

red blade
"Version Two"

new
picture
for
cover

CONDOM



check out
"Plain Truth"
OCT '93

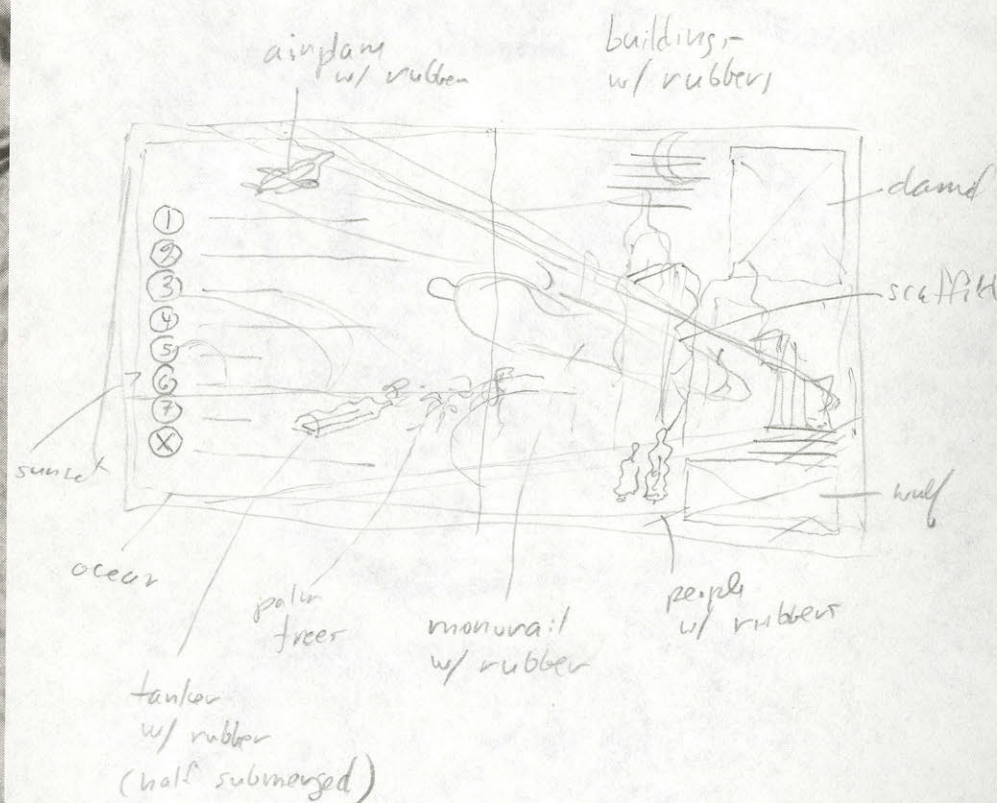
Educator's Guide

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blue black
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TOC / bios



44 numbered pages (ISBN!)
2 cover
2 TOC

INTRODUCTION

Smelling The Roses Through A Gas Mask

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Use DPN template boxes in more text

Let's begin at the beginning. In order to have a sense of what we need to know to be good condom educators, we need to have some sort of personal theory covering what and how we do what we do. Personally, I've adopted the Health Behavior Model as my approach to health education. (Actually, I sort of came up with it on my own and then was delighted to find out somebody else had thought it out more thoroughly than I had.) For those of you who find theory about as useful as a wet paper napkin, get over it. Without some sort of theoretical view of what we do, how can we ever be critical or improve our educational efforts?

Basically, the Health Behavior Model posits 5 areas of education that are needed to create intellectual and behavioral change. (See chart for a summary.) I know that you've probably been beaten over the head with this, but notice that it is behavioral change that is critical. After all, what good is it for someone to think that he/she should do something if they never ac-

tually change what they do? On the other hand, behavioral change without intellectual change, though not perfect, is usually good enough. However, since we're not a Nazi state (yet) my personal philosophy is that educators should provide the most accurate information possible and then have individuals apply their own personal moral and ethical beliefs to their own lives. What matters is not what I think people should do, but what the individuals themselves think and do.

In the real world, not everyone makes the same choices. We may want people to do certain things, but two well-informed reasonable people faced with identical circumstances may make different choices. Being all-knowing and self-righteous won't help, since this often comes out as annoyingly condescending. My ideal health educator is one who shares the most accurate information possible and maybe some advice, if it's asked for. (Remember the difference between advice and criticism: advice you ask for, criticism is volunteered).

and then leaves people alone to make their own decisions, whatever that might be.

After all, risk is all around us. The ceiling could come crashing down when you're in the middle of a bath, or there could be an earthquake or tornado coming your way. In fact, according to quantum mechanics, there is always the possibility, however slight, that a 20 ton whale could materialize 2 inches above your head. The point of this is not to scare you, but to make you realize that all life contains



baseline

HEALTH BEHAVIOR MODEL

Theme:	Part 1 Awareness	Part 2 Personalization	Part 3 Nitty Gritty	Part 4 Personal/Social Factors	Part 5 Continuation
Goal:	Intellectual Change	Intellectual Change	Intellectual and Behavioral Change	Behavioral Change	Behavioral Change
Question to answer:	What's the problem?	Why should I be worried?	What can I do about it?	What do I want? How do I tell others?	How can I keep it up?

some risk and that trying to lower the risks down to zero is impossible. The best we can do is to understand as best we can, the actual level of risk of our actions and how we can both increase or decrease these risks.

Part 1: AWARENESS

Part 1 education basically tries to get people to realize that there is a problem. It tries to answer the question, "What's the problem?" As part of coordinated health education campaigns, the message is usually transmitted through mass media outlets like TV commercials, radio ads, newspaper stories. For condoms, the problems are STD's and unintended pregnancies. Awareness is the first step, the second is personalization.

Part 2: PERSONALIZATION

Part 2 education tries to get people to personalize the problem they've heard about in part 1 by answering the question, "Why should I be worried?" These two, of course, are intimately tied together. Usually, mass media health messages attempt to raise awareness and personalize a health issue simultaneously. After all, most people pay more attention to a problem if they think that it can directly

affect them (or someone they care about). Generally, educational approaches in this area have relied to some extent on mass media, as in the, "This is your brain, This is your brain on drugs." TV commercial. The bulk of the personalization educational effort, though, has fallen on the traditional lecture format presentation. Now, slick videos are often produced to keep people's attention, but the approach is basically the same. Part 2 education tends to concentrate heavily on the basics such as, "AIDS stands for Acquired..." and "AIDS doesn't discriminate..." etc.

Part 3: NITTY GRITTY

Part 3 education is what I call NITTY GRITTY education. Here we try to answer the question, "What can I do about the problem?" in a concrete way. For condoms, some questions to answer are, "Where are condoms available?", "What are the best condoms to use in showers?", "What brands are available and how do they differ?" This means not only conveying information, but also making sure that safer-sex supplies are available. My reason for writing this guide is to fill the educational gap that exists in Part 3 condom education.

Part 4: PERSONAL AND SOCIAL FACTORS

If the first three steps in the educational process have been successful, one should be at the stage of knowing that there is a problem, why he/she should be worried about it, and what he/she can do about it. Next, we have to take into account issues of values, self-esteem and social context. After all, humans aren't perfect and we don't live alone like hermits, but in a social context of family, friends, and general society.

First of all, it's important that we have a set of values (that is a personal moral and ethical system) to enable us to make decisions (intelligence helps too, but I'm assuming that the people we're trying to educate have this). Some people, especially young people, don't have these personal values well thought out. Programs in values clarification have become increasingly popular in high schools around that country, for good reason. Now, I'm not the "Soon, there won't be any morals left" kind of person, however, I do think that many young people seem to receive insufficient guidance these days. Unfortunately, as you might imagine, values clarification is

not exactly something that can be "taught" in five easy lessons. It requires a lifetime of work.

Second, just because you know what you want (that is, you have values) doesn't mean that you have enough self-esteem to follow through on them, especially, if there should be resistance from your sexual partner. Often, people, know what they should do, but because of personal psychological factors, can't or don't do it. If you want to know more, consult your local psychologist.

Third, most sexual intercourse (at least the kind that can get you pregnant or give you an STD) occurs between more than one person. This means that even though you might have the values to know what you want and the self-esteem to stand up for them, you might not have the skills to communicate these desires to your sexual partner(s). Again, like values and self-esteem, it's awfully difficult to teach communication skills. Most workshops I've seen that try end up going over superficial script lines that one is supposed to repeat. Now, granted some of these are important, I just don't think it's enough.

So, you're probably asking yourself, what is enough? Well, that's a topic that deserves a book by itself. Let me just quickly summarize what I've tried. Role-playing seems to be one of the keys here. I've run role-plays in certain set situations (i.e. 2 people want to become sexually involved, one wants to practice safer-sex and the other doesn't. Or, 2 people are currently sexually involved and don't

practice safer-sex, one of the partners wants to.) Usually, I don't prepare people very much, though they are preselected. Then, I give the audience imaginary "remote controls" (This is, after all, the video generation) The audience can then (by raising their hands) pause, fast forward, rewind (and replay with changes), or change the situation. In this way, the audience members can see, critique, and think about various possible situations. What I've found is that these presentations "degenerate" into discussions of what do people want from relationships. There might not be any tidy endings, but discussions are started.

Part 5: CONTINUATION

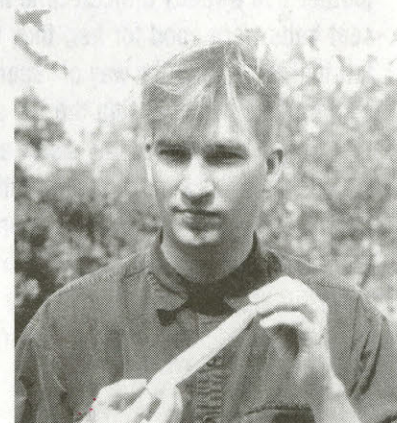
The fifth part of education serves to ensure that people who have successfully negotiated the previous four parts don't relapse into previous patterns of behavior. Now, if we can educate a population before it has set its patterns (see the sidebar discussion on seatbelts) then we can avoid this problem almost entirely. That is, we don't have to change behavior if we start with it from the beginning. This being said, we don't always get to people before they establish certain destructive patterns of behavior, so the possibility of relapse should always be considered. Various campaigns of this type have been started such as the "Keep it Up" campaign and the "Use condoms correctly and consistently" campaign. The biggest problem, in my opinion, is that we sow the seeds of our own problems early in most of our educational campaigns. That is, by teaching from negative, anti-sex, anti-condom positions, especially in part 3 education,

we instill attitudes that will commonly lead to people "falling off the wagon." The point is not to keep people on the wagon, but to create a reality in which there is no wagon to fall off of.

THE IMPORTANCE OF BEING POSITIVE

Too often, safer-sex has been sold like castor oil. Remember the line, "It's gross, icky, and disgusting, but it will save your life!" What happens with this negative approach is that people will grasp at straws to rationalize a way to get out of safer-sex. By teaching with a negative approach you've conceded the battle before it's begun. It's not that you've "admitted" that sex is better without condoms, you've reinforced or even planted the idea. So, if you still believe that using condoms is like taking a shower wearing a rubber raincoat, chuck that idea out the window and adopt a more positive view. (Sorry to sound so much like one of those "motivational speakers" on TV trying to sell you self-help tapes or hair replacements.)

But, you may be asking yourself, negative ads have been around for years!



SEXUAL ANALOGIES

I have a love/hate relationship with analogies. They're great for conveying a great deal of information quickly and also for illuminating complex issues by bringing them into everyday realities. However, they are technically inferior logic. Oh well, I think the best we can do is to use analogies while being aware of their deficiencies. The reason I bring all this up is because my two favorite analogies are, at first glance, paradoxical.

Whenever the issue comes up that talking about or giving out condoms is promoting sex, my response is to offer the following analogy: Some people think of sex as driving. If you raised someone in a closet, never seeing, hearing, or experiencing cars, no one would think of driving. Therefore, giving out sex information and distributing condoms is like enrolling a student in driver's education in school and handing them the keys. Though I disagree with this position, I think it's important to understand it because within this context, talking about condoms is promoting sex. On the other hand, I would wager that most people think of sex more like walking. Someone who grew up in a closet would probably figure out how to walk. Therefore, if sex is like walking, giving out condoms is like giving out shoes. All you're doing is protecting people's feet, not encouraging people to go stomp on nails.

My other favorite analogy highlights the difference that attitude can have. When mandatory seat belt laws were passed in California, my mother had a really difficult time adjusting. Even though she knew that seat belts were good for her, they were uncomfortable for her and she felt that they got in the way of "spontaneous driving." In fact, she tries to compromise by only using the lap part of the seatbelt.

On the other hand, my sister and I learned to drive with seatbelts. We couldn't ever think of driving without one on. Not only do they provide physical as well as psychological protection, they help support my lower back. And, as my sister says, "With a seatbelt on, you can go a hell of a lot faster around the corners!" Now this isn't intended to be an argument for speeding, just a little reminder that often, it's how you view things that is important.

(Yes, of course they have, doesn't that prove something?) Actually, negative ads do play a role. My theory is that negative ads work best in Part 1 education and to some extent in Part 2. They certainly catch people's attention. However, they don't do anything for Parts 3 or 4 and can be quite destructive in Part 5. For example, what was the last major health problem where fear worked to educate people? Toxic Shock Syndrome. If you think about it, it was the perfect negative ad disease. It could cause death, and potentially affected all women using tampons. However, more importantly, it needed little part 3 education ("Avoid maxi tampons"), had almost no personal or social factors (for most U.S. women, tampons are a very personal thing), and therefore, continuation was easy. But, of course, how many social problems these days are like Toxic Shock? The answer is precious few.

After all, the American Lung Association has spent close to 1 billion dollars and more than 20 years trying to get the American public to stop smoking. The results? Well, most people know what their lungs look like after smoking and that smoking causes death. There has been a small decline in the number of smokers but this can be easily attributed to other factors like a new general interest in healthier lifestyles. The real result of most anti-smoking campaigns has been a switch by some smokers to "low-tar" cigarettes! (Remember my discussion of rationalization?) What about our anti-drug campaigns? How many people do you think have really stopped using drugs because Nancy Reagan

Try to match the following remarks with the appropriate step to be used in peer education.

- | | |
|--------|---|
| PART 1 | A) Having sex with condoms is like smelling a rose...through a gas mask. |
| PART 2 | B) I can't ask my partner to use a condom. He'll think I'm cheating on him. |
| PART 3 | C) I don't need to use a condom. AIDS only affects gays and drug-users. |
| PART 4 | D) I usually use condoms, but sometimes I slip. |
| PART 5 | E) I've never heard of chlamydia. |

told them to, "Just Say No."? (If I could continue on my soapbox for a while longer, the most amazing thing about the Just Say No campaign is that it not only manages to simplify a very complex problem, it manages to simultaneously trivialize it with the use of the word, "Just." Only someone as out of touch with reality as Nancy Reagan could really believe that this slogan will save many lives. It's much better to say, "Just Say Know!") People engage in sex and use certain drugs not just because they like to. Sex and drugs are all tied in with the mystique of adulthood. (I knew someone a few years ago who wanted to drink alcohol. I asked whether he liked the taste or the feel the alcohol gave him. He replied that he hated both the taste and the feeling but that he wanted to "be an adult"!)

What about an example of a positive campaign? Well let's look at the history of drinking campaigns. The original campaign was, "Drinking Causes Death," a classic negative message. People quickly figured out that it wasn't really even that accurate. After all, how many people do you see keeling over from cirrhosis of the liver in everyday life? The real problem was drunk driving. Voila! the next mes-

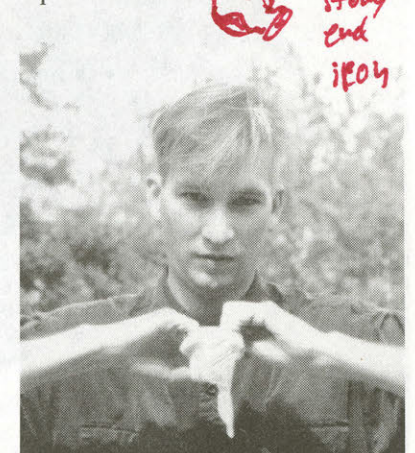
sage became, "Drunk Driving Causes Death." Still a negative message. Notice the problems we get into now with issues of adulthood and independence over driving and drinking. So, what's the current message? It's, "Choose a Designated Driver." In this positive message, the reality of social drinking is accepted and a positive message is delivered. I predict that this message will work much better than the previous two.

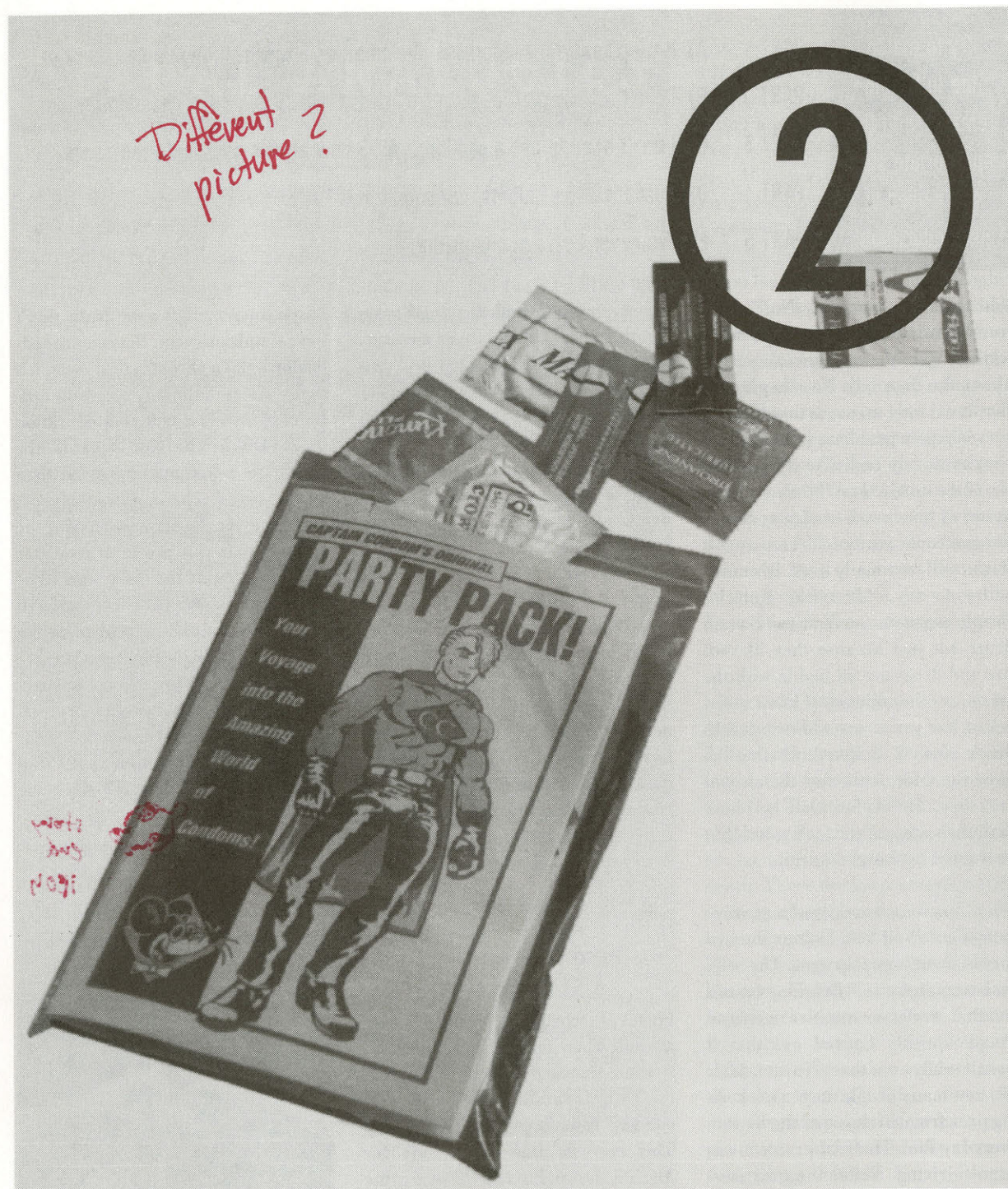
By dividing up health education into these 5 areas we can isolate which of them we're teaching well and which need more work. For example, the box at the top of this page contains 5 questions that somebody in need of education might ask. Try to match up the question with the appropriate area of education. (The answers are shown upside down at the bottom of this page.)

PEER EDUCATION AS A STATE OF MIND

Finally, I recommend you adopt a peer attitude when doing Part 3 education. A white-smocked Marcus Welby authority figure attitude only encourages one-way listen/regurgitate education. This may be fine and dandy for Algebra classes, but real life issues that

touch on sex, life, and death don't have simple answers. Being a peer educator is not a chronological issue, it's really a state of mind, a certain attitude. In my view, true peer education is socratic in the best sense of the word. So, what matters more than similar age, background, or appearance is paying attention and having the attitude that you are both educator and educated at the same time. The main reasons why peers educate well are not because they appear to be like the people being educated, but because they're not preaching but sharing information, a two-way process. (See the previous discussion on moralizing.) For me, the minute that I stop learning is the minute that I stop being a peer educator.





THE CONDOM

Proper Prophylactics

T

he most common condom myth that educators have to deal with is the "Rubber Raincoat" myth. It goes something like this, "All condoms are the same and they're like taking a shower wearing a rubber raincoat." (The Russian version goes like this, "Using condoms is like smelling a rose...through a gas mask." Unfortunately for the Russians, the saying is often true for Russian condoms!) This belief is prevalent not only among the general public, but also among many health educators. Try replacing the Rubber Raincoat myth with the saying, "Unlike men, not all condoms are created equal." (Please excuse the sexist writing.) Let's take a close look at some common condom features. (See the graphic for a quick summary of features.)

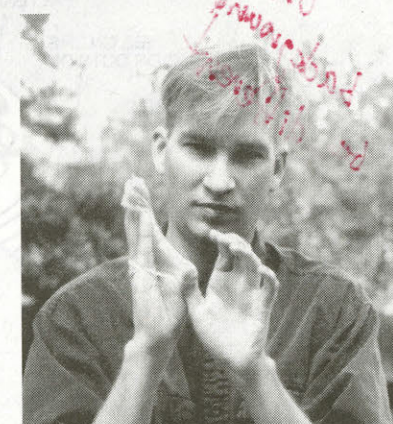
LATEX AND LAMBSKIN CONDOMS

Condoms currently available are made from two materials, latex or

sheep intestines. Condoms made from latex, a natural form of rubber harvested from trees, are the most common. "Lambskin" condoms are made from lamb caeca, a part of the intestinal lining of sheep. (A note for those trivia fans. Each sheep has only one caecum.) Lambskin condoms currently have approximately a 5% share of the U.S. condom market. Compared to latex condoms, "lambskin" ones are expensive, have a nasty taste and smell, and are larger and less stretchy. Their appeal seems to be that they are slipperier and some people prefer the way they feel.

