

Comforting Condomization

Guide to Overcome Common Obstacles of Condom use

**Part 1 - Qualitative Research to
Identify the Common Obstacles of Condom Use**

**Part 2 - Development of a Guide to Overcome
Common obstacles of Condom Use**



NATIONAL
STD/AIDS
CONTROL
PROGRAMME



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**National STD/AIDS Control Programme,
Ministry of Health, Nutrition & Indigenous Medicine &
United Nations Population Fund
2016**



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CLERICAL SUPPORT

Nishadhi Tharuka - Management Assistant, National STD/AIDS Control Programme

Message from UNFPA Representative

As Representative of the United Nations Population Fund (UNFPA) in Sri Lanka, I am very happy to have supported the National STI/AIDS Control Programme of the Ministry of Health, Nutrition and Indigenous Medicine in developing this extremely important and timely publication.

Sri Lanka is categorized as a low prevalent country with less than 0.01% prevalence rate when it comes to HIV/AIDS. However, there are factors that can trigger a concentrated epidemic in the country. Therefore, it is important that Sri Lanka continuously monitors the trends and makes timely investments in achieving triple zeros.

As the UN Secretary General states, we must commit to end the AIDS epidemic by 2030 as part of reaching the Sustainable Development Goals (SDGs). The world has planned to go for Fast Track Targets by 2020 and to end the epidemic by 2030. In its support to reach SDG targets in HIV/AIDS, the UNFPA country office has supported the NSACP to develop a National Condom Strategy 2016-2020. It is well known that correct and consistent use of condoms is one of the most effective means of preventing sexual transmission of HIV, and this belongs at the heart of any HIV prevention strategy. Therefore, rolling out the National Condom Strategy is one of the key ways of reaching triple zero and SDG targets of HIV/AIDS in Sri Lanka.

The publication on “Comforting Condomization: Guide to Overcome Common Obstacles of Condom Use” is one of the key steps of implementing the National Condom Strategy 2016-2020. This book will greatly help Primary Health Care Workers and those working in condom programming to be equipped with the knowledge and skills to improve their awareness on condom use among communities.

UNFPA stands committed in supporting the Ministry of Health, Nutrition and Indigenous Medicine in implementing the National Condom Strategy 2016-2020, which will enable Sri Lanka to ensure the reproductive rights of people in the country.

Mr. Alain Sibenaler

UNFPA Representative Sri Lanka

Message from the Director General of Health Services

Currently, Sri Lanka is experiencing a low level of HIV epidemic which is indicated by a HIV prevalence rate of less than 5% in any defined key populations and less than 1% in the general population. HIV prevalence rate in the 15-49 years' age group was less than 0.1% at the end of 2014.

Yet a closer observation of data shows a small but a rising trend in the prevalence of HIV infection among male to male or bi-sexual relationships over the years, while the predominant mode of transmission still continues to be heterosexual. Further, the rate of HIV among the young (15-24 age group) shows a slow but a steady upward trend from the year 2003.

In this scenario, condom use for unprotected sex should be promoted widely, as it has been recognized as one of the most successful preventive strategies for HIV infection worldwide, including Sri Lanka.

Sri Lanka is unique among the other South-East Asian countries as it is the only nation that offers universal health care and education free of charge to the public. Condoms are widely available in the country and are distributed through retail outlets, STD clinics, Family Planning Clinics, NGOs and Public Health Midwives. Still, it has been found that there are so many challenges frequently encountered during condom use.

This booklet, "Comforting Condomization Guide to Overcome Common Obstacles of Condom Use" written after conducting a qualitative research, is of paramount importance to overcome the challenges of condom use, and it will pave the way to achieve the target of ending the AIDS epidemic by 2030.

**Dr. Palitha Mahipala,
Director General of Health Services,
Ministry of Health, Nutrition and Indigenous Medicine**

Message from the Deputy Director General of Health Services

It is well accepted that, the use of condoms is effective in the prevention of transmission of sexually transmitted infections including HIV, apart from its usage for family planning. Therefore, condom promotion is an important strategy which has been adopted by the National STD/AIDS Control Programme to promote sexual health and well-being of the people in the country.

