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Men who have sex with mens' exposure to, use of, and subjective experiences with the 'NYC Condom'

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Abstract

In 2007, the New York City (NYC) Department of Health introduced the 'NYC Condom'—a Lifestyles® condom with a 'NYC' logo. Few studies have evaluated attitudes toward or distribution of the 'NYC Condom' among men who have sex with men (MSM)—a population at increased risk for HIV/STIs. 148 MSM completed a survey about their exposure to, use of, and experiences using the 'NYC Condom.' The majority (93.2%) had seen the 'NYC Condom;' 82.4% of said men had used it. Among MSM who used it, 82.1% rated it average or above. Exposure did not statistically differ by race/ethnicity, HIV status, gay or barebacker identification, or sex role. Use was neither significantly associated with demographic characteristics nor recruitment source, suggesting distributional success in reaching various sub-populations of MSM. Among those who had *not* used the 'NYC Condom,' 22.2% reported size or quality concerns, suggesting a demand for alternative prevention campaigns.

Keywords

Gay and bisexual men; The NYC Condom; Condom distribution; Attitudes toward condoms

INTRODUCTION

To curb the growing, disproportionate rates of HIV prevalence among men who have sex with men (MSM) in urban centers like New York City (NYC),¹ public health departments have spearheaded outreach campaigns to provide free condoms in spaces where these men meet their sex partners.^{2–4} In an effort to enhance the free condom distribution program in

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NYC, on Valentine's Day in 2007, the Department of Health and Mental Hygiene (DOHMH) introduced the 'NYC Condom,' marketed in a black wrapper and branded with a large, colorful 'NYC Condom' logo. In fine print, the wrapper notes that this is a Lifestyles® Condom. Advertising materials included the slogan: 'Get Some.' In 2008, over 36 million of these condoms were distributed to the public via more than 900 local businesses, clinics, and non-profit organizations—twice the number given out annually before the NYC DOHMH launched the branded condom.^{3,4}

Much research on attitudes toward condoms has focused on fit and feel, typically evaluating reactions to 'standard' sized condoms. For example, a 2007 study of African-American MSM in Atlanta found that 7–21% of participants reported issues with fit or length of condoms.⁵ In a 2010 study of HIV-positive men in the Midwestern and Southeastern U.S., up to 20% of participants reported condom size and/or comfort issues.⁶ A 2013 study of MSM in NYC reported that 28.3% of men said the "average/typical" condom did not completely accommodate them with regard to length, and 38.7% said the "average/typical" condom did not completely accommodate them with regard to circumference/girth.⁷ Collectively, such research suggests that satisfaction and experiences with condoms are associated with consistent use by some men.⁷

To our knowledge, there have been only two published studies evaluating the public's reaction to the 'NYC Condom.'^{3,4} One study was a community-based sample of 293 individuals, 85 of whom were MSM. Of those MSM, 90.6% had heard about the 'NYC Condom' in the past 12 months; 70.1% who had picked up the 'NYC Condom' had used it.⁴ The second study, based in NYC STI clinics, included 456 individuals, 43 of whom were MSM.³ In the latter study, 81.1% of the MSM had used the NYC Condom. Participants rated the 'NYC Condom' against a standard male condom from 1 (*much worse*), to 10 (*much better*), and reported a mean score of 6.8. The study did not separate findings by sexual behavior with same- vs. other-sex partners. Both studies noted that, despite overall high levels of satisfaction, demand existed for alternatives to the 'NYC Condom.' Although both studies noted high familiarity with and use of the 'NYC Condom' among MSM, it is unknown how MSM—independent of other participants in the study—rated their experience using the condom.

Current Study

Although there have been assessments of attitudes toward the 'NYC Condom' and promising evidence for condom distribution programs, there has been little evaluation among MSM—a population that has 140-fold higher risk for newly diagnosed HIV and syphilis compared to heterosexual men in NYC.¹ The present study adds to available research by reporting on the experiences of 148 MSM in NYC who attend gay bars/clubs, sex parties, or utilize the Internet (Craigslist.org) to meet new sex partners. Our goal was to examine whether this group of sexually active MSM had seen and used the 'NYC Condom,' and what these men's experiences were using this widely distributed prevention tool—a replication of prior research. Next, we sought to build on prior research by assessing how exposure to, use of, and subjective experiences with the 'NYC Condom' were related to demographic and behavioral characteristics of participants. For example, prior studies have

not examined if exposure to, use of, and subjective experiences with the ‘NYC Condom’ were associated with HIV status, sexual position (e.g., top, bottom, versatile), or location where participants were recruited (e.g., online vs. in bars/clubs). Finally, for men who had not used the condom, we described participants’ rationale for having not used it. Given the exploratory nature of our study, we did not have a priori hypotheses. These findings can inform the ‘NYC Condom’ distribution program in NYC. Outside of NYC, these findings may also prove useful for those seeking to implement similar branded-condom distribution programs.

