



'Do You Know What You're Doing?' College Students' Experiences with Male Condoms

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ABSTRACT

Background: Although quantitative assessment of male condom use errors and problems has received increased research attention, few studies have qualitatively examined this sexual health behavior. **Purpose:** This study examined problems of male condom use as experienced by college men and women at a large, public Midwestern university. **Methods:** Single-sex focus groups were conducted, two involving men ($n=9$, $n=9$) and two involving women ($n=7$, $n=13$). Eight research questions guided the discussion. **Results:** Six categories of problems and errors were identified: availability and provision of condoms, condom application, "fit and feel" of condom use, erection problems, incomplete use, and breakage and slippage. Participants expressed concerns, including mistrust of each gender for supplying and applying condoms, inadequate lubrication during condom use, condoms partially or fully slipping off, "losing" part or all of the condom in the vagina, delayed application, and reduced sensation and irritation. Some men expressed concern that vigorous sex might cause condom breakage, while some women indicated they did not like the smell of condoms. **Discussion:** Both male and female students expressed numerous concerns and issues related to condom use. **Translation to Health Education Practice:** Greater attention to correct condom use as well as the sexual relationship dynamics related to condom use is needed in college health education programming.

Quantifying user errors and problems is an important emphasis of research on male condom use.¹ Indeed, several studies have assessed the frequency of user errors and problems among young adults.¹⁻⁸ Collectively, these studies strongly suggest that condom use errors and problems are highly prevalent among young adults.

The initial value of research investigating the prevalence of condom use errors and problems was to address analytic discrepancies between measures of self-reported condom use and the presence or absence of sexually transmitted infections (STIs).^{4,9-11} The prevalence of errors and problems can also provide justification for prevention education designed to promote the correct use

of condoms. However, the current evidence cannot fully guide the development of this education because it lacks qualitative insight

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into the occurrence of such problems.

Several types of user errors clearly warrant greater understanding gained through

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qualitative investigation. For example, one common error involves placing a condom on the penis wrong side up.^{8,12} Whether this is a consequence of inadequate condom use education, deficient application skills, or other factors warrants investigation. Studies have also shown that couples often apply condoms after sex has begun or that they remove condoms before sex ends.^{8,11-14} Problems such as dryness, inappropriate size, discomfort, slippage, and condom-associated erection loss have also been identified as prevalent,^{3-8,11,12,15-19} yet the contextual and relational reasons for the occurrence of these problems is not adequately understood.

Qualitative approaches to the investigation of condom use errors and problems could be beneficial for several reasons. First, it could reveal what difficulties young adults may experience using condoms. Clearly, such difficulties may become substantial barriers to the consistent use of condoms among young adults. Understanding the dynamics of these difficulties could then be useful in the construction of education programs designed to protect young adults from STIs and unplanned pregnancy. Second, the contextual background (including arousal states and sexual scripts) is an important but understudied aspect of condom use errors and problems. Understanding the context may contribute to an improved understanding that, in turn, can lead to improved educational programs. Finally, a more in-depth understanding can greatly improve the validity of survey instruments designed to assess the scope and degree of condom user errors and problems that might occur among young adults.

PURPOSE

The goal of this study was to qualitatively investigate errors and problems during male condom use as experienced by college men and women at a large, public Midwestern university.

METHODS

Participants

Volunteers were recruited to participate in focus groups. Unlike one-on-one inter-

views, focus groups have the advantage of stimulating respondents to recall and relate their experience through informal discussion among peers. Focus group procedures suggested by Denzin and Yvonna²⁰ and Morgan²¹ were used. Focus groups have been used successfully as a means of gathering data pertaining to sex-related issues.^{22,23}

Recruitment was achieved using ads in the campus student newspaper and flyers posted on campus (e.g., residence halls, academic buildings, student organization bulletin boards). The ads and flyers stated, "We are looking for both men and women who have used male condoms to participate in small discussion groups involving 8 to 12 same-gender participants lasting approximately two hours." Regarding inclusion criteria, participants were required to meet the following characteristics: English-speaking; at least 18 years of age; students at the university; self-identifying as heterosexual; and reporting condom use for heterosexual activity at least four times in the previous month. We chose four condom-use episodes per month (representing an average of once per week) because we wanted to be sure participants had sufficient experience in condom use. Compensation of \$25 was provided to participants. All study procedures were approved by the Institutional Review Board.