Note, though, that the FDA has approved "lambskins" only for contraceptive, not prophylactic, use. The FDA believes that "lambskins" may have small pores that block semen but not smaller free floating viruses. Actual research on the subject is scarce and not conclusive. Some cities have even passed laws that require

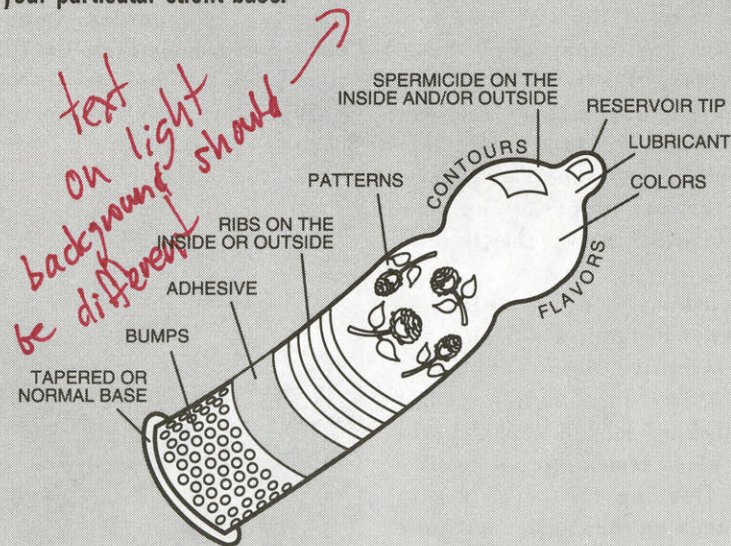
businesses that sell lambskin condoms to post warnings that they may not be effective against STD transmission. For now, it's best to suggest "lambskins" only to people worried about contraception and not prophylaxis and to people allergic to latex condoms (see also the section on allergies in chapter 4). Currently, only two companies import "lambskin" condoms into the U.S. (most seem to originate in New Zealand), Carter-Wallace and Schmid Laboratories.



DON'T BE A P&P PERSON

Many condom educators are what I call P&P people. They are especially prevalent among state health departments and non-condom users. P&P stands for Price and Paperwork. That is, some departments will buy only one brand of condom because of the paperwork and they also buy the cheapest because of price. Imagine choosing medical procedures based on these criteria! My main criticism with this attitude is not that they necessarily buy bad condoms. It's that one of the main lessons that I have learned in six years of condom education is that no one condom fulfills everyone's needs. Every condom on the market seems to have someone who thinks it's the best in the world and many people like to use different condoms for different acts.

What I suggest to educators who need to limit the types of condoms they give out is that they establish a small committee made up of educators and clients. Have the committee choose three or more condoms to carry. Then, give these condoms out and find out which condoms people come back for. In this way, you can meet the needs of your particular client base.



For the future, plastic condoms may be a possibility. They could be thinner, stronger, and reusable. However, we're unlikely to see a plastic condom on the market anytime soon. (see the sidebar on the female condom.)

SIZE

Size is one of the trickier issues in condom education. The basic metaphor to keep in mind is that condoms are like exercise pants, both lycra tights and baggy sweats do the job perfectly well, though they feel very different and are very different in size. However, in the U.S., men seem overly preoccupied with penis size. (Remember the old saying, "It's not the size of the wave that's important, it's the motion of the ocean!")

What it comes down to is that penises are differently shaped. Furthermore, different men prefer different levels of tightness in their condoms. The usual strategy I adopt is to answer people's questions, but not to necessarily raise the issue myself. For example, I don't ask someone whether he wants a bigger condom. Instead, I ask men to try a range of condoms to see which ones they prefer. For those men who look for a condom to fit their ego rather than their anatomy, you can always blow up any latex condom like a balloon to at least 7 to 10 times its original size. (for the more daring educators, you can do the same thing on your head. Try it, it's fun, the party trick of the

90's!) Remember, though, that the real issue here is both comfort and what men are used to. For most men, the first few times they use a condom, any condom will feel tighter than no condom at all. (After all, except for the fact that we're so used to clothing, most of us would find any clothing confining to some extent.) I often joke that there are the Hefty garbage bag men out there who would find even 30 gallon plastic trash bags too tight!

Most condoms are very similar in size. A few, though, are marketed as smaller or larger than average. As for the larger ones, a point to note is that most of them are larger around the head, not the base, so than men who aren't really 25% larger won't have the condom slip off. Some men like the looseness of the condom around the head, they feel that it leads to better sensitivity. Some condoms to look for in this category are Mayer Laboratory's MAXX and MAXX Plus, Carter-Wallace's MAGNUM, MAGNUM PLUS, AND TROJAN-ENZ LARGE condoms. For those men who have a problem with width, you might suggest they try lambskin condoms, (see the discussion of lambskin condoms above) since they tend to be wider, though not as stretchy.

As to smaller condoms, many condom connoisseurs prefer them because their snugness can lead to a "cock ring" effect. That is, they can cause penises to stay harder longer. (There are physical

reasons for this. The way the human penis is designed, blood flows into it from the inside and flows out on the sides, sort of like a tree. This means that pressure, especially around the base, allows blood to flow in but not out!) Depending on your particular point of view, this can either be an advantage or a disadvantage. Ansell makes a smaller condom called the SNUGGER and many of the Japanese condoms are slightly smaller.

If slippage is a problem, which it can be not only for smaller penises but also for condoms used in wet and humid conditions (e.g. hot tubs, showers, spas), there are two basic solutions. Slippage can also be a consideration for men who get hard and soft during a sexual encounter. Both of the following methods can help:

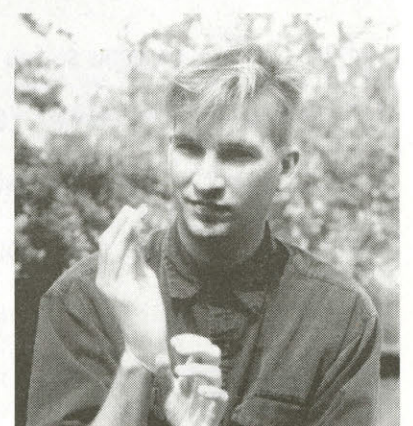
The first is the technological solution. (Ah! better living through chemistry and latex!) The MENTOR condom is a condom with an adhesive in it. (Stop those OHHS! and AOWS! I'm talking post-it note adhesive here, not super-glue!) It comes with an applicator cap and complicated instructions. Basically, it works well though I have heard a few men complain that it sometimes sticks too well. If this should be a problem, place a small dab of water-based lubricant on your penis before you unroll the condom. This will weaken the adhesive. The biggest drawback to the MENTOR is price. The per

condom cost can be greater than even the per condom cost for lambskin condoms.

A home-grown solution works well with any latex condom. Unroll the condom completely and then pull the condom under the testicles. This not only helps keep the condom on, it can also serve as a barrier for warts and other STD's around the scrotal area. Now I know that many of you probably are a little skeptical. All I can say is, "Don't knock it until you try it." If you're reasonably gentle and practice a bit beforehand, you shouldn't have any problems at all.

SHAPE

Condoms come mainly straight-sided, tapered at the base, or contoured. Contoured condoms allow extra room for the head of the penis to increase sensation and lessen the chance of the condom slipping off, since the condom narrows below the head. Penises with prominent heads or men who like looseness will like these



PROPHYLAXIS vs. CONTRACEPTION

People are often confused by these two terms but it is very important to understand the difference between them. Basically, prophylaxis refers to disease prevention (or sometimes early treatment) while contraception refers to avoiding or terminating pregnancy. Note that they are not interchangeable. In practical terms, all prophylactics (in the disease prevention sense) are contraceptives, but not all contraceptives are prophylactics. The condom, then, is the only major contraceptive that is also an effective prophylactic. (Think of the pill, tubal ligation, vasectomies, diaphragms, cervical caps, IUD's, sponges, rhythm method, etc.) Be careful in making a distinction between the two when you teach. For example, can you detect the problem in a male telling his female sexual partner that he doesn't need to use a condom since she's on the pill?

change font

Not too long ago, condoms sold in the U.S. were labeled, "Sold for the prevention of disease only." (Gold Circle Coins still carry this message) That is, they were being sold as prophylactics, not as contraceptives. It's only been about 25 years that married couples in the U.S. have had the constitutional right to contraceptive devices. Prudery, of course, is not a recent invention.

condoms. A condom that tapers will fit more snugly at the base, creating a sense of security and acting like a natural cock ring. (see the discussion under SIZE) Some men, however, might find these uncomfortably tight, so a straight-sided condom can be used instead.

Most condoms have a receptacle tip to catch semen. It's important to remember to push the air out of the tip when putting the condom on. If a condom doesn't have a receptacle tip, one can pinch the 1/4" tip of the condom to provide space for the ejaculate. The importance of leaving the room at the end is not necessarily because the condom might break, as many people think. The bigger problem is that if room isn't left for the ejaculate, the semen could be forced down to the base of the condom and cause it to slip off.

RIBS AND PATTERNS

Some condoms have ribs, bumps, or ridges on their surfaces. These are intended to add sensation for women in heterosexual intercourse. (This isn't usually very subtle, note the condom called EMBRACER, made by Safetex (i.e. embrace her)). Most people, however, either can't feel the ribbing or don't like it. What the manufacturers want you to think about are French ticklers. Ticklers are about 2 cm long, go around the base of the penis, and are intended to stimulate a woman's clitoris during missionary position heterosexual intercourse. Where ribbing can make a

difference is inside the condom. This is why some men turn these condoms inside out. If you do this, make sure to pull the condom under the testicles so it won't slip off, since most condoms are lubricated on the outside. Some Japanese condoms are ribbed on the inside too.

Patterning is a different effect from ribbing. Patterns can be seen but not felt. The most famous condom with patterning is Okamoto's FLANCY. It has an amazing pattern of roses on it. Unfortunately, this condom is no longer being imported into the U.S. anymore. Okamoto's HARMONY has a sort of Etruscan effect (lots of cross hatched patterns).

COLORS

Natural latex can be off-white, yellowish, or almost colorless and transparent. Some manufacturers entice their customers by dying their condoms various colors. These are especially appropriate for holidays like Saint Patrick's Day (green) and Chinese New Year (red), or merely when one likes Smurf Sex (blue). Ansell, Schmid, and Safetex all produce these colors.

There are also black condoms. Unfortunately, they aren't currently imported into the U.S. If they should ever return, they can be very effective in educating African-Americans. If you remember "flesh-colored" crayons and "flesh-colored" band-aids,

both of which, of course, were vaguely beige, you probably know how racist this was. When black condoms were available, African-Americans would laugh when I noted that I had "Flesh-colored" condoms and they were black. Caucasians in the audience usually didn't get it. The other color available in the U.S. is hospital white, courtesy of Carter-Wallace's TROJAN-ENZ line.

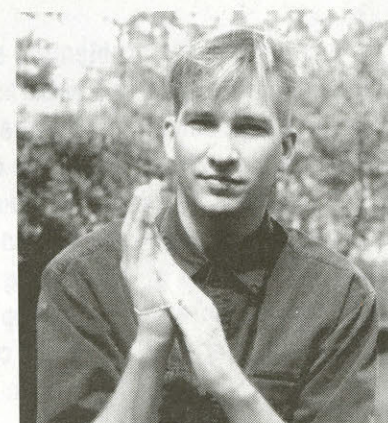
After the movie, *Skin Deep*, came out in 1989, many "Glow-in-the-dark" condoms flooded the market. Unfortunately, these are all unusable, (they had to be labeled, "For Novelty Use Only".) Most contain phosphorescent dyes or material that could be harmful. Only one of these condoms, Custom Condoms' KNIGHT LIGHT, has the phosphorescent material in the latex itself. At press time, the KNIGHT LIGHT had not yet received FDA approval as a condom.

SMELL AND TASTE

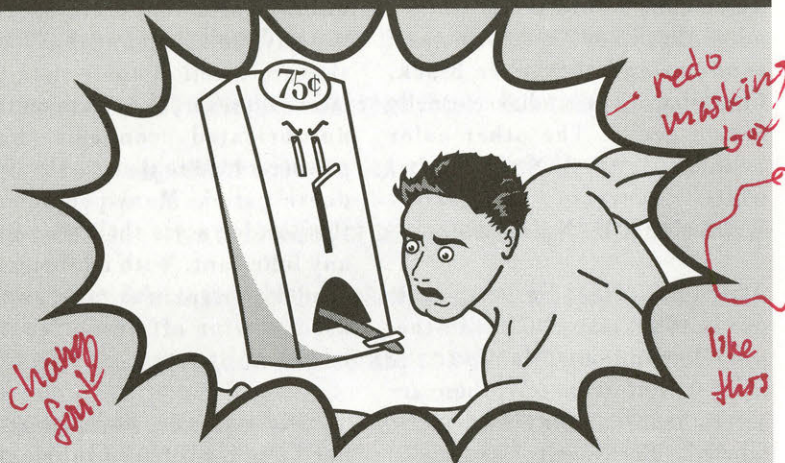
Condoms do have different smells and tastes (who can ever forget the smell of a Trojan and who could ever survive its taste?). However, except for some mint-scented condoms and a few others repackaged by third parties, condoms aren't marketed as having different smells or tastes. Some people eroticize particular smells and tastes and the condom is no exception. For people who want to improve condom taste and smell, here are some tips.

The basic rule of thumb here is, "Remove what you don't like and add what you do." Many people into oral sex with condoms prefer unlubricated ones since it is usually the lubricant that has a sharper smell or taste than the latex. However, keep in mind that unlubricated condoms have powder added to them so the latex doesn't stick. Many people hate the powder more than they hate any lubricant. With a lubricated condom, a napkin or towel can be used to wipe off any offending lubricant.

To add a flavor, you generally need a non-oil based lubricant. There are a few on the market. Sensual Succulents by Trimensa Corporation are probably the most widely available. They come in several flavors, including passionfruit, french vanilla, and green apple. With no oils or sugars (they're sweetened with saccharine) they're a great low-calorie treat! For some homemade suggestions, I prefer honey or chocolate/fudge ice cream topping.



CONDOM MACHINES



Condom machines can be an useful part of a larger condom distribution plan. The advantages of condom machines are that they can ease the embarrassment of purchasing condoms and they can make condoms available at all hours. There are some drawbacks to think about, though. One is that the cost per condom can be very high (e.g. most machines are set to accept quarters, the most common prices are 50 and 75 cents). Second, the type of condom that can be given out is usually limited. Most condom machines are the type that can only dispense a rectangularly packaged condom in a small cardboard box. Third, condom machines can encourage people to wait until the last minute to get condoms instead of planning ahead.

To overcome these problems, I suggest either an old style candy machine that can deliver 3 packs and 12 packs of condoms (though the machines are sometimes bulky and expensive) and also those old plastic bubble toy machines (The ones that dispense the largest size work well here. At Stanford, we bought a machine and set it so that for 25 cents, one would receive 2 condoms, a lubricant sample, and 2 breath mints, the perfect dating kit!) (To find suppliers for these vending machines, try looking up **VENDING MACHINES** in your local yellow pages or try contacting a condom repackager (see listings in the Appendix) to see if they sell to any companies in your area.)

(Yes, I know that these often contain oil. However, if you lick quickly and you also replace the condom before engaging in intercourse, there shouldn't be much of a problem.) They're great tasting and have the right consistency.

THINNESS AND STRENGTH

Just a few words here about a common misconception on the relationship between thinness and strength. Most people think of the two as varying directly. That is, the thicker the latex the stronger the condom. This is not necessarily true. Here are a few things to consider. First, a thick condom won't help much if it has a hole in it. So, quality is important. Second, stretchiness can be more important than strength. If you think about earthquakes, though bricks are stronger than wood, wood is more flexible and survives earthquakes better. Third, if you don't think that thin condoms are strong, blow one up. Any latex condom should easily blow up to over 3 feet in length.

Another important thing to remember is that the words "EXTRA-STRENGTH" and "EXTRA-SENSITIVE" mean about as much as the moniker "LITE" currently does. There are no set standards for extra-strength or extra-sensitive so anybody who wants to can claim whatever they want. Manufacturers only need to

provide data to the FDA for "claims," such as the claim that a condom is "Stronger than..." or "The Strongest."

DOMESTIC AND IMPORTED CONDOMS

As a general rule of thumb, the best condoms in the world are produced in Japan. They tend to be thinner, more reliable, and less offensive in taste and smell. U.S. condoms come next. (A U.S. condom manufacturers told me that their new thinner condom was manufactured for them in Japan because they themselves couldn't produce a condom that thin! I also remember dealing with an agent of another company who would answer many of my questions about the quality of their condoms with, "Why, of course we're the best, we're the largest condom manufacturer in the U.S.!" After hearing this a few times, I told him that though General Motors was the largest auto manufacturer in the U.S., nobody I knew wanted to drive a Chevette!)

U.S. condoms are generally followed by Malaysian and South Korean condoms. Condoms are also produced in other parts of the world, but they are generally unavailable in the U.S. at this time.

TESTING

Condom testing is done both by condom manufacturers and the FDA. Two types of testing to

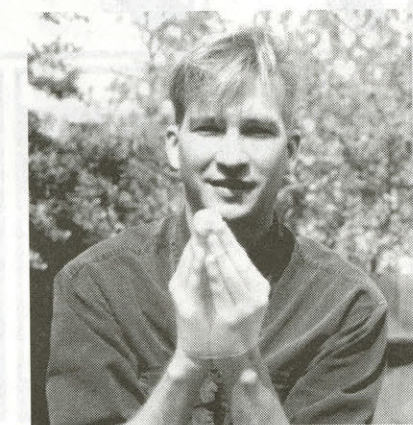
understand are batch testing and individual testing. Batch testing involves taking random samples of condoms and testing them. If a certain percentage of condoms fail, the entire batch is rejected. If the samples pass, the entire batch is accepted. Though this is a statistically valid method, I personally prefer to back this testing up with individual testing.

The individual testing that many condom manufacturers use is commonly called "individual electronic testing," and usually marked on condom packages. At the end of the production process, condoms are transferred from glass mandrils to metal ones. Then, an electrical current is passed through the condom, either through a liquid or air. Since latex condoms shouldn't conduct much electricity, any condom that conducts electricity past a certain level fails the test. This test not only has the advantage of testing every condom, it can also detect not only pinholes, but merely weaknesses in the latex. Unfortunately, this method is susceptible to some adjustment problems. Since the testing machines can fall out of alignment, it isn't a perfect test.

The most widely known condom test is the water leak test. Basically, samples from batches of condoms are tested by being filled with water. A maximum of 4 per thousand (that's 0.4%) are

allowed to leak. If more than 4 per thousand fail, the entire batch is rejected. This technically covers all condoms sold in the U.S. The FDA also uses other batch tests. They include a dimensions test (4% failure is allowed with respect to dimensions. I bet you didn't know that condoms sold in the U.S. must meet these standards, 150-200mm in length, 47-54mm in width, and 0.03-0.09mm in thickness), and also a tensile strength test (2.5% failure on 15,000 pounds per square inch) and an elongation test (2.5% failure on 625% elongation).

Notice that these testing procedures don't take into account how condoms are treated between the time they're manufactured and the time that they are sold in your local store. Mishandling during shipping (i.e. being shipped or stored in hot environments or being sold past the expiration date) can spell disaster for consumers.





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CONDOM TECHNIQUES

No Previous Experience Necessary

To teach condom use effectively, I recommend two techniques: the OK technique and the HAND OVER HAND technique. These two techniques are important because many people have problems unrolling condoms properly (especially thinner condoms). A condom can be mistakenly unrolled onto itself. In frustration, people may be tempted to use fingernails to unroll the condom properly!

After having pinched the air out of the end or reservoir tip of the condom, One should either make an OK sign with the thumb and forefinger and unroll the condom with the circle created (the OK technique), or use both hands, one quickly followed by the other (the HAND OVER HAND technique). Either of these techniques ensures that equal pressure is used when rolling the condom on. (Also see the section on putting a condom on with your mouth.)

One fun and effective way to teach condom use is to have condom races.

(see the sidebar on penis substitutes) Basically, this is a variant on those old Sunday picnic games. Several teams are chosen and each team member (pun intended) has to run to a penis substitute held by a judge and put the condom on correctly. The member then runs back and tags the next person. The first team to finish wins. To make this more interesting, you can have each member use a different condom technique. (e.g. OK technique, the HAND OVER HAND technique, blindfolded, from behind, with mouth only, etc.)

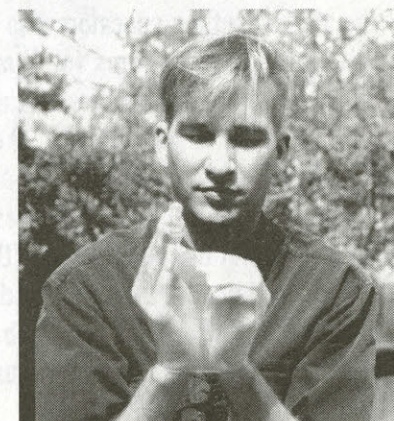
DISPOSAL

A note on disposing of condoms. It's important to remove the condom carefully, holding on to the base of the condom during withdrawal so it doesn't slip off. Then, I recommend that one tie a knot at the end of the condom. This will ensure that no semen leaks out. Finally, throw the condom out. Remember, don't flush them down the toilet, they will come back to haunt you! Also, though recycling is generally a good idea, it

isn't in this case. Finally, clean yourself up either by taking a shower (this can lead to some post-coital fun) or by wiping yourselves with baby wipes (some of which, coincidentally contain nonoxynol-9, which helps prove to people that nonoxynol-9 is a mild detergent.)

STORAGE

The usual spiel we give on condom storage is, "Like everything else you buy, it seems, condoms and other latex items like to be stored in a 'cool, dry, dark place.' For those of you



EXPLICITNESS vs. ACCURACY

Every condom educator will have to deal with the issue of explicitness versus accuracy. In order to educate effectively, an educator must use a certain level of explicitness. However, there are often societal norms, jittery administrators, and client embarrassment that limit the level of accuracy allowed. The balance between being explicit enough to be accurate yet not creating negative resistance is often difficult to find. Following are the different ways of showing condom use in order of explicitness.

1. **WORDS ONLY:** Though teaching condom usage with only words may protect you from some complaints, this is a poor substitute for effective education.

2. **DRAWINGS:** Though seeing something through drawings is better than only listening to a presentation, I personally think that this still sacrifices education.

3. **FINGERS:** This is a popular compromise for schools. The problem here? Well, it reminds me of the story about the educators who taught an African village to use condoms for family planning by putting them on broomsticks. When the educators returned some time later, they found every broomstick with a condom on it. Also, most fingers aren't shaped like most penises. The plus with fingers is that unlike WORDS ONLY and DRAWINGS method, condoms are actually used.

4. **VEGETABLES:** Usually, bananas and cucumbers. Since bananas and cucumbers are widely

available, this is a good compromise for getting everyone to practice putting condoms on, instead of only having the educator do it. The main drawback is that most penises have a head while most vegetables don't. In practice, this means that while you are teaching people to use constant pressure to put condoms on, they should be learning high pressure (to get the condom over the head of the penis) followed by low pressure (for unrolling the rest of the way). A hint here is that you might want to find yourself a plastic or wooden banana or cucumber. Real ones tend to get mushy rather quickly.

5. **MODELS:** There are various wooden models around that are like broomhandles with a head. Not bad, explicit and anatomically correct enough while also lowering the embarrassment factor to a minimum.

6. **DILDOES:** This also is a good choice. The main problem is that many people can't deal with dildoes in public. The veins seem to throw people off. I've had success with what I call the Art Deco Dildo (available from Multi-Focus, see the Appendix). It's made of a pink transparent plastic with a minimum of veins.

7. **PENISES:** Though as realistic as one can get, using live penises is probably appropriate only in limited situations. This method can't be beaten for accuracy, though.

A final note, if people complain about the lubrication on condoms, use unlubricated condoms for people to learn with.

change font

who might be a little apprehensive about keeping your rubbers in the root cellar next to the potatoes, the bottom drawer of a nightstand will do just fine." It's especially important that condoms not be stored anywhere where the temperature might exceed 90° F. Of course, you also don't want your condoms to freeze.

Most condoms will have an expiration date printed on the package. Most manufacturers give their condoms 5 years from the date of manufacture. (Some give more, but this has to be approved by the FDA.) Be careful here: nonoxynol-9 condoms usually have an expiration date of 12 months from date of manufacture (again, longer claims have to be approved by the FDA.) This means that there may be a period of time after the nonoxynol-9 is expired but the condom has not. Also, some manufacturers I've seen give 5 year condom expiration dates for condoms with nonoxynol-9. That is, instead of giving you the expiration date of the condom with nonoxynol-9, they give you the expiration date of the condom itself.

