Published in final edited form as:

J Assoc Nurses AIDS Care. 2014 ; 25(3): 233–242. doi:10.1016/j.jana.2013.04.007.

Proficiency in condom use among migrant workers

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Abstract

Consistent and correct use of condoms is important to prevent the transmission of HIV and other sexually transmitted diseases. We evaluated condom use skills on an 11-point scale in which participants were observed placing a condom on a penile model. Participants were 375 sexually active African American and Hispanic migrant workers. For analysis, subjects were divided into skilled and unskilled groups by a median split of the condom use skills score. Sexual risk behaviors were analyzed between condom use skilled and unskilled groups and level of condom use skills between African Americans and Hispanics. African Americans showed better skills in using condoms, and participants in the condom-use skilled group used condoms more frequently. Finally, a logistic regression was conducted to find predictors of condom use skills. Significant predictors were ethnicity, language, and assistance-related social support (obtaining advice from people who could provide tangible assistance).

Keywords

African Americans; assistance-related social support; condom use skill; Hispanics; migrant workers

More than 4 million migrant farm workers are currently located in the United States (Fitzgerald, Chakraborty, Shah, Khuder, & Duggan, 2003). Mobility, improper documentation, language and cultural barriers, substandard housing, and the challenges faced when trying to adapt to a new environment are some of the many obstacles migrant

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The authors report no real or perceived vested interests that relate to this article that could be construed as a conflict of interest.

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workers face during their migrations. Migrant workers' highly mobile lifestyle is a major challenge for researchers to examine the factors that influence the health of this population (Duke & Carpinteiro, 2009).

As one of the most rapidly growing populations in the United States, it is important to monitor and evaluate the health status and needs of migrant workers (Parrado & Flippen, 2010). Migrant workers in the United States are concentrated in Texas, Florida, North Carolina, California, Washington, and Oregon (Carroll, Samardick, Bernard, Gabbard, & Hernandez, 2005). The majority of migrant workers are from Spanish speaking countries, and many of them live alone, with spouses and families located back home (Apostolopoulos et al., 2006; Villarejo et al., 2010). The process of migration, especially from other countries, carries additional health risks. When compared to those who are born in the United States, migrant workers are more often faced with the loss of supportive networks and identities. They are compelled to adopt a new "minority status," thus forcing them to adapt to different cultural norms. These cultural norms may be ways of speaking and eating and even changes in behavior patterns (Apostolopoulos et al., 2006).

Migrant workers are an underserved and marginalized community in the United States that has been severely affected by HIV (Yang, Derlega, & Luo, 2007). It has been documented that HIV rates among migrant workers are increasing, possibly reaching as high as 13% (Villarejo et al., 2010). A number of factors associated with migration place migrant workers at higher risk for HIV infection, including extreme poverty, substance and alcohol abuse, obstacles with different language and culture, migration patterns, immigration status, disparities in access to health care, segregation and social exclusion, and lack of education (Rhodes, Hergenrather, Wilkin, Alegría-Ortega, & Montaña, 2006; Sowell, Holtz, & Velasquez, 2008).

Migration has been associated with higher levels of depression, loneliness, and isolation as well. Studies have shown that the sense of solitude and isolation experienced by migrant workers may be the driving force behind embracing unhealthy behaviors, such as practicing risky sexual practices (Muñoz-Laboy, Hirsch, & Quispe-Lazaro, 2009). These behaviors include engaging in sex with multiple partners, having sex without condoms, and having sex under the influence of alcohol or other drugs (Muñoz-Laboy et al., 2009; Sowell et al., 2008). Race and ethnicity have also been found to impact an individual's level of sexual risk taking behavior because different sexual risk rates are found among various minority groups based on their ethnicity and race (Dariotis, Sifakis, Pleck, Astone, & Sonenstein, 2011). The impact of race and ethnicity on risky sexual behaviors could be due to an association between "minority status," level of ethnic identity, or socioeconomic status. These marked racial and ethnic differences in sexual risk behaviors can be demonstrated by the apparent differences in sexually transmitted disease (STD) prevalence in these groups (Centers for Disease Control and Prevention, 2012). For example, between heterosexually active African American and Hispanic women, Hispanics showed higher sexual risk behaviors by having a significantly higher number of partners and more unprotected vaginal and anal intercourse (McLellan-Lemal et al., 2012).

