

FILIPINO MEN'S EFFICACY BELIEFS ABOUT ACQUIRING CONDOMS

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ABSTRACT

In order to correctly and consistently use condoms as protection during sex, individuals first typically engage in preparatory behaviors such as acquiring a condom. This paper explores Filipino men's efficacy beliefs about condom acquisition using data from the 2003 National Demographic & Health Survey. Results show that many Filipino men believe they could obtain a condom for themselves if they wanted to, though these efficacy beliefs were related to embarrassment about buying condoms, prior heterosexual experience, and socioeconomic status, but not to knowledge of condoms' protective ability or to other demographic factors. The critical role of embarrassment as a social emotion surrounding condom acquisition as well as the importance of examining preparatory behaviors for research and intervention purposes are discussed.

KEYWORDS: *Condom use, preparatory behavior, efficacy beliefs, Filipino men*

INTRODUCTION

Condoms, when used correctly and consistently during sex, offer a high degree of protection against sexually transmitted infections including HIV and AIDS. During heterosexual intercourse, condom use also reduces the risk of unwanted pregnancy. Despite these well-known facts, condom use remains very low (less than 15%) among Filipino men (Eusebio, 2007; Laguna, 2004; Manalastas, 2005, 2006).

This research paper focuses on a specific behavioral precursor to condom use – the act of personally acquiring condoms. Obtaining condoms is a necessary preparatory behavior for condom use during sex – simply put, without having first obtained condoms, there can be no condom-protected sex. Because this basic behavioral step can open or close the door to condom use, condom acquisition is a critical point of research and intervention towards the goal of sexual health promotion. In this paper, I explore Filipino men's efficacy beliefs about personally obtaining condoms, using a social psychological perspective.

REASONS FOR LOW CONDOM USE

Existing analyses of sexual behaviors of Filipino men in the context of HIV research tend to attribute low levels of condom use to various sociological and structural factors. These include restricted condom supply, sexual cultural norms that stigmatize condom use in general, the anti-condom stance of a powerful Roman Catholic church, the lack of a comprehensive school-based sexuality education, and dominant sexual ideologies which may prescribe condom use only in particular sexual contexts like during casual sex but not in committed relationships (Caccam, 2006; Hearst & Chen, 2003; Mateo, Sarol & Poblete, 2004; see Human Rights Watch, 2004, for a particularly extensive and critical review).

In terms of more proximal, social psychological variables, emphasis has been primarily on attitudes toward condoms and individual beliefs regarding condoms' protective properties. Unfortunately, studies have shown that attitudes and knowledge are not necessarily robust predictors of condom use (Laguna, 2004; Manalastas, 2005, 2006), a

finding that has been well established in the global literature on health behavior (Marks et al., 2005). In contrast, in a landmark meta-analytic review of social psychological variables related to heterosexual condom use, Sheeran, Abraham and Orbell (1999) showed that among the strongest determinants of using condoms during sex, with medium to high effect sizes, are three prior behaviors, namely (1) buying condoms, (2) carrying condoms, and (3) discussing condom use with a sexual partner.

Preparatory Behaviors Leading to Condom Use

Though sexual health research is ultimately interested in correct and consistent condom use as a behavioral outcome, there has been recent work investigating the multiple behaviors that precede and lead to the goal of condom use. These behaviors have been termed *preparatory safer sexual behaviors*, or simply, *preparatory behaviors* (Bryan, Fisher, & Fisher, 2002; Gebhardt, Kuyper, & Dusseldorp, 2006; Greenlee & Surprenant, 1999; van Empelen & Kok, 2008). Preparatory behaviors to condom use may include deciding to use condoms, purchasing condoms, carrying them or making sure they are readily accessible during sex, discussing condom use with a sexual partner, and even rehearsal behaviors such as practicing how to put on a condom correctly (see Figure 1).

Figure 1
Possible preparatory behaviors leading to condom use.



Conceptualizing preparatory behaviors as distinct from actual condom use is important for at least three reasons (Bryan, Fisher, & Fisher, 2002). First, at the methodological level, there is empirical evidence that these behaviors temporally precede condom use and indeed, act as mediators between social psychological constructs like attitudes, norms, and intentions, and condom use outcomes. And although background variables such as

age, socioeconomic status, and education levels have sometimes been found to be correlated with condom use behaviors (e.g., Laguna, 2004¹), preparatory behaviors have shown robust associations with condom use regardless of such individual characteristics (Bryan, Fisher, & Fisher, 2002; Gebhardt, Kuyper, & Dusseldorp, 2006). These preparatory behaviors can thus serve as proxy outcomes for condom use in situations when the assessment of actual condom use is not available (for example, in longitudinal studies where participants have not had any opportunities to engage in sex by the time of follow-up).

