

Research, referred to in an IPPF *Medical Bulletin*, shows that HIV infection will eventually occur even when using condoms consistently and correctly.⁽³⁴⁾

Hormonal contraceptives increase the risk 5-7 fold of becoming infected with multiple strains of HIV,^{(35) (36) (17) (37) (38) (39) (40)} and the US Government shows that condoms may not stop many common STD's.⁽⁴¹⁾

Condom-use increases risk-taking

Those who use condoms take greater risks with their health and with the health of others. Dr Richens of University College London, Department of STDs states "condoms encourage risky behaviour", and that "increased condom use lead to more cases of condom failure [and] could account for poor success record of "safe-sex" campaigns".^{(42) (43)}

Sex education policy

For over 30 years now healthcare promoters in Britain have promised that teenage pregnancy rates will be cut once the public use more contraception, in particular, condoms. Britain has yet to see any evidence that the continuous policy of advocating the use of condoms, and other forms of contraception, is having that effect.

In Britain alone, since the 1967 Abortion Act, nearly 6,000,000 surgical abortions have taken place with approximately 180,000 abortions per year, 3,500 abortions per week.⁽⁴⁴⁾ On average, 1 in 4 women in Britain could have had an abortion.

If contraception is working why all the abortions? The truth is that contraception and value-free sex education just isn't working.

Education for abstinence

Few who promote contraception trust the public enough, especially the young, to abstain from sex, but the evidence that abstinence education works is overwhelming. A national poll conducted for the Planned Parenthood Federation of America found that teens who had comprehensive sex education at school were 54% more likely to have had sex than teens with no sex education and 65% more likely to have had sex than teens who had abstinence-focused education.^{(45) (46)}

A Harvard study shows that by promoting abstinence Uganda has reduced its HIV epidemic 50% in 8 years and achieved a drop in the rate of sexual partners from 18% in 1989 to 2.5% in 2000.⁽⁴⁷⁾

Conclusion

Since latex condoms can have naturally occurring holes which are at least 50 times larger and up to 500 times larger than the AIDS virus, and since cell-free HIV could be 10,000 times more efficient at vaginal infection than cell-associated, and since each ml of semen potentially contains as many as one million cell-free particles, those who promote condoms have a duty to inform their clients of these facts and that clients have a right to this information which they need before giving consent to use a so called 'health product'.

(References continued from page 1)

- 28 Levy JA, The transmission of AIDS, the case of the infected cell, *JAMA*, 1988, 259, 3037-8
- 29 *fpa* leaflet, "There are 8 methods of birth control", 1990
- 30 *Image*, www.wimagenet.org.uk Teenage Sexuality
- 31 Wilks John, See ref :2 above, pg 132, with endnote 527
- 32 biowww.clemson.edu/biolab/ovum.html. (Ova live for 12-24 hours)
- 33 Kirkman RJE, et al. User experience Mates v Nuforms, *British Journal of Family Planning*, 1990, 15, 107-11
- 34 Population Research Institute (PRI), *Contraceptive Watch*, May/June 1997, comment on International Planned Parenthood Federation's *Medical Bulletin February 1997*, also <http://www.pop.org/reports/contrawa.html>
- 35 Fred Hutchinson Cancer Research, Julia Sommerfeld, "The Pill linked to aggressive HIV", *MSNBC.com* (Feb 27, 2002)
- 36 *Population Research Institute Review*, Vol 12, No. 2, March-April 2002.
- 37 Plummer, et al, Cofactors in male-female transmission of human immunodeficiency virus type-1, *Journal Of Infectious Diseases*, 163 233-239, 1991
- 38 Daly CC, et al, Contraceptive methods and the transmission of HIV: implications for family planning. *Genitourinary Medicine*, 70 110-117, 1994
- 39 Plourde & Plummer, et al, Oral contraceptives and the risk of HIV among heterosexual women in Nairobi. In *HIV Epidemiology: Models and Methods* pp107-116 Ed. A Nicolosi. *Raven Press*, New York, 1994
- 40 Marx PA, et al, Progesterone implants enhance SIV vaginal transmission and early viral load, *Nature Medicine*, 2 1084-1089
- 41 Dr Judith Reisman, The hazardous condom, www.worldnetdaily.com
- 42 "Condom Promoters Encourage Risk-taking" J von Radowitz, Medical Correspondent, *PA News*
- 43 Richens, et al, "Condoms and Seat Belts: the Parallel and the Lessons" *Lancet*, 2000; 355: 400-403.
- 44 Based on UK Government Abortion Statistics.
- 45 Research for Planned Parenthood Federation of America by Louis Harris Associates, Inc., "American Teens Speak: Sex, Myths, TV and Birth Control", 1986
- 46 The Truth about Abstinence Education. www.family.org
- 47 www.cultureandfamily.org Report Archives, June 17, 2002, on Uganda.

