Ansell

SEXUAL HEALTH INFORMATION KIT

TABLE OF CONTENTS

1. ABOUT ANSELL

2. THE MANUFACTURING PROCESS

ELECTRONIC TESTING
DIMENSION TESTING
TENSILE TESTING
TESTING FOR HOLES
AIR INFLATION TESTING
FINAL ACCEPTANCE TESTING

3. ANSELL MISSION STATEMENT

4. THE GROWING IMPORTANCE OF WOMEN

5. THE CONDOM MARKET

6. ANSELL PRODUCT RANGE

7. ABOUT CONDOMS

8. STD'S: THE FACTS

9. HIV/AIDS IN AUSTRALIA - A BRIEF HISTORY

10. HISTORICAL METHODS OF CONTRACEPTION

1. ABOUT ANSELL

Ansell International, founded 1905, is the world's largest manufacturer of household gloves, surgical gloves, latex examination gloves, industrial gloves and condoms - with sales of approximately one billion Australian dollars. Ansell has 12,053 employees worldwide.

In Australia the current retail value of the condom market is approx $24 million with a growth rate of 3% per annum.

Condoms are manufactured in the USA. Further to this Ansell operates an additional 15 factories in the USA, Canada, Mexico, Thailand and Malaysia, specialising in surgical and examination gloves, household gloves, and a wide range of synthetic industrial gloves. One factory in the United Kingdom produces Nitrile gloves.

Each factory is equipped with research and testing laboratories, related to the products manufactured at the specific location. All Ansell production sites have been approved to operate under ISO 9000 GMP.

The manufacture of condoms is a complicated and highly sophisticated process, involving attention to quality at every stage of production. Extensive scientific research lies behind the development of all manufacturing procedures, in order to ensure condom production is of the very highest quality.

2. THE MANUFACTURING PROCESS

Since the 1930's the majority of condoms have been made from natural rubber latex produced mainly in Malaysia. Extensive testing is carried out prior to manufacturing, as only the highest quality latex can be used.

A number of chemicals - preservatives, vulcanisers and compounding agents - are added to the raw latex once it has been accepted, and these too undergo thorough laboratory quality testing. Any neglect of quality at this stage could result in condoms of insufficient elasticity, strength or durability. Once all ingredients have passed the required standards control, the latex is pumped into vats for chemical additions and mixing. Each batch of latex is assigned a number, which is carried throughout the manufacturing process, enabling it to be traced to the finished product.

Manufacturing parameters are constantly monitored throughout production, to ensure exact specifications are maintained and, at frequent intervals, condoms are tested for physical characteristics to ensure that the process is operating correctly.

Condoms are produced by dipping glass formers the shape of the condom required, into the latex compound. Cleanliness is paramount and formers are cleaned and rinsed before being dipped. Each former is dipped twice, ensuring a complete and even coating.

TENSILE TESTING

The tensile test measures the extent to which a cross section (ring) cut from a condom can be stretched before breaking - which is normally well over six times its original length. Using an electronic machine, the cross section is then stretched to the point of breakage. The force required to break the sample and the elongation % is recorded. This test is also made of artificially aged condoms.

TESTING FOR HOLES

The most discriminating tests for holes is the water test, which not only checks for tears or pin holes but is also used as a stress test for the closed end of the condom. Sample condoms from a batch are placed onto a machine with revolving test stations, filled with water and left to hang for one minute. Some quality regulations then require the water filled condoms to be rolled across absorbent paper as a final means for detecting holes.

AIR INFLATION TESTING

The air inflation is another test which can be used to evaluate the strength of the condom. Each condom from a sample batch is pulled over a mandrel and inflated until it bursts. The volume of air and the pressure is recorded. Various standards require a volume from 15.1 to 25.1 and a pressure from 0.9 to 1.0 kPa as minimum values.

Once batches have been found to meet the requirements of Ansell quality standards, they proceed to packaging. Condoms are packed to specific customer requirements on automatic packing machines which add precise quantities of lubricant and seal each condom into square envelopes of P.E. film or metallic foil.

At short intervals samples are tested, to verify the exact amount of lubrication and the air tightness of the seal.

FINAL ACCEPTANCE TESTING

After each batch has been packed, it is submitted to the final statistical inspection, exactly as per the standard of the country of destination. The required AQL for each attribute is verified and, only if it passes, will the batch be released for shipment. In Australia, all condoms marketed as contraceptive devices must meet the International Standards for Condoms ISO 4074.