The Integrated Bio Behavioural Surveillance Survey, which was conducted in 2014, has recommended to increase condom usage among the public. Over the years, condoms could curb HIV epidemics to a certain extent among key populations as well as among the general public. However, consistent condom use is linked to high levels of self-efficacy, and this prevention strategy is hindered by low use of condoms due to many reasons.

This booklet, "Comforting Condomization- Guide to overcome common obstacles of condom use" well describes the barriers as well as the situations varying among the target groups while using condoms. The booklet also provides the necessary information for the readers regarding the ways to overcome these obstacles as well.

I extend my heartiest congratulations for this publication because it has fulfilled a timely need in the pathway of reaching the Sustainable Development Goals by ending the AIDS epidemic by 2030.

Dr.Sarath Amunugama,
Deputy Director General Public Health Services – 1
Ministry of Health, Nutrition & Indigenous Medicine

Preface

“Comforting Condomization - Guide to Overcome common obstacles of condom use, a booklet developed after conducting a qualitative research, is a wonderful publication launched by the multi-sectoral unit of the National STD/ AIDS Control Programme.

Sri Lanka remains as a low prevalence country, with an estimated HIV prevalence among adults (15-49 years) less than 0.1%. Individuals considered at higher risk of HIV infection also remain below 1%. The main mode of transmission of HIV is unprotected sex between men and women (78%) and with men who have sex with men accounting for 16% of the transmission. The percentage use of condoms by sex workers at last sexual act with a client was 93%, while the percentage of condom use at last anal sexual encounter with a male partner among MSM and drug users was 58% and 25%, respectively.

Condom use is the only method of contraception to get protected from sexually transmitted infections, as well as from unwanted pregnancies. While the prevalence of modern methods of contraceptives among eligible couples was 55.4%, condom usage was 7.7% in 2013.

There is a significant level of stigma associated with condom acceptability and usage, especially for different target groups in different settings. However, considering the value of condoms as a life saving medical device, there is an urgent need to understand the challenges frequently encountered during condom use. Accurate assessment of the barriers and the special situations is mandatory in developing skills to overcome the hindrances for condom use among various groups.

The world has planned to go for Fast Track Targets by 2020 and to end the AIDS epidemic by 2030. It is well known that consistent and accurate condom use is one of the most effective means of preventing sexual transmission of HIV, and it belongs at the core of any HIV prevention strategy. Therefore, it is an essential task to identify the common obstacles of condom use and to develop a guide to overcome these obstacles.

I highly acknowledge Dr. Prageeth Premadasa, Senior Registrar in Venereology, National STD/AIDS Control Programme, Dr. Janaki Vidanapathirana, Consultant Community Physician, National STD/ AIDS Control Programme, Dr. Nirosha Disanayake, Registrar in Community Medicine, National STD/AIDS Control Programme, Dr. Nimali Fernando Wijegoonewardene, Registrar in Community Medicine, National STD/AIDS Control Programme for their commendable contribution in writing this valuable publication.

Dr. Sisira Liyanage,
Director
National STD/AIDS Control Programme

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Introduction and History of Condoms in Sri Lanka

Dual Protection and Medical Advantages

A condom is a sheath-shaped barrier device used as a method of contraception, as well as to get protected from sexually transmitted infections. Regular condom use during sex, has been recognized as a successful as well as an efficient HIV preventive strategy worldwide.

In 2016, UNAIDS has identified five pillars needed for achieving less than 500 000 new infections by 2020. One of the key pillars is condom promotion to achieve 2020 targets. Condoms are widely available in the country and are distributed via retail outlets, STD clinics, family planning clinics and Public Health Midwives.

The Objectives of Condom Programming in Sri Lanka:

- To prevent STIs and HIV infection through sexual transmission
- To prevent unwanted pregnancies
- To keep spacing in between pregnancies
- To prevent the exchange of resistant viral strains among HIV infected individuals during sex.

Condoms offer a safe, economically cheap and practically effective means of preventing both unwanted pregnancies and sexually transmitted infections including HIV/AIDS, when used consistently and properly. Over the years condoms could curb HIV epidemics to a certain extent among key populations as well as among the general public. However, consistent condom use is linked to high levels of self-efficacy and this

prevention strategy is hindered by low use of condoms due to many reasons.

