



Condom Use among Young African American Men: Implications for Planning Interventions

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Abstract

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Sexually transmitted diseases, including HIV, continue to present significant public health problems affecting young people in the United States, especially African Americans. While African Americans make up about 12% of the U.S. population, in 2010 they accounted for 44% of new HIV infections in 2010 and 48% of all persons living with AIDS in 2007. The 2010 data shows that of these new cases, 38% occurred among African American males ages 13-24 years old.

Correct condom use remains a challenge in this population and efforts to increase condom use among minority males has been a formidable challenge. This paper reports the results of formative research conducted in order to guide the development of an intervention to increase consistent, effective condom use for young African American males.

Methods: A snowball sampling approach was used to recruit participants. African American males, ages 18-24, who self-reported as sexually active were eligible to participate in one of four focus groups or one of six individual interviews. All study events were conducted at community locations. Each event was audiotaped and notes were taken. Analysis was performed using NVivo-9. The coding strategy included emic and etic codes and a coding tree was developed which was used to identify themes.

Results: A total of 36 African American males between the ages of 18-24 (mean 20.7 years) took part. In general, participants felt condom use was highly influenced by contextual factors including partner interest, partner communication, length of relationship and trust. Condom use was also influenced by a sense of invincibility and being caught up in the moment. Notably, most sexual activity occurred outside of a relationship, most often within the party scene or as quickly arranged hook-ups.

Analysis: In order to ensure maximum impact on the development of the intervention, the results from this formative phase were viewed through the Transtheoretical Model of Behavior Change (TTM) and most participants would be described as being in the pre-contemplation or contemplation stages of behavioral change. While all participants expressed some understanding of the risks of unprotected sex, many did not connect risks to consequences. While the data did not indicate that condom use behavior was likely to change in the short-term (less than 6 months), several participants were contemplating making a change.

Discussion: The snowball sampling approach allowed us to understand the participants' social network and allowed us to consider social influences as well as about individual attitudes and beliefs. In the TTM frame, interventions designed for this population need to include contemplators and pre-contemplators and should focus on modification of cognition, affect and behaviors.

Our research also shows that several of the underlying assumptions of TTM are at odds with the framework within which sex often occurs for this population and condom use decisions are highly influenced by the social context. In light of the results, the intervention placed condom use into a health promotion context. It combines group activities and one-on-one interaction. Group activities can impact shared values and beliefs and, thus, the intervention builds social support for behavior changes while addressing individual capacity.

Keywords

African American men; intervention development; HIV/AIDS; condom use; qualitative research

Cover Page Footnote

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ABSTRACT

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INTRODUCTION

Sexually Transmitted Diseases (STDs), including the Human Immunodeficiency Virus (HIV), continue to present significant public health problems affecting young people in the United States (U.S.), especially African Americans (Kennedy, Nolen, Applewhite & Waiters, 2007a; Kennedy, Nolen, Applewhite, Shamblen & Vanderhoff, 2007b; Kennedy, Nolen, Applewhite, Waiters & Vanderhoff, 2007c). While African Americans comprised approximately 12% of the U.S. population (Humes, Jones & Ramirez, 2011) in 2010, they accounted for 44% of new HIV infections in 2010 and 48% of all persons living with AIDS in 2007. The 2010 data shows that of these new cases, 38% occurred among African American males ages 13-24 years old (CDC, 2012a).

Despite the effects of risky sexual behaviors on their quality of life, the ability of young adults across all racial and ethnic groups – including African American males – to consistently and correctly use condoms as an effective prevention strategy remains a formidable challenge (Kennedy, Nolan, Pan, Vanderhoff, Applewhite & Smith, 2013). In 1996, a 6-month public housing pilot study of sexually-experienced African Americans aged 12-21 years (n=116) showed that condom use ranged from 16% (never used) to 41% (always used), respectively (DiClemente, Lodico, Grinstead, Harper, Rickman, Evans & Coates, 1996). Eleven years later, researchers reported that 46% of young African American males (n=136) reported never or inconsistent condom use while 54% reported relatively consistent condom use (Kennedy et al, 2007c). It is clear that more work needs to be done to reach this vulnerable, high risk group of young African American males.

Many young adults engage in sexual and drug-related behaviors which increase the risk of HIV infection. Recent Youth Risk Behavior Surveillance System (YRBSS) data found that almost half of high school students had ever had sexual intercourse and that over one-third had sex in the past three months. Close to 40% of those who had sex in the past three months did not use a condom. A small number – 15% – reported having had sex with four or more people during their life time. (CDC, 2011). Although sexual abstinence is the most effective method of preventing sexual transmission of HIV/STDs, few young adults adopt this HIV-preventive behavior once they become sexually active. An alternative, and perhaps more realistic, prevention method is consistent and correct condom use during sexual intercourse (Kennedy et al., 2007b). While condoms prohibit the transmission of viral pathogens, including HIV, their effectiveness is dependent on appropriate and consistent use. While a large proportion of young African American men are aware of the effectiveness of condoms to prevent transmission of HIV (Kennedy et al, 2007c), a substantially smaller proportion report using condoms during sexual intercourse or report using them consistently during each sexual encounter (Kennedy et al, 2007b; Manlove, Ikramullah & Terry-Humen, 2008). Findings from previous studies indicate that despite the threat of HIV/AIDS, the rates of condom use does not significantly change as most adolescents transition to young adulthood (Cates, 1990). The National Academy of Sciences has stressed the importance of further research into factors that may support consistent condom use among high risk populations including urban African American males (Kennedy et al., 2007a,b,c; Kennedy et al., 2013).