In migrant workers who are involved in risky sexual acts, condom use is the most practical way to reduce the risk of HIV infection for individuals who choose to have sex (Ahmed et al., 2001; Koss, Dunne, & Warner, 2009). Literature on condom use among migrant workers is scarce. Studies suggest that migrant workers who perceive sexual encounters as risky or are married with a spouse back home are more likely to practice safe sex (Koss et al., 2009; Organista & Ehrlich, 2008). The limited literature on this topic does not include studies that examine condom use skills among migrant workers, which are vital in using condoms properly. Consistent condom use has been found to reduce STD and HIV incidence significantly, and these positive effects can be accentuated if condoms are used correctly and effectively (Civic et al., 2002, Lindemann, Brigham, Harbke, & Alexander, 2005).

HIV prevention interventions have focused on increasing the frequency of condom use; the majority of these interventions have been successful in achieving this goal (Scott-Sheldon, Huedo-Medina, Warren, Johnson, & Carey, 2011). A review by Johnson, Carey, Marsh, Levin, and Scott-Sheldon (2003) found that only a few studies have focused on training or assessing skills in proper condom use; HIV/STD prevention interventions should focus on promoting consistent as well as correct use of condoms (Langer, Zimmerman, & Cabral, 1994).

Our study evaluated the general level of condom use skills among African American and Hispanic migrant workers in rural Florida. The primary aims of this study were to (a) determine the level of condom use skills among migrant workers, (b) determine the extent to which condom use skills differed between African Americans and Hispanics, and (c) identify demographic and social support factors that were most strongly associated with using condoms correctly.

Methods

Participants

Participants were drawn from an ongoing two-group randomized community study evaluating an HIV risk reduction intervention implemented in Collier County, Florida. The study sample was composed of migrant workers from Immokalee, a rural agricultural area in southern Florida. The definition of migrant workers, as stated in the parent study, complied with the Public Health Service Act of 1944, which stated that migrant workers were those individuals who were employed in agricultural labor, either seasonal or migratory, and lived in temporary housing (Public Health Service Act of 1944, 1996). However, study criteria did not limit the definition of migrant workers to those who traveled 75 miles or across county lines to work. The study also included some people who worked indirectly in agriculture, such as in packinghouses. So, even though the majority of migrant workers in our study were farm workers, some engaged in other types of employment.

Targeted sampling was used to recruit participants. Participants in the parent study were Spanish and/or English speaking men and women ages 18 years or older with a history of unprotected vaginal, anal, or oral sex and/or consumption of alcohol or other drugs in the previous 3 months and able to understand and provide written informed consent. This study

was restricted to subjects who participated in a condom skills assessment before the intervention ($n = 375$) at baseline.

Measures

Condom use and number of partners—To analyze sexual risk behavior, participants were asked the following questions: *How many times have you had vaginal sex in the last 30 days? Of these, how many times did you use a condom? How many partner(s) have you had sex with in the last 30 days? How many of those partner(s) did you use condoms with?*

Assistance-related social support—We assessed assistance-related social support of participants with two components of the Social Provision Scale (SPS) – reliable alliance (presence of people who can provide assistance in certain circumstances) and guidance (advice or information; Cutrona & Russell, 1987). Assistance-related social support measures the support a person receives from his or her social network. The original SPS instrument was a self-reported questionnaire based on the quality of social support; it contained 24 items. Items on the original SPS instrument were on a scale ranging from 1 (*strongly disagree*) to 4 (*strongly agree*). Our study added a neutral point to the scale to increase reliability and reduce the chances of participants choosing a negative scale point. Social desirability bias, which can arise from the addition of a neutral point, was not a concern because the instrument was a self-reported questionnaire and not a face-to-face interview (Garland, 1991). Assistance-related social support was utilized as a predictor for condom use skill to measure the support, advice, and knowledge participants received from people who could provide assistance in demanding circumstances (Cutrona & Russell, 1987). In our study Cronbach's alpha for the social support scale was 0.80.