3. ANSELL MISSION STATEMENT

Ansell will continue to be the leading manufacturer and marketer of sexual health products in Australia. Ansell sexual health products not only guarantee to reduce the risk of sexually transmissible diseases and unwanted pregnancy, but also do not complicate the enjoyment of sex.

Listening to existing and new customers needs, and responding to them, will drive new product development.

4. THE GROWING IMPORTANCE OF WOMEN

Not so many years ago, the purchase of condoms was almost exclusively a male activity. There is now far less stigma and embarrassment attached to the purchase and use of condoms.

The 'PILL' is no longer regarded by many women as the complete worry-free contraceptive. As a result, women are playing a much more active role in the purchasing of condoms than they did a few years ago. It is estimated that women are now responsible for one in four condom purchases. This proportion is expected to increase with greater availability of condoms in super markets and other grocery outlets.

5. THE CONDOM MARKET

Easy Fit
Easy to Apply

Straight Fit
Standard protection

Xtra Pleasure
Stimulating

Form Fitting
Secure Fit

Other Variables

CONDOM USAGE RATES AROUND THE WORLD

1.8p.c./pa	US
2.4 p.c./pa	Australia
2.9 p.c./pa	New Zealand
4.0 p.c./pa	Japan

CONDOM USERS

1. 32.9% of sexually active people are regular condom users
2. Average usage of condoms per month -7
3. Female Purchase 45% Male Purchase 55%
4. 97% of condom users are aware of at least 1 Ansell brand

Roy Morgan - Condom Tracking Study July 2002

Source:
1: Import Statistics
2: A C Nielsen
3: Ansell internal sales figures

AUSTRALIAN CONDOM MARKET

Total Condom Market National- Supplier Share (Units) 2002

Source: Aztec Scan Data

Total Condom Market National- Purchase Source (Units) 2002

Source: Aztec Scan Data

6. ANSELL PRODUCT RANGE

CONDOMS:

LIFESTYLES	Extra Strong
	Ribbed
	Form Fitting
	Regular
	Ultra Thin
	Assorted
	Textured
	Psychedelic
CHEKMATE	Chekmate Lubricated
	Chekmate Non Lubricated
CONTEMPO	Rough Rider
	Bareback
	Mega
	Exotica
XTRA PLEASURE	Mutual Sensations
	Sensual Moods
	Luxuriously Lubricated

PERSONAL LUBRICANTS:

LIFESTYLES	Silky Smooth
	Strawberry Flavour
	Extra Care

7. ABOUT CONDOMS

Definition: Protective sheath worn during sexual intercourse

History: * Dates from Roman times
* Latex condom from 1880's

The only means of preventing sexual transmission of STD's including the AIDS virus

Totally non-invasive

Effective contraception and prophylactic which is readily available.

THE CONDOM - A DESCRIPTION

The first condom is said to have been used in Roman Times. It was made of sheep's intestine and was not very satisfactory.

Modern condoms are made of fine, but strong latex rubber. When placed on the erect penis condoms need not reduce the pleasurable sensations of sexual intercourse.
Today you can buy condoms in different colours, styles and textures.

They are available from chemists, supermarkets, convenience stores and vending machines. Condoms are packed in sealed pouches, which keep the latex in good condition until required. When a condom has been used once it is **discarded.**

Although most condoms are prelubricated, additional water based lubricant (such as Ansell Personal Lubricant) should always be used with condoms to increase comfort and reduce the risk of condom breakage.

Whilst no method of contraception can be considered 100% effective, the incidence of condom breakage is rare, when the product is used correctly with plenty of water based lubricant.

Condoms are made with teat ends and plain ends. There isn't much difference between the two. Both kinds must be unrolled onto the erect penis leaving enough space for the semen to be collected, but making sure that there is no air bubble at the end, because the pressure of air together with the semen, may burst the condoms.

A condom must be unrolled fully so that it reaches down the length of the penis, otherwise, after ejaculation, the condom may slip off.
When used consistently and correctly, condoms provide a safe, effective, non invasive and easily available method of contraception, and protection against sexually transmissible diseases (STD's).

THE CONDOM ADVANTAGES

- Harmless to either partner (except in very rare cases of allergies to rubber)
- Easily obtained - No doctors prescription required.
- Are prelubricated and can be put on easily.
- Immediately effective as a method of contraception.
- The only method of contraception which also provides protection against Sexually Transmissible Diseases (STD's)
- An effective method of contraception when used consistently and correctly with plenty of water based lubricant.
- The condom is the only method of birth control that allows the man to take responsibility in a sexual relationship.
- Does not interfere with oral medications.
- Are safe to use when breast feeding.