The literature on condom use interventions shows that many studies are theory-driven (Fisher & Fisher, 2000; Sheeran, Abraham & Orbell, 1999; Jemmott, Jemmott & Fong, 1992) and often combine aspects of more than one theoretical framework (Herbst, Beeker, Mathew, McNally, Passin, Kay, Crepaz, et. al, 2007). A wide variety of theoretical frameworks have been applied over the years, including the Health Belief Model (Janz & Becker, 1984), the theory of Reasoned Action and Planned Behavior (Fisher, Fisher & Rye, 1995; Ajzen & Madden, 1986; Ajzen & Fishbein, 1980), Social Cognitive Theory (Bandura, 1994), Information-Motivation-Behavioral Skills Model (Fisher & Fisher, 2000), AIDS Risk Reduction Model (Catania, Kegeles & Coates, 1990) and the Transtheoretical Model of Behavior Change (Prochaska, Redding, Harlow, Rossie & Velicer, 1994). Of all these theories, the literature suggests that the Social Cognitive Theory (SCT) and the Transtheoretical Model of Behavior Change (TTM) have shown the most promise (Kirby, 2001; Albarracin, Johnson, Fishbein & Muellerleile, 2001, 2004; Kennedy et al., 2007a,b,c; Kennedy et al., 2013).

SCT is a commonly utilized theoretical framework in intervention research and has had widespread application in various behavior-based risk reduction programs including HIV/AIDS and teenage pregnancy prevention (Bandura, 1994; Kirby, 2001; Kennedy et al., 2013). According to SCT, the skills involved in adopting a new behavior are learned by direct experience (e.g., skill building and/or acquisition via role plays) or indirectly by modeling/remodeling the behavior of others. Two essential behavioral determinants of SCT are outcome expectancies and self-efficacy (Bandura, 1994). Outcome expectancies relate to the extent to which a person values the expected outcome of a specific behavior (e.g., condom use) and perceives the rewards or costs (e.g., protection from HIV/STD infections) of a specific behavior (e.g., condom use self-efficacy).

TTM, developed by Prochaska et al. (1992), primarily to address smoking cessation, has been expanded to include other health-promoting behaviors including HIV/STD prevention

through condom use (Kennedy et al., 2013). When applied to condom use behaviors, the six stages of behavior change are: (1) pre-contemplation – no consideration for condom use; (2) contemplation – recognize the need for condom use; (3) preparation – think about condom use; (4) action – consistent condom use for shorter duration (<6 months); (5) maintenance – consistent condom use for longer duration (>6 months); and (6) relapse – experience barriers to condom use such as slippage. Like other theoretical models, TTM emphasizes the importance of cognitive processes and also uses the concept of self-efficacy.

In a previous NIH funded study, a brief condom promotion program was developed and tested with young African American male college students (Kennedy, 2013). SCT and TTM informed its approach. The study reported herein is follow up to that study and was undertaken to modify that program to appeal to a wider group of African American young men.

This study used a multi-phase approach. As a first step, a series of focus groups and in-depth interviews were conducted with young African American males. The focus groups and interviews allowed researchers to hear first-hand how the population of interest thinks about condom use, about HIV and what they think about the risks of unprotected sex. The first step of the formative phase of the larger study is reported here.

METHODS

Eligibility Criteria

African American males, ages 18-24, irrespective of sexual preferences, who lived in Chicago and had access to health services at one of four community centers on Chicago's south side were eligible to participate. In addition, potential participants claimed to be sexually active with multiple partners in the past 3-6 months.

Enrollment Procedures

Two certified HIV/STD program specialists, who worked out of a community-based organization focused on HIV and STD prevention on the south side of Chicago served as recruiters. They worked with other community-based agencies and alternative high school programs in the Chicago area to identify potential participants. A snowball approach was used in which recruited participants were encouraged to recruit their friends or other people who might meet the eligibility criteria. A participant received an incentive if his referral(s) enrolled in the study.

Individuals who expressed interest in participating were able to approach the study recruiters and ask for more information. An individual who remained interested in participating accompanied a recruiter to a private space to complete the eligibility screener and recruitment form. At this point, interest was again assessed and those who agreed to participate signed a written informed consent document and completed a tracking form. Following the completion of this process, a recruiter contacted each individual who had completed the consent process to inform them of date and time of the focus group discussion he would attend.

In addition to the focus groups, in-depth interviews of community opinion leaders were held. A community opinion leader was defined as someone who, for whatever reason, had influence over other individuals. The interviews were conducted after the focus groups. At that time, the community coordinator called each individual to set up a date and time for the interview.

