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Female Condom Knowledge, Attributes and Behavior: Barriers to Use and Potential for Acceptance Among Sexually Active Undergraduate Students

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FEMALE CONDOM KNOWLEDGE, ATTITUDES AND BEHAVIOR:
BARRIERS TO USE AND THE POTENTIAL FOR ACCEPTANCE
AMONG SEXUALLY ACTIVE UNDERGRADUATE STUDENTS

By:

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Dr. Merrill Singer (PhD) Honors Thesis Advisor

A thesis submitted in partial fulfillment
of the requirements for the
Degree of Bachelor of Arts with
Honors in Anthropology

THE UNIVERSITY OF CONNECTICUT
Storrs, Connecticut

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ABSTRACT

FEMALE CONDOM KNOWLEDGE, ATTITUDES AND BEHAVIOR: BARRIERS TO
USE AND THE POTENTIAL FOR ACCEPTANCE AMONG SEXUALLY ACTIVE
UNDERGRADUATE STUDENTS

By:

Paige E. Nuzzolillo

The University of Connecticut, 2010

Under the supervision of Dr. Merrill Singer (PhD)

Minimal research has been conducted on the acceptability of the female condom among college populations despite its existence in the world market since 1992. The FC2, an improved version of FC1, has recently been released in the United States, thus prompting the need for further acceptability studies. Due to increasingly high rates of STDs among those aged 15-24, every method of protection against STDs/HIV and pregnancy must be utilized. This study involved a campus-wide survey which examined University of Connecticut (UConn) main campus (Storrs) undergraduate students' knowledge of the female condom, perceptions of and attitudes towards the female condom as implications for the potential acceptability of the female condom among undergraduate populations of other mid-sized, public universities in the United States. The results of the study indicate that many UConn students have some knowledge of the female condom but do not use it. The most cited barriers to acceptability were its lack of accessibility, the "yuck factor," use of the male condom already, and the need for more demonstrations on how to use the female condom. These barriers are all surmountable. The results also suggest the need for promotion of the female condom among this population as an *alternative*, not a *replacement*, to the male condom. This study provided hope for understanding how to best market the female condom among sexually active college undergraduate populations of similar demographical makeup as the University of Connecticut.

Female Condom Knowledge, Attitudes and Behavior: Barriers to Use and the Potential for Acceptance among Sexually Active Undergraduate Students

Paige E. Nuzzolillo (Student Researcher), Merrill Singer (PhD: Principal Investigator), Nicola Bulled (MPH)

The Centers for Disease Control (CDC) recently announced that one in four teenage girls in the U.S aged 14-19 have an STD (Horton 2008). As noted in “Women’s Health,” a report issued by the Kaiser Family Foundation, “people between the ages of 15 and 24 accounted for 50% of all new cases of sexually transmitted diseases in 2000 in the United States (Kaiser Health News 2004:1). Additionally, “nearly 19 million new STI’s occur each year, and almost half of those affect 15-24 year olds” as reported by CNN.com (Landau 2009). In an earlier document, issued in 1998, the Kaiser Family Foundation reported that “one in three sexually active people will contract a sexually transmitted infection by the time they are 24” (O’Sullivan et al. 2008:2). It is evident that the risk to young people infected of sexually transmitted diseases has not mitigated despite non-profit and governmental efforts encouraging and promoting safer sex. These alarming statistics attest to the urgent need for more intensive public health promotion of disease prevention and contraception use among youth.

In this light, this thesis reports the findings of a study designed to assess undergraduate knowledge, attitudes, and to use patterns of an alternative prevention technology, the female condom, in order to inform the public health promotion of this prevention modality to college students. On the market in the United States for 18 years, the female condom (FC) is the only existing female-initiated and controlled barrier contraceptive available today. The FC offers a potentially important source of protection against both STDs/HIV and pregnancy. Introduced to the world-market in 1992 by the Chicago-based Female Health Company (FHC), the FC has been hailed as an approach that contributes to “women’s empowerment,” as it places a degree of

power in the hands of women to control their sexual health and well-being (Crary 2009; Gollub 2000; Kaler 2004; Kaler 2000).



FHC Female Condom

<http://www.fc2femalecondom.com/>

The female condom has been extensively promoted, but has generated only mixed degrees of interest and acceptability among nonprofit as well as governmental organizations concerned with female reproductive health. Various African and Asian countries have been targeted in the promotion of FC use among sex-workers, as well as other populations at high risk of STDs/HIV. However, this technology has been largely neglected as a method of barrier contraception that might appeal to college students in the United States. As of 2010, only two studies: the first by Marlies Schoeneberger, TK Logan and Carl Leukefeld (1999) entitled, “Gender roles, HIV risk behaviors, and perceptions of using female condoms among college students” and the second by Maria Lameiras Fernandez, Jose Maria Failde Garrido, Alberto Saco Alvarez and Yolanda Rodriguez Castro entitled, “A Qualitative Study of the Viability of Usage of the Female Condom Among University Students” (2006), have investigated this under-researched area.

