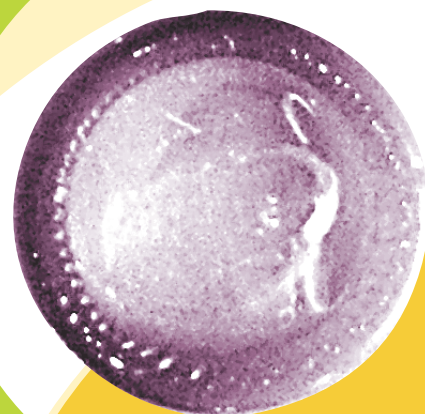




GAY MEN AND CONDOM USE, ACCESS AND EXPERIENCE

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INTRODUCTION

The Queensland Association for Healthy Communities (QAHC) commissioned this research on gay men's attitudes towards, access to, and experience of, using condoms and lubricants. The aim of the project was to inform QAHC's future advocacy, promotion and distribution of condoms and lubricant in Queensland. Although condoms and water-based lubricant are essential tools in the prevention of HIV, there is little research available that specifically addresses gay men's attitudes towards condoms, where they obtain condoms and lubricant, and their experience of using them.

The project brief noted that social marketing of condoms and lubricant has been an important feature of HIV prevention efforts, particularly in the early years of the epidemic. In the recent past QAHC has placed less emphasis on the direct social marketing of condoms and lubricant, tending instead to include them as secondary messages in other education and prevention campaigns. This shift in emphasis reflected an acknowledgment of significant changes in the HIV epidemic including the introduction of antiretroviral therapy and viral load testing in 1996. These technological shifts have been accompanied by changes in approaches to HIV risk reduction among some gay men, including strategic positioning. Nonetheless condoms and lubricant remain the most effective method of HIV prevention and are still used by many gay men with both regular and casual sex partners.

The data in this report provide insights into gay men's attitudes towards condoms, where they obtain condoms and lubricant, and their experience of using them. In line with the project brief, the research presented here also investigates issues of access and cost. One of the reasons QAHC commissioned this research was because it is currently considering whether to assign more resources to free or low cost condom and lubricant distribution through the gay social scene. In addition QAHC is particularly concerned with access to condoms for those gay and homosexually active men who live in regional and rural areas in Queensland. At present QAHC has condom and lubricant packs available for free at all its offices, and distributes limited quantities of condoms and lubricant for promotional purposes at gay venues and community events. It does not, however, have a general system of free condom distribution in gay venues in Queensland. Many gay venues and sex venues do already have condoms available, but they are not provided by QAHC and nor are they always free. QAHC has plans to provide 'party packs' to private sex party organisers in the near future.

The research took two forms: 1) a review of relevant published literature on gay men, condoms, lubricant and HIV; and 2) an online survey exploring questions of use and non-use, access and acceptability of condoms was conducted. The key themes and issues emerging from the literature review are outlined in the first section of this report. The themes from the published research were used in the development of the survey. In addition, the literature review provided a framework for interpreting the results of the survey.

The online survey specifically targeted gay and homosexually active men in Queensland and focused explicitly on condoms and lubricant. This focus allowed the collection of data that is likely to be highly relevant to QAHC's constituency. The recommendations made in the final section of this report were informed by both the literature review and the survey results and are intended to assist QAHC in enhancing its future advocacy, promotion and distribution of condoms and lubricant in Queensland.

LITERATURE REVIEW

Gay men in western societies have accepted condoms as a necessary part of HIV risk management¹. Since the mid-1980s, homosexually active men in Australia have used various risk-reduction strategies to reduce the risk of HIV transmission, foremost among these being the use of condoms for anal sex.² The *Australian Study of Health and Relationships*, a general population survey of sex and relationship patterns in Australia, found rates of condom use among men who engaged in anal intercourse with a casual male partner in the previous six months to be as high as 86.8%.³ In comparison, men and women who engaged in vaginal intercourse with a casual partner in the previous six months used condoms much less frequently—35.4% for women and 44.6% for men. The Queensland Periodic Survey reported that in 2005 49.5 % of men who had anal sex with a casual male partner in the previous six months reported *always* having used a condom.⁴

Although condom use remains high among homosexually active men, there have been significant increases in the frequency of unprotected anal sex since the mid-1990s in Australia and many other western countries.⁵ Also, since 2001 there have been increases in the number of new HIV infections in many parts of Australia including Queensland⁶. The reasons for unprotected sex are diverse and complex; however, gay men's attitudes to, and experiences of, condoms are likely to influence condom use and non-use. Despite this, there has been only limited research conducted on attitudes, access and availability, product acceptability, erection difficulties and device failure among gay men. Much of the literature on gay men and condoms reports on condom *use* only.

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- 1 Richters, J. & Kippax, S. (2000). Condoms for Anal Sex. In Mindel, A. (Ed.), *Condoms*, London: BMJ Books, 132–145.
 - 2 Rawstorne, P., Treloar, C. & Richters, J. (Eds.) (2005). *HIV/AIDS, hepatitis & sexually transmitted diseases in Australia: Annual Report of Behaviour*. Sydney: National Centre in HIV Social Research, University of New South Wales.
 - 3 De Visser, R., Smith, A., Rissel, C., Richters, J. & Grulich, A. (2003). Sex in Australia: safer sex and condom use among a representative sample of adults. *Australian Journal of Public Health*, 27, 203–229.
 - 4 Hull, P., Rawstorne, P., Zablotska, I., Prestage, G., Kippax, S., Stauton, S., Harrison, G., Hakala, T., Martin, P., & O'Connor, S. (2006). *Gay Community Periodic Survey: Queensland 2005*, (GCPS Report 2/2206). Sydney: National Centre in HIV Social Research, University of New South Wales.
 - 5 Richters, J. (Ed.) (2006). *HIV/AIDS, hepatitis & sexually transmitted diseases in Australia: Annual report of trends in behaviour 2006* (Monograph 3/2006). Sydney: National Centre in HIV Social Research, University of New South Wales.
 - 6 National Centre in HIV Epidemiology and Clinical Research (2005). *HIV/AIDS, viral hepatitis and sexually transmissible infections in Australia, Annual Surveillance Report 2005*. National Centre in HIV Epidemiology and Clinical Research, University of New South Wales, Sydney, NSW; Australian Institute of Health and Welfare, Canberra, ACT.

Method

A literature search was conducted of the relevant published research from the major sociological, psychological and medical databases. The criteria for inclusion in this search was the following keywords and subject headings: gay men; homosexual men; men who have sex with men; condoms; attitudes to condoms; condom access; condom use; condom availability; condom sensitivity; condom experience; condom negotiation, condom acceptability; condom skills; condom promotion; condom failure.

Also included was literature from the areas of health promotion, education, and social marketing related to condoms and gay men, with particular reference to strategies to improve access and use.

Much of the research on condom attitudes and access has been conducted among heterosexuals rather than gay men so its relevance must be considered in this light. Included in this review are studies that have produced interesting findings which could be applied to gay men. There is also a large body of literature on condom acceptability in low income countries, especially in Africa. The relevance of these studies to the promotion of condoms for gay men and men-who-have-sex-with-men (MSM) in Queensland is questionable, and therefore they have not been included in this review.

Findings

Grunseit and Johnson examined data from general population surveys from different parts of the world which measured patterns of condom use.⁷ They investigated variability in use over time and demographic and behavioural factors that may influence use from the 1970s to the mid-1990s. They observed that among the many factors that have influenced condom use during this period, two of the most important factors (which have affected condom use in contrasting directions) have been: 1) the availability of more reliable forms of contraception, for example the oral contraceptive pill; and 2) the emergence of the HIV/AIDS epidemic. They found evidence in some countries of a resurgence in the popularity of condoms after the emergence of HIV/AIDS. Among the other factors that influenced the non-use of condoms were: availability; cost; cultural acceptability; perceived value; and desire to procreate. They found that access to condoms was a significant predictor of use. That is, in countries where condom use is limited, access to condoms is similarly limited.

The absence of research explicitly addressing gay men's experience of using and not using condoms may reflect a tendency on the part of researchers, educators, clinicians and policy makers to have taken for granted or naturalised gay men's use of condoms; that is, a necessity in the context of HIV/AIDS that requires little investigation. But as HIV rates increase and condoms continue to be the most effective method of prevention, sustaining a condom norm among gay men will require a greater understanding of what supports and hinders the use of this product.

7 Grunseit, A. & Johnson, A.M. (2000). Use of Condoms: Data from Population Surveys. In Mindel, A. (Ed.), *Condoms*, London: BMJ Books, 97-111.

Acceptability

The most common explanations for the decrease in condom use among homosexually active men are: reduced fears of HIV infection in response to improved treatments; and the greater reliance on other risk-reduction strategies, such as strategic positioning and viral load.⁸ While there are considerable behavioural surveillance data pertaining to rates of protected and unprotected anal intercourse among gay men in Australia, there is very little published research on gay men's attitudes to condoms and reasons for not using condoms. The *Male Out* study of homosexually active men in Australia compared attitudes to condoms over three time periods, 1992, 1996 and 2000, and found that participants had significantly less favourable attitudes toward condoms over time.⁹ It is unclear from this data what influenced the changes in attitude and what, if any, influence this has had on actual condom use.

Most commonly, the issue of condom acceptability has been reported from studies among gay men only as a predictor of risk behaviour for HIV and sexually transmitted infection (STI) transmission. Even so, the results are conflicting. Some studies have found an association between attitudes and behaviour in the expected direction. Valdiserri et al., for example, found that the perception that condoms 'spoiled' sex was the most significant difference between US gay men who *always* used condoms versus those who *never* used condoms.¹⁰ Similarly, Kippax et al. found that the effectiveness of 'negotiated safety' agreements was related to the acceptability of condoms.¹¹ However, other studies have produced results that are counterintuitive, i.e. that less favourable attitudes towards condoms do not necessarily predict unprotected anal intercourse. In a study of HIV-negative men in Sydney, those men who *occasionally* had unprotected sex with casual partners reported less favourable attitudes to condoms¹² than those who *frequently* had unprotected sex with casual partners.¹³ In other studies condom attitudes did not emerge as an independent predictor of risk behaviour.¹⁴ A study of 20 young Norwegian men aged 17 to 22 years, who were interviewed a number of times over a 12 to 24 month period, also found that attitudes to condoms did not necessarily reflect patterns of use.¹⁵ The young men associated condoms with a range of both negative and positive attributes including: safety; security and the absence of fear; anal sex; hygiene; a necessary evil; clumsy; and something that destroyed the spontaneity of sex. Those who complained about the disadvantages of using condoms did not regard these as compelling reasons to not use condoms.

8 Van de Ven, P., Kippax, S., Crawford, J., Rawstorne, P. (2002). In a minority of gay men, sexual risk practice indicates strategic positioning for perceived risk reduction rather than unbridled sex. *AIDS Care*, 14 (4), 471–480

9 Van De Ven, P., Rawstorne, P., Crawford, J. & Kippax, S. (2001). *Facts and Figures: 2000 Male Out Survey*, Monograph 2/2001, Sydney: National Centre in HIV Social Research, University of New South Wales.

10 Valdiserri, R., Lyter, D., Leviton, L., Callahan, C., Kingsley, L. & Rinaldo, C. (1988). Variables influencing condom use in a cohort of gay and bisexual men. *American Journal of Public Health*, 78 (7), 801–805.

11 Kippax, S., Noble, J., Prestage, G., Crawford, J., Campbell, D., Baxter, D., Cooper, D. (1997). Sexual negotiation in the AIDS era: negotiated safety revisited. *AIDS*, 11 (2), 191–7.

12 This is measured on a three-item scale with responses ranging from *strongly disagree* to *strongly agree*. The items that comprise the scale are: 1) *I can't be bothered using condoms all the time because they are a nuisance*; 2) *Condoms reduce sensitivity*; and 3) *Condoms can be fun and erotic*.

13 Mao, L., Crawford, J., Van de Ven, P., Prestage, G., Grulich, A., Kaldor, J., & Kippax, S. (2006). Differences between men who report frequent, occasional or no unprotected anal intercourse with casual partners among a cohort of HIV-seronegative gay men in Sydney, Australia. *AIDS Care*, 18, 942–951.

14 Kalichman, S., Kelly, J., & Rompa, D. (1997). Continued high-risk sex among HIV-seropositive men. *Health Psychology*, 16, 369–373.

15 Middelthun, A., (2001). Interpretations of condom use and non-use among young Norwegian gay men: Qualitative Study. *Medical Anthropology Quarterly*, 15 (1), 58–83.