Study Procedures

Focus Group. Four focus groups were held, each led by two trained moderators, African American males, who were part of the study team. Each group met for 90-120 minutes. Refreshments were served and each participant received \$20 and a pre-packaged kit containing condoms for their time.

Participants were informed of confidentiality procedures and written consent specific to the focus group was obtained. Participants were encouraged to speak freely about their personal experiences and peer-related perspectives. The inherent confidentiality limitations were discussed and all participants were instructed that focus group discussions were not to be shared outside of the focus group.

A moderator guide for the focus groups was developed by the study team. The guide covered four primary content areas: general sexual behavior; condom use behavior; condom use as related to HIV, STD and pregnancy prevention; and contextual factors that influence condom use. The guide also enquired about participant preferences related to community-based HIV/STD prevention programs.

The focus groups were conducted at various locations within the community to accommodate the study participants. Each location met the size and privacy requirements for the group. In preparation, study staff set up the room so as to be conducive to group discussion and prepared non-identifiable name tags. Each focus group was audiotaped and notes were taken.

In-Depth Interviews. A similar guide was developed for the in-depth interviews. The semi-structured interviews were conducted by an African American male who was a member of the study team. Each in-depth interview took approximately 45-60 minutes. Interview participants also received \$20 and a pre-packaged kit containing condoms for their time. Each interview was audiotaped and notes were taken.

Data Procedures

After each interview, a transcript summary was prepared using the audio-tapes as the primary document and the manual notes as a cross-check for accuracy. For the purposes of confidentiality, tapes were destroyed after the interviews and focus groups were transcribed. The study team worked with de-identified summary transcripts.

Two members of the study team served as coders. An initial set of codes was derived from the literature. In order to prepare these codes, both coders read three salient articles (Weinstock, Lindan, Bolan, Kegeles & Hearst, 1993; Kanekar & Sharma, 2007; Kennedy, 2007a).

Additional codes were developed during the process. Each coder was able to identify potential new codes; final decisions about adding codes were made upon consultation between the coders. The code review process occurred as documents were coded, thus allowing coders to refine definitions, merge codes and clarify concepts iteratively. Both coders reviewed each transcript, further clarifying concepts and ensuring that each code had a distinct meaning. Coding trees were developed, allowing a thematic analysis to be performed. Documents were coded using NVivo-9.

RESULTS

A total of 36 African American males between the ages of 18-24 (mean 20.7 years) who reported having engaged in vaginal, anal or oral sex with more than one partner during the previous six months took part in the focus groups and one-on-one interviews.

In general, participants felt condom use was highly influenced by contextual factors including partner interest, partner communication, length of relationship and trust. Condom use was also influenced by a sense of invincibility and being caught up in the moment.

General Interest in Condom Use

Among our participants, interest in condom use was not particularly high. As one participant pointed out, *“It don’t matter how many condoms you throw in front of a person. If they don’t like using them, then they ain’t gonna use them. Just like that.”*

Another participant agreed, saying, *“Some people just determined they just not gonna use them. If the girl [lets him] go in without them, then it’s going to happen. Some people just don’t like using them.”*

Another person opined, *“A lot of young guys don’t like them. They don’t like using them . . . They think it cool not to use it or probably somebody [got] peer pressuring, like ‘you don’t need to use it.’”*

Condom Characteristics

The condom itself contributed to a general dislike. Many participants were not happy with how a condom affects erotic feelings during sex. *“If you like the feeling of going in raw and it’s like . . . it don’t matter if you got a thousand condoms at home and your mother is the Maker of Condoms, you’re still not gonna use them.”*

Another participant echoed these feelings but admitted to some caution. *“To me, I think it’s a difference. I think it feels better without a condom. But still, at the same time, like I said, ain’t nothing that good to [go in] not knowing what risk you’re taking. Like, no matter how good it feels, I still get off with a condom, you know what I’m saying?”*

One participant opined that the effect on erotic feeling results in making choices about when to use one and when to ‘go bare.’ *“Some young men think like they take the feeling away. But [with] a new person they’ll always use a condom.”*

One participant added that’s it’s not only men who don’t like using a condom. Often, the women agree. *“You know, then if you doing it right [using a condom], she’s like . . . because women love that sensation just as well as a man like that sensation . . . Condoms irritate women. They don’t really like it, you know what I’m saying?”*

Breakage

There was a lot of discussion about condom breakage. This was viewed as a major factor in discouraging use. One participant, talking about his early sexual encounters said, *“When I first started having sex, they’d [the condoms] pop and you’d have to keep put ‘em on, put ‘em on. So after I while, I started thinking, ‘that condom pop? I’m just not going to put one on [again].’ But then I started thinking, like, well, ‘I’ll just keep putting ‘em on.’”*

Another participant also reported problems early on. *“In my first relationship, condoms kept breaking. I didn’t use one and I caught Chlamydia. I had it for about two weeks, then it was gone.”* Apparently, this infection, with its short duration, did not inspire caution as he reported, *“And I never messes with ‘em again.”*

