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A Qualitative Examination of Men's Condom Use Attitudes and Resistance: "It's Just a Part of the Game"

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Abstract

The purpose of this study was to investigate the variability in young heterosexual men's perceptions of the advantages and disadvantages of condom use in their casual sexual relationships. Because men who perceive greater disadvantages of condom use may be more likely to resist using them, we also explored the tactics that men employ to avoid using condoms. Semi-structured focus groups were conducted with single men who have sex with women ($n = 60$), aged 21 to 35, all of whom reported using condoms inconsistently. Transcripts were analyzed using a framework analysis approach. As expected, participants reported advantages and disadvantages to condom use that pertained to the likelihood and quality of sex, physical sensations during intercourse, and the risk of STIs and unwanted pregnancies. Within each of these topics, however, participants' appraisals of the relative pros and cons of condom use varied considerably. Additionally, participants reported that men use a wide range of condom use resistance tactics - including seduction, deception, and condom sabotage - and that the use of these tactics is viewed as normative behavior for men their age. These findings suggest that the effectiveness of sexual health prevention efforts could be enhanced by increasing young men's motivations to use condoms and by targeting social norms regarding condom use resistance. Additionally, the issue of men's condom use resistance clearly merits increased empirical investigation and intervention attention.

Keywords

condom attitudes; condom use resistance; focus groups; inconsistent condom use

INTRODUCTION

Rates of sexually transmitted infections (STIs), such as Chlamydia, gonorrhea, and syphilis, continue to rise among young adult men (aged 20–24) [Centers for Disease Control and Prevention (CDC), 2010]. Moreover, adolescents and young adults, while only representing 25% of the sexually active population, are estimated to represent nearly half of all incident STIs (Weinstock, Berman, & Cates, 2004). Unplanned or unwanted pregnancies are also a concern among young adults, with just over half of all pregnancies in this age group being described as "wanted" or "intended" (CDC, 2009). Correct and consistent condom use can

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greatly reduce the risks of STI transmission and unplanned pregnancies; however, the majority of young men and women report inconsistent condom use despite these risks (CDC, 2009). Indeed, findings from the National Survey of Sexual Health and Behavior indicate that although 84.2% of male adolescents reported using condoms during their most recent vaginal intercourse with a casual sex partner, only 46.9% of men aged 18–24 and 53.1% of men aged 25–29 reported doing so (Reece, Herbenick, Schick, Sanders, Dodge, & Fortenberry, 2011). In order to increase rates of condom use among young adults, it is critical that we understand the reasons that some may choose not to use condoms. As part of a larger experimental study, the present study used focus groups to investigate opinions about the advantages and disadvantages of condom use in a sample of young single male social drinkers from an urban community who reported inconsistent condom use with their female sex partners. Moreover, we also explored the strategies and tactics through which some men may actively attempt to avoid using condoms in their “casual”, or non-monogamous, sexual relationships.

Condom Use Attitudes

According to the Theory of Planned Behavior (TPB; Ajzen, 1991), attitudes regarding condom use should predict intentions to use condoms, and subsequently, the actual use of condoms. These attitudes are determined by one’s positive and negative beliefs about the consequences of using condoms, as well as one’s evaluation of those consequences. Indeed, a meta-analysis of 67 independent samples concluded that condom use attitudes are strongly associated with condom use intentions (Sheeran & Taylor, 1999), and studies conducted specifically with young heterosexual men also find condom use attitudes to be predictive of condom use intentions and subsequent condom use behavior (Bryan, Schindeldecker, & Aiken, 2001).

Other theoretical perspectives have focused on similar, but not identical, constructs regarding health behavior decision-making processes. For example, the Health Belief Model (HBM; Becker, 1974; Janz & Becker, 1984) focuses on the perceived benefits and barriers to engaging in particular health behaviors. Similarly, interventions based on the Transtheoretical Model (TTM; Prochaska & DiClemente, 1986) attempt to motivate individuals to change problematic behavior through such means as a “decisional balance” task, or weighing the advantages (the “pros”) and disadvantages (the “cons”) one perceives regarding engaging in a particular behavior (Prochaska et al., 1994). Perceived benefits and barriers have both been associated with condom use intentions (Sheeran & Taylor, 1999). Additionally, the perceived pros of condom use have been positively related to condom use in young men, while the perceived cons of condom use were not significantly related to actual condom use (Noar, Morokoff, & Redding, 2001). In sum, there is evidence from a variety of theoretical perspectives that individuals perceive both positive and negative aspects to condom use and that, in general, young men’s opinions about condom use are associated with their condom use behavior.

The use of qualitative focus group methodology in the current study allowed us to explore young men’s opinions about condom use without “pressuring them into making decisions or reaching a consensus” (Liamputtong, 2011; p. 5). In this format, we were able to elicit a wide range of opinions regarding the topic and observe group interactions to better understand the social context of the opinions. By using purposive sampling, which is recommended for focus groups (Rabiee, 2004; Morgan, 1997; Krueger & Casey, 2000), we were able to create relatively homogeneous peer groups of young men with the shared experiences of being sexually active, inconsistent condom users, and social drinkers. Those shared experiences encouraged the members of the groups to engage more freely and comfortably and to use forms of communication and language that they might use in their day-to-day lives. In addition, the focus group discussion allowed participants to hear the

ideas of others and encouraged them to formulate their own opinions and generate new ideas in response (Krueger, 1995). The use of an interview guide allowed the moderator to focus the discussion on our research questions, while also providing the flexibility to permit new themes to emerge from the group members themselves.

Based on previous research, we expected several themes to emerge from our open-ended questions. First, we anticipated that the two primary disadvantages of using condoms would be lower quality sex (i.e. feeling less natural) and concerns about decreased physical pleasure, as these negatives are repeatedly represented in measures of condom-related attitudes (Noar et al., 2001; Conley & Collins, 2005), as well as in prior focus group data (Kennedy, Nolen, Applewhite, Waiters, & Vanderhoff, 2007). Second, we expected that the primary advantages of using condoms would be protection from STI transmission and the prevention of unplanned pregnancies, given that these are the reasons most cited by men for using condoms (Bryan et al., 2001; Kennedy et al., 2007). Moreover, we were interested in exploring the *relative* importance of these two sexual health risks for young men. Due to the fact that the probability of experiencing one of these two adverse consequences varies depending on the nature of the sexual act (e.g. vaginal vs. anal sex) as well as on the use of other forms of birth control (Bryan et al., 2001), we wanted to explore the personal and contextual determinants of these risk-related appraisals.