Properly stored, then, condoms should last 3-5 years from the date of manufacture. Light, ultraviolet radiation, ozone, excessive heat, and rough handling will break them down much faster. Most condoms are packaged in opaque wrappers. For those that aren't, be careful to store them in a dark place. For the condoms that aren't hermetically sealed, (Gold Circle Coins comes to mind) I wouldn't keep them for more than 2 years. Heat should be in the

room temperature range (approximately 50-90 degrees Fahrenheit). You don't want your condoms to freeze or bake. Be especially careful about mentioning heat, since many people keep condoms in their car glove box. Condoms won't last long there! One interesting way to dramatize this point is to leave a condom on a car dashboard for a few hours. At the end of this time, open the condom and see how weak the condom is.

In humid areas, especially in combination with high heat, condoms can rot. The best thing to do in this case is either refrigerate or rotate your supply quickly. Also remember that many people carry condoms in wallets or pockets where they can be mechanically abraded (that is sat upon). To avoid this problem, there are specially designed condom cases on the market. For the fashion-conscious, 1950's style cigarette cases work nicely and they're usually deep enough to fit a lubricant sample but small enough to fit into inside suit pockets. To repeat, the best place to store condoms is a cool, dry, dark place and the best way to carry them is in a case, protected from abrasion.

Another fun technique is putting a condom on with your mouth. I've found that this can really invigorate an otherwise dull presentation. Here are some things to keep in mind.

1. Though any condom will do, GOLD CIRCLE COINS are fun because the packaging allows you to open the condom itself with just your

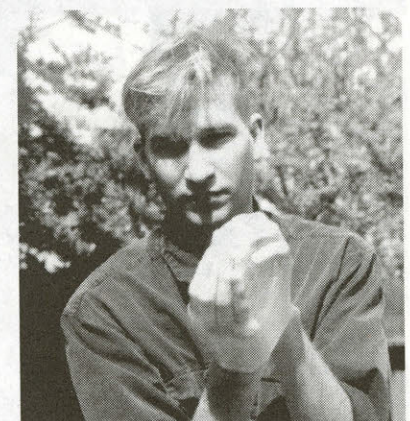
mouth. From mouth to penis with no hands. This really gives another meaning to the old saying, "Look ma, no hands!"

2. If you have a problem with your gag reflex, practice in the morning. The gag reflex is weaker then.

3. If somebody doesn't believe you that putting condoms on can be erotic, put a condom on their index and middle fingers with your mouth.

4. The basic technique is simple. First, use your lips to pinch the condom tip or reservoir. Then, avoiding the use of teeth (except for those into S/M) and keeping your mouth in an O shape, (Strong lips are a plus here. Years of french-horn playing have helped me immensely) push from your neck to roll the condom down. Also, some fluttering and licking motions with the tongue are usually much appreciated.

Again, remember to Practice, Practice, Practice. As I always say, "Practice may not make perfect, but it certainly makes better!"



HOW TO USE CONDOMS

1) Always use water based lubricants such as Astroglide, ForPlay, Gynol II, K-Y Jelly, PrePair, Probe, or anything recommended as being compatible for use with latex condoms. Latex condoms are suggested because they are less expensive and more reliable than lambskin condoms.

2) Never use oil based lubricants. They will weaken the condom, increasing the chance of it breaking. Such lubes include vegetable or mineral oils, Crisco, Vaseline, hand lotions, and some massage compounds. Some contraceptive suppositories may also be oil based. By all means, consult your pharmacist if unsure

which products are safe for use with condoms.

3) When opening the condom package, push the condom away from the edge that you are going to tear. This will prevent the condom from getting torn. When pulling the condom from the wrapper, be careful that it doesn't nag on the sharp edges of the wrapper.

4) Press the air out of the tip of the condom. If the condom has no receptacle tip, pinch the first half of the condom to allow room. Men with little or no preseminal fluid (precum) can increase sensation by putting a small dab of lubricant in the tip of the condom before it

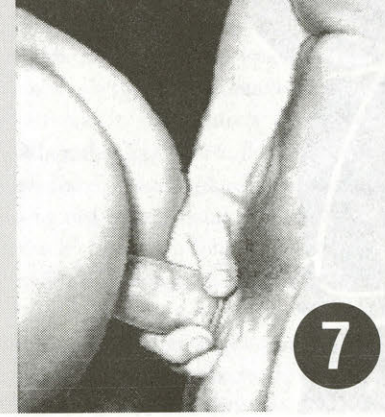
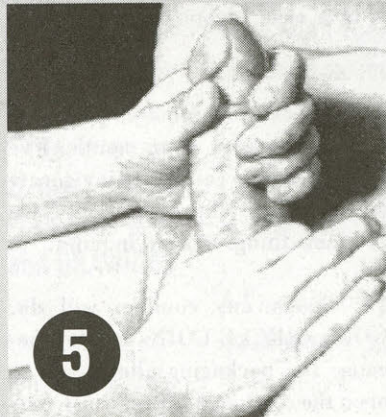
goes on. Place the condom on the erect penis.

5) Unroll the condom like a fine silk stocking to cover the entire erect penis. Uncircumcised men should pull back the foreskin before putting on the condom. Avoid the temptation to use one's fingernails, and make sure the condom doesn't snag on any items such as rings, watches, chastity belts, or orthodontia. See the text for the "OK" and "hand over hand" techniques.

6) Put additional lubricant on the outside of the condom and inside your partner. Water based lubricants are always a good idea with condoms, which might

otherwise cause chafing or break. Remember that condoms can break during sex. You can feel this happen, so be attentive to the sensation.

7) As soon as reasonable after ejaculation, grasp the condom by the base and withdraw. This will prevent semen from seeping out from around the base of the condom, and keep the condom from slipping off inside your partner. Dispose of the condom by tying a knot in the open end and discretely putting it out in the trash. Don't toss them out the window to let your neighbors know of your virility. ~~It's not nice.~~ Don't send them to use, we don't want them.



CONDOM ANXIETY

Condom anxiety can be a serious problem with many people. It's critical for you, as a condom educator, to be completely comfortable with educating and using condoms. If you are the slightest bit nervous, you will communicate this nervousness to your audience. If you don't feel completely comfortable with condoms, go and have fun with them, alone or in a group. Men can masturbate with them and see what it takes to break a condom. Women can play with dildoes or penises. Recommend that others do the same. Many people expect to be able to use condoms perfectly the first time with no practice whatsoever! This is an extremely unrealistic expectation. Everyone makes mistakes the first time. That's why it's important to practice. Of course, it's often because of discomfort with sexuality itself that people don't want to practice with condoms. In this culture, there is a myth that the best sex is "natural" and "spontaneous". To these two views I usually say, "How natural is it to have

sex on a bed?" and "Doesn't taking your clothes off take time?" If you're uncomfortable talking about condoms, especially if you change the tone or level of your voice when discussing certain subjects or if you giggle, stand in front of a mirror and keep repeating whatever words make you uncomfortable. Eventually, the novelty will wear off. When educating and audience, remember to be sensitive to other people's discomfort but, at the same time, try to stretch your audience's boundaries. It is important to speak with words that are comfortable for your audience but it is also important not to cater unnecessarily to some people's narrow prejudices.





TROUBLESHOOTING

It Can Happen Here!

Most safer sex literature presents an idealized world where all you have to do is read the instructions, and the condoms work the first and every time. But what if something goes awry? Here are some of the common ways that rubbers fail, and tips to avoid them from happening again.

BREAKAGE (see sidebar on Breakage questions)

If a condom breaks, several things could have gone wrong. Oil based lubricants will weaken latex. Fingernails, if not trimmed, can snag rubbers as they are being put on. If all the air were not squeezed out of the reservoir tip of a condom before it was put on, it might burst during sex. When this happens and is noticed immediately, pull out, dry off a little, and put a new condom on. Should you be into extra-long marathon love-making sessions, take off the old rubber and put on a fresh one every now and then. (You might also try doubling up with two condoms, since sensitivity is not lost with the ultra-thin

varieties.) One good recommendation is to have people practice breaking a condom. This will give one experience with how a condom feels when it's about to break and also how hard it really is to break a condom. This also gives people practice with condoms, after all, practice may not make perfect, but it certainly makes better!

ALLERGIES

Quite a number of people experience some sort of allergic reactions with different condoms. Some possible causes of allergic reactions are the lubricant, the spermicide, the powder in unlubricated condoms, water-soluble rubber proteins from the latex, or even the compounds that are combined with latex to make it stretchy. A good test to use is a skin patch test. Rub some of the compound on the skin of the inner arm and wait and see if there is a reaction. The general solution to these problems is to narrow down the possible source of the problems by trying different condoms. Make especially sure that you try condoms from different manufacturers. A

few people who are extremely sensitive to latex might have to use lambskin condoms. (see the section on lambskin condoms).

Here are some other common condom problems:

A) The condom is discolored, dried out, brittle, or just "looks funny." They were probably stored improperly. Remember that heat and light will seriously weaken latex, and rough handling can tear condom packaging. The best temperature to store con-



WHY DID THE RUBBER BREAK?

Here are some questions to ask people who have experienced condom breakage problems.

1. How often do you use condoms? With this question you can find out how experienced the person is in using condoms. It's also a great chance to make sure that condoms are being used consistently. *change font*
2. Has this happened to you with only one brand of condom or with different types? If the problem is with every condom, zero in on condom usage technique or storage. If it only happens with one kind of condom, it's possible that the condom is at fault. Make sure to question the storage or age of the condoms.
3. How have they been stored? How old were they? Did the condom look funny? Be especially alert here for storage areas that can get hot or condoms that were too old.
4. What lubrication, if any, did you use? The classic problem here is using an oil-based lubricant. Even if the person claims to have used a water-based lubricant, determine exactly what lubricant he/she used. Many people confuse water-soluble with water-based. Another possibility is not enough lubrication. This usually isn't a problem unless the condom was unlubricated.
5. Show me how you or your partner put the condom on. Most usage problems are handled in questions 3 and 4. Others may come out through this question. Be especially careful to see how the condom was opened and unrolled and whether the hand putting on the condom had fingernails or rings.
6. How long did it take for the condom to break? I once had someone complain to me that all the condoms he used broke. After spending 10 minutes going through every condom breakage possibility I could think of, I finally asked him, "How long does it take for your condoms to break?" He answered, "About 2 to 3 hours."! As a general rule of thumb, I recommend that sexual marathoners replace their condoms every hour or so.

For those with a pathological fear of breakage, suggest that they try using 2 extra thin (.02 mm) condoms, which would only be as thick as one regular condom. After all, what are the chances of 2 condoms breaking? When doing this, the outer condom should be pulled under the testicles as was mentioned before. This will keep the outer one from sliding off. Some like to add a water-based lubricant in between the two condoms.

doms at is between 50 and 90°F. (See storage in Chapter 3)

B) The condom is torn when you take it out of the wrapper. Make sure that you push the condom away from the edge of the wrapper you are going to tear. Also, see that the condom does not snag on the sharp edge of the torn package, or on your fingernails.

C) The condom won't unroll on your penis. You might be putting it on inside out. When you hold the condom to put it on, make sure that the tip of the condom is being pulled through the rolled latex from the inside. Imagine that you are putting on the rubber in the same way that you would roll a silk stocking onto your foot. Use even pressure around the edge of the condom to prevent it from snagging on itself. (Remember the OK or HAND OVER HAND techniques.)

D) The condom feels like it's getting tighter and tighter while you're using it. There might not be enough lubricant on the inside of the rubber, causing the penis to get pulled progressively further and further into the condom, until everything is crammed into the tip. This is not only uncomfortable, but can break the rubber as well. Put a small dab, not more than 1/4 teaspoon, of water based lubricant inside the reservoir tip before you put on the condom.

E) The condom slips off. In this case, there might be too much lube inside the condom, and it has worked its way down to the base so that the rubber can't maintain a grip on the penis. Remove the condom, dry off a little,

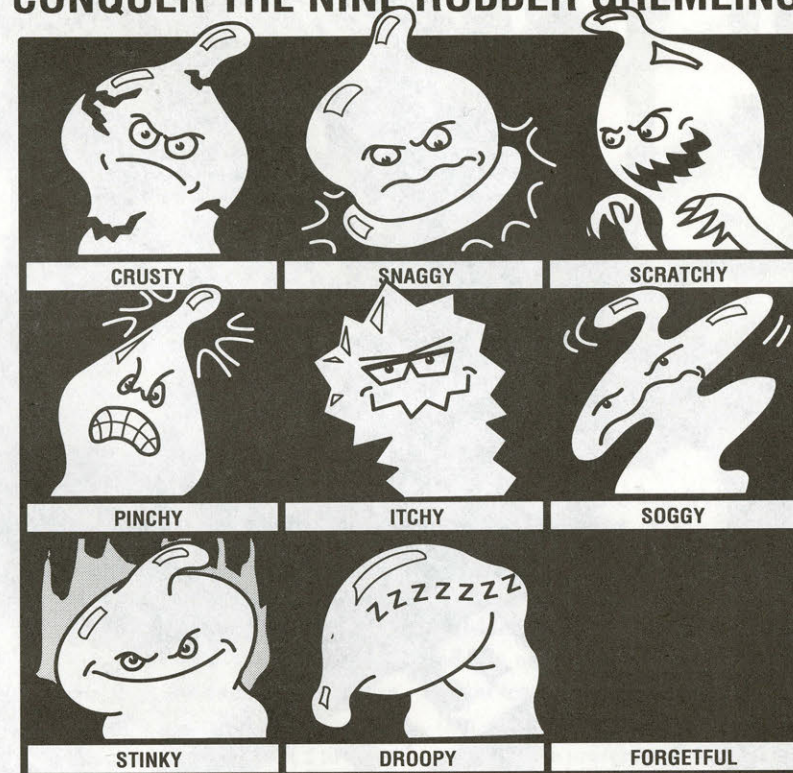
and put another one on. A neat trick that was previously mentioned is to pull the condom under and around to contain the testicles. Condoms vary in their stretchiness, so you might have to experiment with different brands. (Mentor brand condoms have an adhesive strip on the inside to help them stay on.) Also, rubbers tend to slide off after ejaculation, so as soon as possible after coming, grab the condom at the base of the penis and withdraw. (see also Size in Chapter 2)

F) You or your partner get the dreaded "rubber burn." This time there might not be enough lubrication on the outside of the condom or glove (or inside your partner for that matter.) Latex requires a little more lubrication than skin, so make sure that there is ample lubrication in both places. If you're using a spermicidal lubricant, you might be allergic to the spermicide, most commonly nonoxynol-9, and should try either a lube that uses a different active ingredient or one with a lower concentration of nonoxynol-9. (see allergies above and lubrication, Chapter 5)

G) The worst case scenario. Suppose that despite someone's best precautions and practice, the condom does break, at the worst possible time: during or right after ejaculation. Here's what you can recommend:

Don't panic and most importantly, DO NOT DOUCHE! Douching will only push the semen further inside, and might damage the vaginal or rectal lining, increasing the likelihood of transmitting infectious organisms. The best thing to do is to douse the vagina or

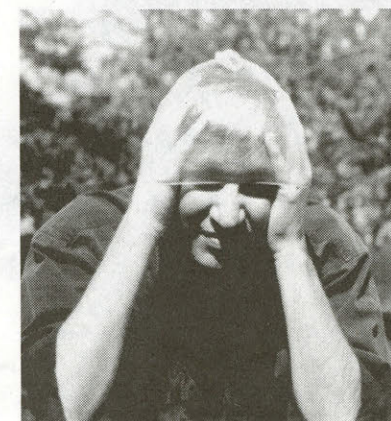
CONQUER THE NINE RUBBER GREMLINS!



rectum with a contraceptive foam, which generally have a 10% or higher concentration of the spermicides, nonoxynol-9 or octoxynol. This concentration is higher than needed to kill HIV, disease causing organisms, and sperm cells. The effervescence of the foam will completely saturate the affected area and, hopefully, neutralize any infectious agents.

If you've been extra careful and applied contraceptive foam or lubricant before sexual contact (see Chapter 5), good for you, repeat the application, just in case. Please don't try to substitute foam or lubricants only for condoms in safer sex, because foams and lubricants by themselves are not as ef-

fective as an intact physical barrier. For the inserting partner, he should wash his genital area with soap and water. Push a bit of the soapy water into the urethral opening and then urinate.





LUBRICANTS

The Water of Life for Latex

Lubrication is critical for proper condom use. Improper lubricant use can lead to breakage or slippage while proper use can increase comfort and lower the possibility of breakage. Most condoms already come lubricated either with what is commonly referred to as a "wet-lube" (a water-based lubricant) or a "dry-lube" (a light silicone gel). However, many people prefer to customize their own, as it were.

The most important thing to remember about lubricant use is that latex breaks down in the presence of oil. Therefore, it is critical that water-based lubricants be used with latex condoms. Be careful not to confuse water-based with water-soluble, though. Water-based means that a lubricant contains no oil while water-soluble means that the lubricant washes off with water. Water-soluble lubricants can still contain oil. Commonly, hand lotions are labeled water-soluble to show that they can be washed off with water. The best thing to do is to always check the list of in-

gredients. Water-based lubricants mainly rely on glycerin as a base so if any kind of oil is listed such as mineral oil or petrolatum, avoid using the lubricant with latex condoms.

You can show the danger of breakage with oil based lubricants by blowing up a condom until it's about 2 to 3 feet long. Then, tie the end and rub Vaseline or mineral oil on the condom, the resulting bang leaves a vivid memory! Unfortunately, this method is hard to time. Another way of showing the same effect is to take two condoms. Open both up and rub some oil-based lubricant on one of them. After 5-10 minutes, have two people stretch the two condoms. The one with oil on it will break before the other one.

There are three major areas where lubricant use can be useful. The first is inside the tip of the condom. Some men like the increased sensation, especially those with little pre-seminal fluid. Be careful not to put too much on, though. Should the lubricant (or semen for that matter) slide down the

inside of the entire length of the condom, it can slip off.

Lubricant can also be effective on the outside of the condom. Here, one can add as much as one wants. People's tastes tend to vary on the axis of friction or the lubricity scale. That is, some people prefer less friction (slick and lubricious lubricants) and other people prefer more friction (the thicker lubes. See chart below) By reducing friction, this extra lubrication can decrease the chances of the condom breaking.



G O O E Y

KY Jelly
Gynol II

ForePlay
PrePair
Elbow Grease
Aloe 9

Aqua Lube

Probe

Wet

RubDown

Astroglide

SLIPPERY

A final place where lubes can be helpful is in the lower intestines or the vagina. Use of extra lubrication in both these areas can lead to lower breakage rates by decreasing friction. Additionally, using a spermicidal lubricant can create a chemical barrier in addition to the physical one. (Remember though, it is the physical barrier that does most of the work.)

WATER-BASED LUBRICANTS

While oil-based lubricants cannot be used with latex condoms, water-based lubricants aren't a perfect substitute. There are two main reasons why water-based lubricants are considered inferior to oil-based ones. One is that water-based lubricants tend to dry out more quickly than oils. The second is that since oils conduct heat better than water-based lubricants, most feel cold and clammy to the touch. However, there are solutions to both problems.

Water-based lubricants are basically solutions which hold water, like hair gels. (In fact, water-based lubricants are great emergency hair gels. The slicker you want the hairdo, the slicker the lubricant you should use. Be careful, though, hair gels are not great emergency lubricants! If you need an emergency lubricant, try egg whites) If dehydration occurs when water evaporates, it makes sense that the solution to this problem would be to put water back in. Rehydration, as this method is called, is quite straightforward. It can be as simple as keeping a bowl of water close by to splash back on the lubricant. I recommend misters as the best rehydrators. Water guns also do a decent job

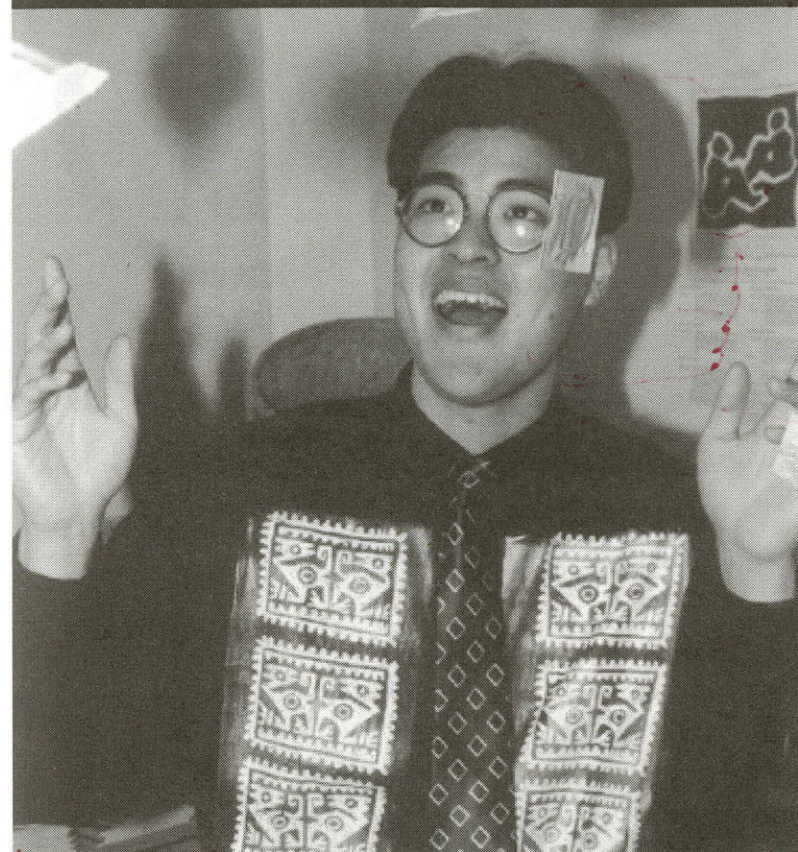
and they can be more fun. Also, note that different lubricants rehydrate better than others. The most notorious rehydrating lubricant is PROBE. It dries to almost nothing and rehydrates so well that it can be quite dangerous if one uses a lot and then steps in the shower!

The second problem, a cold clammy feel with water-based lubricants, is harder to solve. One solution we've found is with the lubricant RUBDOWN by Trimensa. It was originally designed as a water-based massage lubricant. Even though it's water-based, RUBDOWN feels wonderfully warm. In fact, if you put some on skin and blow air on it, it warms your skin. Alone, it's probably a bit too thick to use as a lubricant. However, mixed in a one to one solution with a slicker, more lubricious lubricant, it works well.

SPERMICIDAL LUBRICANTS

The most common and best known spermicide is nonoxynol-9. It is a mild detergent that can kill, sperm, viruses, and other infectious organisms. Generally, a 1% concentration is considered to be the minimum requirement for effectiveness. The biggest drawback of nonoxynol-9 is that some people are allergic to it, especially in higher concentrations. (See Allergies, Chapter 4) Nonoxynol-9 also has a odd taste which tends to numb the tongue and other mucous membranes. Finally, nonoxynol-9 tends to precipitate out of solution, that is, it tends to settle in solutions. This means that most lubricants with nonoxynol-9 are very thick and gooey.

WHO ARE THESE GUYS?



Daniel Bao, 25, was born in Buenos Aires, Argentina to Chinese parents. He studied at Stanford University, receiving a B.A. in International Relations in June, 1988 and a M.A. in Latin American Studies in August, 1990.

While at Stanford, he served as the head of the Stanford AIDS Education Project for 4 years and spearheaded innovative condom education programs such as the Ye Olde Safer-Sex Shoppe, RubberWear Parties, and the Great Condom Rating Contest. Bao became Director of the Condom Resource Center in June, 1990.

