HHS Public Access

Author manuscript

J Sex Res. Author manuscript; available in PMC 2017 May 16.

Published in final edited form as:

J Sex Res. 2017 May ; 54(4-5): 642–650. doi:10.1080/00224499.2016.1143440.

How Condom Discontinuation Occurs: Interviews With Emerging Adult Women

Margo Mullinax,
HIV Center for Clinical and Behavioral Studies, Columbia University and New York State Psychiatric Institute

Stephanie Sanders,
Kinsey Institute for Research in Sex, Gender, and Reproduction, Indiana University–Bloomington and Department of Gender Studies, Indiana University–Bloomington

Barbara Dennis,
Department of Counseling and Educational Psychology, School of Education, Indiana University–Bloomington

Jenny Higgins,
Department of Gender and Women's Studies, University of Wisconsin–Madison

J. Dennis Fortenberry, and
Department of Pediatrics, Indiana University–Indianapolis

Michael Reece
Center for Sexual Health Promotion, Indiana University–Bloomington

Abstract

We have almost no data on how and when couples stop using condoms. This qualitative study investigated the process of condom discontinuation. From November 2013 to April 2014, a total of 25 women living in a college town in the Midwest, ages 18 to 25, participated in semistructured interviews centered around three domains: partner interactions, contraceptive use, and sexually transmitted infection (STI) prevention. Analysis followed a critical qualitative research orientation. Participants described actively seeking the best options to prevent pregnancy, perceiving condom discontinuation in favor of hormonal methods as a smart decision, and reported wanting to discontinue using condoms due to physical discomfort. Oftentimes, nonverbal communication around contextual instances of condom unavailability paved the way for discontinuation. Participants indicated the decision to stop using condoms was neither deliberate nor planned. Condom discontinuation rarely occurred at one point in time; instead, it was preceded by a period of occasional use. Even after participants described themselves as not using condoms, sporadic condom use was normal (typically related to fertility cycles). This study provides a more detailed understanding of how and why emerging adults negotiate condom discontinuation, thereby enhancing our ability to design effective condom continuation messages. Attention should be paid to helping emerging adults think more concretely about condom discontinuation.

Correspondence should be addressed to Margo Mullinax, 1051 Riverside Drive, Unit 15, New York, NY 10032. mbm2174@cumc.columbia.edu.

Condoms remain the best form of simultaneous protection against sexually transmitted infections (STIs) and unintended pregnancies, both of which remain persistent sexual health concerns among emerging adults. However, the public health community continues to work against barriers to consistent condom use that result in low rates of usage and high rates of discontinuation among this population (Braun, 2013). To improve young adults consistent condom use, it is critical to enhance understanding of the process of how emerging adults negotiate condom discontinuation.

Traditionally, one of the main focuses of condom research has been individual barriers to consistent condom use, with sexual pleasure being a major factor. Problems with the fit and feel of condoms are associated with breakage, incomplete use, and decreased motivation to use condoms (Crosby, Sanders, Yarber, & Graham, 2003; Crosby, Yarber, Graham, & Sanders, 2010). In addition, high percentages of participants blame condoms for decreased sexual sensation and negative effects on arousal and orgasm (Crosby, Milhausen, Yarber, Sanders, & Graham, 2008). Qualitative research from Higgins and Hirsch (2008) demonstrated that women more than men express concern with decreased sexual pleasure and comfort associated with condom use. In addition, high percentages of participants blame condoms for decreased sexual sensation and turnoffs related to arousal and orgasm (Crosby et al., 2008).

Increasingly, research has explored the interpersonal dynamics of condom use with a focus on relationship status. Relationship characteristics are related to condom use patterns in emerging adults, with condom use most likely in new or casual relationships and declining over time (Fortenberry, Tu, Harezlak, Katz, & Orr, 2002; Ku, Sonenstein, & Pleck, 1994). Daily diary data research with young women ages 13 to 22 indicated that initial condom use is more common in new than established relationships (66% condom use rates in new relationships, compared to 54% in established relationships); however, after 21 days, the rates of condom use in new relationships matched rates in established relationships (43% and 41%, respectively) (Fortenberry et al., 2002). The researchers hypothesized these declines were related to higher perceived STI risk in new relationships, which declines with increased trust, intimacy, and knowledge of partners (Fortenberry et al., 2002). Similar findings have been replicated elsewhere. For example, data from the National Survey of Sexual Health and Behavior (NSSHB), a nationally representative study of condom use patterns in the United States, showed significant associations between relationship status and condom use at last penile-vaginal intercourse; condom use was significantly more likely for both men and women who reported sex with a casual/dating partner, friend, or new acquaintance compared with those reporting a relationship partner (Sanders et al., 2010).

Research has shown condom discontinuation in a relationship is often related to uptake of another method, commonly oral contraceptives (Ku et al., 1994; Ott, Adler, Millstein, Tschann, & Ellen, 2002). Scholars like Conley and Rabinowitz (2004) have expanded sexual script theory (Simon & Gagnon, 1984) to explore scripts about contractive progression in relationships. Their work suggests a normative transition script in which it is expected that, as a relationship progresses, a couple will switch from condom to pill use, while the reverse is viewed negatively. Part of this transition may be related to condom distrust; many people

believe that condoms might fail during intercourse (Choi, Rickman, & Catania, 1994), and research on condom failure shows many university students report breakage (Crosby, Yarber, Sanders, & Graham, 2005).