Given existing research indicating a significant level of sexual activity and STDs among college students, as well as low levels of consistent male condom use (O'Sullivan et al. 2008:1; Woolf and Maisto 2008:1; Shearer et al. 2005:1; Schoeneberger et al. 1999: 120), there is a pressing need for further research that investigates the potential acceptability of *every* available form of barrier contraception in this population. The prospective value of the female condom among college students has been enhanced by the 2009 release in the U.S of an improved model (known as FC2) that is 30% cheaper in price as well as less noisy ("squeakiness" being one of the complaints of users in previous acceptability studies) than the previous version, FC1 (Crary 2009:1). Due to reported difficulties with inserting the FC1, (Gollub 2000), FC2 now has instructions for use written on the packaging, which the FC1 lacked.

This thesis is unique in that, to the best of my knowledge, it is currently the only study which has investigated the acceptability of the female condom among college students since the introduction of the FC2 into the U.S. market. There are various cited barriers to FC use, such as its high price (as compared to the male condom), lack of availability, familiarity with the male condom, and its "yuck factor" or strange appearance (Grant 2009; Kaler 2004; Crary 2009; Gollub 2000; Fernandez et al. 2006; McNeil Jr. 2007). Assessing all of these frequently cited barriers was an issue of concern to the formulation and overarching goals of this study.

Is the new FC model being adopted by college students? Are they aware of the FC as a viable prevention strategy of STDs/HIV and pregnancy? What are their attitudes concerning the FC? What are the primary barriers to use of the FC among college students? What factors might lead to greater adoption of this technology among undergraduate students? These are the issues that were addressed using an online student survey of 36 questions designed to investigate gender differences in perceptions, attitudes and knowledge of the female condom as a method of

barrier protection against STDs/HIV among college undergraduates at the University of Connecticut in Storrs, Connecticut. The University of Connecticut was hailed in 2008 as the 6th sexually healthiest college campus in the United States according to the “Trojan Sexual Health Report Card” which judged the availability of sexual health resources and information on campus among 139 U.S universities (2008 Trojan Sexual Health Report Card 2008). Student Health Centers were “graded” on the following criteria: if the center allows drop-ins or require appointments, if contraceptives are available for free or at a cost, if condoms are available for free or at a cost, if HIV testing is available (on/off campus, at a cost), if STD testing is available (on/off campus, at a cost), frequency of lecture/outreach programs, among others (2008 Trojan Sexual Health Report Card 2008). This high rating of the University of Connecticut’s “sexual health” implies that there may be a high level of students’ knowledge of the female condom and that they may be considerably open to the prospect of using it.

A brief conversation via email with Joleen Nevers, Health Education Coordinator (MAEd in Health Education) at the Uconn Storrs campus, brought to light the current efforts of the Uconn campus to encourage female condom use among the undergraduate population. She said that Health Education provides female condom demonstrations during each of the evening sexuality programs and safer sex talks. However, female condom demonstrations are not performed in the Freshman Year Experience courses which also provide safer sex talks. Per year, the range is 75-100 presentations with “thousands of students in attendance” (personal communication: March 3, 2010). Additionally, Nevers explained that in-office demonstrations are provided for anyone interested in the female condom or requesting them from the Health Education office at South D (personal communication March 3, 2010). Furthermore, female condom demonstrations are provided by the UCONN “Sexperts” (personal communication

March 3, 2010). It appears as though a large number of demonstrations on use of the female condom are currently performed by Health Education. This information from Nevers provides further evidence of the “sexual health” of the UConn Storrs campus.

Moreover, email correspondence with Cindy Walsh (R.N.,C.,APRN), Women’s Health Nurse Practitioner at the University of Connecticut Student Health Service’s Women’s Clinic illuminated additional questions concerning the current state of female condom promotion at Uconn. When asked where female condoms are specifically available for women at the clinic, she explained that there are female condoms available in baskets in the hallways of the clinic as well as in individual offices (personal communication, April 1, 2010). When asked how often the female condom is generally requested by students, Walsh replied that she has only had “one patient who actively chooses to use the FC” (personal communication, April 1, 2010). The Women’s Clinic, according to Walsh, talks about the female condom when they discuss available methods of contraception with students who are undecided about which birth control to use. She said that she has a female condom in her drawer in her office for “a little show and tell” in the case that a student desires to know her alternative options for protecting herself. Most importantly, Walsh informed me that “Most students are not interested in barrier methods and only want hormonal contraception; they don’t really want to know about the FC (or the male condom for that matter)” (personal communication, April 1, 2010).

The data collected in this study serve as a gauge of the potential for normalized use of the female condom among the relatively homogenous population of UConn Storrs undergraduates. The UConn undergraduate population at Storrs as of the fall semester of 2009 was comprised of the following ethnicities: African American (5%), Native American (0%), Asian American (8%), Hispanic American (5%), White/Caucasian (64%), international students (1%), and other

ethnicities or those who refused to indicate in demographic survey (16%) (personal communication: Office of Institutional Research, UConn). With caution and appropriate modifications, this study may be extrapolated for students at other demographically similar U.S. college campuses. As many young adults throughout the U.S are at potential risk of STDs/HIV infection due to sexual activity, having multiple sex partners, use of alcohol and/or drugs during sex, and various other social, cultural and behavioral factors, there is a need for research that incorporates all of these factors in an effort to create appropriate interventions and promotional campaigns. It is important to consider the specific cultural complexities that contribute to varying strategies of condom negotiation, the distribution of power, the ability to assert oneself, and other gender-specific factors. Consequently, the UConn university culture must be studied specifically in terms of contraceptive use, sexual activity, and barriers to use of contraception (male and female) in order to assess potential FC use among comparable college populations.

