

**TITLE:** The condom imperative in anal sex – one size may not fit all: A qualitative descriptive study of men who have sex with men (MSM).

**ABSTRACT:**

**Aims and objectives:** To explore men who have sex with men's views about condom use when having anal intercourse.

**Background:** Internationally, health promotion campaigns utilise behavioural change strategies to support men who have sex with men to always use condoms when having anal sex with other men. The health promotion message given to this group is consistent and explicitly stated; use a condom every time for anal sex regardless of relationship status.

**Design:** Qualitative analysis of data from a cohort of New Zealand men who have sex with men.

**Methods:** A total of 960 useable questionnaires were completed; 571 online and 389 in hard copy. Qualitative data were analysed using a thematic data analytic process.

**Results:** Three themes relating to condom use in men who have sex with men were identified. These are: "Safer sex is good sex", "Condom use is good but ..." and "I use condoms sometimes".

**Conclusions:** The range of responses towards condom use for anal sex in MSM in our sample, reveal this as a complex public health issue, with not all MSM willing to consistently use condoms.

**Relevance to clinical practice:** It is important that nurses do not assume that all MSM are willing to use condoms for anal sex, and should create opportunities for MSM to raise any concerns about the use of condoms. In this way, nurses can assist in

providing information that may help MSM to make decisions that will minimise risk of contracting infections associated with sexual activity.

**Key words:**

Men who have sex with men (MSM), anal sex, condom use, HIV, sexual health, qualitative survey.

**WHAT DOES THIS PAPER CONTRIBUTE TO THE WIDER GLOBAL COMMUNITY?**

1. Despite several years of dedicated health promotion and social marketing campaigns, globally HIV in MSM remains a significant health issue.
2. The findings highlight the complexities associated with condom use for anal sex in MSM.
3. The advent of prophylactic preventative HIV pharmacological preparations will challenge current thinking around condom use in MSM.

## **INTRODUCTION**

The spread of the human immunodeficiency virus (HIV) remains an unresolved international public health issue and a major “... serious infectious disease challenge to public health” (World Health Organization 2009, p. 1). In many western countries the prevalence of HIV is highest in men who have sex with men (MSM) (Adams & Neville 2009). For the purposes of this study, MSM is defined as men identifying as heterosexual, bisexual or gay who engage in sexual activities with other men (Neville *et al.* 2014). This paper reports on qualitative data, collected as part of a large survey on a cohort of MSM.

## **BACKGROUND**

Following the AIDS epidemic of the 1980s health promotion campaigns have vehemently advocated that the use of condoms for anal sex by MSM will prevent the spread of HIV (Starks *et al.* 2014). However, despite these dedicated health promotion campaigns, there remains inconsistent use of condoms for anal sex in MSM living in western countries. Currently, and against a back drop of significant large increases in sexually transmitted infections in MSM, incorporating a 46% raise in syphilis and a 32% increase in gonorrhoea (Public Health England 2015), there is a global resurgence in HIV infection rates in MSM (Beyrer *et al.* 2012).

The New Zealand AIDS Foundation (NZAF), a government funded not-for-profit organisation, takes a strengths-based, community-focused approach to the delivery of HIV prevention, and health promotion to MSM (Saxton *et al.* 2014). Similarly with other countries, the focus of NZAF health promotion campaigns is to utilise behavioural change strategies to support MSM to always use condoms when having

anal sex with other men. The health promotion message given to all MSM in every campaign is consistent and explicitly stated; use a condom every time for anal sex regardless of relationship status (Adams *et al.* 2013).

As earlier stated there is an increasing practice of MSM not always using a condom when engaging in anal sex with other men. A number of factors may be contributory to this situation. Studies have shown that the advent of treatments such as highly active antiretroviral therapy (HAART) has led to a decrease in condom use in MSM (Rowniak 2009). Physical issues with using condoms resulting in difficulties in achieving and maintaining an erection (Hernández-Romieu *et al.* 2014) and psychosocial issues such as discrimination and depression (Starks *et al.* 2014) are also cited as reasons for MSM not using condoms. A meta-analysis of studies published from 1993 to 2013 found that recreational alcohol and drug use, particularly mind altering substances, has been linked to resistance to using condoms by MSM for anal sex (Lacefield *et al.* 2015). Stein *et al.* (2012) suggest pornography depicting unprotected anal intercourse (UAI) was significantly associated with increased insertive and receptive UAI. Resistance by MSM for not using condoms for anal sex has been summarised by Neville and Adams (2009) as being due to a multiplicity of factors, including the availability of improved HIV treatment regimes, physical issues, psychosocial factors and substance use; the latter sometimes resulting in unplanned sexual contact or impaired decision-making around sexual activity. Furthermore, condom use in MSM has been identified as problematic because of issues including complexities around successfully negotiating condom use, availability of condoms, and slippage or breakage of the condom (Sullivan *et al.* 2012).

