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THE WHY, WHEN AND WHETHER OF CONDOM USE AMONG FEMALE AND MALE DRUG USERS

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ABSTRACT: Eight focus groups consisting of all male, all female and mixed male and female drug users were conducted to gain an in-depth understanding of beliefs and behavior regarding the use of family planning services and contraceptives, particularly condom use in an effort to reduce the perinatal transmission of HIV. While participants often supported the use of condoms because of STDs and AIDS, their unplanned pregnancies and STD histories indicated inconsistent use, depending on the partner and the circumstances. The vast majority of both men and women did not like to use condoms because it interfered with the spontaneity and pleasure of sexual relations, though women seemed more willing to use condoms than their partners.

Participants varied in their knowledge about the benefits of using a condom, in how and when to put it on, in the associations they made between condom use and trust and commitment, in the type of partner and conditions under which they would use condoms and in their willingness to consider condom use as an integral part of their lives.

Issues of trust, commitment and condom use did not seem to have been resolved in the drug using community, particularly among younger people who appeared to have more difficulty in negotiating condom use. Promoting the use of condoms needs to be considered as part of a larger, multifaceted behavior change effort.

INTRODUCTION

The condom is the mainstay of the health promotion campaign to fight the sexual transmission of the human immunodeficiency virus (HIV) among drug users and to halt the perinatal transmission of AIDS. Whether it should continue to be the mainstay is open to discus-

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sion. Those opposed to the focus on condom use[1] cite three main reasons. 1) Most men and women do not like to use the condom. 2) The condom gives the power over birth control and safe sex to the male. 3) The concept of negotiating condom use is alien to the interpersonal relationships among long-term partners in the at-risk population.

While some believe that research toward developing a female barrier method that does not have these drawbacks should be a high priority,[1] the immediacy of the danger of transmitting the HIV virus leaves little choice at present but to advocate widespread and regular condom use. Given that the condom is rarely sexual partners' ideal choice, how can the public health community facilitate condom use, and how can it lessen possible negative effects to interpersonal relationships that advocacy of the condom generates in some cultural groups?

Studies by Magura et al.[2] and Worth[3] of sexually active men and women in drug rehabilitation programs found that only 2 percent to 30 percent used condoms fairly regularly. The Magura study further indicated that norms and expectations within sexual partnerships exerted the main effects on condom use. Women in Worth's[3] study believed that men resisted condom use because of embarrassment over their bodies and/or sexual performance and their desire for sex on demand.

Cultural factors also often operate against condom use. The importance of motherhood in the community can interfere with attempts to promote the use of condoms in acquired immunodeficiency syndrome (AIDS) prevention[4] as might the importance of other close social bonds. Recent research[5] indicates that some women have what is called an "interdependent" or "relational" self in which the boundary between self and significant other is blurred. Thus the social-context between mother-child, regular sexual partners, or even individual and ethnic community are considered extensions of the self.[6]

In many communities, a woman's fertility frequently defines her social role and thus her self-esteem. Therefore, a woman who seeks to introduce condoms may, be deviating from the cultural norm, pay a price in a lessening of her sexual desirability and social status. A male's introduction of the condom may also be construed as a refusal to fulfill the male social role—making the sanctioned role of motherhood possible.[7] Horowitz,[8] too, in a study of inner-city Hispanic women from Chicago, found that the use of birth control by single women is seen as an explicit sign that they intend to engage in sexual intercourse, a violation of cultural norms.

Effective communication about sexual practices, particularly the use of condoms, is a major problem in relationships between men and

women as they feel uncomfortable talking about these issues. Traditional values that oppose women questioning their men about their sexual or other personal experiences, such as needle sharing, makes it difficult for the women to determine whether their male partners have a history of behaviors that would place them at risk for HIV.[9] This communication gap is aggravated by an imbalance of power between the sexes.