METHOD

Data for this study are taken from *Project Score*, a study investigating three cohorts of NYC-based MSM and the places where they meet their sex partners. These three cohorts consisted of: 50 MSM recruited from the men-seeking-men section on Craigslist.org; 50 MSM recruited via gay bars and clubs; and 50 MSM recruited in collaboration with sex party promoters. These venues were selected based on data suggesting these are among the most common places MSM meet sex partners.^{8,9} Eligibility criteria included being biologically male, at least 18 years of age, and being sexually active with multiple partners—operationalized as having at least two new (i.e., first-time) male sex partners within the last 30 days. Participants were enrolled between 2010–2012. Those eligible were invited to participate in a face-to-face interview at our research office. The Brooklyn College Institutional Review Board approved all study procedures.

Men from bars and clubs were recruited using time-space sampling,¹⁰ whereby the research team selected a random time and venue in which to recruit. Potential participants were approached by study staff and asked to complete a brief screening survey. Those who pre-screened eligible were invited to join the study by completing an interview at our research site. Using an adaptation of time-space sampling,¹¹ we selected randomized times and days in which to post an ad to the men-seeking-men section on Craigslist.org. We randomly selected boroughs/neighborhoods in which to post, weighting the probability of choosing each based on NYC census population estimates. Those interested in joining responded to our ad via email, at which point our staff provided additional information. To recruit for the sex party cohort, the research team used ethnographic mapping¹² to identify ongoing events. Event promoters advertised for the study by distributing information via their listservs and by making study recruitment materials available at their events.

Measures

After undergoing informed consent procedures, participants completed an in-office survey on a computer equipped with Audio Computer-Assisted Self-Interview (ACASI) software. Participants responded to questions about their demographic characteristics (e.g. age, sexual identity, education, race or ethnicity, HIV status), and whether they identified as a barebacker (i.e. one who intentionally engages in anal sex without condoms). Participants were then asked to report whether they had seen the ‘NYC Condom’ (Yes/No). Participants who reported having seen it then indicated whether they had *used* it (Yes/No), and those who had used it rated their experience from 1 (*Poor*) to 5 (*Excellent*). Participants who

reported that they had never used the 'NYC Condom' were presented with an open-ended text entry field in which to provide qualitative data as to why they had not used the condom. Due to equipment failure, data from two participants within the gay bar/club cohort were lost—the final analytic sample size was 148 MSM.

Analytic Plan

We used chi-square statistics and Fisher's exact tests to compare men's exposure to, use of, and subjective experience using the 'NYC Condom' by demographic characteristics, bareback identity, and recruitment source. To evaluate rationale for having never used the 'NYC Condom,' we performed a thematic analysis¹³ of participants' open-ended responses.

RESULTS

Table 1 shows the sociodemographic characteristics of the sample. In terms of race/ethnicity: half the sample was White; 14.9% were Black; 20.3% were Latino; and 14.9% were Multiracial/Other. The majority of men (62.8%) were under 40 years old ($M = 37.0$; $SD = 12.7$). Just over three quarters (76.4%) reported being HIV-negative or not knowing their status, and most (87.2%) self-identified as gay. All participants, regardless of sexual identity, reported sex with men in 30 days prior to the interview. Of those men who reported that they engage in anal intercourse ($n = 139$), the modal response in terms of sex role was identification as "bottom/versatile" (41.0%). Eighteen percent of the men who reported having engaged in anal sex self-identified as barebackers.

A majority of men were aware that there was a NYC condom, with 91.9% having seen it. Men who had seen the condom were significantly younger ($M = 36.2$) than those who had not seen it ($M = 46.8$). Having seen the 'NYC Condom' did not statistically differ by race/ethnicity, HIV status, sexual orientation, sex role, or identification as a barebacker.

The majority (82.4%, $n = 112$ of 136) of participants who had seen the 'NYC Condom' reported having had used it. Use of the 'NYC Condom' was not significantly associated with demographic characteristics nor recruitment source; however, there was a marginally significant association with regard to sexual identity ($p = .08$) suggesting that a larger proportion of gay-identified men had used the condom versus others (84.9% vs. 64.7%).

