

## Barriers affecting condom usage – A cross-sectional observational study among sexually active males in a tertiary care centre

Arun Kumar. S<sup>1</sup>, Syed Iqbal. S<sup>2\*</sup>, Sarankumar. S<sup>3</sup>, Kayalvizhi. VA<sup>4</sup>, Ragini Rajan<sup>5</sup>

<sup>1</sup>Professor, <sup>2,4</sup>Assistant Professor, <sup>5</sup>Post Graduate, Dept. of STD, Government Stanley Medical College, Chennai, Tamilnadu, India

**\*Corresponding Author:**

Email: syediqbals88@gmail.com

### Abstract

Condoms or sheaths are the oldest forms of barrier contraception used by the male. Though many methods of prevention of sexually transmitted infection (STI)/HIV are available, condoms remain important armamentarium for STI/HIV prevention. Condom offers maximum protection (more than 90%) against HIV, Hepatitis B and Gonorrhoea. They also offer protection in scenarios when high risk sexual practices are adapted and also help in preventing unwanted pregnancies.

**Aim:** To assess 1. Knowledge and awareness about condom usage among sexually active males visiting STD OPD in a tertiary care centre and 2. Perceived behavior control, attitude and barriers restricting condom usage.

**Materials and Methods:** Cross-sectional observational study using structured behavioral questionnaire. Total clients-1561 sexually active males between Jan 2016 - June 2016.

**Results:** In our study, Out of 1,561 sexually active males, 83% were aware of the condom. As for condom use, 23.8% never used, 65.10% used regularly. High risk behavior is reported in 51% of study population. Among them, 67.3 % used for anal sex, 58.7 % used for genital sex, 9.1% only used for oral sex. Main factors affecting condom use were non acceptance by partners (33.18%), feeling shy to buy condoms (18.78%).

**Conclusion:** Consistent and correct use of condoms is necessary for STI and HIV prevention. In our study we conclude, though more people are aware of condoms, the limitations in their effective usage includes are not using condoms for oral sex and psycho social stigma about sexual promiscuity. These barriers restricting condom usage need to be addressed to prevent STI/HIV transmission.

**Keywords:** STI/HIV prevention, Condom use, High risk groups, Barriers of condom use.

### Introduction

STI/HIV transmission occurs mainly during unprotected sex with an infected individual. In the recent years there has been increase in the incidence of sexually transmitted diseases and infections including HIV among sexually active males and females due to high risk sexual practices such as early onset of sexual activity, having multiple sexual partners, frequent change of sex partners, having sex with female and male sex workers, homosexual activity, having sex under the influence of alcohol and substance abuse and not using protective barrier methods. With the advent of technology, adult content have become freely available in the social media. Peer pressure from friends, lack of family/social supervision, low socioeconomic status and educational status, lack of financial and family support, all these have contributed to an increase in high risk taking behavior. This lead to STI/HIV infection especially among young sexually active males and females.

The high prevalence of high risk sexual practices has been established by several studies. Nearly 40 percent of young men have sex with another person other than their primary partner<sup>1</sup> and many consider condom usage to be appropriate only if the secondary partners or commercial sex workers are involved.<sup>2-5</sup> A rather significant statistics states that by age 24, 22 percent of males have visited a commercial sex worker.<sup>6</sup> In 2003, over three-fourths of sexually active

young adults were not currently using any method of contraception, regardless of marital status. Also, the implication of condoms are viewed more necessary when used as a contraceptive rather than using it as a method of protection against STI/HIV.<sup>7-8</sup>

Though many methods of prevention of sexually transmitted infection (STI)/HIV are available, condoms remain an important part of the armamentarium against STI/HIV infections. A condom is a very simple, cost-effective barrier device used in preventing unwanted pregnancies and transmission of STI/HIV. They offer up to 90% protection against gonorrhea.<sup>9</sup> More than 90% protection against HIV, Hepatitis B.<sup>10</sup> However protective value of condom is variable. It is less protective against, infections such as human papillomavirus (HPV) and herpes simplex virus (HSV).<sup>10</sup> Efficacy of condom is 97% with perfect use (correct and consistent use) and 86% with typical use (incorrect and inconsistent use). Although it is an effective, simple and easily available, failure rate of approximately 14% with inconsistent use is reported.

It is rather surprising to note that there are several deterrents that compromise the proper usage of condom and these factors can range from social stigma to lack of proper knowledge about the usage of condoms. We have done this study in the hope of creating a positive impact and focus on the areas of deficit in connection with safe sexual practices using counseling and proper health education.

**Objective**

The objective of our study is to assess the knowledge and awareness about condom usage among sexually active males visiting STD OPD in a tertiary care center and to determine the perceived behavior control, attitude and barriers restricting condom usage.