This study was carried out to fill in gaps in our understanding of the acceptability of the female condom among college students as an additional form of protection against STDs/HIV and pregnancy. It is vital for reliable, realistic information to be available to students on the various contraceptive devices that can be used to protect against the spread of HIV/AIDS and STDs as well as unwanted pregnancy.

BACKGROUND

The critical need for further research on patterns of knowledge, attitudes, and behaviors regarding female condom use among college students is suggested by research findings indicating a discrepancy among college students between knowledge of the transmission and symptoms of STDs and their actual actions to protect themselves against these very STDs (Parsons et al. 2000; Coleman and Ingham 1999; Wendt and Solomon 1995; O'Sullivan et al. 2009; Joffe et al. 1992; Brien and Thombs 1994; Civic 2000). Although students may have basic knowledge on STDs/HIV, they still

frequently engage in risky sexual behavior and condom use among college populations is not habitual (O'Sullivan et al. 2009). There are various hypothesized barriers to taking appropriate steps to protect oneself from STDs/HIV, including embarrassment about buying condoms, lack of negotiation and/or communication skills, fear of rejection by a partner following suggestion of condom use (as condoms are associated with infidelity, filth, lack of trust), interference with sexual pleasure, lack of assertiveness, a low perceived need for condom use, the use of another form of birth control (e.g., birth control pills), and the involvement in a committed relationship (Civic 2000; Wendt and Solomon 1995).

Involvement in a committed relationship is directly connected to a low perceived need of condom use, as demonstrated by the studies conducted by Diane Civic (2000) and Wendt and Solomon (1995). This is due to the fact that trust is typically cultivated in a relationship with the passage of time. Nonetheless, it is important to acknowledge the fact that "knowing a partner's sexual history, such as their number of previous partners, does not ensure that they are disease free" (Civic 2000:102). Furthermore, research indicates that avoiding pregnancy is most often reported reason for condom use among college students (O'Sullivan et al. 2009; Civic 2000; Wendt and Solomon 1995). It has been shown that students who are involved in committed relationships tend to stop using condoms and switch to oral contraceptives (Wendt and Solomon 1995). It has been established by previous research of condom use among college students, (Wendt and Solomon 1995) that there is a general low perceived need of the use of condoms for STD prevention. Further investigation should analyze how condoms are primarily viewed by college students in light of this finding: are they, foremost, a form of protection against pregnancy or against STDs? Additionally, a study by Joffe and co-workers (1992) found that sexually active college women at the University of Michigan were more likely to use oral

contraceptives (72%) rather than consistently use male condoms, suggesting that “women are more concerned about the risk of pregnancy than the risk of getting STDs” (Joffe et al. 1992:277).

Before proceeding into a discussion of the two studies that have investigated the use of the female condom among college students (Fernandez et al. 2006; Schoeneberger et al. 1999), it is necessary to briefly review the vast research which has attempted to identify barriers to male condom use among college students, the influence of the sexual double standard on condom use and the role of hegemonic masculine power in influencing one's ability to control one's sexual well-being by using contraception. The findings reported by various studies shed light on which barriers exist to the use of the female condom among the U.S college population. For instance, the female condom may potentially alter normative gender relations among men and women, as it places women in more control of their sexuality and sexual health. Furthermore, a woman's suggestion to a partner concerning use of a male condom has been found to be a violation of gender norms of feminine sexual passivity as such behavior connotes assertiveness, power and control (Lipman-Blumen 1984; Brittan 1989; Kelly and Bazzini 2001; Yoder et al. 2007).

Women can exhibit a form of agency through their power to negotiate and persuade their partner to use a condom. Women may, additionally, become empowered in the context of a sexual relationship if they control contraceptive use and are the ones directly *using* the contraceptive. The female condom can provide a sense of agency to women, which allows them to assert their right to guarantee their own health and happiness. This is especially important as women are biologically more susceptible to HIV due to the physiology of the cervix (Altman 2004). Additionally, as for other STDs, women are biologically more susceptible than men to becoming infected if they have sex with someone who has an STD. As reported by the Henry J. Kaiser Foundation, “a woman's risk of contracting gonorrhea

from one act of unprotected intercourse may be as high as 90%, while the risk to a man is about 20-30%" (Kaiser Family Foundation 1998:1).

The studies reviewed below focus on how the effects of the endorsement of normative beliefs on gendered behavior and the symbolic meanings of condoms control condom use and negotiation among college students. These studies contribute to an understanding of how social forces, norms, conditions and ideologies shape the health of populations. This work also suggests various avenues for responding to the distressing rates of STDs and HIV among youth. It is important to note that the reviewed studies include research conducted in the Western industrialized nations of Australia, the UK, Canada, Spain, and the United States. Although cultural differences in condom use may exist among, for instance, American college students and Spanish college students, the vast similarities in condom use among the Western cultures presented here outweigh the possible differences, as will be further explicated in the next section of this paper. The following reviewed research also helped to guide the course of this study and provide a cross-cultural reference and broad understanding of the cultural and social complexities involved in condom use for the formulation of my own research questions.

