

## ATTITUDES TOWARD CONDOM USE AND AIDS AMONG PATIENTS FROM AN URBAN FAMILY PRACTICE CENTER

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**As part of an effort to better educate patients about using condoms, a survey was done to assess the sexual practices, attitudes toward acquired immunodeficiency syndrome (AIDS) and condom use by patients who visit an urban family practice center. A self-administered questionnaire was given to 126 patients of whom the majority were black and single. Seventeen percent indicated they had sex with more than one person in the 3 months before the survey. Within the last 5 years, 10% had sex with an intravenous drug abuser, and 6% with someone of the same sex. Fifty percent believed that condoms decrease sexual pleasure for men and 31% thought condoms made sex inconvenient. Twenty-seven percent of those surveyed believed that a man's penis may be too large for a condom and 18% believed that uncircumcised men could not use condoms. Forty-five percent believed they should be screened for human immune deficiency virus exposure. The results highlight attitudes and beliefs that may function as barriers to condom use and should be addressed when encourag-**

**ing condom use with this population. (*J Natl Med Assoc.* 1991;83:772-776.)**

**Key words** • acquired immunodeficiency syndrome  
• prevention • minorities

Although race is not a biological risk factor for acquired immunodeficiency syndrome (AIDS), the disease is overrepresented among the black population. Blacks account for only 12% of the US population, yet they account for 25% of the diagnosed cases of AIDS.<sup>1,2</sup> Studies estimate that approximately 65% of heterosexual AIDS cases report having had a sexual relationship with an intravenous drug user. Among heterosexual intravenous drug users, blacks account for 51% of the AIDS cases. Sixty percent of the intravenous drug abuse population has been found to be seropositive for HIV in certain cities.<sup>3</sup> Such facts promote the concern for heterosexual contact continuing the spread of the AIDS epidemic.

This concern is even greater in the black community for which studies of cumulative incidence report that black males are 2.5 times more likely to acquire AIDS than white males, and black females are 12 times more likely to acquire AIDS than white females. These cumulative incidence rates remain elevated for blacks even when controlling for drug abuse. Not only are blacks more likely to contract the AIDS virus than whites; they also live a shorter period of time after being diagnosed. The mean survival time for whites after

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diagnosis is 24 months compared to 8 months for blacks.<sup>4</sup>

To date, there is neither a cure nor a vaccine available for AIDS. Prevention of the disease through health education offers the best hope for controlling the AIDS epidemic. However, studies have shown that black individuals are more than twice as likely to state they know nothing about AIDS than whites.<sup>4</sup>

Studies of male homosexual populations, and to a lesser extent intravenous drug abusers, prove that AIDS education is effective when it is explicit and appropriately targeted toward the population at risk.<sup>5,6</sup> Health education theories contend that the health education process is accomplished when obstacles that hinder a group of individuals from making a desired health behavioral change are identified and addressed.<sup>7</sup> Such obstacles may include negative attitudes and beliefs about methods of prevention.

The proper use of condoms is promoted as an important AIDS prevention measure, but if condoms are not used, they cannot work. Many factors may influence whether an individual decides to use a condom, including accessibility, cost, and knowledge regarding use. We examined the attitudes and beliefs regarding AIDS and the use of condoms of men and women who visit our clinic. Our belief is that by knowing the attitudes and beliefs of our patient population toward AIDS and condoms, we may better educate patients about condoms and promote condom use.

## METHOD

### Questionnaire

A 51-item questionnaire was developed to elicit information regarding demographics, sexual practices, attitudes toward condom use, and attitudes toward AIDS. Each item asked respondents to fill the blank or to choose agree or disagree with a statement. To see if individuals attitudes were at all similar to national norms, many items were adapted from the AIDS Knowledge and Attitudes Survey conducted by the National Center for Health Statistics.<sup>8</sup>

### Procedure

Each person was given a cover letter explaining the purpose of the study and that all responses were anonymous and confidential. Individuals were then asked by the nurse if they would like to participate in the study. Those who agreed were given a questionnaire and allowed to complete their responses in private. Individuals placed the completed questionnaire in a

**TABLE 1. CHARACTERISTICS OF STUDY POPULATION**

	Men	Women
Number	36	89
Mean age (years)	31	30
Standard deviation	9	10
Race*		
% black	100	90
% white	—	10
Marital status		
% never married	68	62
% divorced	13	9
% married	19	20
% separated	—	7
% widowed	—	2
Education		
% did not finish high school	27	31
% finished high school	35	37
% started or completed college	38	31

\*30% not reported.

plain envelope that was inserted into a collection box upon leaving the clinic.