Research has shown that well designed behaviourally based health promotion campaigns are effective in promoting condom use in MSM, with the most successful campaigns being those that deploy theory-driven community based measurable interventions (Lorimer *et al.* 2012). Key elements of successful interventions include engaging members of MSM groups in all aspects of the campaign to ensure, for example, identifying appropriate target groups, making sure the messages are relevant, and using effective media channels to deliver the message to MSM (Neville *et al.* 2014).

Evident within the literature for over 10 years has been the concept of “negotiated safety” (Kippax 2002). This is where some MSM negotiate to have UAI only with each other as a means to reducing the risk of HIV transmission and maintaining sexual monogamy. UAI safety negotiation involves a process of deliberate, frequently informed and conscious decision making which is particularly evident in MSM who are in monogamous relationships (Adams & Neville 2011). The practice of serosorting, a term to describe the purposeful seeking out of serocordant partners, is also identified as a strategy that is viewed as reducing HIV transmission in UAI (Blackwell 2015). The recent advent and taking of Pre-Exposure Prophylaxis (PrEP), a medication containing antiretrovirals, has also been identified as a reason for MSM participating in UAI (Ware *et al.* 2012).

Given the need to better understand MSM attitudes to condom use, the aim of this study was to explore the views of a group of MSM in New Zealand about condom use for anal sex.

## **METHODS**

### **Design:**

The results reported in this paper were generated from a set of open-ended questions in a large survey study that evaluated a New Zealand government funded health promotion programme titled *Get it On! Get it On!* is a nation-wide social marketing campaign designed and implemented by the NZAF, the purpose of which is to encourage MSM to use condoms for anal sex, thereby reducing HIV transmission (Neville *et al.* 2014). We purposely included a series of qualitative questions in free text form into the survey to elicit perceptions about condom use. These questions were designed to capture the feelings of and meaning for participants about using condoms, in their own words. Consequently, we have used a qualitative descriptive approach to collect as much information as we can about condom use in MSM. A qualitative descriptive approach describes particular phenomena in everyday terms (Winters & Neville 2012). Qualitative descriptive studies allow researchers to present findings that are as close to the data as possible, or what qualitative researchers refer to, as being “data-near” (Sandelowski 2010, p.78).

### **Data collection:**

A survey of men identified as MSM was undertaken. As there is no sampling frame available from which to randomly sample MSM in New Zealand, a non-probability sampling design was utilised. In order to reach as wider cross-section of MSM as possible an online survey was used along with paper-based surveys administered at a large gay and lesbian fair held in the largest city in New Zealand on 10 February 2013. The online survey was available from 5 February to 20 March 2013. Inclusion criteria for both modes of the survey were: participants identifying as MSM; aged 16

years or over and currently living in New Zealand. The age of 16 years was chosen for inclusion, as this is the legal age of sexual consent in the jurisdiction in which the data were collected.

Recruitment of the internet sample was undertaken through the distribution of flyers and business cards to all known gay venues throughout New Zealand, and online advertisements through MSM focussed websites and social media. At the gay and lesbian fair, potential participants were invited to complete the survey by the researchers or through a number of research assistants. Surveys were attached to a clipboard and most men completed the survey at the location where they were approached or at a stand designated for the research. To ensure confidentiality, completed surveys were placed in an envelope and sealed by the participants themselves, and then stored in a safety box by the research team members. Men who completed the survey in either mode were offered the opportunity to enter a draw to win an iPad mini. Their names were separated from their online survey responses and paper survey forms so data for analysis remained anonymous.

On completion of the data collection process the online qualitative responses were copied into a word document. The paper-based responses were transcribed into the same word document by a research assistant verbatim. These responses formed the basis for the data analysis process.

**Ethical considerations:**

Ethical approval was gained from the Massey University Human Ethics Committee: Northern (MUHECN 12/047) on 11 July 2012.