The advantages of condoms are as follows:

- Prevention of sexually transmitted infections including HIV
- Prevention of unintended pregnancies
- Reduce infertility by avoiding STIs
- Increase pleasure, by psychological relief from knowing the gained protection from STIs and unwanted pregnancies, and by preventing premature ejaculation with the use of medicated condoms
- Once the condom use is discontinued, fertility returns immediately
- There is no need to depend on the stage of the menstrual cycle for initiation and use of condoms
- Easily accessible, without a medical prescription
- Contraindicated only in latex allergy

Global History of Condoms

Condoms have been a subject of curiosity throughout the history. Condoms are depicted in French cave paintings estimated to date back 12,000-15,000 years. After that, in 3000 BC, King Minos of Crete (Greece) used a goat bladder to protect his wife from his semen which was said to contain venom of “scorpions and serpents” and led to the death of his mistresses. Animal sheaths, plant material and linen/silk sheaths were the initial raw material used for condoms. The term “condom” was the result of a doctor named Colnel Condom who prescribed a sheath made of lamb intestine to the then king Charles- II who was in power during

the late 17th century in England (1661- 1685). Charles Goodyear, the American inventor, changed the face of condoms, with the invention of rubber vulcanization during the industrial revolution in 1844, after which condoms were produced in a large scale. In the 1920's, the invention of latex led to the development of the condom into what it is today. Latex could be coated with spermicides and flavours.

Following World War II in the late 1940's, condoms were recognized as a contraceptive among the Americans and the Europeans. However, during the post war period, people were released from depression and war of 16yrs duration, the so-called “**baby boom generation**” resulted in unexpectedly high birth rates in the US. In the 1980's, condoms became more popular as a result of discovering HIV and AIDS. Now, condoms are widely available globally. An essential conclusion drawn from this medical history is that civilizations had to deal with contraception and sexually transmitted infections always as these affected people of all races.

History of Condoms in Sri Lanka

Family Planning was introduced to Sri Lanka in 1953. Family Planning Association of Sri Lanka (FPASL) which is a non-governmental organization, first made an effort to introduce family planning services to Sri Lanka in 1953, and was given the financial grant from the government.

The first family planning clinic of the FPASL was inaugurated on the 2nd of September in 1953 at the De Zoysa Maternity Hospital in Colombo, which provided some contraceptive services including provision of condoms. In 1965, family planning was accepted as a part of the national policy, and its service components were integrated into the Maternal and Child Health (MCH) services. In 1968, the Maternal and Child Health (MCH) Bureau was established in the Ministry of Health, to oversee the maternal and child health and family planning services

in the country. In view of this policy decision, the Swedish government came forward in assisting for the family planning services in Sri Lanka enormously, by providing free contraceptive commodities and training for the field health staff. Later, in the 1970s, the FPA conducted a very successful condom social marketing programme, where they introduced the condoms under the brand name “Preethi”.

The name subsequently became popular and was used as a synonym to condoms, to identify condoms in the Sri Lankan condom market. International agencies including United Nations Population Fund (UNFPA) supported the family planning services substantially in 1972/73, by providing financial assistance. Later, MCH bureau was re-designed as the Family Health Bureau (FHB) to highlight the integrated nature of the MCH/ FP services in the country. The Family Health Bureau of the Ministry of Health is the national focal point of the family health programme, and its total service package of MCH is delivered through an extensive well developed network of institutional and island-wide field based service delivery points. The mandate of the FHB includes planning, coordination, monitoring and evaluation of MCH and FP services in the country.

Present Situation of Condom Programming in Sri Lanka

Sri Lanka remains as a low prevalence country, with an estimated HIV prevalence among adults (15-49 years) less than 0.1%. Infection among the individuals considered as at a higher risk of HIV infection also remain below 1%. The main mode of transmission of HIV is unprotected sex between men and women (78%), and men who have sex with men account for 16 % of the transmission. The percentage use of condoms by sex workers at last sexual act with a client was 93%, while the percentage of condom use at last anal sexual encounter with a male partner, among MSM and drug users, was 58% and 25%, respectively.