## RESULTS

### Demographics

The respondents for this study were patients who attended the University of Maryland Family Practice Clinic. The clinic is an urban health care facility with approximately 12 000 encounters per year. The patients are predominantly black, female, and young. The mean age of those who obtain health care at the clinic is 34 years. Approximately 20% of clinic encounters are adult males.

One hundred seventy-seven questionnaires were distributed. One hundred twenty-six surveys were returned for a response rate of 71%. Most of the respondents were female, black, and never married (Table 1). The mean age was 30 years.

### Sexual Practices

Most respondents (89%) reported sexual activity with other individuals during the 3 months prior to the survey. The majority of these individuals had one partner (73%), while 9% reported two partners, and 3% reported four or more partners. Eleven percent of the respondents reported no sexual partners in the 3 months before the survey.

The respondents reported having sexual intercourse on the average of 6.4 times per week. Sixteen individuals (14%) reported using condoms all the time.

TABLE 2. PERCENTAGE AGREEMENT WITH SURVEY STATEMENT

Statement	Total		Sex	
	%	(N)*	% Men	% Women
1. All right for women to insist that men use a condom	96	(114)	91	99
2. All right to insist that your sexual partner use a condom	92	(111)	87	94
3. All right for women to carry condoms	91	(114)	90	92
4. All right for women to refuse sex if man does not want to use a condom	88	(115)	81	90
5. Condoms help stop gonorrhoea	87	(112)	94	84
6. Condoms help stop syphilis	86	(109)	94	83
7. It is easy to obtain a condom	80	(115)	84	78
8. My friends are concerned about catching AIDS	80	(115)	84	79
9. Condoms help stop the AIDS virus	78	(114)	77	79
10. I am concerned about catching AIDS	74	(115)	79	72
11. Condoms decrease sexual pleasure for men	49	(107)	56	48
12. My male friends use condoms when they have sex	46	(110)	50	45
13. You cannot catch AIDS if you use a condom	45	(113)	37	48
14. My female friends use a condom when they have sex	42	(96)	54	39
15. Condoms decrease sexual pleasure for women	40	(107)	39	41
16. Condoms make sex inconvenient	34	(111)	40	23
17. People plan when they are going to have sex	31	(112)	31	31
18. A man's penis may be too large for a condom	27	(112)	27	27
19. Condoms are expensive	24	(110)	38	19
20. I am embarrassed to buy a condom	20	(117)	6	26
21. Condoms cannot be used by an uncircumcised man	18	(105)	19	18
22. The correct way to use a condom is to put it on a soft penis	14	(106)	13	15
23. Religious people don't use condoms	6	(99)	13	3
24. Only men should decide if a condom is used during sex	5	(116)	3	6
25. Only gay people get AIDS	4	(116)	13	1

\*Numbers vary because of nonresponse.

Twenty-five percent reported using at least one type of drug prior to engaging in sexual intercourse. Within the last 5 years, 10% of the respondents reported having sex with an intravenous drug abuser. Approximately 1% of the sample acknowledged having had sex with an individual known to have AIDS. One fifth (23%) of the individuals surveyed knew one or more persons with AIDS.

### Attitudes Toward Condom Use and AIDS

The participants reported a variety of opinions regarding condoms and AIDS (Table 2). High percentages of men and women agreed that it was all right for women to carry condoms (91%), insist that one's sexual partner use a condom (92%), or refuse to have sexual intercourse if a condom is not used (88%). Each of these statements was more acceptable to women than men. Although 90% of women and 81% of men believed that it was all right for a woman to refuse sex if a man does not use a condom, 50% or less indicated that their male or female counterparts used condoms. Both men and women believed that condoms decreased sexual pleas-

ure for men more than women. However, 52% of those who believed condoms decreased sexual pleasure for men, and 56% of those who believed condoms decreased sexual pleasure for women had never used condoms.