**Materials and Methods**

A cross sectional observational study of 1561 sexually active male attending our outpatient department between January 2016 and June 2016 was done using structured behavioral questionnaire with focus on sexual practices, awareness about condom usage, perceived behavior control, attitude and barriers restricting condom usage. After explaining about the study and obtaining consent, the questionnaires were given to the patient for filling up and were reassured that confidentiality of the patient will be maintained. In our study transgenders and HIV positive patients were excluded.

**Results**

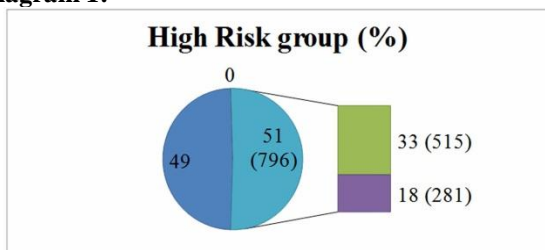
The total no of clients included in the study were 1561. The agegroup ranged between 21 and 55 years with a mean of 32.7 years. Regarding the marital status, 73% (1139) were married and 27 % (422) were unmarried (Table 1).

**Table 1:**

Marital Status	Number of Clients	% of Clients
Married	1139	73%
Unmarried	422	27%

Among the total 1561 male patients, 51 % (796) had high risk sexual behavior, Out of 51% (796) high risk behavior group – 33% (515/1561) had sexual contact with Female Sex Workers (FSW) and 18% (281/1561) were men having sex with men (MSM). (Diagram 1)

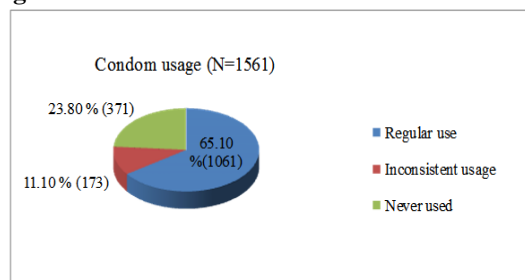
**Diagram 1:**



With regard to condom usage statistics, the general awareness about condom usage in the overall study population was 83% (1296/1561) and 17% (265/1561) had no idea about the same. These clients were largely from poor socioeconomic class with poverty and low educational qualification with social stigma and

religious concerns regarding condom awareness and usage (Diagram 2)

**Diagram 2:**



Among clients who use condoms regularly, 5.6 % (59/1061) use it only as a method of contraception for preventing pregnancy, 81.3% (863/1061) use it for preventing sexually transmitted infections & HIV 13.1 % (139/1061) use for both contraception and disease prevention. (Table 2)

**Table 2:**

Purpose	Number (N= 1061)	Percentage (%)
For STI/HIV prevention	863	81.3
For both contraception and disease prevention	139	13.1
For contraception	59	5.6

Among inconsistent usage 51.8% (89/173) have used in the past year, 13.1 % (22/173) used during last time they had sex (Table 3)

**Table 3:**

Inconsistent Use	Number of Clients (N=173)	Percentage (%)
Usage in past 1 year	89/173	51.8
Usage during last sex	22/173	13.1

Awareness of proper usage of condoms overall was 21.6% (337/1561)

**Condom usage among high risk group (HRG)**

Usage of condom during anal sex was 67.3 % (535/796), genital sex was 58.7 % (467/796), whereas in oral sex 9.1 % (72/796) only. (Table 4)

**Table 4:**

Condom use in HRG	Number of clients (N=796)	Percentage (%)
Usage in male having sex with male ( Anal Sex)	535	67.3

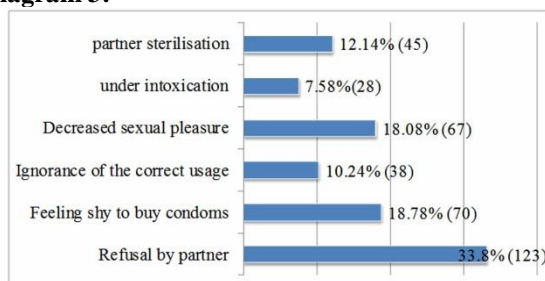
Usage in sex with female sex workers (Genital Sex)	467	58.7
Usage in Oral Sex	72	9.1

**Factors affecting condom usage** (among male who never used condoms N=371) : Among the factors affecting the condom use refusal of condom by partner or worry about partner's psychosocial impact on condom like lack of mutual trust was 33.18% (123/371), feeling shy to buy condoms was 18.78 % (70/371), ignorance of the correct usage of condom 10.24 % (38/371), decreased sexual pleasure 18.08 % (67/371) and under alcohol intoxication in 7.58 % (28/371). (Table 5, Diagram 3)"

**Table 5:**

Factors affecting condom use	Number of clients (n=371)	Percentage (%)
Refusal by partner due to psychosocial stigma	123	33.18
Feeling shy to buy condoms	70	18.78
Ignorance of the correct usage of condom	38	10.24
Decreased sexual pleasure	67	18.08
Under alcohol intoxication	28	7.58
Partner sterilisation	45	12.14

**Diagram 3:**



## Discussion

Health education in its complete sense involves improvement in knowledge, attitude and practice. In our study we have seen that though there is a good amount of people with an idea of what a condom is, it does not translate to an actual increase in its usage. It constitutes a paltry proportion of the study group, as most people are not even aware how to properly use a condom (only 21.6% know about correct usage of condom and >10% avoided condom due to ignorance).

