Comment

Our results show that female general practitioners never or rarely used a chaperone and felt comfortable examining a male patient without one. However, the defence organisations strongly advise both female and male doctors always to use a chaperone. Few female general practitioners pointed out the logistic difficulties in obtaining a suitable chaperone for a male patient; others prefer to refer the patient for examination to a male partner when necessary.

About 65% of male general practitioners never or rarely used a chaperone, or even intended to offer a chaperone. However, 16% always used a chaperone. These results are similar to those of Jones in 1983.¹ It seems inappropriate that up to 25% of male general practitioners use medically unqualified staff such as receptionists as chaperones.

In conclusion, a chaperone seems justified in selected cases, for young patients, and for medicolegal reasons; however, the availability of a full time chaperone would have financial implications and may damage the doctor-patient relationship. There seems to be a disparity between doctors' views and medical defence organisations' advice. General practitioners should be able to offer their patients a suitably qualified chaperone, and the decision to use one should be a two way interaction between the doctor and the patient.

We thank all staff and doctors in our practice, the staff of Norfolk Family Health Services Authority, and all doctors who returned the questionnaires.

1 Jones RH. The use of chaperones by general practitioners. *J R Coll Gen Pract* 1983;33:25-6.

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Condoms: a wider range needed

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Previous research has assumed that condom failures, other than those due to manufacturing faults, have been the result of user behaviour or condoms being too loose. We report the findings of a survey of men attending a busy genitourinary medicine clinic in an area of south London with one of the highest incidences in Britain of pregnant women positive for HIV. The results of our study indicate that tightness of condoms is an important factor in their failure and suggest that a larger condom may be needed by some individuals and that this would reduce the risk of condoms coming off as well as splitting.

Methods and results

Three hundred men attending the clinic were asked to answer a questionnaire; 281 were returned. In their responses 188 men considered themselves white, 76 black, and 14 Asian.

Seventy men (25% of the sample) reported difficulties putting on condoms, of whom 52 (19% of the sample) said that condoms were too tight. Seventy three per cent (38) of these men had experienced condoms coming off, compared with 52% respondents (96) who reported that they were not too tight. Of respondents who said condoms were too tight, 68% (34) reported splitting, compared with 52% (95) of those who reported that they were not too tight. Condoms coming off occasionally had been experienced by 22% (17) black, 27% (51) white, and 36% (5) Asian men, and 8% (6) black, 2% (3) white, and 21% (3) Asian men had had condoms come off frequently. In all, 20% (15) black, 19% (35) white, and 28% (4) Asian men had occasionally had a condom split, and 18% (14) black, 7% (14) white, and no Asian men had experienced condoms splitting frequently.

Sex with two or more partners during the preceding 12 months was reported by 56% (157) of respondents (53% (99) white, 70% (53) black, and 36% (5) Asian). Although 22% of the sample (63 men) claimed to always use a condom, only 9% (7) of black men, compared with 27% (51) of white and 36% (5) of Asian men, made this claim.

Comment

Most condoms in Britain conform to the specifications of the British Standards Institute, which specify a flat width of 52 (SD 2) mm.¹ Our results suggest that a

Relation between condom tightness, condom failure, and racial origin. Values are numbers (percentages); not all subjects answered all questions

	Condom tight (n=52)	Condom not tight (n=186)	p Value*
Condom came off (n=250):			0.0003
Frequently	6 (12)	4 (2)	
Occasionally	32 (64)	92 (49)	
Never	12 (24)	90 (48)	
Condom split (n=249):			0.0001
Frequently	13 (26)	14 (11)	
Occasionally	21 (42)	18 (15)	
Never	16 (32)	92 (74)	
Racial origin (n=281):			0.0007
Black	25 (48)	40 (22)	
White	25 (48)	136 (73)	
Asian	2 (4)	10 (5)	

* χ^2 Test with two degrees of freedom.

proportion of men have penises sufficiently large to cause difficulty in putting on condoms, and for these men condoms are likely to come off or split more often, which may influence the acceptability of condoms. It is often assumed that a condom is elastic and that, size is therefore unimportant, but little stretch is actually possible when the condom is in a tightly rolled state.

An important cause of a condom coming off, paradoxically, is that it may be too tight. Difficulty rolling the condom fully down the shaft allows the ring to enter the partner and be rolled off the penis. If a condom is tight breakage may be due to placing fingers inside the ring to drag on the condom; this accounts for breakage occurring most often at the closed end (S L Solanti, personal communication).

Failure related to tightness would contribute to negative images of condoms. The World Health Organisation's guidelines indicate that over a third of penises exceed the British Standard Institute's standard dimensions for condoms.² This standard therefore inhibits the manufacture of a suitable range of size of condoms. This aspect of condom design needs further research.

The survey also highlighted a higher reported rate of condom failures, lower uptake of condoms, and reporting of a greater number of partners by black respondents. These findings indicate that this group, who may be at particular risk of exposure to HIV infection through second generation spread, could benefit from specific promotion and products.

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1 British Standards Institute. *British Standard specification for natural rubber latex condoms: BS 3704*.

2 World Health Organisation. *Specifications and guidelines for condom procurement*. Geneva: WHO, 1992.

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