaccination programs are acceptable to parents, financially feasible, and effective. Such programs are associated with increased rates of adolescent vaccination, including human papillomavirus vaccination, demonstrating that the school-based setting provides an excellent venue for these and other public health interventions targeting school-aged youth [21,22]. Although public policy around sexuality education in schools has not always been concordant with public opinion—highlighting the significantly political nature of this issue in the United States—most parents and voters in the United States favor the provision of comprehensive sexuality education in schools [23], and many U.S. adults support provision of condoms in schools to middle and high school students [24]. Moreover, studies have shown that comprehensive school-based sexual education programs support healthy behaviors and decrease risky behaviors among students [25,26]. Various locally administered STI prevention and treatment interventions have been implemented in schools and have been both acceptable and effective [27,28]. In addition, making condoms available in schools may lead to condom use with sexual activity being a socially normative behavior among adolescents in that school.

It is important to note that while school-based interventions can miss some of the most high-risk youth who may not be matriculated in or attending school, most U.S. youths are engaged in some school setting. Therefore, schools, with or without school-based health centers, are an excellent venue for provision of reproductive health services to teens.

**Condom availability in schools—A global perspective**

Internationally, very few regions of the world have national policies explicitly recommending condom availability in schools.
The role of health professionals in advocating for condom availability in schools

The changes that are recommended in this position statement require professionals to engage in advocacy beyond the typical individual patient encounter. Health care providers are trusted and given more credibility by the public when compared with many other professions, including clergy, journalists, attorneys, and legislators [32]. Health professionals are in a unique position to use this credibility, and their expertise, to move forward policies that support adolescents and young adults. They also possess specialized technical and scientific knowledge, access to and understanding of research, and direct experience with patients and clients that can all serve to uniquely inform discussions around policy change. Finally, health care providers have an ethical obligation to support those for whom they provide care [33]. Because local laws and politics can be a barrier to making condoms available in schools, health care providers should advocate locally, nationally, and globally for the provision of condoms in schools and support local school districts and administrators in developing condom availability policies and practices.

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References