On the radar

It is not clear that our participants are thinking about condoms and condom use in any consistent, planful way. This is well illustrated in an exchange with the moderator:

Participant: *Once her clothes come off, you ready to get in. You’re not gonna start . . .*

Moderator: *So you don’t think about condoms?*

Participant: *You really ain’t going think about nothing.”*

One participant explained it this way, *“As soon as you penetrate, that’s when I think most guys really think about it. I will say about 80% of guys think about pulling out and putting one back on. At least 80% think about it, but I think a very small percent actually pull back out and put one on.”*

In agreement, a person added, *“Maybe after it’s over you might be like, ‘dang, I should have [used a condom].’ But there . . . there in the moment, like some people just want to go in and that’s it.”*

Risk

As the previous comment indicates, our participants did not uniformly understand the risk of unprotected sex. *“A lotta people don’t understand . . . a lotta people are ignorant . . . a lotta people don’t know how dangerous it is,”* one participant explained. One participant explained that it’s not really ignorance, it’s just that HIV/AIDS seems like a distant threat:

“You thinking about HIV and AIDS and you think about it and . . . it just seems so far away from you. Like most people don’t really know people with HIV and AIDS, so it’s like it seems surreal to you. But I think like somebody close to you get it or you know somebody who got it, then it becomes real to you. I think that’s when people really start using [condoms] because before then it’s kind of like, in a sense, indirectly, we feel invincible, like we know and I mean, it’s just not gonna happen.”

This ‘far-awayness’ was explained by another participant, *“It started out as a white gay men’s disease and they pretty much eradicated it from their community and now we account for all the population. And it’s like that statistic still doesn’t scare people.”*

Participants also expressed some sense of being able to tell when a condom is necessary. One participant explained, *“When you got a lot of girls, you know how to play girls. You know how to deal with it. You got to know how to deal with them separately – treat women different. You can’t treat all the girls the same, you know what I’m saying?”*

Another participant put it this way:

“It still goes back to – it depends on who the person is you’re doing it with. Like if I’m drunk and I just met this girl, I’m not gonna be that drunk where I just don’t care, you know, I’m just gonna go in now . . . If I don’t know the girl, I still ain’t gonna do it. That’s when it’s gonna be lights out and I’m just gonna be mad and going to sleep for that night because I ain’t doing nothing.”

Another participant put it quite simply, *“I think anything where you know you got to use a condom, you shouldn’t be going up in there.”*

Several participants reported a certain sense of invincibility, as expressed in this comment, *“I ain’t gonna caught, I ain’t gonna get caught. And hope [that] everybody just don’t get caught, get close to being caught or something, find out their friend caught it.”*

The opinions of others played a role in thinking about risk: *“Some people get influenced. Like some friends would be like, ‘Nah, you’re not gonna get caught with nothing, you’re not gonna get pregnant,’ so you think you can do it [not use a condom].”*

One participant pointed out that while there is some general worry about contracting HIV, this worry often does not turn into consistent condom use: *“They worry in the back of their minds, they’re thinking about it . . . You need to be worried. Everybody’s so lax . . . nonchalant about having unprotected sex . . . You need to be serious.”*

Depression

When probed, participants acknowledged that depression and anger can influence condom use. One participant pointed out that when you are depressed, *“you’re not thinking straight.”* Another participant explained that when you are depressed, a condom just doesn’t seem to matter. *“You don’t care. It’s like, ‘Why you thinking about putting on a condom?’”* Another participant said, *“Just by his state of mind . . . [he thinks] ‘I don’t even care what happens to me,’ you know what I mean?”* Another person put it this way, *“You pissed off or you thinking about . . . I mean whatever you thinking about and you’re depressed, it’s just like, you know, likely it doesn’t matter . . . you don’t care. It’s like, why would you be thinking about putting on a condom?”*

One participant made the connection between depression and loneliness, expressing that if you haven’t been with a woman for a while, you are not going to be thinking about condoms, *“you feel like you are walking a fine line”* and you might not bring up condoms in that situation.

One participant acknowledged that he struggled with depression but that the opportunity for sex would lift his mood and he usually used a condom. *“I’ll probably be depressed after it’s over with, but that [opportunity for sex] will get me up for the moment.”* Another participant explained that, *“Nine times out of ten my depression is gonna turn into a high [at the opportunity to have sex] and I’m still gonna strap up.”*

Personal Responsibility

Obviously, condom use occurs within a dyadic context and a complex set of feelings, understandings and abilities affect the ability of any one individual to adopt and successfully engage in routine condom use. However, as acknowledged by several participants, the process requires a sense of personal responsibility. As one participant said, *“It’s a mind thing anyways. It’s in your mind. You got to make your own decision . . . I ain’t just talking for the guy either. Yeah, a girl can be thirsty too, but you can’t let her sweep you in like that.”*