More recently, Peterson and Bakeman explored the impact of beliefs about HIV treatment and peer condom norms among gay and bisexual men.¹⁶ They noted that adoption of safer sex behaviours was significantly related to perceived normative support for condom use in the gay population. They found that HIV sexual risk behaviour was associated with lower condom norms and positive beliefs about HIV treatments. They therefore recommend social interventions that promote condom norms in the context of new HIV treatments.

Erection problems

Many condoms users complain that they have difficulties either getting or maintaining an erection while applying or wearing a condom. Richters and Kippax proposed that these difficulties are likely to act as disincentives for using condoms.¹⁷ The *Risk Factors for HIV Infection Study* (a qualitative study of gay-identified men recently diagnosed with HIV) also found that participants frequently mentioned erection problems associated with condom use.¹⁸ These comments related to either their own experience or that of their sexual partners. Erection problems were linked to recreational drugs, HIV medications, nerves, and 'the sight of a condom'.

A number of clinical studies have found high rates of sexual dysfunction in HIV-positive men.¹⁹,²⁰ Cove and Petrak found that sexual difficulties and sexual risk-taking were strongly associated.²¹ Their findings were based on the results of a self-administered survey completed by HIV-positive gay men recruited through a gay male health clinic. The survey explored the experience of sexual problems, their perceived causes and associated factors. Of the 78 participants 69% reported sexual problems and 51% (n=37) reported sexual problems in the context of trying to use a condom, including loss of erection. They found a correlation between erectile dysfunction and less favorable attitudes to condoms. Reasons offered for sexual problems included: HIV disease itself; combination therapy; psychological reasons; or a combination of these. Psychological factors were highly implicated in erectile dysfunction associated with condom use. For some participants, condoms triggered an awareness of HIV and inhibited sexual arousal.

A comparative study of experiences of erectile dysfunction and ejaculatory problems among HIV-negative gay and heterosexual men investigated whether there were personality-based dispositions that might make some men more vulnerable to sexual problems.²² In particular, the authors investigated whether the higher reported rates of depression and anxiety reported among gay men would make gay men more vulnerable to erection and ejaculatory conditions. Overall they found no significant differences between gay-identified and heterosexual men's erectile and ejaculatory problems, although gay men did experience more occasional erectile dysfunction. Condom use and associations between condoms and erectile difficulties were not explored in this study.

16 Peterson, J.L. & Bakeman, R. (2006). Impact of beliefs about HIV treatment and peer condom norms on risky sexual behavior among gay and bisexual men. *Journal of Community Psychology*, 34 (1), 37–46.

17 Richters, J. & Kippax, S. (2000). Condoms for Anal Sex. In Mindel, A. (Ed.), *Condoms*, London: BMJ Books, 132–145.

18 Richters, J., Hendry, O. & Kippax, S. (2003). When Safe Sex Isn't Safe. *Culture Health and Sexuality*, 5 (1), 37–52.

19 Cove, J. & Petrak, J. (2004). Factors associated with sexual problems in HIV-positive gay men. *International Journal of STD & AIDS*, 15 (11), 732–36.

20 Bancroft, J., Carnes, L. & Janssen, E. (2005). Unprotected anal intercourse in HIV positive and HIV-negative gay men: The relevance of sexual arousability, mood, sensation seeking, and erectile problems. *Archives of Sexual Behavior*, 34 (3), 299–305.

21 Cove, J. & Petrak, J. (2004). Factors associated with sexual problems in HIV-positive gay men. *International Journal of STD & AIDS*, 15 (11), 732–36.

22 Bancroft, J., Carnes, L., Janssen, E., Goodrich, D. and Long, S. J. (2005). Erectile and Ejaculatory Problems in Gay and Heterosexual Men. *Archives of Sexual Behavior*, 34 (3), 285–297.

Findings from the *Risk Factors for HIV Infection Study* do suggest for some HIV-negative men decisions to have unprotected anal intercourse were linked to erection difficulties associated with condom use.²³

Bancroft et al. compared an age-matched group of gay-identified HIV-positive and HIV-negative men to explore the relevance of sexual arousability, mood, sensation-seeking and erectile problems, in decisions to have unprotected anal intercourse. They found that some participants' reluctance to use condoms was associated with erection problems. The HIV-positive men in the study experienced more erectile difficulties than HIV-negative men. The authors note that their study did not explore whether these same HIV-positive men had erection difficulties prior to seroconversion. In Australia the rates of unprotected anal intercourse are higher among HIV-positive gay men.²⁴ This may be explained in part by higher rates of sexual dysfunction associated with condom use among HIV-positive men.

Condom failure

Condoms are a highly effective method of preventing many sexually transmissible infections, including HIV, when used consistently and correctly.²⁵ However, condoms can, and do, occasionally break or slip off during intercourse, thereby reducing their effectiveness. Failures are most frequently attributed to either the skill of the user or the quality of the condom.^{26,27} Thompson et al. reported failure rates ranging from 1.9% to 14.6% based on studies of heterosexual vaginal sex.²⁸ The authors noted that studies of heterosexuals cannot be applied directly to anal sex between men. Studies of homosexual men have shown similar variations in failure rate between different studies. For example, a study of 112 homosexual men in the Netherlands reported a breakage rate of 2.7% whereas a study of 172 homosexually active men in Sydney found a breakage rate of 8.0%.²⁹ Another Australian study of 108 gay, heterosexual and bisexual men found an overall condom breakage rate of 4.9% (including condoms breaking during application), and a rate of 3.1% of condoms slipping off.³⁰ A US study of gay men found lifetime experience of condom failure to be between 7 and 14.6%, but for most this had only happened once or 'seldom'.³¹ Thompson et al.'s six-year longitudinal survey of gay men in New York City found the risk of condom failure for men who engaged in 10 to 15 episodes of receptive anal intercourse in the 12 months preceding interview was estimated to be less than 1% in a single episode.³² They also found that condom failure declined with experience, with the welcome news that only a little experience significantly reduced failure rates. They recommended therefore that new condom users should be

23 Richters, J., Hendry, O. & Kippax, S. (2003). When safe sex isn't safe. *Culture Health and Sexuality*, 5, 37–52.

24 Richters, J. (Ed.) (2006). *HIV/AIDS, hepatitis & sexually transmitted diseases in Australia: Annual report of trends in behaviour 2006* (Monograph 3/2006). Sydney: National Centre in HIV Social Research, University of New South Wales.

25 Mindel, A. & Estcourt, C. (2000). Condoms for the prevention of sexually transmitted infections. In Mindel, A. (Ed.), *Condoms*, London: BMJ Books, 62–81.

26 Ibid

27 Richters, J., Gerofi, J. & Donovan, B. (1995). Why do condoms break or slip off? An exploratory study. *International Journal of STD & AIDS*, 6, 11–18.

28 Thompson, J., Yager, T. & Martin, J. (1993). Estimated Condom Failure and Frequency of Condom Use among Gay Men. *American Journal of Public Health*, 83, (10) 1409–1413.

29 Richters, J. & Kippax, S. (2000). Condoms for Anal Sex. In Mindel, A. (Ed.), *Condoms*, London: BMJ Books, 132–145.

30 Richters, J., Gerofi, J. & Donovan, B. (1995). Why do condoms break or slip off? An exploratory study. *International Journal of STD & AIDS*, 6, 11–18.

31 Valdiserri, R., Lyter, D., Leviton, L., Callahan, C., Kingsley, L. & Rinaldo, C. (1988). Variables influencing condom use in a cohort of gay and bisexual men. *American Journal of Public Health*, 78 (7), 801–805.

32 Thompson, J., Yager, T. & Martin, J. (1993). Estimated Condom Failure and Frequency of Condom Use among Gay Men. *American Journal of Public Health*, 83 (10), 1409–1413.

encouraged to be particularly careful when first using condoms. This research may also suggest the value of forms of education that include demonstrations and that encourage men to practice applying condoms. Another key finding of this study was that the experience of a condom failure did *not* make men less willing to use condoms. This likely reflects the greater norms of condom use generally among gay men.

One UK study of gay men's use of condoms produced some valuable findings for condom promotion.³³ This study was designed to test whether a thicker condom was more effective than standard condoms for anal sex. This was found not to be the case. A range of factors was found to be associated with successful condom use (regardless of condom type). Some of these could be highlighted in education and included in condom use instructions.

Breakage of condoms was associated with:

- length of intercourse (more than 45 minutes duration) regardless of condom type;
- unrolling the condom prior to putting it on the penis;
- using oil-based lubricant with latex condoms;
- using saliva as lubricant with latex condoms;
- using no lubricant;
- longer penis;
- lower social class;
- lower educational qualifications;
- confidence in using condoms; and
- previous history of condom breakage.

The site of applying additional lubricant was also related to condom breakage. Breakage was *less* likely if lubricant was applied:

- in the anus;
- around the anus; and
- all over the condom.

Breakage rate was *not* affected by whether additional lubricant was placed on the tip of the penis under the condom, all over the penis under the condom, or on the condom at the tip.

Similarly, condom breakage was *not* associated with:

- previous frequency of condom use;
- type of condom generally used;
- number of condoms used in the previous year; or
- number of condoms ever used;
- penis girth; or
- being circumcised or uncircumcised.

In terms of condoms slipping off, the following factors were associated:

- using oil-based lubricant with latex condoms;
- using saliva as lubricant with latex condoms;
- using no lubricant;
- applying lubricant to the tip of the penis under the condom;
- applying lubricant all over the penis under the condom;

³³ Golombok, S., Harding, R. & Sheldon, J. (2001). An evaluation of a thicker versus a standard condom with gay men. *AIDS*, 15 (2), 245–50.

- not applying lubricant all over the outside of the condom;
- lower social class;
- less experience of previous condom use;
- previous experience of condoms tearing.

Slippage was *not* associated with:

- duration of intercourse;
- length of penis
- girth of penis;
- whether the insertive partner was circumcised or not;
- application of additional lubricant over the tip of the condom;
- application of additional lubricant in or around the anus;
- type of condom generally used;
- confidence in using condoms; or
- previous experience of condoms slipping off.

These findings suggest some obvious points to emphasise in correct condom usage.

Richters et al.'s exploratory study of 108 gay, heterosexual and bisexual men in Sydney found that condom breakage was greater with male sexual partners compared to female sexual partners.³⁴ Breakage was also associated with infrequent condom use, and rolling the condom on as per conventional instructions. Interestingly, modified application methods appeared protective. The authors noted that this finding would need further investigation as it may be an outcome of the study's participants being relatively 'sophisticated' or 'condom aware users' who were less likely to experience condom failure for other reasons. They recommended further research, but pending the results of further studies they were disinclined to advocate for rolling on condoms to the exclusion of all other application methods; for example, the placing of fingers inside the condom and pulling the condom on or a combination of pulling and rolling. The authors note that female sex workers interviewed in the early stages of the study preferred to apply condoms on their male clients using their fingers inside the condom to pull it on. Finally, they found that partial condom slippage was a factor in breakage. Although men in this study and other studies frequently commented that finding condoms in the right size or overall fit was often difficult, condoms that were too tight or not long enough were not associated with condom breakage.

The study also investigated factors associated with condoms slipping off, and the significant predictors were younger age, being circumcised, having used fewer condoms in a lifetime, and application method. As with condom breakage, they found that men who used a modified application method had fewer problems with slippage or partial slippage. They found that losing an erection during sex, or putting lubricant on the penis under the condom, were *not* associated with condoms slipping off. Those with male sexual partners were no more likely to experience condom slippage than those with female partners.

The overall breakage rate of 4.9% and a slippage rate of 3.1% reported in this study are consistent with other studies of non-commercial sex.

Spencer and Gerofi argued that the stringency of technical standards applied to condoms has meant that condom failure is frequently attributed to the user.³⁵ They noted that while there is little evidence to indicate clear causality, the assumption is that if people use the product correctly failure rates will be reduced. But sometimes they note a consumer's ability to use the product

34 Richters, J., Gerofi, J. & Donovan, B. (1995). Why do condoms break or slip off? An exploratory study. *International Journal of STD & AIDS*, 6, 11–18.

35 Spencer, B. & Gerofi, J. (2000). Can we tell them how to do it? In Mindel, A. (Ed.), *Condoms*, London: BMJ Books, 97–111.

correctly is hindered by characteristics of the product; for example, if the tip of the condom is poking through the rolled condom in the wrong direction it will be impossible to unroll, regardless of the skill of the user³⁶. In their view, manufacturers and public health organisations have focused primarily on producing often detailed, complex and at times ambivalent instructions for use, and given little attention to improving the packaging and usability of the product.

Spencer and Gerofi rejected the tendency to link condom failure with individual users and instead proposed that condom failures are more likely 'ergonomic'; that is, the result of interactions between product and user.