### **Data analysis:**

Thematic analysis is a widely adopted method used to analyse qualitative descriptive data and involves the identification of commonly occurring ideas or patterns evident across the data set (Vaismoradi *et al.* 2013). The data management process through to coding and the identification of themes was underpinned by Braun and Clarke's (2006) data analytic framework. This framework involves the researcher familiarising themselves with the data set, identifying initial codes, looking for themes, reviewing the themes identified, defining and allocating names to the themes and the production of the report/article.

The first author led the data analysis process, beginning with reading of and familiarisation with the qualitative data extracts. Commonly occurring textual excerpts were clustered together into preliminary codes which were then developed into initial themes. A further refinement of these themes occurred before being named. Following this process the second author independently read the data extracts and consequently validated all coding and thematic decisions made.

### **RESULTS**

A total of 960 useable questionnaires were completed; 571 online and 389 in hard copy. Following data analysis three themes were identified: "Safer sex is good sex", "Condom use is good but ..." and "I use condoms sometimes". The three themes are presented in the section below. Verbatim quotations from the transcribed data are used to support the themes.

Safer sex is good sex:

Condom use for anal sex in MSM communities dominates the public health response to HIV prevention and in New Zealand this view is promoted via public health organisations, for example the NZAF. This message has been consistently provided to generations of MSM, from those who lived through the AIDS epidemic of the 1980s through to those who were born in an era where people lived with, rather than died from, HIV. Some participants referred to a past in which HIV was considered to be a terminal condition and associated having sex with the use of condoms.

*The circle of men I move with are men who came through the worst of the HIV era and are committed to using condoms. I actively promote condom use in my casual hook-ups so that tends to filter out barebackers [a term used to describe MSM who intentionally do not use condoms].*

Many participants had taken on board the public health messages and viewed condoms as essential in all episodes of anal sex, regardless of the duration of the sexual connection or age of the individual.

*As a young man I always use a condom every time when having anal sex with other men. Everyone should use a condom whether they are having it with their life partner or a casual hook up. With a casual hook up you don't know how safe the other person is so you should use the condom every time you have sex.*

HIV related health promotion messages have been successful in developing an awareness and knowledge among MSM of the risks associated with not using a condom for anal sex. Many respondents in the study were well aware of these benefits

and exhibited negotiated safety by refraining from having sex if a condom was not available, preferring to defer engaging in anal sex until a condom was on hand.

*From experience with one night stands and random hook ups I have never been in a situation where anyone has ever suggested sex without a condom but have been in a situation where it was made clear that no anal sex would occur that night due to having no condoms handy which has led to making arrangements for sex at a later date.*

Some respondents developed a judgemental and almost an evangelical attitude toward condom use, to the point where they could not be friends with anyone who did not use a condom for anal sex.

*Knowledge and practice of safer sex is one of the key determinants of whether I can become friends with another gay man. I doubt I could be friends, or have any respect for anyone who didn't accept and use condoms in anything other than a long-term monogamous relationship.*

There was also awareness amongst participants of resistance to using a condom for anal sex within the MSM community. These men found this socially unacceptable. Some respondents had thought carefully about how to militate the use of condoms, and felt that peer pressure represented a partial potential solution.

*However, I am concerned and angered by the number of gay men who are still prepared to have casual unsafe sex. What worries me is that there may be an emerging reactive culture that accepts condom non-use. Campaigns need to promote condom use and make non use of condoms highly unappealing and socially unacceptable.*

Condom use is good but ...

Despite good and positive agreement around the benefits of using condoms for anal sex, many respondents reported opposition to condom use. Some respondents recognised that in not using condoms for anal sex, some MSM were making a political statement, and enacting a form of resistance.

*There is a small but growing group advocating for unsafe sex as their right. Although the majority of people do have an acceptance towards condom use, this small minority is increasing in size. If it reaches a critical level, it will be harder to push for a culture of acceptance towards condom use.*

Furthermore, some men expressed a tension in their decision-making around condom use/non-use. On the one hand there was recognition and acknowledgement of the health issues associated with UAI. On the other was acknowledgment that a degree of risk taking was seen as an integral aspect of their male sexuality, and some MSM were not completely willing to sacrifice that element.