Agreement on this point was expressed: *“It’s [the decision to use a condom] within the person, what they want to do. Because a person knows right from wrong, especially if you’re having sex. You’re not a child anymore, you know right from wrong.”* As another participant put it like this, *“It ain’t nobody’s decision but yours. It’s up to you using a condom. If you’re using a condom or not, ain’t nobody making you do it but yourself. . . it’s really up to you.”*

Participants also acknowledged that their lives have moved beyond the party stage. *“A lotta people – especially me – got our responsibilities. That the simple fact.”* One participant explained that the fact that he is in a stable relationship and has a child has influenced his condom use. *“If [I am with] somebody else out there, nine times out of ten [and] I gotta come home, I’m always using a condom. Always . . . If it’s an outside person – outside my family – if I do my dirt, no matter what, I just got to use one . . . Because I don’t want to bring ‘that’ home.”*

Partner Interest

It is important to note that, among our participants, the term “partner” can mean simply sex partner, occasionally a sex partner for only this time. “Partner” does not necessarily connote an on-going relationship.

Our participants expressed a wide variety of views about how their partners felt about using a condom. Many felt that women were not particularly interested. One participant said, *“Some females, you know, they wouldn’t care if you have one . . . have protection or not. You know, they are just ready.”* This was met with widespread agreement and elicited many

comments including, *“But most women . . . I think most women, they don’t care.”* and *“I think most women, they don’t care . . . They might act like they care.”*

Some participants felt that the woman’s wishes could override the man’s, *“I know there’s guys that want to use a condom but the girls say, ‘no’ and he still do it [have intercourse] . . . Usually she’s like not into it [the condom] and so they’re just like, ‘Well, whatever,’”* one participant shared. Another participant expressed a similar sentiment, saying, *“The women play a big part in that it’s really all up to the woman, right? If she wants a condom, you know, you gonna get the condom. But if she don’t, you ain’t gonna get it.”* A woman’s role in condom use decisions was further explained by another participant who stated, *“And they [girls] don’t be persistent about it. If a girl want a condom and the guy want a condom or he ain’t got one, the girl will let him do it . . . He gonna persuade her more than likely. That’s why you got so many accidental pregnancies and STDs now.”*

Another participant put it this way, *“I think it’s the female that plays the role to tell him about protection because a lot of men don’t even really care. Like some women don’t even care, like they’ll just go without the condom . . . Most of the time it be the girl who ask the man, do he got the condom? You’re supposed to already have one.”*

The issue of how condoms affect erotic feelings came up in this context also. As one participant explained, *“Like 95% of the time, it’s depending on what the guy really wanna do, though. And some females will be like, ‘Oh, I like the bare feeling.’”*

While the woman’s interest dominated the discussion, some participants felt that a woman could have less than genuine feelings. *“And some females tell you, like, they don’t want you to wear a condom ‘cause they trying to trap you, you know, trying to have a baby.”*

Some participants acknowledged that interest in using a condom was low on the part of both men and women. One participant posed it this way, *“He don’t care about using them, she don’t care about using them. Then, you know, the condoms, [they] just end up either using them or not using them.”*

While many respondents stated that condom use is most often controlled by the female, one participant thought that *“it should be the woman”* – rather than that this is simply the current state of affairs.

One participant stated that he always uses a condom with young girls. *“In my case, if I’m talking to a girl that’s young, we use a condom . . . For girls, if you on birth control or whatever, like I still want to use it to be on the safe side. And if she don’t want to go with that, then it [sex] isn’t gonna happen.”*

Participants admitted that often condom use goes down when the partners don’t have similar attitudes. *“Yeah, [it’s about] whoever putting their feet down . . . ‘We gotta use a condom, straight.’”*

However, it is important to remember that partner interest was not the deciding factor for all of our participants. As one participant explained, *“A lot of young guys don’t like them. They don’t like using them . . . They think it cool not to use it or probably somebody [got] peer pressuring, like ‘you don’t need to use it.’”* Another participant agreed, saying, *“Some people just determined they just not gonna use them. If the girl [lets him] go in without them, then it’s just going to happen. Some people just don’t like using them.”*

Partner Communication

Participants describe scenarios in which condom use was discussed. One participant explained, *“The conversation happens when right now when you are naked. And either she’s*

peeping or she's like, 'You're gonna wear a rubber, right?'” Another participant made a similar comment, *“Some females are just like, 'No, I ain't going without no condom.' And you're like, 'Oh man, I ain't got one.'”*

There was a long discussion about who – the man or the woman – has more influence in condom use decisions. While many participants felt that a condom is most often used if the woman insists on it, one participant commented, *“You got super dominant men, you got super dominant women. And you got weak men, you got weak women. I think it's whoever [is] the dominant one.”* Another participant felt that the man has more control because, *“when it's time to do it, he is the one who needs to take action.”*

As these quotes suggest, “communication” about condoms rarely meant a man and a woman working through a joint decision. One participant stated it this way, *“I mean the guy should be smart enough to say, well, 'I need a condom on.' You know, it shouldn't be negotiated.”*

