

Does making condoms freely available on a university campus reduce the percentage of students positively diagnosed for chlamydia and gonorrhoea?

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Background

Among professionals in the field of sexual health there is a consensus of opinion that - *Condoms are a critical component in a comprehensive and sustainable approach to the prevention of HIV and other sexually transmitted infections.*

In June 2018 the Sexual Health and Crisis Pregnancy Agency Report determined that there are specific population groups known to be at high risk of negative sexual health outcomes, one of the groups identified were those aged 15 to 24yrs.

The Irish Study of Sexual Health and Relationships showed that of the respondents 10% of males and 7% of females aged 18 to 25yrs reported that the cost of condoms had prevented use during the previous year

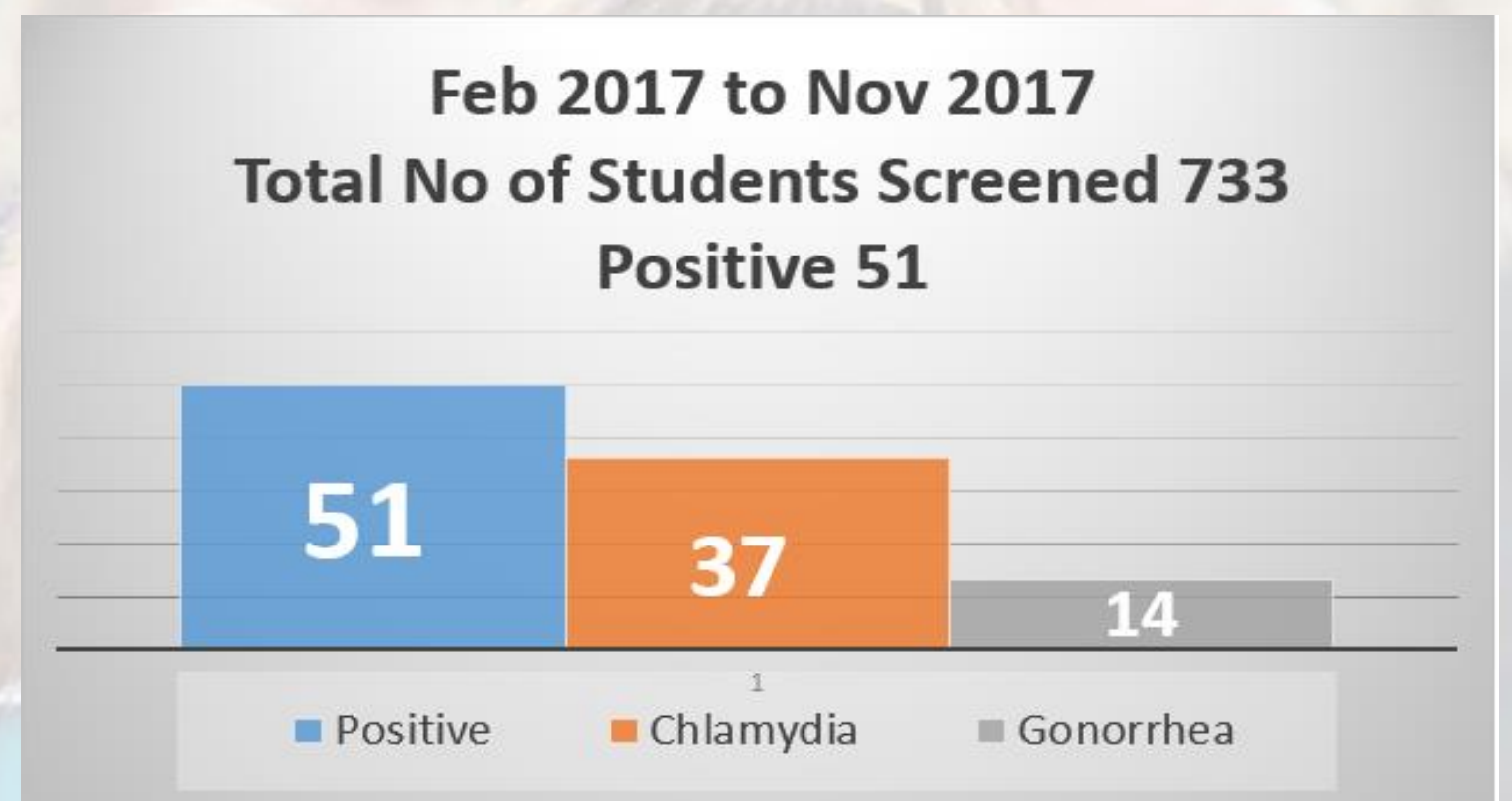
Aim

This pilot study will assess the impact of condoms which were made freely available to students in 2019