Because research suggests that a positive decisional balance (i.e. perceiving more pros than cons) is associated with increased engagement in a behavior, interventions that specifically target the salience of condom use pros relative to cons may be particularly effective (Grimley, Riley, Bellis, & Prochaska, 1993). For example, in a study of 41 high-risk college men, a brief decisional balance exercise – a component of Motivational Interviewing – was effective at increasing condom use at 30-day follow-up (LaBrie, Pedersen, Thompson, & Earleywine, 2008). It is important to note, however, that the demarcation of “pros” vs. “cons” may not always be clear. For example, while decreased penile sensitivity is generally referred to as a drawback of using a condom (Kennedy et al., 2007), for men who have concerns about premature ejaculation, decreased penile sensitivity may in fact be perceived as a benefit of condom use (Lee, 2010). Through qualitative methods that facilitate the collection of more nuanced information than can be gleaned from survey item ratings, we aimed to garner more specific information about the variability in the perceived pros and cons of condom use in order to inform risky sex interventions with heterosexual men.

Condom Use Resistance

Because individuals who perceive more cons and fewer pros regarding condom use are less motivated to use condoms (LaBrie et al., 2008), such individuals may actively attempt to resist condom use when their partner wishes to use one. Indeed, a small number of studies have begun to examine what one researcher termed “a culture of resistance to condom use in young people” (Measor, 2006, p. 393). For example, a study of urban college students indicated that 49% of women and 44% of men reported forgoing condom use at least once since the age of 16 due to a partner’s influence (Smith, 2003). Further, a recent study of male and female Latino youth found that 44% wanted to avoid condom use at least once during the past month (Tschann, Flores, de Groat, Deardorff, & Wibbelsman, 2010).

A few studies have explored the strategies individuals employ to resist condom use. DeBro, Campbell, and Peplau (1994) found that men were more likely than women to attempt to avoid condom use, particularly through strategies such as seduction, information statements that they were low risk, and reward statements promising positive consequences of condom nonuse. Moreover, a nationwide survey of young heterosexual men indicated that just over one-third reported having successfully used verbal coercion or physical aggression to resist using a condom with a partner who wanted to use one, with 31% of these men reporting

having used these tactics on multiple occasions (Davis & Logan-Greene, in press). In that study, men's attitudes about the effects of condoms on sexual pleasure indirectly related to increased engagement in coerced unprotected sex through an association with more inconsistent condom use, indicating that men's negative opinions about condoms are associated with active resistance to using them. To explore this issue further, we asked the participants in our study about the ways in which men generally try to avoid using a condom with a partner who wants to use one. We aimed to explore the range of condom use resistance strategies and tactics that men might employ and also sought to understand men's perceptions of such behaviors.

METHOD

Study Design

The focus groups were designed according to the guidance of Morgan (1997) and Kreuger (2006) with a dual purpose: 1) as a supplementary method to inform the development of study instruments for a subsequent experimental study; and 2) as a self-contained method. For both purposes our main goal was the same, to describe condom use resistance from the perspective of young sexually active men, and it was this goal that guided our research design. Data for the current study were gathered through six 90-minute focus groups. All focus groups were conducted between the end of June and the end of August, 2009. Each of the focus groups was comprised of between 9 and 12 participants (total $n = 60$) and was facilitated by the same member of the research team (TJS). The male facilitator received training in focus group moderation and had prior experience with qualitative interviewing and focus group methodology. To enhance group structure, a discussion guide was utilized (described below). A male research assistant was present in the room during the focus groups in order to manage logistics and take written notes on a whiteboard that could be seen by all participants. The focus groups were digitally audio-recorded and later transcribed verbatim.

Participants

Participants were recruited in the same manner as for the main study using online classifieds. A telephone screening interview assured that all participants were (a) male, (b) age 21 – 35, (c) sexually active with women in the past year with at least one episode of unprotected vaginal or anal intercourse, and (d) a moderate drinker (defined as consuming three to 35 drinks per week on average). Additionally, potential participants were excluded from participation if they (a) were currently in a monogamous relationship for a year or longer, or would have been ineligible to participate in the larger alcohol administration study because they (b) reported a medical condition or medication for which alcohol consumption was contraindicated, or (c) were at risk for alcohol dependence (according to the Brief Michigan Alcoholism Screening Test [Pokorny, Miller, & Kaplan, 1972]). During the screening process, potential participants were informed that the subject matter for the group discussion would be “male-female dating interactions, social drinking situations, condom use, and other issues surrounding sex.”

The average age of the participants was 25.3 ($SD = 3.5$, median 24). The sample was 66.7% Caucasian, 10.0% Asian American or Pacific Islander, and 8.3% African American. Ten percent of participants indicated that they were multiracial or “other” while 5.0% of participants declined to provide their racial identification. Ten percent of the sample reported Hispanic ethnicity. In all, 30.0% of the participants identified themselves as full- or part-time students, and 67.2% reported either full- or part-time employment. The majority (60%) of participants earned less than \$40,000 per year.

Procedure

When participants arrived, they were greeted by a male researcher and escorted to a conference room where they chose a seat around a large table. They were offered a name card on which to indicate the name by which they wanted to be referred during the discussion. Because the discussion was audio-recorded, we encouraged participants to use pseudonyms. The consent form was read aloud to the group and, one at a time, each participant joined the facilitator in a private office to ask questions and provide informed consent. Next, the facilitator articulated the following ground rules: (a) keep discussion material confidential, (b) one person speaks at a time, (c) feel free to respond directly to another participant, (d) the facilitator may address participants directly, and (e) to the extent possible, speak in generalities and describe the experiences of men their age broadly, not of one's personal experiences. When participants reverted to speaking of their own experiences, the facilitator reminded them to speak of men more generally. After participants agreed to work within these guidelines, audio-recording equipment was turned on and discussion ensued. Refreshments were available during the discussion.

