Understanding Barriers and Perceptions to Condom Use with the MSM Population

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Background

Condoms are inexpensive covers, typically latex, that cover the penis during sex. Condoms come in a variety of sizes and are made of different materials to accommodate those with latex allergies. There are male and female condoms but for the purpose of this paper condoms only refers to male condoms. When used both consistently and correctly latex condoms are the best means for preventing sexually transmitted infections (STIs) aside from abstinence (U.S Department of Health and Human Services, 2014).

Condoms are very easy to obtain since they are over the counter and there is no age limitation on who can purchase them. There are also several agencies that have free condom distribution (Khosropour & Sullivan, 2013). Research has shown that condoms are effective in limiting the spread of HIV; they provide a barrier that is almost impossible for HIV to pass through (Smith, Herbst, Zang & Rose, 2015). Even with the positive benefits of condoms they are being underutilized in some populations.

HIV is a virus that can affect all people regardless of race, age, ethnicity, or sexual orientation. However some people are disproportionately affected at greater rates than others (Center for Disease Control). Statistics show that African Americans as well as gay and bisexual men (MSM) are increasingly being diagnosed or living undiagnosed with HIV (Centers for Disease Control). MSM (this encompasses gay, bisexual, and transgender male to female) make up about 2% of total population yet they account for about 62% of all newly diagnosed HIV infections (Smith et al., 2015).

Decreasing the number of new HIV infections in MSM has become a priority in public health. The use of a condom seems to be a simple solution but it is being under utilized within the MSM population. In previous research MSM have given reasons such as individual preference, low risk perceived, or their partner did not want to use a condom (Ostergren, Rosser, & Horvath, 2011). The rise in HIV diagnosis and the under utilization of condoms among MSM is not limited to the US it is a global issue.

According the National HIV Behavioral Surveillance, there was a 20% decline in the number of MSM diagnosed with HIV between 2005 and 2011 (Paz-Bailey et al., 2016). A positive correlation has been shown between increased HIV incidence and inconsistent use of condoms (Chemnasir et al., 2014). Many MSM have stated that they difficulty obtaining services for the purpose of HIV prevention and that includes obtaining condoms (Musinguzi et al., 2014).

Research in this area is needed to fully understand the barriers to condom use within the MSM community. What comes to mind when they think about condoms? Would they be more willing to use condoms if they were a certain type or distributed to a particular location? Research studies have shown that gay men who have a strong perception of social norms in regard to condom use tend to engage in sexual behaviors that are less risky compared to those who have a weak perception of social norms (Peterson, Rothenberg, Kraft, Beeker, & Trotter, 2008). Changing how MSM view condom use may help to curve the high incident of HIV within the MSM community.

HIV is preventable yet the number of MSM being diagnosed is increasing. As mentioned above the correct and consistent use of a condom is very effective at preventing HIV transmission. The purpose of this study is to determine what perception MSM have in regard to condom use as well as some of the barriers that they may face when it comes to using condoms. In conducting this project, we evaluated whether stigma

played a factor is one's perception of condoms and if it ultimately affected their decision to use a condom for personal protection. This project also sought to distinguish between facts and myths with the hope of encouraging more MSM to utilize condoms. At the conclusion of this project we hope that we shed light on how instrumental condom use can be and that it will be enough to get MSM to start conversations in their relations and among friends.

Methods

On March 26, we met with Brian Marshall and a group of males who identify as MSM. During this time, we had an open dialogue about condoms as well as perceived notions about condoms. This project was conducted for the purpose of the entities involved it will not be published for public knowledge. Information for this project was gathered through a short survey (see Appendix A). Formal research was not conducted with this project and IRB approval was not needed, verbal consent was obtained from the organization and from the participants.

Since Planned Parenthood played a role in the group discussion; food and other incentives were provided (t-shirts, condoms, food and prizes). The population that we focused on is sensitive when it comes to trust so we partnered with Brian Marshall to help facilitate the group discussion. Participants were not asked about how they identify (gay, bisexual, transgender) but only needed to identify as a man who has sex with a man. No identifying information was gathered, this was to ensure that the privacy of every participant was protected.

