

DIMINISHES PLEASURE, INCONVENIENT TO USE, AND SPOILS THE MOOD: WHEN FILIPINO MEN REPORT PROBLEMS WITH CONDOM USE

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ABSTRACT

How common are problems with condom use during sex? We examined Filipino men's negative experiences with male condoms using data from a sample of 1,010 sexually active Filipino men ages 15 to 54 who participated in the 2003 National Demographic and Health Survey. Results indicated that majority (80%) of Filipino condom users reported no problems with condoms. Among those who did experience problems, the most frequently cited were: pleasure reduction, inconvenience of use, and spoiled mood. Having problems with condom use was associated with men's increasing age and with subjective beliefs that condoms would diminish pleasure, but not with men's socioeconomic status, educational attainment, knowledge of condoms' disease-protective properties, or sexual-minority status. Subjective beliefs appear to be more important than sheer knowledge about the protection provided by condoms. These beliefs may serve to create negative expectations about condoms and later, to legitimize non-use.

KEYWORDS: *condom use, condom problems, sexual health, contraceptive practices*

INTRODUCTION

Condom use is an important sexual health behavior. Used correctly and consistently, male condoms protect against a wide spectrum of sexually transmitted infections (McKay, 2007). These include HIV (Holmes, Levine, & Weaver, 2004; Weller & Davis-Beaty, 2002), chlamydia and gonorrhea (Paz-Bailey et al., 2005), herpes (Wald et al., 2005), and HPV (Winer et al., 2006). Condoms are also effective in preventing unwanted pregnancy (Walsh et al., 2004), making it the only form of technology which simultaneously functions as contraception and as protection against sexually transmitted infections.

Despite the scientific evidence that using condoms is an important and an effective form of protection during sex, condom use in many parts of the world is low. In the Philippine population, extremely low rates of male condom use—less than 15%—have been documented among Filipino men (Ramos-Jimenez & Lee, 2001), among Filipino youth (Laguna, 2004), during heterosexual sex (Manalastas, 2005), and during gay sex (Manalastas, 2006).

Many possible reasons for low rates of Filipino condom use have been posited at both macro and micro-levels. Structural factors that could account for low condom use in the Philippines include limited supply, anti-condom ideologies promoted by an influential Roman Catholic church, prohibitive government practices and policies, the absence of comprehensive sexuality education in the public school curriculum, and even cultural norms discouraging condom use in close relationships (Lucea, Hindin, Gultiano, Kub, & Rose, 2013; see Human Rights Watch, 2004, for a particularly extensive analysis). These macro-level factors serve as distal and contextual barriers to male condom use by structuring access as well as social meanings ascribed to condoms.

While structural factors are important to analyze and to address especially for promotion and policy surrounding sexual well-being, we argue that condom use is also fundamentally a health behavior. Using a condom during a sexual encounter is a micro-level personal action, subject to a range of motivational and social psychological processes operating at the individual and dyadic levels (Sheeran, Abraham, & Orbell, 1999). That is, even if the state, civil society, and other institutional actors decide to promote and encourage the public to engage in condom use by

supporting education and access, individual men and women still have to translate these persuasive messages and social norms into behavioral intentions, and later on, enact them as actual behaviors. This paper seeks to contribute to the understanding and promotion of Filipino condom use at the micro-level by examining a factor that may keep Filipino men from engaging in this sexual health behavior – negative experiences with male condoms during sex.

Condom Use as a Sexual Health Behavior

Condom use is a motivated sexual health behavior. Many factors have been proposed to influence condom use during sex. These include knowledge about the benefits of condom use, e.g., being informed that condoms effectively reduce HIV risk may lead to intentions to use condoms in future sexual situations (Laguna, 2004); attitudes toward condoms, i.e., if a person thinks about condoms favorably, he or she is more likely to use them (Conley & Collins, 2005); emotions such as embarrassment, e.g., if a man feels social anxiety about acquiring condoms, he is less likely to have them ready for use during sex (Bell, 2009); relational dynamics like partner disapproval, e.g., individuals are more likely to dispense with condom use if they believe their partner dislikes condoms (Brown et al., 2008); and even preparatory behaviors such as carrying condoms and placing them nearby for ready access during sex (van Empelen & Kok, 2008). These factors are theorized to motivate condom use indirectly (as in the case of knowledge) or directly (as in the case of behavioral intentions). Alternatively, such factors can act as barriers to the outcome behavior. Negative attitudes toward condoms may inhibit actual condom use or beliefs that condoms symbolize distrust may make intimate partners do away with condoms and engage in unprotected sex.