Facilitation of the focus group was conducted with the assistance of a discussion guide to improve consistency across groups and to focus the discussion on key research questions regarding alcohol, condom use, and casual sexual relationships. The facilitator actively probed group members during times in which the discussion only represented a limited set of viewpoints in order to capture the full spectrum of narratives. As groups were completed, agreed-upon modifications were made to the guide for subsequent groups to reduce our focus on themes that were already saturated (e.g. types of relationships between men and women) and to allocate more time to certain topics (e.g. condom resistance). Throughout the group discussion, in addition to clarifying participant responses, the facilitator encouraged ongoing input from all group members and highlighted and/or probed agreement and disagreement between participants.

At the conclusion of each group, each participant individually joined the facilitator in a separate office to give him an opportunity to provide feedback regarding his experience and ask questions. Participants were then provided with informational brochures regarding alcohol use and sexual decision-making, received a \$50 check for their participation, and were dismissed. All procedures were approved by the University's Institutional Review Board.

Data Analysis

Transcripts made from the audio-recordings were checked for accuracy by the facilitator and the research assistant. Data analysis was guided by the "framework analysis" approach (Richie & Spencer, 1994; Krueger, 1994; Krueger & Casey, 2000). This approach is well suited for focus group methodology (Rabiee, 2004) and allows for inductive as well as deductive data interpretation (which was important due to the use of an *a priori* discussion guide). Specifically, three authors (KCD, TJS, & AKG) created preliminary codes based on the objectives of the study and on familiarization with the data through reading the transcripts and listening to the audio recordings. Once these preliminary codes were developed, these three authors applied them to a set of transcripts to ensure appropriateness and completeness. Some codes were revised, others were added and a final set of codes was agreed upon.

Each transcript was then independently coded by two researchers, with a total of four (two male and two female) researchers each coding three of the transcripts. (None of these researchers was involved in the development of the codes themselves.) The two researchers who conducted the independent coding of each transcript then came together and used a

“check-coding” or constant comparison approach to come to consensus about the usage of the codes (Harry, Sturges, & Klingner, 2005; Miles & Huberman, 1994). Coder pairs were not repeated between transcripts to encourage the widest level of consensus for code usage.

The member of the team that conducted the focus groups and participated in developing the codes (TJS) moderated these coder discussions and made a final decision in situations where agreement was not possible. (There were fewer than 3 instances of such disagreement for each transcript). The process of using multiple stages of coding, multiple coders, and consensus assured consistent and reliable usage of the codes (Miles & Huberman, 1994; Morgan, 1997). The coded transcripts were then entered into ATLAS.ti V 6.2 (ATLAS.ti Scientific Software Development, GmbH, Berlin), which was used to organize and manage the data.

In our analyses, stand-alone quotations are not identified with a specific participant. However, for verbal exchanges, participant numbers have been assigned in order to provide some clarity to the flow of the exchange. The numeric assignment (e.g. Participant 1 [P1]) is strictly based on chronology. That is, the first participant included in each quotation is “1” and so on. Each quote is also labeled according to the group in which it occurred.

RESULTS

The Pros and Cons of Condom Use

While many advantages and disadvantages of condom use described by participants were compatible with conventional wisdom and previous research, there was a surprising degree of tension within domains. Often a particular condom benefit also had a corresponding downside or drawback. In terms of specific domains of advantages and disadvantages, three primary themes emerged from the data. Specifically, participants reported that condoms may affect the likelihood and quality of sex, one’s physical sensation during intercourse, and risk of STIs and unwanted pregnancy.

Likelihood and quality of sex—Several participants noted that condom use can be a “deal-maker”. That is, once using a condom has been mentioned by a woman, “you’re pretty much having sex then” (FG4) and that “at least you know you’ll be getting some that night” (FG5). Conversely, however, participants also mentioned that actually stopping sexual activity to employ a condom may provide time for their prospective sexual partner to change her mind and reconsider having sex at all.

Participant (P) 1: ...if you pull out a condom maybe she’d be like “Oh no, now it’s serious, I don’t want to do this.”

P2: I was with a girl just like a couple of weeks ago... she was like, I’m sure we could have had sex, but then I just paused, and then she like after all, she was like, no, I don’t want to go, she goes, I changed my mind.

P3: [She says,] ‘Wait a second...’

P1: She says she wants time to think about it...

P3: The disadvantages – “the condom pause”. (FG1)

Thus, condom discussions were perceived as positive by some men and negative by others in relation to the outcome of having sex. While some men believed that when a woman brought up condom use, sexual intercourse was very likely to occur, other men were concerned that taking the time to discuss condom use or to put a condom on correctly would allow the woman time to re-evaluate whether or not she wanted to have sexual intercourse. As such they may avoid raising the issue of condom use or may put a condom on quickly

(perhaps increasing the odds of using it incorrectly) in order to avoid pausing the sexual activity and giving their partner time to reconsider.

One advantage to using condoms noted by participants in several groups (FG1, FG2, FG5) is that a woman is much more likely to allow a man to ejaculate without withdrawing his penis if he is wearing a condom. Further, some participants (FG3, FG2, FG5) also reported that the peace of mind that goes along with condom use can foster an improved and more immersed sexual experience.

Being more relaxed usually equals better sex, so that's one less thing I need to worry about today. You can actually be a better lover to whoever you're with because you can focus on actually being there instead of worrying about all the other things you would have to worry about if you're not wearing a condom. (FG2)

However, condom use may also interfere with the sexual mood and reduce the quality of the sexual interaction in other ways, according to some participants. For instance:

P1: And the bottom line is that the condom is just so unsexy, man. It's like a big piece of rubber you just put on your cock. No matter what, it's an uphill battle, I think, just like as an item. I mean it smells funny, man.

P2: It's not even sex with a rubber on your dick, sorry. (FG5)

Many participants also mentioned that the sexual experience can be dampened by the challenge of applying a condom, particularly if one is under the influence of alcohol (FG5, FG3, FG2), as well as discomfort due to latex allergies and poor fit (FG1, FG3, FG2). Condoms were also perceived as costly and inconvenient to acquire (FG1, FG2, FG4, FG6). These comments corroborate findings from previous research documenting the negative aspects of condom use for young men (Crosby, Milhausen, Yarber, Sanders, & Graham, 2008; Crosby, Yarber, Graham, & Sanders, 2010), but also suggest that, at least for some men, condom use may improve the sexual experience by reducing anxiety about the negative consequences of unprotected sex.