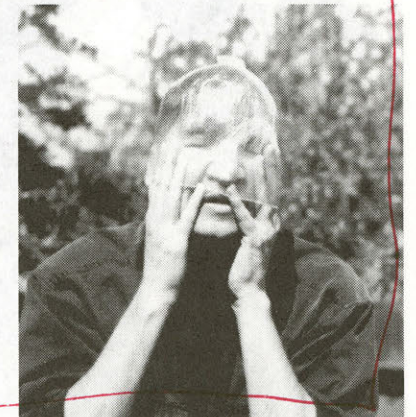
The Condom Resource Center is a small, non-profit located in Oakland, California. It coordinates National Condom Week, held annually the week of February 14 - 21. In 1991, over 350 universities, county health departments, AIDS/STD organizations, and family planning centers held NCW events around the U.S. and Canada. The CRC also serves as a year-round resource center for individuals and groups involved in all aspects of condom education.

Beowulf Thorne, 27, was born in San Diego, reared in Los Angeles, but prefers Northern California. He studied Molecular Biology and Russian Language at the University of California, Santa Cruz, before forsaking a cushy future of washing test tubes and glasnost for the uncharted territory of art school.

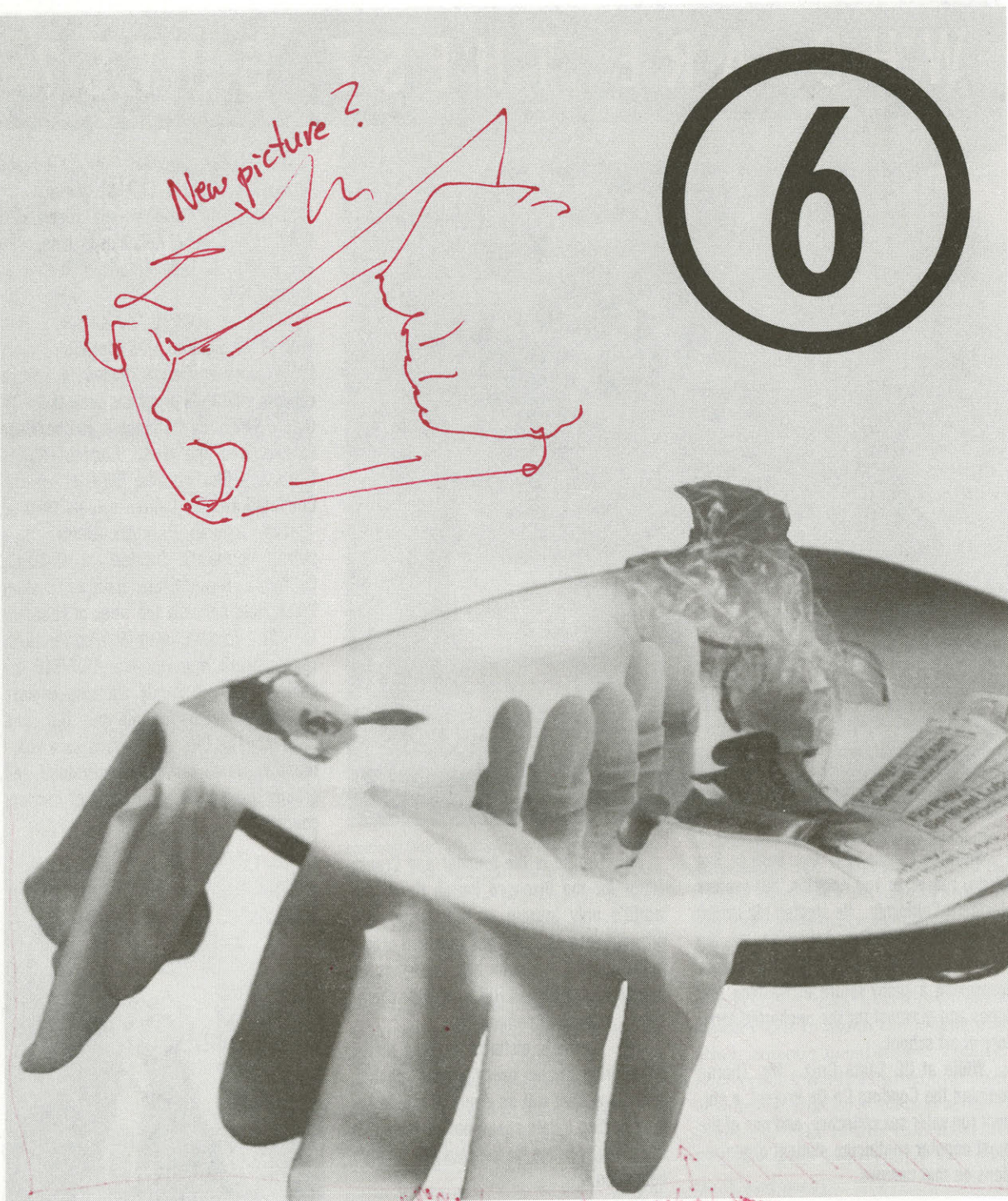
While at UC Santa Cruz, Mr. Thorne founded the Condom Co-Op Project, a student run safer sex collective, and one of the most popular continuing student organizations on that campus.

Mr. Thorne is the founder and Cranky Editor for the Diseased Pariah News, the world's only journal of HIV humor and brownie recipes. DPN has received praise in the national media for being a means for people with AIDS and HIV to provide themselves a sense of community.

Mr. Thorne is pictured in these rather unflattering "rubber over the head" photos, something that will no doubt preclude his ever getting a date again, but he feels this is a small sacrifice for the cause of condom education.



6



LATEX & BEYOND

All That Is Latex Is Not Necessarily A Condom

Condoms are by no means the last word in safer sex. Here are some other devices that can be very important in reducing one's risk of exposure to HIV and other pathogens.

THE DENTAL DAM

Dental dams are one of the more elusive creatures of the safer sex world. People talk about them in hushed tones, discuss their unavailability, reflect on the tantalizing name, and ultimately seem underwhelmed when they finally meet one.

What is a dental dam? A thin sheet of latex, roughly 6 inches square, used by dentists and oral surgeons to protect one's gums during particularly invasive procedures such as root canals. From this humble start, some clever soul discovered that they work for cunnilingus (oral-vaginal contact) and rimming (oral-anal contact) as well.

Here's how it works: Firmly grip that latex and hold it against your partner's privy parts, and do whatever your heart desires, *through the latex*.

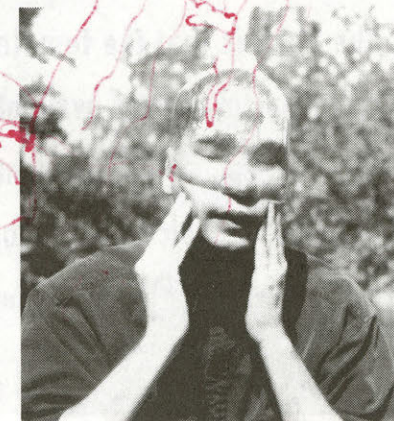
(No, we're not being evasive with that last comment. It's just not the author's place to lecture you on style.)

The truth about dental dams is that almost nobody uses them sexually, not health educators or the general public. The problem is that even the thinnest gauge dams are much thicker than any condom and it's very hard to feel much of anything across the latex. Our fearless volunteers have also complained about tongue fatigue. Why do they continue to be touted then? Well, health educators are terrified to have nothing to recommend in this area. What are the solutions to this problem? Well, unfortunately there is no perfect solution. Both the Better Dental Dam and Plastic Wrap have their disadvantages.

The Better Dental Dam consists of cutting up a condom. Take a look at the graphic. You can make an acceptable barrier by attaching the cut condom to a small, oval embroidery hoop (the kind grandma used to use and available at craft stores) and marking

it with a non-reversible letter (C or E but not A or I) so you can tell which side is yours. The main drawback of the better dental dam is coverage. Condoms aren't usually wide enough for most people's tastes (the extra large condoms come in useful here because of their greater width. Refer to the section on size, Chapter 2)

Another solution is to use plastic food wrap. Unfortunately, no one has done a study yet to see whether there is any leakage through the wrap. There has also been some debate as to whether



THE FEMALE CONDOM

The introduction of a female condom into the U.S. market has not happened yet. No version of the female condom has been approved by the FDA for sale in the U.S. There are basically two models currently being reviewed. One, Wisconsin Pharmacal's "Reality" condom is basically a polyurethane tube-pouch with a flexible ring at each end, one of which is sealed. The sealed end goes into the vagina (these are intended for vaginal intercourse) and the other ring lies outside the woman's body to prevent the condom from being pushed into the vagina. The other major model is being developed by International Pharmaceuticals. It basically consists of a latex panty with a rolled pouch at the entrance to the vagina.

The hope is that the female condom would expand the prophylactic choices available for women. Though this is likely to happen, it's important to remember that it won't be the perfect choice for all women. The cost of the female condom will very likely be much higher than the the cost of a regular condom.

microwave wrap is safer than regular wrap. Some people claim that microwave wrap is thicker and therefore a better barrier while others claim that it's made with small holes to allow air to pass through and is therefore less safe. Frankly, I don't know.

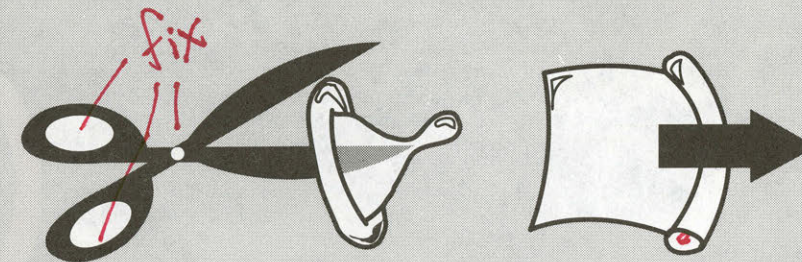
The advantage to plastic food wrap is obviously great coverage. For those who want to be safer with plastic wrap, I suggest a double layer with a layer of spermicidal lubricant between the 2 sheets. In this way, should the wrap break, you'll be able to taste the lubricant and it might serve as a chemical barrier too. Also, since the wrap is so thin, two layers are not much thicker than one.

GLOVES AND COTS

For the hands, gloves are available. Generally, I recommend latex gloves. Vinyl ones are available but they remind me too much of the flimsy ones you get in home hair dye kits. Also, studies suggest that vinyl gloves have much higher breakage rates than latex ones. Actually when it comes to breakage rates, gloves do have some problems. The FDA standard for glove leakage (which, by the way, was only introduced in 1991!) is 2.5%! (Remember that the equivalent allowable condom failure rate is 0.4%.) So, carefully inspect gloves before using them. Another popular technique with doctors (and manufacturers for that matter) is "double gloving".

For individual fingers, finger cots exist. They are like tiny condoms that are meant to go over fingers. They can be especially useful should you

To make a better dental dam, cut a rolled condom with a pair of scissors from the edge to the center. Unroll the resulting sheet of latex and use to your heart's content.



have a cut on only one finger or if a single finger is all you want to use. In a pinch, you can merely cut some fingers off of gloves for some handy dandy cots.

DAY OF THE DILDOES

In a way, dildoes are the last taboo of risk reduction. After all, nice boys and girls aren't supposed to play with sex toys. Well, be oppressed no longer, for dildoes do have their place in the risk reduction universe. After all, they don't dribble precum, and have never been known to ejaculate unexpectedly.

When dildo shopping, don't let your eyes be bigger than your stomach (or whatever). They range in size from petite bonsai-like creations to behemoths that can only be accommodated by stunt artists performing in the red light districts of San Juan. Pick a reasonable size. Next, take a look at what they're made of. Dildoes are made of rubber or silicone, both relatively soft and accommodating. The rubber ones, however, will develop little cracks and fissures over time, which become

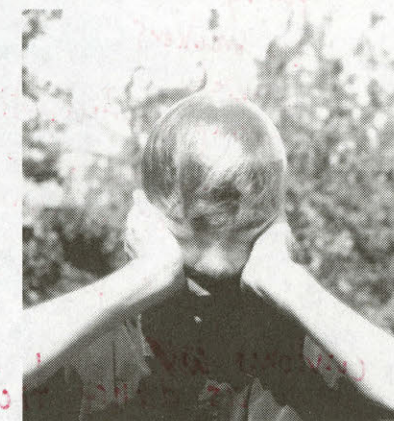
vacation retreats for bacteria and other unsavory creatures. Silicone dildoes are more expensive in comparison, with a smooth, nonporous surface that will last much longer.

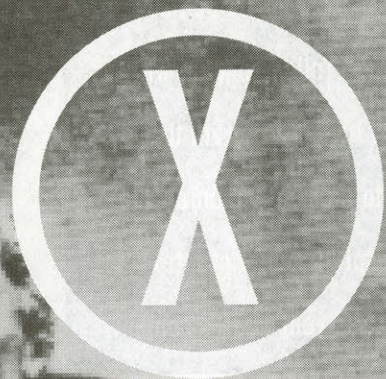
A dildo should have a large base, usually in the form of stylized testicles and scrotum. Occasionally, a suction cup may be found as well, for easy mounting on wall or tabletop. The large base will prevent the toy from slipping inside and getting lost (and providing exciting coffee break conversation at your expense by the emergency room personnel who will have to pluck it out). Avoid any dildoes with manual or electric cranks inside. The metal camshafts have a way of cutting through the rubber and breaking free, really ruining the day of whoever they were inside when it happened. The worst part is that they don't make designer colostomy bags.

Sex toys should be washed thoroughly after each use. They don't have to be boiled in lye; soap and water will do fine. Dildoes shouldn't be shared without being cleaned in be-

tween each use, since they can pass bugs as efficiently as any bona fide sexual appendage. For situations where everyone wants to try the new sex toy, the users should put a condom on it and change the condom every time someone new uses the sex toy.

Finally, do your dildoes always seem cold and lifeless? Your partner really likes the idea, but you think it feels like copulating with a bog monster? Try popping the dildo in the microwave for a few seconds to bring it up to body temperature. Ahh, much better.





*gamer:
pictionary
charades
simulated
sex life
Make friends
with
admixtators*

① Suppliers

*② The Rubberwear
party
ice breakers
anxiety
group participation
condom on other
people's bananas
sample pack for party
condoms ~~as~~
as dance tickets*

APPENDIX

SELECTED CONDOM MANUFACTURERS AND DISTRIBUTORS IN THE U.S.

Allercare/NSL

[formerly National Sanitary Labs]
7150 North Ridgeway
Lincolnwood, IL 60645
Tel: (708) 982-1700

A repackager rather than a real manufacturer. Their brand, **Protex**, is mainly packaged through condom machines.

Ansell Americas

Cranberry Commons (HQ)
446 State Highway 35
Eatontown, NJ 07724
Tel: (800) 327-8659, (201) 542-9500

The manufacturer of **Prime** and **Lifestyles** condoms. The quintessential P&P condom: Large non-profit and governmental sales, small retail presence.

Barnetts, Inc.

3630 Tryclan Drive
Charlotte, NC 28217
Tel: (704) 525-5202

A Repackager. A good contact for finding condom machine companies in your area.

Carter-Wallace

Order Entry Dept.
Half Acre Road
Cranbury, NJ 08512-0181
Tel: (212) 339-5000
Tel: (609) 655-6000

Controls over half of the U.S. retail market with **Trojan**, **Mentor**, and **Mentor Magnum** condoms.

Custom Condoms

8 Main Street
Somerville, MA 02145

Tel: (617) 629-2339
Repackager and importer of **Knight Light** condoms.

Mayer Laboratories

231 Fallon Street
Oakland, CA 94607
Tel: (510) 452-5555, (800) 426-6366,
Fax: (510) 272-9021

Importer of Sagami (a Japanese manufacturer) condoms. Retail names, **Kimono** and **Maxx**.

Okamoto USA

18 King Street
Stratford, CT 06497
Tel: (203) 378-0003, (800) 283-7546,
Fax: (203) 375-2040

Importer of Okamoto condoms, the largest condom manufacturer in Japan. Brands include **Beyond**, **Crown**, and **Harmony**.

RFSU Contraceptive Division

4233 West Sierra Madre, Suite 102
Fresno, CA 93722
Tel: (209) 276-1283

Brings in Sagami condoms packaged by **RFSU** (a Swedish organization).

Safetex Corporation

16101 Continental Blvd.
Colonial Heights, VA 23834
Tel: (804) 520-8341, (800) 426-2092,
Fax: (804) 520-7040

Maker of **Gold Coin**, **Saxon**, and **Embrace**. Just acquired by Aladdan Corp.

Sagami, Inc.

8725 West Higgins Road, Suite 481
Chicago, IL 60631
Tel: (312) 399-1111, Fax: (312) 693-2373

Another source of **Sagami** condoms.



FREE CONDOMS

If you're interested in requesting free condoms for educational programs, here are some things to keep in mind.

1. Try your city, county, or state health departments first. Be aware, though, that health departments tend to be the worst P & P people. (see the sidebar on P & P) So you shouldn't expect a great variety. Next, try local AIDS organizations. You can also try family planning centers but they tend to be poor and getting poorer.
2. The next places to try are the condom companies. Unfortunately, they are generally deluged by requests for free condoms. Here are some tips when making requests.
- A. Always remember that a condom company's main aim in giving you free condoms is to increase their sales. Anything that you can do to exploit this aim will be to your advantage. One thing that you might consider is promising that you will distribute and publicize the location of stores that stock a particular company's condoms. This strategy is especially useful when dealing with the small condom companies, which generally suffer from poor distribution. Another thing is that companies like reaching out to young affluent people (i.e. college students). The reason is that young people don't have a brand name preference set yet. Note that if your target audience is older, poorer, and generally less likely to buy the company's condoms, the request is going to be harder.
- B. Also, don't be too scared to quote numbers when requesting condoms. The average condom company's costs for 1,000 condoms is approximately \$50. Also remember that bulk condom packaging (that is condoms without the small cardboard boxes) comes generally in units of a gross (144) or a thousand (1,000).
- C. Finally, write a letter to the manufacturer on your group's official letterhead. Remember to include a return address, a contact's name, and a phone number. If you call, make sure to follow the request with a letter. Also, personal notes are generally better than form letters.

change font

Schmid Laboratories
City Center, 1819 Main Street,
8th floor
Sarasota, FL 34236
Tel: (800) 827-0987, (813) 365-1600,
Fax: (813) 366-9480

The second largest presence in U.S. retail market. Maker of *Sheik* and *Ramses* condoms.

Those of you who are interested in the U.S. condom industry should read the book, *The Condom Industry in the United States* by James S. Murphy published in 1990 by McFarland & Company, Inc., Jefferson, NC, and London.

For more information about condoms and National Condom Week, contact the Condom Resource Center at P.O. Box 30564, Oakland, CA 94604.

MAIL-ORDER CONDOMS

The Rubber Tree
4426 Burke Avenue North, Dept. CS
Seattle, WA 98103
Tel: (206) 633-4750

The Rubber Tree is a store run by the Seattle chapter of Zero Population Growth. It carries a wide variety of condoms and lubricants available by mail order.

LUBRICANTS

Astrolube, Inc.
P. O. Box 9788
North Hollywood, CA 91609
Tel: (800) 325-5695, (800) 848-5900 in California

Manufacturer of *Astroglide* personal lubricant. Available in 2.35 oz. bottles and 3 cc sample pillows.

B. Cummings Co., Inc.
9970 Glen Oaks Blvd., Unit B
Sun Valley, CA 91352
Tel: (818) 504-2571
Makers of *Elbow Grease*, a lube that used to be oil based, but has been reformulated to make it safe for latex. Available in various sizes.

Davryan Laboratories, Inc.
3214 College Ave.
Berkeley, CA 94704
Tel: (800) 637-7623, (510) 547-0335 in California.

Makers of *Probe* personal lubricant. Probe is available in 2 oz. and 8 oz. bottles, as well as 0.33 oz. pillows.

DynAmerican Distributing
230 Miller Avenue
El Cajon, CA 92020
Tel: (619) 442-6612

Manufacturer of *Aloe 9*, a water based gel with aloe vera extract. Available in various sizes.

Dynamic Concepts
P. O. Box 8346
Van Nuys, CA 91409
Tel: (800) 248-4811, (818) 901-1451
Fax: (818) 901-1463

Manufacturer and distributor of *Wet* personal lubricant. Available on sizes from 4cc to 1 gallon.

Johnson and Johnson Consumer Products
Grandview Road
Skillman, NJ 08558
Tel: (800) 526-3967

Makers of *KY Jelly*, America's favorite surgical lubricant. Available in various sizes.

Mayer Laboratories
231 Fallon Street
Oakland, CA 94607
Tel: (510) 452-5555, (800) 426-6366,
Fax: (510) 272-9021

Distributor of *Aqua Lube* and *Aqua Lube Plus* personal lubricant. Aqua Lube Plus contains nonoxynol-9.

Ortho Pharmaceuticals Corp.
Advanced Care Products
Route 202, P. O. Box 300
Raritan, NJ 08869
Tel: (218) 526-3967

Makers of *Gynol II*, a contraceptive gel that can be used with a diaphragm, condom, or alone.

Trimensa Corporation
8611 Kewan Ave.
Sun Valley, CA 91352
Tel: (800) 554-1313, (818) 768-1855

Makers of *ForPlay Sensual Lubricant*, *ForPlay Sensual Succulents*, *PrePair Personal Lubricant*, and *RubDown*, a water-based massage compound. ForPlay and PrePair are available in .3 oz. samples, and 2, 8, and 16 oz. containers. *32 oz.*

DILDOES AND VIBRATORS

Good Vibrations
1210 Valencia Street
San Francisco, CA 94110
Tel: (415) 550-7399

This wonderful store carries a wide selection of books, videos, dildoes, and, of course, vibrators in all shapes and sizes. Home of the Vibrator Museum.

Jim Jackson and Company
33 Richdale Avenue
Cambridge, MA 02140

Tel: (617) 864-9063
They carry a variety of reproductive anatomy models, male and female. They'll even paint or stitch synthetic pubic hair to the models!

Multi-Focus/Exodus Trust
1523 Franklin Street
San Francisco, CA 94109
Tel: (415) 928-1133
They carry a lovely translucent plastic, art-deco-ish dildo.

LATEX GLOVES AND DENTAL DAMS

We chose not to list specific glove and dam manufacturers because they often lack nationwide distribution. The best way to find a manufacturer near you is to look them up in your phone book. Latex dams can be purchased from dental suppliers. Gloves can be purchased from medical, dental, veterinary, and food service suppliers. Hardware stores are also a good source of latex gloves



ACCESSORIZE!

More
Rampant

Commercialism

From

FOG Press!

2 3

Be the belle of the ball in these handsome 100% cotton T-shirts!

"The blood of over 100,000 Americans who have died of AIDS, Mr. President? Why, you're soaking in it!" The graphic that graced DPN's first cover. Red and black on white. Specify Large or Extra-Large. **\$12.00 each.**

"Official Condom Tester" This epic design will attract the attention of everyone from illiterate service station attendants to presidents and kings. Red and black on white. Specify Large or Extra-Large. **\$12.00 each.**

Totally cool stuff!



Tired of those Price and Paperwork condoms but don't know where to turn? Try **Captain Condom's Original Party Pack!** Over a dozen assorted condoms and lubricant samples, plus humorous, explicit instructions written for gay men. A classic. **\$5.00 each.**

don't have much in margin



Rampant Commercialism

condom gremlin T-shirt

I WANT IT ALL!

- ☐ Please send another **CONDOM EDUCATOR'S GUIDE** for only \$10.00
- ☐ Please send me a **SUBSCRIPTION** to DPN (four issues) for only \$10.00 (US\$ 14 Canada, US\$20 Int'l).
- ☐ Please send me **SAMPLE ISSUE** of DPN for only \$3.00 each (US\$ 4 Canada, US\$ 6 Int'l).
- ☐ Please send me _____ "You're Soaking In It!" T-shirts at \$12.00 each. Specify Large or Extra-Large.
- ☐ Please send me _____ "Official Condom Tester" T-shirts for \$12.00 each. Specify Large or Extra-Large.
- ☐ Please send me _____ copies of "Captain Condom's Original Party Pack" for \$5.00 each.

