

The Relationship between Women's Attitudes about Condoms and Their Use: Implications for Condom Promotion Programs

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Abstract: A survey of 759 women attending contraceptive care clinics revealed that a majority of women endorsed condom use as an important way to reduce the spread of AIDS (acquired immunodeficiency syndrome); 82 per cent reported past use of condoms, but only 14 per cent reported using condoms in addition to another form of contraception to prevent infection with sexually transmitted pathogens, including HIV (human immunodeficiency virus). Acceptance of condom advertisement, perceived male and peer acceptance of condoms, and the effect of condom use on the enjoyment of sexual intercourse predicted condom use. (*Am J Public Health* 1989; 79: 499-501.)

Introduction

In a recent mailing to American citizens on the subject of AIDS (acquired immunodeficiency syndrome), readers were advised that "not having sex," or having sex with "one mutually faithful, uninfected partner" are "safe behaviors" that will protect one from AIDS.¹ For individuals falling outside of these categorizations, condom-protected intercourse is the next best option. However, merely warning persons about the dangers of sexually transmitted HIV (human immunodeficiency virus) infection and urging the use of condoms may not result in their widespread adoption. We conducted a survey of sexually active women to assess their knowledge of, attitudes about, and use of condoms.

Methods

During the months of September and October 1987, 800 questionnaires pertaining to condom use knowledge, attitudes, and practice were distributed to clients at eight contraceptive care clinics (100 consecutive clients per site) in urban, suburban, small town, and college campus locations in southwestern Pennsylvania. The questionnaire consisted of 10 true/false questions, 12 attitudinal items, questions about

past and current condom use, and several questions relating to the demographic characteristics of the applicants.

Categorical variables were analyzed using the chi-square test. Multiple linear logistic regression, using maximum likelihood estimation, was performed to simultaneously assess the association of co-variables with the dependent outcome of current condom use.²

Results

Seven hundred fifty-nine completed surveys were returned for analysis. Over half of the participants were between the ages of 19 and 25, 84 per cent were White, 41 per cent had at least a high school diploma, 15 per cent were married, and 15 per cent were living with a male partner to whom they were not married, 86 per cent reported a single sexual partner, 6 per cent had more than one sexual partner, and 8 per cent were not sexually active at the time of the survey.

Eighty-two per cent of the women reported that they had used condoms with a male sexual partner at least once in the past: 74 per cent reported that this was for "birth control," 3 per cent reported it was "to prevent VD," and 23 per cent said "for both purposes." Twenty-one per cent of the women reported they were currently using condoms with or without contraceptive foam for "birth control" and 14 per cent were currently using condoms and another contraceptive "to prevent VD."

Although the results from the true/false questions revealed a relatively high general level of knowledge about condoms and HIV transmission, a number of inaccuracies were noted, including: 26 per cent believed that vaseline "is the best lubricant to use with condoms"; 21 per cent believed that withdrawing the penis before ejaculation "is as safe" as using a condom in terms of preventing AIDS; 12 per cent believed that the virus which causes AIDS cannot be found in both male and female genital secretions; and 9 per cent thought a woman "could not get AIDS" from a male sexual partner unless she had anal intercourse with him.

Table 1 outlines the women's responses to the attitudinal items as a composite and then dichotomized between "users" (women who report current use of condoms with or without foam as a contraceptive) and "non-users." The majority endorsed condoms as an important way to prevent the spread of AIDS, especially with a new sexual partner, although 37 per cent expressed uncertainty of their ability to initiate use, and 22 per cent believed they would be "too embarrassed" to purchase condoms in a drug store. Non-users were more likely to feel that most men do not like using condoms, that condom-protected intercourse would not be enjoyable, were less likely to report peer acceptance of condoms, and more likely to be unsure about feeling "insulted" if a partner wanted to use a condom.