Physical sensation—Another major theme discussed by participants in every group pertained to the physical effects of using a condom. By far the most frequently reported downside of using a condom was diminished physiological sensation. Decreased penile sensitivity as a drawback came up in each focus group. This participant noted that using a condom may increase the probability of erectile problems:

Yeah, losing the erection is something definitely. We haven't really brought that up too much, but that's a big part of it. The fear is always kind of there, and maybe that's a part of not wanting to bring it [condom use] up because that's not fun to lose it at the moment of like taking the next step, you know. (FG5)

Decreased penile sensitivity was not just viewed as negative, however. Several participants (FG1, FG5, FG2) reported that precisely because condoms can decrease physical sensation, condom use may have the benefit of increasing their ability to prolong the sexual encounter.

It could delay ejaculation so you can keep going longer. (FG2)

If you're feeling overly sensitive, it can kind of numb it and stretch things out a little bit. (FG2)

While those participants referenced the potential benefit of decreased sensitivity in delaying ejaculation, others underscored that, when taken to the extreme, this eventuality may become a significant drawback. That is, intercourse with a condom could go on for *too* long because the decreased sensitivity may effectively inhibit the man's orgasm.

P1: And I guess when you're wearing one you can go for a lot longer, but it's quantity over quality. You can kind of look like a stud I guess, but it just sucks.

P2: For me it's to the point where exhaustion and I still can't get off because I'm wearing a fucking rubber. (FG6)

In addition to these mixed effects of condoms on the man's physical sensations, participants also noted that condoms may have negative effects on their partner's sexual enjoyment. For example, many participants (FG1, FG2, FG5, FG6) reported that condom use is associated with vaginal lubrication problems and chafing, and that this disadvantage can be exacerbated if the condom extends the sexual encounter.

P1: Also sometimes you need more lubrication than is just natural, whereas without condoms, generally, nature does its thing perfectly....

P2: Especially if you're kind of one of those guys that kind of like go for a long time, and you got one on, it's like eventually the friction will dry her out. And then she gets uncomfortable, and then you start to get irritated because you're just like okay, I'm trying to finish here, but she's ... hella dry, so that is a disadvantage. (FG1)

Dissatisfaction with vaginal lubrication is a finding that is in line with prior research (e.g. Crosby, Graham, Yarber, & Sanders, 2004) among men in this age group. It is worth noting that while several participants mentioned that insufficient vaginal lubrication was a frequent problem with condom use, at no point did participants reference the use of commercially available lubricants. In sum, while most participants associated condom use with decreased physical pleasure for both men and women, some participants noted that this decreased male physical sensation can serve as a benefit of condom use in that it can prolong sexual activity.

STI and pregnancy protection—As predicted, nearly all participants in every group reported that the prevention of pregnancy and protection against STIs were the primary benefits of using a condom. When prompted to compare the risks posed by unwanted pregnancy to the risks of acquiring an STI, participants' opinions varied greatly. Some of the participants explained that STI-related risks were of utmost concern and often cited the potential permanence of an STI as especially convincing.

P1: That's the least of your worries, pregnancy, well, with me. That's the least. I don't care. I mean...catch something that you can't get rid of forever?

P2: Oh, that's a problem.

P1: That's ruining a lot of stuff you know? Pregnancy we can deal with, but catching that thing that you can't get rid of? No.

P2: Potentially kill me in the next ten years? (FG5)

Participants in another focus group put it this way:

P1: I agree because a pregnancy is not something that can kill you. An STD is what crosses my mind first because it's something, arguably, worse.

P2: You also have options with pregnancy.

P3: Sometimes. She has options.

P2: She has options, at least. But still she has options, and so sometimes, you might have that. I mean, a lot of these diseases, you don't have a choice.

P3: True.

P4: A lot of the STDs, though, that my friends have gotten, they're like curable ones that are kinda common. They're like, at least in college, I know a lot of people who have gotten curable STDs and only know a couple people who've had unwanted pregnancies, and high school's kinda the opposite. And, like – because I don't think people who have AIDS and crazy ones are going out having sex, really. (FG3)

The exchange above suggests that some men are less optimistic about the likelihood of being able to successfully address STI acquisition compared to an unwanted pregnancy. In addition, the final participant's comment in this exchange suggests that men's aversion to STIs may be influenced by the perceived "curability" of the problem as well as the belief that those with HIV/AIDS are not in their pool of prospective sexual partners or are not sexually active.

However, the following quotes illustrate that another subset of participants was more concerned with unexpectedly getting a woman pregnant than they were with the possibility of acquiring an STI.

Honestly, I think people think more of - "Am I gonna accidentally have a kid?" than "Am I gonna get something?" (FG4)

To me, with the crowd I hang around with, I don't worry so much about sexually transmitted diseases. I worry about more goddamn child support. Ain't trying to have no more babies and shit. The question is generally "Are you on birth control?" (FG2)

To be sure, the prospect of getting a woman pregnant was daunting to some participants and bolstered the case to use a condom.

Because in my thoughts, pregnancy is the worst STD. Like that's the last thing I want to happen to me. Like absolutely bar none. (FG6)

As illustrated by the above quotes, participants were varied in the relative importance they placed on using condoms for contraceptive or STI prevention related purposes. Notably though, many of the participants' comments in several groups (FG1, FG3, FG5, FG6) suggested that they were underwhelmed by the risks of not using a condom. Indeed, many of our participants seemed to shrug off the risks associated with unprotected sex, particularly STI transmission risks. For instance:

P1: When I was younger, it seemed more of a scare. Ten years ago for HIV and stuff. Now I feel like people aren't as scared of that. Or not caring.

Moderator: Does it seem like it changed as you guys got older, or the time changed?

P1: I think the times changed because people realized that transmission wasn't occurring much by that factor.

Moderator: As what?

P1: As much by vaginal intercourse. Some people I know in my circles are aware of that. Certain types of sex, you have a high transmission.

P2: And they have medicines now for HIV that they didn't have before. You hear it in commercials and TV, music. Condoms, condoms, condoms. Now people are living with that [HIV/AIDS], so it doesn't seem like people think it's that important. (FG2)

In addition to this risk minimization expressed by some participants, participants in some groups (FG1, FG6) also explained that if one had already had sex with a woman without a condom, repeated unprotected sexual encounters were viewed as less risky.