Please send to (print clearly):

Name: _____

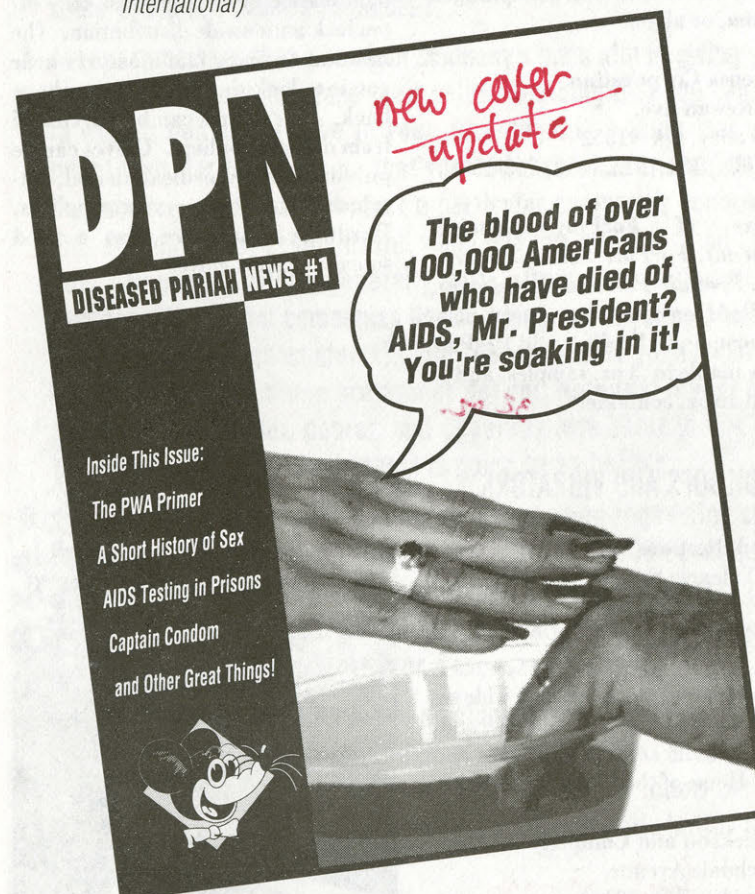
Address: _____

Signature: _____

Total Merchandise and Subscriptions: _____

(California residents add appropriate sales tax. Prices subject to change without notice.)

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San Francisco, CA 94131**



Here what health experts have said about the guide

CONDOM EDUCATOR'S GUIDE

QUOTES GO HERE

1

INTRODUCTION...Page 1
Smelling The Roses Through A Gas Mask

2

THE CONDOM...Page 7
Proper Prophylactics

3

CONDOM TECHNIQUES...Page 15
No Previous Experience Necessary

4

TROUBLESHOOTING...Page 21
It Can Happen Here!

5

LUBRICANTS...Page 25
The Water of Life for Latex

6

LATEX & BEYOND...Page 29
All Latex Is Not Necessarily A Condom

X

APPENDIX...Page 33
Distributors, Free Rubbers, and More!

Written by
DANIEL BAO &
BEOWULF THORNE

Art Direction
BEOWULF THORNE &
HIS TRUSTY MACINTOSH

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Special thanks to Clark Taylor and Andrew Gans for their assistance and suggestions.

Sorry TrueType, this Guide was set entirely with Adobe typefaces: Bodoni, DIN Neuzeit Grotesk Bold Condensed, Helvetica Condensed Black, Helv. Con. Blk. Oblique, Helv. Con. Bold Obl., Helv. Con. Light Obl., and Helv. Ultra Compressed. Accept no substitutes.

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INTRODUCTION

Smelling The Roses Through A Gas Mask

Let's begin at the beginning. In order to have a sense of what we need to know to be good condom educators, we need to have some sort of personal theory covering what and how we do what we do. Personally, I've adopted the Health Behavior Model as my approach to health education. (Actually, I sort of came up with it on my own and then was delighted to find out somebody else had thought it out more thoroughly than I had.) For those of you who find theory about as useful as a wet paper napkin, get over it. Without some sort of theoretical view of what we do, how can we ever be critical or improve our educational efforts?

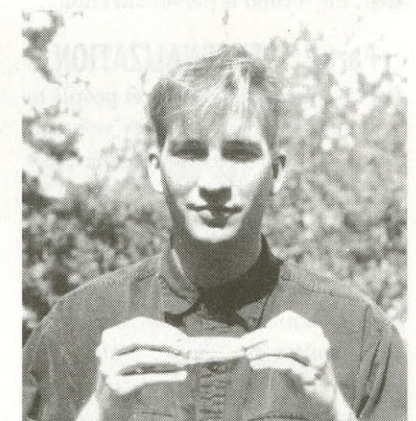
Basically, the Health Behavior Model posits 5 areas of education that are needed to create intellectual and behavioral change. (See chart for a summary.) I know that you've probably been beaten over the head with this, but notice that it is behavioral change that is critical. After all, what good is it for someone to think that he/she should do something if they never ac-

tually change what they do? On the other hand, behavioral change without intellectual change, though not perfect, is usually good enough. However, since we're not a Nazi state (yet) my personal philosophy is that educators should provide the most accurate information possible and then have individuals apply their own personal moral and ethical beliefs to their own lives. What matters is not what I think people should do, but what the individuals themselves think and do.

In the real world, not everyone makes the same choices. We may want people to do certain things, but two well-informed reasonable people faced with identical circumstances may make different choices. Being all-knowing and self-righteous won't help, since this often comes out as annoyingly condescending. My ideal health educator is one who shares the most accurate information possible and maybe some advice, if it's asked for, (Remember the difference between advice and criticism: advice you ask for, criticism is volunteered),

and then leaves people alone to make their own decisions, whatever that might be.

After all, risk is all around us. The ceiling could come crashing down when you're in the middle of a bath, or there could be an earthquake or tornado coming your way. In fact, according to quantum mechanics, there is always the possibility, however slight, that a 20 ton whale could materialize 2 inches above your head. The point of this is not to scare you, but to make you realize that all life contains



HEALTH BEHAVIOR MODEL

	Part 1	Part 2	Part 3	Part 4	Part 5
Theme:	Awareness	Personalization	Nitty Gritty	Personal/Social Factors	Continuation
Goal:	Intellectual Change	Intellectual Change	Intellectual and Behavioral Change	Behavioral Change	Behavioral Change
Question to answer:	What's the problem?	Why should I be worried?	What can I do about it?	What do I want? How do I tell others?	How can I keep it up?

some risk and that trying to lower the risks down to zero is impossible. The best we can do is to understand as best we can, the actual level of risk of our actions and how we can both increase or decrease these risks.

Part 1: AWARENESS

Part 1 education basically tries to get people to realize that there is a problem. It tries to answer the question, "What's the problem?" As part of coordinated health education campaigns, the message is usually transmitted through mass media outlets like TV commercials, radio ads, newspaper stories. For condoms, the problems are STD's and unintended pregnancies. Awareness is the first step, the second is personalization.

Part 2: PERSONALIZATION

Part 2 education tries to get people to personalize the problem they've heard about in part 1 by answering the question, "Why should I be worried?". These two, of course, are intimately tied together. Usually, mass media health messages attempt to raise awareness and personalize a health issue simultaneously. After all, most people pay more attention to a problem if they think that it can directly

affect them (or someone they care about). Generally, educational approaches in this area have relied to some extent on mass media, as in the, "This is your brain, This is your brain on drugs." TV commercial. The bulk of the personalization educational effort, though, has fallen on the traditional lecture format presentation. Now, slick videos are often produced to keep people's attention, but the approach is basically the same. *Part 2* education tends to concentrate heavily on the basics such as, "AIDS stands for Acquired..." and "AIDS doesn't discriminate..." etc.

Part 3: NITTY GRITTY

Part 3 education is what I call NITTY GRITTY education. Here we try to answer the question, "What can I do about the problem?" in a concrete way. For condoms, some questions to answer are, "Where are condoms available?", "What are the best condoms to use in showers?", "What brands are available and how do they differ?" This means not only conveying information, but also making sure that safer-sex supplies are available. My reason for writing this guide is to fill the educational gap that exists in *Part 3* condom education.

Part 4: PERSONAL AND SOCIAL FACTORS

If the first three steps in the educational process have been successful, one should be at the stage of knowing that there is a problem, why he/she should be worried about it, and what he/she can do about it. Next, we have to take into account issues of values, self-esteem and social context. After all, humans aren't perfect and we don't live alone like hermits, but in a social context of family, friends, and general society.

First of all, it's important that we have a set of values (that is a personal moral and ethical system) to enable us to make decisions (intelligence helps too, but I'm assuming that the people we're trying to educate have this). Some people, especially young people, don't have these personal values well thought out. Programs in values clarification have become increasingly popular in high schools around that country, for good reason. Now, I'm not the "Soon, there won't be any morals left" kind of person, however, I do think that many young people seem to receive insufficient guidance these days. Unfortunately, as you might imagine, values clarification is

not exactly something that can be "taught" in five easy lessons. It requires a lifetime of work.

Second, just because you know what you want (that is, you have values) doesn't mean that you have enough self-esteem to follow through on them, especially, if there should be resistance from your sexual partner. Often, people, know what they should do, but because of personal psychological factors, can't or don't do it. If you want to know more, consult your local psychologist.

Third, most sexual intercourse (at least the kind that can get you pregnant or give you an STD) occurs between more than one person. This means that even though you might have the values to know what you want and the self-esteem to stand up for them, you might not have the skills to communicate these desires to your sexual partner(s). Again, like values and self-esteem, it's awfully difficult to teach communication skills. Most workshops I've seen that try end up going over superficial script lines that one is supposed to repeat. Now, granted some of these are important, I just don't think it's enough.

So, you're probably asking yourself, what is enough? Well, that's a topic that deserves a book by itself. Let me just quickly summarize what I've tried. Role-playing seems to be one of the keys here. I've run role-plays in certain set situations (i.e. 2 people want to become sexually involved, one wants to practice safer-sex and the other doesn't. Or, 2 people are currently sexually involved and don't

practice safer-sex, one of the partners wants to.) Usually, I don't prepare people very much, though they are preselected. Then, I give the audience imaginary "remote controls" (This is, after all, the video generation) The audience can then (by raising their hands) pause, fast forward, rewind (and replay with changes), or change the situation. In this way, the audience members can see, critique, and think about various possible situations. What I've found is that these presentations "degenerate" into discussions of what do people want from relationships. There might not be any tidy endings, but discussions are started.

Part 5: CONTINUATION

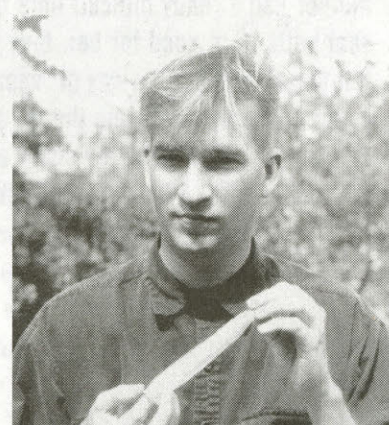
The fifth part of education serves to ensure that people who have successfully negotiated the previous four parts don't relapse into previous patterns of behavior. Now, if we can educate a population before it has set its patterns (see the sidebar discussion on seatbelts) then we can avoid this problem almost entirely. That is, we don't have to change behavior if we start with it from the beginning. This being said, we don't always get to people before they establish certain destructive patterns of behavior, so the possibility of relapse should always be considered. Various campaigns of this type have been started such as the "Keep it Up" campaign and the "Use condoms correctly and consistently" campaign. The biggest problem, in my opinion, is that we sow the seeds of our own problems early in most of our educational campaigns. That is, by teaching from negative, anti-sex, anti-condom positions, especially in *part 3* education,

we instill attitudes that will commonly lead to people "falling off the wagon." The point is not to keep people on the wagon, but to create a reality in which there is no wagon to fall off of.

THE IMPORTANCE OF BEING POSITIVE

Too often, safer-sex has been sold like castor oil. Remember the line, "It's gross, icky, and disgusting, but it will save your life!" What happens with this negative approach is that people will grasp at straws to rationalize a way to get out of safer-sex. By teaching with a negative approach you've conceded the battle before it's begun. It's not that you've "admitted" that sex is better without condoms, you've reinforced or even planted the idea. So, if you still believe that using condoms is like taking a shower wearing a rubber raincoat, chuck that idea out the window and adopt a more positive view. (Sorry to sound so much like one of those "motivational speakers" on TV trying to sell you self-help tapes or hair replacements.)

But, you may be asking yourself, negative ads have been around for years!



SEXUAL ANALOGIES

I have a love/hate relationship with analogies. They're great for conveying a great deal of information quickly and also for illuminating complex issues by bringing them into everyday realities. However, they are technically inferior logic. Oh well, I think the best we can do is to use analogies while being aware of their deficiencies. The reason I bring all this up is because my two favorite analogies are, at first glance, paradoxical.

Whenever the issue comes up that talking about or giving out condoms is promoting sex, my response is to offer the following analogy: Some people think of sex as driving. If you raised someone in a closet, never seeing, hearing, or experiencing cars, no one would think of driving. Therefore, giving out sex information and distributing condoms is like enrolling a student in driver's education in school and handing them the keys. Though I disagree with this position, I think it's important to understand it because within this context, talking about condoms is promoting sex. On the other hand, I would wager that most people think of sex more like walking. Someone who grew up in a closet would probably figure out how to walk. Therefore, if sex is like walking, giving out condoms is like giving out shoes. All you're doing is protecting people's feet, not encouraging people to go stomp on nails.

My other favorite analogy highlights the difference that attitude can have. When mandatory seat belt laws were passed in California, my mother had a really difficult time adjusting. Even though she knew that seat belts were good for her, they were uncomfortable for her and she felt that they got in the way of "spontaneous driving." In fact, she tries to compromise by only using the lap part of the seatbelt.

On the other hand, my sister and I learned to drive with seatbelts. We couldn't ever think of driving without one on. Not only do they provide physical as well as psychological protection, they help support my lower back. And, as my sister says, "With a seatbelt on, you can go a hell of a lot faster around the corners!" Now this isn't intended to be an argument for speeding, just a little reminder that often, it's how you view things that is important.

(Yes, of course they have, doesn't that prove something?) Actually, negative ads do play a role. My theory is that negative ads work best in Part 1 education and to some extent in Part 2. They certainly catch people's attention. However, they don't do anything for Parts 3 or 4 and can be quite destructive in Part 5. For example, what was the last major health problem where fear worked to educate people? Toxic Shock Syndrome. If you think about it, it was the perfect negative ad disease. It could cause death, and potentially affected all women using tampons. However, more importantly, it needed little part 3 education ("Avoid maxi tampons"), had almost no personal or social factors (for most U.S. women, tampons are a very personal thing), and therefore, continuation was easy. But, of course, how many social problems these days are like Toxic Shock? The answer is precious few.

After all, the American Lung Association has spent close to 1 billion dollars and more than 20 years trying to get the American public to stop smoking. The results? Well, most people know what their lungs look like after smoking and that smoking causes death. There has been a small decline in the number of smokers but this can be easily attributed to other factors like a new general interest in healthier lifestyles. The real result of most anti-smoking campaigns has been a switch by some smokers to "low-tar" cigarettes! (Remember my discussion of rationalization?) What about our anti-drug campaigns? How many people do you think have really stopped using drugs because Nancy Reagan

Try to match the following remarks with the appropriate step to be used in peer education.

- | | |
|--------|---|
| PART 1 | A) Having sex with condoms is like smelling a rose...through a gas mask. |
| PART 2 | B) I can't ask my partner to use a condom. He'll think I'm cheating on him. |
| PART 3 | C) I don't need to use a condom. AIDS only affects gays and drug-users. |
| PART 4 | D) I usually use condoms, but sometimes I slip. |
| PART 5 | E) I've never heard of chlamydia. |

told them to, "Just Say No."? (If I could continue on my soapbox for a while longer, the most amazing thing about the Just Say No campaign is that it not only manages to simplify a very complex problem, it manages to simultaneously trivialize it with the use of the word, "Just." Only someone as out of touch with reality as Nancy Reagan could really believe that this slogan will save many lives. It's much better to say, "Just Say Know!") People engage in sex and use certain drugs not just because they like to. Sex and drugs are all tied in with the mystique of adulthood. (I knew someone a few years ago who wanted to drink alcohol. I asked whether he liked the taste or the feel the alcohol gave him. He replied that he hated both the taste and the feeling but that he wanted to "be an adult!")

What about an example of a positive campaign? Well let's look at the history of drinking campaigns. The original campaign was, "Drinking Causes Death," a classic negative message. People quickly figured out that it wasn't really even that accurate. After all, how many people do you see keeling over from cirrhosis of the liver in everyday life? The real problem was drunk driving. Voila! the next mes-

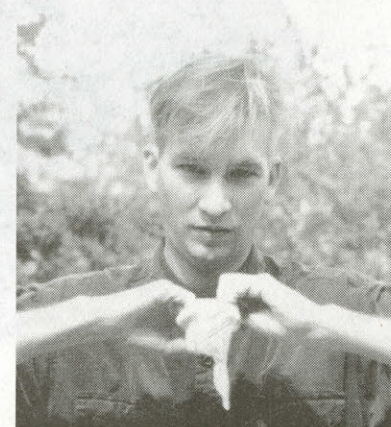
sage became, "Drunk Driving Causes Death." Still a negative message. Notice the problems we get into now with issues of adulthood and independence over driving and drinking. So, what's the current message? It's, "Choose a Designated Driver." In this positive message, the reality of social drinking is accepted and a positive message is delivered. I predict that this message will work much better than the previous two.

By dividing up health education into these 5 areas we can isolate which of them we're teaching well and which need more work. For example, the box at the top of this page contains 5 questions that somebody in need of education might ask. Try to match up the question with the appropriate area of education. (The answers are shown upside down at the bottom of this page.)

PEER EDUCATION AS A STATE OF MIND

Finally, I recommend you adopt a peer attitude when doing Part 3 education. A white-smocked Marcus Welby authority figure attitude only encourages one-way listen/regurgitate education. This may be fine and dandy for Algebra classes, but real life issues that

touch on sex, life, and death don't have simple answers. Being a peer educator is not a chronological issue, it's really a state of mind, a certain attitude. In my view, true peer education is socratic in the best sense of the word. So, what matters more than similar age, background, or appearance is paying attention and having the attitude that you are both educator and educated at the same time. The main reasons why peers educate well are not because they appear to be like the people being educated, but because they're not preaching but sharing information, a two-way process. (See the previous discussion on moralizing.) For me, the minute that I stop learning is the minute that I stop being a peer educator.



2



THE CONDOM

Proper Prophylactics

The most common condom myth that educators have to deal with is the "Rubber Raincoat" myth. It goes something like this, "All condoms are the same and they're like taking a shower wearing a rubber raincoat." (The Russian version goes like this, "Using condoms is like smelling a rose...through a gas mask." Unfortunately for the Russians, the saying is often true for Russian condoms!) This belief is prevalent not only among the general public, but also among many health educators. Try replacing the Rubber Raincoat myth with the saying, "Unlike men, not all condoms are created equal." (Please excuse the sexist writing.) Let's take a close look at some common condom features. (See the graphic for a quick summary of features.)

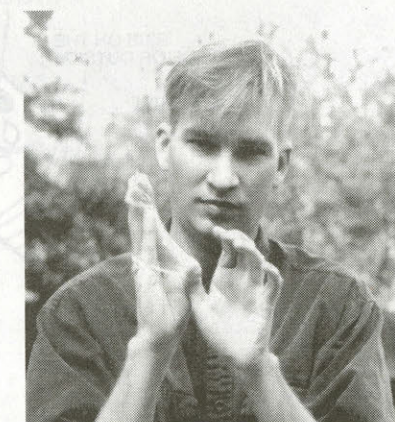
LATEX AND LAMBSKIN CONDOMS

Condoms currently available are made from two materials, latex or

sheep intestines. Condoms made from latex, a natural form of rubber harvested from trees, are the most common. "Lambskin" condoms are made from lamb caeca, a part of the intestinal lining of sheep. (A note for those trivia fans. Each sheep has only one caecum.) Lambskin condoms currently have approximately a 5% share of the U.S. condom market. Compared to latex condoms, "lambskin" ones are expensive, have a nasty taste and smell, and are larger and less stretchy. Their appeal seems to be that they are slipperier and some people prefer the way they feel.

Note, though, that the FDA has approved "lambskins" only for contraceptive, not prophylactic, use. The FDA believes that "lambskins" may have small pores that block semen but not smaller free floating viruses. Actual research on the subject is scarce and not conclusive. Some cities have even passed laws that require

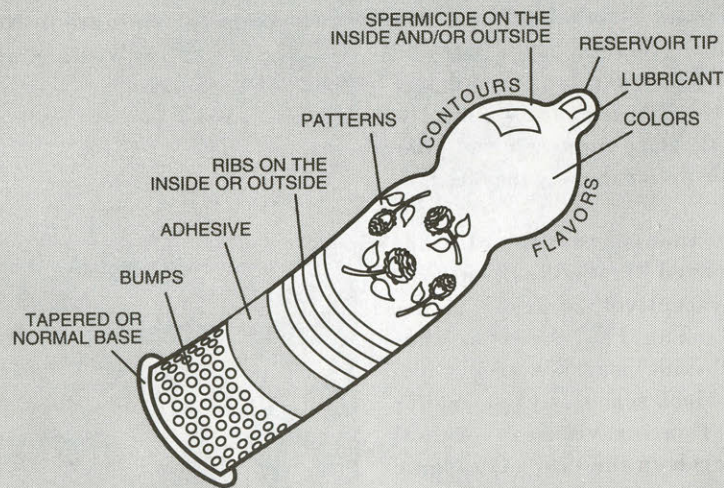
businesses that sell lambskin condoms to post warnings that they may not be effective against STD transmission. For now, it's best to suggest "lambskins" only to people worried about contraception and not prophylaxis and to people allergic to latex condoms (see also the section on allergies in chapter 4). Currently, only two companies import "lambskin" condoms into the U.S. (most seem to originate in New Zealand), Carter-Wallace and Schmid Laboratories.



DON'T BE A P&P PERSON

Many condom educators are what I call P&P people. They are especially prevalent among state health departments and non-condom users. P&P stands for Price and Paperwork. That is, some departments will buy only one brand of condom because of the paperwork and they also buy the cheapest because of price. Imagine choosing medical procedures based on these criteria! My main criticism with this attitude is not that they necessarily buy bad condoms. It's that one of the main lessons that I have learned in six years of condom education is that no one condom fulfills everyone's needs. Every condom on the market seems to have someone who thinks it's the best in the world and many people like to use different condoms for different acts.

What I suggest to educators who need to limit the types of condoms they give out is that they establish a small committee made up of educators and clients. Have the committee choose three or more condoms to carry. Then, give these condoms out and find out which condoms people come back for. In this way, you can meet the needs of your particular client base.



For the future, plastic condoms may be a possibility. They could be thinner, stronger, and reusable. However, we're unlikely to see a plastic condom on the market anytime soon. (see the sidebar on the female condom.)

SIZE

Size is one of the trickier issues in condom education. The basic metaphor to keep in mind is that condoms are like exercise pants, both lycra tights and baggy sweats do the job perfectly well, though they feel very different and are very different in size. However, in the U.S., men seem overly preoccupied with penis size. (Remember the old saying, "It's not the size of the wave that's important, it's the motion of the ocean!")

What it comes down to is that penises are differently shaped. Furthermore, different men prefer different levels of tightness in their condoms. The usual strategy I adopt is to answer people's questions, but not to necessarily raise the issue myself. For example, I don't ask someone whether he wants a bigger condom. Instead, I ask men to try a range of condoms to see which ones they prefer. For those men who look for a condom to fit their ego rather than their anatomy, you can always blow up any latex condom like a balloon to at least 7 to 10 times its original size. (for the more daring educators, you can do the same thing on your head. Try it, it's fun, the party trick of the

90's!) Remember, though, that the real issue here is both comfort and what men are used to. For most men, the first few times they use a condom, any condom will feel tighter than no condom at all. (After all, except for the fact that we're so used to clothing, most of us would find any clothing confining to some extent.) I often joke that there are the Hefty garbage bag men out there who would find even 30 gallon plastic trash bags too tight!