In addition to the factors listed above, research on condom failure has identified a number of factors that contribute to condom failure including: not opening the packet with fingers; placing condoms on the penis inside out; using additional lubricant; losing erection before withdrawal; not holding the base of the condom during withdrawal; and re-using condoms.^{37, 38}

Spencer and Gerofi argued that the relatively low rates of condom failure could be further reduced by the availability of better products and product instructions. While there has been much attention paid to instructions, the information provided for consumers is rarely based on adequate scientific research. Instructions, they proposed, need to be easy for a diverse range of people to understand, as well as being feasible and acceptable to users. In some cases the information required for contraception and HIV and STI prevention are different; for example, heterosexual couples using condoms for contraception do not necessarily have to apply the condom at the outset of intercourse. They noted that other problems, such as opening the condom, could be improved through changes in the packaging design and labeling. Displaying appropriate lubricants with condoms in retail settings would also potentially reduce the use of inappropriate lubricants. Since some failure is associated with issues of size or strength, more information could be provided to consumers about the availability of different types of condoms.

The authors recommended that only the most important instructions should appear on the actual condom package. They identify five instructions: 1) open the pack by gripping it near the edge and tearing; 2) check that the reservoir tip is poking out from the middle of the roll, to ensure that the condom can be unrolled; 3) place the condom on the glans, and unroll on to the erect penis (before any genital contact for STI prevention); 4) after ejaculation, and before the erection subsides, hold the rim of the condom on the penis and withdraw from your partner; and 5) dispose of the condom in a garbage receptacle. They also recommend providing additional material in separate documents or as part of health promotion campaigns.

Product design

The design of condoms has remained quite consistent over time, except for perhaps the addition of ribbed contours, etc. Attitudes towards the shape of condoms, which is likely to be related to overall acceptability, has not been investigated extensively. One study, however, looked at attitudes to condom shape among heterosexual men and women in the UK. This study focused on four different condom designs (three different shapes and one with a smaller diameter) and tested whether or not the shape of a condom influenced users' perceptions of condom acceptability as measured through their ratings of condom comfort, sensitivity and security. The results showed that both men and women were able to detect differences in the shape of the condoms and that differences led to a preference for a particular condom type. Similar proportions pre-

36 Ibid

37 Ibid

38 Thompson, J., Yager, T. & Martin, J. (1993). Estimated Condom Failure and Frequency of Condom Use among Gay Men. *American Journal of Public Health*, 83, (10) 1409–1413.

ferred straight-sided, flared and contoured condoms. Only a minority of respondents preferred the smaller, contoured, condom.

It seems probable that the issue of product acceptability among gay men was taken more seriously in the early days of the HIV/AIDS epidemic, i.e. before the near universal uptake of condoms by gay men. For example, a Dutch study of gay male couples published in 1987 investigated which factors had had an impact on acceptability of condoms among homosexual men who at that stage were described as “not accustomed to using prophylactic measures during sexual intercourse.”³⁹ This study found that several factors impacted negatively on the acceptability of condoms: bad fit and stiffness; inadequate lubricant; unnatural appearance (of the penis in the condom); and reduced sensitivity.

Non-latex condoms

There have been mixed results from studies investigating polyurethane condoms, although none of these studies have included gay men.⁴⁰ These studies have produced varying results on both failure rates and product acceptability. Very few studies have included a side-by-side comparison between polyurethane and latex condoms.

In a study of heterosexual couples, the breakage rate of the polyurethane condom was 7.2%, compared with 1.1% for the latex condom.⁴¹ The complete slippage rate (combining incidents during intercourse and withdrawal) of the polyurethane condom was 3.6%, compared with 0.6% for the latex condom. In general, male participants were more satisfied with the latex condom, and users of latex condoms were significantly less likely to drop out of the study for condom-related reasons than were users of polyurethane condoms.

Another study, again of heterosexual couples, compared the latex condoms with polyurethane condoms and a new non-latex SEBS (styrene ethylene butylene styrene) condom.⁴² Although breakage and slippage rates were low (less than or equal to 3.3% for all condoms), the polyurethane condom did not perform as well in other measures of performance including unrolling, discomfort, stretching, bunching, and sliding along the penis during intercourse. None of the condom types were statistically preferred overall; however, a higher proportion of couples preferred both the natural rubber latex condom and the new non-latex condom above the polyurethane condom for ease of unrolling, and the natural rubber latex condom above the other condom types for perceived safety. Approximately two-thirds of both male and female participants preferred one of the two condoms made of synthetic materials.

A 2006 review of the literature, looking primarily at contraception, found that the non-latex condoms had significantly higher rates of clinical breakage than their latex comparison condoms.⁴³ Despite this, however, substantial proportions of participants preferred the non-latex condom or reported that they would recommend its use to others. The authors concluded therefore that although the non-latex condoms “... were associated with higher rates of clinical breakage than their latex comparison condoms, the new condoms still provide an acceptable alternative for those with allergies, sensitivities, or preferences that might prevent the consistent use of latex condoms.”

39 Wigersma, L & Oud, R. (1987). Safety and acceptability of condoms for use by homosexual men as a prophylactic against transmission of HIV during anogenital sexual intercourse. *Br Med J (Clin Res Ed)*, 295 (6590), 94–94.

40 Rosenberg, M., Waugh, M., Solomon, H & Lyszkowski, A. (1996). The Male Polyurethane Condom: A Review of Current Knowledge. *Contraception*, 53 (3), 141–146.

41 Frezieres, R., Walsh, T., Nelson, A., Clark, V & Coulson, A. (1999). Evaluation of the efficacy of a polyurethane condom: results from a randomized, controlled clinical trial. *Family Planning Perspectives*, 31(2), 81–7.

42 Frezieres, R. & Walsh, T. (2000). Acceptability evaluation of a natural rubber latex, a polyurethane, and a new non-latex condom. *Contraception*, 61 (6), 369–77.

43 Gallo, M., Grimes, D., Lopez, L. & Schulz, K. (2006). Non-latex versus latex male condoms for contraception. *Cochrane Database Syst Rev.* 25 (1), CD003550.

Reality™ condoms

There has been some research on the Reality™ condom for anal sex among gay men. Reality™ is a polyurethane pouch originally designed to line the vagina. It includes a removable inner ring and a fixed outer ring to keep the device in place. In a study of HIV serodiscordant male couples, slippage with removal was reported more frequently with Reality™ than male latex condoms.⁴⁴ Receptive partners more frequently reported pain or discomfort and rectal bleeding with Reality™ condoms than penile condoms. Over 20% reported willingness to use the Reality™ condom in the future with a partner of unknown HIV status. Willingness was associated with past problems with male condoms and no problems with Reality™ condoms among receptive partners, and with past use of Reality™ condoms and HIV seropositivity among insertive partners.

Another US study looking at attitudes to Reality™ condoms among 100 MSM found a higher rate of acceptability, with 86% reporting that they would use them again, and 54% reporting that they would prefer Reality™ over penile condoms.⁴⁵ Acceptability was higher among MSM who were HIV positive, in non-monogamous relationships, or who had serodiscordant partners. Negative experiences included: difficulty inserting (33%); irritation (17%); bunching up (12%); unpleasant texture (10%); and noise (9%). Insertion difficulties and high cost were highlighted as negative factors. The features of Reality that were most liked were its heightened sensitivity and spontaneity.

Thicker vs standard condoms

In Western Europe, thicker condoms have been promoted for anal sex. One study published in 2001 (mentioned above) was the first to evaluate the efficacy of thicker condoms compared to standard condoms.⁴⁶ There was no difference in total failure rates for the standard and the thicker condom, which were 2.5% and 2.3%, respectively. No significant differences were found between the two condom types with respect to either clinical failure (breakage during intercourse or withdrawal, or slippage) or non-clinical failure (breakage before intercourse).

Condom distribution

Since early in the epidemic, gay men's HIV/AIDS organisations have promoted condoms and sought to ensure, where possible, that condoms are available in contexts where gay men are likely to be meeting sexual partners or having sex. In some western countries, distribution of condoms has been hindered by laws that prohibit public sex and/or homosexuality. Richters and Kippax noted the importance of providing condoms in sexual settings; for example, in saunas, gay bars and beats.⁴⁷ However, as Schellstede et al. observed, the mere presence of condoms does not mean they are effectively available.⁴⁸ This study found that condom *accessibility* or lack thereof is the most important obstacle to the initiation and continued use of condoms. Another study looking at health promotion activities and condom distribution in four bars in London found that while all of the bars had free condoms available, they were kept behind the bar and patrons

44 Renzi, C., Tabet, S., Stucky, J., Eaton, N., Coletti, A., Surawicz, C., Agoff, S., Heagerty, P., Gross, M. & Celum C. (2003). Safety and acceptability of the Reality™ condom for anal sex among men who have sex with men. *AIDS*, 17(5), 727–731.

45 Gibson, S., McFarland, W., Wohlfeiler, D., Scheer, K. & Katz, M. (1999). Experiences of 100 men who have sex with men using the Reality condom for anal sex. *AIDS Education and Prevention*, 11(1), 65–71.

46 Golombok S, Harding R. & Sheldon J. (2001). An evaluation of a thicker versus a standard condom with gay men. *AIDS*, 15 (2), 245–50.

47 Richters, J. & Kippax, S. (2000). Condoms for Anal Sex. In Mindel, A. (Ed.), *Condoms*, London: BMJ Books, 132–145.

48 Schellstede, W., Feinberg, G. & Dallabetta, G. (2000). Condom availability: barriers to access, barriers to use. In Mindel, A. (Ed.), *Condoms*, London: BMJ Books, 160–174.

therefore had to ask bar staff if they wanted them.⁴⁹ While some patrons were happy to ask for the condoms, others felt a high degree of social surveillance. Others also reported feeling too embarrassed to ask. The decision to keep condoms behind the bar was made by the bar manager rather than the staff or the donor organisations. Some managers took the view that only those who could not afford to purchase condoms should have access to free condoms, and for this reason they made them more difficult to access. This view was not shared by the bar staff or patrons who overall believed it was important for gay men to have access to free condoms.

Overwhelmingly the research suggests that the distribution of free condoms plays a positive role in HIV and STI prevention. An independent evaluation of the GMFA Hampstead Heath Project, a peer-led STI/HIV prevention intervention in the UK, found that public sex environment (PSE) users were positive about health promotion interventions, and in particular valued the provision of condoms.⁵⁰ A variety of qualitative and quantitative methods were used, including interviews, surveys, participant observation, and analysis of the litter collected at Hampstead Heath.

GMFA provided condoms and health promotion material in glow-in-the-dark boxes at various places on the Heath, allowing men to access condoms and health promotion literature if they wished, but without having to have direct contact with volunteers.

In order to assess whether safe sex packs distributed by GMFA volunteers were being used, the evaluators analysed the content of rubbish collected on a single night by volunteers. The litter included:

- used condoms distributed by GMFA (n=47);
- torn GMFA condom packs (77);
- other brands of used condoms (4);
- other torn condom packs (45);
- GMFA lubricant packs (57); and
- other lubricant packs (6).⁵¹

It was clear from the content of the rubbish that GMFA safe sex packs were being accessed and used by PSE users. The analysis of the rubbish allowed the evaluators to investigate another issue that had emerged in the course of interviews and focus groups with gay men, volunteers and educators—the potential for free distribution of safe sex packs to undermine individual responsibility for safe sex. There was some concern that men would become dependent on GMFA condoms and would therefore be more likely to have unprotected sex if none were available. With this in mind, GMFA were consistent about always having condoms available at the Heath during the intervention, advertising when the intervention was to start and finish, and encouraging men through the promotional materials to also bring their own condoms. The analysis of the rubbish indicated that men used both condoms and lubricant provided by GMFA and condoms and lubricant from other sources. The GMFA survey of sexual behavior on the Heath asked Heath users whether or not they bought their own condoms with them. Over one-third (36%) reported that they did not. Reasons offered included: that they did not usually have anal intercourse; the visit was unplanned; GMFA supplied them; not liking condoms; they forgot; and fear of police finding them with condoms on their person. This evaluation suggests, however, that the positive effects of distribution of free condoms far outweigh any negative impacts.

49 Warwick, I., Douglas, N., Aggleton, P. & Boyce, P. (2003). Context Matters: The Educational Potential of Gay Bars Revisited. *AIDS Education and Prevention*, 15, (4), 320–333.

50 French, R., Power, R. & Mitchell, S. (2000). An evaluation of peer-led STD/HIV prevention work in a public sex environment. *AIDS Care*, 12 (2), 225–234.