The contraceptive prevalence among currently married women in the age group of 15-49 years in Sri Lanka is 68% in 2006/2007, and the prevalence of modern methods of contraceptives was 52.5%. Condom use by currently married women in Sri Lanka in the age group of 15-49 years as a contraceptive method, has increased from 1.9 to 6 percent during the 20-year period since 1987. While the prevalence of modern methods of contraceptives among eligible couples was 55.4% , condom usage was 7.7% in 2013.

Condoms are not manufactured in Sri Lanka. Condoms are listed under the medical device category in the essential drugs list of the Ministry of Health. The Cosmetics, Devices and Drugs Act No. 27 of 1980 regulates (National Medicines Regulatory Authority ACT, No. 5 of 2015) and controls the manufacture, importation, sale and distribution of cosmetics, devices and drugs in Sri Lanka. Registration, sample license, manufacturing license and condom advertisements are regulated by the Cosmetics, Devices & Drugs Regulatory Authority. The Ministry of Health-Sri Lanka provides free condoms for both family planning and HIV prevention through health care service providers. The NSACP is responsible for distribution of free condoms for STD clinic clients, in order to achieve the objectives of dual protection and prevention of developing ART resistance occurring from exchanging different virus strains among positive people during sex. Clinic clients include people who seek treatment from the island-wide network and PLHIV. Further, the NSACP provides free condoms for KPs through the principal recipient 2 under the GFATM.

The Family Health Bureau is the national focal point of the family health programme, and supplies condoms free of charge to the community for family planning through 1800 island-wide family planning clinics and through grass root level Public Health Midwives, based on the cafeteria method. The two NGOs, FPASL & PSL, and other surveyed five companies cover more than 99% of the commercial sector condom supplies in the country. Distribution of condom volumes varied from one company to another and the highest contribution is by FPASL followed by PSL. Female

condoms are not available in the commercial sector and are available only in the STD clinics from time to time. The Directorate of Medical Supplies Division is responsible for the procurement of condoms for the public sector, in par with the government purchasing guidelines, based on the requested estimates of NSACP & FHB. Although there is government allocation for FHB to purchase condoms for family planning, The NSACP has donor funds except on a few instances where they were provided condoms by the FHB under government funds.

Part 1 - Qualitative Research to Identify the Common Obstacles of Condom Use

Justification

Both the Regional Sex Worker Study (2014) and the IBBS survey completed by the NSACP in 2014 recommended to develop a National Strategy for Condom Programming in Sri Lanka. Further, the Situation Assessment of Condom Programming was a prerequisite before developing the National Condom Strategy. Before developing the National Condom Strategy, situation assessment of condom programming was done. This was the first ever comprehensive situation assessment of condom programming carried out in Sri Lanka, addressing present and past condom situations. This assessment recommended re-orientation of staff of the Ministry of Health for giving messages on dual protection of condoms and continuous education for key affected populations and condom handling personnel on condom programming, with special emphasis on dual protection. It also revealed that lack of sexual satisfaction with condoms is a major hindrance for the condom promotion. The assessment highly recommended to do further research on this aspect.

In addition to that, it was revealed from the experience of the clinic clients that they faced various challenges in using condoms. This was evident from key populations as well as from vulnerable and general population, too. These challenges will lead to discontinuation of condom use which will in turn result in increase of the risk of getting Sexually Transmitted Diseases including HIV infection.

People's sexual behaviours take place in complex socio-cultural settings, and motivation for condom use is complex and intricate, involving a range of levels such as individual, couple and community. However, considering the value of condoms as a life saving medical device, there is an urgent need to understand the challenges frequently encountered during condom use.

Accurate assessment of the barriers and the special situations is mandatory in developing skills to overcome the hindrances for condom use among various groups. The barriers as well as the situations vary among the targeted groups. Therefore, thorough assessment of their perceived barriers and identification of special situations unique for the groups is of paramount importance.

The vital information on the challenges of condom use are needed to design effective strategies to overcome the barriers.