Research by Coleman and Ingham (1999) with 56 young men and women ages 16-19 in the UK investigated the symbolic meanings of condoms. These researchers found that women were afraid of seeming "too 'forward' " and admitting an intention for intercourse, since the possession of condoms implies the anticipation of intercourse (Coleman and Ingham 1999:746). This is connected to normative values which project the dominant idea that women should be sexually passive (Lipman-Blumen 1984; Brittan 1989; Kelly and Bazzini 2001). Teenagers were concerned about the negative implications of using condoms, since they potentially imply that one has had many sexual partners or may have an STD/HIV infection (Coleman and Ingham 1999). It appeared as though young women

were concerned about threatening the relationship if they suggested condom use (Coleman and Ingham 1999). The young women surveyed also believed that young men were concerned about their status and reputation diminishing if they were made to wear a condom (Coleman and Ingham 1999). This may suggest that a woman has power over a man if she effectively persuaded him to wear a condom. In fact, it was found that “concern about a partner’s negative reaction is largely unjustified” and that partners commonly appreciated the suggestion of using condoms (Coleman and Ingham 1999:748-49). Despite young women’s beliefs about what men will think in regards to condoms, it appears as though young men in this population normally have a positive view of young women who suggest condom use.

In a later study by Arthur Frankel and Debra Curtis (2008), light was shed on how a group of 41 women from a northeast U.S. Catholic university perceived women who carried condoms and what they believed condoms symbolize. This study involved four “college student’s” purses which contained various items, including condoms. A single condom was placed in one of the purses, a single condom was placed in another one of the purses along with a note (suggesting the idea that this person had a boyfriend), three condoms were placed in another and no condoms were placed in the control purse. Female participants were shown the purses and asked their opinion of the owner of each of the purses and their inferences about the owners’ sexual activity, health and personality based on the contents. The results showed that the owner of the purse with one or three condoms was determined to be more sexually experienced than the owner who had no condoms; additionally, the purse owner with three condoms was viewed as engaging in more one-night stands than the owner who had no condoms in their purse (Frankel and Curtis 2008). Moreover, the owner of the purse with three condoms was assumed to have an STD more so than the owners with only one condom and no condom (Frankel and Curtis 2008:618). Thus, it appears as though, in the minds of these college

students, frequency of sexual activity and casual sex are connected to the possession and quantity of condoms. This finding provides further insight into the symbolic value of condoms and how it may influence their use among youth. This cultural belief may prevent women from carrying, purchasing or instigating the use of condoms.

Furthermore, it was also concluded by Frankel and Curtis (2008) that male and female college students who participated in the survey portion of the study viewed casual sex and one-night stands negatively. Likewise, two-thirds of the female participants said that they would be very upset if others found out that they were having one-night stands. This suggests that being perceived by others as engaging in one-night stands and having casual sex is damaging to the reputations of women. Furthermore, male participants (n=12) also saw females who had one-night stands negatively, however, not as disapprovingly as women viewed other women who had one-night stands (Frankel and Curtis 2008). Thus, a sexually active woman who does not carry condoms due to fear of risking her reputation is, in exchange, risking her health. While, this study may provide insight into how gendered ideologies, norms, and values limit the ability of women to freely choose the course of their sexual encounters and how female concern for reputation frames condom use, sexual decision making and sexual activity, it is crucial to acknowledge that the sample size was extremely limited as well as homogenous and student opinions may not be generalizable as all participants attended a Catholic university.

Research investigating the sexual double standard among college students has contributed much to the study of gendered constructions of power and how they constrain and shape contraceptive attitudes, perceptions, and behaviors. The sexual double standard is an area of gender ideologies that deserves much attention in public health research, as it may influence what women disclose to their partners concerning their sexual history and their willingness to carry or encourage the use of

condoms. At McGill University in Canada, Michaela Hynie and John E. Lydon (1995) attempted to answer the question of why some women are unwilling to initiate condom use. They investigated this question framed in a manner which aimed to see what women believed *men* thought about the double standard and the use of contraception. This, in turn, provided some insight into how women internalized dominant gender norms. The study presented here involved 57 female undergraduates who judged “Anne-Marie’s” fictitious diary involved in three hypothetical casual sexual situations (she provided a condom, he provided a condom, or no condom was used). The woman in the diary entry was judged more negatively by the female participants when she provided the condom for her male partner than when her partner provided the condom (Hynie and Lydon 1995). In addition, the women involved in the study expected Anne-Marie to feel more negatively about herself when she provided a condom rather than when she engaged in unprotected sex (Hynie and Lydon 1995). They also believed that Anne-Marie would be judged more negatively by her male partner if she provided a condom than if he provided the condom (Hynie and Lydon 1995). Perhaps the most important outcome of this study is the notion that has been revealed among the population surveyed, that “women believe that men socially derogate a woman if she provides a condom, but not if she has unprotected sex” (Hynie and Lydon 1995:577). It is possible that women may be overestimating the extent to which men endorse the sexual double standard—this information is crucial for women to be knowledgeable of as it may encourage them to be more proactive and willing to take control of their sexual health (Hynie and Lydon 1995). This is a Catch-22: women believe that they risk judgment of promiscuity if they carry condoms since being contraceptively prepared indicates an expectation or willingness for sex, but they also risk their own sexual health by not carrying condoms (Hynie and Lydon 1995).