51 Ibid

Access

Cost

Price has been shown to have an impact on condom sales, and therefore condom use. Although this might be expected in low-income countries, what is surprising perhaps is just how dramatic the effect of pricing can be even in high income countries like the United States. Although the cost of condoms is so low "... that it is tempting to consider the cost nominal and the demand for condoms to be driven entirely by people's desire to avoid HIV or pregnancy" it seems that price does play an important role.⁵² The largest effect has been demonstrated to be between *free* and *low-priced* condoms. For example, when in 1993 free condoms began being distributed through publicly funded clinics in Louisiana, condom use increased substantially.⁵³ Similarly, with the introduction of a 0.25c price on the previously free condoms in the same area in 1996/97, there was a huge effect—the number of condoms distributed fell by 98% and reported use among people with two or more sexual partners fell from 77% to 64%.⁵⁴

Another US study found that purchasing of condoms was greatly increased by the provision of discount vouchers if the discount offered was a 75% reduction rather than only a 10% reduction of the retail price.⁵⁵ Male consumers increased purchases much more dramatically in response to coupons than did female customers. Again, this study was not conducted among gay men so the results should be treated with caution.

Condom purchasing

There is evidence too that that embarrassment about purchasing condoms remains a factor mitigating against greater access. Studies in relation to embarrassment in the presence of a social observer, however, have usually been undertaken among heterosexual men and women, not gay men, so it is difficult to generalise the findings to this group. However, in general, men showed less embarrassment than women in relation to condom purchasing. We would also expect perhaps that in general there would be less embarrassment among gay men because gay men have historically been the main target of HIV prevention and condom promotion activities in Australia. In addition, condoms have historically been distributed freely at large social events such as dance parties and festivals and are taken for granted at most sex venues. However, this assumption needs to be tested and it is reasonable to expect that levels of embarrassment would vary in terms of geographic location, age, ethnic background, class, relationship status, and so on.

A study among male and female university students looking at attitudes to condom purchasing found that there was a high degree of ambivalence towards condoms. Ambivalent attitudes are said to be unstable because they can be easily influenced by situational factors in either a positive or negative direction and are therefore believed to be relatively poor predictors of behaviour.⁵⁶ This particular study found that while *general* impressions of condom purchasing were largely neutral, especially when compared to cigarettes, this overall general impression masked the fact that people maintained both positive and negative perceptions about condoms simul-

52 Cohen, D. & Farley, T. (2004). Social marketing of condoms is great, but we need more free condoms. *Lancet*, 364 (9428),13–4.

53 Cohen, D., Farley, T., Bedimo-Etame, J., Scribner, R., Ward, W., Kendall, C. & Rice, J. (1999). Implementation of condom social marketing in Louisiana, 1993 to 1996. *American Journal of Public Health*, 89 (2),204–8.

54 Cohen, D., Scribner, R., Bedimo, R. & Farley, T. (1998). Cost as a barrier to condom use: the evidence for condom subsidies in the United States. *American Journal of Public Health*, 89(4), 567–8.

55 Dahl, D.W., Gom, G.J. & Weinberg, C.B. (1999). Encouraging use of coupons to stimulate condom purchase. *American Journal of Public Health*, 89, 1866–1869.

56 Eagly & Chaiken, (1993). *The Psychology of Attitudes*. Fort Worth, TX: Harcourt Brace Jovanovich.

taneously.⁵⁷ Positive perceptions were personal confidence, security and lack of anxiety. Negative perceptions were likely to be stigma of sexual promiscuity, recklessness or immorality. The authors believed that looking only at overall perceptions of condoms has actually masked this ambivalence and has led to the contradictory findings on attitudes towards condoms.

In this study, participants perceived condom purchasing/purchasers to be higher in terms of both positive and negative perceptions when compared to cigarette or control groups. The authors concluded that perception of a negative lifestyle and personal confidence to be the source of conflict underlying ambivalence towards condom purchasing. Specific beliefs about promiscuity were the best predictors of participants' own behaviour in terms of condom use (that is, those with strong negative perceptions about condom purchasing were least likely to report that they used condoms), and general impressions were not good predictors. The authors suggested, therefore, that evaluations of condoms or behaviour might be altered by "priming the salience of positive beliefs or by altering the environment so as to reduce any potential priming of negative social impressions." This suggests that it might be useful to promote condoms and condom purchasing according to positive aspects of being confident, creating security and reducing concerns and anxiety.

Location

The location of condoms within stores also has been shown to have an impact on access. A few studies—mostly conducted among heterosexual college students in the US—have looked at condom purchasing patterns and behaviours. One of these studies explored the impact of the location of condoms within stores on attitudes and on actual purchasing behaviour.⁵⁸ The results showed differences based on gender. Men reported more positive attitudes and also acquired more condoms compared to women when exposed to condoms in a sensual context (that is, located next to massage oils, candles, suggestive magazines). Among women, condom *attitudes* were more positive in the context of neutral products (that is, next to toothpaste, soap, cotton balls); however, condom *acquisition* was strongest for women when located next to positive items (vitamins, nutrition bars and fitness or wellness magazines). This suggests that setting has a significant impact on purchasing behaviour, and that, for men, attitudes are related to purchasing behaviour but for women this relationship is not as straightforward. Yet again there are no studies of an experimental design such as this among gay men or other MSM, so it is impossible to draw any firm conclusions from this research.

Promotion

Pleasure

Philpott et al. highlighted the fact that pleasure—and even sex itself—has been notably absent from discourses on HIV and STIs.⁵⁹ In fact, in a meta-analysis of 356 studies on risk reduction for HIV, only 4% contained a component on pleasure.⁶⁰ This is despite the fact that those promotional campaigns that have included pleasure as a motivating factor have observed a rise in the uptake

57 Dahl, D. W., Darke, P.R., Gorn, G. J. & Weinberg, C.B. (2005). Promiscuous or Confident? Attitudinal Ambivalence towards Condom Purchase. *Journal of Applied Social Psychology*, 35 (4), 869–887.

58 Scott-Sheldon L., Glasford, D., Marsh, K. & Lust, S. (2006). Barriers to condom purchasing: Effects of product positioning on reactions to condoms. *Social Science & Medicine*, 63 (11), 2755–69.

59 Philpott, A., Knerr, W. & Maher, D. (2006). Promoting protection and pleasure: amplifying the effectiveness of barriers against sexually transmitted infections and pregnancy. *Lancet*, 368 (9551):2028–31.

60 Scott-Sheldon, L. & Johnson, B. (2006). Eroticizing Creates Safer Sex: A Research Synthesis. *Journal of Primary Prevention*, 27 (6), 619–640.

of condoms and safe sex.^{61, 62} Although again this is based on condom promotion and safe sex materials globally, most of which is targeting heterosexual audiences (indeed only 31% of those studies that included a pleasure component sampled gay men or MSM), it might also be something worth exploring in education targeting gay men and MSM.

Condoms are usually promoted negatively, i.e. to avoid HIV, other STIs or pregnancy. Possibilities for pleasurable promotion of male condoms are: use of lubricant to enhance pleasure; textured/studded condoms; knowledge that sex was not risky; and delayed ejaculation. For the female condom, possibilities include: extra pleasure created by the rubbing of the rings; the heating caused by polyurethane (also applicable to polyurethane male condoms); and the noise created when using them.⁶³ These findings may offer some ideas for the promotion of condoms among gay men. However, a high proportion of gay men use lubricants for anal sex, regardless of condom use⁶⁴ and there is already a high rate of condom use among this group, so promotion of the pleasurable or erotic aspects of condom use might be treated with more suspicion than among heterosexual men.

Condom use is a complex health behaviour, and promotion therefore should not be restricted to stressing the dangers of unprotected anal intercourse.⁶⁵ A recently-published study from the US asked both MSM and heterosexuals about their attitudes to condoms.⁶⁶ Responses were coded according to the following categories: sexual/sensory associations; general safety; interpersonal concerns; pregnancy prevention; disease prevention; contexts; and moral concerns. The results showed differences between these groups. MSM had greater sexual/sensory associations to condoms. Heterosexuals reported more pregnancy prevention thoughts in relation to condoms than MSM. Among heterosexuals, there were no differences between the responses of men and women. Heterosexuals had a larger range of associations with condoms whereas MSM tended to have sexual/sensory responses only.

The authors suggested therefore that interventions targeting MSM should focus on the sexual/sensory aspects of condoms rather than the pragmatic functions (that is, disease prevention). Interventions for heterosexuals, however, should focus on a combined approach which integrates sexual/sensory, interpersonal and prevention components.

Another study published in 2002 found that using a sex-positive approach among MSM resulted in an 8% increase in condom use compared to a 29% *reduction* of condom use in the control group at 12-months follow-up.⁶⁷

One study of heterosexual college students in the US showed that emphasising both positive and negative information about condoms resulted in more positive attitudes towards the advertisement and the brand than did one-sided messages (that is, positive *only* information about the

61 Philpott, A., Knerr, W. & Maher, D. (2006). Promoting protection and pleasure: amplifying the effectiveness of barriers against sexually transmitted infections and pregnancy. *Lancet*, 368 (9551), 2028–31.

62 See also Philpott, A. (2004). The female condom promoted as an erotic accessory – programmatic and personal experiences. *Int Conf AIDS*. 2004 Jul 11–16; 15: abstract no. ThPeC7422.

63 Philpott, A., Knerr, W. & Maher, D. (2006). Promoting protection and pleasure: amplifying the effectiveness of barriers against sexually transmitted infections and pregnancy. *Lancet*, 368 (9551), 2028–31.

64 Carballo-Diéguez, A., Stein, Z., Sáez, H., Dolezal, C., Nieves-Rosa, L. & Díaz, F. (2000). Frequent use of lubricants for anal sex among men who have sex with men: the HIV prevention potential of a microbicidal gel. *American Journal of Public Health*, 90(7), 1117–1121.

65 Valdiserri, R., Lyter, D., Leviton, L., Callahan, C., Kingsley, L. & Rinaldo, C (1988). Variables influencing condom use in a cohort of gay and bisexual men. *American Journal of Public Health*, 78 (7), 801–805.

66 Scott-Sheldon, L., Marsh, K., Johnson, B. & Glasford, D. (2006). Condoms + pleasure = safer sex? A missing addend in the safer sex message. *AIDS Care*, 18 (7), 750–4.

67 Rosser, B., Bocking, W., Rugg, D., Robinson, B., Ross, M., Bauer, G. & Coleman, E. (2002). A randomized controlled intervention trial of a sexual health approach to long-term HIV risk reduction for men who have sex with men: effects of the intervention on unsafe sexual behavior. *AIDS Education and Prevention*, 14 (3 Suppl A), 59–71.

product).⁶⁸ This study showed that adding a line of negative information at the end of a condom advertisement (in this case: “As with any condom, there may be some loss of feeling”) enhanced both attitude towards the specific brand and intention to purchase.

Advertising approaches

One study looked at the effect of shock advertising to promote condom use over two other approaches—fear and informational-based advertising.⁶⁹ This was based on the reasoning that shock-based advertising, because it causes surprise as a result of violation of norms, actually encourages individuals to engage in further cognitive processes—through comprehension and ‘elaboration’ (the production of product/message-related thoughts). This theory was tested among a group of college students (male and female) in an experiment in which individuals were assigned to one of three different groups and exposed to the shock, fear or informational ads for condoms. The authors found that indeed an advertisement about condoms that contained an element of shock/surprise was the most attention grabbing, and also had the highest recall and recognition rates. In a follow-up study it was revealed that shock was similarly effective as fear in producing a product-related action (picking up a brochure or a red ribbon) after exposure to the advertisement. The authors noted, however, that despite the shock-based ad producing the best responses in terms of creating attention, recall and recognition and having equal best response in terms of action, this still needs to be tested on actual behaviour.

Sustaining condom use

One interesting randomised study of heterosexual women and men explored the use of a particular strategy—in this case a bracelet—to remind people about safe sex after exposing them to an educational video.⁷⁰ Those with the bracelet not only reported that they had thought about the video more than participants in the other arms (standard and control) but were also more likely to report that they had tried to change their behaviour. Those who had worn the bracelet were also more likely to report condom use at last intercourse and this difference between the groups was even greater on occasions when alcohol had been consumed. That is to say that, when alcohol had been consumed, those in the bracelet group reported *higher* rates of condom use when there was no alcohol involved, and also reported significantly higher rate of condom use than those in the control or standard groups.

68 Alden, D. & Crowley, A. (1995). Improving the effectiveness of condom advertising: a research note. *Health Marketing Quarterly*, 12 (4), 25–38.

69 Dahl, D., Frankenberger, K. & Manchanda, R. (2003). “Does it pay to Shock? Reactions to Shocking and Non-Shocking Ad Content among University Students”, *Journal of Advertising Research*, 43 (3) 268–280.