Taken cumulatively, this research suggests a strong link between relationship type and length and condom use; however, we still know little about the specific dynamics of interpersonal factors of condom use. For example, research has not explored the contexts in which a "new" relationship evolves into an "established" one, thereby affecting condom practices. While we know that people stop using condoms in sexual relationships and that they do so early on, there is little information about the processes by which emerging adult partners negotiate condom discontinuation. For example, we do not know if condom discontinuation happens all at once or over time, nor do we know if couples use verbal and/or nonverbal cues to stop using condoms. Along the same lines, while research has documented pleasure-related aspects of condom discontinuation, the field still stands to benefit from better understanding how dissatisfaction with condoms translates into condom discontinuation. In other words, more information is needed on how individual reports of condom dissatisfaction are negotiated interpersonally in a way that leads to condom discontinuation. Understanding the interpersonal negotiation of condoms and pleasure can facilitate designing condom promotion messages that resonate with emerging adult couples. This study fills this gap by using qualitative methods to identify particular stages, patterns, and negotiation techniques related to condom discontinuation. Results can inform campaigns to help emerging adults not only initiate condom use but also continue condom use into relationships.

In response to a call for more affirmative models of sex research (Reece & Dodge, 2004) and for research that better delineates sexual goals and needs of women (Higgins & Hirsch, 2008), this research study aimed to frame sexual public health issues among emerging adult women within a larger holistic and positive framework. The public health community has increasingly focused on affirmative measures of sexual health as a part of holistic sexuality models (Sandfort & Ehrhardt, 2004). Core to affirmative models of research, and to this work, is attention to a rights paradigms that views sexuality and sexual pleasure as a right, especially for women (Correa & Petchesky, 1994).

This study focused on emerging adult women, who are often left out of research related to condoms and pleasure (Higgins, Hoffman, Graham, & Sanders, 2008). However, given women's continued inability to successfully negotiate condom use in some contexts (Amaro & Raj, 2000; Blanc, 2001; East, Jackson, O'Brien, & Peters, 2011; Pulerwitz, Amaro, De Jong, Gortmaker, & Rudd, 2002; Wingood & DiClemente, 1998b), sexual health research focused on emerging adult women and the effects of gender-based interpersonal dynamics on sexual health within these populations is pertinent (Bates, Hankivsky, & Springer, 2009; Wingood & DiClemente, 1998a). Gendered relationship power levels have been found to be associated with condom use, overriding other demographic characteristics like educational level as significant in multivariate predictive models (East et al., 2011; Pulerwitz et al., 2002; Teitelman, Tennille, Bohinski, Jemmott, & Jemmott, 2011). One study of young women found that many women felt disempowered to negotiate condom use or simply relied on male partners to initiate condom use (East et al., 2011). Many of these women also reported

an inability to negotiate condom use based on abuse and unequal gender dynamics in the relationships.

METHOD

Participant Recruitment and Sample

The sample population comprised heterosexually active, emerging adult women between the ages of 18 and 24 years. To be eligible for inclusion, respondents must have had vaginal-penile intercourse within the previous three months and have been raised in the United States.

Interview participants were selected using systematic ethnographic sampling (Hirsch et al., 2007; Mintz, 1974). The goal of systematic ethnographic sampling is to select participants based on outcomes of interests; guided by the existent literature, a sampling framework is created in which a target sample size for each variable group is identified. The intent of such sampling is not generalization but rather to elucidate detailed information (Creswell, 2012). For this study, the principal investigator selected a heterogeneous group of women based on different levels of relationship experience and different social backgrounds defined by educational attainment. She used the latter recruitment criterion because socioeconomic status and educational experience have been seen to be related to sexual health behaviors (Lleras-Muney, 2005; Zolna & Lindberg, 2012). Recruitment continued until at least eight women were interviewed in each of three relationship categories:

1. Single—defined as not being in a sexual or romantic relationship but sexually active within the past three months;
2. New sexual or romantic relationship—defined as being sexually or romantically involved in a relationship for one year or less; and
3. Long-term sexual relationship—defined as being sexually or romantically involved with at least one partner for one year or longer.

Three subjects per cell has been shown to be a robust minimum number in previous studies, so the enrollment for this study was more than adequate (Hirsch et al., 2007; Parikh, 2007; Phinney, 2008; Smith, 2007; Wardlow, 2007).

In an effort to recruit a socioeconomically and educationally diverse sample, targeted recruitment took place at a wide range of venues: specifically, a Midwestern state university and the local rural community college. Recruitment fliers listed eligibility criteria (i.e., age, sexual orientation, nationality, and currently sexually active) and included a prompt, such as, “As a woman in a relationship, how do you make decisions about your sexual health?” and/or “Are you a woman between the ages of 18 and 24 and have had vaginal intercourse within the last 3 months? We’d love to talk to you.” Recruitment took place between November 2013 and April 2014. Women contacted the principal investigator by e-mail to indicate interest in participation, and many participants were recruited through other respondents. Women were then sent a response e-mail, which restated study information, verified eligibility, provided an abbreviated version of the study consent form, and began

coordination of interview times. All study protocols were approved by the institutional review board (IRB) where data collection took place.

Data Collection

Before beginning interviews, participants received a study information sheet to take home, were verbally told about the study, and were asked if they had any questions or concerns. At this time participants were told that the interview would be recorded, and this was repeated immediately before the recorder was turned on. Before the interview and recording began participants gave verbal consent to participate. All data collected were confidential and unmarked with identifying information other than a subject number and date.

Interviews took place in a small private conference room located on the large Midwestern university campus. Interviews lasted about one and a half hours. Interviewees were offered a recompense for their time: a $40 MasterCard gift card.

A semistructured interview guide facilitated the face-to-face interviews. The larger research study focused on examining how emerging adult women make sexual health decisions around prevention behaviors such as contraceptive use, condom use, and STI testing, with a focus on contextual and interpersonal factors. The guide had a list of one lead-off question per topic domain (partner interactions, contraceptive use, and STI prevention) and potential follow-up questions. For example, the section on partner interaction began with the question “Can you tell me a little about when you and your partner decided to become sexually active?” Based on participant response, a follow-up question may have been “What was going through your head when you were trying to decide if you and your partner should become sexually active?” The section on STIs began with this question: “When you first started becoming sexually active with your current partner, what were your thoughts around your risk of contracting a sexually transmitted infection (STI)?” A possible follow-up question was “What did you consider when trying to decide if you should use a condom with this partner?” The interviews were digitally audio-recorded, transcribed verbatim, double-checked for accuracy against the recordings, and entered into NVivo to assist with data management and analysis.