Ratings of the 'NYC Condom' were positive. The majority of participants who had used the 'NYC Condom' reported their experiences were average or above average (82.1% gave a score of 3, 4, or 5). In contrast, 17.9% rated their experiences using the 'NYC Condom' as below average (giving a score of 1 or 2). Compared to other men, a significantly greater proportion of self-identified barebackers rated their experiences with the 'NYC Condom' as *below* average (38.9%, compared with 14.3%).

Men who had not used the 'NYC Condom' (24.3%, $n = 36$) were asked to provide their reasons for not using it via a qualitative, free-response field. Of these responses, 8.3% ($n = 3$) could not be coded. In total, 8.3% reported that they do not engage in anal sex and another 8.3% reported that they do not use condoms. The remaining responses were categorized into themes including lack of access or familiarity (16.7%, $n = 6$; e.g. 'I'm new

to NYC,’ ‘I don’t go to bars much’), choosing to purchase other brands (13.9%, $n = 5$; e.g. ‘I prefer store bought,’ ‘I had other condoms’), size concerns (13.9%, $n = 5$; e.g. ‘The condom is too small,’ ‘Too thick’), and quality concerns (8.3%, $n = 3$; e.g. ‘They are cheap!!!,’ ‘The quality seems bad’). Lastly, 22.2% ($n = 8$) of the participants who reported not having used the ‘NYC Condom’ were not sure as to why they had not used it.

DISCUSSION

Consistent with prior research among community-based samples of New Yorkers and people attending STI clinics,^{3,4} our results suggest high familiarity with and use of the ‘NYC Condom.’ Moreover, the vast majority of MSM who used the ‘NYC Condom’ rated it as average to above average. Having seen the ‘NYC Condom’ did not statistically differ by race and ethnicity, HIV status, gay identification, sex role, nor identification as a barebacker. Use of the ‘NYC Condom’ was not significantly associated with demographic characteristics or recruitment source. These findings suggest that the ‘NYC Condom’ campaign has successfully reached various segments of MSM sub-populations, including men in gay bars/clubs, at sex parties, and on Craigslist.org. Although Burke et al.³ did not differentiate MSM from others with regard to racial/ethnic differences in use of the ‘NYC Condom,’ their study also found that people of color (overall) were equally likely to have used the ‘NYC Condom.’ Given the disproportionate rates of new HIV infections among young Black and Latino MSM,¹ it is noteworthy that we found equitable distribution of the prevention tool across racial groups, and that those who had seen the condom were significantly younger. In essence, increasing rates of new HIV infections among these populations may not be attributable to lack of access to the ‘NYC Condom.’

Despite findings suggesting widespread use, more than 1 out of every 6 men (17.9%) who had used the ‘NYC Condom’ rated it as below average. Men who self-identified as barebackers reported significantly lower ratings, which is unsurprising. Alternate harm reduction strategies such as viral load suppression (for HIV-positive barebackers) and Pre-Exposure Prophylaxis (PrEP; for HIV-negative barebackers) may be more appropriate prevention techniques for these men. For those who had not used the ‘NYC Condom,’ 22.2% reported size and quality concerns. These findings suggest, despite overall high levels of satisfaction, that there may be demand for alternatives to the ‘NYC Condom.’ Expanding the range of sizes and textures available via free condom distribution programs may effectively promote condom use among the minority of individuals who are not satisfied with the ‘NYC Condom.’ Although a majority of the men in this study had used the ‘NYC Condom,’ 1 in every 6 MSM who had *not* used it also reported not having heard of it. These results suggest that there may be some need for enhanced distribution and advertisement strategies.

These findings should be understood in light of their limitations. To our knowledge, this is the largest study of MSM reporting familiarity with, use of, and subjective experience with the ‘NYC Condom.’ However, individual cell sizes for some analyses were small, limiting statistical power. All participants were sexually active, having reported at least two new male partners in the last 30 days. Thus, these men do not represent the entire population of the venues from which they were recruited. As a probability-based approach, time-space

sampling helps reduce some selection bias; however, it has the potential to oversample those who attend venues frequently.¹⁴ Data were collected via ACASI, which reduces social desirability; however, response choices were subsequently close-ended or text-entry. Alternate qualitative approaches would be necessary to fully understand MSM's attitudes toward the 'NYC Condom.' These could include what men did and did not like about using it. We did not gather data about how men felt about condoms more generally and thus cannot disentangle the extent to which these attitudes may have influenced their opinions about the 'NYC Condom' (i.e., within-person analyses). Future researchers should thus consider asking men to compare ratings of the NYC Condom to other condoms.