With more than half of our study group belonging to a cadre with high risk sexual practices, the low

prevalence of awareness about proper use of condoms can be detrimental to disease prevention. Though more than half of the high risk group (64%) are routine users of condoms, an higher percentage is desirable to progress in the way of better prevention of STIs. In our study, in those who use condoms regularly, 5.6% use it as a method of contraception for preventing pregnancy, 81.3% use it for preventing disease transmission & 13.1% use it for both contraception and disease prevention. These statistics shows that majority of our study group are aware about modes of disease transmission and the role of condom in preventing STI/HIV. In a similar study done by Yaya et al, Out of the 1,782 high risk group population, only 620 (34.8%) had consistently used condoms.<sup>11</sup>

In our study we found that among the clients who used condom inconsistently, only 51.8% (89/173) have used in the past year & 13.1 % (22/173) used during last time they had sex. Among people with inconsistent usage of condoms the predominant reason was refusal by the partner (33.18%), which leads us to believe that better ways are needed in making the public aware to the benefits of condom usage.<sup>12</sup> The other major reasons were feeling shy to buy condoms (18.78%) and decreased sexual pleasure on using condom (18.08%). These were comparable to a study by Musinguzi et al from Uganda where the barriers to condom use were difficult access, lack of knowledge about condoms, partner and relationship related issues, financial and socio-economic vulnerability, and alcohol consumption.<sup>13</sup>

In an another study by Crosby et al stated condom use errors, such as late application, early removal, slipping off during sex, and re-using condoms were the critical errors in condom usage.<sup>14</sup>

The psychosocial stigma associated with condom usage, like linking condom usage with sexual promiscuity and undisclosed pre existing STIs need to be addressed. Certain studies have also reported that suggestion to use a condom can lead to doubts of sexual promiscuity among partners, especially in a husband and wife relationship.<sup>15</sup>

Workers with low education, older age, female gender and those married living with their spouse should be targeted for specific educational interventions.<sup>16</sup> Similarly, occupationally high risk groups such as lorry drivers, immigrants from other states should be encouraged and educated about proper condom usage. Despite the high level of knowledge on HIV/AIDS and the growing awareness of the existence of the risk of infection, condom use always has resistance in these groups,<sup>11</sup> which needs to be taken care off. In our study we also found that among the High Risk Group clients usage of condom during sex with female sex workers was found to be 58.7 %. Usage in male having sex with male was 67.3 % whereas usage in oral sex was 9.1 %. Low usage of condoms during oral sex shows that a lot work needs to be done

still in education of the clients about the proper modes of disease transmission.

Changing public attitude and response is of immense importance in improving condom usage. People need to be educated about all the aspects of condom usage. A condom is often viewed more as a tool for birth control rather than a preventive measure against STIs. A similar observation was made in several studies which insisted upon educating the masses about the role of condoms in preventing STIs.<sup>17-19</sup> Another study has even stated that there is general consensus on the change of health education direction to gender relations, economics and migration rather than the classically advocated ABC – abstinence, be faithful and condoms.<sup>20</sup> The effectiveness of the preventive strategy not only depends upon the partners concerned but also by gender norms, societal and cultural attitudes and other external factors.<sup>21-23</sup> Other influencing factors in play such as poverty, limited knowledge of HIV and STIs and limited access to condoms, have caused agencies such as UNAIDS to caution against complacency.<sup>24</sup>

A conscious effort to induce safer sexual practices by educating the masses about proper and consistent use of condoms is mandatory in the current scenario. A similar observation has been made in a study conducted in US where brief interventional programme as a part of STI care yielded lesser STI load in a targeted population.<sup>14, 25</sup>

## Conclusion

Condoms can be very effective if used correctly and consistently. In our study we have had enough evidence to conclude that, though more people are aware of condoms, the limitations in their effective usage which may be social or individual reasons are manifold. The specific areas of condom use like, use during oral sex especially among high risk sex groups needs to be given special attention. Education on correct usage should be stressed for maximal protection and to decrease failure rates. Substance abuse is seen as a major factor causing decrease of condom usage which needs to be addressed. Non acceptance of condom by the partners is an important barrier for condom use in 1/3rd of our study population. We opine that it might be due to the psychosocial stigma about the sexual promiscuity of the persons using condom. Partners and commercial workers should be properly educated about the benefits of using condoms and proper ways of using condoms. Condom as a method of disease prevention in addition to contraception should be vigorously promoted even among general population. Finally, the social stigma still associated with condoms need to be eradicated for our health setup to be successful.

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