The research stages in qualitative work often overlap, requiring flexibility in research design processes. Literature review, data collection, and analysis were seen, in this study, as a cyclical and unending process. The tradition of qualitative approaches is to see value as inherent in research and to seriously take into consideration researcher subjectivity (Green & Thorogood, 2014); therefore, the main researcher engaged in a process of reflection throughout the research process to help ensure study validity. Reflexivity included reflecting on both the research itself and the role of the researcher. These processes and other validity requirements (e.g., peer debriefing to check for possible biases in attention, vocabulary, and analysis, and probes during the interviews designed to check agreement in meanings derived) were used during both data collection and analysis.

Participants also completed a short questionnaire through Qualtrics software that assessed demographic and relational variables for sample stratification and description.

Data Analysis

A critical qualitative research orientation guided data analysis, which was conducted by the first author. Critical qualitative inquiry encourages attention to the nature of social structure, power, culture, and human agency, thereby allowing for refinement of social theory rather than simple description of social life (Carspecken & Apple, 1995). Data analysis followed the stages of critical methodological research constructed by Carspecken (Carspecken & Apple, 1995). A primary analysis technique is the creation of meaning fields. To develop a meaning field, an excerpt is selected from an interview transcript and a broad range of meanings from the perspective of the participant is outlined in an effort to articulate the range of plausible meanings (Dennis, 2012). Meaning fields were then used to create multiple codes. For the most part, data analysis followed an inductive approach; codes were developed based on multiple close readings of the data (Green & Thorogood, 2014). The primary purpose was an emic level of analysis, seeking to give voice to the varied experiences of young adult women and with the goal of representing their worldviews; but analysis also entailed etic level, with the goal to create more theoretic explanations of the data (Green & Thorogood, 2014). While the overall research focused on the three broader interview domains, mentioned previously, the analysis in this article focuses on areas related to condom discontinuation.

Illustrative examples from the interviews are presented in the Results section, and pseudonyms have been applied to all data examples.

RESULTS

Participants' Characteristics and Relationship Status

A total of 25 women completed interviews. Women who participated in interviews ranged in age from 18 to 24 years, with a mean age of 20.6. In all, 12 of the 24 participants attended a local rural community college, one participant was employed in fast food retail, and the other women attended a large Midwestern state university. Four of the participants were first-generation college students, and all of these students except one attended the community college. The majority of participants were White, but seven participants identified as belonging to a minority racial category. Of the seven non-White participants, three identified as Black, one as Asian, and three as mixed. Participants varied in relationship status, with eight identifying as single, eight in new relationships, and nine in long-term relationships. One woman reported being married (long-term relationship), and one had a child with her current partner.

Condom Discontinuation

Why It Happens—All women in the study had used condoms at multiple time points, except one who had only used condoms one time, just to try them. However, almost no women reported currently using condoms consistently. Only two women emphasized the desire to always use condoms with all partners, and these women reported almost always consistently using condoms. Both women, currently single and with no long-term relationship history, speculated they would always use condoms, even in relationships. Only one woman in a longer relationship reported dual protection (i.e., condom use in conjunction

with another contraceptive method). Her decision to use combination methods was based on a desire to avoid pregnancy.

The participants who no longer used condoms consistently elaborated on reasons for disuse. When probed why they had discontinued condom use, all participants stated disliking condoms as the primary reason. Specifically, the overwhelming majority of participants reported that condoms caused physical discomfort during sex. Beyond sex "feeling better without a condom," women reported that condoms caused dryness and pain during sexual intercourse. Quinn, 21, attending the state university and engaged to her long-term partner, described her discontinuation in favor of more pleasurable condomless sex:

> It would start hurting me and just not being any fun for me, so that's a reason I didn't have a lot of sex with the other guys. Then when I had sex without a condom with my second boyfriend the one time, it was like whoa, that feels a lot different. They always tell you that it feels the same, but that's not true at all. That first time with my fiancé was so spontaneous we didn't use one, and then I just never asked him to.

Quinn's words indicate that the discomfort from condoms was extreme and disruptive to her sexuality. Some participants said they had tried a variety of condoms and lubricants to decrease condom-related discomfort to no avail. One woman reported an experience in which she linked a urinary tract infection to condom use.

When participants described their reasons for not using condoms, they first listed the dislike of condoms and then provided their relationship status as justification that allowed them to follow through with their preference for nonuse. In this way, it can be inferred that participants saw relationship status a determining factor in the feasibility of discontinuation, but not the primary reason.

Many participants expressed distrust in condoms and felt that worrying about condom failure increased stress during sex. For example, Erin, 23, attending the large state university and in a long-term relationship, stated that they stopped using condoms because vaginal-penile intercourse felt better without them, but also because:

> I think I kind of realized that sex was actually a little more relaxing if I didn't worry so much about. I don't know. I just feel like whenever I used a condom I really worried about it [pregnancy], but then when I had the IUD [intrauterine device] I didn't worry about it anymore.

Erin was clearly concerned about pregnancy prevention but did not mention worry about STIs. Other participants affirmed that hormonal methods provide more "peace of mind." They articulated that condoms were "not one hundred percent effective" against pregnancy or disease. Top concerns were about condoms having holes, breaking, or coming off. Due to these possible problems, many women switched to using a hormonal method of birth control either in addition to condoms use or as a replacement.

