



Complete Summary

GUIDELINE TITLE

Condom use by adolescents.

BIBLIOGRAPHIC SOURCE(S)

Kaplan DW, Feinsein RA, Fisher MM, Klein JD, Olmedo LF, Rome ES, Yancy WS, Adams Hillard PJ, Sacks D, Pearson G, Frankowski BL, Piazza Hurley T. Condom use by adolescents. Pediatrics 2001 Jun;107(6):1463-9. [88 references]

GUIDELINE STATUS

This is the current release of the guideline. This guideline updates a previously issued version (American Academy of Pediatrics (AAP), Committee on Adolescence. Condom availability for youth. Pediatrics 1995;95:281-5).

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SCOPE

DISEASE/CONDITION(S)

- Unintended pregnancy
- Sexually transmitted diseases (STDs)
- Human immune deficiency virus (HIV) infection

GUIDELINE CATEGORY

Counseling
Prevention

CLINICAL SPECIALTY

Family Practice
Infectious Diseases
Pediatrics
Preventive Medicine

INTENDED USERS

Advanced Practice Nurses
Nurses
Physician Assistants
Physicians
Public Health Departments

GUIDELINE OBJECTIVE(S)

- To evaluate the use of male condoms as part of the secondary prevention of unintended pregnancies and sexually transmitted diseases (STDs) in adolescents
- To review current pregnancy, STD, and human immune deficiency virus (HIV) infection rates; recent changes in condom use by adolescents and factors affecting condom use; the types of condoms, their proper use, and their breakage rates; the effectiveness of condoms in pregnancy, STD, and HIV prevention; and the roles that schools are playing in condom education and availability for youth

TARGET POPULATION

Adolescents

INTERVENTIONS AND PRACTICES CONSIDERED

Prevention

1. Counseling and education regarding the benefits of sexual abstinence (*primary prevention*)
2. Counseling and education regarding the benefits, availability, and correct use of condoms* (*secondary prevention*)
3. Collaboration with community resources to decrease restrictions to condom availability

*Note: this guideline refers only to the male condom; the female condom was not included in the scope of this guideline.

MAJOR OUTCOMES CONSIDERED

- Rates of condom use among adolescents
- Factors influencing condom use
- Efficacy of condoms in preventing pregnancy, sexually transmitted diseases (STDs) and human immunodeficiency virus (HIV)
- Effectiveness of school-based condom availability programs
- Rates of sexual activity, pregnancy, STDs, and HIV among adolescents

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

1. Abstaining from intercourse should be encouraged for adolescents, because it is the surest way to prevent sexually transmitted diseases (STDs), including human immune deficiency virus (HIV), and pregnancy. Adolescents who have been sexually active previously should also be counseled regarding the benefits of postponing future sexual relationships.
2. Pediatricians are urged to actively support and encourage the correct and consistent use of reliable contraception and condoms by adolescents who are sexually active or contemplating sexual activity. The responsibility of males as well as females in preventing unwanted pregnancies and STDs should be emphasized. Pediatricians need to be actively involved in community programs directed toward this goal.
3. In the interest of public health, restrictions and barriers to condom availability should be removed.
4. Schools should be considered appropriate sites for the availability of condoms, because they contain large adolescent populations and may potentially provide a comprehensive array of related educational and health care resources.
5. To be most effective, condom availability programs should be developed through a collaborative community process and accompanied by comprehensive sequential sexuality education, which is ideally part of a K-12 health education program, with parental involvement, counseling, and positive peer support.
6. Pediatricians can actively help raise awareness among parents and communities that making condoms available to adolescents does not increase the rate of adolescent sexual activity and that condoms, despite their limitations, can decrease rates of unintended pregnancy and acquisition of STDs and HIV infection.
7. Research is encouraged to identify methods to increase correct and consistent condom use by sexually active adolescents and to evaluate effectiveness of strategies to promote condom use, including condom education and availability programs in schools.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of evidence supporting each recommendation is not specifically stated.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

From a public health perspective, condoms, especially if used consistently and correctly, can be expected to decrease the rates of unintended pregnancy and sexually transmitted diseases (STDs) and human immune deficiency virus (HIV) acquisition among sexually active adolescents.

Subgroups Most Likely to Benefit:

Sexually active adolescents are most likely to benefit from counseling and education regarding condom use.

POTENTIAL HARMS

Problems with condom use include latex allergy, decreased glans sensitivity, and condom failure.

QUALIFYING STATEMENTS

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The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

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ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2001 Jun (reaffirmed 2004 Oct)

GUIDELINE DEVELOPER(S)

American Academy of Pediatrics - Medical Specialty Society

SOURCE(S) OF FUNDING

American Academy of Pediatrics (AAP)

GUIDELINE COMMITTEE

Committee on Adolescence

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Committee on Adolescence (2000-2001): David W. Kaplan, MD, MPH, Chairperson, Ronald A. Feinstein, MD; Martin M. Fisher, MD; Jonathan D. Klein, MD, MPH; Luis F. Olmedo, MD; Ellen S. Rome, MD, MPH; W. Samuel Yancy, MD

Liaisons: Paula J. Adams Hillard, MD, American College of Obstetricians and Gynecologists; Diane Sacks, MD, Canadian Paediatric Society; Glen Pearson, MD, American Academy of Child and Adolescent Psychiatry

Section Liaison: Barbara L. Frankowski, MD, MPH, Section on School Health

Staff: Tammy Piazza Hurley

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

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GUIDELINE AVAILABILITY

Electronic copies: Available from the [American Academy of Pediatrics \(AAP\) Policy Web site](#).

Print copies: Available from American Academy of Pediatrics, 141 Northwest Point Blvd., P.O. Box 927, Elk Grove Village, IL 60009-0927.

AVAILABILITY OF COMPANION DOCUMENTS

None available

PATIENT RESOURCES

None available

NGC STATUS

This summary was completed by ECRI on May 7, 2002. The information was verified by the guideline developer on June 11, 2002.

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