8. STD'S: THE FACTS

In 1993, the most commonly notified STDs were Chlamydial infection, Gonococcal Infection and Syphilis.

Studies show that although the majority of young people have heard about HIV/AIDS, a disturbing number have never heard of other STDs or are unsure of the health implications of such diseases. (Rosenthal and Moore, 1994).

Of a sample of 477, 18 year old post-secondary male and female students:

* 65.8% had never heard of Chlamydia
* 65.9% had never heard of Gonorrhoea
* 65.10% had never heard of HPV
* 65.11% had never heard of Herpes

Most, but not all, understood that there was no cure for HIV/AIDS.

Chlamydia

Once thought of as a relatively trivial STD, Chlamydia is now considered the major cause of Pelvic Inflammatory Disease (PID). Despite this, 42% of respondents surveyed said that they believed Chlamydia had no consequences. (Rosenthal and Moore, 1994).

Chlamydia Trachomatous, notifiable in all States and Territories except New South Wales accounted for 55 cases for 100,000 population. The female to male ratio was 2:1. The highest proportion of cases occurring in the 20-24 years age group.

HPV

HPV (the virus which causes genital warts), together with Herpes, are the most common STDs in Australia. It is estimated that possibly two in every three people carry HPV which can lead to Cervical Cancer.

Despite this, 61.6% of respondents said that they believed HPV had no consequences. (Rosenthal and Moore, 1994).

Herpes

41.5% of respondents said the believed that Herpes had no consequences. (Rosenthal and Moore, 1994).

Regarding disclosure - 95.8% of respondents said they would tell their partner if they were suffering from Herpes, however 43.4% said they would tell no-one if they could help it. (Rosenthal and Moore, 1994).

Gonorrhoea:

It is little understood that Gonorrhoea can lead to Pelvic Inflammatory Disease (PID) and infertility.

60% of respondents said that they believed that Gonorrhoea had no consequences. (Rosenthal and Moore, 1994).

Although 96.8% of respondents said that they would tell their partner if they suffered from Gonorrhoea, 96% said that they would prefer to tell no-one, if they could help it. (Rosenthal and Moore, 1994).

HIV/AIDS

In 1985, there were 3941 cases of newly diagnosed HIV infection. Since then, there has been a steady decline, followed by a levelling-out, in newly diagnosed HIV infection with 998 cases diagnosed in 1993. (Australian HIV Surveillance Report, April 1994).

In 1993 NSW had the largest percentage of newly diagnosed HIV infection in Australia with 51%, followed by Victoria with 22.9%, and Queensland with 14.3%. These figures are also representative of the diagnosed AIDS cases. (Australian HIV Surveillance Report, April 1994).

While male individuals who identify as homosexual/bisexual make up the largest percentage for exposure to HIV/AIDS, the percentage has shown a decline throughout 1991, 1992 and 1993. (Australian HIV Surveillance Report, April 1994).

The percentage attributed to heterosexual contact has increased from 0.8% in 1985 to 6.5% in 1993 for cases of newly diagnosed HIV. (Australian HIV Surveillance Report, April 1994).

Australian Research has highlighted the fact that 86% of all STDs occur in young people between the ages of 15 and 29, and that one if five adolescents will have acquired a sexually transmissible disease by the time they are 21.

9. HIV/AIDS IN AUSTRALIA - A BRIEF HISTORY

1981 An Australian gay community paper, the Sydney Star, runs Australia's first article on AIDS.

1982 In November, the first case of AIDS is diagnosed in Australia.

1983 AIDS Action Committee (NSW), first community based AIDS group is established.

Australia's first AIDS death.

First community AIDS support group formed by gay men in Sydney.

AIDS Prospective Study launched, the first major epidemiological study in Australia.

1984 Publication by community groups in Victoria of a landmark advertisement on the need for safe-sex practices.

Signs of a strong national response evolving in Australia, characterised by partnership between governments, health workers and researchers, and the affected communities.

Bobby Goldsmith Foundation begun, first community-based fund-raising charity.

First training course run by Community Support Network, beginning of voluntary care groups for people with HIV/AIDS.

Special meeting of Australian Health Ministers Council called in response to announcement of deaths of four infants in QLD from HIV-contaminated blood. Five million dollars allocated to AIDS services, including $3.7m in grants to states for education and counselling and support services. National AIDS Task Force formed to advise the Commonwealth Government on AIDS (NACAIDS) established to advise on education, treatment and care and legal and health policy.