In order to draw participants to the group discussion we collaborated with Brian Marshall who created a flyer and then advertised through his Just Me M2M organization. Our goal was to try draw in at least 15 but no more than 20 individuals. We only drew in 12 individuals. As mentioned above we did provide incentives for participates and we only used about an hour of their time.

We included participants who were African American males and who identified as MSM. Participants were between the ages of 18 and 24 (the age group that Brian works with). Anyone who did not fit the criteria mentioned was excluded from this project.

During the group session we began by introducing ourselves and stating what our purpose and/or goal for the session was. We then begin an open and interactive conversation about condoms. Using large Post It boards we displayed several questions (see Appendix B) and let participants write down their responses which we later discussed the responses. To keep participants engaged we gave away prizes as we deciphered between facts and myths about condoms through the use of trivia questions. At the end of the discussion we passed out a seven-question survey for participants to complete.

Based on the information gathered from the survey questions, responses were converted to percentages to reflect the group of participants. Responses from the focus group were shared with Planned Parenthood and hopefully assisted with their quest to make condoms readily accessible to populations who are in need.

Results

During the course of the session we asked and discussed several questions. If you refer to the appendix at the end of the paper you will see the questions from the survey as well as the open dialogue. Results were gathered via a 7-question survey that was completed by all participants at the end of the session.

All participants (100%) responded that when they think about condoms they think of a good means of protection from sexually transmitted infections. They all (100%) also responded yes when asked if they thought condoms were easy to obtain and that they would use them if they could get access to free condoms.

When asked what they saw as a barrier to condom use, the answers varied (see figure 1). A small percentage (8%) stated that condoms were too expensive. Others (16%) stated that condoms are hard to find or access. Thirty-three percent of participants stated that condoms either do not fit (they are too big or too small) or that they do not feel natural (when compared to skin to skin contact). Eight percent also stated that they did not see any barriers to the use of condoms.

The majority of participants (83%) said that condoms altered the mood. They felt that when one had to stop and apply a condom it took away from the "in the moment" feel or the romance of the moment. Having to use a condom was thought of as a mood killer.