*I think if there's a culture of acceptance, there's also some reluctance. They [MSM] don't want to be told what to do and a lot of gay guys I know prefer sex without condoms. Gay culture accepts risk as part of the eroticism and fulfillment of sexual expression. Also some people can't be fucked putting it [a condom] on.*

Physical issues, such as the fit and feel of wearing a condom, including the inability to achieve and sustain an erection, or reduced sensitivity were also identified as reasons

for not using a condom for anal sex in some MSM. In some instances participants identified these factors as significant in their personal decisions not to use condoms.

*I think that there will always be those among us that will choose not to wear condoms. I'm an educated male that knows the risks of not using one but until something is developed that does not decrease sensitivity I will continue not to use condoms.*

The advent of sophisticated biomedical treatments has seen an increase in life expectancy in HIV positive MSM. Consequently, HIV is no longer seen as a death sentence but something that one lives with. In other words people live with HIV, rather than die from HIV.

*Most people are aware of HIV risks including not using a condom. I do know people who think that HIV medication will fix things. There are a lot of gay men who think that HIV is curable and because of that take risks and don't use condoms.*

There was a perception of 'successful HIV treatment' and this meant that some MSM felt they were willing to take the risk.

*We know we should be good and cover up but it is so difficult. This is because the threats of getting HIV are less than they were. We can now be cured of STIs and successfully treated for HIV. Therefore the threats are in a hypothetical sense but the rewards are instant and tangible [rewards being able to have anal sex without a condom].*

I use condoms sometimes

Across the qualitative responses several MSM reported a considered rationale to explain their personal decision of non-condom use. By doing so, these men identified a belief in their right to choose, based on their personal circumstance. This was particularly so for MSM in non-monogamous relationships who often reported a strategy of only using condoms for sex with men who were not their primary partner.

*Me and my partner have tested clean for the last 5 years so we don't feel the need to use condoms with each other, we always use condoms when others are involved whether separately or together.*

Some participants identified being in long-term relationships and so did not see the need to wear a condom for anal sex within that monogamous, or closed, partnership.

*We're the generation that survived the initial HIV/AIDS epidemic. I'm in a closed, committed, long-term relationship so using a condom isn't an issue. We don't think we need to. We are older and wiser and don't feel like we are taking a risk.*

The following view demonstrates knowledge and an awareness of the need to use a condom for anal sex, however the respondent identifies a view that those MSM in committed relationships who don't use condoms are marginalised, silenced and feel that what they are doing is wrong.

*I have two concerns here. On the one hand I do appreciate the need for people with multiple partners to use protection. On the other hand, I feel that people who are in mutually monogamous relationships are demonised for not using a condom. We don't feel like we can talk openly about it [not using a condom].*

For those who were not in relationships, some respondents identified they knew about the importance of using condoms for anal sex but still didn't always use them. However, evident within the account below is a view that contracting HIV was minimised if you were a 'top' (the insertive partner) rather than a 'bottom' (receptive partner).

*We are old enough to remember the early days, but I do notice we are unwilling to bottom without condoms, but we are willing to top without using one ourselves and I include myself in that. It's a bit hypocritical I know, and if a bottom asked, I'd slip it on without hesitation, but if they don't ask ... Still I know it's wrong, but I do it as a top.*

## **DISCUSSION**

The results presented from this study identify that condom use for anal sex in MSM is a complex public health issue, with respondents clearly identifying reasons for and against engaging in safe sex practises. Our study focused on individual level decision making, therefore our findings offer a discussion on how individual level decisions are influenced by external and internal factors of the group that we surveyed and in some ways are linked to sub-cultural practises associated with the use or non use of condoms in MSM.

Health communication (a component of health promotion) is at the forefront of any effort to promote health and prevent ill health (Corcoran 2013). In New Zealand, previous social marketing health promotion campaigns have focussed on awareness of HIV, and developing knowledge of how to reduce the risk of infection through principally using condoms for anal sex. Social marketing in health is used to influence

health behaviours and utilises strategies such as mass media campaigns, promotion messages and local outreach programmes (Neville *et al.* 2014). Therefore, based on the New Zealand approach to HIV public health education, it cannot be assumed that reasons for not using condoms are associated with lack of knowledge, but may be linked to an internal and more personal decision.

Our participants' narratives indicated that some MSM entered into safety negotiation processes that reflected their knowledge and awareness of sexual practices that can place them at risk and demonstrated their approaches to minimising this risk; including in some cases, postponing anal intercourse until a condom was available. These actions reflect a positive internal locus of control that some MSM cited they developed partially as a result of the knowledge gained through health communication campaigns and the social networks that they belonged to.

