Condom Refusal and Young Black Men: the Influence of Pleasure, Sexual Partners, and Friends

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ABSTRACT *The study investigated pleasure-related, partner-related, and social normative correlates of recent condom refusal in young Black men (YBM). A cross-sectional study of YBM (N=561) attending clinics treating sexually transmitted diseases in three cities was conducted. Mean age was 19.6 years (SD=1.87). Nearly one of every two young men (46.8 %) indicated recent refusal to use a condom after a request from their partner. Significant findings included the following: partner-related beliefs “I feel closer to my partner without a condom” (OR=2.52, 95 % confidence interval (CI)=1.65–3.83) and “condoms make sex hurt for the female partner” (OR=1.69, 95 % CI=1.14–2.52), a scale measure of pleasure-related beliefs (OR=2.58, 95 % CI=1.73–3.84), and a scale measure of negative social beliefs associated with condom usage (OR=1.05, 95 % CI=1.00–1.10). Interventions addressing pleasure-related, partner-related, and social normative beliefs as barriers to condom use are warranted for YBM.*

INTRODUCTION

The HIV/AIDS epidemic continues to disproportionately affect Black Americans. Representing only 14 % of the population, 46 % of all new HIV infections occurred among this population.^{1–3} The majority of these infections (70 %) occurred among Black men with acquisition rates being seven times higher than White Americans and three times the rate of Black women.^{3–5} More specifically, young Black men (YBM) are bearing the burden of the HIV epidemic, with the highest rates being found in adolescents and young adults, persons aged 13–24.^{1,6} Thus, pre-intervention and intervention studies specifically focused on YBM are warranted.^{7–9} Given the continuous increase in HIV rates of this population, there is a need to expand the lens of studying sexual risk behavior in this population.^{7–10}

When it comes to engaging in risky sexual behavior, the decision-making process is informed by many sources of information including their personal beliefs, community, health care providers, and sexual partners. When these narratives are combined, an individual's reality is then structured or cultivated.¹¹ There has been limited research to understand the source of negative perspectives on condom use and how these messages impact condom refusal in YBM. Accordingly, the purpose of this study was to investigate the personal and social influences of condom refusal in a high-risk population of YBM.

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METHODS

Study Sample

A purposive sample of YBM was recruited for participation in an NIH-funded randomized controlled trial of a safer sex intervention program designed for this population. Recruitment occurred in local STI clinics from approximately 2010 to 2012, in a primary site (New Orleans, LA) and two secondary sites (Baton Rouge, LA and Charlotte, NC). The overall study participation rate was 60.4 % ($N=561$). Inclusion criteria were as follows: (1) self-identification as African American/Black, (2) ages 15 to 23 years, (3) engaging in penile-vaginal sex at least once in the past 2 months, and (4) not knowingly being HIV-positive.

Study Procedures

After providing assent, research assistants asked young men less than 18 years of age for their permission to contact one parent or guardian to obtain consent for study participation. All other young men were asked to provide written informed consent. After enrollment, an audio-computer-assisted self-interview (A-CASI) survey was administered that assessed whether YBM had recently refused a partner's request to use condoms. Men were instructed in the use of a laptop computer to complete the A-CASI, lasting approximately 30 min. The A-CASI was completed in a private area with the research assistant being available to clarify wording if needed. Men were provided with a \$50 gift card. The institutional review boards at all participating sites approved the study protocol.

Measures

Partner-Related Measures. Two items were used in the assessment of partner-related beliefs. These items comprised two statements, "condoms make sex hurt for the girl" and "I feel closer to my partner without a condom."

Pleasure-Related Measures. Seven items comprised the assessment of pleasure-related beliefs. These included the following beliefs: (1) condoms rub and make you feel sore, (2) condoms take away the feeling during sex, (3) condoms spoil the mood, (4) condoms feel unnatural, (5) condoms are messy, (6) condoms do not fit right, and (7) condoms change the climax or orgasm. These seven items were then summed to create a single index with a Cronbach's alpha value of 0.70. Response options were as follows: (1) "don't agree at all," (2) "somewhat disagree," (3) "may or may not agree," (4) "somewhat agree," and (5) "100 % agree." Response alternatives (1) "don't agree at all" and (2) "somewhat disagree" were dichotomized as not being in agreement with the pleasure-related measure; all other variables were categorized as being in agreement.

Social Normative Measures. Five items encompassed the assessment of social normative beliefs. These measures addressed the beliefs of the participants' friends and comprised the following items: "If you asked a group of your friends, how many would think..." (1) "... it is ok to have vaginal or anal sex without a condom?" (2) "...it is safe to have sex when you are drunk or high?" (3) "...using a condom takes all the fun out of sex?" (4) "...condoms don't really prevent STDs and pregnancy?" and (5) "... it is ok to have one steady sex partner and others on the side?" These five items were summed to create a single index, with a Cronbach's alpha value of 0.60.

Data Analysis

Analyses were conducted to compare men who refused to use a condom to men who did not refuse to use a condom in the past 2 months. This recall period was selected to decrease the likelihood of recall bias that is common when asking survey respondents question that measure “ever experiencing a condom-related issue” or even using recall periods of 6 months or longer. Independent *t* tests compared the two groups on selected demographic characteristics assessed on a continuous level. Chi-square analysis was used to assess differences pertaining to categorical outcomes. Logistic regression models were used to assess the impact of the measures on the likelihood of condom refusal in YBMSW. Significance was defined by an alpha of 0.05. All analyses were conducted using SPSS, version 20.0.