70 Dal Cin, S., Macdonald, T., Fong, G., Zanna, M. & Elton-Marshall, T. (2006). Remembering the Message: The use of a reminder cue to increase condom use following a safer sex intervention. *Health Psychology*, 25 (3), 438–443.

Conclusion

This review has discussed a range of factors that have been identified in the literature as influencing condom use and non-use among gay men. These issues include access, distribution, promotion, product acceptability, erection problems, condom failure, cost, and cultural norms. Surprisingly, there is only a relatively small body of literature specifically addressing these issues among gay men and MSM. Nonetheless, the peer-reviewed articles included in this report do provide useful insights into ways in which education and prevention might continue to advocate and support condom norms among gay men as the HIV/AIDS epidemic changes.

SURVEY RESULTS

An online survey using *surveymonkey.com* was conducted. The survey was informed by the findings of a literature review, the research questions identified in the project brief, and discussions with QAHC. The main areas investigated were: product acceptability (sensitivity, strength, shape size, material, reliability); access (availability, range, affordability, location, distribution); and experience (breakage, slippage, ease-of-use, erection difficulties, use of lubricant, use and non-use).

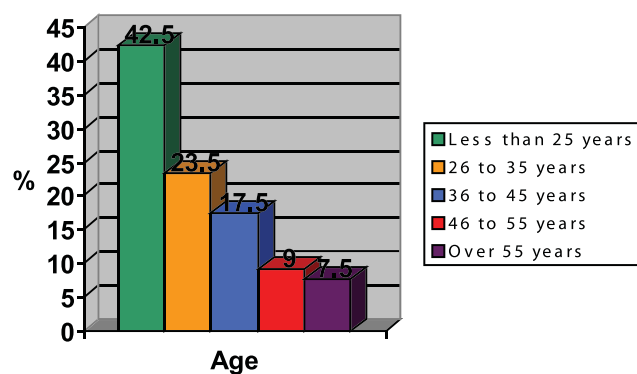
The survey included both quantitative questions and a small number of open-ended questions. The open-ended questions allowed respondents to offer their own views and experiences in a qualitative form. The use of an online survey made it easier to access gay and homosexually active men living in various geographic locations— urban, regional and rural. The online survey data reported on here was collected from early February 2007 until early April 2007—approximately two months. The survey was promoted using a banner advertisement on the *gaydar.com.au* website, through advertising in the gay press, postcards, and other QAHC networks including its own website.

A total of 231 men responded to the survey in the period from 7 February 2007 until 10 April 2007.

Demographics

Of the total sample, 80% identified as gay and 17.5% as bisexual. This is a higher proportion of bisexual men than in the *Queensland Gay Community Periodic Survey*.

The survey attracted a high proportion of men under the age of 25 years (42.5%). This is similar to online samples of gay men reported in the literature.



Most participants were Anglo-Australian or from other European backgrounds. Only 2% were from Aboriginal or Torres Strait Islander backgrounds.

Two-thirds (68%) of the respondents were employed full-time, and 8.5% were employed part-time. 10.5% were students, 4.5% were on social security benefits and 3.5% were unemployed.

Similar to other samples recruited online, this study attracted a significant number of men (11%) from rural/country areas. Of the others in the sample, 64% were from an urban/metro area and 24.5% were from a regional area.

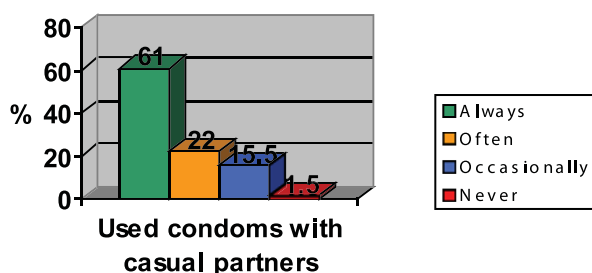
Of the total sample, 35% had a university or CAE degree, 28.5% had a tertiary diploma or trade certificate, 23.5% were educated up to Year 12 (senior certificate) level, and 9% had up to three years of high school (Year 10). This represents a lower proportion of men than the *Gay Community Periodic Survey* with a university degree but a higher proportion with a diploma or trade certificate.

Of the 196 men who answered the question, 79.6% were HIV-negative, 4.1% were HIV-positive and 16.3% either did not know their HIV status or had not been tested.

Condom use with casual and regular partners

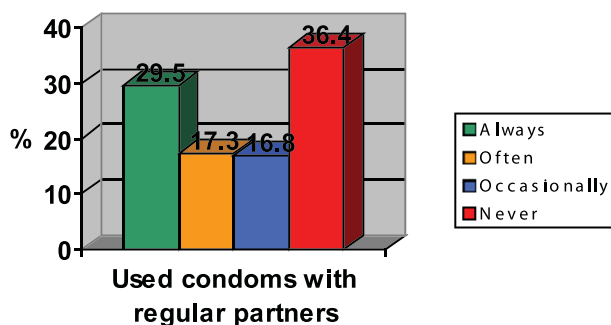
Of the total 231 respondents, 86.6% reported that they have sex with casual male partners. Of the 200 respondents who had casual sex partners, 78 (39%) reported that they engaged in some unprotected anal intercourse. Of the rest, 122 (61%) reported that they *always* used condoms with casual partners; 44 (22%) did so *often*; 31 (15.5%) used condoms *occasionally*; and 3 (1.5%) *never* used condoms with casual partners.

Condom use with casual male partners



Of the 231 respondents, 173 (74.9%) reported that they have a regular male partner. Of these, 63 (36.4%) *never* used condoms with their regular partner; 51 (29.5%) *always* used condoms; 30 (17.3%) *often* did; and 29 (16.8%) did so *occasionally*.

Condom use with regular male partners

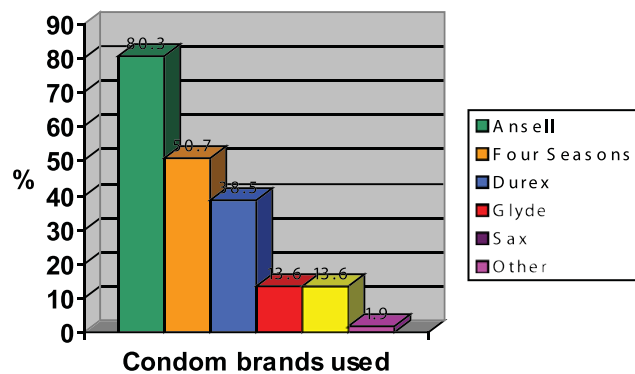


Condom choice

Participants were asked about *the most* important feature in choosing condoms. Of the 213 respondents to this question, 28.2% reported that 'fit' was most important, followed by availability (21.1%), sensitivity/thinness (18.3%), and strength (11.3%).

Condom brands

In terms of the brands of condoms used, 80.3% of respondents said they used Ansell, 50.7% used Four Seasons, 38.5% Durex, and 13.6% each used Glyde and Sax.



Lubricant

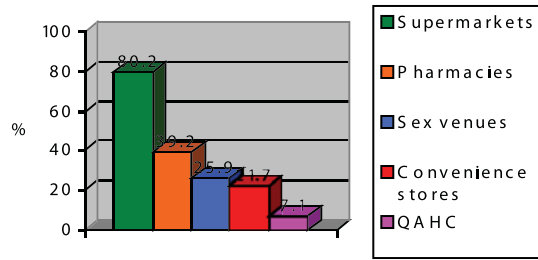
Almost all participants (94.4%) reported that they used water-based lubricants. Of interest is the fact that one-fifth (21.6%) reported that they used saliva as lubricant. This item was not asked specifically in relation to condoms so it is unclear what proportion used saliva as lubricant with condoms. Also, as participants were not asked about frequency of using different lubricants, it is not known whether the men who had used saliva as lubricant with condoms *did this on a regular basis*. However, it does suggest a need for more education around the fact that using saliva as lubricant is related to condom breakage during anal intercourse. Equal proportions of men (8% each) used silicon or heating lubricants.

Over half of respondents (56.3%) believed that the sachets often supplied with condoms do not have an adequate amount of lubricant in them. However, 14.6% had *never* used these sachets.

Accessing condoms

Supermarkets (80.2%) were by far the most common place where men obtained condoms, followed by pharmacies (39.2%), adult shops (30.2%), sex venues (25.9%) and convenience stores (21.7%). 7.1% of respondents said they obtained condoms from QAHC.

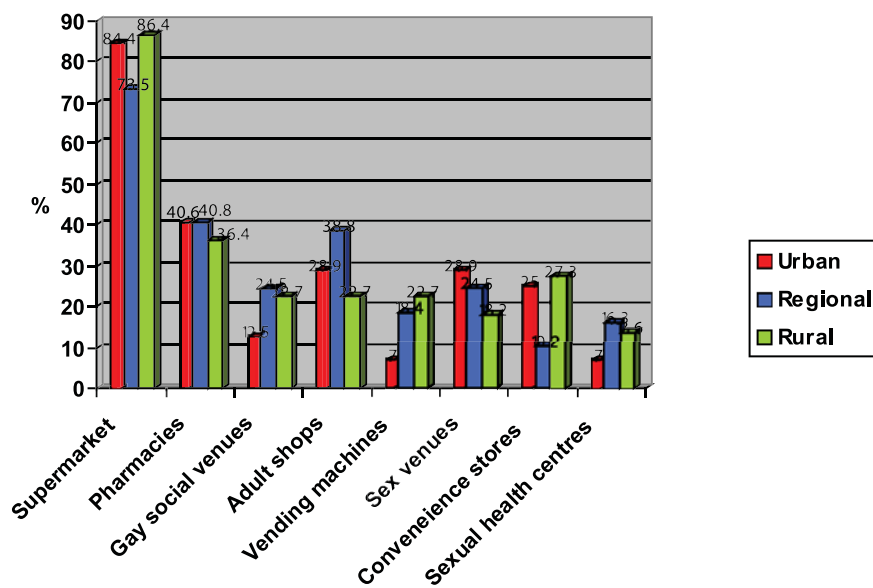
Where men obtain condoms



Strangely perhaps, a *smaller* proportion of urban men obtained condoms from gay social venues than either regional or rural men. A more expected result was that vending machines seemed more important as a source of condoms for regional and rural men

	Supermarket	Pharmacies	Gay social	Adult shop	Vending machine	Sex venues	Convenience store	Sex health centre
Urban (n=128)	108 (84.4%)	52 (40.6)	16 (12.5)	37 (28.9)	9 (7)	37 (28.9)	32 (25)	9 (7)
Regional (n=49)	36/49 (73.5)	20 (40.8)	12 (24.5)	19 (38.8)	9 (18.4)	12 (24.5)	5 (10.2)	8 (16.3)
Rural (n=22)	19/22 (86.4)	8 (36.4)	5 (22.7)	5 (22.7)	5 (22.7)	4 (18.2)	6 (27.3)	3 (13.6)

Where men access condoms: place of residence



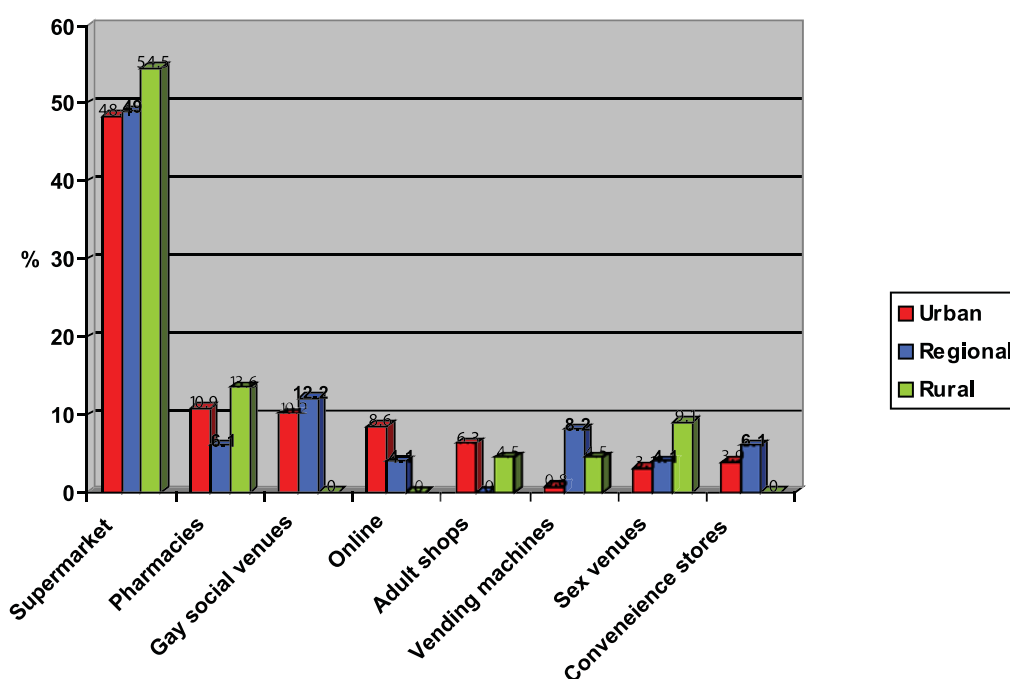
The places where the respondents said they obtained condoms reflected by and large where they said they would *most prefer* to obtain condoms. Of those who answered this item, 48.1% said they would most prefer to obtain condoms from supermarkets, and 9.9% from pharmacies. The third and fourth most common places where men reported that they would prefer to obtain condoms, however, were gay social venues (e.g. bars (9%)), and online (6.6%), which did not rate so highly in terms of where men actually obtained condoms.