One participant stated that he was reticent to bring up the topic. *“If she don't say nothing about it [putting on a condom], they don't say nothing about it. If she don't say nothing, then I'm good. And they go ahead and slide up in there and if she don't say nothing, hey . . .”*

While most participants did not insist on condom use, they were suspicious of women who were against it. *“With me, if a girl tell me she don't want to use a condom, I'm gonna think . . . like I'm gonna think, 'something wrong with that.’”* Another participant agreed saying, *“If you dare me to do it raw, that is a turn-off.”* One participant went further and said that if a woman didn't insist that he use a condom, *“That's gonna make me look at you different. Like because if you don't want to use it with me, how many other people were you running around with?”*

Another participant expressed a similar feeling saying, *“I will be just like, 'This is the right thing to do. Why don't you want me to?' I'd get kinda scared about her, wondering if maybe she got something and she just mad at the world and trying to give it to everybody she can.”*

A few participants discussed situations in which partners engaged in a longer discussion about condom use. One participant stated, *“Maybe if the partners sit down and talk about it, like, 'Okay, from now on – I know I messed up a couple time, we die this without condoms. We gotta start using 'em because I don't want nothing to happen – no pregnancy, no nothing.’”*

When asked what happens in those situations where one person wants to use a condom and the other doesn't, participants felt that a condom would not be used. *“Usually in situations like that, it's not going to happen,”* said one participant. Another said that, *“usually somebody will try to convince them . . . [but] it could happen anyway.”* Another participant opined:

“Usually in that situation [where the partners don't agree], it's not gonna happen because . . . The guy might be like he don't need it but the girl might be like, 'yeah you do need it' or it might be vice versa . . . she might be like, 'we don't need it, I'm on birth control' or some conversation like that. But still, that still don't prevent you from catching a disease or anything . . . That's a big important part of anybody's [reason] to use protection.”

Length of Relationship

Many participants felt that condom use was most important in a new relationship. One participant explained, *“In a new relationship, of course [I would use one] . . . Ain't no way in the world I'll be in a new relationship and going in someone raw. I don't know you from a can of*

[beans] and you don't know me from a can of [beans] . . . You don't know what I got, if I got anything.” This was supported by another participant who said, *“You know you [should] wear a condom and everything else for you first [intercourse] – cause nine times outta ten, you probably never have sex with her again, so the worst thing is to catch something from her.”*

However, for some participants, condom use in a new relationship is optional. One participant stated, *“You gonna start [in a new relationship] having sex with a condom? You all want to start having sex raw, you just gonna get rid of the condom.”* Another person stated, *“I won't use one with her because I don't know her and I have to get used to her.”*

Again, our participants' actions are often influenced by their partners. As one person said, *“Yeah, man, you know, it depends on the girl. If she's [okay] with no condom, nine times out of ten, she's doing it just like that.”* Another participant expressed a certain caution, saying *“If a man insists on using a condom, it can cause suspicion, She gonna think you're doing something else.”* One person agreed, saying, *“Yeah, some girls . . . some girls take that as a sign.”*

As a relationship progresses, condom use may become less important. One participant stated, *“I'd say out of a long-term relationship, 30% of rubbers are still being used. The other 70%, no, 'we've been together about four or five years, got a baby together, woo, woo, woo,' some of that, you know what I'm saying?”*

As one participant explained, *“In some situations, if somebody's in a relationship that they've been in long enough to not use condoms anymore . . . Even if you have previously discussed wearing condoms, some people decide in a relationship that they shouldn't have to anymore.”* One participant put it this way, *“I'd say probably when people first get into a relationship, yeah, using condoms is the best thing. But, you know, after you know your mate so long, you will stop using them because you think you know that person. . . You'll probably stop using them to gain some trust in them.”*

When asked how long a relationship has to last to be considered ‘not new,’ one participant pointed out, *“It varies with everybody – depends on trust – how much you trust the person, you know what I'm saying, before you think about taking it off.”* This statement started a discussion about an appropriate time – would it be a month? The first few encounters? Months? Years? There was general agreement that a condom should be used at least for the first few encounters. According to one participant, *“I say about after, like, the third or fourth time, you gonna be like, ‘I don't need no condom with me, I trust her, she ain't going nowhere, I don't have to use one.’”* Another participant stated, *“[I would] have to be with the girl for a little while and [know that the] girl's being with nobody and be sure that she ain't using [drugs] and now on birth control.”*

Some participants felt that the time period should be much longer. One participant stated, *“Basically, you got to get to know the person before you can do something like that or even think about doing something like that. It has . . . when I say, ‘know the person,’ I don't mean a week, I don't mean no month. I mean like years.”* Another person also advocated waiting a long period of time before condom use ended, *“When it's a year down the line, it all good, you ain't got one, she ain't got one, you all not gonna get one, you all ready . . . we gonna go [without a condom].”*

For some participants, the duration of the relationship was not viewed as the deciding factor – trust and commitment were viewed as a better measure. As one person explained:

“[If I'm with] . . . my kid's mother or whatever. Like I probably won't use a condom with her because I feel like I know her or whatever and I trust her. Now, say if I

was to go leave out of here right now and meet a girl in a couple of days, I'll hook up with her. Of course I'm gonna use a condom because I don't know her and I don't – you know what I'm saying – trust her. . . .”