Once you've already put yourself to risk once, what's the point of using them again? If she has AIDS, you already have AIDS. I mean, obviously not, but that's what you think, sometimes. (FG1)

Still another participant was even more cavalier:

I don't use rubbers, and I just prefer that she doesn't mention anything. I just don't give a shit. Most of it's curable; you only live once. (FG6)

This lack of concern may be exacerbated by alcohol consumption; several participants explained that having consumed alcohol can impair their judgment and decrease their likelihood of using condoms (FG1, FG5, FG2).

Yeah, I mean, when you drink alcohol, you sometimes just don't care about a lot of stuff, and you sometimes just lose it. You don't, you're not thinking about pregnancy or STDs, you're only thinking about the moment and the feeling and you just go for it. (FG5)

Participants in three groups (FG1, FG4, FG6) also reported that they are only concerned about their partners' sexual history enough to use a condom if women give them a specific reason to be alarmed.

P1: It's all about appearance. There's girls that you could be looking at, and you could see her the entire night, and it's who she's been talking to, how many drinks she's had, if she's hanging on every guy in the club. You know she's made out with five guys in the club, and she's now standing in front of you? Those are all telltale signs like if I take her home, I probably wanna use some protection.

P2: Yeah. The way she carries herself. If she carries herself like in a ghetto kind of way, then most likely you're gonna want to wear a condom, but if she carries herself in a classy, I got manners type way, like very respectful, then it just says a lot, like you said. (FG4)

Others (FG4, FG5, FG6) reported following an "ignorance is bliss" strategy regarding their partner's sexual history:

I just don't really—I mean, when it comes to the sexual history and all that, like usually if it's a one-night stand or even a booty call, I just don't want to know. The less I know about the girl, the better. You know, when I don't know their last name that's great. I mean, like honestly that's just my idea of like the perfect casual relationship. Like I love it when you don't know anything about the girl; it's nothing more than you just get in there, you bust a nut. (FG6)

However, while many participants reported that men are often not swayed by the risks of STIs and pregnancy, across the groups participants noted that men's behavior is much more likely to be affected if they, their partner, or someone close to them, has had a recent "scare" or close encounter with an STI or with an unwanted pregnancy (FG1, FG4, FG5). One participant explained:

If you ever had an actual scare of having an STD, and then you ever have an instance where you have sex without a condom after that, it is very conscious in your head. You're like, "Oh, fuck." And women who have had that scare also feel similar. (FG5)

In sum, the data supported our hypotheses, suggesting three general categories of condom use advantages and disadvantages. Within each of the three domains, participants' appraisals of the pros and the cons varied substantially. First, participants reported that condom use may affect the likelihood and quality of sex. On one hand, sex may be more likely and more anxiety-free (and thus more enjoyable) if a condom is used. On the other hand, participants stated that presenting a condom may also give their prospective sexual partner time to reconsider her actions or may diminish the mood of the sexual encounter. Second, condom use may affect one's physical sensation during sex. Decreased penile sensitivity was an oft-cited complaint, but the resulting increase in a man's ability to postpone ejaculation was cited as an occasional advantage. Third, protection from STIs and unwanted pregnancy was singled out as the primary advantage of using a condom. There was, however, disagreement about which outcome was least desirable.

Condom Use Resistance Tactics

While there were a handful of participants who stated that the disadvantages of using a condom are uniformly outweighed by the advantages, the majority reported that, while they are aware that they "should" use condoms for each sexual encounter, in practice they often do not. In fact, participants in every group noted that men will sometimes actively resist condom use when their partners wish to use a condom. Although participants noted that sometimes men try to avoid using condoms by "downplaying it" or simply not bringing up the issue, participants also discussed several more active strategies that men employ to have unprotected sex. These strategies are presented below.

Risk-level reassurance tactics—Participants reported that oftentimes condom use could be avoided by simply reducing their partner's concerns about unprotected sex by assuring them that their risk level is low. For example:

Usually, it's just the idea of making them comfortable because usually they're uncomfortable and that's why they want to use one. If you try to talk them into it, you're like, oh, don't worry, I haven't had sex with somebody in a while, or I've been tested, or I've got a low sperm count. (FG2)

While in some cases, these reassurances may actually be true statements, in other cases—as discussed later—these statements may represent a more dishonest method of resisting condom use.

Physical pleasure focused tactics—Seduction was described as a fairly common condom avoidance strategy. Participants in all but one of the groups (FG1, FG2, FG3, FG4, FG5) reported that men may try to sexually arouse a woman to the point at which she would relent or would no longer be thinking about condom use:

Moderator: How would a guy try to get a woman to agree not to use one?

P1: Kiss her ears, kiss her around the neck. Seduce her, really.

P2: Say you just – you probably – now, this isn't me. You probably told her we're just gonna fool around, and then it ends up not being just fooling around.

P3: You pretty much just get her to the point where she wants to have sex. You're like you don't have a condom, but we'll still fool around. You just get her up there, and then next thing you know, she'll be on top of you. (FG4)

A participant in another focus group put it this way:

P1: Try to convince the girl to do it that way; he would try to turn her on even more...you do the usual things you do to turn her on and she's...then stop it half

way, then start it up again, then just toy with her and tease her, make her want even more, and then...

Moderator: See if you can get her to agree?

P1: Yeah, Then just build up to the point where she just really wants it no matter what. (FG3)

In addition to physically increasing their partner's sexual arousal, men may also try to *verbally* convince a woman of the physiological merits of unprotected sex in order to avoid condom use. Specifically, participants in all of the groups but one (FG1, FG2, FG3, FG5, FG6) explained that they would stress how much better sex feels without a condom and how it allows the two to be "closer."

P1: Just the benefits of using no condom, it feels so good, like, baby, you got to try it, like it's just the greatest...

P2: I want to feel close to you.

P1: Yeah, I want to feel closer to you, I mean, you might just sell the benefits of not using a condom to her. And it doesn't necessarily have to be a manipulative or deceptive thing, just like, oh, it feels fucking great. (FG1)

Emotional and relational tactics—In responding to an open-ended question about how men might try to avoid using a condom with a partner who wants to use one, some participants described several ways in which men may play on a woman's emotions in order to achieve unprotected sex (FG2, FG6). Here, participants describe how guilt can be used to obtain sex without a condom:

P1: Just act disappointed and guilt her into not –Moderator: And then what?

