

# A Qualitative Study about Condom Use in Men who have Risky Sexual Behavior

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**Abstract.** Sexually transmitted diseases in Bali have increased in recent decades. Condom use is one easy step to prevent the spread of sexually transmitted diseases in the middle of a risky sexual behavior. This study aims to explore the causes of condom failure as a prevention of transmission of sexually transmitted diseases in men who have risky sexual intercourse. Qualitative research was conducted in one of primary hospital in Bali and carried out by in-depth interviews to male patients with complaints of urethral discharge, dysuria, or suspected STD and had one of risky sexual intercourse. Interviews include history of condom use, risky sexual behavior, and knowledge of sexually transmitted diseases. The results showed that all research subjects admitted that they did not like the use of condoms during sexual intercourse, risky sexual behaviors were not easy to avoid, and sexually transmitted diseases were not real.

**Keywords:** Condom, Risky Sexual Behavior, Sexually Transmitted Disease

## 1. Introduction

There are some diseases that can be transmitted through sexual activities, include vaginal intercourse, anal sex, and oral sex. We called the disease as sexually transmitted infection (STI), or sometimes referred as sexually transmitted disease (STD), also mentioned as venereal disease (VD). Human Immunodeficiency Virus (HIV) / Acquired Immunodeficiency Syndrome (AIDS) is one of most common kind of STI happened globally in the world. Beside HIV/AIDS, there are about 1.1 billion people had other kinds of STIs, such as syphilis, gonorrhea, chlamydia, or trichomoniasis. There are approximately 530 million people with genitalia herpes and 290 million women suffered from human papillomavirus. All kinds of STIs resulted in 108.000 deaths in 2015. United states as developed countries have more than 19 million new cases of STIs in 2010. The disease not only bring pain or damaged patient body, but stigma and shameful feeling associated with the disease [1-2].

Sexual intercourse with two or more partners without proper and consistent condom use is high risk sexual behavior for the acquisition of sexual transmitted diseases. Definition of high risk sexual intercourse is varied between studies. Some studies defined it as all sexual intercourse outside of a

cohabiting relationship. The National Family Health Survey defines high risk sexual intercourse in the last 12 months, with someone who is neither a spouse nor cohabiting partner. However the present study includes men who had more than one sexual partner also in the high risk group and sexual relations of unmarried people in an exclusive relationship are also considered as risky behavior [3]. Some studies have found that HIV transmission in India through heterosexual relations and the rest occurs mainly through blood transfusion. Multiple sexual partners are the single most common reason for the increased risk of sexual transmitted diseases. One clinical study in Mumbai revealed that sexual habit has a strong relationship with the prevalence of STIs, like gonorrhoea, trichomoniasis, and HIV. Extramarital relationship among men increases the risk of STIs and vulnerability of their wives. Several individual characteristics (age, region, religion, caste, wealth status, knowledge, educational and occupational status) have been associated with increased risky sexual behavior. Personal habits like alcohol and injecting drugs also have been associated with high risk sexual behavior [4-6].

Unwanted pregnancy and STIs are the negative result from the risky sexual behavior. In this era, STIs has been one of global burden of disease that caused by unsafe sex. Some countries have been conducted some campaign and policies to promote sexual education and stop any unsafe sexual activities instead prohibit sexual intercourse, abstinence only for unsafe sex. Condom is one kind of many effective methods to prevent STIs and pregnancy. Condom

Risky sexual behavior can lead to many negative health issues, especially sexual transmitted infection and unintended pregnancy. Unsafe sex was found to be one of the leading risk factors related to global burden of disease over the past decade. Many global and local public health policies promote sexual education and encourage safe sexual practices instead of prohibiting them. While more effective methods are used to prevent unintended pregnancy, STIs can be effectively prevented with condom. Condoms are considered proven to be effective in preventing STIs, although not 100%. The wrong way to use it, using the same condom repeatedly, until a low quality condom are the reason condoms are not able to 100% prevent STIs [7]. Some of the strategies recommended in promoting safe sex are campaigning for using condoms whenever having sex [8]. However, condom use in the community is still considered to be lacking especially among users of commercial sex workers, and this has subsequently resulted in an increase in STI transmission to their partners. Discomfort when using a condom and a decrease in sexual pleasure are reasons for the low use of condoms during sexual intercourse with female sex workers (FSW).