Objective

To identify the common obstacles of condom use encountered by various target groups

Methods

Focus group discussions(FGD) were conducted based on the focus group guides. The FGD guide was prepared based on the research team experiences and through discussion with a group of experts. The FGD questions highlighted the key challenges and attitudes and beliefs on use of condoms. The initial focus group guide was prepared in English and was translated to Sinhalese, the local language. Later, it was re-translated back to English, to prevent ambiguity. FGDs were conducted based on the focus group guide in each group.

All Focus Group Discussions were carried out in the Colombo district among male STD Clinic attendees, Female sex workers, Men who have sex with men, Beach boys, Drug users, Antenatal clinic attending pregnant women, youth, working women and general public. Each group consisted of 10-12 members.

One person facilitated the discussion according to the FGD guide while another person recorded and wrote the discussion findings.

The content analysis was used to analyze the FGD findings.

Results

Following challenges were identified after analyzing the FGD data.

1. Condom Use in Dark Places

Problems are due to:

- Difficulty in visualizing the correct opening site
- Difficulty in visualizing the correct unfolding direction

2. Condom Use With Partners Who Have Refused to Use Condoms

Problems are due to:

- Reduced pleasure
- Misunderstandings associated with insisting condoms (Will condoms breach the trust?)
- No condom is required due to use of other contraceptive methods
- Difficulty in maintaining erections
- No need to use condoms as only oral sex is practiced

3. Incorrect Technique

Problems are due to:

- Slipping of condom
- Condoms breakage

4. Bad Odour/Smell of the Condoms

Problem is due to:

- Bad smell of Latex condoms

5. Condom Use With a Drunk/Intoxicated Partner

Problem is due to:

- Difficulty in convincing the partner to use condoms

6. Irritation/Allergy to Latex Condoms

Problem is due to:

- Latex condoms may cause an irritable sensation

7. Not competent in using condoms correctly

Problem is due to:

- No condom education/training

8. Condom Feels Too Tight and Uncomfortable

Problem is due to:

- Incorrect size

9. Difficult to access

Problems are due to:

- Condoms are not easily available
- Feel shy to request for condoms over the counter

10. Keeping Condoms is Problematic

Problems are due to:

- People think condom users are bad people
- People link keeping condoms with having multiple partners
- Keeping condoms gives an impression that the person is a sex worker

Part 2

Development of a Guide to Overcome Common Challenges Encountered During Condom Use

Methods

Actions for overcoming challenges were developed in three ways:

- 1. Literature review:** Several documents were collected based on the several searches carried out in different databases. Finally, relevant documents were selected from the collected document pool and identified literature.
- 2. Focus Group Discussions with different target groups:** Some of the challenge overcoming actions were identified during the FGDs.
- 3. Consultative workshops with experts:** Five consultative workshops were conducted to develop the guide to overcome common challenges during condom use. Literature review findings and FGD findings were presented to the consultative meetings. Further improvements were done during the consultative workshops.

Final guide was prepared during the workshops and it is given below.

Guide to Overcome Common Challenges Encountered During Condom Use

1. Condom Use in Dark Places

1.1 Challenge - Difficulty in visualizing the correct opening site

Overcome by:

- Feel the ragged/zig zag margin with the finger tips
- Open the packet by tearing from the zig zag edge

1.2 Challenge - Difficulty in visualizing the correct unfolding direction

Overcome by:

- Use the finger and poke halfway in to the condom to feel the unfolding direction

2. Condom Use with Partners Who Have Refused to Use Condoms

Common excuses for not using condoms:

- *“Don’t you trust me?”*
- *“It’s like having a shower while wearing a raincoat!”*
- *“I am already using other contraception.”*
- *“It spoils the mood.”*
- *“I thought we loved each other.”*

2.1 Challenge - Reduced pleasure

Overcome by :

- Reduced pleasure is not scientifically proven, In fact, condoms can be used to enhance sexual pleasure (some condom varieties) and it's more pleasurable when the individuals feel that the sex is safe.
- With a bit of creativity, both partners can make it fun to use a condom.
- Try a variety of different condoms, experiment with the size, shape, texture and thickness. Look for different colours and flavours until you find the one that you both prefer. Also, putting on a condom can be made a part of your foreplay: for instance, just before putting on the condom, apply some lubricant on the head of the penis and gently massage the penis to get sexually aroused.
- Try thinner, higher quality condoms. Condoms are a lot better nowadays than what they used to be.
- Water-based lubricant can help increase the pleasure and sensations during sex.
- Increased pleasure by psychological relief from knowing gained protection from STIs and unwanted pregnancies.