Procedure

Four single-sex focus groups were planned: two each for men and women. After volunteers responded to ads or flyers via e-mail, they were sent reply e-mails containing a brief questionnaire. This questionnaire was used to determine eligibility. Of the 57 students who were sent a screening questionnaire, 44 indicated that they could attend the focus group at the time it was scheduled; of these, only one was deemed ineligible. Those who were eligible were asked for contact information (phone and mailing address). They were sent—via e-mail or regular mail, depending on their preference—a consent form and a second questionnaire that solicited demographic information and data about relationship status, number of sex partners, prevalence of selected sexual behaviors,

and condom use and education. Participants were directed to bring the completed materials to the focus group meeting. (If a participant forgot to bring these materials, we had them complete the forms before the focus group began.) Participants received a reminder e-mail or phone call regarding the date and time of the session that they were scheduled to attend. Of the 44 who were scheduled for the focus group sessions, 38 (86%) actually attended.

The focus groups were conducted in the evenings in a private conference room. Each group was moderated by two researchers: a faculty member (the lead moderator) and a graduate student, both of the same gender as the participants. Participants were reminded at the beginning of the session that all information would be kept confidential not only by the researchers, but by the participants as well. They were also told that they could choose to use pseudonyms if they wished, and that the researchers were interested only in their experiences and their observations of their peer groups' experiences. Most of the participants did not know each other. Sessions were audiotaped and transcribed verbatim for analysis by a staff member with considerable experience in transcription. The transcriber frequently listened to sections of the tape more than once to increase accuracy in transcribing. The transcripts did not identify individual participants.

The moderators used a script to ensure that discussion focused on the topics of interest. At the beginning of the session, consent information and the importance of confidentiality were reviewed. The script included eight sets of research questions (Figure 1), which were developed based on previous research related to condom use errors and problems among young adults.^{2-8,12,16} These questions were designed to provide insight into what difficulties participants experienced during condom use.

Analysis

The lead moderator of each focus group listened to the audiotapes and carefully compared them to the transcripts, making any necessary additions and corrections. Next, all transcripts were analyzed, and recurring and



Figure 1. Research Questions Used to Guide Discussion in the Focus Groups

- What are some of the problems that you or your sexual partners have experienced using male condoms?
- Have you ever started having sex without a condom on and put the condom on later? What are some of the reasons that this happened? (e.g., switching types of sexual activity)
- Have you ever started having sex with a condom and taken the condom off before sex was over? What are some of the reasons that you or your partner took the condom off before sex was over? (e.g., erection problems)
- Have you or a partner ever had problems getting or keeping an erection during sex when a condom is used? When during a sexual encounter is loss of erection most likely to happen? What reactions might a male partner and a female partner have to loss of erection with condom use? How does this affect condom use? Do any problems with condom use (e.g., bad fit or dryness) make loss of erection more likely?
- What are your experiences with putting on condoms? Any difficulties putting them on? Do you [for women]/your female partner [for men] ever apply the condom? Is condom application discussed? What factors determine whether or not you/your female partner will apply the condom?
- Have you ever had problems with “fit and feel” of condoms for either you or your partner (e.g. irritation, too tight, too loose, dry feeling)?
- Have you ever had a condom break during sexual activity? Describe what happened on one of these occasions. What do you think might have caused the condom to break? What happened after the breakage? (e.g., Did you continue to have sex? Did you use another condom?)
- Have you ever had a condom slip off during sexual activity? Describe what happened on one of these occasions. What do you think might have caused the condom to slip? What happened after the slippage?

related answers were grouped into six categories of condom use errors and problems. The first four authors of this article analyzed the transcripts and reached consensus on the six categories. Finally, potential illustrative quotes were identified.

RESULTS

Characteristics of the sample are presented in Table 1. Four focus groups were held, two involving men (n=9, n=9) and two involving women (n=7, n=13). As indicated, one group had 13 members, one more than the advertised number on the recruitment flyer. Some focus groups were “overbooked” because, according to the researchers’ prior experience with conducting such groups, a certain number of participants typically fail to attend sessions for which they are

scheduled. The relatively large size of the 13-member group did not appear to hamper discussion. The duration of the group sessions was one-and-a-half to two hours.

Some errors and problems were found to cut across the different research questions. As a result, six categories of problems and errors related to condom use were identified: (1) availability and provision of condoms; (2) condom application; (3) “fit and feel” of condom use; (4) erection problems; (5) incomplete use (not using a condom from start to finish of penetrative sex); and (6) breakage and slippage. Issues related to each of these categories are presented below, with illustrative quotes.

Note on Quote Methodology

In all quotes involving more than one participant, “P-1,” “P-2,” “P-3,” etc.,

indicate statements from different individuals. “Mod” indicates a statement made by one of the moderators.