Condom Use Skills—The Condom Use Skills measure was used to assess participants' levels of condom use skills. This measure was comprised of 14 steps that assessed use, correct disposal of a condom, and proficiency in conducting each step (Sorensen et al., 1991). Each condom use skills item is a single, discrete, and directly observable behavior that may prevent condom failure during sex or facilitate proper condom disposal after the act. Participants were given condoms and a wooden or plastic penile model and asked to demonstrate the steps for using and then discarding a condom. The interviewer used a checklist and assigned one point for correct demonstration of each of the following steps by the participant:

1. choose a latex condom
2. choose a water-based lubricant
3. check expiration date on package
4. open package carefully
5. check condom for damage
6. determine direction in which condom rolls
7. add lubricant to inside tip of condom or penis,
8. roll condom correctly downward,

9. roll condom to base of penis
10. remove air from condom
11. leave space at tip of condom
12. turn to the side and withdraw condom
13. take care to avoid spilling
14. tie off condom and disposed of in trash

For this study, the last three steps were excluded while scoring the condom use skills because those steps were inconsistent with the measure of condom use application skills and did not have a logical connection with condom failure. Hence, the total condom use skills score for the current study was measured by summing the first 11 items with a score ranging from 0 to 11.

Settings

For condom use skills assessment, a single participant and an observer sat face-to-face across a table in a well-illuminated closed room to avoid distractions. Condoms, lubricants, and a wooden or plastic penile model were placed on the table. A trashcan was kept beside the table to allow for proper condom disposal. The participants were asked to demonstrate the skills in condom use and disposal as precisely as possible. The observer used a checklist, and checked *yes* or *no* according to the participant's compliance to the condom use skills steps. In order to reduce bias, demonstration and observation of the skill was performed by a single female staff member proficient in English and Spanish.

Data Analysis

IBM SPSS Statistics for Windows, Version 21.0 was used to analyze the data. Based on a median split of the condom use skills scale (median = 7, range = 0-11), a total of 375 participants were divided into two groups, condom skilled and condom unskilled. Chi-square comparisons and analysis of variance were used first to compare the demographic characteristics and then on each item of the condom use skills measure between African American and Hispanic participants. Each question on the assistance-related social support scale was then compared between skilled and unskilled participants and African Americans and Hispanics using analysis of variance. Then, a comparison of sexual risk behavior between skilled and unskilled participants was done. Finally, a logistic regression analysis in a single block, with demographics and assistance-related social support as independent variables, was performed to predict condom use skills by condom skilled versus condom unskilled groups.

Missing data were very low and present for only one variable, 4.53% for "years of education." Missing values were replaced by mean values.

Results

Demographics

Data were collected at baseline, prior to participation in the intervention. The sample was composed of African American ($n = 135$, 36.0%) and Hispanic ($n = 240$, 64.0%) participants (Table 1). The mean age of the sample was 42.09 years ($SD = 12.24$) and the mean education level was 8.23 years ($SD = 3.38$). The sample was primarily male ($n = 290$, 77.3%) and the majority were single ($n = 300$, 80.0%). There was a significant difference in age and education level between African Americans and Hispanics. Hispanics were younger and less educated than African Americans. Most of the Hispanics ($n = 203$, 84.6%) and two thirds of the African Americans ($n = 87$, 64.4%) were male. People who were single dominated both groups (Table 1). Only 14.6% ($n = 35$) of Hispanics and nearly all African Americans ($n = 134$, 99.3%) spoke English while others used Spanish for communication. All African Americans ($n = 135$, 100.0%) and one third of Hispanics ($n = 77$, 32.1%) were born in the United States. Hispanics who were born outside the United States were primarily from Mexico.