1985 49 cases of AIDS reported in Australia.

Australia becomes the first country in the world to secure it's blood from HIV infection with testing of all donations.

First testing clinics open.

First National Conference on AIDS is held.

1986 Commonwealth government fund the newly formed Australian Federation of AIDS Organisations as the national peak body representing HIV/AIDS related community organisations.

State and Commonwealth grants used to fund State-based AIDS Council for education, support and care programs.

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10. HISTORICAL METHODS OF CONTRACEPTION

Chinese (2000BC):

- Considered swallowing 16 tadpoles fried in quicksilver (mercury) an infallible oral contraceptive.

Egyptians:

- used pessaries made of crocodile dung
- may have invented the condom (depicted in paintings 1350-1200BC).

Greeks:

- Exposed unwanted babies to the elements at birth
- Hippocrates suggested that a woman should jump up and down 7 times to induce miscarriage

Romans:

- Believed that if a woman sneezed after sex, conception was prevented. (Success rate of same could be gauged by Rome's founding an empire to accommodate it's population growth!)
- Also believed in shared responsibility: a concoction of mule's kidney in eunuchs urine was prescribed to cause impotence and Cedar Gum rubbed on the male member ensured the same result. (However history is silent on how Roman men were persuaded to go along with it.)
- Less trying methods included wearing a weasel liver or spiders egg which would prevent conception for a year, but <u>only</u> if the egg was attached to the body by deer skin before sunrise.

Some African Tribes:

- Fashioned prophylactics from Okra Pods.

The Bible:

- Refers to contraception as 'the sin of onan' ONANISM is often taken to mean masturbation but it is Coitus Interruptus - to avoid impregnating his brother's wife, Onan cast 'his seed upon the ground', still one of the popular but least reliable methods of contraception.

Saxon Ladies:

- favoured a more direct approach: they squeezed the male urethra to send the sperm shooting backwards (a form of retrograde ejaculation dubbed 'coitus saxonicus').

Crusaders:

- Used the ultimate barrier method - The Chastity Belt - to keep wives on the straight and narrow (or at least under lock and key) while they (the crusaders) thundered off to fight the Infidel.

The Infidel:

- Meanwhile was busy perfecting the IUD. Arabian camel drivers put pebbles in the uterus's of their female camels during long journeys, being the first to realise that placing a foreign object in the womb prevented pregnancy.

Medieval Abattoir Worker's

- made their condoms out of animal guts.

Anatomist: Gabrello Fallopius (immortalised as the discoverer of the fallopian tubes):

- Devised a linen sheath so stout its users soon dubbed them "overcoats".

Madame de Sevigne (French writer of the late 17th Century):

- Describing condoms in a letter to her daughter wrote: "an armour against enjoyment and a spider web against danger".

Japanese:

- favoured condoms made of tortoise shell

Casanova (1725 - 1798) Lover to over 1000 women (according to his own account):

- Disliking condoms devised his own invention of inserting 3 gold balls into the woman's vagina, this apparently did the trick for 15 years.

Marie Stopes (British Birth Control Pioneer):

- Proposed half a tennis ball as an emergency diaphragm.

  (Stopes was still 'Virgo intacta', due to an impotent spouse, when she published her 1918 Birth Control Manual ~ Married Love)

Historically the varied range of contraceptive methods tried and tested is not so surprising, as early family planners had a basic lack of anatomical and biological knowledge.

The female ovum wasn't even discovered until 1827 up to then it was thought that the sperm was a tiny complete person (or homunculus) and the female's contribution was to supply a womb for it to grow in. The ancients thought that the womb could wander around the body at will - so they inserted sweets into the vagina to lure it back!!

Other methods that have been tried:

- Pessaries of :
  cabbage leaves
  rock salt
  rabbit stomach membrane
  willow leaves
- Fumigating the vagina
- anointing the penis with tar or onion juice.
- Eating and drinking all sorts of bizarre things:
  eg Water in which blacksmiths cool their tools

Virtually every herb in the Natural Pharmacopoeia has been used as a contraceptive (from slippery elm to mallow root).

Beliefs still prevalent today:

- Having sex standing up.
- Don't climax together.
- The woman jumps around a lot after intercourse.
- Douching with cola is apparently a favoured method among teenagers today (unsuccessful and potentially harmful).

THE CONDOM

The condom finally came into its own after Goodyear perfected the vulcanisation of rubber in 1843.

The first Ansell condom was manufactured in a small house in Richmond (Melbourne) in 1905.