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TABLE 1—Attitudes Pertaining to Condom Use: Per Cent of Total Cohort and Condom Users versus Non-users

Women's Responses		% Agree	% Disagree	% Not sure
"Most men do not like using condoms."		80.5	7.4	12.1
	User/Non	73.5/82.3	13.2/5.8	13.2/11.8
"I would be insulted if my male partner wanted to use a condom while he was having sex with me."		5.2	86.1	8.7
	User/Non	6.0/5.0	90.7/84.9	3.3/10.1
"If I were planning on having sex with a man I didn't know, I would ask him to use a condom."		87	1.4	11.6
	User/Non	91.4/85.9	.7/1.6	7.9/12.6
"I wouldn't know how to bring up the subject of condoms with a new sexual partner."		14.9	63.2	21.9
	User/Non	14.6/14.9	65.6/62.6	19.9/22.5
"Most of the women I know think that using condoms with a new sexual partner is a good idea."		77.2	6.1	16.6
	User/Non	84.8/75.3	5.3/6.3	9.9/18.4
"I would be too embarrassed to buy condoms at a drug store."		21.8	62.8	15.4
	User/Non	20.5/22.1	62.9/62.8	16.6/15.1
"I worry a lot about getting AIDS from a new sexual partner."		69.9	17.7	12.3
	User/Non	69.8/70.0	18.8/17.5	11.4/12.6
"I think that condoms should be advertised on television as a way to prevent the transmission of AIDS."		84.0	5.2	10.8
	User/Non	88.7/82.8	1.3/6.2	10.0/11.0
"I think I would feel "dirty" if a man wanted to use condoms with me."		2.5	93.5	4.1
	User/Non	1.3/2.7	95.4/93.0	3.3/4.3
"I think that condoms are an important way to reduce the spread of AIDS."		95.6	1.2	3.1
	User/Non	96.0/95.5	.7/1.4	3.3/3.1
"I don't think I would enjoy intercourse if my partner used condoms."		12.7	70.3	17.0
	User/Non	4.6/14.8	88.7/65.5	6.6/19.7
"Even if I were using some other method of birth control, I think that I would still use a condom with a new sexual partner to prevent myself from becoming infected with 'VD' (including AIDS)."		81.2	3.7	15.1
	User/Non	84.0/80.5	3.3/3.8	12.7/15.7

Differences by race in response to the knowledge questions were negligible (data available upon request to authors).

Responses to nine of the 12 attitudinal items differed by race (data available upon request to authors). Black respondents (n=117) were more likely to worry about AIDS, to endorse the use of condoms, especially with a new sexual partner, to report peer acceptance of condoms, and were less likely to feel unsure about initiating condom use or to be embarrassed about purchasing condoms.

Forward stepwise multiple logistic regressions were used to investigate the association between the previously described variables and condom use (Table 2). The first model contained demographic, knowledge, and attitudinal variables; the second contained only attitudinal variables. In both instances, attitudes alone were predictive of condom use.

Discussion

Among men, a variety of reasons have been recorded for underutilization of condoms, including: lack of ready access; failure to plan for sexual intercourse; the use of alcohol and/or drugs prior to sex; beliefs that condoms impair sexual pleasure; the belief that condoms would be offensive to one's partner; and the belief that condoms are unnatural or immoral.³⁻⁷ Many of these same barriers no doubt hold true for women as well.⁸

Our finding that attitudes about condoms were the only independent variables capable of predicting their use suggests that condom promotion programs targeted to women must attempt to alter these attitudes. To that end, programs

TABLE 2—Variables Independently Associated with Condom Use: Results of Multiple Logistic Regression