Second, preparatory behaviors are theoretically interesting, especially in models of health behavior that posit health outcomes as the endpoint of a series of dynamic behavioral, motivational, and cognitive processes (Grimley, Prochaska & Prochaska, 1997). Finally, in terms of intervention purposes, preparatory behaviors offer very specific and concrete entry points for sexual health programs beyond solely promoting condom use. Though not sufficient in and of themselves to directly cause the desired behavioral outcomes, preparatory behaviors comprise a category of instrumental acts that can facilitate condom use, making them important for sexual health researchers to investigate.

Research Problem

If a necessary preparatory behavior for actual condom use is acquiring condoms, how sure or unsure are Filipino men that they can indeed successfully obtain condoms? I explored the preparatory behavior of acquiring condoms by focusing on Filipino men's efficacy beliefs regarding condom acquisition. Efficacy beliefs refer to an individual's conviction that he or she can successfully execute a behavior required to achieve a goal or desired health outcome (Grimley, Prochaska, & Prochaska, 1997), in this case, Filipino men's beliefs that they can personally obtain a condom. Specifically, I sought to answer the following questions:

- (1) What is the general level of efficacy of Filipino men that they can successfully acquire condoms for themselves?
- (2) What factors, including social psychological and demographic variables, are related to such efficacy beliefs?

¹ See Sheeran, Abraham, & Orbell, 1999, for meta-analytic findings indicating low effect sizes for such variables

METHOD

Data

I analyzed data from the male subset of the 2003 National Demographic and Health Survey (NDHS), a nationally representative survey using stratified multi-stage cluster sampling conducted by the National Statistics Office (NSO) from June to September 2003. The 2003 NDHS men's questionnaire was administered to 5,009 Filipino men ages 15 to 54 years old eligible for interview, with 4,766 successfully interviewed for a response rate of 95%.

After passing a filter question asking if they knew of a place where condoms could be obtained, a total of 3,252 Filipino men (68.2%) were subsequently probed about their efficacy beliefs regarding condom acquisition. It is this subset of men who are included in this current analysis.

Measures

Outcome. Respondents' efficacy beliefs regarding condom acquisition was assessed using the item "If you wanted to, could you get yourself a condom?" Response categories were yes, no, or unsure/don't know. For the logistic regression analysis, the response categories were recoded into a dichotomous variable yes =1 and no/unsure/don't know =0.

Predictors. Three social psychological variables were examined: knowledge of condoms' protective properties, embarrassment regarding condom purchasing, and prior heterosexual sexual behavior. Knowledge was measured using the belief item "A condom protects against disease" (agree or disagree). Embarrassment was also assessed dichotomously, with the statement "Buying condoms is embarrassing" (agree or disagree). Heterosexual behavior was measured via self-report of at least one experience of sexual intercourse with a woman. In addition, background variables were included in the analysis, namely age, educational attainment (three levels: elementary school/none vs. high school vs. college), and socioeconomic status (measured using the NDHS wealth index quintiles).

RESULTS

The social psychological and demographic factors were entered into a logistic regression model to explore significant associations with Filipino men's efficacy beliefs about obtaining condoms. After screening for missing

variables, a total of 3,252 cases were eligible for regression analysis. A test of the full model with all six predictors against a constant-only model was significant, $\chi^2(10) = 255.80$, $p < 0.001$ ($-2 \log \text{likelihood} = 2344.42$). Prediction success was moderately high (84.7%).

Descriptives

Majority of Filipino men (86.1%) correctly believed that condoms possess protective properties against disease. However, more than half (58.2%) considered the act of buying condoms to be embarrassing. Finally, most of the men in the sample (72.9%) reported at least one sexual experience with a woman.

Respondent age ranged from 15 to 54 years, with an average of 31.1 ($SD = 11.2$). About a third (32%) had elementary-level education or lower; 43% had reached up to high school; and a quarter (25%) had college-level education. In terms of socioeconomic status, as measured using the NDHS wealth index quintiles, participants in the sample were distributed evenly across the five levels from poorest, poorer, middle, richer, to richest (18.5% vs. 19.7% vs. 20.8% vs. 20.1% vs. 20.9%, respectively).