Availability and Provision of Condoms

Several men expressed mistrust of female sexual partners who supplied condoms. As one man commented, “It’s just that trust issue. You don’t know if she poked a hole in it.” Another male participant stated, “No, I’d rather have my own....You don’t know if they’ve had them for years in their purse.” Women had similar misgivings about male partners, as illustrated in the following interaction:

P-1: Have you guys ever had the guy who pulls the condom out of his wallet and two thoughts cross your mind. One, why would you keep a condom in your wallet? Are you really expecting to get laid that often? Two, how long has it been there? How old is it? Check the expiration date.

P-2: It’s like 1990 on it.

P-3: That’s another reason why I don’t trust guys with condoms.

P-4: It could have been in their wallets with change. It could’ve been in their pockets with keys. Then they pull it out and you can see the scratches on the thing.

Women also described situations in which they felt uncomfortable when buying condoms, as in the interaction below:

P-1: I think sometimes when we are purchasing condoms it is very awkward because you go up to the cashier, especially if you are with somebody that it would be obvious, like if you are with a guy or if you are buying female condoms and you are with a girl. Even if it is just a guy friend or brother or whatever, you go up to that counter and you instantly know that they are judging you.

P-2: Yes, they are judging you. No matter what.

P-3: Then the cashier is like, “You guys



have a good time tonight.”

Men described similar situations where they felt uncomfortable purchasing condoms:

P-1: I think the worst part is when there is a young little kid right there....That's the worst.

P-2: Or when you're checking out and there's an old lady checking you out and she's giving you this dirty smile. I'm like, "Oh God, I just want to get out of there as fast as possible."

Both men and women expressed a desire to be able to purchase condoms more easily, for example, in convenient locations such as the student union and nearby stores. Interestingly, none of the men articulated these concerns, although they did talk about their perception of women who provided condoms. In these discussions, the "double standard" was acknowledged; i.e., that women are often still perceived as "sexually promiscuous" if they provide condoms even when they may just be protecting themselves. As one man said, "Yes, there is an image of women providing condoms, a certain image about her. You know, she must be really acting with a lot of partners, yet probably she is just being responsible for her own health." One male participant put forward the view that as long as sex occurred, who provided the condom was of no significance: "If you get laid, it doesn't matter if they bring the condom or not. It doesn't matter to me." In the conversation below, several women expressed admiration for women who were comfortable enough to do this.

P-1: Yeah, I have a bowl of them in my room.

P-2: That's awesome.

P-3: A bowl?

P-4: Yeah, like a variety. It sits on my TV. Everyone knows—my friends know that they can come into my room, too. Like my roommate, if she needs a condom she can come into my room and get one.

Table 1. Demographic and Background Information

Variable	Men (n=18)	Women (n=20)
Age in years		
Mean	22.3	21.4
SD	2.8	1.6
Min-max	20-30	19-25
Single/never married	100	100
Race/ethnicity		
Asian	11.1%	10.0%
African American	16.7%	15.0%
White	66.7%	75.0%
Other	5.6%	0%
Environment during most of upbringing		
Large city (e.g., Chicago, New York) or suburban area	44.4%	30.0%
Medium city (e.g., Indianapolis) or surrounding area	16.7%	45.0%
Small city (e.g., Bloomington) or surrounding area	33.3%	15.0%
Small town not close to a city	5.6%	10.0%
Relationship status		
Exclusive/monogamous sexual relationship	55.6%	60.0%
Non-exclusive/non-monogamous sexual relationship	38.9%	30.0%
Not in a sexual relationship	5.6%	10.0%
Current relationship duration in months		
Mean	11.8	13.1
SD	11.8	14.1
Min-max	1-38	2-52
Number of heterosexual partners in past three months		
Mean	2.2	1.6
SD	1.5	1.2
Min-max	1-5	1-5
Number of times had sex (PVI, PAI, or OG*) with a heterosexual partner in past three months		
Mean	48.6	23.3
SD	65.7	18.3
Min-max	5-280	4-75
Number of times used condoms in the past three months		
Mean	25.2	16.4
SD	32.1	14.7
Min-max	2-120	3-60
Ever taught how to use a male condom	61.1%	70.0%

*Penile-vaginal intercourse, penile-anal intercourse, oral genital



P-5: My roommate's a virgin and she bought a big package of condoms. She's like, "Here, they're in the bathroom if you guys need them."

P-6: That's really cool.

Condom Application

Several participants, particularly women, voiced concerns about whether they were applying condoms correctly. Sometimes this was in the context of first sexual experiences, where neither sexual partner had had any experience using condoms. As one woman described it:

P: I was 16 and I thought of sex for the first time. I was in a relationship and so we didn't know what we were doing at all. So we went to the drugstore and we're like, "Spermicide, condoms." Then we sat there reading the directions for like an hour. "OK, so this is how you do it. Do you know what you're doing?"