Condom Use Skill and Ethnicity

Significant differences were found between African Americans and Hispanics in the items for condom use skills (Table 2). A significantly higher number of African Americans demonstrated a higher level of skill on the following six items: item 3 - *Expiration date on package is checked*, item 4 - *Package is opened carefully*, item 6 - *Determined direction in which condom rolls*, item 8 - *Condom rolled correctly downward*, item 9 - *Condom rolled to base of penis*, and item 11 - *Space left at tip of condom*. Participants in both ethnic groups mirrored each other's skill level on a couple of items. About 97% of participants in both ethnic groups chose a latex condom and about 54% of participants in each group chose a water-based lubricant (Table 2). More than half of African Americans ($n = 80$; 59.3%) and Hispanics ($n = 131$; 54.6%) demonstrated the proper skills in adding the lubricant inside the tip of the condom or on the glans of the penis. Finally, the majority of participants from both groups demonstrated correct skills in checking the condom for damage and removing air from the tip of the condom.

Social Support, Condom Use Skills, and Ethnicity

Comparisons between skilled and unskilled groups and the two ethnic groups on assistance-related social support items are presented in Table 3. Skilled participants showed better scores than unskilled participants on the following social support items: *there are people you can depend on to help you if you really need it* (3.95 vs. 3.67, $p = .003$), *there is someone you can depend on for aid if you really need it* (3.73 vs. 3.44, $p = .001$), *there is someone you could talk to about important decisions in your life* (3.82 vs. 3.52, $p = .002$), *there is a trustworthy person you could turn to for advice if you were having problems* (3.88 vs. 3.63, $p = .005$), and *there is someone you feel comfortable talking about problems with* (3.59 vs. 3.38, $p = .04$). Participants in both groups scored lowest on the following two items: *there is someone you can turn to for guidance in times of stress* (skilled group, $M = 3.47$, $SD = 1.00$; unskilled group, $M = 3.31$, $SD = 1.03$) and *if something went wrong, no one would come to your assistance* (skilled group, $M = 3.52$, $SD = 0.95$; unskilled group, $M = 3.34$, $SD = 1.02$).

When social support was compared by ethnic group, African Americans displayed significantly higher scores than Hispanics (Table 3) on the following items: *if something went wrong, someone would come to your assistance* (3.63 vs. 3.30, $p = .002$), *there is someone you could talk to about important decisions in your life* (3.82 vs. 3.56, $p = .01$), and *there is a trustworthy person you could turn to for advice if you were having problems* (3.87 vs. 3.67, $p = .026$). African Americans and Hispanics followed a similar pattern as skilled and unskilled groups on higher and lower scored items. For example, African Americans ($M = 3.90$; $SD = 0.76$) and Hispanics ($M = 3.80$; $SD = 0.79$) scored higher on *There are people you can count on in an emergency*, and lower scores were found among African Americans ($M = 3.50$; $SD = 0.99$) and Hispanics ($M = 3.32$; $SD = 1.03$) on *There is someone you can turn to for guidance in times of stress*.

Sexual Risk Behavior

Mixed results were found when sexual risk behaviors were examined by level of condom use skills (skilled and unskilled groups; Table 4). Participants in the skilled group ($M = 8.89$; $SD = 6.60$) engaged in significantly more vaginal sex in the previous 30 days than the unskilled group ($M = 5.55$; $SD = 4.54$); $t = -2.761$, $p = 0.006$. However, among participants who engaged in vaginal sex in the previous 30 days, skilled group members ($M = 4.20$; $SD = 5.48$) used significantly more condoms than unskilled group members ($M = 2.49$; $SD = 3.16$), $t = -2.120$, $p = .035$. Although participants in the skilled group were involved in sex with more partners compared to the unskilled group, the differences were not significant.

Predictors of Condom Use Skills

A single block logistic regression analysis was performed for condom use skills (skilled vs. unskilled groups). Predictors for this logistic regression were inputted in a single block (Table 5). In the final model, there were 203 participants in the condom use unskilled group, and 172 participants in the condom use skilled group. A test of the block against a null model was statistically significant, Wald χ^2 (8, $N = 375$) = 40.753, $p = .0001$, indicating that the demographics and assistance-related social support, as a group, reliably distinguished between skilled and unskilled participants. The model identified three significant predictors of condom use skills: ethnicity ($B = -0.949$, Wald $\chi^2 = 4.3971$, $p = .036$), primary language spoken ($B = -1.164$, Wald $\chi^2 = 5.412$, $p = .02$), and assistance-related social support ($B = 0.465$, Wald $\chi^2 = 5.5982$, $p = .018$). The beta estimates, standard errors, Wald χ^2 results, and odds ratios for each of the predictors are presented in Table 5.