Unplanned and Not Communicated Directly—Several participants described the arbitrariness of condom use in their relationships. Cathy, 21, attending the community

college and in a very new relationship, described the context of condom use versus nonuse: “It just depends. If we feel like it … No, it is really random, actually.” Participants who described their condom use as random also affirmed that it was more regular at the beginning of their relationship. The women also spoke about how condom discontinuation occurred, describing the decision to stop using condoms as neither deliberate nor planned. Diana, 22, attending the university and in a seven-month relationship, elaborated:

> No, we did not discuss it. We just slowly weaned off of it. [Laughter] So, yeah … I think it was a really short period of time when it was off and on. I mean there was a longer time when we had them, and a short time where it was off and on and one of us would have it at his apartment or I would have it at my apartment, and then it was kind of like when they ran out we were kind of done.

Similar to Diana, other women described a nonconcrete pattern of condom decision making. When probed to describe the context of condom use versus deciding not to use a condom, Heidi, 20, a community college student and single, replied, “I guess when we don’t have one, we don’t use one.”

A pattern of nonverbal communication or no discussion of inconsistent condom use leading up to discontinuation was the pattern for most women. Amy, a 19-year-old community college student and single, describes how nonverbal communication works both for condom use and nonuse:

> Usually when I am with a guy, like we are about to do it, a condom is already in my hand. Like, it is balled up in my hand. So if it is in my hand, then I know we are going to use it for sure. It is going to get used. One last time it wasn’t in my hand, and of course he didn’t have any, so it was, it just didn’t happen… . We just didn’t even talk about it. We didn’t even. In the heat of the moment type of thing.

In fact, none of the participants had in-depth discussions about condom discontinuation with their partners. Victoria, age 19 and a community college student in a new relationship, described her decision to switch from condoms to withdrawal in her very new relationship: “We didn’t really talk about it, honestly. Yeah, there was just one time we didn’t use a condom. I didn’t say anything; he didn’t say anything. We were okay with it.” Victoria’s words complicate a picture of negotiation, in which neither participant appears tied to the goal of condom use. After a point, condom use becomes a passive act and, in turn, negotiation around discontinuation is passively enacted between partners.

Not a Fixed Point in Time—A few of the participants described that even after discontinuation of regular condom use, a pattern of sporadic use would ensue. For example, in addition to their use of withdrawal, Victoria and her partner maintained sporadic use of condoms. Victoria commented: “I mean sometimes we use condoms; it just depends. Kind of when like, ‘Let’s have sex for a longer time. Why don’t you use a condom?’ Or if I’m on my period or something like that.” When probed, Victoria briefly described negotiating sex with partners during menstruation and comfort levels with “the blood situation.” Patterns of condom use during menses were common for other interviewees as well. Questions about condom use and menses were not directly part of the interview guide; rather, these examples emerged from the women themselves. In addition, a couple of participants mentioned

condoms use during menses as extra prevention against pregnancy during what they believed to be their peak period of fertility, and other participants also used condoms during ovulation. For example, Pearl, age 23 and a student at the university in a three-year relationship, said:

> We were using them up until I had the pill and I was on the pill for three months. And then I stopped using them, but we would use them whenever I was ovulating, according to my calendar, and then we stopped using them probably about six months after I had the pill, and we haven't used them except when I'm ovulating. We didn't use them at all last semester.

Similarly, Rachel, age 22 and a student at the large university, in a four-year relationship, used condoms in what she described as "freak-out" moments. When she had a period that was late Rachel and her partner would use condoms the next few times for "peace of mind" before reverting back to nonuse. Amy, 19, at the community college and single, also described not being as worried about using condoms during her "safe days" and basing her condom use decision on how well she knew her partner. As is evident from these quotes, the majority of participants who had discontinued condom use or had inconsistent use with their current partner reported that condom discontinuation was a pattern of sporadic use that eventually evolved into nonuse.

In summary, these results met the study aim to illuminate how condom discontinuation actually occurs between emerging adults: over a period of nonverbal communication and sporadic use. Condom discontinuation rarely occurs at one point in time, is rarely planned, and is often followed by sporadic use. The period of haphazard and sporadic use serves as nonverbal negotiation of discontinuation. Findings show how young women may not see condom discontinuation as increasing their risk, given their emphasis on preventing pregnancy.

DISCUSSION

To the best of our knowledge, this study is among the first to document how and when the condom window actually closes, that is, the particular patterns and negotiations that lead to condom discontinuation. While previous research has thoroughly documented barriers to condom use (Fortenberry et al., 2002; Gibbs, Manning, Longmore, Giordano, & Hall, 2013; Harvey et al., 2006; Higgins & Fennell, 2013; Higgins, Hoffman, et al., 2008; Hock-Long et al., 2013; Holland & French, 2012; Ingham, 2012; Khan, Hudson-Rodd, Saggers, Bhuiyan, & Bhuiya, 2004; Lawrence et al., 1998; Macaluso, Demand, Artz, & Hook, 2000; Pilkington, Kern, & Indest, 1994; Pulerwitz et al., 2002; Randolph, Pinkerton, Bogart, Cecil, & Abramson, 2007; Sanders et al., 2010; Sanders et al., 2012; Sarkar, 2008; Upchurch et al., 1992; Worth, 1989), this study is the first to describe in depth not only why women stop using condoms but how condom discontinuation takes place interpersonally. Overall, this study contributes several unique findings to the literature on condom use and helps illuminate how emerging adults conceptualize and negotiate condom discontinuation.

To increase condom continuation in relationships, it is important to understand how condom discontinuation occurs: Rather than occurring at one point in time, condom discontinuation

in this study was usually preceded by a period of random and sporadic use. Furthermore, sporadic condom use was normal even after participants described themselves as not using condoms. These periods of sporadic use may prove important intervention points in which emerging adults need reinforcement of motivation to use condoms. The findings around condom use patterned by menses might hint to a need for more education with emerging adults about fertility, but might also complicate the picture of how emerging adults use condoms for risk reduction.