Efficacy Beliefs about Acquiring Condoms

Majority of Filipino men who knew of a place where condoms were available reported believing they could personally obtain a condom for themselves (83.5%), indicating an overall high level of efficacy (see Table 1). About one out of ten believed that they would not be able to obtain a condom even if they wanted to (12.1%), while the rest were unsure (4.5%).

Table 1. Filipino men's efficacy beliefs about acquiring condoms²

	Frequency	Percentage
Yes, able to	2714	83.5
No, not able	392	12.1
Unsure/DK	146	4.5
Total	3252	100

² Based on answers to the question "If you wanted to, could you get yourself a condom?"

Predictors of Efficacy Beliefs about Acquiring Condoms

According to logistic regression results, efficacy beliefs were significantly associated with three factors: socioeconomic status, embarrassment about buying condoms, and prior heterosexual experience (Table 2). Generally, Filipino men from middle to highest socioeconomic levels were more likely to believe they could obtain condoms, compared to men from the lowest SES quintile, Wald $\chi^2(4) = 13.6, p < 0.01$, odds ratios ranging from 1.68 to 1.93. In terms of more social psychological factors, men who considered purchasing condoms to be embarrassing were less likely to believe they would be able to obtain condoms, Wald $\chi^2(1) = 63.0, p < 0.001$, odds ratio = 0.43 (95% CI [0.35, 0.53]), compared to men who reported no such embarrassment. Finally, men who had had heterosexual sex were more than three times more likely to believe they could obtain condoms than men with no sexual experience with women, Wald $\chi^2(1) = 73.1, p < 0.001$, odds ratio = 3.37.

Table 2. Predictors of efficacy beliefs about acquiring condoms (N=2,982)

Variable	Odds ratio (95% CI)
Knowledge	1.32 (0.97-1.80)
Embarrassment***	0.43 (0.35-0.53)
Heterosexual experience***	3.37 (2.55-4.46)
Age	1.01 (0.99-1.02)
Education (0=elem/none)	
<i>High school</i>	1.14 (0.86-1.51)
College	1.27 (0.91-1.77)
SES (0=poorest)	
<i>Poorer</i>	1.36 (0.97-1.93)
<i>Middle**</i>	1.68 (1.18-2.41)
<i>Richer**</i>	1.93 (1.33-2.80)
<i>Richest**</i>	1.64 (1.12-2.38)

p* < .01, *p* < .001

Knowledge that condoms protect against disease did not appear to be a significant predictor in the model, Wald $\chi^2(1) = 3.17, p = 0.07$, odds ratio = 1.32 (95% CI [0.97, 1.80]); likewise, age³ and educational attainment were not significantly related to efficacy beliefs about acquiring condoms (all 95% confidence intervals for the respective odds ratios contained the value 1.0).

DISCUSSION

Findings from a nationally representative sample of Filipino men show overall high levels of efficacy for acquiring condoms. That is, most Filipino men believe that, if they wanted to, they could obtain condoms for themselves. Efficacy beliefs were related to embarrassment about purchasing condoms, indicating that one important barrier to confidence about engaging in this preparatory behavior is the emotional discomfort and anxiety ascribed to the act of buying condoms.

Embarrassment, from a social psychological perspective (e.g., Dahl, Gorn & Weinberg, 1998), can occur when a situation poses a dilemma between a publicly observable behavior (e.g., buying condoms at a drugstore) and apprehension about negative social evaluation by others (e.g., disapproving judgments by others, like people in line at the counter or even imagined others not physically present like one's parents).