Even in the context of established relationships, women expressed considerable uncertainty about whether they applied condoms correctly:

P-1: Yeah, my boyfriend usually puts it on, but then sometimes I do and I'm like, "Is this all right?" and he's like, "Yeah, it's okay," and I'm like, "Are you sure?"

P-2: Yeah, I've had guys tell me that they like it better if a girl does it. So, like, I'll try to do it but then, like, I'm not—I mean, I've done it before, but at the same time I don't know if I'm doing it right.

However, other women indicated that they would like to apply condoms but were uncomfortable doing so, as the following two quotes illustrate:

P-1: I feel better when I do it but still can't offer. Okay, I'm touching one of the most private parts of you and it's to put a piece of latex on it.

P-1: Yeah, I feel awkward.

P-2: I'd been with my boyfriend over a year, at first he always did [it] and he

asked me to, and so now it's like I know that he likes [it] so I usually do it...but I always check to make sure I'm doing it right. "Does it go this way or this way?"

The issue of trust emerged in relation to condom application. Both men and women said that they did not always trust partners to apply condoms correctly. As one woman stated, "Another thing is that I don't really trust guys with condoms. Um, I tend to watch and make sure that they put it on properly and I still doubt a lot of things they do." Some of the women made distinctions between different relationships, with greater trust of men who were sexually experienced or who were established partners:

P-1: I'm in a monogamous relationship for about a year now, so it is different.

P-2: And also, if the guy is experienced with it and this is the first sexual relationship he's been in and one partner knows more than the other, you know....

P-3: I definitely think that if you're in a relationship it doesn't matter, but in a one-night stand but I always like to do it, so I'm sure [it's done correctly].

In the conversation below, a group of men discussed situations where female partners had applied condoms:

P-1: Sometimes we have a "show and tell" session.

Mod: She wanted to apply it?

P-2: Yeah, she was very interested in doing it right.

P-3: Yes, my girlfriend, I didn't really want her to try and do it because I knew she'd mess it up and she tried anyway, and it just didn't happen, so that was just a waste.

P-4: She didn't apply it correctly?

P-5: Right, right, because she didn't know how.

P-6: I had one that used her mouth one time. She was pretty talented.

Mod: Was that erotic?

P-7: Yeah, it was for me. I didn't expect it.

The statement above was a rare example of condom application being described as "erotic." More often, condom application was described as disrupting the "flow" of sexual activity, as illustrated by the following conversation among a group of men:

P-1: It's usually a mood-killer. It's a complete irritation. It's almost clinical. You know exactly what needs to be done—like, take it out, roll it down.

Mod: So, it is disruptive?

P-2: It's still an irritation.

P-3: Maybe you need to bring the mood back.

P-4: No matter what, it is still like "hold on, just a sec."

Women also described the interruption of sexual activity that condom use entails as awkward. As one woman put it, "Okay, I think that the awkwardness too, more so than any feeling, just [the] fact that 'Hold on, let me go put this on,' and then 'Hold on, I've got to go clean up.'"

An interesting discussion was sparked by a comment made by one male participant who said that if his female partner applied the condom, he could safely interpret this as "consent" for sexual intercourse to take place. Several men responded with enthusiasm to this idea as a good "strategy" to use with partners.

P-1: A lot of times what I do [is] hand her the condom and then she'll open it and that way you make sure it's consensual too because she knows what's going on. So, she takes off the package, you know, then I go ahead and take it from her.

P-2: That's a great trick.

P-3: Sometimes, you know, you go ahead and put it on and say you are ready and she's like, what are you doing? So, I hand it to her, then she knows when she opens



it up and she knows something's up.

P-4: That's an interesting strategy.

P-5: Groundbreaking idea there!

Reminiscent of the male participant who did not care who provided condoms as long as sex occurred, one man commented: "Who cares who puts it on as long as it is on."

"Fit and Feel"

Participants complained that it was difficult to find condoms that fit properly. Specific problems raised were condoms that were too tight (particularly at the base) or too thick, or that did not unroll all the way to the base. Below, two female participants discuss problems with condoms not unrolling properly.

P-1: I know at least with me, I know that you're supposed to unroll it to the base, but on a couple of guys I haven't been able to unroll like all the way.

P-2: Well, I haven't actually had slippage be a problem, at least with guys, it's been kind of like a self-esteem thing too. He knows that it is supposed to unroll all the way and it doesn't and it gets rolled up. Sometimes, I can feel that roll rubbing against me. It's weird.

A frequent complaint, raised by both women and men, was of condoms "drying out" during sexual activity, as described in one of the male groups:

P-1: Sometimes I have to go through three or four [condoms] just, in like, one round....It'll be like 30 minutes, 20 minutes, but like the inside will dry out. She'll be real wet but like the inside of it will dry out and it's just like friction on men.