The sporadic patterns related to condom discontinuation revealed in this research also have important measurement implications. Research on condom use should take into consideration that condom use is not static across time or within relationships, and condom use measurement should strive to reflect this variability. At the same time, previous work has validated single-event measures of condom use compared to expanded recall periods (Younge et al., 2008). Therefore, work on condom use may need to include multiple items clarifying the context of reports of inconsistent condom use. By looking at condom discontinuation rather than initiation, this research points to an important reframing of the dialogue on condoms and relationships; research needs to better tease apart relationships as an enabling environment rather than a causation of condom discontinuation.

The goal of the public health community, rather than condom promotion, might be to help young adults make more conscious decisions about condom discontinuation. This could include designing checklists of what partners should consider before condom discontinuation (e.g., “Start another method of pregnancy prevention” and “Get tested for STIs”) or conversation topics for couples (e.g., “What does being monogamous mean for us?”). At the same time, a checklist could reinforce the need for consistent condom use when couples begin a pattern of sporadic use. In addition, attention to condom discontinuation between partners might include alternative ways to facilitate management of STI risk. For example, designing “So you are ready to stop using condoms” campaigns might be an avenue to promoting accessing STI testing. Alternatively, a guide to talking to partners about their testing practices could facilitate couple management. It might be advisable to promote testing guidelines specific to long-term couples not using condoms. Conversations about condom discontinuation should include troubleshooting with emerging adults about when their condom goals are different from their partners’, especially if power levels are unequal in the relationship.

The findings reinforce research showing condom negotiation is often nonverbal (Lam, Mak, Lindsay, & Russell, 2004; Noar, Carlyle, & Cole, 2006) and adds to this body of research by including an understanding of the process of condom discontinuation as nonverbal. In this study, nonverbal communication around contextual instances of condom unavailability oftentimes paved the way for discontinuation. Condom promotion campaigns may benefit from including nonverbal cues for negotiating condom use with a partner. In addition, emerging adults may engage in nonverbal communication because they lack the tools necessary to have sexual health discussions with their sexual partners. Condom promotion campaigns should include more concrete information on how to talk to a partner about condom use, including scripts that go beyond condom initiation. Research in Latino youth has shown that nonverbal communication can be an effective strategy to obtain condom use

(Tschann, Flores, De Groat, Deardorff, & Wibbelsman, 2010). Sexual communication skills need to be a major emphasis of sexual education (United Nations Population Fund, 2014). More research, in general, is needed on nonverbal sexual communication. For example, the use of nonverbal communication may be closely related to gender-based power dynamics in a relationship. The pattern of nonverbal communication among emerging adults includes research on sexual initiation and consent (Hickman & Muehlenhard, 1999).

While the focus of this analysis is on how condom discontinuation occurred, it also expands on emerging adult women's rationale for condom discontinuation in favor of hormonal methods, a phenomenon which is well documented (Ku et al., 1994). All of these emerging adult women had very clear motivations to avoid pregnancy, and they described condom discontinuation in favor of hormonal methods as a smart decision based on method efficacy. In the case of this study, the women's fear of pregnancy outweighed their confidence in condoms to work consistently. In light of pregnancy fears and condom distrust, condom-protected sex was more stressful than hormonal-method-protected sex. These findings resonate with the work of Williamson, Buston, and Sweeting (2009) documenting condom distrust among emerging adults.

The duality of pregnancy fears and condom distrust has important implications for public health practice. First, talking about condom discontinuation as a risk behavior may not resonate with emerging adult women, especially given heterosexual young adults are more likely to use condoms for pregnancy prevention than disease prevention (Cooper, Agocha, & Powers, 1999). However, emerging adult women, given their social context, may be more open to pregnancy prevention messages. Repositioning women's decisions to discontinue condom use as rational will allow for development of condom continuation messages that resonate better with women and their needs at different points in relationships. For example, other authors have pointed out a lack of discussion of dual use within the bounds of improved pregnancy prevention (Higgins & Cooper, 2012). Data from the National Survey of Family Growth suggest that 40% to 80% of unplanned pregnancies among women using highly effective methods alone could be prevented if these women also used condoms (Pazol, Kramer, & Hogue, 2010). Emerging adult women may be more responsive to dual-usage promotional messages that emphasize increased pregnancy prevention rather than messages that focus on dual protection against pregnancy and STIs. In addition, health educators need to provide information on effective condom use without decreasing emerging adults' confidence in condoms.

Finally, findings also underscore the importance of including women's, and not just men's, sexual experiences with condoms in efforts to improve condom use rates. Overwhelmingly, the majority of participants simply did not like using condoms, as has been seen in other research (Crosby et al., 2008; Crosby et al., 2003; Fennell, 2014; Higgins & Hirsch, 2008; Higgins, Hirsch, & Trussell, 2008; Sarkar, 2008; Williamson et al., 2009). Research shows pursuit of pleasure is one of the primary reasons people engage in sex (Philpott, Knerr, & Boydell, 2006); therefore, it is imperative to make condom use more compatible with erotic goals and address condom complaints (Higgins & Fennell, 2013). Given the frequency and emphasis on discomfort as reason for discontinuation, condom promotion campaigns will be successful only if they begin with the understanding that condoms may not be pleasurable

for everyone, even if partners attempt techniques to decrease condom discomfort. Of course, it is difficult to separate the social discourse of condoms as causing discomfort (Braun, 2013; Khan et al., 2004) from individual experiences with condoms. Khan et al. (2004), Braun (2013), and Randolph et al. (2007) argued for the need to reconstruct heterosexual condom discourses from pain to pleasure, yet few have made an attempt to do so. The Pleasure Project, one example, has begun to identify projects internationally that incorporate sexual pleasure into sexual health promotion (Philpott et al., 2006).