This viewpoint was seconded by another participant:

“Or if you got a kid by somebody, you know, like your baby mama or something, you probably not gonna use a condom with her. But if you going out on the streets and you mess with a girl, you know, you don't know her, so you . . . nine times out of ten you're gonna use one because you don't know her.”

Not all participants were convinced that there is a time in a relationship when condoms are no longer necessary. One participant said:

“I think you even got to strap on like with people that you think you know and trust.” This was reiterated by another participant who said, “Yeah, Because people cheat too, so it's like you could think that you got your mate and if she cheat on you and you think you trust her and you go in raw, then that's messed up.”

Another participant explained it this way:

“Look, it's like this. This girl right here, I'll probably be kicking it with her for months. Like I use a condom, so like if one day of the year I get her raw that day or something. But this [other] one, on the other hand, I know how she is. She all through the hood. Everybody says they did that and she doing this and that. And I know for a fact she did. That's a definite. If you with the woman, then you definitely need a condom. Like ain't no nothing going in there without one.”

Caught Up in the Moment

For many of our participants, sex occurs outside of established relationships, often in the context of partying and other social situations. In these settings, condom use appears to be quite problematic. One participant described this scenario:

“A guy meets a girl. They outside, they talking back and forth . . . woo, woo, woo . . . She's done. She's gonna hop. But he know nine times out of ten, if you let this pass, it won't happen . . . You ain't got no money in your pocket, you ain't got no rubber on you. She ain't got no money in her pocket, she ain't got no rubber on her. What's going to happen? [You] get in, get out – that's the first thing [that goes] through a guy's mind, ‘Okay, let me get in there, get in this jam, and slide out super-fast.’”

This was echoed by other participants. One person explained, *“Girls'll get caught up in the moment, so the question, [it] don't pop up at all. They get drunk or they'll be high, and then you all just start doing stuff and you don't think at all.”* The same problem was expressed by another participant who said, *“Some people just be so thirsty, like, ‘Oh man, I don't got no condoms. Well, I'll just do it this one time.’”*

Analysis

In order to ensure maximum impact on the development of the intervention, the results from this formative phase were viewed through the Transtheoretical Model of Behavior Change (TTM), a guiding theoretical construct of the larger study. Looking at our data through the TTM lens, the data shows that most participants would be described as being in the pre-contemplation or contemplation stages of behavioral change.

In the TTM construct, a person thought to be in the pre-contemplation stage is not seriously considering change within the next six months. The six month period of time is felt to be about as far into the future a person could plan a behavior change. A person could be in the

pre-contemplation stage for a variety of reasons including not understanding the consequences of the specific behavior, lacking confidence in his/her ability to change or perhaps simply not wanting to think about it. In the context of HIV prevention, persons in the pre-contemplation stage might not know about the risk of AIDS, or if they know about the risk, they might be minimizing the danger of unsafe sex (Prochaska et al, 1994).

Many participants in this study were clearly in the pre-contemplation stage. While all participants expressed some understanding of the risks of unprotected sex, many did not seem to connect these risks to consequences they might experience. As one participant stated, "Some people, some females, just don't feel like using a condom." Another person agreed saying, "*Some men don't yet use condoms because of the females they're having sex with – females who don't care if their guys wear the condoms, so they don't wear a condom.*" If you think of condom use as optional or as a matter of personal preference, you will be hard pressed to protect yourself.

Some participants felt that the risks of unprotected sex were underestimated in the community. As one person said, "*A lotta people don't understand . . . a lotta people are ignorant . . . a lotta people don't know how dangerous it is.*" Another participant explained it this way, saying that people simply think, "*I ain't gonna caught. I ain't gonna get caught. And [I] hope everybody just don't get caught, get close to being caught or something, [or] find out their friend caught it.*"

A person in the contemplation stage is seriously considering a change within the next six months. A contemplator is usually open to information about risks but may very well still feel ambivalent about their real ability to make a change. In the context of HIV prevention, contemplators are those who know about risky behaviors and are considering how they might practice safer sex but they are not currently doing so (Prochaska et al, 1994).

While this study did not ask participants about a time frame in which they might adopt consistent condom use, some comments indicated that behavior change might occur in the nearer future. One person felt that condom use would become more consistent if, "*. . . the partners sit down and talk about it, like, 'Okay, from now on – I know I messed up a couple of time, we did this without condoms. We gotta start using 'em because I don't want nothing to happen.'*" Another person explained that, "*Actually, it's within the person, what they want to do. Because a person knows right from wrong, especially if you're having sex. You're not a child anymore, you know right from wrong.*"

What does this mean in the context of designing an intervention? In their 1992 article, Prochaska et al point out that action-oriented programs often do not work with persons in the pre-contemplation and contemplation stages of change. As he says, "approaching communities and worksites with only action-oriented programs are likely to underserve, mis-serve, or not serve the majority of their target population." (Page 6, Prochaska 1992). For persons in the pre-contemplation and contemplation stages of change, a successful intervention will help participants shift thinking and attitude, thereby paving the way for changing behavior.