In this paper, we focus on a micro-level barrier to male condom use that has received recent attention in the research literature: experiencing problems with condoms (Sanders et al., 2012). Anecdotal reports suggested that Filipino men find condom use cumbersome, tedious, unsatisfying, and problem-laden. Indeed, previous research has suggested that negative experiences with condoms are critical and must be confronted in order to promote condom use at the individual level (Crosby et al., 2002; Sanders

et al., 2012; Yarber et al., 2005). From a public health point of view, investigating barriers to condom use including individual level barriers, can provide guidance in the design of programs to promote condom use for sexual health.

Meanwhile, from an economic behavior perspective, condoms function like any other form of consumer goods. We acquire them either freely or with payment. We keep and use them. We can exchange them as gifts or give them away. And most importantly, we form evaluative associations about condoms along the way. That is, we derive from their consumption either satisfaction and pleasure or dissatisfaction and discontent (Higgins & Hirsch, 2008). According to this perspective, we may like and enjoy condoms, or conversely, we could dislike or even detest condom use. Liking and enjoyment are theorized to relate to condom use- an approach pathway while dislike and dissatisfaction are associated with non-use- an avoidance pathway.

Negative Experiences with Condom Use

A handful of studies have outlined the range of actual problems associated with condoms. From a sexual health perspective, the two most critical problems that might occur when using condoms are slippage and breaking (Ross, 1987; Spruyt et al., 1998). Slippage and breaking were considered problematic because they lower a condom's efficacy in preventing STIs and unwanted pregnancy by directly compromising the barrier mechanism of the condom (Crosby et al., 2002). Slippage may be caused by poor fit such that a condom may be too loose or too tight. Breaking is often a result of oil-based lubricants which damage latex, the most common material condoms are made of; the use of sharp-edged instruments to open condom wrappers including nails or teeth; and occasionally, poor fit.

Research by Crosby, Yarber, and colleagues (2005; Yarber et al., 2007) have documented other possible problems with condom use including loss of erection and discomfort (usually associated with a condom being too tight for men or with irritation or pain experienced by a receptive partner when ample lubrication is lacking). Such "fit and feel" problems form part of a negative experience with condoms which may lead to irregular condom use or avoidance of condom use altogether (Sanders et al., 2012).

Studies have also begun to look into predictors of condom use problems, focusing mostly on men's experiences. Findings from this growing body of research show that encountering problems is more likely for men who have never received instruction on condom use and those who believe their partners dislike condoms (Yarber et al., 2004). Men who have less experience with condoms and unilaterally decide on using condoms without discussing it with partners are also more likely to experience problems (Crosby et al., 2008). Finally, men with low self-efficacy about using condoms correctly (i.e. men who do not feel confident about their ability to correctly put on and use a condom), experience more problems compared to those with higher confidence (Crosby et al., 2007).

Locally, some qualitative work has documented Filipinos' *anticipated* problems with condom use. For example, earlier community-based research by Palabrica-Costello and colleagues (1997) using focus groups in Kamuning, Cagayan de Oro, and Misamis Oriental showed that both men and women popularly believed that condoms would reduce sexual pleasure, would cause pain for women, and would not work.

More recent research by Lucea and colleagues (2013) found similar negative views about prospective condom use. Focus groups with Cebuano young adults who had never used condoms before indicated that men and women had fear-tinged expectations of condoms having invisible holes, worries of condoms slipping and being left inside women's bodies, and beliefs that condoms would not just hurt women but reduce the "heat of sex", thus, making coitus dissatisfying. The overall theme from these qualitative studies is that many Filipinos expect problems during sex with condoms even if they do not have actual experience with condom use.