This study had several limitations. Given the study location, participants may have felt less empowered than they would have in their own environment, although the institutional setting did provide more privacy (Green & Thorogood, 2014). Feelings of unease in the setting may have been exacerbated for students who attended the local community college (compared to students who interviewed on their own campus). The institutional setting may have contributed, in part, to social desirability bias of participants. There may have been a selection bias toward women who were more open and comfortable with the topic than the general population. Given that the women were enrolled in college, respondents can be assumed to have a level of social privilege. Analysis was only conducted by one researcher, but throughout the research several techniques were engaged to support the objective validity of the research claims, such as member checks during the interview and peer debriefing during analysis (Carspecken & Apple, 1995). However, several techniques that are used to support validity claims were beyond the scope of this research project: No primary observational data were collected, nor was there prolonged engagement with subjects. As with the nature of a semistructured interview guide, not all participants were asked the same questions. Given the focus of this study on interpersonal and contextual models of sexual health decision making, a serious limitation of this study is the focus on women only. More research on these topics is needed with men—and couples especially. This study is one of a small group and seeks only to explore these issues from these women's perspectives.

Despite these limitations, the study contributes to an improved contextualization of the way partners discontinue condom use (i.e., sporadically with little verbal discussion). These findings can be used to help develop condom promotion campaigns, which have been criticized for not incorporating key motivation and relational factors (Hock-Long et al., 2013). Implications from this research include several key intervention points for both the promotion of consistent and extended condom use and for helping young adults make informed and thoughtful decisions to stop using condoms.

Acknowledgments

Funding

Dr. Mullinax is supported by a training grant from the National Institute of Mental Health (T32 MH19139, Behavioral Sciences Research in HIV Infection; Principal Investigator: Theo Sandfort, PhD). The content is solely the responsibility of the authors and does not necessarily represent the official views of NIMH or the NIH.

References

Amaro H, Raj A. On the margin: Power and women's HIV risk reduction strategies. Sex Roles. 2000; 42:723–749. DOI: 10.1023/A:1007059708789

Bates LM, Hankivsky O, Springer KW. Gender and health inequities: A comment on the Final Report of the WHO Commission on the Social Determinants of Health. Social Science and Medicine. 2009; 69:1002–1004. DOI: 10.1016/j.socscimed.2009.07.021 [PubMed: 19665829]

Blanc AK. The effect of power in sexual relationships on sexual and reproductive health: An examination of the evidence. Studies in Family Planning. 2001; 32:189–213. DOI: 10.1111/j.1728-4465.2001.00189.x [PubMed: 11677692]

Braun V. Proper sex without annoying things": Anti-condom discourse and the "nature" of (hetero) sex. Sexualities. 2013; 16:361–382. DOI: 10.1177/1363460713479752

Carspecken, PF., Apple, MW. Critical ethnography in educational research: A theoretical and practical guide. 1st U.S. ed. Routledge; New York, NY: 1995.

Choi K-H, Rickman R, Catania JA. What heterosexual adults believe about condoms. New England Journal of Medicine. 1994; 331:406–407. DOI: 10.1056/NEJM199408113310619 [PubMed: 8028637]

Conley TD, Rabinowitz JL. Scripts, close relationships, and symbolic meanings of contraceptives. Personal Relationships. 2004; 11:539–558. DOI: 10.1111/j.1475-6811.2004.00097.x

Cooper ML, Agocha VB, Powers AM. Motivations for condom use: Do pregnancy prevention goals undermine disease prevention among heterosexual young adults? Health Psychology. 1999; 18:464–474. DOI: 10.1037/0278-6133.18.5.464 [PubMed: 10519462]

Correa, S., Petchesky, R. Reproductive and sexual rights: A feminist perspective. In: Sen, G.Germain, A., Chen, LC., editors. Population policies reconsidered: Health, empowerment, and rights. Harvard University, Harvard Center for Population and Development Studies; Boston, MA: 1994. p. 107-123.

Creswell, JW. Qualitative inquiry and research design: Choosing among five approaches. 3rd ed. Sage; Thousand Oaks, CA: 2012.

Crosby R, Milhausen R, Yarber WL, Sanders SA, Graham CA. Condom "turn offs" among adults: An exploratory study. International Journal of STD and AIDS. 2008; 19:590–594. DOI: 10.1258/ijsa.2008.008120 [PubMed: 18725548]

Crosby R, Sanders SA, Yarber WL, Graham CA. Condom-use errors and problems: A neglected aspect of studies assessing condom effectiveness. American Journal of Preventive Medicine. 2003; 24:367–370. DOI: 10.1016/S0749-3797(03)00015-1 [PubMed: 12726876]

Crosby R, Yarber WL, Graham CA, Sanders S. Does it fit okay? Problems with condom use as a function of self-reported poor fit. Sexually Transmitted Infections. 2010; 86:36–38. DOI: 10.1136/sti.2009.036665 [PubMed: 20157178]

Crosby R, Yarber WL, Sanders SA, Graham CA. Condom discomfort and associated problems with their use among university students. Journal of American College Health. 2005; 54:143–147. DOI: 10.3200/JACH.54.3.143-148 [PubMed: 16335313]

Dennis, B. School of Education. Indiana University; Bloomington, IN: 2012. EDUC Y612 Critical Qualitative Inquiry [Course notes]. bk_AQCmts13b

East L, Jackson D, O'Brien L, Peters K. Condom negotiation: Experiences of sexually active young women. Journal of Advanced Nursing. 2011; 67:77–85. DOI: 10.1111/j.1365-2648.2010.05451.x [PubMed: 20831574]

Fennell J. And isn't that the point?": Pleasure and contraceptive decisions. Contraception. 2014; 89:264–270. DOI: 10.1016/j.contraception.2013.11.012 [PubMed: 24332430]

Fortenberry JD, Tu W, Harezlak JH, Katz BP, Orr DP. Condom use as a function of time in new and established adolescent sexual relationships. American Journal of Public Health. 2002; 92:211–213. DOI: 10.2105/AJPH.92.2.211 [PubMed: 11818293]

Gibbs, L., Manning, WD., Longmore, MA., Giordano, PC., Hall, W. Qualities of romantic relationships and consistent condom use among dating young adults, 2013 (Working Paper Series). Bowling Green State University, Center for Family and Demographic Research; 2013.