TTM also poses specific processes of change for each stage of change. In the pre-contemplation stage, the processes of consciousness raising, dramatic relief and environmental reevaluation are recommended. Consciousness raising will help participants process risk-related information more clearly – to understand, as one participant said, "*it only takes one time.*" *Dramatic relief allows them to absorb, understand, and manipulate the true meaning of "it only takes one time."* Environmental reevaluation allows participants to mull over situations and

trigger points that discourage – or maybe even disallow – condom use. Many participants reported casual, spontaneous sex. Reflection on the how and why of these situations can raise consciousness on their contribution to the risk of exposure to HIV. Role play of these situations can help individuals figure out approaches to lowering their risk.

DISCUSSION

We acknowledge that a small number of men participated in the formative research reported here. Participants self-identified as high risk – having had sex with multiple partners within the past six months – and no attempts were made to validate their assertions. We used a snowball sampling approach which indicates that our participants were members of social networks, even if loosely organized. This allowed us to collect valuable information about social influences as well as about individual attitudes and beliefs which assisted the research team in their efforts to develop an intervention appropriate for young, urban African American men.

Thinking in the frame of TTM, based on these results, interventions designed to serve young, urban African American males need to include those who are considering a change in behavior (contemplators) and those who are not yet intending to change their behavior (pre-contemplators). Additionally, interventions should focus on modification of cognition, affect and behaviors and not simply encourage compliance with recommendations.

However, our research has caused us to question the effectiveness of using the TTM model with this population. TTM is based upon several underlying assumptions that are at odds with the framework in which sex often occurs for this population. TTM assumes that sexual relations are occurring within the context of a relationship and that enhancing partner communication can increase safe sex practices. As our results demonstrate, these young men are most often having sex in the context of the party scene or a quickly arranged hook up. Sex is primarily occurring outside of established relationships and as such, there may not be many opportunities for the types of discussion and negotiation envisioned by TTM-based interventions. It is not clear that an intervention that stresses these types of skills will be particularly effective in this population. Interventions for this population should encourage pre-relationship and pre-intercourse discussion and negotiation. Additionally, interventions need to promote self-efficacy as a social norm and assist participants in developing “sex emergency” plans similar to an escape plan developed for fire outbreaks. A sex emergency plan should include actions to be taken in the “heat of moment” situations and emphasize that these actions will have long-term rewards and that failure to act may have negative consequences including those serious enough to cause death and disability.

These focus groups and in-depth interviews were conducted as part of the formative phase of a larger research project aimed at creating a tailored brief intervention designed to encourage consistent, long term condom use among high risk African American men. In light of the results, the intervention places condom use into a larger context, stressing basic life skills as well as the adoption of positive health behaviours. Additionally, it combines group activities and one-on-one interaction. Group activities are important as a way to impact shared values and beliefs – rather than solely expecting individual change. While a sex emergency plan belongs to an individual and is tailored towards an individual, this strategy will only work when many individuals have such a plan and there is some level of group support for them. Group activities in the context of the intervention will provide individuals with peers who are in a position to

support one another, remind each other a situations is developing, and support or acknowledge an individual's plan of action in the moment.

As researchers and providers, we need to acknowledge that consistent condom use has been difficult to achieve in this population and future efforts need to include efforts to develop new peer norms and build social support for safer sex. At the same time, we need to consider that some of the risky behaviours that we see many be related to the mental state of an individual and that one-on-one consultation should be built into interventions so that problems can be addressed and appropriate referrals can be made.

In the first 25 minute session, safer sex, pregnancy prevention and disease prevention are discussed. After a formal condom use demonstration, participants are shown a variety of condoms, lubricants and other products. The notion of a sex emergency plan is introduced as participants are encouraged to reflect on situations they have experienced and role play how they could have handled those situations differently. Finally, each participant repeats the condom use process in a one-on-one situation with a trained member of the research team. This allows for private discussion and problem solving.

The second session focuses on specific barriers to condom use and once again emphasizes problem solving. Specific issues are addressed with a focus on solutions. For example, men often complain that sex doesn't feel as good with a condom. The problem solving discussion includes reviewing the types of condoms, the use of lubricants and how to integrate condom use into foreplay. Sex emergency plans are finalized. The second session also includes a one-on-one session. In this way, the intervention focuses on the individual male and how he can take control of a (sexual) situation by being confident, determined and skilled at condom use. The sex emergency plan is viewed as a back-up to increased condom use skills and maximizes an individual's strengths while compensating for his difficulties.

In closing, efforts to reach young, urban African American men may very well have to transcend current theoretical frameworks. Interventions that reach one individual at a time may be less successful than those which address peer norms and social situations in which risky sexual behavior often occurs. Interventions which include group activities while allowing for one-on-one mentorship may address both domains and can serve as a first step towards community-level change, where safer sexual practices are not only accepted but encouraged.

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