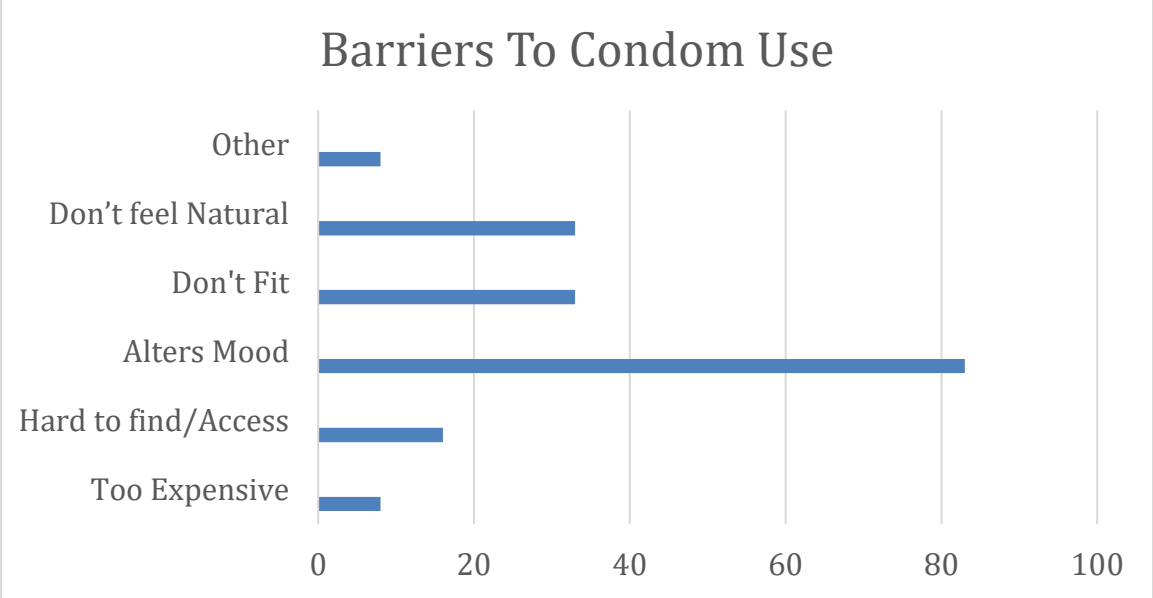

Figure 1

The remaining three survey questions had little to do with this project per se but were included to help Planned Parenthood better serve their target population.

When asked about the type of condom they preferred, again the responses varied among the participants. Thirty-three percent responded that they preferred flavored or extra lubed condoms, 25 % preferred basic, ribbed, or sensitive condoms, 16% preferred colored, extra-large, or non-latex condoms and 8% preferred dotted or thin condoms or did not have a preference at all.

When asked about their favorite brand of condoms 8% stated Trojan, 16% stated that they did not have a favorite brand of condoms, 25% stated Lifestyle, and 50% stated that their favorite brand was Magnum.

The final question on the survey asked participants where they thought free condoms should be placed. Again, the responses varied with 8% indicating in stores, 16% stating in churches and clinics, and the majority (58%) indicating that there should be free condoms everywhere.

The results of this survey are not applicable when it comes to applying then to the general population. The sample size is small and the results were solely for the entities involved.

Discussion

HIV when compared with other populations disproportionately affects MSM. While there can be many reasons that play a role in this the correct use of a condom can help to alleviate some of the problem. Condoms are inexpensive and come in a variety of different types but that does not necessarily mean that everyone has access to them. When you think about you local corner store you are aware that more than likely they will have condoms for sale. So why are people not buying them?

There are several myths floating around about condoms and many of them influence one's decision to use or not to use them. This project looked into trying to understand condom perception as it pertains to barriers in use and personal perception. If condom use is tied to one's perception of condoms then a positive perception should lead to increased use especially in term of personal protection. If an individual knows the benefits of using condoms and they perceive the benefits as positive then the assumption would be that they will be more likely to use condoms.

Here is where you have to look at one's ability to access condoms. If an individual did not have a car then the trip to the corner store could be a huge inconvenience so the individual may opt to not go to the store at all. Maybe there is a sense of embarrassment that prevents one from wanting to purchase condoms. Perceived judgment can lead to embarrassment which can lead to individuals not wanting to purchase condoms. If that is the case then how do we distribute condoms in a manner that individuals can access them in a discrete manner?

While working with Elisabeth, I was able to distribute condoms to different organizations. The Planned Parenthood clinic was a location that I dispensed condoms to on a regular basis. What was unique about the clinic is that the condoms were place in a dispenser in each of the bathrooms. By placing the condoms in the bathroom people could take however many that they wanted without anyone seeing them take it. What I found to be interesting about the clinic was that people went there for a variety of reasons and obtaining information on different methods of safe sex practices was one of the reasons. Going to the clinic could also deter people. Often with the mention of Planned Parenthood comes the controversial topic of abortion. Since the clinic does provide abortions it was not uncommon to see people protesting outside the clinic. Even though the protestors were not allowed on the premises (they could not go past the sidewalk since the clinic was on private property) the judgment that they cast could prevent access to services such as free condoms and/or counseling.

I also delivered condoms to the 'I AM" program coordinator on the campus of Fisk University. The "I AM" program works primarily with African American MSM between the ages of 18 and 24. They are very active in the community and do a lot of work with college students. What I found to be great about this program is that their sole focus was on MSM and that they had developed a level of trust to where individuals could come to them and get condoms if they needed them. David Long, a key player in the "I AM" program worked closely with Planned Parenthood so that he could get access to condoms to distribute during his community events and group sessions.