Green, J., Thorogood, N. Qualitative methods for health research. 3rd ed. Sage; London, UK: 2014.

Harvey SM, Beckman LJ, Gerend MA, Bird ST, Posner S, Huszti HC, Galavotti C. A conceptual model of women's condom use intentions: Integrating intrapersonal and relationship factors. AIDS Care. 2006; 18:698–709. DOI: 10.1080/13548500500294435 [PubMed: 16971278]

Hickman SE, Muehlenhard CL. By the semi-mystical appearance of a condom": How young women and men communicate sexual consent in heterosexual situations. Journal of Sex Research. 1999; 36:258–272. DOI: 10.1080/00224499909551996

Higgins J, Cooper AD. Dual use of condoms and contraceptives in the USA. Sexual Health. 2012; 9:73–80. DOI: 10.1071/SH11004 [PubMed: 22348635]

Higgins J, Fennell JL. Providing for women's pleasure in the next generation of condoms. Journal of Sexual Medicine. 2013; 10:3151–3153. DOI: 10.1111/jsm.12299 [PubMed: 23981853]

Higgins J, Hirsch J. Pleasure, power, and inequality: Incorporating sexuality into research on contraceptive use. American Journal of Public Health. 2008; 98:1803–1813. DOI: 10.2105/AJPH.2007.115790 [PubMed: 18703457]

Higgins J, Hirsch J, Trussell J. Pleasure, prophylaxis, and procreation: A qualitative analysis of intermittent contraceptive use and unintended pregnancy. Perspectives on Sexual and Reproductive Health. 2008; 40:130–137. DOI: 10.1363/4013008 [PubMed: 18803794]

Higgins J, Hoffman S, Graham CA, Sanders SA. Relationships between condoms, hormonal methods, and sexual pleasure and satisfaction: An exploratory analysis from the Women's Well-Being and Sexuality Study. Sexual Health. 2008; 5:321–330. DOI: 10.1071/SH08021 [PubMed: 19061551]

Hirsch J, Meneses S, Thompson B, Negroni M, Pelcastre B, Del Rio C. The inevitability of infidelity: Sexual reputation, social geographies, and marital HIV risk in rural Mexico. American Journal of Public Health. 2007; 97:986–996. DOI: 10.2105/AJPH.2006.088492 [PubMed: 17463368]

Hock-Long L, Henry-Moss D, Carter M, Hatfield-Timajchy K, Erickson PI, Cassidy A, Chittams J. Condom use with serious and casual heterosexual partners: Findings from a community venue-based survey of young adults. AIDS and Behavior. 2013; 17:900–913. DOI: 10.1007/s10461-012-0177-2 [PubMed: 22460225]

Holland KJ, French SE. Condom negotiation strategy use and effectiveness among college students. Journal of Sex Research. 2012; 49:443–453. DOI: 10.1080/00224499.2011.568128 [PubMed: 21732866]

Ingham R. Condoms, bloody condoms; yet more problems. Sexually Transmitted Infections. 2012; 88:479–480. DOI: 10.1136/sextrans-2012-050793 [PubMed: 23093738]

Khan SI, Hudson-Rodd N, Saggers S, Bhuiyan MI, Bhuiya A. Safer sex or pleasurable sex? Rethinking condom use in the AIDS era. Sexual Health. 2004; 1:217–225. DOI: 10.1071/SH04009 [PubMed: 16335753]

Ku L, Sonenstein FL, Pleck JH. The dynamics of young men's condom use during and across relationships. Family Planning Perspectives. 1994; 26:246.doi: 10.2307/2135889 [PubMed: 7867771]

Lam AG, Mak A, Lindsay PD, Russell ST. What really works? An exploratory study of condom negotiation strategies. AIDS Education and Prevention. 2004; 16:160–171. DOI: 10.1521/aeap.16.2.160.29396 [PubMed: 15134124]

Lawrence JSS, Eldridge GD, Reitman D, Little CE, Shelby MC, Brasfield TL. Factors influencing condom use among African American women: Implications for risk reduction interventions. American Journal of Community Psychology. 1998; 26:7–28. DOI: 10.1023/A:1021877906707 [PubMed: 9574496]

Lleras-Muney A. The relationship between education and adult mortality in the United States. Review of Economic Studies. 2005; 72:189–221. DOI: 10.1111/roes.2005.72.issue-1

Macaluso M, Demand MJ, Artz LM, Hook EW III. Partner type and condom use. AIDS. 2000; 14:537–546. DOI: 10.1097/00002030-200003310-00009 [PubMed: 10780716]

Mintz, SW. Worker in the cane: A Puerto Rican life history. Vol. Vol. 2. W.W. Norton; New York, NY: 1974.

Noar SM, Carlyle K, Cole C. Why communication is crucial: Meta-analysis of the relationship between safer sexual communication and condom use. Journal of Health Communication. 2006; 11:365–390. DOI: 10.1080/10810730600671862 [PubMed: 16720536]

Ott MA, Adler NE, Millstein SG, Tschann JM, Ellen JM. The trade-off between hormonal contraceptives and condoms among adolescents. Perspectives on Sexual and Reproductive Health. 2002; 34:6–14. DOI: 10.2307/3030227 [PubMed: 11990639]

Parikh SA. The political economy of marriage and HIV: The ABC approach, “safe” infidelity, and managing moral risk in Uganda. American Journal of Public Health. 2007; 97:1198–1208. DOI: 10.2105/AJPH.2006.088682 [PubMed: 17538057]

Pazol K, Kramer MR, Hogue CJ. Condoms for dual protection: Patterns of use with highly effective contraceptive methods. Public Health Reports. 2010; 125:208. [PubMed: 20297747]