Jacqueline Kelly and Doris G. Bazzini (2001) logically attempted to fill in the gaps present in Hynie and Lydon's (1995) research on the sexual double standard. A group of 76 male and 70 female college students were asked to read Anne Marie's fictitious diary entries and then rate her behavior (in the context of casual sex) using a revised questionnaire from Michaela Hynie and John E. Lydon's study (1995). This study added the fundamental male point of view which was missing from the previous study. The researchers raise the important point that female negotiation of condom use is directly in contrast with women's social roles, as women are expected to be passive, subservient and compliant with men (Kelly and Bazzini 2001). The study found that female participants believed that the male would feel most negatively about Anne-Marie when she provided the condom compared to when no condom was used and when the male provided the condom (Kelly and Bazzini 2001). However, it was also discovered that "males believed that Anne-Marie would feel more positive about herself when she provided the condom compared to when her partner provided the condom" (Kelly and Bazzini 2001:792). Male participants thought that the male in the scenario would think more highly of Anne-Marie if she provided a condom than did female participants (Kelly and Bazzini 2001). Men actually rated Anne-Marie *most* mature and responsible when she provided the condom and were least interested in being her friend or acquaintance when the male in the encounter provided the condom, contrary to what female participants believed would be the case (Kelly and Bazzini 2001). These findings add to an understanding of the complexities of sexual behavior and indicate that males may not view a condom-providing woman in a negative light (Kelly and Bazzini 2001). In fact, research has shown that a vast majority (80%) of college males actually feel burdened as the expected sexual initiator (Kelly and Bazzini 2001). This may indicate that sexual scripts and normative roles are indeed altering, as the sexual double standard may not be endorsed as strongly by college students as it was ten years ago during the time of Hynie and Lydon's study (1995) (Kelly and Bazzini 2001). It is

clear that the women of this study (2001) view women who provide a condom more positively than the women from Michaela Hynie and John E. Lydon (1995). This is evident by the fact that Jacqueline Kelly and Doris G. Bazzini's female participants rated Anne-Marie positively when she provided the condom and more negatively when no condom was used at all. Despite these changes in research findings, female perceptions of how men view condom-carrying/initiating women are still distorted. This perceived fear is "unfounded when we look at the actual self-reports of male participants" (Kelly and Bazzini 2001:798). It is vital for women in sexual relationships to realize that the results of this study may be indicative of a widespread social reality and that fears of negative judgment and social sanctioning may be preventing women from being sexually assertive and taking active control of their health. The results of this study suggest that women must be provided with applicable information of this type in order for them to feel more comfortable obtaining, buying, or using condoms.

These findings are replicated in an Australian study by Loxley (1996), who found that almost half of the men surveyed responded in a positive manner to the idea of women carrying condoms, saying that it "made life easier for them," (Loxley 1996:294), echoing Kelly and Bazzini's (2001) findings. This is in contrast to how women believed men would view women who carried condoms, as only 10% of the women surveyed thought that men would view it positively (Loxley 1996). Not surprisingly, "40% of women believed that men would construe women carrying condoms in a negative light, with many saying that men would think they were 'sluts' or that they personally found it embarrassing to carry condoms" (Loxley 1996: 294-95). Only 18% of the men surveyed actually matched these attitudes predicted by women (Loxley 1996). It appears as though these women were afraid that they would look " 'ready and willing,' " or, in other words, assertive and aggressive ("masculine" traits [Brittan 1989:7]), if they provided condoms in a sexual encounter (Loxley 1996:295). Rather, women expect men to carry condoms, as "80% of women were either positive or

neutral about men carrying condoms” (Loxley 1996:296). These findings support the view that women have internalized the stereotype of the sexually assertive women as a “slut.”

The work by Sarah Woolf and Stephen A. Maisto (2008) on gender differences in condom use behavior highlights how an understanding of gendered power is useful in illuminating the dynamics present in relationships that dictate use or nonuse of condoms. A power imbalance in some relationships increases the chance that women experience ill health (Woolf and Maisto 2008). Particularly, when a woman lacks power in a relationship, her “self-efficacy for condom use negotiation is diminished and unsafe sexual behavior is more likely to occur” (Woolf and Maisto 2008:690). Woolf and Maisto report that it has been shown that “when men and women are asked to indicate who has more power in relationships, there is a general agreement that women are the less powerful partner” (Woolf and Maisto 2008:691), however, when men and women hold equal power in a relationship, women are more able to negotiate and implement condom use (Woolf and Maisto 2008). In the study by Woolf and Maisto, undergraduate males and females read vignettes which depicted sexual encounters in which the male and female held varying levels of power and relationship types (casual vs. serious) and were asked to rate how difficult it would be to initiate, negotiate, and engage in condom use in that particular situation (Woolf and Maisto 2008). An example of a low perceived power vignette was when one feels “ ‘like even if you wanted to use a condom you wouldn’t be able to talk about it with your partner because he (or she) is the one who usually makes decisions about what you do during sex’ ” (Woolf and Maisto 2008:694). Participants also took a survey to determine their identification with “society’s sex-type standards of desirable behavior for men and women” (Woolf and Maisto 2008:693), as this served as an indication of their belief in normative gender roles and behaviors and how this influenced condom use. It was found that women who perceive their partner as dominant feel less self-efficacy in initiating condom use and that condom use in a long-term

relationship signifies a lack of trust and infidelity. Indeed, both genders found it difficult to initiate condom use in sexual situations characterized by low power. It was also discovered that overall women did not feel as though they had less power in relationships with men, refuting past research that found that women and men believed that men hold more power in relationships; instead Woolf and Maistro found that men experience the “effects of unequal power in much the same way as women” (697). This is potential evidence that traditional, normative ideals of power and control in relationships are diminishing, however, this evidence could also be limited to the university setting, which is typically more accepting of gender equality and egalitarianism than the general population (Woolf and Maisto 2008).

