

CDC's Condom Fact Sheets: A Comparison

In 1999, the Centers for Disease Control and Prevention (CDC) published a fact sheet with messages to encourage sexually active people to use condoms to prevent HIV and other sexually transmitted infections (STIs). In 2001, under pressure from anti-condom activists within the administration, CDC removed that document, replacing it a year later with a very different fact sheet. While there are many nuanced differences between the two fact sheets, there are two main distinctions. The 2002 fact sheet shows 1) a bias within the administration towards promoting abstinence over condom use, even for those who are sexually active; and 2) a willingness to censor vital, life-saving information, even in the face of an HIV pandemic. Below are several examples that illustrate these distinctions.

1) Biased Information that Undermines Public Confidence in Condoms' Effectiveness:

The 1999 fact sheet set out, as its goal, to educate the public regarding prevention of HIV and other STIs. The language was crafted to promote public confidence in condoms' effectiveness. In the 2002 document, the authors use language to undermine use of condoms by subtly underplaying condoms' effectiveness and linking condom use "to those at high risk for HIV and other STIs" or to "persons whose sexual behaviors place them at risk"—both demeaning categories with which few people self-identify.

1999: *For those who have sexual intercourse, latex condoms are highly effective [in preventing transmission of HIV and other STIs] when used consistently and correctly... In summary, STDs, including HIV infection, are preventable, and condoms represent an effective prevention tool.*

2002: *For persons whose sexual behaviors place them at risk for STDs, correct and consistent use of the male latex condom can reduce the risk of STD transmission. However, no protective method is 100 percent effective, and condom use cannot guarantee absolute protection against any STD... Incorrect use can lead to condom slippage or breakage, thus diminishing their protective effect. Inconsistent use, e.g., failure to use condoms with every act of intercourse, can lead to STD transmission because transmission can occur with a single act of intercourse.*

2) Incomplete or Censored Information

The 1999 condom fact sheet included vital information that was censored from the 2002 version. Information in the first fact sheet that was excluded from the second included:

A. Information about how to use a condom correctly and about breakage and slippage:

1999: *Condoms must be used consistently and correctly to provide maximum protection. Step-by-step instructions follow for using a condom correctly.*

2002: No comparable information is given.

1999: *Several studies clearly show that condom breakage rates in this country are less than 2%. Most of the breakage and slippage likely is due to incorrect use rather than poor condom quality... Latex condoms are highly effective for pregnancy prevention, but only when they are used properly. Research indicates that only 30-60% of men who claim to use condoms for contraception actually use them for every act of intercourse.*

2002: No comparable information is given.

B. Descriptions of the types of condoms available on the market:

1999: *Condom users have product options...* (followed with descriptions of latex condoms for men, synthetic condoms, polyurethane condoms for women, etc.).

2002: No comparable information is given.

C. Studies regarding the positive impact of comprehensive sex education:

1999: *Education about condom efficacy does not promote sexual activity... Five U.S. studies of specific sex education programs have demonstrated that HIV education and sex education that included condom information either had no effect upon the initiation of intercourse or resulted in delayed onset of intercourse; five studies of specific programs found that HIV/sex education did not increase frequency of intercourse, and a program that included development of skills to negotiate safer sexual behaviors actually resulted in a decrease in the number of youth who initiated sex.*

2002: No comparable information is given.

D. Societal savings (in health care costs and productivity) accrued by consistent and correct use of condoms:

1999: *Prevention is cost-effective. In summary, STDs, including HIV infection, are preventable, and condoms represent an effective prevention tool. A recent analysis estimated that, for high-risk heterosexual men, the societal savings (in health care costs and productivity) per condom was \$27, and for men who have sex with men, the savings per condom was more than \$530 when condoms were used consistently and correctly with multiple partners.*

2002: No comparable information is given.

Conclusion

The CDC's central purpose is to provide people with "the most complete and timely information possible" (<http://www.cdc.gov/hiv/pubs/facts/cdrole.htm>) so that they can protect their health. New research regarding condoms' effectiveness did **not** prompt the CDC to revamp its condom fact sheet. Rather, it was increasing political pressure from the administration to promote its ideology (that abstinence outside of marriage is the only acceptable standard of human behavior). Unfortunately, the result is less information and reduced public confidence regarding condoms—one of the most effective tools we have in the fight against HIV and other STIs.

References

¹ CDC, 1999. *Condoms and Their Use in Preventing HIV Infection and Other STDs* [HIV Prevention Saves Lives]; Atlanta, GA: CDC; <http://www.democrats.reform.house.gov/Documents/20040817143856-95300.pdf>, last accessed 9/15/2005.

² CDC, 2002 *Male Latex Condoms and Sexually Transmitted Diseases*; Atlanta, GA: CDC; <http://www.cdc.gov/hiv/pubs/facts/condoms.htm>, last accessed 9/15/2005.



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*Compiled by Bill Barker, Debra Hauser, MPH, and Sue Alford, MLS
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2000 M Street, NW, Suite 750 • Washington, DC 20036 USA • Phone: 202.419.3420 • Fax: 202.419.1448 • www.advocatesforyouth.org