Regardless of where they lived, around half the respondents said they would prefer to obtain condoms from supermarkets. Pharmacies were also nominated as a preferred place to obtain condoms, although less so among regional men than either urban or rural men. Probably reflecting the location of gay social venues, men living in urban or regional areas also nominated gay social venues as a place they would prefer to obtain condoms.

No rural respondents chose convenience stores as the place they would *most prefer* to obtain condoms. However, regional men were just as likely to prefer convenience stores to pharmacies—in contrast to either urban or rural men.

	supermarket	pharmacies	Gay social	Online	Adult shop	Vending	Sex venues	Convenience stores
Urban	62/128 (48.4%)	14 (10.9)	13 (10.2)	11 (8.6)	8 (6.3)	1 (0.8)	4 (3.1)	5 (3.9)
Regional	24/49 (49)	3 (6.1)	6 (12.2)	2 (4.1)	0	4 (8.2)	2 (4.1)	3 (6.1)
Rural	12/22 (54.5)	3 (13.6)	0		1 (4.5)	1 (4.5)	2 (9.1)	0

Where men would *most prefer* to access condoms: place of residence

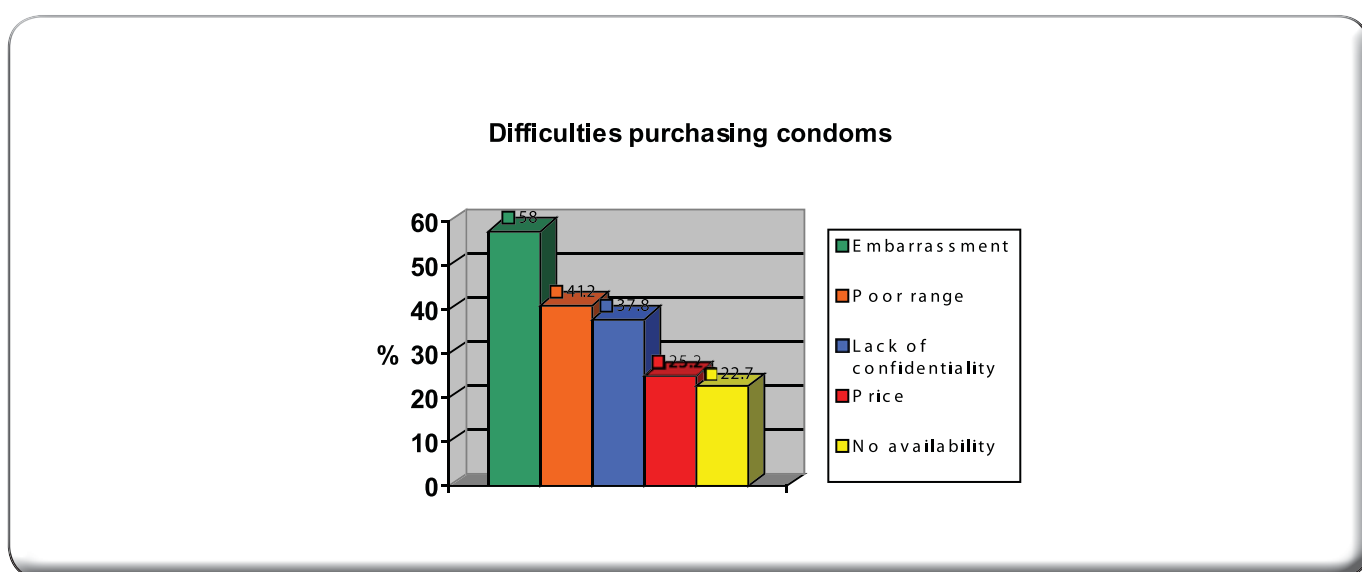


Location of condoms

When asked where they would like condoms to be located in supermarkets and pharmacies, 72.4% said they preferred condoms to be located with male toiletry items. This was followed by a preference for condoms to be located next to other items related to sex (34.8%) and other health-related items (21.9%). One-fifth of respondents (21%) said they did not care.

Difficulties purchasing condoms

Only one-quarter of respondents (27.6%) reported having ever experienced any difficulties purchasing condoms from a pharmacy, supermarket or convenience store. However, when asked about *specific* difficulties, a larger proportion (56.7%) reported at least some difficulties. The most common difficulties were: embarrassment (58%); poor range (41.2%); lack of confidentiality/anonymity (37.8%); price (25.2 %); and no availability (22.7%).

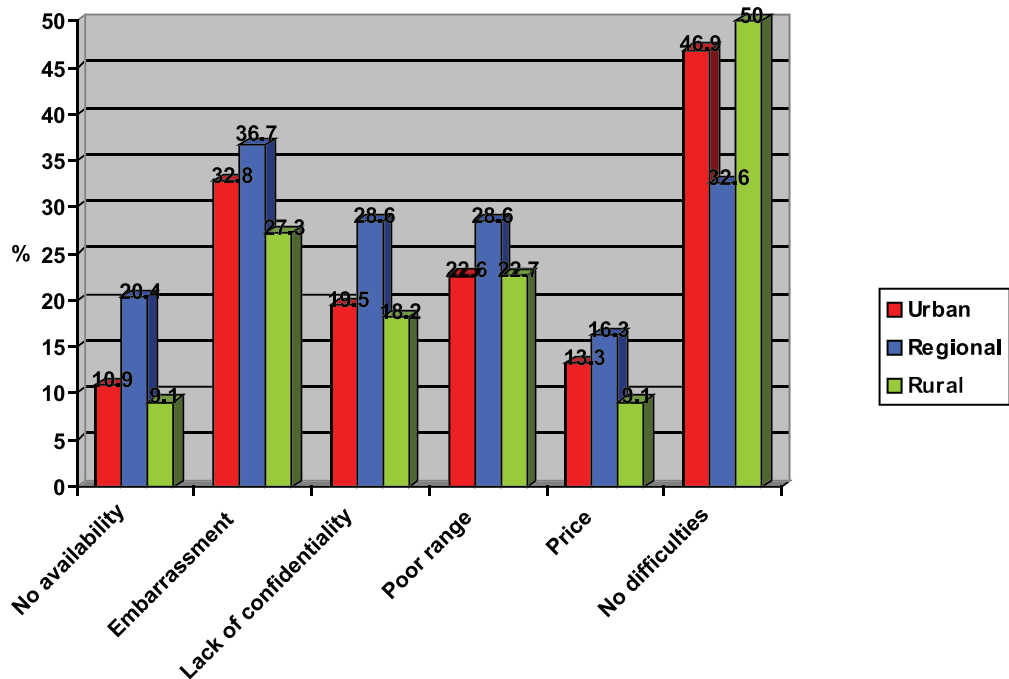


Three-quarters of urban men (76.6%) and rural men (77.3%) reported no difficulties, with a lower proportion of regional men (63.3%) reporting that they never experienced any difficulties.

When asked about particular difficulties, urban and rural men again gave similar responses to this question. A higher proportion of regional men, compared to either urban or rural men, reported all types of difficulties accessing condoms.

	No availability	Embarrassment	Lack of confidentiality / anonymity	Poor range	Price	I have not experienced difficulties
Urban	14/128 (10.9)	42 (32.8)	25 (19.5)	29 (22.6)	17 (13.3)	60 (46.9)
Regional	10/49 (20.4)	18 (36.7)	14 (28.6)	14 (28.6)	8 (16.3)	16 (32.6)
Rural	2/22 (9.1)	6 (27.3)	4 (18.2)	5 (22.7)	4 (9.1)	11 (50)

Difficulties purchasing condoms: place of residence



Difficulties purchasing lubricant

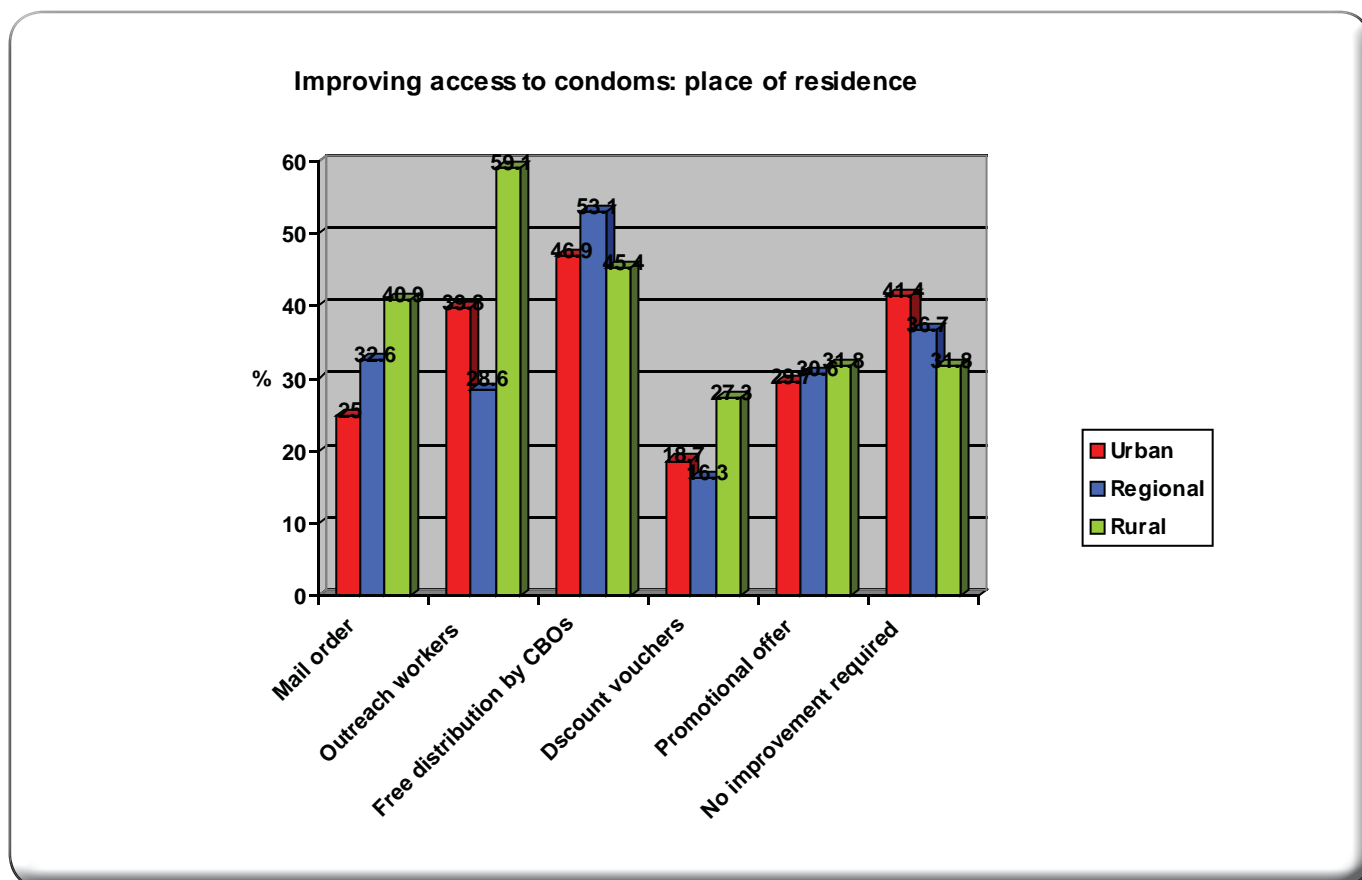
A slightly higher proportion of respondents (36.7%) had ever experienced difficulties purchasing lubricant from a pharmacy, supermarket or convenience store. Again, when asked about specific difficulties, a higher proportion of men (57.1%) reported at least some difficulties. The most common problem in relation to purchasing lubricant, however, was poor range (54.2%) from these outlets.

