

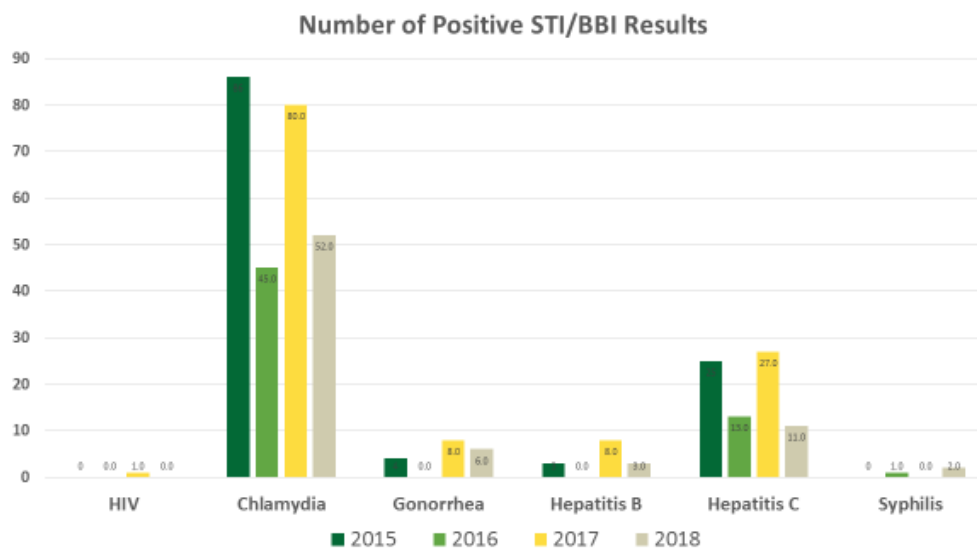
Condom Availability Program (CAP) FAQ's

Q: Why are there condom dispensers in the R.C. Dahl Centre?

A: The incidence of human immunodeficiency virus (HIV) and Sexually Transmitted Infections (STIs) in Saskatchewan and the former Cypress Health Region have been increasing over a number of years. This prompted awareness campaigns and harm reduction strategies to be put in place provincially and regionally.

Regionally, the former Cypress Health Region and the harm reduction working group focused on a series of strategies to address concerns. These strategies include:

- Prompt case management and follow up on reportable communicable diseases, including STIs.
- Prevention strategies and community education on topics such as human immunodeficiency virus (HIV), STIs, healthy relationships, and safe sex practices.
- Expanding the Condom Availability Program (CAP) to other locations, communities and events.



Q: What is the condom availability program?

A: Condom availability programs are intended to reduce the barriers that would otherwise deter sexually active individuals from using condoms to reduce their risks for HIV/STI's. Successful condom availability programs focus on the 3 A's:

- **Available** in the locations where members of the target population are found, hours the facility/business is open, transportation to access condoms.
- **Accessible** in venues frequented by the target population, are they a price individuals can afford (free).
- **Acceptable** to community members and in alignment with social norms (e.g. social marketing of condoms).

Q: Why Do We Need Condom Availability Programs?

A: The goal of the condom availability program is to make condoms readily available to the general population to prevent the spread of HIV and STI's.

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Additional benefits to condom availability:

- Condom availability programs increase condom use among diverse populations, including those who engage in high risk sexual activities.
- Distributing condoms provides an opportunity for professionals and organizations to engage in STI/HIV prevention education.
- The cost of condoms can be expensive for some people; therefore, the distribution of free condoms is an effective way of preventing most sexually transmitted infections.

Risk Factors:

- The main risk factors for STIs in the former Cypress Health Region include unprotected sex, having multiple and unknown sex partners, alcohol/drug use, having a new partner within the past three months, and having a previous STI. Internet partnering is also being identified more frequently as a risk factor.

Q: Is there a cost for the condoms?

A: To ensure the condoms are accessible, they are FREE of charge.

Q: Who can access/take condoms?

A: To achieve our harm reduction goals, we are striving to make condoms available, accessible, and acceptable to everyone/anyone.

Q: The dispensers are available/accessible to youth and this concerns me!

(Concerned that youth can access/take condoms, or that it might encourage them to become sexually active)

A: An increase in rates of chlamydia among adolescents aged 15-24 in the former Cypress Health Region has prompted the harm reduction working group to take action. The thought is, that making condoms widely available is essential to prevention.

Data/Research Driven Responses:

- Chlamydia rates in Saskatchewan are among the highest in Canada. Over 70% of chlamydia cases in the former Cypress Health Region are diagnosed in teenagers and young adults. Although these rates are highest in teenagers and young adults, anyone who is sexually active is at risk of contracting an STI.
- According to the Centres for Disease Control and Prevention (Duncan and colleagues, 2011), condom availability programs have been shown to increase condom availability and use among a wide range of populations, including youth.
- Adolescents face many obstacles to obtaining and using condoms. Some of these obstacles include confidentiality, cost, access, transportation, embarrassment, objection by a partner, and the perception that the risks of pregnancy and infection are low (Committee on Adolescent Health Care, 1996). Such programs have not been shown to change the frequency of sexual activity among students (Advocates for Youth, Kirby 1999).
- A World Health Organization review of studies on sexuality education found that access to counseling and contraceptive services did not encourage earlier or increased sexual activity. (Baldo and colleagues, 1993).

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Q: What are the stats of the CAP program in the first year?

A: The CAP program was staggered in its role out. However in the first year, the harm reduction program had dispensers installed in:

- Swift Current EI Wood (4th Floor)
- Swift Current ER
- Shaunavon Health Centre
- Maple Creek Integrated Health Centre
- Pontoix Health Centre

In the first year, **9,583** Condoms acquired as of March 21, 2019

Q: Who can I talk to if I still have questions or concerns?

A: Individuals who continue to express concerns or who would like to speak with the harm reduction working group can be directed to:

- **Krista Tourigny (Clinical Supervisor – Public Health Nursing) at #306-778-5253**

REFERENCES

Baldo M, Aggleton P, Slutkin G. Poster presentation to the Ninth International Conference on AIDS, Berlin, 6-10 June 1993. Geneva, Switzerland: World Health Organization, 1993.

Committee on Adolescent Health Care, American College of Obstetricians and Gynecologists. Condom availability for adolescents. *J Adolescent Health* 1996; 18:380-3.

"Condom Distribution as a Structural Level Intervention" (Atlanta: U.S. Centers for Disease Control and Prevention, October 2010), accessed September 9, 2013 at http://www.cdc.gov/hiv/pdf/prevention_programs_condom_distribution.pdf.

Duncan, Ted and Charles Collins. (2011) "Condom Distribution Programs as Structural Interventions." Centers for Disease Control and Prevention, Division of HIV/AIDS Prevention, a Presentation.

"Efficacy of Structural-Level Condom Distribution Interventions: A Meta-Analysis of U.S. and International Studies, 1998-2007," *AIDS and Behavior* 15.7 (October 2011): 1283-1297, accessed September 9, 2013 at <http://link.springer.com/article/10.1007%2Fs10461-010-9812-y>.

Kirby DB, Brown NL. Condom availability programs in U.S. schools. *Fam Plann Perspect* 1996; 28:196-202.