While MSM are not the only individuals who can benefit from condom use, this was the population of focus. Planned Parenthood hosts different sex education classes but they have a strong focus on condom use. They do emphasize that condoms are not the only means of having safe sex and they provide information on PrEP therapy.

In conducting the project, I wanted to see how MSM viewed condoms to try and get a better understanding as to why they did or did not use them. In developing the survey, I wanted to ask questions that were specific but at the same time were not too personal. I came up with the questions (See Appendix A) so that I could gather information that I could gather information as it pertains to the MSM population and not generalized information that could be applicable to anyone. Instead of gathering a group together to just complete a survey (I figured it would be extremely difficult to get anyone to show up for that) I with the help of Brain Marshall and Elisabeth organized a group session where we could have an open dialogue about condom use.

As mentioned in the methods section, we held an open dialogue in the group session and then discussed some of the responses. This helped us to understand better what this particular group of MSM thought about condoms and the use of condoms. One of the questions that we discussed was pertaining to the first thing that came to mind when they thought about condoms. Responses included sex, safety, pleasure, inconvenient, uncomfortable, prevention, stress, and intimacy. Based on the responses we can easily conclude that everyone had, had a different type of experience with condoms some that were positive experiences and some that were so positive.

Another question that we asked had to do with reasons why they (referring to group participants) would use condoms. The majority of participants all wrote the same thing as a response to this question. They all shared that the main reason to use a condom was to prevent STIs and/or pregnancy. What stood out about the responses is that one participant wrote that you use condoms if you care about your health. During the discussion when asked to elaborate many of the participants stated that if you care about yourself as well as your partner then using a condom should be a given. If something as simple as a condom can protect you from so much wouldn't it just be better to use it than to have an STI for the rest of your life.

One of the most interesting questions during the dialogue session had to do with reasons why one would avoid using condoms. During this discussion some interesting responses came up. We talked about not having condoms, being allergic to condoms, the convenience of not having to put on a condom, being caught in the moment, and carelessness. Many participants stated that if alcohol and drugs were involved it would lead to clouded judgment and avoidance of condoms. Most notable during this discussion was that so many expressed embarrassment with the use or purchase of condoms. Some even stated that they had been subjected to criticism and judgement while trying to

purchase them. One participant even stated that he put condoms back after a sales clerk asked him why he needed condoms and that he should be ashamed about what he was about to do. One participant even asked how do you expect people to buy/use condoms when they are being condemned for it but at the same time they are being told that they should use condoms. This goes to show how condom use is still very much stigmatized and how there is work that needs to be done to destigmatize the use of condoms.

When we discussed who should be using condoms, it was interested that no particular group of individuals was mentioned. Participants did state that anyone that was engaging in sex in any form should use a condom. I did find it interested that the position one was in had a strong implication on whether participants felt a condom should be used. Participants felt that anyone who was not strictly on the bottom position should use condoms. In other words, if during sex you are on top you are at a greater risk of acquiring a STI than if you were on the bottom therefore you should be using a condom. There is some truth to this however it is imperative to not that STIs can still be transmitted regardless of what position that you are in and it is a good practice to use condoms.

The next question that we discussed had to do with different types of condoms. This part of the dialogue gave us the opportunity to assess the knowledge of the participants as well as to demonstrate proper use of a condom. Participants named several different types of condoms including male and female condoms. We discussed how both dental dams and flavored condoms should only be used for oral sex. We talked about how latex condoms provided the best protection from STIs and what alternatives were available for individuals with latex allergies. We also demonstrated how a regular condom was just as effective as an extra-large condom (a regular condom can fit over your entire hand). Some of the participants had never seen an insertive condom before so we showed them an insertive condom and demonstrated how one would use it. It was during the portion of the session that we did the condom demonstration based on the OPRAH method (Open, Pinch, Roll, Action, Hold) to show participants the correct way to apply a condom. This was very important because a condom used incorrectly is almost like not using a condom at all. Condoms protect from STIs if they are used correctly and consistently. It was during this portion of the dialogue that we explained that condoms were not a one size for all and that the best type of condom was the one that works best for the person who is using it.