Problems versus Errors

Apart from anticipated versus actual experiences with condom use, another important distinction should be made between *problems* versus *condom use errors*, defined as technical errors in the act of using condoms during sex (Crosby et al., 2002; Sanders et al., 2012). Errors such as relying on oil-based lubricants produce *incorrect* condom use. Errors may also co-occur with problems. An example of a problem is ripping, which can be the result of the act of unrolling condoms before putting them on, which in

turn, is a condom use error. Reusing condoms, another condom use error, can lead to the problem of slippage due to the strain on the latex. The distinction between errors and problems is important because errors relate to *incorrect* condom use (see Figure 1).

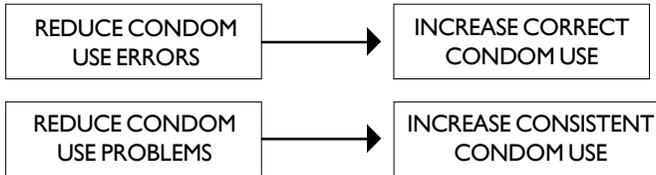


FIGURE 1
Conceptual links between reducing errors and problems
and promoting correct and consistent condom use

On the other hand, inconsistent condom use is usually associated with having experienced problems with condoms, which is the focus of this paper.

Study Goals

The current analysis explored actual experiences of problems with condom use by Filipino men using nationally representative data. In particular, we sought to: (1) determine the prevalence of actual problems with condom use among Filipino men; (2) list the most common problems experienced by Filipino men during condom use; and (3) identify some factors that predict having problems with male condoms among sexually active Filipino men.

DATA AND METHOD

Dataset

We analyzed data from the men's subset of 2003 National Demographic and Health Survey (NDHS), a countrywide survey by the National Statistics Office (NSO) using stratified multi-stage cluster sampling. Because data were only collected from women in the 2008 and the 2013 rounds, the 2003 NDHS dataset remains the only available nationally representative source of information about Filipino men's experiences with condom problems.

After passing a screener question of whether they had ever used a condom during sex, a total of $N=1,010$ Filipino men ages 15 to 54 were asked about experiences of problems with condom usage. We utilized data from this subsample of Filipino male condom users in the present analysis.

Variables

Condom problems. Experiences of problems with condom use were assessed using a dichotomous item “Have you ever experienced any problems with using condoms?” (yes or no). Respondents who reported problems answered the open-ended follow up question “What problems have you experienced?” The free responses were coded into the following categories: difficulty with disposal, difficulty putting on or taking off, spoiled mood, diminished pleasure, partner objection, inconvenience of use, and breakage. Multiple responses were permitted.

Predictors. We explored associations between experiences of problems with condoms and a number of possible predictors that have been used in previous researches on condom use in the Philippines (Laguna, 2004; Manalastas, 2005, 2006; Ramos-Jimenez & Lee, 2001) including: demographic and background variables, knowledge about condoms, and subjective beliefs. The demographic variables were: age (in years), socioeconomic status (using the NDHS wealth quintiles), educational attainment (elementary/none versus high school versus college/university), and sexual-minority status (heterosexual versus gay/bisexual/MSM based on self-reports of gender of lifetime sexual partners). Knowledge about condoms’ properties was assessed in three separate dichotomously scored items: (1) “A condom protects against disease” (agree or disagree), (2) “Can people reduce their chances of getting the AIDS virus by using [a] condom every time they have sex?” (agree or disagree), and “A condom can be reused” (agree or disagree, reverse-keyed). Men’s subjective beliefs about condom use, specifically the belief that condoms would be incompatible with pleasure during sex, were measured with the item “Condoms diminish a man’s sexual pleasure” (agree or disagree).

Analytic procedures. Logistic regression analysis was used to identify which predictors were significantly associated with experiencing problems with condom use. Predictors were entered simultaneously in an inclusive

model following recommendations for formative research (Bursac, Gauss, Williams, & Hosmer, 2008). This model correctly classified 80% of cases, and showed better fit with the data compared to a constant-only model, $\chi^2(13) = 61.6, p < .001$, with $-2 \log \text{likelihood} = 944.19$. Statistical significance of individual variables was assessed using conventional p-values and we examined odds ratios, including 95% confidence intervals to determine the magnitude of any effects.