Discussion

Significant differences were found in the level of condom use skills between African American and Hispanic migrant workers, and assistance-related social support significantly predicted condom use skills. The findings demonstrated that sexual risk behaviors significantly differed between skilled and unskilled condom use skills groups. Such findings highlight the importance of incorporating condom use skills training in STD and HIV prevention interventions.

Hispanics demonstrated a lower level of condom use skills than African Americans on almost all items, placing them at higher risk for STDs and HIV. The majority of Hispanics made mistakes in choosing a water-based lubricant and adding lubricant to the inside tip of the condom or on the glans of the penis model. Adding a water-based lubricant not only reduces the chances of condom breakage but will also increase the pleasure of sex in both the partners (Strömdahl et al., 2012). The majority of Hispanics also did not check the package expiration date or open the package carefully, all of which may lead to condom breakage and failure. A large number of African Americans also made errors in choosing a water-based lubricant and adding lubricant to the inside tip of the condom and on the glans of the penis model while putting a condom on the penis model.

Condom use skills were also found to be associated with the frequency of sexual acts and condom use. Participants in the skilled group engaged in more sex acts and had more partners, but they used condoms more often than those in the unskilled group, reducing the risk of contracting an STD or HIV. Such findings are consistent with a study by Kaneko (2007), which suggested that not knowing how to properly use a condom was a barrier to practicing safer sex. These results emphasize the importance of focusing on correct condom use for high-risk individuals because knowing how to use condoms correctly may act as a synergistic component to more frequent condom use.

Ethnicity, language, and assistance-related social support significantly distinguished between skilled and unskilled participants. All African Americans and a small percentage of Hispanics spoke English and more than half of Hispanics were born outside the United States. Condom use skills scores were lower for Hispanics. People who are born in the United States may have better ability to maintain attachment to supportive networks and preserve identity, as they are better adapted to cultural norms and have family in the country in comparison to immigrants. Thus ethnicity and language, as a combined factor, may be associated with condom use skills. Cultural norms may also be a driving force in a participant's acceptance of using a condom or not. Cultural norms that seem to discourage the use of condoms have been documented in the Hispanic culture (Marín, 2003).

Hispanics had a significantly lower level of education than African Americans in our sample. Participants who were born in the United States might have had better opportunities for obtaining education as well. The literature supports this, finding that African American adolescent males had higher education levels than their Hispanic counterparts and were also more likely to use condoms than Hispanics (Manlove, Ikramullah, & Terry-Humen, 2008).

The final predictor of condom use skills was assistance-related social support, which measured the presence of people who were trustworthy and authoritative and upon whom participants could rely for help and advice. The assistance-related social support scale measured the reliable alliances and guidance the participants received through social support. The first component, reliable alliance, referred to having others upon whom a participant could rely for help under any circumstances. According to Cutrona and Russell (1987), reliable alliance is provided through social means by family and friends and is an important element of social support in relation to feelings of self-awareness, especially for migrant workers who often encounter solitude and social segregation (Muñoz-Laboy et al.,

2009). The second component, guidance, measured the relationships of participants with dependable and reliable individuals who could provide advice and suggestions (Cutrona & Russell, 1987). Reliable alliance and guidance, or assistance-related social support, are characterized by the participant being the recipient, rather than the provider, of assistance and advice.

Our study found that assistance-related social support was higher in African Americans compared to Hispanics. This may have been due to the fact that the majority of African Americans were U.S. born and hence more adapted to the culture, which may have assisted in forming stronger ties with social networks. It is also important to consider education level, because it can influence the quality of advice and knowledge imparted. Again, African Americans had a significantly higher level of education than Hispanics, which may have contributed to condom use behaviors and level of condom use skills. The hypothesis that higher skills among African Americans may have been due to assistance-related social support from better-educated friends or acquaintances can be supported by the role of communication in improving condom use skills (Tulloch, McCaul, Miltenberger, & Smyth, 2004).