P1: Honestly, maybe pull a guilt trip. Kinda like, "Are you serious?"

P2: Or the, "Don't you trust me baby?" (FG6)

Other men described using more positive emotional or relational tactics, like telling the woman they were in love with her (FG4). Although these focus group discussions were centered on casual sexual relationships rather than committed ones, some men reported that playing on women's emotions or relational expectations could be a successful condom use resistance tactic.

Relational power imbalances were also emphasized by some men seeking to avoid condom use. For example, a few participants from the same focus group explained that younger women or women with less sexual experience can be reassured that using a condom is not necessary. That is, as illustrated in the following two quotes, men reported taking advantage of their naiveté in order to obtain unprotected sex.

I see a lot of guys who are older than the girls, and so the guys know more than the girls, and then girls can be kind of naive about the whole thing. And they'd be like, oh yeah, you have to use a condom. And the guy will be like, oh, yeah, why, right? And the girl is like, well, because I'm gonna get pregnant. And he's like, oh, you're worried about pregnancy, oh, it's not a big deal I just won't come inside of you, or something. (FG1)

Oh, I mean, so you're with a girl, and you're often times, she'll say something, and you point out everything that she says as kind of silly or wrong, and that's kind of like – I know guys that do that. And it's not like a bad thing, but it's like you're actually teaching the girl something. You're like challenging them. And if they

have some silly idea about using a condom and you challenge them on that, too, and as a bonus, you get skin play, it's kind of cool. (FG1)

Sexual withholding tactics—Participants noted that some men may simply withhold sex or, at least, threaten to withhold sex if a woman insists on using a condom or that they might stop during intercourse and express frustration with condom use (FG1, FG3, FG4, FG6).

P1: Half way through just be like, “I can’t feel anything. This is dumb.” And then convince them. And at that point, if you’re in the middle of having sex, it’s gonna be rare they’re gonna say - be super insistent.

Moderator: Because of how turned on they are?

P1: Yeah, I mean you’re – and just like, “I’m taking this off.” (FG6)

A quote taken from an exchange in another focus group references a similar possibility.

P1: It depends on how badly you want to have sex with her. If you wanna have sex with her really bad, I mean you’d probably do anything like “Yeah, I got a condom right here,” but if you’re kinda hesitant and you just wanna bareback it up that night, if she says no, then you’d go find somebody else.

P2: Not only that. If a girl’s – like if it’s really a deal breaker, and she’s saying we’re not gonna have sex unless you go get a condom, I’m willing to drive them down to corner to get a condom. If that’s what it takes, then hey, at least I know 15 minutes from now, I’m gonna be getting laid, but at least for the first time. After the first time, it’s like it depends on the mood. If I’m lazy it’s just like “fuck it, just another day.” Tomorrow, I’ll buy some condoms.

Moderator: Then you’ll just hit the road?

P2: Yeah. Or go somewhere else and find another girl. (FG4)

While some men may withhold sex in an attempt to obtain unprotected intercourse, others may gauge their partner’s willingness to engage in unprotected sex by partially inserting their penis during foreplay, in other words, “slipping it in” (FG1, FG2, FG4).

P1: I think a lot of guys will stick just a little bit in at first, then like even though it’s foreplay and girls I think enjoy sex without condoms, also, as much as guys do.

P2: Yeah.

P1: So they’ll get a taste of it, and they’ll be like fuck it, don’t even worry about a condom.

P2: Yeah, that’s kind of a test, too... they’ll just kind of like stick it in and see if she’s going to let him go all the way in, or if she’s going to try to back up or push him away, that could be a way because that is kind of like well, is she gonna let me go and try to stick it in. (FG1)

Deceptive tactics—Participants in every group referenced several forms of outright dishonesty that men may engage in order to obtain unprotected sex. These deceitful techniques ranged from verbal lies to physical deception. Some participants reported that some men will deny having a condom with them even when they actually do have one. Others mentioned that men may lie regarding the presence of a latex allergy.

Yeah, they can come up with all kind of excuses, like I’m allergic to latex, knowing damn well he can go buy some polyurethane condoms, you know, something like that. (FG1)

Several participants also reported that men may lie to or mislead a woman by telling her that he will withdraw his penis prior to ejaculating (knowing in advance that he will not) or by asking to have sex without a condom for a limited amount of time.

But the “I’ll just pull-out” method is still widely used. Even though I know we’ve all learned in school that’s not really...but that’s how child support starts. (FG5)
We can get into like the, “Let’s fuck for a while,” without the condom. I’ll put it on, you know. Not at the end, but just like, “Let’s just do it for a little while.” (FG5)

In the above situations, the female partner knows that a condom is not being used. However, several participants also described tactics in which men surreptitiously either remove or break the condom without their partner’s knowledge – a tactic we and others have referred to as “condom sabotage” (Teitelman, Tennille, Bobinski, Jemmott, & Jemmott, 2011). Condom sabotage was described as a way to avoid condom use in five of the six focus groups. Below are several examples of surreptitious condom removal mentioned in different groups:

Well, guys don’t want to wear them, the girls insist they use, the guy snaps his underwear, and that was the condom. (FG1)

Just say you put one on. (FG2)

Stick it on; pull it off without telling her. (FG1)

I’ve heard of guys slipping it off half-way through without the girl knowing. (FG3)

P1: I’ve heard of that happening. They just lie about putting it on.

Moderator: What do they say?

P1: They’ll have the conversation and if she’s drunk enough, and he doesn’t wanna use them, he’ll weasel his way around and get in without one.

P2: Yeah. I had a buddy that would do things like that all the time. Like he’d show her with the condom on, and then take the condom off, and then he’s going for it. (FG4)

Below are three quotes that illustrate examples of intentional condom breakage:

Moderator: Anything that guys might do to avoid using one if they don’t want to use them and she does?

P1: Break them on purpose.

P2: Or put it on backwards and be like oops. (FG1)

Or they might just carry one and make sure that it’s real small on them so the chances are they can break it while they’re inside of them, and it’s like, oops that was it and just keep finishing. (FG1)

Moderator: So how else might a guy try to get a woman to have sex without a condom, if she wants to?

P1: Just break it when you put it on...just put it on, and then just pull the joint and just break it. So it all just bunches up in the bottom. It’s just...

