

Condom Demonstration Guidance for Health Resource Room

(NOT FOR USE IN THE CLASSROOM)

FOR HIGH SCHOOL STUDENTS ONLY (GRADES 9-12);

NOT FOR NINTH-GRADE STUDENTS IN JUNIOR HIGH SCHOOLS

Teacher Note: Condom demonstrations are to be done for high school students only (not for ninth-graders in junior high schools). Parents or legal guardians and students should be advised that they have the right to ask that their child not participate in the lessons dealing with methods of prevention, including this condom demonstration. Condom demonstrations are not to be done in classrooms; however they are done in the Condom Availability Programs (CAP), Health Resource Room. For more information, go to <http://schools.nyc.gov/Offices/Health/OtherHealthForms/HealthResource.htm>.

Teacher Note: Every high school (with a few exceptions) is required to have a CAP. Find out when yours is open and share that information with your students. Let them know that at CAP, they can be given a condom demonstration; receive free condoms, lubricant and female condoms; and that they can receive referrals to health care, if needed. Note the CAP opt-out form is different from the HIV parent notification form for teaching the HIV/AIDS lessons. Some parents may opt their children out of CAP. The CAP staff is required to check a student's eligibility before making condoms available.

Teacher Note: The NYC Health Department recommends that for maximum protection against unwanted pregnancy, females who have vaginal sex should use a hormonal birth control method in addition to using latex or polyurethane condoms to prevent HIV and other STDs.

How to Demonstrate Correct Male Condom Use

The male condom is a sheath used to cover the penis during sexual intercourse in order to prevent the transmission of preseminal fluid, semen, blood, or vaginal fluids. Condoms are barrier methods used to protect against infection with HIV or other sexually transmitted infections (STIs). They also help to prevent pregnancy. Condoms come in a variety of materials. Latex is a material that prevents passage of HIV and does not break as easily as other materials. People who are allergic to latex should use polyurethane condoms instead. Lambskin condoms should not be used as the skin has small pores through which HIV or the germs that cause other STIs can pass.

Correct male condom use means:

- Using a new condom from “start to finish” with each act of anal, vaginal, or oral sex.
- Never using two condoms at the same time.
- Never using a condom more than once.
- Checking to see which way the condom unrolls. If condom is placed on incorrectly it will not roll down smoothly. Discard it and get a new one.
- Condoms should be stored in a cool dry place under 80 degrees (not wallets, or near heaters/direct sunlight, and back pockets).
- Never using a male condom with a female condom.
- Opening the condom package carefully to avoid damaging it with fingernails, teeth, or other sharp objects.
- Putting on a condom before the penis comes in contact with the partner's anus, vagina or mouth.

- Never using an oil-based lubricant like cold cream, mineral oil, cooking oil, petroleum jelly, body lotions, massage oil, or baby oil that can damage latex condoms. Only use water-based lubricants (i.e., K-Y Jelly).
- Checking the expiration date or manufacture date on the box or individual package of condoms (i.e., expiration dates are marked as “Exp;” and the manufacture date is marked as “MFG”).
- Never using a condom that shows signs of brittleness, stickiness, or discoloration.
- Smoothing air bubbles, and making sure enough space is in reservoir for ejaculation (preseminal fluid and semen).

Male Condom Demonstration: Steps to Correct Male Condom Use

- Check the expiration date or manufacture date on the box or package. Open the condom along the side of the packet where the ridge is, so that it is easier to open. Tear open the package carefully. Do not use fingernails, teeth, or anything that can damage the condom.
- Remove latex or polyurethane condom from the package. Show students how a condom properly unrolls. If it is placed on the penis inside out, preseminal fluid and semen may be on the tip of the condom. They should discard the condom and start with a new one.
- Stretch a condom to illustrate its elasticity and that “one size fits all.” Please be sure to tell students that condoms should not be stretched out before actual use—this activity is strictly for demonstration purposes only. Emphasize that condoms are strong, but must be handled carefully, since long or sharp fingernails, jewelry or teeth, can damage them and compromise their effectiveness.
- Show how to put on a condom by rolling it over two fingers of your hand or by using an anatomical model. Squeeze the reservoir tip to eliminate any air pockets and leave space for semen. Unroll the condom all the way down the base of the fingers and smooth out any air bubbles.

Teacher Note: Make sure that all students (including students with learning disabilities) understand that a condom goes on the erect penis, and not on the fingers as demonstrated.