There has been limited research into the attitudes MSM have toward the 'NYC Condom;' thus our findings add to available research. Data on the use and acceptability of the 'NYC Condom' among MSM can lead to distribution programming and tailored outreach. Although not all participants were familiar with or had used the 'NYC Condom,' and a minority expressed size and quality concerns with this condom, our findings suggest modest success for the NYC-branded condom to reach populations at elevated risks for HIV and STIs.

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Table 1

MSMs' familiarity with, use of, and experiences with the 'NYC Condom'

	Total Sample (N = 148)			Seen the 'NYC condom'						Used the 'NYC condom' (n = 136)						Experience using the 'NYC condom' (Range 1 = Poor to 5 = Excellent) (n = 112)			
	n	%	p	No (n = 12)			Yes (n = 136)			No (n = 24)	%	n	%	χ ²	p	Mdn	IQR	Kruskal-Wallis χ ²	p
				n	%	n	%	n	%										
Race/Ethnicity _b																			
White	74	50.0		5	6.8	69	93.2			13	18.8	56	81.2	N/A	0.33	4	3.0–5.0	2.43	0.49
Black	22	14.9		2	9.1	20	90.9			1	5.0	19	95.0			3	3.0–4.0		
Latino	30	20.3		2	6.7	28	93.3			5	17.9	23	82.1			4	3.0–5.0		
Multiracial/Other	22	14.9		3	13.6	19	86.4			5	26.3	14	73.7			3.5	3.0–5.0		
White vs. non-White _a																			
White	74	50.0		7	9.5	67	90.5			11	16.4	56	83.6			4	3.0–5.0	0.75	0.39
Non-White	74	50.0		5	6.8	69	93.2			13	18.8	56	81.2			3.5	3.0–4.75		
HIV-Positive _b																			
No	113	76.4		7	6.2	106	93.8			16	15.1	90	84.9			4	3.0–5.0	0.00	0.23
Yes	35	23.7		5	14.3	30	85.7			8	26.7	22	73.3			3.5	2.0–5.0		
Gay identified _b																			
No	19	12.8		2	10.5	17	89.5			6	35.3	11	64.7			4	3.0–4.0	0.61	0.44
Yes	129	87.2		10	7.8	119	92.2			18	15.1	101	84.9			4	3.0–5.0		
Venue of Recruitment _b																			
Craigslist.org	50	33.8		7	14.0	43	86.0			10	23.3	33	76.7			4	2.50–5.0	2.11	0.35
Bars/Clubs	48	32.4		1	2.1	47	97.9			7	14.9	40	85.1			4	3.0–5.0		
Sex parties	50	33.8		4	8.0	46	92.0			7	15.2	39	84.8			3	3.0–4.0		
Sex role _b																			
Top/VersTop	51	36.7		3	5.9	48	94.1			4	8.3	44	91.7			4	3–4.75	0.68	0.71
Vers	31	22.3		4	12.9	27	87.1			3	11.1	24	88.9			3.5	3–4.75		
Bottom/VersBottom	57	41.0		4	7.0	53	93.0			12	22.6	41	77.4			4	3.0–5.0		
Barbacker Identified _b																			
No	114	82.0		9	7.9	105	92.1			14	13.3	91	86.7			4	3.0–5.0	4.01	0.05

Total Sample (N = 148)		Seen the 'NYC condom'				Used the 'NYC condom' (n = 136)				Experience using the 'NYC condom' (Range 1 = Poor to 5 = Excellent) (n= 112)					
		No (n = 12)		Yes (n = 136)		No (n = 24)		Yes (n= 112)							
		n	%	n	%	n	%	n	%	χ^2	p	Mdn	IQR	Kruskal-Wallis χ^2	p
Yes	25	18.0		1	4.0	24	96.0								
		M	SD	M	SD	M	SD	M	SD	M	SD	t	p		
Age	37.0	12.7	46.8	16.1	36.2	12.1	2.83	0.005	34.7	13.3	36.5	11.9	-0.65	0.52	0.79

a Chi-square test was used.

b Fisher's Exact test was used in place of chi-square. Expected counts fell below 5 in >20% of cells.

M = Mean, SD = Standard Deviation, Mdn = Median, IQR = Interquartile Range, r_s = Spearman's Rho

N/A: Not applicable, Fisher's Exact used