While knowing how to properly use a condom is important, we also wanted to make sure that participants knew where they could get condoms. As we neared the end of the session we asked participants where they got condoms from? This part of the discussion was beneficial because some were unaware that you could get condoms for free. Participants mentioned places like My House an organization set up through Nashville Cares, Planned Parenthood, Oasis, and Tribe Trax. All of those organizations have programs that will provided free condoms. Participants also mentioned local drug/convenient stores, college campuses, the library, and the barber shop. As the discussion went on one participant mentioned that more primary care providers should have condoms readily available for patients and that more parents should be willing to talk with their children about sex as well as how to use and where to get condoms.

As stated several times before, condoms work very well when used properly however condoms are not a cure all source. The final discussion question was other than condoms

what are some other ways that you practice safe sex? This question was used so that we could provide information on other safe sex practices while letting participants know that condoms are not the only answer to safe sex. Responses that we talked about included mutual masturbation, having a discussion about health and knowing your status, talking about boundaries. Limiting alcohol was also mentioned. Participants felt that too much alcohol and sex could be dangerous because impaired judgment might lead to someone making some bad decisions. They all agreed that the safest way to be safe is not to have sex but since that is not the case they felt that education on safe practices and ways to limit transmission of body fluids would be best.

The open dialogue allowed me (with the help of Elisabeth) to engage with the participants and to provide some educational points about STIs, condoms, and safe sex. At the same time, it allowed me to get feedback and a better understanding on those same topics but from their perspective. The session was both educational and entertaining. The participants were slightly reserved but relaxed enough that we were able to have fun while learning.

Implications

Planned parenthood is mostly known because of the controversial topic pertaining to abortion. What many people fail to realize is that Planned Parenthood provides many other services. Many of the services provided, I myself was not aware of. As previously stated MSM have a high rate of HIV diagnosis. Transmission of HIV can be prevented (98%) with the proper use of condoms. The question remains if condoms are so effective in preventing the transmission of HIV then why are they not being used more often? This project sought to gain insight into the thoughts and beliefs about condom use within the MSM population. The need for understanding within the MSM population would help greatly in terms of helping individuals gain access to condoms.

The question of how this relates to Planned Parenthood can also be answered. In addition to clinical services, Planned Parenthood also has an education and training program. Elisabeth Bradner, MPH; is the manager of Education and Training for Planned Parenthood of Middle and East Tennessee. Through their education program Planned Parenthood offers classes on sex education as well as HIV testing and counseling. They also mentor a group of students called the Players, who use drama to teach about inclusiveness. Planned Parenthood provides classes to students, parents, and health professionals. Elisabeth is also a condom distributor and her target population is MSM.

A part of the internship consisted of me reaching out to organizations and businesses to see if they were interested in distributing condoms. The goal was to reach places in which MSM could have access to condoms. Although MSM were the target population, we still reached out to other organizations. Planned Parenthood already had a list of businesses that they supplied condoms to on a regular basis. During my time there I was able to add three more businesses to the list and provide contact names for two organizations that were not needing condoms at the time but would possibly need them for future events.

This project was beneficial in that if helped Planned Parenthood to get a better understanding of how MSM perceived condom use and allowed then to attempt to make some adjustments to better serve MSM. The thought process was that if we are able to

understand what some of the barriers to condom use are, we can then move on to try to eliminate some of the barriers and even determine which type of condoms are preferred (project that Elisabeth is working on).

Working with MSM population is something that I never imagined that I would have been doing. In doing so I have been able to meet and collaborate with some amazing individuals and learn about the goals and missions of their organizations. This has definitely taken me out of my comfort zone as it forces me to consider things from a different perspective and to see what inclusiveness means in the eyes of someone else. It also helped me to understand that what we sometimes take for granted access to things simply because we can access it with no problems. Something as simple as a condom is not readily available for many people and stigma surrounding them plays a huge role.