- Equally important, show how to remove the condom. After ejaculation, a man should withdraw his penis while it is still erect. He must hold onto the base of the condom so it does not slip off or leak. Keep penis and condom away from partner when taking the condom off. Wrap the condom in a tissue or a piece of paper, and discard properly into a trash can. Do not flush the condom down the toilet. Never use a condom more than once.
- Encourage the student to demonstrate proper condom use by following the steps using his/her fingers or an anatomical model.

How to Demonstrate Correct Female Condom Use

The female condom (FC2) is a pouch made of synthetic nitrile that loosely lines the vagina and covers the outside vaginal area. It has thin, flexible rings at either end. The inner ring anchors the female condom behind the pubic bone and the outer ring lies outside of the vagina. It comes pre-lubricated (silicone-based) and can be inserted hours before intercourse, without male participation. The female condom has been reported as having similar rates of effectiveness in preventing STIs and pregnancy as the male condom when used correctly and consistently. FC2 is the name of the second generation of female condom made of synthetic nitrile, which appears to be as effective as its much pricier polyurethane predecessor. Female condoms are available throughout New York City and through the NYCDOE’s high school condom availability programs (CAP). Teachers may link to the CAP website for further information about female condoms. <http://www.health.ny.gov/publications/9571.pdf>

Correct female condom use means:

- Using a new condom from “start to finish” with each act of vaginal sex.
- Always storing the condom in a cool, dry place.
- Practicing inserting the female condom. This helps the user feel more comfortable and confident.
- Checking the expiration date or manufacture date on the box or individual package of condoms (i.e., expiration dates are marked as “Exp”; and the manufacture date is marked as “MFG”).
- Opening the condom package carefully to avoid damaging it with fingernails, teeth, or other sharp objects.
- Inserting the female condom before there is any contact with the penis.
- Never using a female condom with a male condom. This causes friction and reduces the optimal effectiveness of both condoms.
- Never reusing a condom.

Female Condom Demonstration: Steps to Correct Female Condom Use

1. Check the expiration date or manufacture date on the box or package. Tear open the package carefully along the notched edge. Do not use fingernails, teeth, or anything that can damage the condom.
2. Remove the condom from the package. Show students how the female condom unfolds and demonstrate that the condom is long and narrow, and has an open-end (outer ring) and a closed-end (inner ring). Explain that the FC2 condoms are pre-lubricated with silicone and that any type of additional lubricant can be added to the inside of the condom prior to insertion.
3. Squeeze the inner (closed-end) ring between your thumb and /index finger (or middle finger). Show students how the inner ring of the condom is held prior to insertion. Explain that it’s easiest to insert if sitting, squatting, or lying down in a comfortable position; it is similar to inserting a tampon.
4. Explain that the inner ring is inserted into the vagina as far as possible. Next, show by inserting the index or middle finger inside the pouch, how the inner ring, has to be pushed further into the vagina. Explain that this becomes easier with practice.
5. Explain that the sheath must not be twisted. The open-ended (outer ring) should rest outside of the vaginal opening. Tell students to be careful to guide the penis through the outer ring into the pouch, not outside it.
6. Show how to remove the condom by twisting the outer ring to seal in the fluid and pulling it out gently. Explain that preseminal fluid and semen will be inside of the pouch; therefore carefully removing the condom is important.
7. Tell students to place the used condom in a tissue or in the empty package and throw it in the trash, not the toilet.

Teacher Note: Consider implementing the “Condom Challenge” activity in Appendix C to reinforce correct use of male and female condoms. Condom demonstrations are not to be done in classrooms; they are done in the Condom Availability Program, CAP, housed in the Health Resource Room, where students can also get free condoms.

Teacher Note: The NYC Health Department recommends that for maximum protection against unwanted pregnancy, females who have vaginal sex should use a hormonal birth control method in addition to using latex or polyurethane condoms to prevent HIV and other STDs.

Teacher Note: It must be stressed that abstinence from all forms of sexual intercourse is the only 100 percent effective and most appropriate way for young people to eliminate their risk of HIV and pregnancy. They need to know that it is possible for them to break the chain of HIV infection by taking personal responsibility for their sexual behavior. Impress upon students that the best and healthiest choice for an uninfected couple is to delay sexual intercourse until ready for a mutually faithful, lifelong relationship. While reduced risk is better than high risk, no risk is the best choice for optimal health outcomes.