2.2 Challenge - A person can be misunderstood for possessing condoms

Overcome by :

- Tell your partner about your need and expectation, making the message clear and to the point. Let your partner know that you care about health and encourage him/her to do the same. For

example you may say, “I want to have sex with you, but I won’t unless we use protection.” Or “I have decided to use condoms because I don’t want to risk getting sexually transmitted infections or getting pregnant.”

2.3 Challenge - Difficulty in maintaining erections

Overcome by :

- Condoms should be worn during foreplay (on the go). Partner’s assistance should be obtained to maintain the momentum.
- This problem is usually due to a break in the momentum when one of you goes to find condoms or has trouble getting the thing on. Nerves also play a part, especially when you’re with a new partner. Condoms can also be a turn-off at first because we have so many bad associations with them. The best way to get over this kind of performance anxiety is to practice by yourself so you can get used to how it feels and learn different ways to put it on (rolling it down or pulling it on like a sock). Get your partner involved in getting the condom on, to make it more fun (a third hand is always useful to squeeze the tip to keep the air out). Just because, you or your partner got soft in a condom once, it doesn’t mean that that’s it for condoms. Talk it over with each other and try it in a different way. Practice makes perfect.
- Remember that your brain is your biggest sex organ. Make condoms a habit and put your mind at ease.

3. Incorrect Technique

3.1 Challenge - Slipping of condom

Overcome by :

- Wearing it properly (Pulling the ring up to the base of the penis)

- Do not unroll the condom prior to wearing it
- Hold the base of the penis when pulling the condom out. Don't linger inside your partner once you ejaculate. Pull out before the condom gets loose and slips off.

3.2 Challenge - Condom breakage

Overcome by :

- Avoiding lubricants before wearing the condoms
- Avoiding double condoms
- Using appropriate lubricants
- Make sure you don't leave any air pockets in the tip of the condom. There should be a loose little reservoir at the tip. To make a reservoir, pinch the tip as you unroll it and work out any air bubbles by rubbing the shaft down. Use a few drops of lubricant in the tip before you put the condom on.
- Use good quality condoms known for their reliability.
- Avoid keeping them in a warm place and always check the expiry date before opening the package. If you're having a marathon session, check that the condom is holding up, and change it once in a while.

4. Bad Odour/Smell of the Condoms

4.1 Challenge - Latex condoms have a bad smell

Overcome by:

- Try scented/flavoured condoms available in the market. You can inquire the flavour your partner prefers best.

- Flavoured lubricant is also a good option to lessen the smell specially during peno-oral sex

5. Condom Use With a Drunk/Intoxicated Partner

5.1 Challenge - Difficulty to convince the partner to use condoms

Overcome by :

- Need to be tactful. Being gentle and firm in such situations may help overcome the resistance.
- Need to develop negotiation & partnership skills
- Show love, care & concern about the partner
- Explain that both parties have advantages- avoid getting pregnant, and prevent STIs & HIV
- It is difficult to talk about using condoms when you are “in the heat of the moment”. A better way is to bring up the subject in a frank and honest manner when you are relaxed together, like over lunch or while taking a walk.
- Tell your partner about your need and expectation, making the message clear and to the point. Let your partner know that you care about health and encourage him/her to do the same. For example you may say, “I want to have sex with you, but I won’t unless we use protection.” Or “I have decided to use condoms because I don’t want to risk getting sexually transmitted infections or getting pregnant.”

6. Irritation/Allergy to Latex Condoms

6.1 Challenge - Latex condoms may cause an irritable sensation

Overcome by :

- Use non-latex /polyurethane condoms.