Throughout the internship I have been able to strengthen some of the competencies for public health practice. As I reached out to organizations about condom distribution I am was able to inform, educate, and empower others about the benefits to condoms as well as how they can prevent STI's. While many people know about condoms they are not aware of how effective they are and the different types that are available (latex, non-latex, flavored, male, female etc.) and that not all condoms provide the same level of protection. Latex condoms for example are more effective at preventing the spread of STI's than non-latex condoms.

Demonstrating knowledge and skills needed to design and implement a public health information campaign is another competency that I have been able to strengthen while completing this internship and working on this project. Planned Parenthood has launched a campaign known as GetYaSumGood, while I did not launch the campaign I have helped to work on the campaign. One of the things that they wanted to do is to present condom facts daily. I was able to research and find many different interesting facts about condoms. Because the target population is MSM, it was a little tricky because none of the facts could pertain to condom use in women (condoms prevent pregnancy). More about this campaign can be found at www.getyasumgood.com.

Identify, retrieve, summarize, manage and communicate public health information is another competency that I was able to strengthen while working on this project and internship. In order to understand why condom use was a focus in the MSM, I had to do a lot of research that involved researching why condom use was so important in MSM and why it was considered a public health focus. I was also able to utilize records from Planned Parenthood to determine past organizations that may be able to benefit from another distribution of condoms. Communication was something I was able to build on as I communicated with various individuals about the goal for this project and the rationale for dispensing condoms.

Planned Parenthood is always fighting to protect the rights of others in many ways. One of the core competencies is to use laws and regulations to protect and ensure health. I was able to incorporate this into my internship and to strengthen it as well. Each time that I entered the clinic patients would be there I had to make sure that I was in compliance with HIPPA laws and regulations at all times whether in the clinic or in the office. Also I attended Lobby Day. Lobby Day is when different organizations and politicians met to support or oppose any legislative bills that were being proposed. While I was not actually lobbying per say; I did work the Planned Parenthood informational table where I provided information on all the services provided and even gave out

condoms. It was a unique experience in that Planned Parenthood was not a fan favorite at Lobby Day but also because I was able to actively engage in conversation with members of the community as I discussed services provided. I was able to sign several parents up for the Planned Parenthood listserv that was they could "stay in the know" and be aware of what Planned Parenthood was doing across the state. While it may seem odd, I was also able to distribute several condoms while attending Lobby Day. Although sex education within the schools is a very controversial topic in Tennessee, many parents voiced their concern and stated that there is a need for sex education classes in the schools. There were several parents who stated whether we as adults like it or not children are having sex and they are having sex without knowing how to protect themselves and without knowing about HIV and other STIs. Maybe in the future a bill will be proposed to introduce a sex education class into the schools that is inclusive to everyone.

When I began researching internships, I was searching for something that involved HIV. This internship indirectly dealt with HIV but its primary focus was on condom distribution. I did not know at the time that I the target population that I would be working with would be MSM. It was an eye opener because it helped me to recognize that I had unconsciously developed preconceived notions about this particular population and as went through the internship I became more knowledgeable I was able to see and understand as well as educate from a different perspective. I was able to meet some amazing people throughout the internship and experience a side of Planned Parenthood that I was not aware of.

I think if I were able to work with Planned Parenthood in another capacity I would want gain exposure more so on the clinical side of the organization. Being a pharmacist, I am accustomed to working with patient care. Being on the administrative side was totally different than what I was use to doing on a daily basis and I sometimes found myself disengaging so on slower days I had to find creative ways to keep busy while at the office.

Working on the administrative side I felt was somewhat challenging because there were many days that they had to work on grants that would help them to establish or keep funding. Even though I did not work on grants I was still able to help establish new distribution locations with Meharry Medical College and with the Ross Counseling Center. There were some days where I felt that I could have been more hands on but sensed that I was limited to the role of a volunteer. I quickly learned how to best utilize my time at the office to be productive not only for myself but to help with future task (as it related to condom gathering and dispensing).