In light of their examination of issues related to condom use among college students, information from the studies mentioned above was used to help formulate the questions addressed in this study. Several insights were particularly salient: how women who carry condoms are viewed by their peers, how condom carrying affects female reputation, the symbolic value of condoms or what condoms “mean” to college students, the differences in use of condoms in committed versus casual sexual relationships, gendered perceptions of condom use, and how ideas of decision-making power and gendered norms of control affect safe sex and condom use.

Expectation of the potential acceptability of the female condom among college students is heightened by findings in the literature on male condom use, as it is evident that there has been a decrease in the acceptance of a sexual double standard among college students and an increase in egalitarian sexual relationship attitudes. However, it is important to examine the acceptability of the female condom specifically, without excessively generalizing the results from studies that have investigated male condom use among college students. This is crucial in the effort to reach valid conclusions about female condom acceptance among male and female college students.

The two existing studies that analyzed acceptability of the female condom among college students used different measures, focus groups (Fernandez 2006) and questionnaires (Schoeneberger 1999) to arrive at their respective conclusions. The study conducted by Maria Lameiras Fernandez and co-workers (2006) among University of Vigo students in Northwest Spain, acknowledges the need for further research on the female condom in Western nations, as the most research has been conducted in several countries in Africa and other third-world nations suffering from exceedingly high rates of HIV/AIDS and STDs. As part of this study, discussion groups and focus groups were conducted in order to uncover the attitudes, knowledge, and behaviors of college students towards the female condom. Comments by the students were determined as more negative than positive in regards to the female condom, as students were unfamiliar with it and did not have easy access to it (Fernandez et al. 2006). However, it was found that women had more positive attitudes towards using the female condom than men (Fernandez et al. 2006). This finding is particularly important, as one would perhaps expect that women would be more wary of using female condoms due to the potential for decreased pleasure on their part (as men typically report is the case with male condoms). This logical postulation appears to not be the case among this population. However, various reported barriers to the female condom which were identified included a displeasing appearance and a preconceived notion of what a condom is supposed to look like (“ ‘Family size!’ ‘The thing is, we’re used to the other one and this seems strange to us’ ”) (Fernandez et al. 2006:194). Fernandez et al. concluded that the negative opinions of the female condom were conditioned by the fact that this type of condom is rarely provided to college-aged students in prevention campaigns, is not typically found at bars and other public places, and is less visible in general than the male condom. Women typically saw the female condom as a positive option for casual sexual encounters, as it gave them greater freedom and control over their sexuality (Fernandez et al. 2006). They also claimed that it would not “ ‘ruin the mood, the

spontaneity' ” (Fernandez et al. 2006:195) as much as the male condom, due to the fact that it can be inserted prior to sex. However, it is important to note that one female in the study raised the concern that the female condom in sporadic relationships could “ ‘really frighten the guy,’ ” (Fernandez et al. 2006:195), perhaps because it signifies assertion and control over the sexual encounter which is typically not considered “feminine.” Interestingly, men saw the female condom as a potential option for contraception in steady relationships. This is because they claimed a degree of trust is necessary in the relationship in order to ensure the female is using the condom correctly and consistently (Fernandez et al. 2006). This is in direct contrast to the general consent of females that the female condom would be best used in sporadic, casual relationships. There was also evidence of a fear of incorrect insertion since the female condom is not as visible during sex as the male condom. This may cause anxiety and concern for women and men alike over adequate protection. Overall, it was determined that men and women cited more disadvantages than advantages associated with use of the female condom. However, there remains hope for the use of the female condom among college populations due to the fact that “once the initial barriers of the negative first impression, lack of information and access to the product had been overcome, women were more favorable towards using the female condom than men were” (Fernandez et al. 2006:193). As women are the ones who would be the primary users of the female condom, it is essential that women have positive opinions of the condom.

Research by Schoenberger et al. (1999:119) sought to answer various questions, about female condom use, among them: if “high hyperfeminine females” and “high hypermasculine males” (those adhering to traditional gender roles) would be more likely to perceive the female condom negatively. The scale of “ ‘hyperfemininty’ ” developed by Murnen and Byrne (1991) and refined by McKelvie and Gold (1994) was utilized in this study to determine if higher hyperfeminine females were more

likely to take sexual risks and be less likely to use the female condom (Schoeneberger et al. 1999:123). Likewise, a “ ‘hypermale’ ” inventory was developed by Mosher and Sirkin (1984), which analyzed adherence to traits of stereotypical, normative masculinity, including hierarchical sex attitudes (e.g., lack of concern for female sexual experience and satisfaction), viewing danger as exciting (e.g., engaging in unprotected sex), and seeing violence as manly (Schoeneberger et al. 1999:124).