Finally, there are limitations to the study. The study population was driven by a high number of Hispanics and men who were single or living as such. Also, country of birth might have affected the overall results because it affects the level of social support and education. The observed skills of condom use among these participants may be different from other populations such as sex workers, who may have better condom skills.

Conclusion

For migrant workers, moving to new places may limit resources and opportunities, which may lead to particular challenges in times of loneliness. Addressing these challenges by providing additional interpersonal resources may greatly reduce the burden of new life challenges and can bring about better knowledge regarding preventative sexual behaviors, and thus better skills in those behaviors. This study found that, in the sociocultural context, social support factors could positively influence the condoms skills of migrant workers. Our findings suggest a need to develop innovations for new and existing HIV risk reduction interventions to improve skill in condom use through a social support arm to improve social assistance. The social support component should focus on promoting guidance, advice, knowledge, and information on the correct use of condoms. This would also help vulnerable and marginalized groups, such as migrant workers and especially Hispanics, have better access to various kinds of social relationships in order to reduce feelings of loneliness and social exclusion.

Acknowledgments

The funding for this study was from Grant Number: 5R01AA015810, National Institute on Alcohol and Alcohol Abuse. We would like to extend our thanks to all the men and women who travel across this great land to work in agriculture, construction, and other industries and would like to dedicate this intervention to those hard-working individuals. The authors would like to express heart-felt appreciation to Lucy Maharaj, Emma Ergon, and the Immokalee partner staff, colleagues, students, clinicians and other researchers who have been a source of support in the development of the P.E.E.R./ H.E.A.L.T.H.Y. interventions.

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Key Considerations

- It is important for health professionals to understand the influence of social support on improved condom use skill.
- Preventive health techniques, including condom use skill, could reduce the possibility of transmitting debilitating and, in some cases, fatal diseases including HIV.
- Providing condom use skill training with tangible assistance can improve the outcome of condom use skill demonstration.
- It is important for health professionals to be educated about demonstrating correct condom use.

Table 1Demographic Characteristics of Participants (*N* =375) by Ethnicity

Demographic Characteristics	African Americans (135, 36.0%)	Hispanics (240, 64.0%)	t	χ^2	p-value	Total
Age (<i>M</i> $\pm$ <i>SD</i>) *	47.16 $\pm$ 11.52	39.25 $\pm$ 11.72	6.3113		0.0001	42.09 $\pm$ 12.24
Education (<i>M</i> $\pm$ <i>SD</i>) *	10.40 $\pm$ 2.54	7.02 $\pm$ 3.19	11.242		0.0001	8.23 $\pm$ 3.38
Gender <i>n</i> (%) *						
Male	87 (64.4%)	203 (84.6%)		19.991	0.0001	290 (77.3%)
Female	48 (35.6%)	37 (15.4%)				85 (22.7%)
Marital status <i>n</i> (%) *						
Single	122(90.4%)	178(74.2%)		14.178	0.0001	300(80.0%)
Married	13(9.6%)	62(25.8%)				75(20.0%)
Language <i>n</i> (%) *						
English	134 (99.3%)	35 (14.6%)		25.232	0.0001	169 (45.1%)
Spanish	1 (0.7%)	205 (85.4%)				206 (54.9%)
Country of birth <i>n</i> (%) *						
USA	135 (100.0%)	77 (32.1%)		16.183	0.0001	212 (56.5%)
Others	0 (0%)	163 (67.9%)				163 (43.5%)

* $p < .001$

Table 2

Individual Items on the Condom Use Skills Scale and Race/Ethnicity

	Race/Ethnicity		χ^2	p-value
	African Americans	Hispanic		
	n (%)	n (%)		
1. Choose a latex condom	132 (97.8%)	233 (97.1%)	0.161	0.689
2. Choose a water-based lubricant	74 (54.8%)	131 (54.6%)	2.291	0.318
3. Expiration date on package checked *	104 (77.0%)	159 (66.3%)	4.800	0.028
4. Package opened carefully *	117 (86.7%)	184 (76.7%)	5.455	0.020
5. Condom checked for damage	107 (79.3%)	170 (70.8%)	3.178	0.075
6. Determined direction in which condom rolls **	124 (91.9%)	195 (81.3%)	7.645	0.006
7. Lubricant added to inside tip of condom or penis	80 (59.3%)	131 (54.6%)	0.768	0.381
8. Condom rolled correctly downward *	123 (91.1%)	199 (82.9%)	4.781	0.029
9. Condom rolled to base of penis **	128 (94.8%)	206 (85.8%)	7.157	0.007
10. Air removed from condom	120 (88.9%)	198 (82.5%)	2.736	0.098
11. Space left at tip of condom *	123 (91.9%)	196 (81.7%)	6.067	0.014