Unpleasantness and/or reduction in sexual pleasure when using condoms are the most common reasons supportive of their engagement in unprotected sexual intercourse with FSW. Other factors that lead to low condom use include: lack of knowledge about the risk of getting HIV, the absence of condoms during sexual intercourse, believing that antibiotics can prevent STIs, trusting sex partners, partners not liking condoms, getting drunk, defective condoms, and believing that condoms unable to prevent HIV. [9]. This study is aimed to bridge the gap between knowledge and behavior in the community about the condom use as STI prevention among high risky sexual behavior.

This research was carried out using qualitative method to explore more deeply the facts that occur in the field related to the increase number of sexually transmitted diseases in men due to unavoidable risk of sexual behavior, the limitations of condom use, and the lack of community knowledge related to sexually transmitted diseases. From May until August 2018, 12 men were attending general practitioner in a private hospital, Denpasar with chief complaint of urethral discharge and dysuria. Men patients recruited during days and times that were arbitrarily selected.

Eligibility criteria were: aged more than 18 years old, stay in Denpasar, diagnosis (confirmed or presumptive) of STI during the visit, had one of risky sexual behavior, such as not using condom when having sexual intercourse and/or had more than one sexual partners, and agree to join deep interview by sign informed consent. Before discharge from the clinic, medical staff determined eligibility based on the requirement. From 12 men, 5 men fulfilled the eligibility criteria and joined this research.

In-depth interview was conducted by a general practitioner and took about 30-60 minutes to complete. The in-depth interview instrument covered socioeconomic background such as origin, age, occupation, marital status, and education background, experienced with some risky sexual intercourse, condom usage, and STI-related knowledge. All participants remained anonymous through the whole process but were assigned study identification numbers for the purpose of presenting study results. The sessions were not tape recorded due to privacy concerns but extensive notes were taken.

We used qualitative data analysis based on Framework analysis stated by Ritchie and Spencer, that consist of five step, include familiarization, identifying a thematic framework, indexing, charting, mapping and interpretation. We done familiarization of the data by reading them line by line repeatedly, divide the data into several groups, and giving comments or label. After that, we organized the data by writing down recurrent key issues, concepts, and theme as thematic frameworks identification. Then, we do indexing. Steps for indexing, as follow: making a list of codes and then eliminate or combine some similar codes for easier in managing the data. For creating codes, each coder must read the transcripts carefully, exchanged and discussed about the definition of each codes, searched any codes that have similar meaning or same understanding. After indexing, we continue to make a chart of data through appropriate arrangement and compare the chart. The last step is mapping and interpretation through examining the data to see the main idea and find the relationship between them.

## **2. Discussion**

Sexually transmitted infections are currently becoming the world's attention because of the high number of cases found and the death rate, even some types of sexually transmitted diseases have not been found. Some time ago the WHO suggested sexually transmitted infections, such as syphilis, gonorrhoea, chlamydia, and trichomoniasis as the global burden of disease with a number of possible cases reaching 250 million cases and this number is estimated to reach every year.

At this present time, for most developing countries mainly due to socio-economic cultural transition factors, the focus of attention for sexually transmitted diseases is more on HIV / AIDS, often given invisible symptoms so that the spread is often difficult to prevent and until now there has been no cure for that disease. But even so, other STI diseases likes gonorrhoea, syphilis, trichomoniasis also still get spotlights. In addition to the aforementioned infectious agents, there are still more than 20 other infectious agents that can cause sexually transmitted diseases through vaginal sex, anal sex, or oral-genital / oral-anal contact. Prevalence data for most developing world countries provide useful estimates but must be interpreted with caution because they may not be representative of the total population [10]. The iceberg phenomenon describes a situation in which

a large percentage of a problem is subclinical, unreported, or otherwise hidden from view. Thus, only the "tip of the iceberg" is apparent to the epidemiologist. The social stigma against STI patients makes this disease less detectable. The public tends to be ashamed to express their complaints regarding reproductive organs, and often sex-related talks are still considered taboo. Uncovering disease that might otherwise be below "sea-level" by screening and early detection often allows for better disease control, and also increase public knowledge about STI will help to decrease the stigma among them [11].