Most condoms are very similar in size. A few, though, are marketed as smaller or larger than average. As for the larger ones, a point to note is that most of them are larger around the head, not the base, so than men who aren't really 25% larger won't have the condom slip off. Some men like the looseness of the condom around the head, they feel that it leads to better sensitivity. Some condoms to look for in this category are Mayer Laboratory's MAXX and MAXX Plus, Carter-Wallace's MAGNUM, MAGNUM PLUS, AND TROJAN-ENZ LARGE condoms. For those men who have a problem with width, you might suggest they try lambskin condoms, (see the discussion of lambskin condoms above) since they tend to be wider, though not as stretchy.

As to smaller condoms, many condom connoisseurs prefer them because their snugness can lead to a "cock ring" effect. That is, they can cause penises to stay harder longer. (There are physical

reasons for this. The way the human penis is designed, blood flows into it from the inside and flows out on the sides, sort of like a tree. This means that pressure, especially around the base, allows blood to flow in but not out!) Depending on your particular point of view, this can either be an advantage or a disadvantage. Ansell makes a smaller condom called the SNUGGER and many of the Japanese condoms are slightly smaller.

If slippage is a problem, which it can be not only for smaller penises but also for condoms used in wet and humid conditions (e.g. hot tubs, showers, spas), there are two basic solutions. Slippage can also be a consideration for men who get hard and soft during a sexual encounter. Both of the following methods can help:

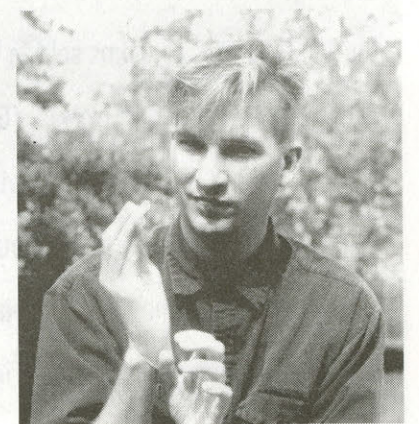
The first is the technological solution. (Ah! better living through chemistry and latex!) The MENTOR condom is a condom with an adhesive in it. (Stop those OHHS! and AOWS! I'm talking post-it note adhesive here, not super-glue!) It comes with an applicator cap and complicated instructions. Basically, it works well though I have heard a few men complain that it sometimes sticks too well. If this should be a problem, place a small dab of water-based lubricant on your penis before you unroll the condom. This will weaken the adhesive. The biggest drawback to the MENTOR is price. The per

condom cost can be greater than even the per condom cost for lambskin condoms.

A home-grown solution works well with any latex condom. Unroll the condom completely and then pull the condom under the testicles. This not only helps keep the condom on, it can also serve as a barrier for warts and other STD's around the scrotal area. Now I know that many of you probably are a little skeptical. All I can say is, "Don't knock it until you try it." If you're reasonably gentle and practice a bit beforehand, you shouldn't have any problems at all.

SHAPE

Condoms come mainly straight-sided, tapered at the base, or contoured. Contoured condoms allow extra room for the head of the penis to increase sensation and lessen the chance of the condom slipping off, since the condom narrows below the head. Penises with prominent heads or men who like looseness will like these



PROPHYLAXIS vs. CONTRACEPTION

People are often confused by these two terms but it is very important to understand the difference between them. Basically, prophylaxis refers to disease prevention (or sometimes early treatment) while contraception refers to avoiding or terminating pregnancy. Note that they are not interchangeable. In practical terms, all prophylactics (in the disease prevention sense) are contraceptives, but not all contraceptives are prophylactics. The condom, then, is the only major contraceptive that is also an effective prophylactic. (Think of the pill, tubal ligation, vasectomies, diaphragms, cervical caps, IUD's, sponges, rhythm method, etc.) Be careful in making a distinction between the two when you teach. For example, can you detect the problem in a male telling his female sexual partner that he doesn't need to use a condom since she's on the pill?

Not too long ago, condoms sold in the U.S. were labeled, "Sold for the prevention of disease only." (Gold Circle Coins still carry this message) That is, they were being sold as prophylactics, not as contraceptives. It's only been about 25 years that married couples in the U.S. have had the constitutional right to contraceptive devices. Prudery, of course, is not a recent invention.

condoms. A condom that tapers will fit more snugly at the base, creating a sense of security and acting like a natural cock ring. (see the discussion under SIZE) Some men, however, might find these uncomfortably tight, so a straight-sided condom can be used instead.

Most condoms have a receptacle tip to catch semen. It's important to remember to push the air out of the tip when putting the condom on. If a condom doesn't have a receptacle tip, one can pinch the 1/4" tip of the condom to provide space for the ejaculate. The importance of leaving the room at the end is not necessarily because the condom might break, as many people think. The bigger problem is that if room isn't left for the ejaculate, the semen could be forced down to the base of the condom and cause it to slip off.

RIBS AND PATTERNS

Some condoms have ribs, bumps, or ridges on their surfaces. These are intended to add sensation for women in heterosexual intercourse. (This isn't usually very subtle, note the condom called EMBRACER, made by Safetex (i.e. embrace her)). Most people, however, either can't feel the ribbing or don't like it. What the manufacturers want you to think about are French ticklers. Ticklers are about 2 cm long, go around the base of the penis, and are intended to stimulate a woman's clitoris during missionary position heterosexual intercourse. Where ribbing can make a

difference is inside the condom. This is why some men turn these condoms inside out. If you do this, make sure to pull the condom under the testicles so it won't slip off, since most condoms are lubricated on the outside. Some Japanese condoms are ribbed on the inside too.

Patterning is a different effect from ribbing. Patterns can be seen but not felt. The most famous condom with patterning is Okamoto's FLANCY. It has an amazing pattern of roses on it. Unfortunately, this condom is no longer being imported into the U.S. anymore. Okamoto's HARMONY has a sort of Etruscan effect (lots of cross hatched patterns).

COLORS

Natural latex can be off-white, yellowish, or almost colorless and transparent. Some manufacturers entice their customers by dyeing their condoms various colors. These are especially appropriate for holidays like Saint Patrick's Day (green) and Chinese New Year (red), or merely when one likes Smurf Sex (blue). Ansell, Schmid, and Safetex all produce these colors.

There are also black condoms. Unfortunately, they aren't currently imported into the U.S. If they should ever return, they can be very effective in educating African-Americans. If you remember "flesh-colored" crayons and "flesh-colored" band-aids,

both of which, of course, were vaguely beige, you probably know how racist this was. When black condoms were available, African-Americans would laugh when I noted that I had "Flesh-colored" condoms and they were black. Caucasians in the audience usually didn't get it. The other color available in the U.S. is hospital white, courtesy of Carter-Wallace's TROJAN-ENZ line.

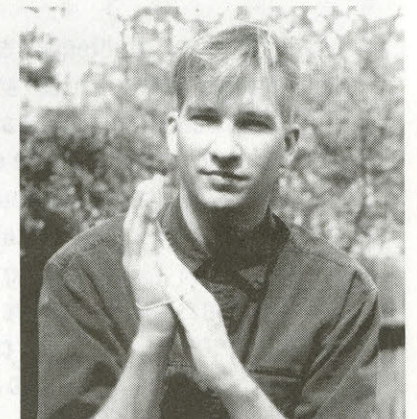
After the movie, *Skin Deep*, came out in 1989, many "Glow-in-the-dark" condoms flooded the market. Unfortunately, these are all unusable, (they had to be labeled, "For Novelty Use Only".) Most contain phosphorescent dyes or material that could be harmful. Only one of these condoms, Custom Condoms' KNIGHT LIGHT, has the phosphorescent material in the latex itself. At press time, the KNIGHT LIGHT had not yet received FDA approval as a condom.

SMELL AND TASTE

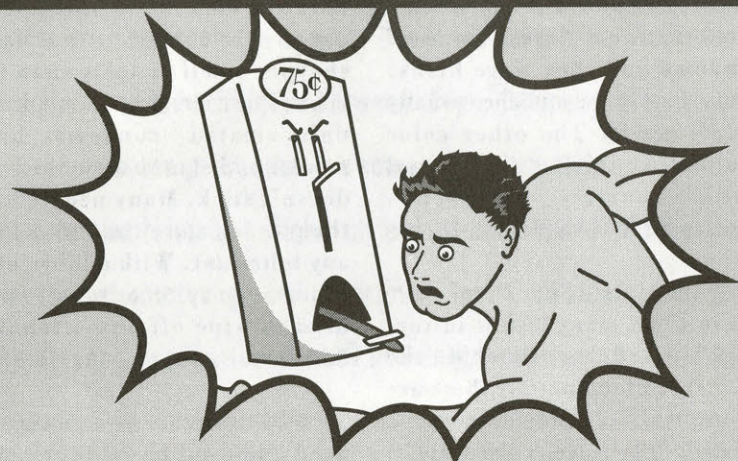
Condoms do have different smells and tastes (who can ever forget the smell of a Trojan and who could ever survive its taste?). However, except for some mint-scented condoms and a few others repackaged by third parties, condoms aren't marketed as having different smells or tastes. Some people eroticize particular smells and tastes and the condom is no exception. For people who want to improve condom taste and smell, here are some tips.

The basic rule of thumb here is, "Remove what you don't like and add what you do." Many people into oral sex with condoms prefer unlubricated ones since it is usually the lubricant that has a sharper smell or taste than the latex. However, keep in mind that unlubricated condoms have powder added to them so the latex doesn't stick. Many people hate the powder more than they hate any lubricant. With a lubricated condom, a napkin or towel can be used to wipe off any offending lubricant.

To add a flavor, you generally need a non-oil based lubricant. There are a few on the market. Sensual Succulents by Trimensa Corporation are probably the most widely available. They come in several flavors, including passionfruit, french vanilla, and green apple. With no oils or sugars (they're sweetened with saccharine) they're a great low-calorie treat! For some homemade suggestions, I prefer honey or chocolate/fudge ice cream topping.



CONDOM MACHINES



Condom machines can be a useful part of a larger condom distribution plan. The advantages of condom machines are that they can ease the embarrassment of purchasing condoms and they can make condoms available at all hours. There are some drawbacks to think about, though. One is that the cost per condom can be very high (e.g. most machines are set to accept quarters, the most common prices are 50 and 75 cents). Second, the type of condom that can be given out is usually limited. Most condom machines are the type that can only dispense a rectangularly packaged condom in a small cardboard box. Third, condom machines can encourage people to wait until the last minute to get condoms instead of planning ahead.

To overcome these problems, I suggest either an old style candy machine that can deliver 3 packs and 12 packs of condoms (though the machines are sometimes bulky and expensive) and also those old plastic bubble toy machines (The ones that dispense the largest size work well here. At Stanford, we bought a machine and set it so that for 25 cents, one would receive 2 condoms, a lubricant sample, and 2 breath mints, the perfect dating kit!) (To find suppliers for these vending machines, try looking up **VENDING MACHINES** in your local yellow pages or try contacting a condom repackager (see listings in the Appendix) to see if they sell to any companies in your area.)

(Yes, I know that these often contain oil. However, if you lick quickly and you also replace the condom before engaging in intercourse, there shouldn't be much of a problem.) They're great tasting and have the right consistency.

THINNESS AND STRENGTH

Just a few words here about a common misconception on the relationship between thinness and strength. Most people think of the two as varying directly. That is, the thicker the latex the stronger the condom. This is not necessarily true. Here are a few things to consider. First, a thick condom won't help much if it has a hole in it. So, quality is important. Second, stretchiness can be more important than strength. If you think about earthquakes, though bricks are stronger than wood, wood is more flexible and survives earthquakes better. Third, if you don't think that thin condoms are strong, blow one up. Any latex condom should easily blow up to over 3 feet in length.

Another important thing to remember is that the words "EXTRA-STRENGTH" and "EXTRA-SENSITIVE" mean about as much as the moniker "LITE" currently does. There are no set standards for extra-strength or extra-sensitive so anybody who wants to can claim whatever they want. Manufacturers only need to

provide data to the FDA for "claims," such as the claim that a condom is "Stronger than..." or "The Strongest."

DOMESTIC AND IMPORTED CONDOMS

As a general rule of thumb, the best condoms in the world are produced in Japan. They tend to be thinner, more reliable, and less offensive in taste and smell. U.S. condoms come next. (A U.S. condom manufacturer told me that their new thinner condom was manufactured for them in Japan because they themselves couldn't produce a condom that thin! I also remember dealing with an agent of another company who would answer many of my questions about the quality of their condoms with, "Why, of course we're the best, we're the largest condom manufacturer in the U.S.!" After hearing this a few times, I told him that though General Motors was the largest auto manufacturer in the U.S., nobody I knew wanted to drive a Chevette!)

U.S. condoms are generally followed by Malaysian and South Korean condoms. Condoms are also produced in other parts of the world, but they are generally unavailable in the U.S. at this time.

TESTING

Condom testing is done both by condom manufacturers and the FDA. Two types of testing to

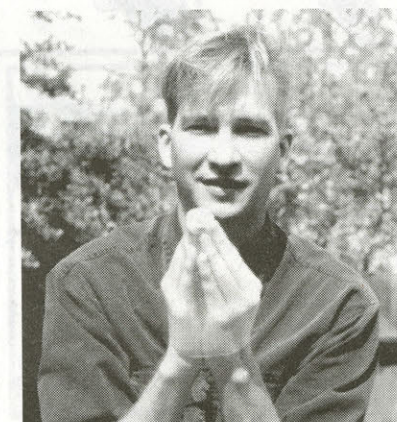
understand are batch testing and individual testing. Batch testing involves taking random samples of condoms and testing them. If a certain percentage of condoms fail, the entire batch is rejected. If the samples pass, the entire batch is accepted. Though this is a statistically valid method, I personally prefer to back this testing up with individual testing.

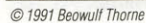
The individual testing that many condom manufacturers use is commonly called "individual electronic testing," and usually marked on condom packages. At the end of the production process, condoms are transferred from glass mandrils to metal ones. Then, an electrical current is passed through the condom, either through a liquid or air. Since latex condoms shouldn't conduct much electricity, any condom that conducts electricity past a certain level fails the test. This test not only has the advantage of testing every condom, it can also detect not only pinholes, but merely weaknesses in the latex. Unfortunately, this method is susceptible to some adjustment problems. Since the testing machines can fall out of alignment, it isn't a perfect test.

The most widely known condom test is the water leak test. Basically, samples from batches of condoms are tested by being filled with water. A maximum of 4 per thousand (that's 0.4%) are

allowed to leak. If more than 4 per thousand fail, the entire batch is rejected. This technically covers all condoms sold in the U.S. The FDA also uses other batch tests. They include a dimensions test (4% failure is allowed with respect to dimensions. I bet you didn't know that condoms sold in the U.S. must meet these standards, 150-200mm in length, 47-54mm in width, and 0.03-0.09mm in thickness), and also a tensile strength test (2.5% failure on 15,000 pounds per square inch) and an elongation test (2.5% failure on 625% elongation).

Notice that these testing procedures don't take into account how condoms are treated between the time they're manufactured and the time that they are sold in your local store. Mishandling during shipping (i.e. being shipped or stored in hot environments or being sold past the expiration date) can spell disaster for consumers.





No Previous Experience Necessary

EXPLICITNESS vs. ACCURACY

Every condom educator will have to deal with the issue of explicitness versus accuracy. In order to educate effectively, an educator must use a certain level of explicitness. However, there are often societal norms, jittery administrators, and client embarrassment that limit the level of accuracy allowed. The balance between being explicit enough to be accurate yet not creating negative resistance is often difficult to find. Following are the different ways of showing condom use in order of explicitness.

1. **WORDS ONLY:** Though teaching condom usage with only words may protect you from some complaints, this is a poor substitute for effective education.

2. **DRAWINGS:** Though seeing something through drawings is better than only listening to a presentation, I personally think that this still sacrifices education.

3. **FINGERS:** This is a popular compromise for schools. The problem here? Well, it reminds me of the story about the educators who taught an African village to use condoms for family planning by putting them on broomsticks. When the educators returned some time later, they found every broomstick with a condom on it. Also, most fingers aren't shaped like most penises. The plus with fingers is that unlike **WORDS ONLY** and **DRAWINGS** method, condoms are actually used.

4. **VEGETABLES:** Usually, bananas and cucumbers. Since bananas and cucumbers are widely

available, this is a good compromise for getting everyone to practice putting condoms on, instead of only having the educator do it. The main drawback is that most penises have a head while most vegetables don't. In practice, this means that while you are teaching people to use constant pressure to put condoms on, they should be learning high pressure (to get the condom over the head of the penis) followed by low pressure (for unrolling the rest of the way). A hint here is that you might want to find yourself a plastic or wooden banana or cucumber. Real ones tend to get mushy rather quickly.

5. **MODELS:** There are various wooden models around that are like broomhandles with a head. Not bad, explicit and anatomically correct enough while also lowering the embarrassment factor to a minimum.

6. **DILDOES:** This also is a good choice. The main problem is that many people can't deal with dildoes in public. The veins seem to throw people off. I've had success with what I call the Art Deco Dildo (available from Multi-Focus, see the Appendix). It's made of a pink transparent plastic with a minimum of veins.

7. **PENISES:** Though as realistic as one can get, using live penises is probably appropriate only in limited situations. This method can't be beaten for accuracy, though.

A final note, if people complain about the lubrication on condoms, use unlubricated condoms for people to learn with.

who might be a little apprehensive about keeping your rubbers in the root cellar next to the potatoes, the bottom drawer of a nightstand will do just fine." It's especially important that condoms not be stored anywhere where the temperature might exceed 90° F. Of course, you also don't want your condoms to freeze.

Most condoms will have an expiration date printed on the package. Most manufacturers give their condoms 5 years from the date of manufacture. (Some give more, but this has to be approved by the FDA.) Be careful here: nonoxynol-9 condoms usually have an expiration date of 12 months from date of manufacture (again, longer claims have to be approved by the FDA.) This means that there may be a period of time after the nonoxynol-9 is expired but the condom has not. Also, some manufacturers I've seen give 5 year condom expiration dates for condoms with nonoxynol-9. That is, instead of giving you the expiration date of the condom with nonoxynol-9, they give you the expiration date of the condom itself.

Properly stored, then, condoms should last 3-5 years from the date of manufacture. Light, ultraviolet radiation, ozone, excessive heat, and rough handling will break them down much faster. Most condoms are packaged in opaque wrappers. For those that aren't, be careful to store them in a dark place. For the condoms that aren't hermetically sealed, (Gold Circle Coins comes to mind) I wouldn't keep them for more than 2 years. Heat should be in the

room temperature range (approximately 50-90 degrees Fahrenheit). You don't want your condoms to freeze or bake. Be especially careful about mentioning heat, since many people keep condoms in their car glove box. Condoms won't last long there! One interesting way to dramatize this point is to leave a condom on a car dashboard for a few hours. At the end of this time, open the condom and see how weak the condom is.

In humid areas, especially in combination with high heat, condoms can rot. The best thing to do in this case is either refrigerate or rotate your supply quickly. Also remember that many people carry condoms in wallets or pockets where they can be mechanically abraded (that is sat upon). To avoid this problem, there are specially designed condom cases on the market. For the fashion-conscious, 1950's style cigarette cases work nicely and they're usually deep enough to fit a lubricant sample but small enough to fit into inside suit pockets. To repeat, the best place to store condoms is a cool, dry, dark place and the best way to carry them is in a case, protected from abrasion.

Another fun technique is putting a condom on with your mouth. I've found that this can really invigorate an otherwise dull presentation. Here are some things to keep in mind.

1. Though any condom will do, **GOLD CIRCLE COINS** are fun because the packaging allows you to open the condom itself with just your

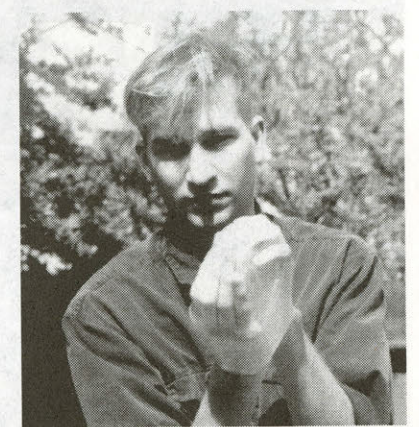
mouth. From mouth to penis with no hands. This really gives another meaning to the old saying, "Look ma, no hands!"

2. If you have a problem with your gag reflex, practice in the morning. The gag reflex is weaker then.

3. If somebody doesn't believe you that putting condoms on can be erotic, put a condom on their index and middle fingers with your mouth.

4. The basic technique is simple. First, use your lips to pinch the condom tip or reservoir. Then, avoiding the use of teeth (except for those into S/M) and keeping your mouth in an O shape, (Strong lips are a plus here. Years of french-horn playing have helped me immensely) push from your neck to roll the condom down. Also, some fluttering and licking motions with the tongue are usually much appreciated.

Again, remember to Practice, Practice, Practice. As I always say, "Practice may not make perfect, but it certainly makes better!"



HOW TO USE CONDOMS

1) Always use water based lubricants such as Astroglide, ForPlay, Gynol II, K-Y Jelly, PrePair, Probe, or anything recommended as being compatible for use with latex condoms. Latex condoms are suggested because they are less expensive and more reliable than lambskin condoms.

2) Never use oil based lubricants. They will weaken the condom, increasing the chance of it breaking. Such lubes include vegetable or mineral oils, Crisco, Vaseline, hand lotions, and some massage compounds. Some contraceptive suppositories may also be oil based. By all means, consult your pharmacist if unsure

which products are safe for use with condoms.

3) When opening the condom package, push the condom away from the edge that you are going to tear. This will prevent the condom from getting torn. When pulling the condom from the wrapper, be careful that it doesn't nag on the sharp edges of the wrapper.

4) Press the air out of the tip of the condom. If the condom has no receptacle tip, pinch the first half of the condom to allow room. Men with little or no preseminal fluid (precum) can increase sensation by putting a small dab of lubricant in the tip of the condom before it

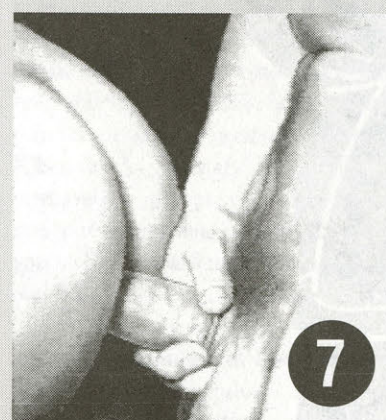
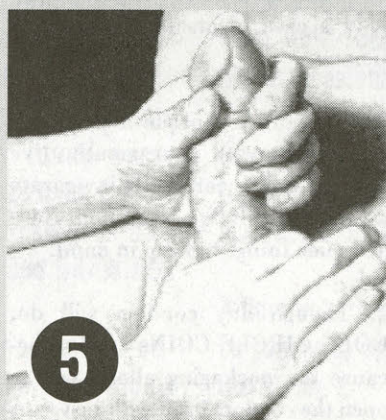
goes on. Place the condom on the erect penis.

5) Unroll the condom like a fine silk stocking to cover the entire erect penis. Uncircumcised men should pull back the foreskin before putting on the condom. Avoid the temptation to use one's fingernails, and make sure the condom doesn't snag on any items such as rings, watches, chastity belts, or orthodontia. See the text for the "OK" and "hand over hand" techniques.

6) Put additional lubricant on the outside of the condom and inside your partner. Water based lubricants are always a good idea with condoms, which might

otherwise cause chafing or break. Remember that condoms can break during sex. You can feel this happen, so be attentive to the sensation.