7. Feeling Incompetent at Using Condoms

7.1 Challenge - Not competent in using condoms correctly

Overcome by :

- Study and understand how to use condoms in the correct way
- Try to practice using dildos
- You get better at using condoms the more you use them

8. Condom Feels Too Tight and Uncomfortable

8.1 Challenge - Fear that condom may split

Overcome by :

- Leave enough space between the tip of the condom and the tip of the penis before ejaculation.
- With condom, size matters!
- Condoms are more likely to split if too tight.
- The girth (thickness/ width) may be more important than the length of the penis.
- Choose the correct size of condom (standard/large etc.)
- Educate the correct use of condoms.

- Use larger brands. These bigger brands can fit anybody, regardless of size, since the ring at the base is not any bigger. Put a drop of water-based lube inside the tip to help conduct heat and help the end to move around more. Lube also reduces friction and risk of breakage. Make sure the ring is completely unrolled to the base of the penis. In order to unroll the condom all the way, unroll it with your fingers before putting it on the penis. Then put it on like you would a sock or tights. Be careful not to tear the condom with your finger nails.

9. “I Trust My Partner” - No Condom is Required

9.1 Challenge - Will condoms breach the trust?

Overcome by :

- If you truly care about your partner, explain that you trust him or her and you want to protect them by being safe.
- Show love, care and concern about the partner.

10. Condoms are Not Easily Available

10.1 Challenge - Condoms are not easily available

Overcome by :

- Condoms are available free of charge at all government STD clinics, Government field level and hospital Family planning clinics and through public health staff at the field level (Public Health Midwives, Public Health Inspectors).
- Condoms could also be obtained from the Medical Officer of Health (MOH) office through the Public Health Midwife (PHM) or from your area Public Health Inspector (PHI).

- Keep them in a handy place in your bag, coat pocket, and by the bed. Don't keep them in your car or wallet since exposure to heat will weaken your condoms. Think ahead if you are going to drink or use drugs; keep condoms in a place where they are easy to find. Don't worry about your reputation just because you carry condoms around with you. Your partners will just as likely be relieved that you thought of protecting both of you and even more impressed that you had the good sense to bring it up before having sex.

10.2 Challenge - Feel shy to request condoms over the counter

Overcome by :

- Condoms could also be obtained from pharmacies and over the counter
- Remember- Do not let shyness get in the way of obtaining a life-saving medical device.
- Condoms are listed in the essential drug list of Sri Lanka .
- There is no age limit to buy condoms.

11.Keeping Condoms is Problematic

11.1 Challenge - People think condom users are bad people

Overcome by :

- Keeping condoms is a respectful and a safe practice.
- It indicates that the person is knowledgeable and concerned about his/her self and the partner.

11.2 Challenge - People link keeping condoms with having multiple partners

Overcome by :

- It proves that the person is concerned about his health and practices safe behaviors.

11.3 Challenge - Keeping condoms proves that I am a sex worker

Overcome by :

- Condom is a medical device listed under the essential drugs list of Sri Lanka.

12.No Condom is Required

12.1 Challenge - No condom is required due to use of other contraceptive methods

Overcome by :

- Condoms are the only contraceptive method that has dual protection to avoid unintended pregnancies and to prevent Sexually Transmitted Diseases.

12.2 Challenge - No need to use condoms as only oral sex is practiced

Overcome by :

- Condoms are not only necessary for penetrative vaginal or anal sex. STIs can also be transmitted through the mouth during oral sex, and therefore it is important to use a condom during oral sex.

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An estimated 45 million HIV infections have been averted through condom use globally since 1990. Achieving the global condom target for 2020 would avert 3.4 million new infections. The cost per infection averted would be approximately \$450, well below the lifetime cost of providing antiretroviral treatment.

John Stover, Avenir Health, 2016. The Contribution of Condoms to HIV Prevention. Data for Fast-Tracking Condom Programmes. Presented at of the Global Condom Steering Group

21-23 March 2016, Geneva.

Let the people understand, and if people want to take risks, and most people do, protect yourself. Use a helmet when you drive a motorbike, use a seat belt when you drive a car, use a condom when you have sex.”

**Meechai Viravaidya
Thai senator
Condom King**

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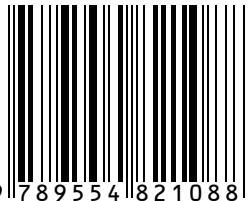
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