Research has indeed shown that people may find the process of buying condoms to be potentially embarrassing, even if rationally they know that condom use protects against disease or believe that using condoms is an important sexual health behavior (Mays et al., 1993). One reason for this embarrassment may stem from the finding that publicly buying condoms can lead others to think that one is having sex or at least plans or expects to have sex (Dahl, Gorn & Weinberg, 1998). And because in many sexual cultures including ours, sexual interaction is normatively

³ Bivariate analysis of age and heterosexual experience indicated that the two variables were correlated, $r = .55, p < .001$, with older men being more likely to report having had at least one sexual experience with a woman. In order to disentangle the potentially confounding influences of these two factors on efficacy beliefs, further partial point-biserial correlations were conducted. When controlling for heterosexual experience, efficacy beliefs were not associated with age, partial $r = .02, p = .13$. When age was partialled out, however, the association between efficacy beliefs and heterosexual experience was significant, partial $r = .20, p < .001$, suggesting that it is indeed prior heterosexual behavior that is the more critical factor between the two. I thank an anonymous reviewer for this suggestion.

constructed as a "private" and "personal" matter that is best kept to oneself and one's partner (Tan, 2005), and at the same time dominant anti-condom ideologies are reinforced by church and state (Caccam, 2006), even the best of individual intentions to use protection during sex may not translate into behavior if such actions incur negative social judgment. Direct tests of this hypothesis, looking at embarrassment as a function of sexual privacy ideologies and internalized anti-condom attitudes, are needed and can be good directions for next research.

Looking into preparatory behaviors and not just condom use itself, as I have argued, is an important avenue for both research and intervention. How can we expect sexually active Filipino men to protect themselves during sex by using condoms correctly and consistently, if they already experience difficulty in precedent behaviors such as obtaining condoms? Like other health behaviors such as smoking cessation or exercise adherence, condom use is only the endpoint of a set of dynamic social psychological processes, not just a flat, one-dimensional act (Grimley, Prochaska & Prochaska, 1997). As such, beyond structural factors like condom affordability and supply, proximal factors such as embarrassment play an important role in enabling or constraining condom use behavior.

Apart from embarrassment, other factors significantly associated with efficacy beliefs about acquiring condoms were: having sexual experience with a woman and higher socioeconomic status. Prior heterosexual experience can provide the behavioral context for direct engagement with sex-related products such as condoms, and prior related experiences are theoretically expected to boost efficacy beliefs (Grimley, Prochaska, & Prochaska, 1997; Sheeran, Abraham, & Orbell, 1999). Conversely, the findings suggest that Filipino men who are not yet sexually active may be at higher risk for low efficacy regarding condom acquisition and may require particular interventions different from those who are already sexually active. More contextually, socio-economic status was related to efficacy beliefs, with more economically well-off men being more likely to believe they could acquire condoms. Beyond their health-protecting properties and ascribed symbolic meanings, condoms are ultimately material products that have to be put in the context of an economic system that puts constraints on their supply and availability to consumers (Human Rights Watch, 2004).

Finally, as shown in many previous studies and in the global literature on health psychology, knowledge and beliefs in and of themselves appear to have little predictive ability in facilitating the health behaviors they intend to support.

Limitations and Further Directions

Aside from the limitations of the NDHS data which have been described elsewhere (Manalastas, 2005, 2006), two caveats can be highlighted in the present analysis. First, I relied on a self-report measure of efficacy beliefs about acquiring condoms, not condom acquisition behavior per se. Although such measures have been shown to be robust proxies of the behavioral outcomes they mediate (Ellen et al., 2002; van Empelen & Kok, 2008), future research would do well to focus on actual acts of buying condoms and other forms of acquisition.

Second, the present analysis is specific to Filipino men's views on acquiring condoms. Investigation of how Filipina women acquire – and believe they can acquire – condoms for themselves would be interesting and important to pursue, given that condoms and sex in general are imbued with highly gendered meanings within a sexual culture system (Eusebio, 2007) and that women often have less social power, including the power to access and control heterosexual interactions (e.g., negotiating and implementing condom use intentions), relative to men (Albarracín, Kumkale & Johnson, 2004). A more nuanced analysis, one that incorporates a critical gender lens, is needed because condom use is ultimately a dyadic behavior that requires the participation of two individuals who, in the case of heterosexual sex, are often differentially positioned in terms of social power.

Despite these limitations, one specific implication for intervention can be identified. Programs that seek to promote sexual health via increasing condom use among sexually active Filipino men should consider targeting not just condom use per se or HIV and AIDS knowledge and awareness, but should also empower men to engage in preparatory behaviors such as condom acquisition. Interventions that include components which target the potential stigma and embarrassment surrounding condom purchasing and condom use have been shown to be effective elsewhere (e.g., Wolfers et al., 2007). Recasting and redefining the social meanings around condoms, as well as rehearsal of the preparatory behaviors that facilitate condom

use, will go a long way in ensuring the promotion of correct and consistent condom use among sexually active Filipino men.

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