In addition to these possible barriers, lack of viable economic, social, cultural, sexual and technological options "combine to lead vulnerable women to concentrate on addressing the more immediate risks in their lives: poverty, homelessness, and the frequent disruption of socioeconomic support systems" than on family planning issues,[3] p. 297. All these reasons plus the historical association with extramarital sex, promiscuity and prostitution work against the acceptance of condoms in ongoing relationships. Thus, it is likely that intervention programs may have to depend both on increasing the social acceptability of health measures and attempting to alter external factors which contribute to the risk environment.[10]

To examine in-depth these possible influences on condom use, we conducted a series of focus groups with men and women having drug related risks.

METHODS

Focus group in-depth discussions, based on a combination of a structured protocol and group dynamics, allow the researcher to gain unique insights into the complex interplay of interpersonal and external factors affecting unsafe sex practices. Between June and August 1990, eight focus groups of six to 12 persons were conducted. Two groups were with men in drug treatment programs; two with both men and women and women attending drug treatment programs; two with women in drug treatment programs who had given birth within the previous year; and two with women who were not in drug treatment clinics (women in prison and women participating in an outreach program). Opinions, reactions and interactions on the same topics were elicited in all groups.

Participants were recruited from drug treatment programs involved in a research demonstration project conducted by the Family Planning Council of Southeastern Pennsylvania and the City of Philadelphia's Coordinating Office for Drug and Alcohol Abuse programs (CODAAP).[11] Sessions were held at drug treatment sites, the prison and a community center. Participants completed a short survey prior to the focus group discussion and were paid $15 at the end of the approximate 90 minute session. All sessions were taped, with permission, except for the focus group held in the women's prison. A total of

71 participants—women and men—ranging in age from 18–60 participated in the focus groups.

The focus group protocol was designed to obtain two different kinds of data: Specific reasons as to why clients did, or did not, use condoms and underlying feelings about condom use.

RESULTS

While dislike of the condom was almost universal, opinions on aspects of condom use varied within each group and between groups, especially between all female groups and all male groups. Issues relating to men's and women's attitudes toward sexual behavior, sexual relationships, willingness to use condoms and the effect of drugs on their lives were recurring themes—interconnected with each other and with the basic survival problems the participants faced. Four variables dealing with these themes, and having ramifications in a larger social context, were found to influence condom use: 1) gender, 2) commitment, 3) purpose and 4) state of chemical dependency. The importance of particular interpersonal relationships in their lives permeated much of the discussion by women.

Some discrepancies existed between written answers to the survey questions and participants' verbal responses. One group of women stated that their partners would be supportive if they asked them to use condoms, yet the discussion was full of complaints about their boyfriends' refusals to use condoms. In several groups, both men and women responded that it was unlikely that they would contract as STD or the HIV virus within the next 12 months, while the discussion centered around unpleasant experiences with sexually transmitted diseases and fear of AIDS. Another inconsistency was their reason for using condoms. Both women and men wrote that they used condoms to prevent pregnancies as well as to prevent disease, yet almost all stated that their pregnancies were unplanned.

Gender Differences

The overwhelming majority of women and men did not like to use condoms. A small minority of women, however, claimed that condoms increased their pleasure.

Several women who had recently had babies, shared a common experience of having partners bringing STD back to them. They were angry that men preferred to take chances rather than use condoms. They claimed that their partners were often suspicious and mistrustful

of women who were practicing some form of birth control. They reported that the men became upset and wondered what the women were up to if they carried condoms, but the women were not supposed to get upset if the men had them. One woman's partner cut up the condoms and sponges that she had received from the family planning counselor at the drug treatment center. Women in the other groups reported similar experiences.

> "He wanted to know what we were going to do with them, blow them up? He spends a lot of times with his friends—I think. I don't know how to make him put it on—hit him with a camera? He gets to be argumentative."
>
> "My boyfriend won't hear about condoms. He gets angry and flares up. He is fearful. I think he's insecure. He follows me around and thinks that I am thinking about doing something."

Some women had more positive experiences:

> "I've been in a relationship for one and one half years. After I took the AIDS course, I was so excited that I learned how to put it on that I asked him to use it. I gave him a few to put in his pocket."