Methodology

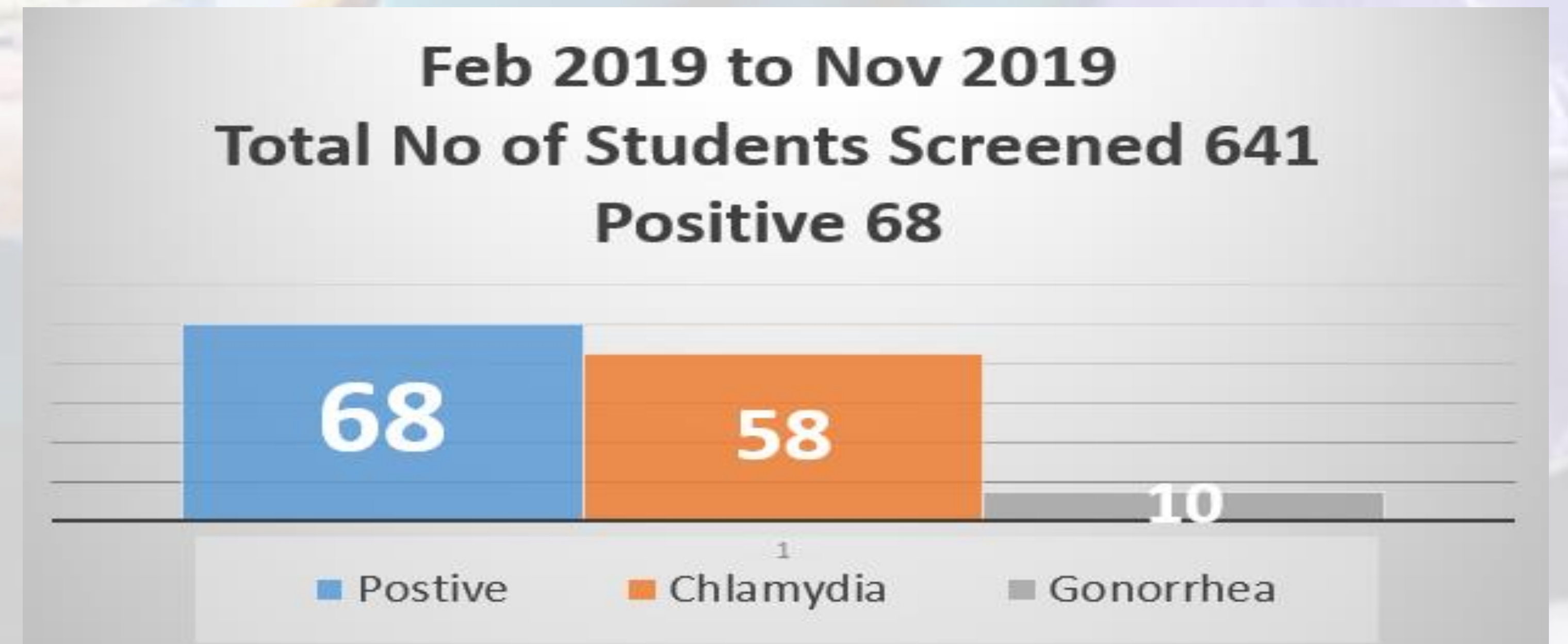
- Participated in a HSE initiative providing free condoms having identified a need.
- Used data collected through screening in the Student Health Centre (SHC).
- Data related only to those positive for chlamydia/gonorrhoea used.
- Data presented from February 2017 to November 2017 (pre condom distribution).
- Data presented February 2019 to November 2019 (during distribution).
- Highlight numbers of condoms distributed.

Results



2019 Study - (13,000 condoms freely distributed).

The increased 3.7% positive tests in 2019 study suggests the availability of free condoms does not change behaviours.



Points for Discussion

This study clearly shows those aged 18-25 yrs. are a high risk group for unsafe sexual behaviours. It proves the need to produce educational material which will foster positive behavioural skills and preventative knowledge. It confirms the opinion that condoms are not being utilised by those engaging in risky behaviours. It is a plausible possibility that reduced sexual sensitivity is a factor precluding condom use for males and therefore the reluctance is more related to lack of appeal than cost. Consideration needs to be given to the fact that young females in this group may not feel confident enough to speak up due to the power imbalance that exists between males and females which is another possibility that impacts on condom use.

As a health care professional it is evident through my practice that STIs disproportionately affect females and therefore I propose that a different approach needs to be considered by perhaps promoting the advantages of the female condom and its efficacy.

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