©2002 United for Life

©Updated February 2003

E-mail: info@unitedforlife.com

www.unitedforlife.com

Photocopies may be made in full.



Could
Condoms
Leak
HIV ?

United for Life
www.unitedforlife.com

A contradiction in research

There are some, using research by Levy,⁽²⁷⁾⁽²⁸⁾ who maintain that most HIV in semen is not cell-free but is within potentially infectious lymphocytes (white blood cells) which cannot pass through an intact condom.

It would appear that Gupta⁽¹⁹⁾ disproves Levy because, in complete contradiction to Levy is the overwhelming evidence that cell-free virus is vaginally 10,000 times more infectious than cell-associated.⁽¹⁹⁾⁽²⁰⁾ This is also confirmed by Miller who conducted the 1992 research in this area⁽¹⁹⁾ and who stated in 1998, “cell-free virus is more likely to be responsible for transmission during sexual contact”.⁽¹⁷⁾

HIV and condom policy

The following information will illustrate further why the promotion of condoms to help reduce the spread of HIV/AIDS could be a seriously flawed policy and could even be a contributory factor in the spread of HIV.⁽⁴³⁾⁽⁴⁶⁾

Condom failure rates

Condoms can have at least a 15% failure rate⁽²⁹⁾⁽⁴⁶⁾ for the average population of condom users while young teenagers can have a 20% or higher condom failure rate.⁽³⁰⁾⁽⁴⁶⁾ These are, however, only pregnancy rates from condom failures.

Since women can only get pregnant during 5-7 days, (1/4) of their 28 day menstrual cycle, and cannot get pregnant during the other 21 days, these condom failure rates could be multiplied by four⁽³¹⁾ to get the “overall failure rate” which gives at least a 60% failure rate for the average population of condom users and at least an 80% failure rate for young teenagers. Note that a woman’s ovum (egg) lives for only one day (12-24 hours) and dies if it is not fertilised within one day⁽³²⁾ and that sperm can only live for up to 72 hours.⁽³²⁾

The British Journal of Family Planning quotes the results of a survey that over a period of only three months, 52% of respondents had experienced one or more condom either burst or slip-off during use.⁽³³⁾ When a condom splits, at least 1ml of seminal fluid is passed.⁽¹⁵⁾

References:

- 1 Roland CM, The barrier performance of latex rubber. *Rubber World* June 1993, (US Naval Research Laboratory, Washington, USA.)
- 2 Wilks John, *A Consumer’s Guide to the Pill and other Drugs, 2nd Edition, Chapter 7, Barrier Methods of Contraception, pg 130-131, with endnotes 517-518 (1997)*
- 3 See Miller (ref 17) pg 43 & ref (6) (7) (8) (11) (19)
- 4 Levy J.A., *J. Amer. Med. Assoc.* 261, 46 (1989)
- 5 Krieger J.N., *J.NIH Research* 4, 104 (1992)
- 6 Mermin J.H., Holodniy M., Katzenstein D.A., Merigan T.C., *J. Infec. Dis.* 164, 769 (1991)
- 7 Anderson D.J., *J. NIH Research* 4, 104 (1992)
- 8 Borzy M.S., *J. Acquir. Immune Def. Syndr.* 1, 419 (1988)
- 9 Ilaria G., et al, *The Lancet* 340, 1469 (1992)
- 10 Pudney J., et al. *Science* 224, 500 (1984)
- 11 Direct Quote: Roland C.M., *Rubber World*, June 1993
- 12 Roland, et al, Intrinsic defects on NR permeability, *Rubber & Plastic News*, January 12, 1998
- 13 Holodniy M, *Stanford University*, Oct 11, 2002, www.thebody.com
- 14 Holodniy M, *Stanford University*, Sept 8, 2002, www.thebody.com
- 15 Workshop Summery: Scientific Evidence on Condom Effectiveness for Sexually Transmitted disease (STD) Prevention, June 12-13 2000, Hyatt Dulles Airport, Herndon, Virginia. Report prepared by the National Institute of Allergy and Infectious Diseases, National Institute of Health, Department of Health and Human Services, July 20, 2001
- 16 Alcamo I. E, pg 4, *AIDS in the modern world*, Blackwell Science, 2002
- 17 Miller C.J, *Journals of Reproduction and Fertility*, 1998 3, 42-51 Host and viral factors influencing heterosexual HIV transmissions.
- 18 www.unaids.org Care & prevention, Key Materials on Microbicides.
- 19 Gupta et al, *Journal of Virology*, Aug 1997, p. 6271-6275., High Viral Load in Semen of HIV Type-Infected Men at all stages of disease and its Reduction by Therapy with protease and Nonnucleoside Reverse Transcriptase Inhibitors.
- 20 Miller C., 1992. Use of the SIV/Rhesus macaque model of the heterosexual transmission of HIV in *AIDS Vaccine Res.* 1:295-301.
- 21 Janssen, Robert S. MD., et al, *American Journal of Public Health*, Vol 91 (7) July 2001. 1019-1024. The Serostatus Approach to fighting the HIV Epidemic; Prevention Strategies for Infected Individuals.
- 22 Miller CJ. Mucosal transmission of simian immunodeficiency virus, *Curr Top Microbiol Immunol.* 1994, 188: 107-122.
- 23 Sodora DL., et al, Vaginal transmission of SIV: assessing infectivity and hormonal influences in macaques inoculated with cell-free and cell-associated viral stocks. *AIDS Res Hum Retroviruses*, 1998: 14 (suppl 1): S119-S123.
- 24 *Practical Guide to Primary Care of Patients with HIV Infection*, Viral Load (HIV RNA) Assay. <http://hivinsite.ucsf.edu/InSite.jsp?doc=kb-03-01-05>
- 25 Staskewski S, et al, HIV transmission from male after only two sexual contacts. *Lancet*, 2 628 (1987)
- 26 Peterman TA, et al, Risk of human immunodeficiency virus from heterosexual adults with transfusion associated infections. *Journal America Medical Association* 259 55-58, 1988
- 27 Levy CD, et al, An in vitro evaluation of condoms as barriers to small viruses, *Sexually Transmitted Diseases*, 1997 24, 161-64

(references continued on page 2)

Fact: 1 Latex condoms can have naturally occurring holes which are at least 50 times larger and up to 500 times larger than the AIDS virus.⁽¹⁾⁽²⁾

Fact: 2 In semen, HIV can be cell-free (not within a cell but free within seminal fluid) or cell-associated (within a cell).⁽³⁾

Fact: 3 “Direct contact with semen is the primary means of sexual transmission of HIV.⁽⁴⁾⁽⁵⁾ The free virus exists in the seminal fluid,⁽⁶⁾⁽⁷⁾ at concentrations as high as 10⁸ viral particles per ml.⁽⁸⁾ HIV is also found in sperm-free pre-ejaculatory fluid obtained from HIV-positive men”.⁽⁹⁾⁽¹⁰⁾⁽¹¹⁾

Fact: 4 More than one million HIV-sized particles pass through a square centimetre of rubber within 30 minutes.⁽¹²⁾ This is a rate of over 33,000 particles/minute, nearly 560/second. It is unknown how few HIV viruses are needed for infection to occur.⁽¹³⁾

Fact: 5 Levels of cell-free HIV in semen can vary considerably. The quantity of cell-free HIV ranges from a few hundred to a million per ml of infected semen.⁽¹⁴⁾

Fact: 6 Each act of sex produces about 3.3 ml of semen.⁽¹⁵⁾

Fact: 7 SIV, the monkey version of HIV, is similar to HIV⁽¹⁶⁾⁽¹⁷⁾⁽¹⁹⁾ and SIV models are recognised by UNAIDS.⁽¹⁸⁾

Fact: 8 When SIV is transmitted to the vagina, cell-free SIV is 10,000 times more efficient at infecting via the vagina than cell-associated SIV.⁽¹⁹⁾⁽²⁰⁾⁽²¹⁾⁽²²⁾⁽²³⁾⁽¹⁷⁾

Fact: 9 There are high viral loads at all stages of HIV illness and viral loads increase 7-fold during the progress of the disease.⁽¹⁹⁾

Fact: 10 HIV tests cannot detect very low levels of HIV. Even if the test fails to detect HIV, undetected levels of HIV is not equivalent to being rid of HIV disease. Patients could still be infectious and can still risk transmission.⁽²⁴⁾

Fact: 11 Some individuals become infected after a single or just a few sexual contacts.⁽¹⁷⁾⁽²⁵⁾⁽²⁶⁾