P-2: I find that lubrication wears away really fast, the lubrication on the condom....I know a couple of times when I completed and pulled out and I can hold my erection for a while and go get a glass of water real quick....I go back and it has dried up really fast. The condom was just dry.

Few participants dealt with this pro-

blem by using additional lubricant, which was widely regarded as "messy." Instead, both men and women said that they would switch to a new condom, sometimes using several condoms during one occasion.

In a discussion about features of the "ideal" condom, the smell of condoms was raised as an important attribute by one group of women:

P-1: To design the perfect condom, it should taste better, be clear, and fit well. Smell better.

P-2: Not "smelly."

P-3: Not necessarily scented condoms, just try to get rid of the clinical smell.

Not surprisingly, both men and women mentioned the fact that condoms can interfere with sexual arousal as well as feelings of emotional closeness. One man observed that his female partners felt more emotionally close when condoms were not used: "Most of the girls I mess with prefer to have sex without a condom because they say it feels better. That is, it actually feels more emotional and they feel themselves getting closer to me." (Interestingly, the man followed up this statement with the comment that he didn't want to become emotionally close to these partners.)

Lack of sensation was discussed as a particular problem for male partners, and one that could lead to difficulties reaching orgasm. As one female group described it:

P-1: I have had problems with them before and it has always been that the guy has a problem orgasming because he is not able to get enough sensation.

Mod: And so, how does that affect the use of condoms, or how does the guy react?

P-2: Well, if they're drunk and they just can't get off. It's like, "Alright, I'm done, dude. I'm going home. I'm sorry."

In contrast, one woman said that condom-related reduced sensation could have positive consequences: "Actually, it's been nice. I've actually found that sex lasts longer because of the reduced sensation so I really

don't have a problem with it."

Several participants noted that men preferred certain brands, although it could be difficult to find one that fit well and was comfortable. As one female group described it:

P-1: I don't know if anybody else has had this experience, but I feel like the guy comes with his own kind, you know, like each guy has his own special kind and they always use it.

P-2: No, I definitely agree with you.

P-3: It's brand loyalty.

Erection Problems

Both men and women described erection problems associated with condom use, sometimes occurring in the process of putting the condom on and sometimes during sexual activity. Women observed that alcohol was often involved:

P-1: The only experience I've had is when there's alcohol involved and so they can't keep the erection.

P-2: "Whiskey dick."

A tendency to experience erection problems could result in a reluctance to use condoms. However, in this sample, participants were more likely to persevere with condom use, indicating a strong commitment to condom use. Typical was the comment of one woman: "Sometimes we take it off and put another one on, but sometimes it's just a little bit less erect and they just keep going with it and wait for it to get harder."

Several men described their own and their partners' reactions in situations where they experienced erection problems. Some men said that they could be open with sexual partners, particularly if they were long-term partners:

P: I mean, when you're with someone for a long time, they've seen everything, they know everything about you, it's not much of an embarrassment but more of a frustration because you want to share that moment with that person.



Other men observed that partners might have a negative reaction:

P: In that situation, I'm just like, "Well, it happens," and you know if she gets to acting like she's kind of mad. Then I get playing with it, you know, my man comes back, comes back real strong.

One man stated that a female partner had interpreted his loss of erection as a sign that he was not attracted to her: She's like, "Do I not turn you on? Are you not interested in me?" I'm like, "It's nothing like that."

Incomplete Use

Most discussions about incomplete use of condoms focused on delayed application rather than putting on a condom and then removing it before sex was over. Consistent with previous qualitative studies,^{3,14} most situations of unprotected intercourse described by participants seemed unplanned and of relatively short duration.

The most common reason given for delayed use of condoms was getting caught up "in the heat of the moment," as one group of women described it:

P-1: Caught in the moment.

P-2: For sure.

P-3: A little excited and before you know it, damn it.

Mod: And then what happens that introduces the condom?

P-4: Um, we finally are like, "Hey, this is really stupid," so we'll go get one. That is exactly it. The whole getting excited and "in the moment" deal.

However, a few men suggested that delayed condom use was not entirely unpremeditated on their part. These men voiced a concern that interruptions entailed by putting on a condom might allow the woman time to change her mind about having intercourse:

Mod: What are some of the reasons for starting to have sex without the condom?

P-1: Convenience, I think.

P-2: It's a lot less natural, it just stops the whole process because you don't want to go up to her...and convince her to like, get to that point and then you're like, "Hold up, I gotta get a condom," and then it's like "No, no, no."

P-3: Get it taken care of and then....Don't wanna hesitate.