The characteristics of participants in this research are presented in table 1. Eighty percents of participant were non-Balinese, but stayed in Denpasar. Only one participant was a student and single or not married.

All participants were in a productive age and have good educational background. Eighty percent of our participants come from outside Bali. As tourist destination, so many migrants are interested in living and working in Bali [12]. From 12 men come to hospital due to dysuria or urethral discharge, only 5 men agree to follow the research, 5 patients refused to undergo interviews due to time constraints, and 2 patients did not admit to having risky sexual intercourse. Based on previous research, it was found that STI-like diseases were more common in young adults. According to the data, sexually transmitted diseases (STDs) are among the first ten causes of unpleasant diseases in young adult males in developing countries and the second major cause of unpleasant diseases in young adult women. From all new acquired STDs, more than 50% are adolescent and young adults (15-24 years old) and range of age between 15-24 years old make up only 25% of the sexual active population. [13]. In our research, one participant is still classified as a young adult, and has been belong to sexual active population.

**Table 1.** Characteristic of Participants

Initial	Origin	Age	Occupation	Marital Status	Education
Mr. A	Balinese	20	Student	Single	High school
Mr. B	Non-Balinese	35	Private workers	Married	Bachelor
Mr. C	Non-Balinese	27	Private workers	Married	Diploma
Mr. D	Non-Balinese	30	Private workers	Married	High school
Mr. E	Non-Balinese	55	Bussinesman	Married	Magister Degree

#### *A. Risky Sexual Behavior as a Part of Social Network Activity*

In-depth interview results indicated that sexual relations are very privacy, whether it's a wife, friend, or a commercial sex worker. One participant (Mr. A) revealed that sex is part of a social network activity, which typically started in the evening with eating, drinking, and playing game together, "I have a social group, we met in the weekend, we chat, we drink, we play, and we sex".

All non-Balinese participants thought that Bali is a very free destination, there are many places to socialize and have fun.

"Drinking and sex is very common here. Weird if we don't do it. The important thing is that my wife doesn't know..." (Mr. B)

"My wife doesn't know that I'm in contact with my co-worker. Just once or twice I have met ladies café..." (Mr. C)

“I work at a nightclub and it's very common to have fun and enjoy sex. Sometimes I even get money for it...” (Mr. D)

Mr. D was a businessman, and he think that treating friend or business associates to commercial sex patronage was a form of socialization. “For us men, making bonds or relationships is easier by using women. It is no longer an age to treat only with food, the most effective treat is the service of commercial sex women, especially if the woman is willing to help offer our business to clients, usually our offer will be easier to succeed through female sex worker”.

Our research found that high risk sexual behavior, like multiple sex partners or visiting FSW is a part of social network activity. Previous study also revealed that high prevalence of commercial sex visit was influenced by friends, some peoples also felt the pressure to participate in the risky sexual behavior, only for the sake of not being shunned by friends or certain circles, we must follow the habits or rules that are in that group. In order to avoid the risk of social sanction for not complying with group norms, some people choose to do things that are unusual or never done before. One social learning theory told that individuals' behavior is learned through observations and inter-personal communication in their social network [14].

#### *B. Inconvenience of Using Condom*

All of participants know that condom is a protective tool for safe sex, but sometimes the use of condoms is uncomfortable and disrupts sexual activity.

“I really don't like to use condom. I never feel sexual satisfaction every time I use a condom. With condom on, I don't enjoy sex (Mr. A).

“Sometimes I use condom, sometimes not. When I used it more than one minutes, I started to feel pain and this was really decrease my sex pleasure” (Mr.B).

“Using condom is like wearing wet socks. I really don't like it” (Mr.E).

The use of condoms sometimes means a symbol of distrust. Trust was linked to the length of the relationship. Non-use condom is commonly cited in long term relationship.

“I know her and I have been with her for two year, so why do I need condom?!” (Mr.C).

“Once I offered her what if I used a condom, I was afraid if something happened, but my partner didn't like it. So I decided never to use it again.” (Mr. D).

Sexual intercourse sometimes was not be planned, lack of prior preparation for sex especially when subjects were in the heat of the moment.

“I often get drunk when having sex, so I don't remember using condom” (Mr.A)

“We had nowhere to buy condom. I am afraid of what people think when I bring a condom in my wallet or buy condom in the market” (Mr. C).