*
 $p < .05$,**
 $p < .01$

Table 3
Individual Items on the Assistant-Related Social Support Scale by Condom Use Skills and Race/Ethnicity

	Race/Ethnicity			Condom Use Skill		
	African Americans (<i>M</i> ± <i>SD</i>)	Hispanic (<i>M</i> ± <i>SD</i>)	<i>t</i>	<i>p</i> -value	Skilled (<i>M</i> ± <i>SD</i>)	Unskilled (<i>M</i> ± <i>SD</i>)
1. There are people you can depend on to help you if you really need it.	3.86 ± 0.91	3.77 ± 0.95	0.922	0.357	3.95 ± 0.79	3.67 ± 1.03
2. If something went wrong, someone would come to your assistance.	3.63 ± 0.93	3.30 ± 1.00	3.159	0.002**	3.52 ± 0.95	3.34 ± 1.02
3. There is someone you can depend on for aid if you really need it.	3.53 ± 0.96	3.60 ± 0.86	-0.787	0.432	3.73 ± 0.79	3.44 ± 0.96
4. There are people you can count on in an emergency.	3.90 ± 0.76	3.80 ± 0.79	1.190	0.235	3.91 ± 0.75	3.78 ± 0.80
5. There is someone you can turn to for guidance in times of stress.	3.50 ± 0.99	3.32 ± 1.03	1.603	0.110	3.47 ± 1.00	3.31 ± 1.03
6. There is someone you could talk to about important decisions in your life.	3.82 ± 0.91	3.56 ± 0.99	2.581	0.010*	3.82 ± 0.88	3.52 ± 1.01
7. There is a trustworthy person you could turn to for advice if you were having problems.	3.87 ± 0.85	3.67 ± 0.89	2.234	0.026*	3.88 ± 0.83	3.63 ± 0.90
8. There is someone you feel comfortable talking about problems with.	3.54 ± 0.98	3.45 ± 0.99	0.894	0.095	3.59 ± 0.94	3.38 ± 1.02

* $p < .05$,

** $p < .01$

Table 4

Sexual Risk Behavior of Participants by Condom Use Skill Groups

	Condom Use Skill		t	p-value
	Skilled (<i>M</i> ± <i>SD</i>)	Unskilled (<i>M</i> ± <i>SD</i>)		
Number of vaginal sex in last 30 days **	8.89 ± 6.60	5.55 ± 4.54	-2.761	0.006
Number of condoms used during vaginal sex *	4.20 ± 5.48	2.49 ± 3.16	-2.120	0.035
Number of partners in last 30 days	4.24 ± 3.72	2.34 ± 3.21	-1.261	0.226
Number of partners with whom condom used	2.29 ± 2.01	1.54 ± 2.07	-1.156	0.250

*
p < .05,**
p < .01

Summary of Direct Logistic Regression Analysis Predicting Condom Use Skill with Demographic and Assistance-Related Social Support

Table 5

Variable	Beta Estimate	Standard Error	Wald χ^2 (df = 1)	p-value	Odds Ratio
Age	-0.010	0.001	0.975	0.323	0.990
Gender	0.477	0.305	2.455	0.117	1.612
Education	-0.003	0.042	0.004	0.950	0.997
Marital status	-0.036	0.287	0.016	0.900	0.964
Ethnicity *	0.949	0.452	4.397	0.036	2.583
Country of birth	-0.454	0.393	1.333	0.248	0.635
Language *	-1.164	0.501	5.412	0.020	0.312
Social support *	0.465	0.196	5.598	0.018	1.591

* $p < .05$