7) As soon as reasonable after ejaculation, grasp the condom by the base and withdraw. This will prevent semen from seeping out from around the base of the condom, and keep the condom from slipping off inside your partner. Dispose of the condom by tying a knot in the open end and discretely putting it out in the trash. Don't toss them out the window to let your neighbors know of your virility, it's not nice. Don't send them to use, we don't want them.



CONDOM ANXIETY

Condom anxiety can be a serious problem with many people. It's critical for you, as a condom educator, to be completely comfortable with educating and using condoms. If you are the slightest bit nervous, you will communicate this nervousness to your audience. If you don't feel completely comfortable with condoms, go and have fun with them, alone or in a group. Men can masturbate with them and see what it takes to break a condom. Women can play with dildoes or penises. Recommend that others do the same. Many people expect to be able to use condoms perfectly the first time with no practice whatsoever! This is an extremely unrealistic expectation. Everyone makes mistakes the first time. That's why it's important to practice. Of course, it's often because of discomfort with sexuality itself that people don't want to practice with condoms. In this culture, there is a myth that the best sex is "natural" and "spontaneous". To these two views I usually say, "How natural is it to have

sex on a bed?" and "Doesn't taking your clothes off take time?" If you're uncomfortable talking about condoms, especially if you change the tone or level of your voice when discussing certain subjects or if you giggle, stand in front of a mirror and keep repeating whatever words make you uncomfortable. Eventually, the novelty will wear off. When educating and audience, remember to be sensitive to other people's discomfort but, at the same time, try to stretch your audience's boundaries. It is important to speak with words that are comfortable for your audience but it is also important not to cater unnecessarily to some people's narrow prejudices.





TROUBLESHOOTING

It Can Happen Here!

Most safer sex literature presents an idealized world where all you have to do is read the instructions, and the condoms work the first and every time. But what if something goes awry? Here are some of the common ways that rubbers fail, and tips to avoid them from happening again.

BREAKAGE (see sidebar on Breakage questions)

If a condom breaks, several things could have gone wrong. Oil based lubricants will weaken latex. Fingernails, if not trimmed, can snag rubbers as they are being put on. If all the air were not squeezed out of the reservoir tip of a condom before it was put on, it might burst during sex. When this happens and is noticed immediately, pull out, dry off a little, and put a new condom on. Should you be into extra-long marathon love-making sessions, take off the old rubber and put on a fresh one every now and then. (You might also try doubling up with two condoms, since sensitivity is not lost with the ultra-thin

varieties.) One good recommendation is to have people practice breaking a condom. This will give one experience with how a condom feels when it's about to break and also how hard it really is to break a condom. This also gives people practice with condoms, after all, practice may not make perfect, but it certainly makes better!

ALLERGIES

Quite a number of people experience some sort of allergic reactions with different condoms. Some possible causes of allergic reactions are the lubricant, the spermicide, the powder in unlubricated condoms, water-soluble rubber proteins from the latex, or even the compounds that are combined with latex to make it stretchy. A good test to use is a skin patch test. Rub some of the compound on the skin of the inner arm and wait and see if there is a reaction. The general solution to these problems is to narrow down the possible source of the problems by trying different condoms. Make especially sure that you try condoms from different manufacturers. A

few people who are extremely sensitive to latex might have to use lambskin condoms. (see the section on lambskin condoms).

Here are some other common condom problems:

A) The condom is discolored, dried out, brittle, or just "looks funny." They were probably stored improperly. Remember that heat and light will seriously weaken latex, and rough handling can tear condom packaging. The best temperature to store con-



WHY DID THE RUBBER BREAK?

Here are some questions to ask people who have experienced condom breakage problems.

1. How often do you use condoms? With this question you can find out how experienced the person is in using condoms. It's also a great chance to make sure that condoms are being used consistently.
2. Has this happened to you with only one brand of condom or with different types? If the problem is with every condom, zero in on condom usage technique or storage. If it only happens with one kind of condom, it's possible that the condom is at fault. Make sure to question the storage or age of the condoms.
3. How have they been stored? How old were they? Did the condom look funny? Be especially alert here for storage areas that can get hot or condoms that were too old.
4. What lubrication, if any, did you use? The classic problem here is using an oil-based lubricant. Even if the person claims to have used a water-based lubricant, determine exactly what lubricant he/she used. Many people confuse water-soluble with water-based. Another possibility is not enough lubrication. This usually isn't a problem unless the condom was unlubricated.
5. Show me how you or your partner put the condom on. Most usage problems are handled in questions 3 and 4. Others may come out through this question. Be especially careful to see how the condom was opened and unrolled and whether the hand putting on the condom had fingernails or rings.
6. How long did it take for the condom to break? I once had someone complain to me that all the condoms he used broke. After spending 10 minutes going through every condom breakage possibility I could think of, I finally asked him, "How long does it take for your condoms to break?" He answered, "About 2 to 3 hours."! As a general rule of thumb, I recommend that sexual marathoners replace their condoms every hour or so.

For those with a pathological fear of breakage, suggest that they try using 2 extra thin (.02 mm) condoms, which would only be as thick as one regular condom. After all, what are the chances of 2 condoms breaking? When doing this, the outer condom should be pulled under the testicles as was mentioned before. This will keep the outer one from sliding off. Some like to add a water-based lubricant in between the two condoms.

doms at is between 50 and 90°F. (See storage in Chapter 3)

B) The condom is torn when you take it out of the wrapper. Make sure that you push the condom away from the edge of the wrapper you are going to tear. Also, see that the condom does not snag on the sharp edge of the torn package, or on your fingernails.

C) The condom won't unroll on your penis. You might be putting it on inside out. When you hold the condom to put it on, make sure that the tip of the condom is being pulled through the rolled latex from the inside. Imagine that you are putting on the rubber in the same way that you would roll a silk stocking onto your foot. Use even pressure around the edge of the condom to prevent it from snagging on itself. (Remember the OK or HAND OVER HAND techniques.)

D) The condom feels like it's getting tighter and tighter while you're using it. There might not be enough lubricant on the inside of the rubber, causing the penis to get pulled progressively further and further into the condom, until everything is crammed into the tip. This is not only uncomfortable, but can break the rubber as well. Put a small dab, not more than 1/4 teaspoon, of water based lubricant inside the reservoir tip before you put on the condom.

E) The condom slips off. In this case, there might be too much lube inside the condom, and it has worked its way down to the base so that the rubber can't maintain a grip on the penis. Remove the condom, dry off a little,

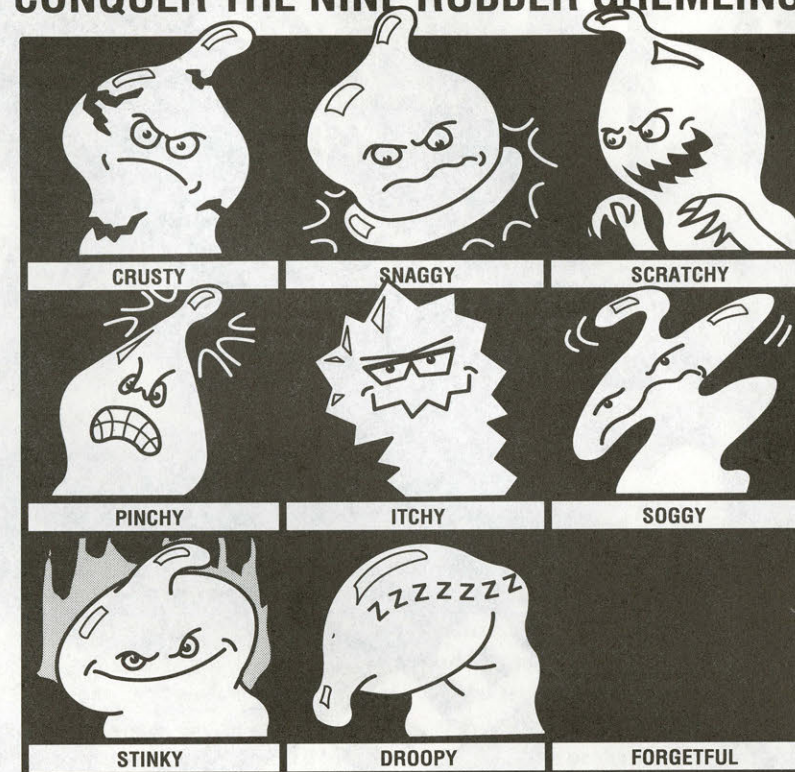
and put another one on. A neat trick that was previously mentioned is to pull the condom under and around to contain the testicles. Condoms vary in their stretchiness, so you might have to experiment with different brands. (Mentor brand condoms have an adhesive strip on the inside to help them stay on.) Also, rubbers tend to slide off after ejaculation, so as soon as possible after coming, grab the condom at the base of the penis and withdraw. (see also Size in Chapter 2)

F) You or your partner get the dreaded "rubber burn." This time there might not be enough lubrication on the outside of the condom or glove (or inside your partner for that matter.) Latex requires a little more lubrication than skin, so make sure that there is ample lubrication in both places. If you're using a spermicidal lubricant, you might be allergic to the spermicide, most commonly nonoxynol-9, and should try either a lube that uses a different active ingredient or one with a lower concentration of nonoxynol-9. (see allergies above and lubrication, Chapter 5)

G) The worst case scenario. Suppose that despite someone's best precautions and practice, the condom does break, at the worst possible time: during or right after ejaculation. Here's what you can recommend:

Don't panic and most importantly, DO NOT DOUCHE! Douching will only push the semen further inside, and might damage the vaginal or rectal lining, increasing the likelihood of transmitting infectious organisms. The best thing to do is to douse the vagina or

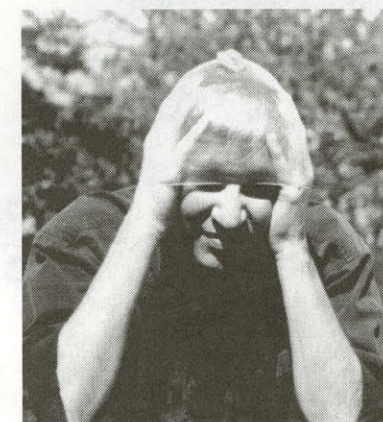
CONQUER THE NINE RUBBER GREMLINS!



rectum with a contraceptive foam, which generally have a 10% or higher concentration of the spermicides, nonoxynol-9 or octoxynol. This concentration is higher than needed to kill HIV, disease causing organisms, and sperm cells. The effervescence of the foam will completely saturate the affected area and, hopefully, neutralize any infectious agents.

If you've been extra careful and applied a contraceptive foam or lubricant before sexual contact (see Chapter 5), good for you, repeat the application, just in case. Please don't try to substitute foam or lubricants only for condoms in safer sex, because foams and lubricants by themselves are not as ef-

fective as an intact physical barrier. For the inserting partner, he should wash his genital area with soap and water. Push a bit of the soapy water into the urethral opening and then urinate.



5



LUBRICANTS

The Water of Life for Latex

Lubrication is critical for proper condom use. Improper lubricant use can lead to breakage or slippage while proper use can increase comfort and lower the possibility of breakage. Most condoms already come lubricated either with what is commonly referred to as a "wet-lube" (a water-based lubricant) or a "dry-lube" (a light silicone gel). However, many people prefer to customize their own, as it were.

The most important thing to remember about lubricant use is that latex breaks down in the presence of oil. Therefore, it is critical that water-based lubricants be used with latex condoms. Be careful not to confuse water-based with water-soluble, though. Water-based means that a lubricant contains no oil while water-soluble means that the lubricant washes off with water. Water-soluble lubricants can still contain oil. Commonly, hand lotions are labeled water-soluble to show that they can be washed off with water. The best thing to do is to always check the list of in-

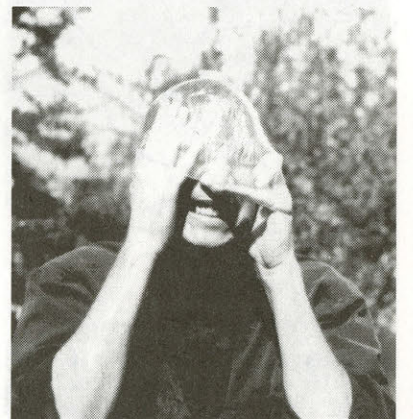
gredients. Water-based lubricants mainly rely on glycerin as a base so if any kind of oil is listed such as mineral oil or petrolatum, avoid using the lubricant with latex condoms.

You can show the danger of breakage with oil based lubricants by blowing up a condom until it's about 2 to 3 feet long. Then, tie the end and rub Vaseline or mineral oil on the condom, the resulting bang leaves a vivid memory! Unfortunately, this method is hard to time. Another way of showing the same effect is to take two condoms. Open both up and rub some oil-based lubricant on one of them. After 5-10 minutes, have two people stretch the two condoms. The one with oil on it will break before the other one.

There are three major areas where lubricant use can be useful. The first is inside the tip of the condom. Some men like the increased sensation, especially those with little pre-seminal fluid. Be careful not to put too much on, though. Should the lubricant (or semen for that matter) slide down the

inside of the entire length of the condom, it can slip off.

Lubricant can also be effective on the outside of the condom. Here, one can add as much as one wants. People's tastes tend to vary on the axis of friction or the lubricity scale. That is, some people prefer less friction (slick and lubricious lubricants) and other people prefer more friction (the thicker lubes. See chart below) By reducing friction, this extra lubrication can decrease the chances of the condom breaking.



G O O E Y

KY Jelly
Gynol II

ForePlay
PrePair
Elbow Grease
Aloe 9

Aqua Lube

Probe

Wet

RubDown

Astroglide

SLIPPERY

A final place where lubes can be helpful is in the lower intestines or the vagina. Use of extra lubrication in both these areas can lead to lower breakage rates by decreasing friction. Additionally, using a spermicidal lubricant can create a chemical barrier in addition to the physical one. (Remember though, it is the physical barrier that does most of the work.)

WATER-BASED LUBRICANTS

While oil-based lubricants cannot be used with latex condoms, water-based lubricants aren't a perfect substitute. There are two main reasons why water-based lubricants are considered inferior to oil-based ones. One is that water-based lubricants tend to dry out more quickly than oils. The second is that since oils conduct heat better than water-based lubricants, most feel cold and clammy to the touch. However, there are solutions to both problems.

Water-based lubricants are basically solutions which hold water, like hair gels. (In fact, water-based lubricants are great emergency hair gels. The slicker you want the hairdo, the slicker the lubricant you should use. Be careful, though, hair gels are not great emergency lubricants! If you need an emergency lubricant, try egg whites) If dehydration occurs when water evaporates, it makes sense that the solution to this problem would be to put water back in. Rehydration, as this method is called, is quite straightforward. It can be as simple as keeping a bowl of water close by to splash back on the lubricant. I recommend misters as the best rehydrators. Water guns also do a decent job

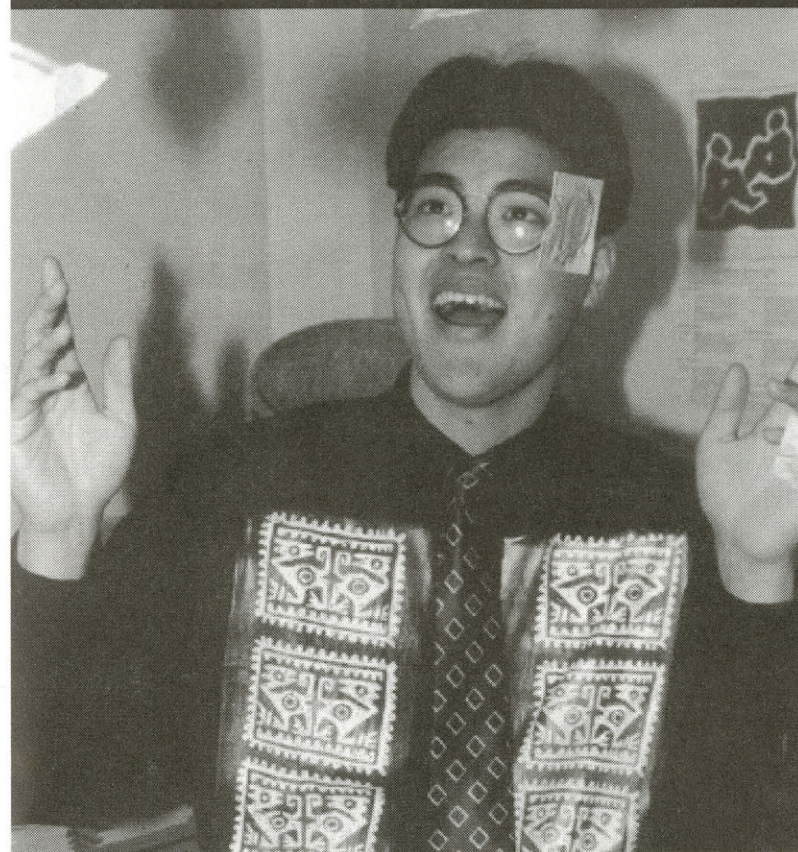
and they can be more fun. Also, note that different lubricants rehydrate better than others. The most notorious rehydrating lubricant is PROBE. It dries to almost nothing and rehydrates so well that it can be quite dangerous if one uses a lot and then steps in the shower!

The second problem, a cold clammy feel with water-based lubricants, is harder to solve. One solution we've found is with the lubricant RUBDOWN by Trimensa. It was originally designed as a water-based massage lubricant. Even though it's water-based, RUBDOWN feels wonderfully warm. In fact, if you put some on skin and blow air on it, it warms your skin. Alone, it's probably a bit too thick to use as a lubricant. However, mixed in a one to one solution with a slicker, more lubricious lubricant, it works well.

SPERMICIDAL LUBRICANTS

The most common and best known spermicide is nonoxynol-9. It is a mild detergent that can kill, sperm, viruses, and other infectious organisms. Generally, a 1% concentration is considered to be the minimum requirement for effectiveness. The biggest drawback of nonoxynol-9 is that some people are allergic to it, especially in higher concentrations. (See Allergies, Chapter 4) Nonoxynol-9 also has a odd taste which tends to numb the tongue and other mucous membranes. Finally, nonoxynol-9 tends to precipitate out of solution, that is, it tends to settle in solutions. This means that most lubricants with nonoxynol-9 are very thick and gooey.

WHO ARE THESE GUYS?



Daniel Bao, 25, was born in Buenos Aires, Argentina to Chinese parents. He studied at Stanford University, receiving a B.A. in International Relations in June, 1988 and a M.A. in Latin American Studies in August, 1990.

While at Stanford, he served as the head of the Stanford AIDS Education Project for 4 years and spearheaded innovative condom education programs such as the Ye Olde Safer-Sex Shoppe, RubberWear Parties, and the Great Condom Rating Contest. Bao became Director of the Condom Resource Center in June, 1990.

The Condom Resource Center is a small, non-profit located in Oakland, California. It coordinates National Condom Week, held annually the week of February 14 - 21. In 1991, over 350 universities, county health departments, AIDS/STD organizations, and family planning centers held NCW events around the U.S. and Canada. The CRC also serves as a year-round resource center for individuals and groups involved in all aspects of condom education.

Beowulf Thorne, 27, was born in San Diego, reared in Los Angeles, but prefers Northern California. He studied Molecular Biology and Russian Language at the University of California, Santa Cruz, before forsaking a cushy future of washing test tubes and glasnost for the uncharted territory of art school.

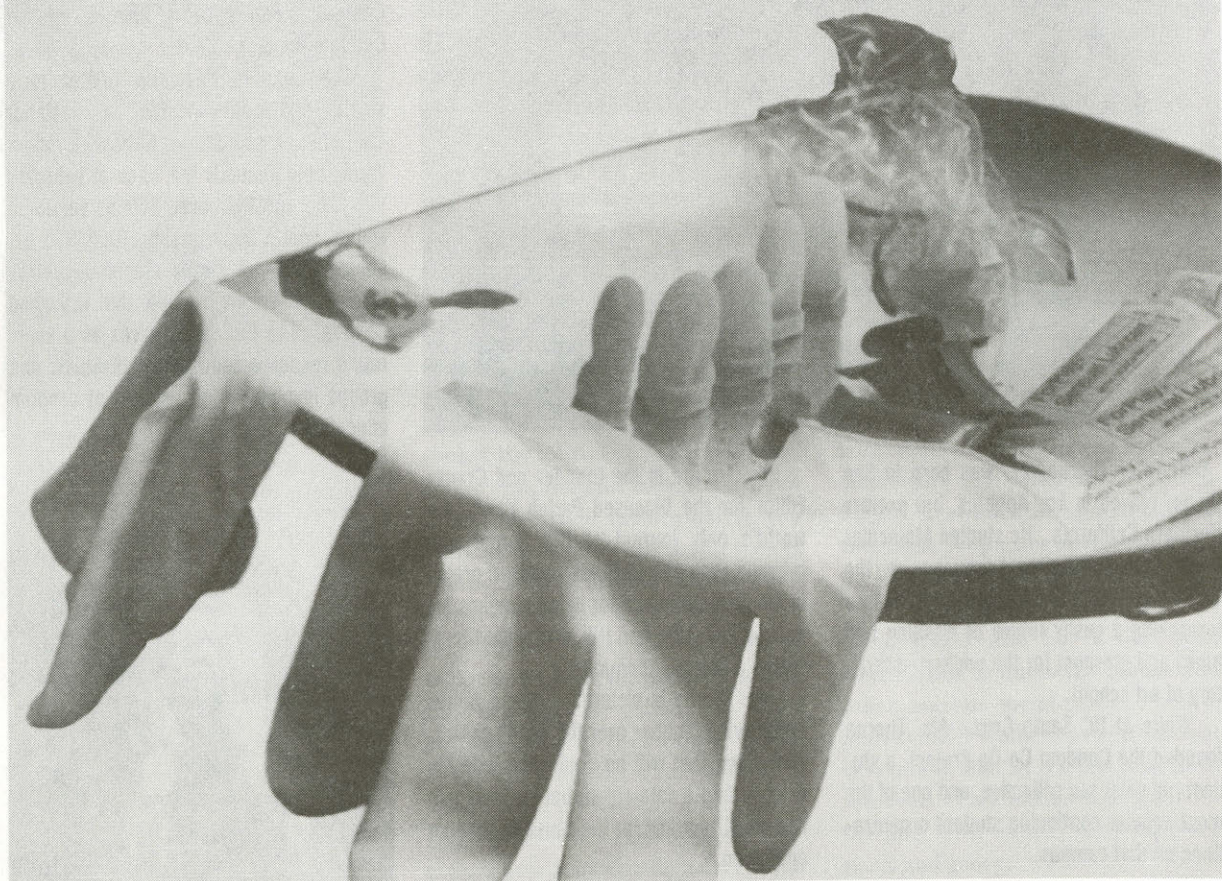
While at UC Santa Cruz, Mr. Thorne founded the Condom Co-Op Project, a student run safer sex collective, and one of the most popular continuing student organizations on that campus.

Mr. Thorne is the founder and Cranky Editor for the Diseased Pariah News, the world's only journal of HIV humor and brownie recipes. DPN has received praise in the national media for being a means for people with AIDS and HIV to provide themselves a sense of community.

Mr. Thorne is pictured in these rather unflattering "rubber over the head" photos, something that will no doubt preclude his ever getting a date again, but he feels this is a small sacrifice for the cause of condom education.



6



LATEX & BEYOND

All That Is Latex Is Not Necessarily A Condom

Condoms are by no means the last word in safer sex. Here are some other devices that can be very important in reducing one's risk of exposure to HIV and other pathogens.

THE DENTAL DAM

Dental dams are one of the more elusive creatures of the safer sex world. People talk about them in hushed tones, discuss their unavailability, reflect on the tantalizing name, and ultimately seem underwhelmed when they finally meet one.

What is a dental dam? A thin sheet of latex, roughly 6 inches square, used by dentists and oral surgeons to protect one's gums during particularly invasive procedures such as root canals. From this humble start, some clever soul discovered that they work for cunnilingus (oral-vaginal contact) and rimming (oral-anal contact) as well.