Men varied in their responses as well. One man said that he did not take condoms with him. He felt that if he carried them, he would be tempted to look for action. Another saw an analogy between war and all the sexually transmitted diseases out there, and remarked, "You don't go to war without your bullets."

Women were particularly concerned about monogamy and the effect on a long-term relationship if they were the ones to insist on condom use. Many women believed that within a sexual relationship with a main partner, it was the responsibility of both partners to negotiate contraceptive use. Several women reported that if they and their partners could not agree about the use of the condom, they ended the relationship. In a casual relationship, they felt it was the woman's responsibility to protect herself. The men did not voice as much concern about the effects of condom use on a relationship, but they too reported greater interest in using condoms with a casual partner.

Commitment

The idea of trust, or lack of trust, in a sexual relationship came up over and over again. Few experienced monogamous partnerships over a long period of time. They held on tightly to any relationship in which they felt that they were "the only one." They did not want to rock the boat and were willing to take what they believed to be low risks in

order to preserve such a relationship. Some of the women spoke about their men not having sex with anyone else. When challenged about this assertion of partner monogamy by other women in the group, they added the caveat "as far as I know."

A number of participants felt that if they were monogamous, or relatively so, it was not necessary to use condoms. Other participants reminded them that it wasn't only the present monogamy that was important but what you had done over the past ten years. A minority of women declared that they would rather use condoms with their main partners because they knew their men's histories and didn't trust them.

The idea of trust came up also in the context of carrying condoms. Should you be open about having condoms or should you hide them? Several men and women felt that dishonesty started when you hid them, but that if you didn't your partner would wonder what you were doing or thinking about doing.

Women showed a great deal of anger toward a wayward, or potentially wayward partner. "If I find them (condoms) on him, I'm going to kill him because he doesn't use them with me."

The men also discussed trust, reporting that women did not trust them. "Especially the main partner, because nine out of ten times you do not use it on her so what do you carry it for?" "My girl friend, we do not live together and she was mad because I had condoms. She thought I was cheating."

Alternate methods of birth control, particularly "the pill" and the IUD also had their detractors among men and women. But even though a number of the participants viewed these alternatives as being worse than condoms because of their side effects, it was only the condom that seemed to be so emotionally laden. The condom differs from these other two methods in that the decision to use a condom is remade each time sexual intercourse is performed, the act of putting on the condom is overt and visible, and the mere possession of a condom indicates at least the thought of sexual activity. Troublesome feelings about the extent of commitment and trust seemed to be reawakened for some of the participants each time the issue came up or a partner was found carrying a condom.

PURPOSE

In addition to using condoms for birth control, women reported using condoms to prevent STD and AIDS and for protecting unborn

children from diseases. One woman said that she wouldn't have sex without a condom while another woman said that she would use a condom until she was in a relationship for a long time. Women reported that males did not want to use condoms because of: loss of feeling, lack of spontaneity and smallness or tightness of condoms. The men supported these assertions: "A lot of brothers are like me. I don't know any rubber."

Women also complained that they didn't like condoms. One said that you didn't want to give up that "little emotional edge" when you had to stop to put one on. Another woman wanted "the real thing." One woman who did not want to use condoms was asked by another woman whether the feeling she got was worth her life. She responded, "So far, I've been lucky."

Despite their negative feelings, most women indicated that they would rather use condoms than get AIDS. A young woman said that women her age used condoms to prevent STD because they knew people with STD but did not know anyone with AIDS. The women felt that it's important to watch out for themselves as all the diseases were scary.

The men also had experienced STD and other infections and wanted to avoid them. One man noted that he didn't like condoms but that he had too many infections, too many times and had to be cut open and have his infection drained. A man recovering from hepatitis acknowledged that he had never used condoms until two weeks before. Because of the possibility of transmitting the hepatitis to his sexual parnter, he was supposed to use condoms for the next 12–18 months.

Some clients felt that condom use is a necessity today. Some male perspectives were:

> "It's just like an insurance policy. You might not think they're cheating but then again . . . a stiff penis has no conscience."
>
> "Nobody like them, but AIDS is out there."