Moderator: Are you saying then they just have sex with her, and she thinks there’s a condom on?

P1: Yes (FG6)

In their own words, the above strategies that men perceive that other men use to avoid condoms are considered “fair game” or being “part of the game” by men in all of the groups. For example:

P1: Yeah, like girls are talking about like having sex with somebody and she’s like, “Yeah, he didn’t want to wear a condom.”... It seems socially acceptable. If you became like aggressive or like angry, I would – I think me and my friends would generally view that as like that guy’s an asshole. But just to kind of not be into it or try to talk you out of it maybe a little bit. That seems like pretty fair play, I think.

P2: It’s just part of the game. (FG5)

While some participants did report that some men may use physical or verbal aggression to obtain unprotected sexual intercourse, the participants who spoke about these tactics uniformly rejected the notion that aggressive behavior was normative. For example:

Moderator: Where’s the line? You know, between what is socially acceptable and part of the game, the persuasion, the pressure.

P: Don’t force them. No forcing. (FG5)

Summary—Focus group participants delineated several different methods through which they believe men attempt to obtain sex without a condom. On one end of the spectrum, they suggested that men may simply be passive and silent and see if their prospective partner asks to use a condom. Next, participants described several more active methods that were considered relatively common and accepted practices, including increasing their partner’s sexual arousal, leveraging her emotions or lack of sexual experience, withholding sex, or, conversely, trying to slip one’s penis in and gauging their partner’s response. Participants also mentioned several forms of dishonesty, including lying about their intentions to practice withdrawal. Beyond dishonesty regarding their intentions, participants also mentioned that men will also occasionally lie regarding their actions. Indeed, it was reported that men will tell a woman they are wearing a condom when in fact they are not. They may also put one on but take it off or break it intentionally while engaging in sexual activity. Our participants reported that while some men use aggression to obtain unprotected sex, they uniformly endorsed aggressive tactics as unacceptable.

DISCUSSION

In support of multiple theories of health-related decision making (Ajzen, 1991; Becker, 1974), the men in our focus groups reported that they perceive multiple advantages and disadvantages to condom use. As predicted, these pros and cons fell into three different categories: Likelihood and quality of sex, physical sensations during sex, and prevention of unwanted pregnancy and STIs. However within each of these domains, there was considerable variability between participants. For instance, some participants reported that condoms improve the quality of the sexual experience while others reported precisely the opposite. These findings speak to the importance of assessing each individual’s specific perceived pros and cons for condom use as part of the intervention process. As noted by LaBrie et al. (2008), interventions that target individuals’ personal reasons for and against condom use, rather than more general motivators derived from an amalgam of research statistics and clinical findings may ultimately be more successful at moving individuals towards increased condom use.

Our findings further highlight the importance of individualized, nuanced assessments by suggesting that some men may feel ambivalent or conflicted even about reasons to use condoms that, on the surface, seem relatively well-delineated into “pros” or “cons”. For

example, decreased penile sensation was overwhelmingly viewed as a drawback to condom use in our sample. Some participants were primarily concerned about condom-related erectile difficulties, while others were concerned that decreased sensitivity would inhibit orgasm until intercourse became unpleasant. However, there were additional participants who reported that a moderate decrease in penile sensitivity that would enable them to delay orgasm could be a benefit of condom use. Thus, decreased penile sensitivity - while a reported drawback for the majority of men in our sample - may function as a benefit of condom use for men who are concerned about premature ejaculation or otherwise want to prolong intercourse (Lee, 2010). Future research could further explore how men's individual sexual functioning and concerns may either decrease or increase their condom usage. Moreover, results such as these suggest that when working with young heterosexual men around condom use, it behooves interventionists to assess each individual's primary concerns about the effects of condom use on his sexual performance and then tailor suggestions about condom use to these concerns. For men with concerns about erectile failure, programs like the HIS project that teach men how to use condoms effectively, yet with pleasure, could be used to address such concerns (Milhausen, 2010; Scott-Sheldon & Johnson, 2006). While potentially less significant in casual sexual relationships, interventions could also highlight the other means through which sexual activity confers pleasure, such as emotional closeness and pleasing one's partner in addition to physical pleasures (Higgins & Hirsch, 2008).

Men likewise reported both benefits and barriers when describing the likelihood and quality of sex that using a condom confers. While men on the whole considered it positive when a woman brought up using a condom (because doing so signals that sexual intercourse is likely to happen), some were also concerned that the woman would change her mind about having sex while the condom was acquired and applied. This, coupled with other negatives about the quality of protected sex like unpleasant smell or feeling "unsexy", could be mitigated in intervention programs by amplifying the positives of condom use on the quality of sex (Scott-Sheldon & Johnson, 2006). Men themselves reported enjoying the fact that using a condom allowed both themselves and their partners to relax during intercourse without worrying about STIs or pregnancy, thus enhancing their pleasure. Moreover, being able to ejaculate during intercourse instead of having to rely on withdrawal also enhanced the quality of protected sex. By emphasizing the ways in which the quality of sex can actually be improved through condom use - perhaps over and above the quality of unprotected sex - intervention programs can make safer sex "sexy" by highlighting the pleasures involved with protected sex and shifting both men and women's motivations toward using condoms (Higgins & Hirsch, 2008; Philpot, Knerr, & Boydell, 2006; Scott-Sheldon & Johnson, 2006).

The men in our study were divided about the relative benefits of using condoms for protection against pregnancy versus protections against STIs. For some men, an unplanned pregnancy was viewed as something that, while certainly not desirable, would not affect one's own health and could potentially be handled in ways that would mitigate its effects on their lives. These men were much more worried about acquiring an STI that might not be curable. Other men, however, were less concerned about STI risks because many of them can be cured. These men were typically more worried about having a child to support until adulthood than they were about contracting an STI. While other studies have also found some variation in the reasons given for condom use, typically pregnancy prevention is more often associated with condom use than is disease prevention for the majority of young men and women (e.g. O'Sullivan, Udell, Montrose, Antonello, & Hoffman, 2010). This difference in risk salience again highlights the importance of tailoring sexual health messages and interventions to the type of risk most concerning for individual men (LaBrie et al., 2008). Moreover, many men noted that having a "scare" in which they, their partners, or

even their friends thought they may have contracted an STI was often enough to motivate condom use, at least for a time. Interventions that highlight participants' previous experiences with "near misses" or "scares" may thus prove particularly effective for some men.