Examples of hyperfeminine items which female students were asked to rate their agreement with are the following: “ ‘I sometimes act sexy to get what I want from a man,’ ‘I sometimes promise to have sex with a man to make sure he stays interested in me,’ ‘Most women need a man in their lives’ ” (Schoeneberger et al. 1999: 123). Hypermale items included: “ ‘You have to have sex with some women before they know who is boss,’ ‘Some women are good for only one thing,’ ‘Pick-ups should expect to put out’ ” (Schoeneberger et al. 1999:124). It was found that males who were determined as low hypermale were more likely than high hypermale males to use the female condom if their partner suggested it, perhaps indicating that low hypermale males felt more comfortable with the idea of women having control over their sexual health than high hypermale males did. Low hypermale males also felt that the female condom may become a viable form of protection against STDs/HIV and pregnancy in the future, suggesting that they support egalitarian heterosexual relations between college men and women (Schoeneberger et al. 1999:133). However, quite contradictorily, more high hyper male males and females reported ever using a female condom than low hyper male males and females (Schoeneberger et al. 1999). Despite this finding, perhaps most importantly, it was discovered that “women who adhered to more traditional gender roles were less likely to report they would use a female condom if their partner suggested it than women who did not adhere to traditional gender roles,” supporting the idea that females who identify with traditional gender roles perceive less power and control in sexual relationships and hence less ability to make

decisions regarding their sexual health and well-being (Schoeneberger et al. 1999:133). This parallels Kaler (2000), who postulated that women who use the female condom must first have a sense of empowerment over their sexual activity—suggesting that the female condom may not promote a sense of empowerment in women but instead may *reinforce* and *cement* it among those women who already disregard normative, stereotypical conceptions of feminine passivity and male domination and control. In this study, there was a distinction between ever using the female condom and between the openness of the suggestion to using a female condom and the belief in its long-term approval and use (viability) by men and women (Schoeneberger et al. 1999:133). However, Schoeneberger et al. offers no explanation as to why high hypermasculine men and women were more likely to have ever used the female condom than low hypermasculine and feminine participants. This counter-intuitive finding remains to be further researched.

Based on insights drawn from the research discussed above, my study was designed to contribute to the existing body of knowledge on female condom acceptability and barriers to its uptake among young populations. Findings of the study have implications for the promotion of the only female-initiated barrier method against STDs/HIV and pregnancy available today for women.

HYPOTHESES

The specific aims of the study were to test the following hypotheses:

- 1) One factor, which limits female condom use among college students, is that it is an unfamiliar product for most college students.
- 2) The female condom is not widely used by college students due to lack of knowledge on how to use the device and where to obtain it.
- 3) College students who are aware of the female condom avoid it because of its awkward appearance and need to be inserted into the vagina (“yuck factor”).

- 4) The female condom is not widely used by college students because they care more deeply about pregnancy prevention rather than disease prevention.
- 5) Male and female gender relations and power dynamics do not play a large role in the nonuse of the female condom among college students because of the existence of generally egalitarian relationships among contemporary college men and women in the northeast.
- 6) College women will be more willing to try the female condom once they realize its potential for early insertion and empowerment.

METHODS

Overview of Design

A survey was created using the on-line survey modality “Zoomerang.com.” Zoomerang.com allows users to create and deploy surveys through the internet and analyze compiled data using simple frequencies and cross tab reports on questions specified. Zoomerang.com can be used to implement anonymous surveys as it does not record respondent IP addresses and can be programmed to not collect any identifying information on participants.

Procedures

To recruit participants, an announcement about the Zoomerang.com survey was sent through the UConn unofficial Listserv (STUDENT_ANNOUNCE-L@LISTSERV.UCONN.EDU) which forwards announcements via email to self-subscribed students who elect to be sent surveys that are circulated on campus. The survey was launched on January 5, 2010 and remained available for participation for a month, until February 6, 2010.

Description of Survey

Students who received the Listserv email with the appropriate waiver of consent (consistent with UConn Institutional Review Board standards) were asked to click on the survey link if they agreed to participate in the survey. The study was completely voluntary and anonymous and could be stopped by the participant at any time. No compensation was provided for participation in the survey. Students could also skip questions they did not want to answer.

The survey consisted of a total of 36 questions, three of which were demographic questions (ethnicity, age, sex) in order to gain information on the characteristics of the population surveyed. Self-reported males, females and transgenders/transsexuals were allowed to participate in the survey as long as they reported to have ever had penetrative vaginal sex. In addition, three screening questions (“Have you ever had penetrative vaginal sex?” “Are you an undergraduate at the UCONN main campus (Storrs)?” and “Are you 18 years of age or older?”) eliminated those students from participation who did not meet the study’s inclusion criteria. The specific screening question (“Are you an undergraduate at the UConn main campus [Storrs]?”) was necessary as the unofficial Listserv sends emails to both graduate and undergraduate students from all the University of Connecticut branch campuses (Avery Point, Waterbury, Greater Hartford, Stamford, Torrington) for a total of 33,323 self-subscribed students (at the time of the survey).

