

*Does the
condom really
“protect”?*

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Does the condom really “protect”?

1 A fair number of sexually transmitted infections (STIs) are transmitted by regions of the body that are not covered by the condom (thighs, abdomen, buttocks), including Herpes (a painful, incurable, retrovirus), Human Papillomavirus (HPV) and syphilis¹;

2 The condom splits or slips off in up to 30% of cases²;

3 Spermicide, which covers most condoms, creates genital lesions (bruises and bleeding), that facilitate the exchange of fluids and add blood to the mix of fluids³;

4 Spermicide attacks cells of the immune system⁴;

5 The latex rubber of which most condoms are made generates allergic reactions for an increasing number of people, reactions which cause, again, inflammation and lesions which facilitate the exchange of bodily fluids⁵;

6 The presence of STIs in this way contracted then increases vulnerability to HIV/AIDS infection⁶;

7 The presence of STIs in this way contracted then increases the contagiousness of people infected by HIV/AIDS⁶;

8 The condom elicits a false sense of security that heightens promiscuity, thereby multiplying occasions for STI transmission;

9 The natural perforations in the condom (5-70 micrometres – μm)⁷ are larger than all viruses (10-300 nanometres – nm)⁸, than certain bacteria (the largest bacteria measuring 5 μm)⁹, and sometimes, than spermatozoa (55 μm)¹⁰ (1 μm = one thousandth of a mm¹¹; 1 nm = one millionth of a mm¹²). The US National Institutes of Health (NIH), in its 2001 report, acknowledges that these perforations can indeed let viruses and bacteria through¹³.

The NIH explains concludes that save for gonorrhea in men, there exists no valid proof that the condom offers any protection against any of the eight STIs they studied¹⁴.

The NIH indicates that the 138 studies it analysed all present major flaws such as, for example, the use of instruments that are too weak to detect STI transmission¹⁵.

Even for those studies that do seem to show a diminished risk of HIV infection, the NIH warns that their results are far from optimal, scientifically, because they must be based on information/observations/estimations that the study participants are willing or able to divulge or recall (dates, partners, condom use or not), all elements that cannot be controlled nor verified¹⁶.

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Disponible en français

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