Desire for children also affected condom use. Children were important to some men, although not always for reasons that the women shared. One man said, "For me, it was an open door to manhood." Others described men who had children just to see whether they could have a child or to see how many they could have. The women agreed that for some men, children just made their "chest big". In contrast to these women's opinions, some men explicitly yearned for children or reacted with pleasure to an unexpected pregnancy. "It was not planned, but it was wonderful and I felt proud." Others, however, said that children were not important to them.

But it was the women whose identity was tied up with children. Using condoms to prevent disease would also prevent pregnancy. While this dilemma was not articulated clearly, the importance of children was a main theme among women and evoked strong feelings about motherhood. The few who did not have any children wanted them badly as did the women whose children were taken away when they were on drugs. Others were in new loving relationships and either wanted to give their man a child or their partners wanted one. One woman, poignantly expressed this feeling, "I love being a mother. That's all I have." At the same time, they talked about how awful it was to contract an STD and the fear they had about AIDS.

State of Drug Dependency

The theme of lack of responsibility and inability to think beyond the immediate present when high on drugs came up repeatedly. The participants often said that they were not responsible people when they were high and that is why they had gotten into trouble.

One man claimed that he could stay with one woman, "but drugs and insanity made me so irresponsible, I'd screw anyone. I didn't care." One woman fed her drug habit by working as a prostitute. She always used condoms and thought that was why she probably did not have AIDS now.

The patients viewed their lives as being composed of two divided segments—while on drugs and when "clean." Their described behavior and attitudes varied accordingly and they often contrasted them.

One man expressed the feeling that it was only after entering a drug treatment program that people started caring for their bodies. Some felt that part of the responsibility included using condoms. Most men agreed that if they were to use drugs again, they couldn't be counted on to remember to use a condom and certainly not to go out and get one if they didn't already carry one. One woman said that knowing how difficult it is to think about using contraceptives when high, and being realistic about the constant temptation in the streets to get high, she would feel more comfortable using a condom with her steady or main partner. She felt that she never could be absolutely certain about what he might do.

> "When not high, some men said that they protected themselves."
>
> "The professional tricks always have a rubber, not the pipers or two dollar tricks."
>
> "If I have sex with anyone other than my wife, it's a trick so I am going to suggest using condoms".

Many of the women seemed to concentrate on the present relationship and based their contraceptive decisions on that; others could not forget what they and their partners had done in the past and realized that their sexual histories may have left a time bomb in their bodies.

A few found that immediately after "rehab", they didn't want to have sex because they were ashamed of what they had done. But then a woman and man agreed, "But when it came back, it came back good."

Children had been out of the question for one man who had been an addict for most of his life. He believed that the only time a man should have children was when he could take care of them and that was impossible when life centered on "looking for a high".

Several participants admitted that before entering the drug treatment program, they just didn't care about birth control and that education was important in determining whether people use birth control.

While some of the participants had only been in the drug programs for a few months, a few had been in and out of drug rehabilitation programs for many years and were trying again. Most talked very optimistically about their ability to change their behavior.

Summary

Several major themes appeared. The main picture, however, masks minority viewpoints. Participants did not fit into one mold or hold one universal opinion. They varied in their knowledge about the benefits of a condom, in how and when to put on a condom, in the associations they made between condom use and trust and commitment, in the type of partner and conditions under which they would use condoms and in their willingness to consider condom use as an integral part of their lives.

While participants often supported the use of condoms, their unplanned pregnancies and sexually transmitted diseases (STD) histories indicated inconsistent use. The vast majority of both men and women did not like to use condoms—they believed that it interfered with the spontaneity and pleasure of sexual relations. Most believed that they should use condoms because of STD and AIDS, though their intentions seemed to be more honored in the breech, at least part of the time. Condom use was sporadic, rather than regular, depending upon the partner and the circumstances.