“Who remembers using a condom when you're at the peak of sex?!” (Mr.E)

Commercial Sex Workers offer to use condoms, but negotiations fail when customers refuse to use it.

“If there are ladies who offering me condoms, I will pay them half the price or cancel them” (Mr.E).

Previous study in Uganda found there are six barriers to condom use, such as: difficulties using condom include displeasure or pain, access challenge likes not all places sell condoms freely, lack of knowledge and misinformation about condom use such as myths or misperceptions about the effectiveness of condoms, so using condoms or not is the same, partner and relationship factors likes the partner looks healthy so it is impossible to transmit the disease or the partner threatens not to have sex if using a condom, financial incentives and socio-economic vulnerability that also influence

way of thinking likes not everyone wants to pay or exchange the satisfaction they can get without using a condom by using a condom which turns out to be not free, and alcohol use and other factors which makes someone not remember to use a condom [15]. Our findings exactly support the previous study, but the main reason in our study is difficulties using condom that disrupt the sexual pleasure. In order to increase the convenience of condom, previous research told that lubricants will make sex safer by reducing the likelihood of condom breakage, tissue damage and tearing caused to the genitalia [15]. Through the interview results, it was found that the participants' understanding and knowledge regarding the benefits of condom use were still lacking. Thailand and Indonesia are two developing countries in Southeast Asia, but have different perspectives regarding sex and condoms. Since 1989 Thailand has been very keen to propagate the use of condoms, which were initially intended for commercial sex workers and their clients, but now the campaign has widened to target a more general population such as teenagers to prevent unwanted pregnancies at an early age [7]. This is different from in Indonesia, condom campaigns are aimed more at commercial sex workers, whereas failure to use condoms is usually caused by clients who refuse to use condoms and threaten the cancellation of transactions. Previous qualitative study in Nepal also stated that condom-related negotiation between clients and FSWs usually fail because the client refuses and threaten to cancel the transaction. Female sex workers used condom only if their clients demanded, but the clients usually did not demand that condoms to be used. In cases of client refusal, they can't disagree or try to force clients because they feared that they would lose the client [16].

### *C. STD is just a Fairy Tale*

All participants know that there is a disease that is transmitted through sex, but do not know if anyone has experienced it, especially HIV.

“HIV is said has no cure, it seems just to scare people like us” (Mr.A).

“I have heard about syphilis, HIV, gonorrhea from online and television, but is it really true? (Mr.B).

“Only bad people are affected by the disease, but I'm not a bad person” (Mr.C).

“I don't look like I have HIV. The women I slept with also looked fine. I always make sure the woman I sleep with is not having a disease” (Mr.D).

“This is not the first time I have bad urination like this. I just need to go to the doctor, get antibiotics, and then I get well. So I don't need to worry” (Mr.E).

When interviewed regarding STI, it was found that knowledge related to STI and HIV was still very lacking. Some previous studies such as those in India and Jamaica state that condom use will increase as knowledge increases. Increased knowledge will eliminate all confusing information while at the same time creating fear of the danger caused by not using condoms [8].

This study has some limitations. First of all, the selected participants were not representative of all risky sexual behavior in Bali. Although the number of participants in this study is very minimal, each point described in this study is sufficient to be able to describe the phenomenon of what is happening in the community. We focus to search on participants coming from men who are experiencing STI due to risky sexual behavior, so they can be a concrete example to the readers. The results of this study are expected to be the basis of subsequent research. For the next research, it needs a larger number of participants in different settings.

### 3. Conclusion

Sexual health especially high risk sexual behavior and the prevention include the use of condom is an important public health issue across all age group. Different countries cause different socio-cultural differences and perceptions of issues such as unsafe sex. Abstinence or being loyal to only one partner is actually the most effective method of preventing sexually transmitted infections. But as culture changes follow the changing times, risky sexual behavior seems unavoidable. Indeed, many people already know the dangers of risky sexual behavior, including the risk of STI and HIV, but in reality there are many factors that result in the failure of safe sex to be realized. The FSW empowerment issue is crucial in successful negotiation for condom use. Safe sex education to general population is needed to create a safe sex, rather than prohibiting risky sexual activity.

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