A consistent theme, voiced by both men and women, was that concern about pregnancy rather than STIs led to their putting on a condom:

P: I know, like my first time that I had sex....[W]e got it in and I was like, "Wait, like, we can't insert without a condom," so he started to think like he was going to come soon, and I just figured that was safe, and it was not. I could still have gotten pregnant.

P: I've had a couple of slip-ups and it was kind of good, but I had to stop and put one on because I ain't having any kids.

One participant commented that delayed application of condoms was more likely to occur in a long-term relationship, while another noted that being on birth control and having recently tested HIV-negative were factors that made delayed applications of condoms more likely:

P: There have been times recently, like we were both tested like three months ago, and I've been on birth control for a while. So there are times where we would start and we didn't really think about it a whole lot and we'd be like, "Oh, wait, we should put a condom on." So it's never like a long period of time....I guess I don't worry about it as much because I'm on birth control.

None of the participants indicated that they used condoms for oral sex. As the male discussion below indicates, the idea of using condoms for oral sex seemed inconceivable:

P-1: Why should you put on the condom and perform oral sex?

P-2: It would be weird for the girl.

P-3: I don't know of many females who like the taste of latex or spermicide.

P-4: And smell those. They just smell weird.

Only a few participants stated that they removed the condom before penetrative sex was over "because it doesn't feel good." One man noted, "Sometimes the girl asks you to take it off."

Breakage and Slippage

The majority of men and women described at least one example of having a condom break, and a few reported that breakage had been a common occurrence, as indicated in one female discussion:

P-1: Ah, well, I find...they practically always break.

P-2: I would like to say the same thing. Of probably five, two have broken.

In response to a question about what factors contributed to breakage, one woman summed it up succinctly: "Too big of a dick and too small of a condom." A few participants expressed concern about whether particularly vigorous sex might cause breakage:

P: Is there a certain speed that, you know, we're supposed to be at when using them? You know me, I'm trying to get a quickie and I'm wanting to go fast, kind of pounding it down, get in and get out. You know what I'm saying? But, I don't want them to break on me, you know?

A few women commented that they did not always know that a condom had broken, and that their male partners would be more likely to notice breakage:

P: No. Not until the end...then you find out, they tell you....[T]he guys know more so than the women. Then the big expletive.

However, a few men also related instances in which they were unaware of condom breakage:



P-1: Just hope you have all the pieces.

Mod: So it happened during intercourse?

P-2: It happened during intercourse. I pulled out and it was a piece so make sure you have all the pieces out.

P-3: I've had condoms like the whole end breaks, the whole tip breaks, the penis just goes through literally.

P-4: Just finish up and you pull it [out] and you go, "It's not there anymore. Planned Parenthood, here I come!"

Many participants had also experienced condom slippage—either partial slippage or situations where the condom had slipped off entirely. Slippage was most commonly described as occurring during withdrawal, as these men noted:

P-1: [A]nd then when you come out usually it's like, it comes out a little bit and you slip out. And then it's still there so you have to get it.

P-1: I ejaculated and pulled out and her vagina didn't let it go.

P-1: I just make sure I'm holding on for dear life. If you go too long without pulling it out, it kind of hangs out—half in and half out.

One man believed that particular sexual positions might make slippage more likely to occur:

P-1: I notice that when she's on top, for some reason, it just seems like it wants to pull off a lot more. That may be just because her legs are just pulling it off when she's moving, but it slips off and then you have to put it back on real fast. It doesn't come all the way off, but just a little.

Another woman asked whether female orgasm caused condoms to slip off: "Isn't it true, like, when a woman is orgasming that...the muscles tighten up so much that it could latch onto the condom, and when the person pulls out..."

One problem that was raised in all four

groups was that of "losing" the condom inside the vagina. Both men and women related instances of this phenomenon, sometimes associated with considerable anxiety, as the following quote illustrates:

P-1: [S]o I still made him pull out even though we were using a condom because I was like, "I'm not on birth control, I'm just real paranoid."...[A]nd so he did that and when he pulled out there was nothing on and I was like, "Where did it go?" I literally like fished it out, and I freaked.

A consistent theme was that when condoms slipped off and remained inside the vagina, they were difficult to retrieve. These comments lead us to speculate that many men and women may feel uncomfortable about trying to "fish out" a condom from inside the vagina:

P-1: I had a girlfriend who lost it for a day. She couldn't find it. It went all up inside her and she had to find it the next day. She couldn't reach it at the time.

Mod: You stopped and tried?

P-2: Yeah, she said "it disappeared."

DISCUSSION

Some of the findings from this focus group study provide unique insights into condom use errors and problems experienced by college students. The findings help to extend and enrich the knowledge obtained about such problems from previous quantitative research. Both men and women participated in the study, thus providing perspectives from both genders.