RESULTS

Sample Characteristics

Mean age was 19.6 years (SD=1.87). Majority of the sample had at least a high school education (64 %), and an income of less than \$500 per month was reported by 53.7 % of the sample. About three quarters (72.0 %) reported learning about correct condom use. Many of the men (85.0 %) had been previously tested for HIV. Most (94.0 %) felt as if they know how to use a condom correctly. Nearly one of every two young men (46.8 %) indicated recent (past 2 months) refusal to use a condom when the partner had requested him to do so.

Bivariate Associations

Table 1 presents demographic analyses comparing men who recently refused to use a condom at their partner’s request (*n*=261) and those who did not refuse to use a

TABLE 1 Bivariate results (N=561)

	Did not refuse (<i>n</i> =261)	Refused condoms (<i>n</i> =300)
Demographic characteristics		
Age	19.7 (1.82)	19.6 (1.94)
High school education	143 (47.7)	109 (41.0)
Income of less than \$500 a month	150 (52.1)	139(54.1)
Previously learned condom use skills		
Yes	224 (74.7)	183 (70.1)
No	76 (25.3)	78 (29.9)
Previously tested for HIV		
Yes	255 (91.7)	228 (92.7)
No	23 (8.3)	18 (7.3)
Chlamydia results		
Negative	254 (86.4)	216 (82.4)
Positive	37 (12.6)	45 (17.2)
Not tested	3 (1.0)	1 (0.4)
Gonorrhea results		
Negative	273 (93.2)	247 (94.3)
Positive	18 (6.1)	12 (4.6)
Not tested	2 (0.7)	3 (1.1)

Means (standard deviations) are presented for continuous variables. Frequencies (corresponding percentage) are presented for dichotomous outcomes. χ^2 analyses were used to assess differences in dichotomous outcomes

condom when asked ($n=300$). There were no significant differences between YBM who refused to use a condom and men who did not refuse to use a condom based on the following: (1) age, (2) education, (3) income, (4) previous knowledge of condom use skills, and (5) being previously tested for HIV and STI status.

Multivariate Findings

The assessment of condom refusal was based only on men who were asked to use a condom by a partner and refused or complied with their request. All of the assessed measures had a significant association with condom refusal. YBM in agreement with the statement "I feel closer to my partner without a condom" were over two times more likely to refuse use ($OR=2.52$, 95 % confidence interval $CI=1.65-3.83$). Also, YBM agreeing that "condoms make sex hurt for their female partner" were about 70 % more likely to refuse use ($OR=1.69$, 95 % $CI=1.14-2.52$). Those classified as being in agreement with the scaled pleasure-related measure were over two times more likely to refuse to use a condom at their partner's request ($OR=2.58$, 95 % $CI=1.73-3.84$). Finally, for every one-unit rise on the continuous measure of negative beliefs about condoms stemming from social normative beliefs, a 5 % increase in likelihood of refusing condom use was observed ($OR=1.05$, 95 % $CI=1.00-1.10$).

DISCUSSION

Significant associations with the behavior of condom refusal included partner-related, pleasure-related, and social normative beliefs. Demographic differences were not observed. These findings suggest that condom refusal may stem from the belief that sexual enjoyment will be compromised by condom use or that sex will be enhanced through skin-to-skin contact. These beliefs represent an intervention opportunity simply because emerging evidence suggests that condom use and sexual pleasure may be compatible. For example, findings from a national survey indicated that the amount of pleasure during the last sexual encounter was equivalent for people who were using and not using a condom.¹² Indeed, an evidence-based HIV intervention has been constructed on the premise that finding the right fit-and-feel of condoms makes sex pleasurable.^{8,13} An important observation from the multivariate model is that pleasure-related perceptions and the single item assessing agreement "feeling closer to a partner without a condom" were independently significant. This outcome suggests that YBM may have non-pleasure-related motivations for condom refusal. These beliefs represent an opportunity to understand how the perceived emotional connection between partners, during a sexual encounter, can influence condom use. Additionally, there is a need to further understand how layers of information from the beliefs of friends, family, and intimate partners are merged to influence the decision-making process of safe sex behavior in YBM. Future research should focus on moving past the adopted beliefs and to understand how the messages from multiple communication channels may influence condom refusal in YBM.¹⁴ This information could be valuable to the development of interventions for YBM by informing the design process about facilitators of condom refusal.⁷ The findings might also benefit the design of interventions for young women by informing program designs about the reasons why men may refuse to use a condom. Fortunately, these negative perceptions held by YBM are amendable to intervention and education. Young women having sex with YBM may in fact introduce novel condoms and lubricants into the relationship as a means of enhancing sexual

excitement. Problematic, however, is that traditional sex roles may prohibit young women from introducing these products into the sexual relationship. Therefore, a vital intervention option is to involve young women and their YBM partner in mutual received intervention efforts. Indeed, couple-based HIV prevention program have already been tested for adults.¹⁵

Limitations

These findings are limited based on the validity of self-reported data. These findings are limited to populations who have sex with women, but our study did not exclude YBM having sex with women and men. Convenience sampling limits the generalizability of the findings to other populations of YBM. Also, the inter-item reliability of the social normative belief scale was less than desirable; however, previous research has established the obtained value of 0.60 as accepted because of the limited number of items in the scale.¹⁶

CONCLUSIONS

Interventions designed for this population may benefit from including objective and content aimed at leveraging favorable changes in these constructs. Improved intervention effectiveness may also stem from offering YBM an enhanced selection of condoms and lubricants that intensify sexual pleasure.⁸

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