Here's how it works: Firmly grip that latex and hold it against your partner's privy parts, and do whatever your heart desires, *through the latex*.

(No, we're not being evasive with that last comment. It's just not the author's place to lecture you on style.)

The truth about dental dams is that almost nobody uses them sexually, not health educators or the general public. The problem is that even the thinnest gauge dams are much thicker than any condom and it's very hard to feel much of anything across the latex. Our fearless volunteers have also complained about tongue fatigue. Why do they continue to be touted then? Well, health educators are terrified to have nothing to recommend in this area. What are the solutions to this problem? Well, unfortunately there is no perfect solution. Both the Better Dental Dam and Plastic Wrap have their disadvantages.

The Better Dental Dam consists of cutting up a condom. Take a look at the graphic. You can make an acceptable barrier by attaching the cut condom to a small, oval embroidery hoop (the kind grandma used to use and available at craft stores) and marking

it with a non-reversible letter (C or E but not A or I) so you can tell which side is yours. The main drawback of the better dental dam is coverage. Condoms aren't usually wide enough for most people's tastes (the extra large condoms come in useful here because of their greater width. Refer to the section on size, Chapter 2)

Another solution is to use plastic food wrap. Unfortunately, no one has done a study yet to see whether there is any leakage through the wrap. There has also been some debate as to whether



THE FEMALE CONDOM

The introduction of a female condom into the U.S. market has not happened yet. No version of the female condom has been approved by the FDA for sale in the U.S. There are basically two models currently being reviewed. One, **Wisconsin Pharmacal's "Reality"** condom is basically a polyurethane tube-pouch with a flexible ring at each end, one of which is sealed. The sealed end goes into the vagina (these are intended for vaginal intercourse) and the other ring lies outside the woman's body to prevent the condom from being pushed into the vagina. The other major model is being developed by **International Pharmaceuticals**. It basically consists of a latex panty with a rolled pouch at the entrance to the vagina.

The hope is that the female condom would expand the prophylactic choices available for women. Though this is likely to happen, it's important to remember that it won't be the perfect choice for all women. The cost of the female condom will very likely be much higher than the the cost of a regular condom.

microwave wrap is safer than regular wrap. Some people claim that microwave wrap is thicker and therefore a better barrier while others claim that it's made with small holes to allow air to pass through and is therefore less safe. Frankly, I don't know.

The advantage to plastic food wrap is obviously great coverage. For those who want to be safer with plastic wrap, I suggest a double layer with a layer of spermicidal lubricant between the 2 sheets. In this way, should the wrap break, you'll be able to taste the lubricant and it might serve as a chemical barrier too. Also, since the wrap is so thin, two layers are not much thicker than one.

GLOVES AND COTS

For the hands, gloves are available. Generally, I recommend latex gloves. Vinyl ones are available but they remind me too much of the flimsy ones you get in home hair dye kits. Also, studies suggest that vinyl gloves have much higher breakage rates than latex ones. Actually when it comes to breakage rates, gloves do have some problems. The FDA standard for glove leakage (which, by the way, was only introduced in 1991!) is 2.5%! (Remember that the equivalent allowable condom failure rate is 0.4%.) So, carefully inspect gloves before using them. Another popular technique with doctors (and manufacturers for that matter) is "double gloving".

For individual fingers, finger cots exist. They are like tiny condoms that are meant to go over fingers. They can be especially useful should you

To make a better dental dam, cut a rolled condom with a pair of scissors from the edge to the center. Unroll the resulting sheet of latex and use to your heart's content.



have a cut on only one finger or if a single finger is all you want to use. In a pinch, you can merely cut some fingers off of gloves for some handy dandy cots.

DAY OF THE DILDOES

In a way, dildoes are the last taboo of risk reduction. After all, nice boys and girls aren't supposed to play with sex toys. Well, be oppressed no longer, for dildoes do have their place in the risk reduction universe. After all, they don't dribble precum, and have never been known to ejaculate unexpectedly.

When dildo shopping, don't let your eyes be bigger than your stomach (or whatever). They range in size from petite bonsai-like creations to behemoths that can only be accommodated by stunt artists performing in the red light districts of San Juan. Pick a reasonable size. Next, take a look at what they're made of. Dildoes are made of rubber or silicone, both relatively soft and accommodating. The rubber ones, however, will develop little cracks and fissures over time, which become

vacation retreats for bacteria and other unsavory creatures. Silicone dildoes are more expensive in comparison, with a smooth, nonporous surface that will last much longer.

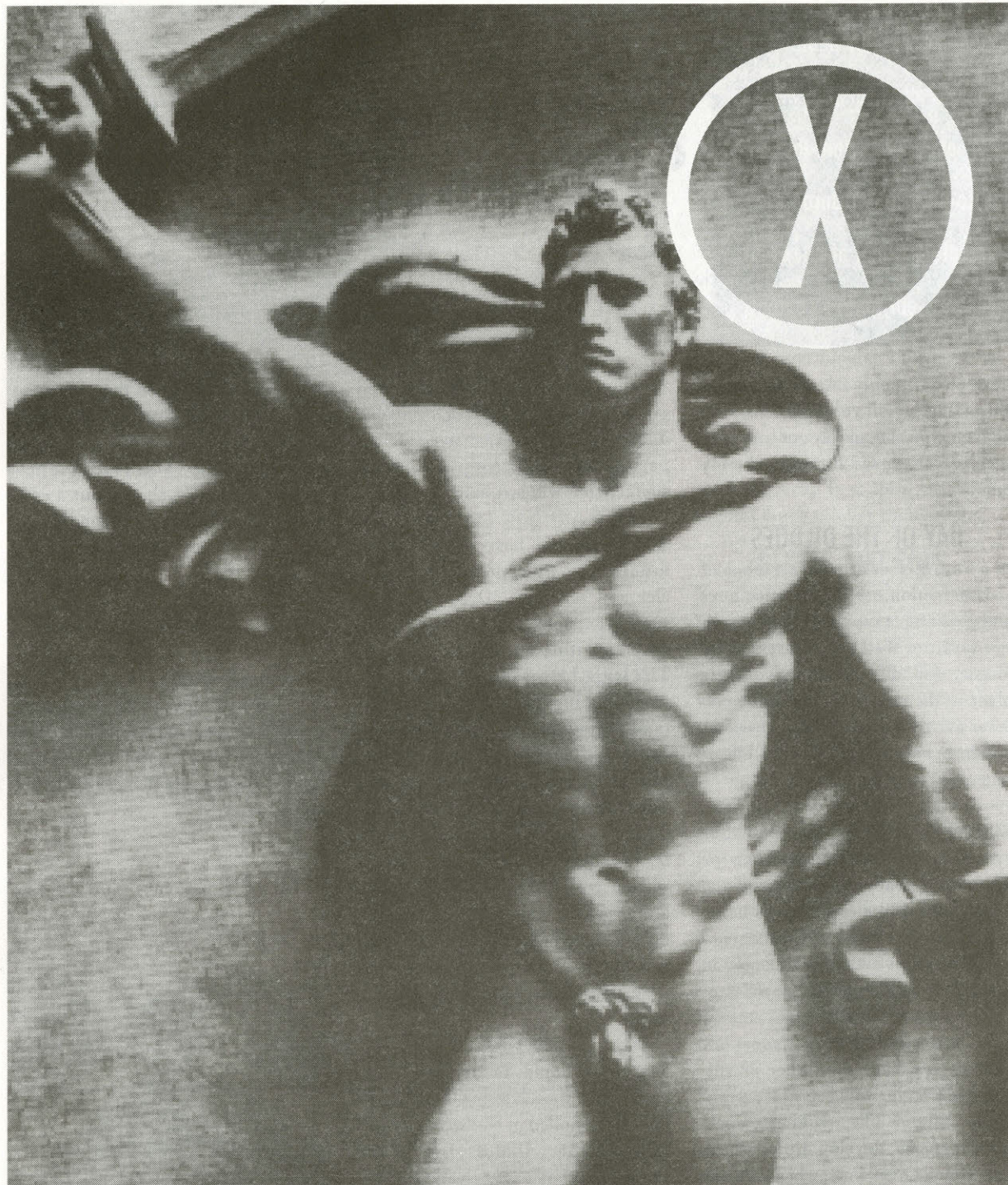
A dildo should have a large base, usually in the form of stylized testicles and scrotum. Occasionally, a suction cup may be found as well, for easy mounting on wall or tabletop. The large base will prevent the toy from slipping inside and getting lost (and providing exciting coffee break conversation at your expense by the emergency room personnel who will have to pluck it out). Avoid any dildoes with manual or electric cranks inside. The metal camshafts have a way of cutting through the rubber and breaking free, really ruining the day of whoever they were inside when it happened. The worst part is that they don't make designer colostomy bags.

Sex toys should be washed thoroughly after each use. They don't have to be boiled in lye; soap and water will do fine. Dildoes shouldn't be shared without being cleaned in be-

tween each use, since they can pass bugs as efficiently as any bona fide sexual appendage. For situations where everyone wants to try the new sex toy, the users should put a condom on it and change the condom every time someone new uses the sex toy.

Finally, do your dildoes always seem cold and lifeless? Your partner really likes the idea, but you think it feels like copulating with a bog monster? Try popping the dildo in the microwave for a few seconds to bring it up to body temperature. Ahh, much better.





A P P E N D I X

SELECTED CONDOM MANUFACTURERS AND DISTRIBUTORS IN THE U.S.

Allercare/NSL
[formerly National Sanitary Labs]
7150 North Ridgeway
Lincolnwood, IL 60645
Tel: (708) 982-1700

A repackager rather than a real manufacturer. Their brand, **Protex**, is mainly packaged through condom machines.

Ansell Americas
Cranberry Commons (HQ)
446 State Highway 35
Eatontown, NJ 07724
Tel: (800) 327-8659, (201) 542-9500

The manufacturer of **Prime** and **Lifestyles** condoms. The quintessential P&P condom: Large non-profit and governmental sales, small retail presence.

Barnetts, Inc.
3630 Tryclan Drive
Charlotte, NC 28217
Tel: (704) 525-5202

A Repackager. A good contact for finding condom machine companies in your area.

Carter-Wallace
Order Entry Dept.
Half Acre Road
Cranbury, NJ 08512-0181
Tel: (212) 339-5000
Tel: (609) 655-6000

Controls over half of the U.S. retail market with **Trojan**, **Mentor**, and **Mentor Magnum** condoms.

Custom Condoms
8 Main Street
Somerville, MA 02145

Tel: (617) 629-2339
Repackager and importer of **Knight Light** condoms.

Mayer Laboratories
231 Fallon Street
Oakland, CA 94607
Tel: (510) 452-5555, (800) 426-6366,
Fax: (510) 272-9021

Importer of Sagami (a Japanese manufacturer) condoms. Retail names, **Kimono** and **Maxx**.

Okamoto USA
18 King Street
Stratford, CT 06497
Tel: (203) 378-0003, (800) 283-7546,
Fax: (203) 375-2040

Importer of Okamoto condoms, the largest condom manufacturer in Japan. Brands include **Beyond**, **Crown**, and **Harmony**.

RFSU Contraceptive Division
4233 West Sierra Madre, Suite 102
Fresno, CA 93722
Tel: (209) 276-1283

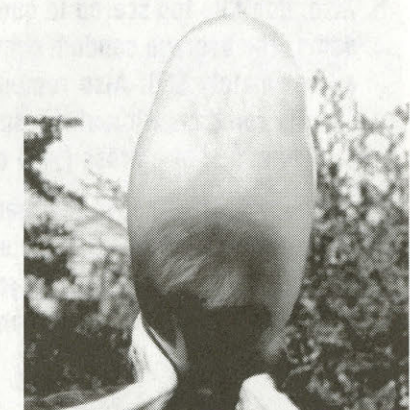
Brings in Sagami condoms packaged by **RFSU** (a Swedish organization).

Safetex Corporation
16101 Continental Blvd.
Colonial Heights, VA 23834
Tel: (804) 520-8341, (800) 426-2092,
Fax: (804) 520-7040

Maker of **Gold Coin**, **Saxon**, and **Embrace**. Just acquired by Aladdan Corp.

Sagami, Inc.
8725 West Higgins Road, Suite 481
Chicago, IL 60631
Tel: (312) 399-1111, Fax: (312) 693-2373

Another source of **Sagami** condoms.



FREE CONDOMS

If you're interested in requesting free condoms for educational programs, here are some things to keep in mind.

1. Try your city, county, or state health departments first. Be aware, though, that health departments tend to be the worst P & P people. (see the sidebar on P & P) So you shouldn't expect a great variety. Next, try local AIDS organizations. You can also try family planning centers but they tend to be poor and getting poorer.
2. The next places to try are the condom companies. Unfortunately, they are generally deluged by requests for free condoms. Here are some tips when making requests.
 - A. Always remember that a condom company's main aim in giving you free condoms is to increase their sales. Anything that you can do to exploit this aim will be to your advantage. One thing that you might consider is promising that you will distribute and publicize the location of stores that stock a particular company's condoms. This strategy is especially useful when dealing with the small condom companies, which generally suffer from poor distribution. Another thing is that companies like reaching out to young affluent people (i.e. college students). The reason is that young people don't have a brand name preference set yet. Note that if your target audience is older, poorer, and generally less likely to buy the company's condoms, the request is going to be harder.
 - B. Also, don't be too scared to quote numbers when requesting condoms. The average condom company's costs for 1,000 condoms is approximately \$50. Also remember that bulk condom packaging (that is condoms without the small cardboard boxes) comes generally in units of a gross (144) or a thousand (1,000).
 - C. Finally, write a letter to the manufacturer on your group's official letterhead. Remember to include a return address, a contact's name, and a phone number. If you call, make sure to follow the request with a letter. Also, personal notes are generally better than form letters.

Schmid Laboratories
City Center, 1819 Main Street,
8th floor
Sarasota, FL 34236
Tel: (800) 827-0987, (813) 365-1600,
Fax: (813) 366-9480

The second largest presence in U.S. retail market. Maker of *Sheik* and *Ramses* condoms.

Those of you who are interested in the U.S. condom industry should read the book, *The Condom Industry in the United States* by James S. Murphy published in 1990 by McFarland & Company, Inc., Jefferson, NC, and London.

For more information about condoms and National Condom Week, contact the Condom Resource Center at P.O. Box 30564, Oakland, CA 94604.

MAIL-ORDER CONDOMS

The Rubber Tree
4426 Burke Avenue North, Dept. CS
Seattle, WA 98103
Tel: (206) 633-4750

The Rubber Tree is a store run by the Seattle chapter of Zero Population Growth. It carries a wide variety of condoms and lubricants available by mail order.

LUBRICANTS

Astrolube, Inc.
P. O. Box 9788
North Hollywood, CA 91609
Tel: (800) 325-5695, (800) 848-5900 in California

Manufacturer of *Astroglide* personal lubricant. Available in 2.35 oz. bottles and 3 cc sample pillows.

B. Cummings Co., Inc.
9970 Glen Oaks Blvd., Unit B
Sun Valley, CA 91352
Tel: (818) 504-2571
Makers of *Elbow Grease*, a lube that used to be oil based, but has been reformulated to make it safe for latex. Available in various sizes.

Davryan Laboratories, Inc.
3214 College Ave.
Berkeley, CA 94704
Tel: (800) 637-7623, (510) 547-0335 in California.

Makers of *Probe* personal lubricant. Probe is available in 2 oz. and 8 oz. bottles, as well as 0.33 oz. pillows.

DynAmerican Distributing
230 Miller Avenue
El Cajon, CA 92020
Tel: (619) 442-6612

Manufacturer of *Aloe 9*, a water based gel with aloe vera extract. Available in various sizes.

Dynamic Concepts
P. O. Box 8346
Van Nuys, CA 91409
Tel: (800) 248-4811, (818) 901-1451
Fax: (818) 901-1463

Manufacturer and distributor of *Wet* personal lubricant. Available on sizes from 4cc to 1 gallon.

Johnson and Johnson Consumer Products
Grandview Road
Skillman, NJ 08558
Tel: (800) 526-3967

Makers of *KY Jelly*, America's favorite surgical lubricant. Available in various sizes.

Distributors

Mayer Laboratories
231 Fallon Street
Oakland, CA 94607
Tel: (510) 452-5555, (800) 426-6366,
Fax: (510) 272-9021

Distributor of *Aqua Lube* and *Aqua Lube Plus* personal lubricant. Aqua Lube Plus contains nonoxynol-9.

Ortho Pharmaceuticals Corp.
Advanced Care Products
Route 202, P. O. Box 300
Raritan, NJ 08869
Tel: (218) 526-3967

Makers of *Gynol II*, a contraceptive gel that can be used with a diaphragm, condom, or alone.

Trimensa Corporation
8611 Kewan Ave.
Sun Valley, CA 91352
Tel: (800) 554-1313, (818) 768-1855

Makers of *ForPlay Sensual Lubricant*, *ForPlay Sensual Succulents*, *PrePair Personal Lubricant*, and *RubDown*, a water-based massage compound. ForPlay and PrePair are available in .3 oz. samples, and 2, 8, and 16 oz. containers.

DILDOES AND VIBRATORS

Good Vibrations
1210 Valencia Street
San Francisco, CA 94110
Tel: (415) 550-7399

This wonderful store carries a wide selection of books, videos, dildoes, and, of course, vibrators in all shapes and sizes. Home of the Vibrator Museum.

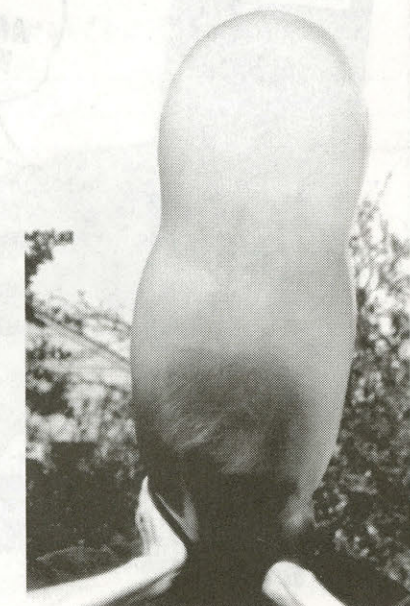
Jim Jackson and Company
33 Richdale Avenue
Cambridge, MA 02140

Tel: (617) 864-9063
They carry a variety of reproductive anatomy models, male and female. They'll even paint or stitch synthetic public hair to the models!

Multi-Focus/Exodus Trust
1523 Franklin Street
San Francisco, CA 94109
Tel: (415) 928-1133
They carry a lovely translucent plastic, art-deco-ish dildo.

LATEX GLOVES AND DENTAL DAMS

We chose not to list specific glove and dam manufacturers because they often lack nationwide distribution. The best way to find a manufacturer near you is to look them up in your phone book. Latex dams can be purchased from dental suppliers. Gloves can be purchased from medical, dental, veterinary, and food service suppliers. Hardware stores are also a good source of latex gloves

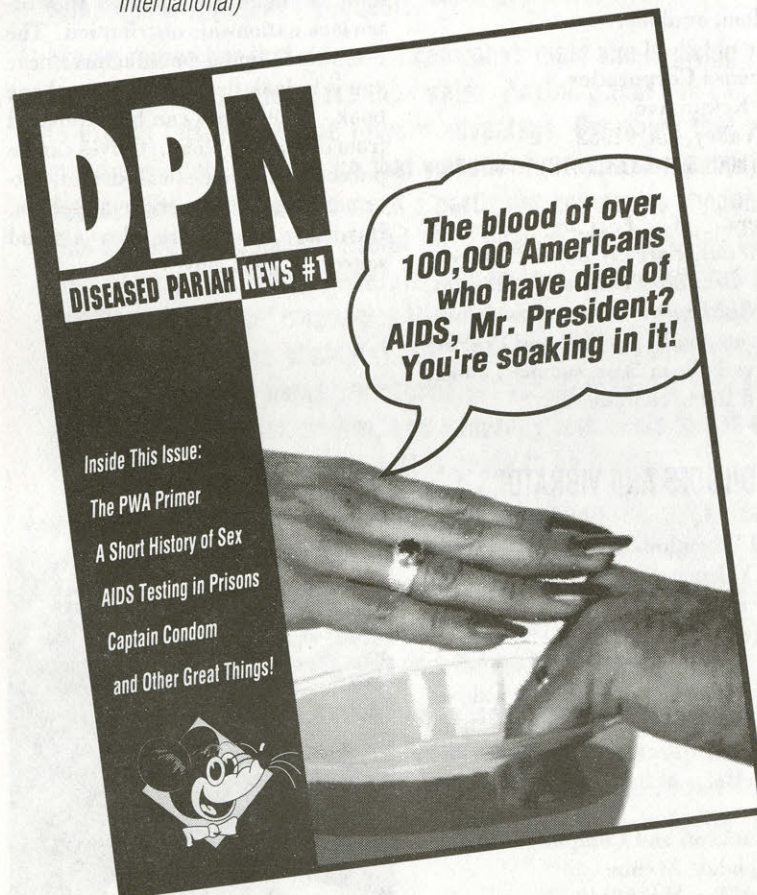


ACCESSORIZE!

1

The **Diseased Pariah News**, the world's only magazine of HIV humor and irony. **DPN** provides a quarterly forum for people with HIV to share their thoughts, feelings, writing, and brownie recipes in an atmosphere free of teddy bears, magic rocks, and seronegative guilt.

A one-year subscription to **DPN** is \$10.00 (US\$14 Canada, US\$20 International), sample issues \$3.00 (US\$4 Canada, US\$6 International)



More
Rampant

Commercialism

From

FOG Press!

2

3

Be the belle of the ball in these handsome 100% cotton T-shirts!

"The blood of over 100,000 Americans who have died of AIDS, Mr. President? Why, you're soaking in it!" The graphic that graced DPN's first cover. Red and black on white. Specify Large or Extra-Large. **\$12.00 each.**

"Official Condom Tester" This epic design will attract the attention of everyone from illiterate service station attendants to presidents and kings. Red and black on white. Specify Large or Extra-Large. **\$12.00 each.**

Totally cool stuff!



4

Tired of those Price and Paperwork condoms but don't know where to turn? Try **Captain Condom's Original Party Pack!** Over a dozen assorted condoms and lubricant samples, plus humorous, explicit instructions written for gay men. A classic. **\$5.00 each.**

I WANT IT ALL!

- ☐ Please send another **CONDOM EDUCATOR'S GUIDE** for only \$10.00
- ☐ Please send me a **SUBSCRIPTION** to DPN (four issues) for only \$10.00 (US\$ 14 Canada, US\$20 Int'l).
- ☐ Please send me **SAMPLE ISSUE** of DPN for only \$3.00 each (US\$ 4 Canada, US\$ 6 Int'l).
- ☐ Please send me _____ "You're Soaking In It!" T-shirts at \$12.00 each. Specify Large or Extra-Large.
- ☐ Please send me _____ "Official Condom Tester" T-shirts for \$12.00 each. Specify Large or Extra-Large.
- ☐ Please send me _____ copies of "Captain Condom's Original Party Pack" for \$5.00 each.

Please send to (print clearly):

Name: _____

Address: _____

Signature: _____

Total Merchandise and Subscriptions: _____

(California residents add appropriate sales tax. Prices subject to change without notice.)

**Please make checks out to
FOG Press, P.O. Box 31431
San Francisco, CA 94131**

CONDOM EDUCATOR'S GUIDE

1

INTRODUCTION...Page 1
Smelling The Roses Through A Gas Mask

2

THE CONDOM...Page 7
Proper Prophylactics

3

CONDOM TECHNIQUES...Page 15
No Previous Experience Necessary

4

TROUBLESHOOTING...Page 21
It Can Happen Here!

5

LUBRICANTS...Page 25
The Water of Life for Latex

6

LATEX & BEYOND...Page 29
All Latex Is Not Necessarily A Condom

X

APPENDIX...Page 33
Distributors, Free Rubbers, and More!

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HIS TRUSTY MACINTOSH

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