Women seemed more willing to use condoms than their partners though there was some disagreement about this. Younger people seemed to have more difficulty in negotiating condom use; a few women re-

ported that as they got older and learned from experience, it became easier. Denial appeared to play a role, and the pleasure of the moment or the importance of the present sexual relationship, often took precedent over what health professionals would call long-run, prudent planning. The issues of trust, commitment and condom use did not seem to have been resolved in the drug-using community.

DISCUSSION

Our findings, in the main, support conclusions from previous studies of sexual attitudes and behavior among drug users regarding dislike of condoms, irregular use of condoms, unplanned pregnancies and high level of risky sex practices.[2,3,13] But we also found, in addition to the predominant view, divergent opinions and purported behavior within and between groups. The diversity of attitudes and behavior patterns expressed in the focus groups need to be addressed in the development of new programs designed to increase acceptance of condoms as an integral part of sexual lives in an STD and HIV laden environment.

Current boundaries between and among health care and social service agencies require redrawing to encourage multiple approaches and strategies. The target population consists of many subgroups:

1. those whose past sexual history places them at an unusually high risk for STD and HIV;
2. those who currently have a steady partner and casual relationships simultaneously;
3. those who want to become parents in the present or the future;
4. those who fear the effect of condom use on a meaningful sexual relationship and;
5. those who do not want to be involved with a steady partner nor want children.

Reduction of high-risk sex practices are part of a nexus of changes involving interpersonal relationships, parent-child interaction, social support networks, self-esteem, responsibility and cultural approval.

Both family planning and drug rehabilitation programs can gain by becoming more interdisciplinary. This involves greater co-ordination and integration of services now provided by separate organizations in separate settings. It also means broadening the scope of training that

family planning and drug treatment staff receive; each provider having a primary area of expertise supplemented by education in other related fields.

A first step in this direction has been taken. The demonstration project funded by the Centers for Disease Control, of which this study was a part, has integrated family planning counseling and comprehensive family planning medical services promoting condom use and the distribution of free condoms into drug treatment centers.[11] Both drug treatment staff and clients were receptive to this arrangement and the accessibility and availability of an on-site family planning service helped increase its acceptance.

The next logical step would be to offer additional services on-site at drug treatment centers that the participants need and claim to want —parenting classes, support groups, help in dealing with the government bureaucracy, aid in seeking affordable housing and programs to develop marketable job skills. Before men and women with drug and sexual related and HIV risks are ready to change sexual behaviors, these basic needs require attention. While the part-time provision of services described above may not be ideal, it is economically feasible as one health care provider can service several centers and different funding streams can provide enhanced services.

In order to integrate this approach and provide the newly cross-trained staff with professional support, regular meetings of the entire staff should be held. Other efforts to integrate staff would be to hold joint health fairs, attend each others' in-service programs and share newsletters. These co-ordinated efforts providing information and support should also reduce burn-out, a common ailment in the helping fields.

Two other approaches toward promoting healthy sexual relationships and condom use address the recovering drug users' concerns. In these focus groups, willingness to use condoms was usually colored by feelings of vulnerability toward becoming infected with the HIV virus, previous bouts with STD, trust in and commitment to partners and desire to conceive a child. The women exhibited the most concern about the latter two and it is to these concerns that the approaches would be aimed. One approach would be to place a pilot program teaching general communication skills into existing services. The second would emphasize health, nutrition and care of children.

Issues dealing with relationships, commitment and trust require airing before negotiating condom use can even be attempted and the fact that such discussions may violate cultural norms needs to be consid-

ered. The support groups described above might enable such an airing to take place.

Family planning service providers and HIV prevention agencies have already developed innovative approaches geared toward encouraging regular use of condoms. Role playing, using facilitators as guides, has been an effective tool in gaining understanding about and learning to anticipate possible partner reaction to condom use suggestions. Through the group process, women share their own ideas, attitudes, feelings and make suggestions about encouraging use of condoms. For example, the San Francisco AIDS Foundation offers a workshop to prostitutes that addresses the negotiation of safer sex with clients and partners and discusses ways to make safer sex more acceptable by eroticizing condom use.[9] Negotiations may be easier, however, when money is exchanged for sex, rather than when "love" is the guiding force.