RESULTS

Problems with Condoms

Contrary to anecdotal reports which suggest condom problems are common and widespread, majority of Filipino condom-users (80%) did not report any problems. Most Filipino men who used condoms appear to have done so problem-free. Only one out of five users experienced problems with condom use during sex.

Table 1. Problems with Condoms among Filipino Men Reporting Negative Experiences with Condom Use

Problem	Percentage
Reduced pleasure	55%
Inconvenience	36%
Spoiled mood	18%
Condom breakage	13%
Difficulty putting on	9%
Difficulty disposing	5%
Partner disliked condom	5%

Among those who did report problems, pleasure reduction was the most frequently cited (55% of respondents who experienced problems), followed by feelings of inconvenience (36%) and spoiled mood (18%). Breaking, a critical problem that directly affects the efficacy of condoms in protecting partners during sex, was cited by only 13% of respondents who had problems with condoms (about 3% of the total sample of men

who had ever-used condoms). Table 1 shows the reported problems associated with condom use. Tabulated percentages do not add up to 100% due to multiple responses.

Predictors of Problems with Condoms

Problems with condoms was significantly associated with age ($p < .05$; odds ratio = 1.02, 95% CI = 1.00-1.04), indicating that older men were incrementally more likely to report problems with condom use. Other background variables like socioeconomic status, educational attainment, and sexual orientation were not significantly related to condom use problems.

Table 2. Predictors of Experiencing Problems with Condoms among Filipino Men

Predictor	Odds Ratio	95% CI
Age*	1.02	1.00 - 1.04
SES (<i>0 = poorest</i>)		
Poorer	0.75	0.39 - 1.44
Middle	0.74	0.39 - 1.39
Richer	0.92	0.49 - 1.75
Richest	0.95	0.50 - 1.81
Education (<i>0 = elementary</i>)		
High school	0.77	0.49 - 1.22
College & university	0.65	0.38 - 1.11
Knowledge: "Condoms protect against disease"	0.98	0.57 - 1.67
Knowledge: "Condoms protect against HIV"	1.04	0.68 - 1.59
Knowledge: "Condoms cannot be reused"	0.78	0.37 - 1.65
Subjective Belief: "Condoms diminish pleasure" **	1.92	1.19 - 3.11
Sexual Orientation (<i>0 = heterosexual</i>)	0.67	0.36 - 1.29

* $p < .05$; ** $p < .01$

Knowledge factors were not associated with the outcome variable of interest, in this case, problems with condom use (all p 's > .05). Knowing that condoms could protect against disease including HIV infection or that condoms cannot be reused was unrelated to whether men experienced problems with condoms or not. In contrast, subjective beliefs related to condom use, particularly that it would diminish pleasure during sex, was significantly associated with experiencing problems ($p < .01$, odds ratio = 1.92, 95% CI = 1.19-3.11). That is, men who had negative expectations about condoms were more likely to report problems in using condoms during sex.

DISCUSSION

Contrary to expectations from anecdotal accounts and qualitative researches, condom use was problem-free for most Filipino men. Majority of sexually active Filipinos did not experience problems when they actually use condoms during sex. For those who did report problems, established critical concerns with condom use (i.e. breaking and slippage), which compromise efficacy to prevent STI transmission and unwanted pregnancy, were not among those commonly identified. Instead, reduced pleasure, being inconvenienced, and mood spoilage were among those that some users reported.

Examination of predictors indicates that subjective beliefs regarding condom use appear to be more critical than sheer knowledge about the features of condoms. This echoes what has been established in the global health psychology literature that sheer knowledge, while often a necessary condition to promote public health and reduce morbidity, has little association with the actual enactment and experiences of health-related behaviors (Choi, Rickman, & Catania, 1994; Sheeran et al., 1999).

Problems with Condoms or Problems with Users?

Negative subjective beliefs about contraceptives have been long argued as a determinant of non-adoption of modern family planning methods (Barcelona, 1985). Likewise, negative experiences with technologies like condoms may contribute to a "culture of resistance" against condom use, via the development of negative subjective beliefs (Measor, 2006).