One of the biggest lessons that I learned while completing this project is the ability establish trust and how to network and build relationships. In an effort to reach out to the MSM population I had to develop working relationships with individuals who had already established trust. I understood that me as a straight African American woman would barely be able to scratch the surface unless I had some help. Since I was new in this area I found it beneficial to work with individuals such as David Long, Brian Marshall, and Josh Robbins. These individuals are well known for their work with MSM and were able to help me along the way and to provide me with a wealth of information. The one thing that I would recommend for future research is be well informed about your target population or to work with someone who has insight and willing to help you

throughout. I would recommend having a plan and being able to articulate that plan so that it may be executed in a way that will be beneficial to all in involved.

Conclusion

While this project barely even scratched the surface, it was a good start on where to go and what to do from this point forward. Larger scale research is very much needed in this area. Strategic and well thought out measures will need to be in place to attract members of the MSM population to participate in a large study. I think that one of the biggest challenges is that there are a lot of MSM who do not want others to know that they sleep with men. If there is any possible chance that, that information can come out people will be unwilling to participate in a study.

Conversations about condoms are still needed to reduce stigma surrounding the use of condoms. In the group session many participants expressed how they felt judged and embarrassed because they were purchasing and/or using condoms. Finding ways to make sure that condoms are accessible is also going to be key in the future. Many of the participants stated that they would be more willing to use condoms if they could access them for free. Some even stated that they found condoms to be too expensive. I think that by asking questions we can understand what the needs are in the MSM community and get a better understanding of where they can go and feel comfortable getting condoms. At the same time, we also have to understand and acknowledge that condoms are not a cure all solution. They are effective when used correctly but there is more to safe sex and STI prevention than to simply use a condom.

Education is going to be key going forward. There is a lot of information that can be found in regard to condoms. Just like anything else, all the information available is not factual information. Education is going to be important when it comes to deciphering between what is actually true and what is not. Research will play a vital role in the future not just for the sake of getting a better understanding of MSM but also in terms of developing STI/HIV prevention. More education needs to be provided in regard to PrEP and PEP. Vaccine research needs to be conducted and ongoing for individuals who need protection and can not take pills or already have a high pill burden.

As I concluded my internship with Planned Parenthood, I leaned that a research project is about to start at the Oasis Center (the organization the Brian Marshall works for). The project will involve MSM within the Nashville area. While I do not have all of the information about the project, I am told that they will be looking at STI rates and condom use. Hopefully at the conclusion on their research they will have results that can be generalized to the general population.

At the end of my project, I think that we were able to accomplish what we set out to accomplish. We were able to gain understanding of what MSM saw as barriers to condom use. We also were able to provide education about condoms and how to properly use condoms. We even provided information about HIV and PrEP. Even though my results had limitations, I think the project was able to provide all entities involved with information that they can use moving forward.

Appendix A

Condom Survey Questions

1. What do you think about condom use?
   ___ Good means of protection from Sexual Transmitted Infections
   ___ They don't feel natural
   ___ Waste of time using them
   ___ Other _____
2. Do you think condoms are easy to obtain?
   ___ Yes
   ___ No
3. If you could get free access to condoms would you use them?
   ___ Yes
   ___ No
4. What do you see as a barrier to condom use?
   ___ Too expensive
   ___ Hard to find/access
   ___ Alters the mood
   ___ They don't fit (too big or too little)
   ___ They don't feel natural
   ___ Other _____
5. What type of condom do you prefer?
   ___ Basic
   ___ Color
   ___ Ribbed
   ___ Dotted
   ___ XL
   ___ Unlubed
   ___ Non - latex
   ___ Flavored
   ___ Sensitive
   ___ Extra Lubed
   ___ Insertive
   ___ Other _____
6. What is your favorite brand of condoms?
   _____
7. Where do you think free condoms should be placed?
   _____

Appendix B

Open Dialogue Questions

When you think about condoms the first thing that comes to mind is?

What are some reasons that you use condoms?

What are some reasons that you avoid using condoms?

What are some different types of condoms?

Who do you think should use condoms?

Where do you get condoms?

Other than condoms what are some other ways you practice safe sex?

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