Improving access to condoms

When asked what would improve their access to condoms, 48.3% cited distribution of free condoms by community organisations, and 39.4% said condom distribution by outreach workers at sex venues, beats and social venues. However, 38.9% of respondents said they did not need their access to condoms to be improved. A minority of respondents also cited promotional offers, e.g. holders, reminders, gimmicks, gum (30%), and mail order purchasing from a community organisation (28.6%) as ways to improve their access. Discount vouchers for redemption at point-of-sale were the least favoured option (19.2%).

A greater proportion of rural men identified almost all of the suggested options as ways that would improve their access to condoms, with the exception of free distribution by community organisations. This may reflect their belief that their isolation from QAHC and its regional branches would mean this would have little impact on their ability to access condoms. (Still, almost half of the rural men said this would improve their access, which was second only to distribution by outreach workers.) It should be noted that QAHC does already distribute condoms for free at community events, etc. so this response (by approximately half of all men surveyed—the *most*

commonly cited suggestion for improved access to condoms by urban and regional men) should be interpreted to mean an *increase* in the free distribution networks by community based organisations (CBOs) rather than reflecting a belief that this is not already happening.



Free condoms

Respondents expected condoms to be available free of charge from a range of places: sex venues (90.4%); sexual health clinics (82.8%); QAHC (74.2%); and gay social venues, e.g. bars (67.5%). A much smaller proportion (18.2%) expected condoms to be available for free at adult shops. Almost half of the men (41.6%) said they *always* took free condoms when offered.

Respondents were also asked *where* in gay venues condoms should be located. The most common responses were: in toilets (75.6%); dispensing machines (66%); and alongside HIV educational materials (56.9%). Only 12.9% believed that condoms should be available from staff, and 3.3% said that condoms should not be provided in gay venues.

In sex venues, respondents believed condoms should be available in a broad range of places: in cubicles (85.6%); toilets (73.2%); bar lounge areas (63.6%); lockers (63.6%); alongside HIV educational materials (61.7%); from dispensing machines (60.8%); in entrance/exit areas (60.8%); and from staff (52.6%). Only 4.8% said condoms should not be provided at sex venues.

Over half of respondents reported that they carried condoms with them either occasionally or often. In terms of who they thought should be responsible for providing condoms in a sexual encounter, 82.4% believed it was the responsibility of both sex partners equally. Almost one-third (31.2%), however, believed that 'the person whose place we are at' was responsible for providing condoms. A slightly higher proportion (22%) believed it was the responsibility of the insertive

partner 'top' rather than the receptive partner 'bottom' (12.7%). Also, interestingly, a higher proportion believed it was the responsibility of an HIV-positive partner (12.7%) with only 6.3% believing it was the responsibility of an HIV-negative partner.

Using condoms

When asked how they had first learned to use condoms, 56.1% of men reported that they had worked it out themselves. 36.1% had followed the printed directions on the packaging; 22.4% had been shown by someone; and 14.6% had learned through some form of demonstration.

Condom difficulties

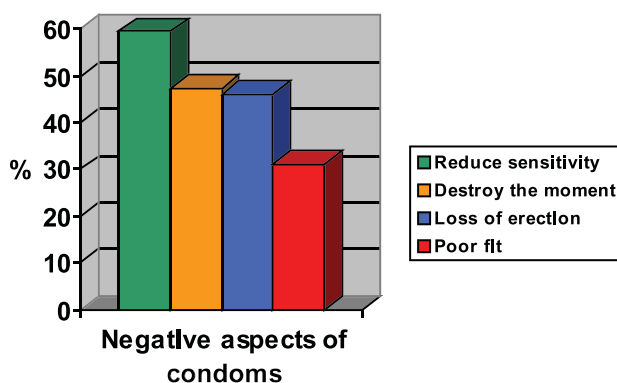
61.5% of men had experienced erection problems related to condoms (for example, losing an erection when putting on a condom). For most of these men (58.7%) it had happened only occasionally. However, for 32.5% it had happened often, and for 8.7% it *always* happened.

56.1% of men had ever experienced condoms breaking or slipping off during sex. For most of these men (89.6%) it had happened only occasionally but for 10.4% it was something that happened often.

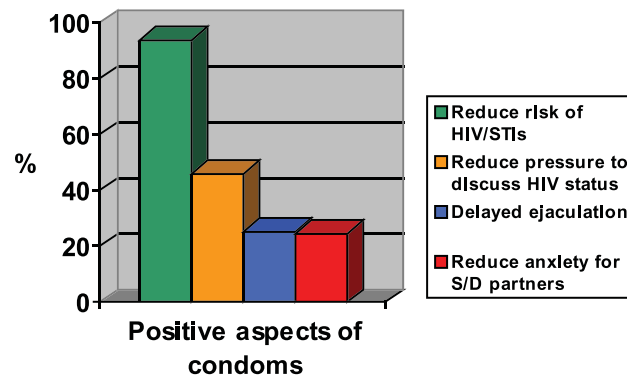
When asked about the specific problems related to condom breakage or slippage, most men believed that problems with condoms related to the size of the condom (55.6%); loss of erection (46.8%); insufficient lubricant (30.6%); or too much lubricant (23.4%).

Attitudes toward condoms

The most commonly cited negative aspects of using condoms were: reduction of sensitivity (59.5%); they destroy the moment (47.3%); loss of erection (45.9%); poor fit (31.2%); they create a psychological barrier between sex partners (26.8%); they make it difficult to reach orgasm (25.4%); and difficulty putting them on (24.9%). 11.2% of respondents stated that there were no negative aspects to using condoms.



By far the most common response to the item about the positive aspects of condoms was that they reduced the risk of HIV and STIs (93.7%). Almost half the respondents (45.9%) identified the fact that condoms reduced pressure to discuss HIV status as a positive aspect. A quarter of men also cited that condoms delayed ejaculation (25.4%) or that they reduced anxiety for sero-discordant sex partners (24.9%). Only 2% said there were *no* positive aspects to using condoms.



The most common reason for not using a condom for anal sex was that the sex was with a boyfriend/partner/lover (60%). One-fifth of men (22%) reported that they had not used a condom because there were none available, or that they were having sex with someone of the same HIV status (20.5%). In addition, 10.7% of men reported at least one occasion where they had not used a condom because they did not feel they were able to insist on using one.

Open-ended questions

In the final section of the survey, participants were invited to provide written responses to five questions about their attitudes to, and experiences with, condoms. Specifically these questions explored their experiences using and purchasing condoms, ways in which condom packaging and design could be improved, and the positive and negative effects of condoms being available free of charge. The questions in this section were optional and about one-third of the sample completed this section (although some questions were more popular than others).

The five questions were:

What things have made using condoms difficult for you?

In your opinion, how could the design of condoms be improved?

In your opinion, what are the positive effects of providing free condoms?

What do you think might be some of the negative effects of providing free condoms?

Describe any experience you have had of embarrassment or discrimination in relation to accessing condoms or lubricant.

Difficulties using condoms

A small number of the 73 men who answered this question said they had no difficulties using condoms. Consistent with the responses to a similar question in the quantitative section of the survey, however, the majority had experienced some difficulties. The most common complaint was loss of erection. This was sometimes attributed to the reduction of sensitivity caused by condoms, the awkwardness involved in putting them on, or not being able to get the right-sized condom in some situations:

They kill the moment. Hard to open. I can't maintain an erection with them.

Temporary loss of erection while putting one on.

Loss of sensitivity and resultant soft cock.

The participants did not mention erection and ejaculatory problems in relation to depression, anxiety, HIV disease or HIV treatments—all factors that have been identified in the small amount of literature on erection problems among gay men and MSM.^{71, 72, 73} The other common complaint was that using condoms disrupted or even killed the sexual mood, although only rarely did these men report abandoning condom use altogether for this reason:

Wrecking the mood and plus sometimes when you get hot and heavy you don't really want to stop... but so far I've only stuffed up once.

Stopping the passion to put one on.

Little nervous, the act of putting one on takes me outside of the moment and some of the arousal ebbs away. It draws my attention to what I'm about to do instead of just being carried along inside the action.

Both erection problems and sexual mood disruption were in some cases linked to difficulties in getting the packaging open or putting on the condom. This can become even more difficult if it is dark or hands and fingers have lubricant on them:

Opening the packet, finding the correct side of the condom, size, getting rid of the thing, taking them off, while keeping hands clean...Yuk.

I always have difficulty opening a condom packet after foreplay because of slippery surfaces and very strong seals.

Accessing the appropriate size condom was also seen as a difficulty and sometimes contributed to condoms being difficult to put on or breaking. In particular, men commented that condoms provided free of charge or at sex-on-premise venues were usually only available in regular sizes:

71 Bancroft, J., Carnes, L. & Janssen, E. (2005). Unprotected Anal Intercourse in HIV-positive and HIV-negative Gay Men: The relevance of sexual arousability, mood, sensation seeking, and erectile problems. *Archives of Sexual Behavior*, 34 (3), 299–305.

72² Cove, J. & Petrak, J. (2004). Factors associated with sexual problems in HIV-positive gay men. *International Journal of STD & AIDS*, 15 (11), 732–736.

73 Bancroft, J., Carnes, L., Janssen, E., Goodrich, D. & Long, S. J. (2005). Erectile and Ejaculatory Problems in Gay and Heterosexual Men. *Archives of Sexual Behavior*, 34 (3), 285–297.

Access for free large condoms that venues provide...always regular size. Need to think about people who aren't just average.

The only thing that has caused difficulty with my use of condoms is the size of them. I buy larger fitting condoms for use at home but those provided in sex venues are more often than not too small which kills my erection.

One participant noted that it was sometimes difficult when first using condoms to work out which type and size of condom was most suitable. He offered an innovative approach to addressing this problem:

Trying to find the correct one...after a while you find one you like, they should sell starter packs of various sizes and styles etc.

For other men the only difficulty was finding themselves without a condom when they needed one:

Simply not having one when you need one.

Availability at the right time.

None, maybe lack of access at a specific moment.

A small number of men described finding it difficult to use condoms when sexual partners were reluctant or refused to use one:

They are part of my sexual practice but some sex partners don't want to use them. Feel pressured and made to feel bad for insisting like I don't trust them.

Choice of sexual partner, they haven't wanted to use one.

Packaging and design

Men were asked to comment on ways in which the design and packaging of condoms could be improved, and their suggestions were in keeping with the problems and difficulties discussed in the previous section. In particular, men expressed a desire to see improvements in the area of size and fit:

Specific description of what the "size" of condoms means ...just how big an erect penis is large, medium etc.

I think a good fitting condom is hard to find. Women tend to have bra fittings so that they're comfortable, and as stupid as it sounds, I think there should be a "fitting pack" available for purchase which has different sizes/shapes/makes so a person can find out exactly what suits them and fits best.

Something for a better fit on uncut men.

Snugger fit.

Some men also mentioned a desire for the actual condom to be easier to put on and take off. Another common wish was for improvements in the design of the packaging, particularly to make the packet easier to open. Others suggested the introduction of packaging that was easier to carry:

Carry packaging, for example a small wallet.

There should be a design of condom packaging that makes them ok to carry around, e.g. in wallet without perishing.

Other men expressed a desire for simultaneously stronger but more sensitive condoms:

Thinner but stronger.

Greater sensitivity though still ensures strength.

While some men knew there was a range of different types of condoms available, they wanted these to be promoted more widely and available more readily at affordable prices:

Not enough effort is put into marketing the variations of design—I know they exist but I only see them at annual community events. I am lucky the generic works for me. I know variations exist for the foreskinned gentleman but I have never had one to try nor seen one in a supermarket.

I like to see more of those polyurethane ones... feel much better to use but they're so expensive

The provision of free condoms

Participants were asked to give their opinions about the positive and negative effects of providing condoms free of charge. A total of 89 men expressed views on the positive effects of providing free condoms and 72 gave their opinions about the possible negative effects (however, 33 of these men said they could identify *no negative effects* of providing free condoms).

The respondents identified a number of positive effects of providing free condoms, including reduced rates of HIV infection and other STIs, easier access for younger gay men, and as a medium to promote safe sex and increase access. One participant made the point that while access to free condoms and lubricant was relatively common in large urban centres it was less so in regional towns and rural areas.

Many participants felt that the provision of free condoms would encourage use and hence have a positive effect on rates of HIV infection and other STIs:

More people using them, hopefully lower percentage of STIs.

Less prevalence of HIV because more people are likely to use them. Also kids who don't get proper sex education at school.

Encourages use, reduces the risk of passing on or catching an infection.

I go to a gay venue and guys raid the free condoms by the handful, if they are taking them they are using them and that has to be positive. Condoms should be available at all high schools.

Providing free condoms was also seen as an opportunity to promote condom use:

Makes people more aware of safe sex and that they can decrease the risk of HIV.

Helps get the message out about safe sex and what safe sex means.