Direct negative experiences may lead to unfavorable beliefs, but negative beliefs can also serve to create self-fulfilling negative expectations (Bond & Dover, 1997). Such beliefs then function to legitimize non-use (i.e., “I won’t use condoms because I think condoms would feel uncomfortable, even if I’ve never actually tried them”). This justification process is supported by studies which show that regular condom users are less likely to believe condoms reduce pleasure, compared to non-users (Brown et al., 2008; Conley & Collins, 2005). That is, for consistent users, condoms are well incorporated into sexual scripts and are simply a given during any sexual interaction. Any pleasure reduction is largely negligible.

The other point is that condoms, like any other consumer goods, can become infused with positive affect. The consumption of these goods can be enjoyable (Higgins & Hirsch, 2008; Philpott, Knerr & Maher, 2006). Erotic experiences, including the sexual experiences that entail risk and where condom use would offer protection, are significantly motivated, enacted, and given value by participants using the lens of pleasure. The subjectivity of pleasure and enjoyment actually allows for solutions to the problem of resistance to condom use (Measor, 2006; Randolph et al., 2007; Scott-Sheldon, et al., 2006). While the NDHS dataset is limited in its variables to allow for direct examination of these social psychological mechanisms, the current findings provide an empirical basis for future tests of how pleasure and other dimensions of subjective experience might influence condom use among Filipino men.

Caveats and Research Recommendations

Some limitations of this analysis need to be kept in mind. These include the use of NDHS data from 2003 as well as the dataset’s cross-sectional design and reliance on self-report data. It is possible that Filipino attitudes and subjective beliefs toward condom use may have changed over time, given that the data were collected a decade ago. On the other hand, some researchers have found mixed evidence that attitudinal shifts over time have large impact on condom use patterns as a whole (Pleck, Sonenstein, & Ku, 1993). More consistent data collection on Filipino men’s sexual health behaviors like condom use is needed, ideally with time-lagged designs that can offer direct tests of our hypothesis that negative beliefs can serve as self-

fulfilling expectations during sex using condoms. Future studies should also look into condom use errors, the other critical factor in the formula of correct and consistent condom use. Finally, equivalent data about women's experiences with condoms are needed, since contraceptive use during heterosexual sex is subject to dynamics like power, communication, and persuasion (Higgins & Hirsch, 2008).

Notwithstanding these caveats, the use of nationally representative data here contributes to the literature on Filipino sexual health practices. At the same time, the present analysis answers the call to bring in and problematize men's experiences in matters related to Filipino reproductive health and family planning (Clark et al., 2007).

Implications for Programmatic and Personal Interventions

In terms of interventions, family planning and reproductive health programmers would do well to remember that men and women seek sex that feels pleasurable, enjoyable, and comfortable (Higgins & Hirsch, 2008) and that awkward, negative, and problematic experiences with condoms and other forms of protection can lead to inconsistent use. Highlighting pleasurable aspects of condom use is thus one venue worth exploring (Brown et al., 2008; Conley & Collins, 2005; Philpott, Knerr, & Maher, 2006; Randolph et al., 2007). This can include interventions that normalize condoms, eroticize protected sex, and train men to incorporate condom use into the social script of sexual interaction (Williamson, Buston, & Sweeting, 2009). Problems can be minimized by promoting practices such as paying attention to fit, adequate lubrication, and reframing negative expectations regarding condoms. All these can be possible to ensure that sexually active Filipino men and their partners can engage in consistent and correct condom use, with minimal problems, maximum efficacy, and maximum enjoyment.

CONCLUSION

Filipino men may encounter problems when using male condoms but this is by no means a necessary or even a highly frequent occurrence. Among those few who report problems, the most common were subjective and unrelated to condoms' properties to provide sexual protection. Subjective beliefs appear to be the most critical modifiable factor related to experiencing problems with condom use, suggesting that more micro-level, social psychological analysis, can provide additional insights into contraceptive and sexual health practices beyond purely structural or demographic approaches.

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