Our findings suggest that both men and women may distrust each other when it comes to applying condoms. There was concern about whether condoms were being applied correctly, particularly voiced by women, and also about the brand, quality, size, and condition of the condom being used/provided. However, it is important to note that, based on previous studies, both men and women are equally likely to make condom use errors.^{2,5}

Consistent with previous studies,^{15,17}

condom-related erection problems, experienced when applying the condom before and during sex, were discussed. Once sex was underway, there was concern expressed about the intensity of intercourse as a possible cause of breakage. Lubrication was also an issue: both men and women reported changing condoms when they dried out, sometimes repeatedly in the same sexual episode, rather than adding additional lubricant. Although women discussed the addition of lubricant, they perceived this option as "messy," expressing a desire for "neater" ways of increasing lubrication. Men and women were both concerned about the condom either partially or fully slipping off, and a particular fear was "losing" part or all of the condom in the vagina and then having to "fish it out." A number of women also expressed strong negative views about the smell of condoms.

Regarding incomplete use of condoms, our qualitative findings provide insight into previous quantitative reports.^{5,8,12,13,19,24} Statements made by both male and female participants suggested that they sometimes got caught up "in the moment" or simply forgot to put a condom on until after intercourse had begun. These findings are consistent with those of other investigators.^{3,14} Other participants indicated that they delayed condom application because intercourse felt better without it. Moreover, taking the condom off before ejaculation was attributed to discomfort due to dryness, irritation, or reduced sensation, sometimes interfering with orgasm.

Some female participants discussed the need for discretion when carrying condoms, e.g., placing them in a secret compartment in their purse. Consistent with a previous study,²⁵ some seemed able to disregard the stereotype that women who carried condoms were sexually "loose." These participants were able to provide condoms not only for themselves, but also for other women.

Men also expressed some unique issues. For example, men were seemingly eager to get the condom on and begin intercourse as soon as possible, perhaps worried that their female partner would change her mind or



that they would lose their erection with prolonged foreplay. Particularly interesting was one man's concern that not using a condom could be construed as emotional intimacy, something he did not desire. Another man stated that having female partners apply condoms signified that the sex would be consensual, a strategy seen as valuable by other men in the group.

None of the participants voiced any doubts about the efficacy of condoms in reducing the risk of either pregnancy or STI. Interestingly, many participants—both men and women—were more worried about pregnancy prevention than STIs. Perhaps they estimate potential conception as a greater risk than potential STI transmission, or perhaps they deny the possibility that their sexual partner(s) may be infected with an STI. We also found that both men and women were strongly against the idea of using condoms for oral sex, feeling that it was both unnecessary and aesthetically unpleasant (e.g., bad taste and smell).

Limitations

The study has several limitations: (1) use of a small convenience sample; (2) volunteer bias associated with willingness to participate in a focus group involving discussion of sensitive sexual issues with peers; and (3) sampling of college students at one large, public Midwestern university. Moreover, a few participants in some groups knew each other, which may have hampered discussion of sensitive issues such as erection difficulties.

Other Implications

The findings suggest several areas for future research. The literature shows recognition that condom use is embedded in a context of sexuality, sexual pleasure, gratification, arousal, and emotional intimacy.²⁶ Yet, little is known about the interplay between these factors and condom use. In the current study, for example, men had to balance the urgency of having sex with the necessity of using a condom correctly. In another example, women mentioned the smell of condoms as a negative attribute, echoing past studies in which women have identified

smell as an important factor affecting their sexual arousal.²²

TRANSLATION TO HEALTH EDUCATION PRACTICE

Although the results of qualitative studies have limited generalizability, they may have some implications for educational programming. Overall, participants in our study expressed numerous concerns about condom use spanning the entire sexual episode. The students were essentially asking themselves, "Do I use condoms correctly?" Hence, issues such as correct condom use and condom dynamics in sexual relationships warrant attention.

Effective condom use education could address issues such as correct application, the risks of incomplete use, and the risks of inadequate lubrication. Discussion of condoms in sexual relationships might center on such issues as trust in supplying the condom; the meaning of condom use to the individual and the couple; communication about condom application; ways to deal with erection difficulties associated with condom use; and how to avoid getting so "caught up in the moment" that no condom is used. Also, given that so much of the focus group discussion centered on the issue of pleasure, one of the biggest challenges for those attempting to promote this health behavior is how to eroticize condoms so that their use can be promoted more effectively.

Greater focus on both potential condom use problems and issues related to the dynamics of condom use in sexual relationships is needed on college campuses. Because both men and women have expressed numerous concerns, these educational efforts should be directed at both genders.