The provision of free condoms was also seen to have the capacity to normalise condom use and increase awareness of HIV and STIs:

It makes them omnipresent, and therefore an accepted and expected part of our sexual lives.

It encourages their use and eliminates any excuses for not using them.

Greater number of males practicing safe sex. Makes STD/HIV prevention easier to discuss.

The provision of free condoms was one way of ensuring that young gay men and men who were shy or embarrassed about purchasing condoms also had access:

Young people will use them more even if they are too shy to go buy them in a shop.

For young guys so they do not catch HIV.

Helps stop embarrassment, promotes use, and poor people have no reason for not using them.

As the above comment illustrates, some participants perceived price as a barrier to using condoms. The distribution of free condoms was seen as one way to ensure that even people with limited financial resources could always access free condoms:

Removes a common psychological barrier to use—"I would, but the cost." Providing them free means it costs nothing to try.

The positive effect is that those who cannot afford to purchase condoms can access them.

Cost can prevent you always having a ready supply on hand. By being free you always have access to condoms.

Safe sex can be possible for people whose financial position cannot stretch to buy condoms at the time.

The availability of free condoms, particularly in places like gay venues and sex-on-premise venues, also reduced the likelihood of men finding themselves without a condom when they wanted to have sex:

I know that I am likely to grab a few when leaving a venue with someone, if they don't have any at home (if we go to his place) no worries.

Minimises sexually transmitted diseases and allows for the "didn't intend to have sex at the venue but was attracted to the guy"...or similar...allows some spontaneity or opportunity for opportunistic sex.

People would use them without having to remember to pick them up while shopping or taking them with you.

The types of positive effects of distributing free condoms identified by the participants corresponded with the majority of research which argues that the ready availability of condoms in

creases use.⁷⁴ Further, even in high-income western countries, access to free condoms had a positive impact on rates of condom use.^{75, 76, 77}

Negative effects of providing free condoms

A number of potential negative effects of providing free condoms were raised. These included: encouraging men not to take responsibility for their own condom use; encouraging gay men to be promiscuous; lack of quality control; and waste. Some men were concerned that free condoms would invariably be of poor quality or close to their use-by date and therefore offer less protection:

Condoms may be of poor quality, or close to use-by date. Lube is often not supplied and pre-lubricated condoms are not lubricated enough. So the condom will likely break anyway.

Unguaranteed quality and condition of the condoms received.

Limited quality and features, tend to be one size fit all rather than what is best for the user.

A small number of men seemed to take moral positions, suggesting young people would be encouraged to engage in sex at an earlier age, or that gay men would be inclined to be more promiscuous:

Kids having sex earlier.

Promote underage sex.

Guys will think they can fuck more which is bullshit. It's a difficult situation, you want there to be adequate protection, but at the same time you don't want guys thinking that all they can do is fuck each others brains out. There's gotta be more to us than that.

Promoting guys to sleep with whoever, whenever.

A few men were concerned that other gay men would come to expect free condoms to be available and no longer take responsibility for their own safe sex behaviour:

It creates the stereotype that gay men are just fucking machines and can't be responsible to buy their own, so they have to be given free ones.

When they were not [available], they may have sex without using them.

If people expect condoms to be provided for free, they will be less likely to take responsibility to purchase them themselves. If they are at an event expecting a free condom and that isn't available, they may not use them.

74 Grunseit, A. & Johnson, A.M. (2000). Use of Condoms: Data from Population Surveys. In Mindel, A. (Ed.), *Condoms*, London: BMJ Books, 97–111.

75 Cohen D. & Farley T. (2004). Social marketing of condoms is great, but we need more free condoms. *Lancet*, 364 (9428), 13–4.

76 Cohen, D., Farley, T., Bedimo-Etame, J., Scribner, R., Ward, W., Kendall, C. & Rice, J. (1999). Implementation of condom social marketing in Louisiana, 1993 to 1996. *American Journal of Public Health*, 89 (2), 204–8.

77 Cohen, D., Scribner, R., Bedimo, R. & Farley, T. (1998). Cost as a barrier to condom use: the evidence for condom subsidies in the United States. *American Journal of Public Health*, 89 (4), 567–8.

A minority of respondents were concerned that the provision of free condoms might create a situation where gay men would abrogate individual responsibility for safe sex. However, the majority of respondents believed the provision of free condoms supported safe sex practice. This view is supported by an evaluation undertaken of the GMFA Hampstead Heath HIV intervention that provided free condoms, lubricant and prevention information at a public sex environment.⁷⁸ This evaluation explored whether providing free condoms had a negative impact on personal responsibility and found that the majority of gay men accessed free condoms and purchased their own.

Embarrassment and discrimination

Finally, men were asked to describe any experience of embarrassment or discrimination they had experienced in accessing condoms or lubricant. A total of 55 men answered this question although about one-third of these men said they had *never* experienced any form of embarrassment or discrimination. The most common issue was feeling slightly embarrassed at the check-out in the supermarket:

I feel shy about buying them in the supermarket, or the pharmacy, in a way it's less confronting to buy them in an adult shop or somewhere similar because it is already a sexualised context.

The new screens in supermarkets show EVERYONE in the queue what you are purchasing.

You always wonder what the checkout chick is thinking when you buy them.

Lack of privacy/discretion when buying in a crowded supermarket.

Some men described more explicitly homophobic experiences of purchasing condoms or lubricant:

When purchasing have been offended by gay slurs and homophobia.

Once when purchasing condoms with my partner one of the sales staff blatantly commented on poofers.

I bought lubricant in the regional area I lived and the girl said, "Oh, usually only gay guys buy this stuff" obviously assuming that I was not. What could I say?

Other men mentioned feeling like the purchase of lubricant identified them as gay and this was not always comfortable:

I feel as though I'm being outed from the closet as soon as I'm buying lubricant from a retail outlet.

Issues of embarrassment seemed to decline as men got older or more used to buying condoms. While the majority of gay men will be reasonably comfortable purchasing condoms in a supermarket, some will find it difficult. Overall this survey found the majority of men prefer to access condoms in supermarkets but it can sometimes be uncomfortable, especially if the person is young, or concerned about their privacy and confidentiality. It can also be difficult if staff express homophobic views at the point of sale. Problems with privacy and confidentiality may be particularly heightened in regional or rural areas where people are more likely to encounter friends, relatives or work colleagues when shopping.

⁷⁸ French, R. Power, R., and Mitchell, S. (2000). 'An evaluation of peer-led STD/HIV prevention work in a public sex environment. *AIDS Care*, 12 (2), 225-234.

DISCUSSION AND RECOMMENDATIONS

The research reported here identifies a number of themes and issues that QAHC could address through building on their current education and prevention strategies, including campaigns, promotion and distribution of condoms and lubricant, advocacy and other forms of education such as targeted workshops. Overall, the data do not indicate a need for a radical shift in the organisation's approach. Instead QAHC should use the findings of this research to inform some strategic or 'boutique' additions to their current policies.

Condom use

Among the respondents to the survey, condom use with casual partners was common. Only 17% of men said they only occasionally or never used condoms with casual partners. While using condoms and lubricant may no longer be the only strategy for reducing the risk of HIV infection, it is still the main and most effective form of risk reduction with casual sex partners. For this reason, education and prevention strategies should continue to actively promote condoms and lubricant among gay and homosexually active men. This does not necessarily mean condoms and lubricant have to *always* be the primary focus of campaigns, but they should be included as a significant secondary message. In the context of increasing rates of unprotected anal intercourse and increasing HIV infections, it would be timely to develop a campaign where condoms and lubricant were the first-line message.

Access

In general, respondents did not report significant difficulties in accessing condoms. Most men purchased condoms from supermarkets and pharmacies and preferred to do so. The cost of condoms was identified by a quarter of the respondents as a difficulty associated with accessing condoms. While it was by no means a major barrier to access, the provision of free condoms does ensure all gay and homosexually active men can access condoms and lubricant regardless of financial resources. The majority of respondents valued and expected free condoms to be available at gay social venues, through community organisations, from QAHC, and at sex venues. The provision of free condoms was seen as important for a range of reasons. Primarily, the importance of free condoms was related to ensuring gay men had access to them in potential sexual contexts such as gay bars, clubs and sex venues. It was also suggested that free condoms might be of particular value for younger men who may be embarrassed about purchasing condoms and lubricant. The presence of free condoms was also seen to be a means of promoting safe sex and reinforcing condom use as a norm among gay and homosexually active men.

While the majority of men did not experience significant problems accessing condoms, some did say they would prefer condoms to be more readily available in gay social venues, i.e. bars and online. Men in regional areas experienced more difficulties than urban or rural men in accessing condoms, especially from gay social venues. It is likely rural men did not have access to gay social venues in their geographic area and attended these sites in urban areas where condoms and lubricant may have been more readily available. Regional gay men may benefit from QAHC putting some resources into identifying regional gay social venues and community groups through which condoms and lubricant could be distributed for free. In addition to exploring options for direct distribution, QAHC could liaise with venue owners and managers to ensure condoms are available in all venues and in locations such as toilets that allow gay men to access them without having to approach staff. Overall the data indicate that if QAHC is to invest more resources into low cost and free condom and lubricant distribution they should do so in strategic or 'boutique' ways, targeting particular geographic areas and venues and gay social groups.

The majority of respondents saw the provision of free condoms as having an overwhelmingly positive role in HIV prevention. This finding is supported by other international research. If QAHC does allocate more resources to direct distribution, it should focus primarily on free rather than low-cost condoms. However, it may be productive to sell in bulk to some social venues, gay community organisations or individuals, especially in regional areas.

While accessing condoms did not seem to be a significant issue for gay and homosexually active men in Queensland, some men did find it difficult to always access condoms in the size, material, strength and style they preferred. Others mentioned they knew about the different options but had no idea where to find them. QAHC could play a role in terms of increasing awareness of the range of condoms available, providing advice about where to access them, and lobbying sex venues to supply a wider range of condoms at low cost. QAHC could also consider taking up the suggestion of one participant of providing starter packs with a range of different condoms, which would familiarise men with the range of different condoms available.

Difficulties using condoms

The respondents identified a number of difficulties they encountered using condoms, including loss of erection, slippage and breakage, and problems with opening packaging and applying condoms. QAHC already addresses many of these issues in campaigns but should continue to include them in future education and prevention campaigns and other prevention strategies such as workshops. The current policy of including condoms and lubricant as secondary messages is a good strategy for raising issues around condom use that may not lend themselves to a full campaign. For example, the problems associated with using saliva as a lubricant with condoms could be embedded within a broader campaign about HIV and STI prevention. As part of the 2004 Keep it Up Keep it Safe campaign, QAHC had two full page advertisements in the gay press—one on increases in HIV notifications, and one on assumptions about HIV status. Both these advertisements included a list of tips related to using condoms and lubricant. This is an excellent example of how secondary messages about condoms and lubricant can be effectively included within broader campaigns relating to HIV and STI education and prevention.

Lubricants

While the majority of men did not experience difficulties accessing condoms, some men did occasionally find it difficult to access the full range of lubricants. Over half the men in the sample found the sachets of lubricants supplied with condoms inadequate for their needs. Therefore the size of the sachets should be increased or each condom and lubricant pack should have two sachets of lubricant if this is not already the case.

Recommendations

- QAHC should expand some strategic distribution of condoms and lubricant beyond its already existing promotional activities. This strategic distribution should include gay social venues in regional areas, urban venues that currently do not have dispensing machines, and gay social organisations in regional areas.
- QAHC should explore options for selling condoms and lubricant in bulk at low cost to gay community groups, venues and individuals. These could be ordered and paid for online. The availability of condoms online would assist men who are concerned about confidentiality or who experience embarrassment to access condoms to overcome this barrier.
- QAHC should work with gay social venues and sex-on-premises venues to improve access to condoms at venues. This advocacy work could include venues stocking a wider range of condoms and having them available in a number of locations in the venue. Ideally condoms and lubricant should be available to patrons without them having to ask venue staff.
- Future education campaigns should continue to include secondary messages about condoms and lubricant. This could include such things as: the problems associated with using saliva in conjunction with latex condoms; positive aspects of using condoms such as reduced anxiety; the range of different condoms available, including polyurethane condoms; and advice on how to negotiate condom use.
- QAHC should consider providing starter packs with a range of different condoms and include information about where they can be purchased.
- In addition to continuing to include condoms and lubricant as a secondary message, QAHC should consider developing a campaign specifically focused on condoms and lubricant.
- QAHC should work with the national peak body, AFAO, and other HIV/AIDS organisations, to lobby condom manufacturers to explore ways to improve the product design, such as changing condom packaging so that it is easier to open.
- QAHC should include two lubricant sachets in each condom pack.