Philpott A, Knerr W, Boydell V. Pleasure and prevention: When good sex is safer sex. Reproductive Health Matters. 2006; 14:23–31. DOI: 10.1016/S0968-8080(06)28254-5 [PubMed: 17101419]

Phinney HM. Rice is essential but tiresome; you should get some noodles”: Doi Moi and the political economy of men’s extramarital sexual relations and marital HIV risk in Hanoi, Vietnam. American Journal of Public Health. 2008; 98:650–660. DOI: 10.2105/AJPH.2007.111534 [PubMed: 18309136]

Pilkington CJ, Kern W, Indest D. Is safer sex necessary with a “safe” partner? Condom use and romantic feelings. Journal of Sex Research. 1994; 31:203–210. DOI: 10.1080/00224499409551753

Pulerwitz J, Amaro H, De Jong W, Gortmaker SL, Rudd R. Relationship power, condom use, and HIV risk among women in the USA. AIDS Care. 2002; 14:789–800. DOI: 10.1080/0954012021000031868 [PubMed: 12511212]

Randolph ME, Pinkerton SD, Bogart LM, Cecil H, Abramson PR. Sexual pleasure and condom use. Archives of Sexual Behavior. 2007; 36:844–848. DOI: 10.1007/s10508-007-9213-0 [PubMed: 17909960]

Reece M, Dodge B. A study in sexual health applying the principles of community-based participatory research. Archives of Sexual Behavior. 2004; 33:235–247. DOI: 10.1023/B:ASEB.0000026623.69017.df [PubMed: 15129042]

Sanders SA, Reece M, Herbenick D, Schick V, Dodge B, Fortenberry JD. Condom use during most recent vaginal intercourse event among a probability sample of adults in the United States. Journal of Sexual Medicine. 2010; 7:362–373. DOI: 10.1111/j.1743-6109.2010.02011.x [PubMed: 21029391]

Sanders SA, Yarber WL, Kaufman EL, Crosby RA, Graham CA, Milhausen RR. Condom use errors and problems: A global view. Sexual Health. 2012; 9:81–95. DOI: 10.1071/SH11095 [PubMed: 22348636]

Sandfort TG, Ehrhardt AA. Sexual health: A useful public health paradigm or a moral imperative? Archives of Sexual Behavior. 2004; 33:181–187. DOI: 10.1023/B:ASEB.0000026618.16408.e0 [PubMed: 15129037]

Sarkar N. Barriers to condom use. European Journal of Contraception and Reproductive Health Care. 2008; 13:114–122. DOI: 10.1080/13625180802011302 [PubMed: 18465472]

Simon W, Gagnon JH. Sexual scripts. Society. 1984; 22:53–60. DOI: 10.1007/BF02701260

Smith DJ. Modern marriage, men’s extramarital sex, and HIV risk in southeastern Nigeria. American Journal of Public Health. 2007; 97:997–1005. DOI: 10.2105/AJPH.2006.088583 [PubMed: 17463366]

Teitelman AM, Tennille J, Bohinski JM, Jemmott LS, Jemmott JB III. Unwanted unprotected sex: Condom coercion by male partners and self-silencing of condom negotiation among adolescent girls. Advances in Nursing Science. 2011; 34:243–259. DOI: 10.1097/ANS.0b013e31822723a3 [PubMed: 21822072]

Tschann JM, Flores E, De Groat CL, Deardorff J, Wibbelsman CJ. Condom negotiation strategies and actual condom use among Latino youth. Journal of Adolescent Health. 2010; 47:254–262. DOI: 10.1016/j.jadohealth.2010.01.018 [PubMed: 20708564]

United Nations Population Fund. UNFPA operational guidance for comprehensive sexuality education: A focus on human rights and gender. United Nations Population Fund; New York, NY: 2014. Retrieved from http://www.unfpa.org/sites/default/files/pub-pdf/UNFPA%20Operational%20Guidance%20for%20CSE%20-Final%20WEB%20Version.pdf

Upchurch DM, Ray P, Reichart C, Celentano DD, Quinn T, Hook EW III. Prevalence and patterns of condom use among patients attending a sexually transmitted disease clinic. Sexually Transmitted Diseases. 1992; 19:175–180. DOI: 10.1097/00007435-199205000-00013 [PubMed: 1523535]

Wardlow H. Men's extramarital sexuality in rural Papua New Guinea. American Journal of Public Health. 2007; 97:1006–1014. DOI: 10.2105/AJPH.2006.088559 [PubMed: 17463367]

Williamson LM, Buston K, Sweeting H. Young women and limits to the normalisation of condom use: A qualitative study. AIDS Care. 2009; 21:561–566. DOI: 10.1080/09540120802301857 [PubMed: 19444663]

Wingood GM, DiClemente RJ. Gender-related correlates and predictors of consistent condom use among young adult African-American women: A prospective analysis. International Journal of STD and AIDS. 1998a; 9:139–145. DOI: 10.1258/0956462981921891 [PubMed: 9530898]

Wingood GM, DiClemente RJ. Partner influences and gender-related factors associated with noncondom use among young adult African American women. American Journal of Community Psychology. 1998b; 26:29–51. DOI: 10.1023/A:1021830023545 [PubMed: 9574497]

Worth D. Sexual decision-making and AIDS: Why condom promotion among vulnerable women is likely to fail. Studies in Family Planning. 1989; 20:297–307. DOI: 10.2307/1966433 [PubMed: 2623725]

Younge SN, Salazar LF, Crosby RF, DiClemente RJ, Wingood GM, Rose E. Condom use at last sex as a proxy for other measures of condom use: Is it good enough? Adolescence. 2008; 43:927. [PubMed: 19149154]

Zolna, M., Lindberg, LD. Unintended pregnancy: Incidence and outcomes among young adult unmarried women in the United States, 2001 and 2008. Guttmacher Institute; New York, NY: 2012.