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REFERENCES

1. Crosby RA, Sanders SA, Yarber WL, et al. Condom use errors and problems among college men. *Sex Transm Dis.* 2002;29:552-557.
2. Crosby RA, Sanders SA, Yarber WL, et al. Condom use errors and problems: a neglected aspect of studies assessing condom effectiveness. *Am J of Prev Med.* 2003;24:367-370.
3. DeVisser R. Delayed application of condoms, withdrawal and negotiation of safer sex among heterosexual young adults. *AIDS Care.* 2004;16:315-322.
4. Mertz KJ, Finelli L, Levine WC, et al. Gonorrhea in male adolescents and young adults in Newark, New Jersey: implications of risk factors and patient preferences for prevention strategies. *Sex Transm Dis.* 2000;27:201-207.
5. Sanders SA, Graham CA, Yarber WL, et al. Condom use errors and problems among young women who put condoms on their male partners. *J Am Med Women's Assoc.* 2003;58:95-98.
6. Richters J, Gerofi J, Donovan B. Why do condoms break or slip off in use? an exploratory study. *Int J STD AIDS.* 1995;6:11-18.
7. Spruyt A, Steiner MJ, Joanis C, et al. Identifying condom users at risk for breakage and slippage: findings from three international sites. *Am J of Public Health.* 1998;88:239-244.
8. Warner L, Clay-Warner J, Boles J, et al. Assessing condom use practices: implications for evaluating method and user effectiveness. *Sex Transm Dis.* 1998;6:273-277.
9. Crosby RA. Condom use as a dependent variable: measurement issues relevant to HIV prevention programs. *AIDS Educ Prev.* 1998;10:448-457.
10. Crosby RA, DiClemente RJ, Holtgrave DR, et al. Design, measurement, and analytic considerations for testing hypotheses relative to condom effectiveness against non-viral STDs. *Sex Transm Infec.* 2002;78:228-231.
11. Crosby RA, DiClemente RJ, Wingood GM, et al. The value of consistent condom use: a study of STD prevention among African American adolescent females. *Am J of Public Health.* 2003;93:901-902.
12. Yarber WL, Kennedy J, Sanders SA, et al. Prevalence of condom use errors and problems among Indiana rural men: an exploratory telephone survey. *Health Educ Monograph.* 2005;22(3):36-38.



13. Civic D, Scholes D, Ichikawa L, et al. Ineffective use of condoms among young women in managed care. *AIDS Care*. 2002;14:779-788.

14. Quirk A, Rhodes T, Stimson GV. 'Unsafe protected sex': qualitative insights on measures of sexual risk. *AIDS Care*. 1998;10:105-114.

15. Crosby RA, Sanders SA, Yarber WL, et al. If the condom fits, wear it: a qualitative study of young African American men. *Sex Transm Infect*. 2004;80:306-309.

16. Yarber WL, Graham CA, Sanders SA, et al. Correlates of condom breakage and slippage among university undergraduates. *Int J STD AIDS*. 2004;15:467-472.

17. Graham CA, Crosby R, Yarber WL, et al. Erection loss in association with condom use among young men attending a public STI clinic:

potential correlates and implications for risk behavior. *Sexual Hlth*. 2006;3:255-260.

18. Sanders SA, Graham C, Yarber W, et al. Women who put condoms on male partners: correlates of condom application. *Amer J Hlth Beh*. 2006;30:460-466.

19. Crosby RA, Yarber WL, Sanders SA, et al. Condom discomfort and associated problems with their use among university students. *Amer J College Hlth*. 2005;54:143-147.

20. Denzin NK, Yvonna SL. *Handbook of Qualitative Research*. Thousand Oaks, CA: Sage; 1994.

21. Morgan DL. *Focus Groups as Qualitative Research*. Newbury Park, CA: Sage; 1998.

22. Graham CA, Sanders SA, Milhausen RR, et al. Turning on and turning off: a focus group study of the factors that affect women's sexual

arousal. *Arch Sex Behav*. 2004;33:527-538.

23. Yarber WL, Sanders SA. Rural adolescent views of HIV prevention: focus groups at two Indiana rural 4-H clubs. *Health Educ Monograph*. 1998;16:1-6.

24. Calzavara L, Burchet AN, Remis RS, et al. Delayed application of condoms is a risk factor for human immunodeficiency virus infection among homosexual and bisexual men. *Am J of Epidemiol*. 2003;157:210-217.

25. MacPhail C, Campbell C. 'I think condoms are good but, aah, I hate those things': condom use among adolescents and young people in a South African township. *Soc Sci Med*. 2001;52:1613-1627.

26. Kelly, JA. *Changing HIV Risk Behavior*. New York: Guildford Press; 1995.