	Odds ratio	95% CI
A. Terms examined: Age; Race; Educational Level; Location of Clinic; Marital Status; Number of Correct True/False Questions; Perceived Male Acceptance of Condoms; Intention to Use Condoms with New Male Partners; Peer Acceptance of Condoms; Barriers to Purchase; Condoms as Important Means of Preventing AIDS.		
Male Acceptance^a		
Agree	1.00	
Disagree	2.45	1.34, 4.49
Not Sure	1.19	0.67, 2.09
TV Advertisement^b		
Agree	1.00	
Disagree	0.11	.01, 0.79
Not Sure	0.88	0.48, 1.61
B. Terms Examined: Twelve Attitudinal Factors Only (Table 1)		
Enjoyment^c		
Agree	1.00	
Disagree	4.26	1.92, 9.48
Not Sure	1.11	0.41, 3.06
Peer Acceptance^d		
Agree	1.00	
Disagree	0.67	0.29, 1.57
Not Sure	2.14	1.17, 3.90

a) "Most men do not like using condoms."
 b) "I think that condoms should be advertised on TV as a way to prevent the transmission of AIDS."

c) "I don't think I would enjoy intercourse if my partner used condoms."
 d) "Most of the women I know think that using condoms with a new sexual partner is a good idea."

should include skills-training sessions which incorporate role playing and small group discussion. Experienced peers may be especially effective in addressing the perception that condoms interfere with sexual pleasure, since condom acceptance is known to increase with increased experience.⁹

Condom promotion programs must also be flexible enough to meet individual needs. There may be significantly different perceptions about condom use among women from different racial/ethnic backgrounds.

The observed discrepancy between the widespread endorsement of condoms and the frequency of reported use probably reflects the fact that many of the women we surveyed do not perceive themselves to be at risk for HIV infection,¹⁰ because most reported only a single sexual partner. Therefore, the ability to generalize these findings to women who belong to targeted "risk groups" is limited. Nevertheless, we believe that the identification of generic barriers to women's use of condoms for contraception does provide direction for the development of condom promotion programs which can then be applied to other populations, especially those at increased risk of HIV infection.

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Sexual Behavior Changes and HIV Antibody in a Cohort of New York City Gay Men

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Abstract: A sample of 357 gay/bisexual men, ages 20 to 65, were interviewed in 1985 regarding their sexual patterns over the course of the AIDS (acquired immunodeficiency syndrome) epidemic. Within four months after the interview, men were tested for antibody to HIV (human immunodeficiency virus) and 36 per cent were found positive. Cessation of receptive anal intercourse was associated with HIV negative antibody status, (OR > 3.0). Reducing the number of sexual partners, becoming monogamous, or eliminating other forms of sexual contact were not related to risk of HIV. (*Am J Public Health* 1989; 79:501-503.)

Introduction

Without a vaccine against human immunodeficiency virus (HIV) or efficacious treatments for HIV-related illnesses, the primary means available for controlling the AIDS (acquired immunodeficiency syndrome) epidemic is through education and the self-regulation of transmission risk behavior. For gay/bisexual men, two main types of behavior change

have been recommended¹⁻³: reduce the number of different sexual partners, and eliminate the exchange of body fluids during sexual encounters. Although gay men in San Francisco and New York City have substantially changed their sexual behavior patterns to conform with these recommendations,⁴⁻⁷ persistence of high-risk sexual activity continues among a minority of these well informed cohorts.⁶ In addition, high rates of risk-taking behavior have been reported among gay men in areas with low AIDS incidence.^{8,9}

While it is well established that unprotected anal intercourse is the primary sexual behavior associated with HIV infection,¹⁰⁻¹⁵ evaluation of the usefulness of actual changes in sexual behavior in preventing HIV infection among those initially at high risk is less common.¹⁶ Thus, we undertook this study to determine the extent to which changes in sexual behavior occurring after the onset of the AIDS epidemic altered the likelihood of HIV infection among gay men.

Methods

This analysis is based on 357 of the 746 gay men recruited to study the impact of AIDS on the New York City gay community.⁷ Respondents were primarily White (87 per cent), college educated (81 per cent), with an average age of 36 (SD = 7.4). No differences were found between the groups who agreed to and who refused testing (but agreed to be interviewed) on any sexual behavior variable, including numbers of partners or frequency of anal intercourse. (See Martin, *et al*,¹⁷ for a detailed discussion of this sample.)

HIV Antibody Serology

HIV testing was performed by the New York City Department of Health. Two HIV-ELISA (enzyme-linked

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