Condom Use Resistance Tactics

In terms of the tactics men employ to resist using a condom, our participants reported a wide variety of strategies. These methods ranged from being passive (waiting for her to broach the subject of condom use) to actively attempting to dissuade condom use (e.g. trying to convince her that not using a condom is not necessary, trying to seduce her) to being genuinely dishonest about one's intentions (e.g. asking to have unprotected sex for "only a little while") or one's behavior (e.g. furtively breaking the condom while engaging in sexual activity). These findings corroborate those of other studies which indicate that inconsistent condom use among young heterosexual adults may be partially accounted for by active resistance to using condoms by at least one of the partners (Measor, 2006). Moreover, these results suggest that further specification may be needed regarding assessment of condom use generally and condom use errors specifically. Although assessments of condom breakage, slippage, and early removal have increased in their detail and specificity (Graham, Crosby, Sanders, & Yarber, 2005), these measures typically do not evaluate the possibility of *intentional* condom breakage or *surreptitious* early condom removal (e.g. Steiner, Trussell, Glover, Joanis, Spruyt, & Dorflinger, 1994). Assessment of condom use errors could thus be improved through the inclusion of measures regarding intentional condom misuse and sabotage.

The men in our study viewed other men's resistance of condom use as normative behavior, supporting previous quantitative findings that almost one-half of adolescents and young adults sampled have not used a condom when they wanted to use one due to a partner's influence (e.g. Smith, 2003; Tschann et al., 2010). However, although prior studies have noted that a small minority of men report using physically forceful tactics to avoid condom use (Davis & Logan-Greene, in press), participants in this study uniformly agreed that this behavior was not considered normative in their peer group. To the extent that men perceive other men's non-violent condom use resistance as normative, development and implementation of effective strategies for challenging these social norms would be beneficial. Moreover, increasing men's condom use motivation, improving men's communication skills regarding condom use, and addressing the inherent gender-based power differences in condom negotiation processes remain critical for prevention efforts in order to reduce men's condom use resistance. Future research replicating and expanding the current novel findings could provide greater insight into the best ways to incorporate the specifics of these condom use resistance tactics into current interventions.

A perhaps equally valuable line of intervention would involve educating women regarding the tactics men may employ to resist using a condom, coupled with useful strategies for dealing with such resistance. Although some gender-specific HIV/STD interventions such as Project FIO (the Future is Ours) address condom negotiation skills with the context of gender power imbalances (Ehrhardt, Exner, Hoffman, Silberman, Leu, Miller, & Levin, 2002), these programs could be further improved by teaching women targeted strategies for maintaining their condom use insistence in the face of specific seductive, emotion-based, or relationship-based condom resistance tactics. Additionally, educating women about the deceptive tactics that some men use in their quest to have unprotected sex could alert them to these potential risks. Moreover, because previous research suggests that many women do not enjoy using condoms (Higgins & Hirsch, 2008), that the use of condoms is influenced by women's willingness to use and apply condoms (Sanders, Graham, Yarber, Crosby, Dodge,

& Milhausen, 2006), and that women may resist condom use at the same rates that men do (Smith, 2003), future research should investigate the ways in which women's negative perceptions of condom use interact with and influence men's resistance towards using condoms.

Although it was not surprising that men reported some amount of lying or deceit in order to resist condom use, we had not anticipated the extent to which young men would report other men's use of condom sabotage tactics. These tactics, such as purposefully breaking or removing the condom without their partner's knowledge, enable their users to experience unprotected sex without the hassle of trying to get their partner to agree to it. Importantly, the women in these situations were consenting to have *protected* sex but – unknowingly – were deceived into having *unprotected* sex. As such, these tactics pose significant risks to the women who are not aware that the condom was not used correctly and thus may not seek out pregnancy or STI testing in a timely fashion. Moreover, men who use these tactics are increasing the potential of their own sexual health repercussions, such as STI acquisition. Although educating women about these condom use resistance tactics is necessary, it is clearly not enough. Sexual health education and intervention efforts must target young heterosexual men in their efforts by not only motivating them to use condoms but also by teaching them to respect their sexual partners, not deceive them.

Study Limitations and Conclusions

Our findings are limited by our sample's characteristics and our purposive sampling techniques in that only young, heterosexually active male moderate drinkers who engage in inconsistent condom use were included in the study. We thus do not know the extent to which these results would generalize to other populations. That noted, these sample characteristics were selected to highlight the relatively high sexual risk of this population and demonstrate the importance of targeting them for both empirical research and applied prevention efforts. Our groups were specifically focused on discussion of casual sexual relationships, which may have limited the types of condom use resistance tactics reported. Future research could investigate the tactics men (and women) may use in attempting to resist condom use with their more regular or committed partners. It is also likely that the group format may have influenced some men's responses. While some men may have held back, feeling less comfortable discussing sexual topics with other men, others may have spoken more freely after hearing others set the tone. This is an inevitable aspect of focus group research and is both a strength and a limitation (Morgan, 1997). Similarly, because we display our gender in our everyday interactions with others, the group format may have led men to "do masculinity" with one another, possibly influencing some of the discussions (West & Zimmerman, 1987). Because current analyses focused largely on the content, rather than the process, of the discussions, we do not know the extent to which this may have occurred in the sessions. Moreover, because we asked participants to reference generally how other men their age (and not themselves) might behave, we cannot ascertain the extent to which their responses were reflective of cultural norms rather than actual behaviors. As such, future research regarding these topics using individual surveys or interviews regarding men's own actual sexual behaviors would be useful to pursue.

In conclusion, this study contributed to our understanding of young heterosexual men's perceptions of the advantages and disadvantages of condom use by revealing some of the subtle nuances between these perceptions. Further, these idiosyncratic appraisals underscore the importance of tailoring condom use motivation interventions at the individual level. Moreover, men's perceptions that condom use resistance is a normative behavior for men their age suggests that intervention programming targeting these social norms could be beneficial. Our findings also verify that condom use resistance behavior merits increased

research investigation. Greater knowledge regarding how, why, when, and with whom men (and women) resist condom use could greatly enhance sexual risk prevention efforts.

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