For some participants, individual views around protected anal intercourse dictated whether friendships are formed. Conversely, some participants, who were aware of the risks associated with not using condoms for anal sex, resisted condom use as a means of making a political statement, the notion that you live with rather than die from HIV and challenging the appropriateness of using a condom when living in exclusive relationships. This brought an overt political dimension to their decision-making. Given the personal nature of decision-making around sexual behaviour, there are echoes of the feminist mantra of 'the personal is political'. Indeed, our findings reveal the tensions that exist between certain groups of MSM i.e. those that uphold using a condom for anal intercourse and those who chose not to use a condom. These dichotomous views are inscribed with differing and complex meanings that have been

shaped by socio-cultural and political contexts. For some time in New Zealand, the NZAF's public health message to MSM is to use condoms every time when engaging in anal intercourse regardless of relationship status (Adams *et al.* 2013). These social marketing messages obviously have positively influenced many MSM to use condoms for anal intercourse, as evidenced not only by the findings presented in this study but also in relation to the low rates of HIV infection in New Zealand (Saxton *et al.* 2011).

The findings in the present study are confirmatory of findings from previous New Zealand studies (Adams *et al.* 2013, Adams & Neville 2009). Cumulatively, these earlier studies recommended that "... health promotion initiatives should build skills and knowledge ... and include the ... correct and confident use of condoms – as well as improving the depth of understanding about HIV and its transmission" (Adams & Neville 2009, p.1675). New Zealand social marketing campaigns integrated these recommendations into subsequent promotional material and the findings from this study verify the successfulness of these campaigns. However, what has not been addressed and remains evident in this study is the resistance by some MSM to use condoms for anal sex.

Evident in the data is a notion that if you identify as a gay man who has sex with other men and lives in a monogamous sexual relationship then it is acceptable to have UAI. However this comes with repercussions where these individuals felt demonised because they made these choices within the perceived safety of their monogamous relationships. Findings from the present research continue to support findings from previous studies, identifying the existence of a small subculture where some MSM are

supporting non-condom use in anal intercourse. Furthermore, the advent and burgeoning international debate about the use of Pre-Exposure Prophylaxis (PrEP) as means of inhibiting the transmission of HIV through taking a pharmaceutical preparation could be another influencing factor in MSM decision making processes regarding the use and/or non-use of condoms. The United States of America's Centers for Disease Control and Prevention (2014) advocates PrEP to be a valuable HIV prevention tool and recommends its use in combination with condoms. Consequently, health promotion messages that assert using a condom everytime for anal sex regardless of mitigating circumstances continues to be challenged. With the advent of PrEP, the time has come to re-examine the relevance and appropriateness of existing health promotion messages aimed at MSM. This may require enhancing existing social marketing campaigns to ensure they are contemporary and reflective of current trends in HIV prevention.

A strength of this study is the large number of participants who provided us with their accounts related to condom use. However, by not having undertaken indepth digitally recorded interviews has not allowed us to follow up on or examine in greater depth some of the points raised by participants. Future research with groups who do not use condoms for anal sex will further strengthen these findings and assist with the development of HIV prevention social marketing campaigns.

## **CONCLUSION**

Our findings reveal the complexity of the decision-making process around condom use for anal sex in all situations. Furthermore, our findings highlight the tensions among MSM regarding this issue, with the perception that MSM who adhere to the

condom imperative are 'good' MSM, who promotes a positive image of the gay and broader MSM communities. Conversely, those who do not are viewed very differently. From a practical point of view MSM who do not use condoms for anal sex may lack a feeling of belonging. Due to the strength and powerfulness of the dominant discourse these MSM are banished to the margins, ostracised and considered deviant. This marginalisation may have flow-on effects that could jeopardise health and well-being. It is imperative that those responsible for designing and delivering public health messages are aware of this complexity.

### **RELEVANCE TO CLINICAL PRACTICE**

Internationally the spread of HIV remains an important health issue. In many western countries inconsistent use of condoms by MSM has seen increased rates of HIV and sexually transmitted infections in this group. Nurses, especially those who come into contact with MSM, should not assume that members of this group are willing to use condoms for anal sex, and as such need to create opportunities for MSM to raise any concerns about using condoms for anal sex. Nurses who understand the complexities associated with condom use by MSM are better informed to provide information that will assist those men seeking to minimise the risk of contracting infections associated with sexual activity.

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