Approximately three quarters of male and female respondents expressed concern about contracting AIDS. Over three quarters of those surveyed believed that their friends were also concerned about contracting the disease. Twenty-five percent had been screened for exposure to HIV, and 40% believed they should be screened. Thirty-nine percent of those who felt they should be tested also stated they never used a condom.

While most of the respondents believed condoms help stop transmission of gonorrhoea (87%) and of syphilis (86%), only 78% believed condoms helped stop transmission of AIDS. Among those respondents who believed condoms helped stop transmission of AIDS, 81% stated they never used condoms.

Misunderstandings about the correct use of condoms were reported by a significant minority of participants. These included 27% who believed a penis may be too

large for a condom, 18% who believed condoms could not be used by uncircumcised men, and 14% who believed the correct way to use a condom was to place it on a flaccid penis.

## CONCLUSIONS

In 1988, The National Center for Health Statistics (NCHS) found that 68% of adult Americans reported having read educational material about AIDS.<sup>9</sup> Results from our study are similar to NCHS findings that blacks tend to respond incorrectly to general information questions about AIDS and that blacks are more likely to have been screened for the AIDS virus. Unlike the NCHS study, which found that 10% of the sample knew someone with AIDS, we found that 23% of our sample knew someone with the condition.

The Surgeon General recommended condoms as the best method available to protect individuals from acquiring AIDS.<sup>9</sup> Investigators have examined condom use among certain subgroups of the population such as homosexual men and prostitutes. These studies have shown an increase in condom use in response to education regarding AIDS or other sexually transmitted diseases; however, trends in condom use among heterosexual men and women are not well known.<sup>10</sup> Our results are similar to data obtained by other studies that show a discrepancy between individuals who may support condom use and individuals who actually use condoms.<sup>11</sup> Although approximately 75% were worried about contracting AIDS and 40% believed they should be screened for AIDS, 39% of those who felt they should be tested never used a condom. This observation is worrisome because many respondents reported engaging in high risk behaviors.

The attitudes and beliefs individuals hold toward a disease have a direct impact on what they will do to protect themselves from it. A culturally sensitive educational campaign for the group of patients represented by this sample must provide basic information about AIDS and its transmission as well as address the educational issues that have been barriers to condom use.

Our study identified several possible barriers to the use of condoms by this largely black inner city population. Respondents indicated they have negative feelings about obtaining condoms as evidenced by 38% of men believing condoms were expensive, and 26% of women being embarrassed to buy condoms. Our results support the current policy of many health centers to make condoms available at no charge and with discretion.

The major belief that condoms detract in some way from the pleasure of the act of sex was widely held. Fifty-six percent of the men believed condoms decreased sexual pleasure for men, and 41% of women believed condoms decreased sexual pleasure for women. Forty percent of men believed condoms made sex inconvenient. Thirty-one percent of those surveyed believed sex was an unplanned event. These results indicate the need to encourage patients to always have a condom available as well as discuss with patients the availability of different types of condoms and ways to incorporate condom use into sexual activity.

Our results support the continuing need to confront misconceptions about condom use and AIDS. A small portion of respondents held misconceptions about condoms such as, believing a man's penis may be too large for a condom, believing condoms could not be used by an uncircumcised man, and believing the correct way to use a condom was to place it on a flaccid penis. Although the overall percentages were low, men were more likely than women to believe that religious people do not use condoms or that only gay people get AIDS.

Sources that individuals use to obtain information regarding AIDS and condom use should be identified in an effort to find the etiology of these misconceptions. Such efforts cannot be accomplished without a better understanding of the cultural aspects of sexual attitudes and behaviors to more accurately direct interventions. Finally, educational strategies must be designed, implemented, and evaluated. Because of the continued differences in AIDS awareness among blacks and whites, evaluation of educational strategies to determine which work best with the black males and black females will be a key component to prevention of the disease in the black population.

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