Recently, more interest has focused on the male role and new programs are being developed for men.[12] These role playing sessions might be used as building blocks for developing male responsibility for being a disease free, sexual partner as well as responsibility for preventing unplanned pregnancies. Starting with single sex support groups and building up to mixed groups would probably be most effective. The openness of discussion found in our mixed sex focus groups might not have occurred if sensitive issues like sexual violence had been the main topic. Breaches of confidentiality could also become an issue if members of ongoing support groups share mutual friends and know other participants' sexual partners.

Efforts to reduce the perinatal transmission of the AIDS virus may be strengthened by the partners' desire to have healthy babies. Regular use of condoms might be encouraged by an emphasis on STD prevention and perinatal transmission of the HIV virus rather than as strictly a birth control method. This emphasis on the health of future children might counter the lack of trust and commitment expressed in the focus groups. One of the reasons some of the women wanted more children was that previous children had been removed from their custody. Many participants did not have the skills to be good parents and most were inexperienced in discussing reproductive health issues with their partners.

Themes such as protecting one's fertility and one's family are particularly powerful in the Latino cultures.[13] Furthermore, emphasis on possible injury to loved ones fits in with observations made by health promotion professionals that individuals often are more likely to act out

of concern for others than for their own benefits[13] and fits in with the view of the "interdependent" self. This emphasis would also support the idea of individual responsibility, repeatedly brought up by the participants in the focus groups and fostered by the drug rehabilitation programs. The themes of responsibility and caring for loved ones can be carried out by offering those recovering from drug dependency the opportunity to learn parenting and related interaction and domestic skills. One important need of many of the women attending drug rehabilitation programs is day care and after school care for their children. Day care provisions could be part of the multifaceted drug rehabilitation program discussed previously.

An additional dimension would be to offer those men and women interested in being teachers' helpers in the child care programs the opportunity to do so. This option could be offered to males and females who were close to successfully completing the drug rehabilitation program, who were willing to attend instructional classes and who were willing to work under supervision. These classes would utilize role playing, and small group interactive training methods. A part of the training curriculum would include planning the spacing of childbirth and safer sex techniques. Male role models are important for these children and fathers often feel left out of the mother-child unit. Such an opportunity might be welcomed by both the children and some of the recovering men. In addition, the participants benefit from the opportunity to practice effective parenting and communication techniques learned in their group sessions.

While health care and health education for men is essential for successful programs involving sexual behavior changes, women's needs should still remain paramount. Women have experienced double standards regarding condom use and contracting a STD. In order to learn how to protect their reproductive health in the context of their interpersonal relationships, women need a place where they can develop self-worth and where a male focus is not dominant.

The focus group results highlight the hidden meanings often associated with condom use, reaffirming the importance of sociological and anthropological investigations of the specific factors leading to regular use of condoms. Small scale studies in which the findings would immediately be tested in a field setting are particularly appropriate. For example, family planning counselors could identify for researchers potential male and female role models in the drug treatment programs. These would be individuals in recovery who claim that they use con-

doms regularly (and for whom there is no contradictory evidence). The researchers would carry out in-depth interviews with them to determine and understand more fully the factors crucial to changes in their sexual behavior. To test the findings of this research, peer educator programs could be implemented and evaluated. Peer educators, under the supervision of family planning counselors, would assist in recruiting men and women for family planning and other preventive services and assist in the support groups. Messages of safer sex from peers are likely to be heard and trusted.

The suggestions offered are based on our findings and Leviton's[14] conclusion that AIDS prevention programs should apply more than one theoretical perspective because the problems are likely to be multifaceted and influenced by many forces. Not all of these suggestions will work in all environments and those that do will need to be fine tuned to fit the needs of the high risk men and women they serve. But by using what Glaser and Straus[15] call "grounded theory"—feedback between initial field research, generating hypotheses and a later return to the field to test these hypotheses—more effective conceptualization and design of behavior change programs regarding condom use can be facilitated.

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