The remaining survey questions pertained to condom use, knowledge of the female condom, attitudes towards the female condom, and sexual behavior among undergraduates at the university’s main campus in Storrs, CT. Although questions were structured, an open area was provided at the end of nearly each question to allow study participants to write in additional narrative information that they deemed necessary to fully answer each question. The forced choice components of the survey included a mixture of binary “yes” or “no” questions as well as others that instructed the participant to “check

all that apply.” Additionally, there were specific questions for individuals who reported that they engage in casual sex and for those who are currently only involved in a sexually active “committed” relationship. There were also gender specific questions, as males and females were instructed to skip questions that did not pertain to their gender.

In addition to collecting information, the survey also served as a form of education for those who participated, as the closing page of the survey provided the participant with a photograph of the female condom, information on the disquieting rates of infection of STDs/HIV among youth issued by the Henry J. Kaiser Family Foundation, general information on the female condom and the FC2, as well as where to get tested for STDs/HIV in clinics near the UConn Storrs campus.

Participants

According to the Office of Institutional Research, the undergraduate population of degree-seeking students at the University of Connecticut (Storrs) consists of 16,691 students as of the fall semester of 2009 (Institutional Review Board, UConn). The sample surveyed for this study was not random but was rather based on self-selection. Out of the self-subscribed Storrs undergraduate students who received the survey, 276 participated and completed the survey. Additionally, there were 62 partially completed surveys which were not included in the analysis. Furthermore, 103 students sought to participate but were screened out of the survey for not meeting inclusion criteria.

Of those who were included in the survey sample, 31% (86) were male, 69% (190) were female and 0% reported as transgender. Eighty-eight percent of respondents identified themselves as Caucasian, 5% as Asian/Pacific Islander, 2% as African-American/Black and 2% as Hispanic/Latino. The remaining 3% of respondents identified themselves predominately as “multiracial” in the free response section of the question. The age bracket with the largest number of respondents was 18-20, at 55%. About 40% of respondents were 21-23, while only 6% were 24 or older. As this information

suggests, a limitation of the study is that this sample may not be entirely representative of the undergraduates at the University of Connecticut and self-selection may bias the sample in ways that are not evident.

FINDINGS

The survey yielded findings that provide insight into appropriate marketing and promotional strategies for the FC and its viability as a contraceptive device for the target population.

Commonly Used Contraception

Among participants, 85.8% were currently sexually active at the time of completing the survey. Females reported a slightly higher rate of current sexual activity than males, 87.8% as compared to 81.4% (see figure 1). Male condoms (63.8%) and birth control pills (59%) were found to be the contraception most used during vaginal sex by students in committed relationships (see figure 2) as well as in casual relationships (51.1% male condom, 31.5% birth control pills) (see figure 3).

Female Condom Use or Non-Use

The majority (94.9%) of students participants have heard of the female condom. The most common places for obtaining knowledge about the female condom (see figure 5) were reported as high school sex education classes at 67.8%, UConn (Student Health Services, Health Education, the Women's Center) at 60.2%, the internet (32.2%) and friends/acquaintances (31.8%). It is important to note the lack of exposure to the female condom via the mass media—newspaper articles (6.8%), advertisements on TV/magazines (13.3%). A large percentage of students (54%) were “unsure” of where to obtain the female condom on campus. In actuality, the female condom is available at various locations at UConn, including various cultural centers, the Women's Center, the Women's Clinic, and Health Education South D. Overall women had more knowledge than men as to the actual places on campus where the female condom is available to students (free of charge). What is crucial to note is participants' widespread knowledge of the female condom, but near-complete lack of use of it. This is

evident in the fact that, among participants in the sample who reported they are in committed, sexually-active relationship, only one female student reported using the female condom (0.4%). Male condom use in this group was reported to be 63.8%, while use of birth control pills was 59% (see figure 2). As for those engaged in a casual sexual relationship(s), 51.1% use male condoms, 31.5% use birth control and one female respondent (0.5%) claimed to have used the female condom (see figure 3).

When asked the question, “Have you ever had sex where you or your partner used the female condom,” only 16 respondents out of 274 respondents (5.8%) reported having ever used the female condom or having sex with a partner who used the female condom.

Additionally, only 12.5% of participants who reported that they have been diagnosed with an STD have used the female condom, about double the rate of those who have never been diagnosed with an STD but have used the female condom (6.7%). The fact that the female condom has been used more frequently among those diagnosed with an STD may be because these people have a higher perceived risk of STDs and as a result are more proactive in protecting themselves from re-infection.

Reasons for Using Female Condoms

The top reason (86.7%) for using the female condom during sex was “my partner and I were curious and wanted to try something new.” Additionally, 13.3% of respondents agreed with the statement “I don’t like that male condoms are constrictive, the female condom makes sex feel more natural because it is roomier than the male condom” (see figure 6). In the open response section, one respondent reported, “I can handle it myself without worrying about my partner being ready.” For this female participant, the female condom allows her to experience greater spontaneity and control over the sexual encounter. No respondents reported that the following were reasons for using the female

condom: (1) that one can use oil-based lubricants with the female condom and (2) that since it is made of polyurethane it can be an alternative for those with allergic reactions to latex.

Reasons for Not Using Female Condoms

The major reason (59.6% of nonusers of FCs) for why the female condom wasn't used among sample participants was their current use of male condoms (see figure 7). In addition, 39.6% reported to not have used the female condom because "They are huge, unattractive or weird," while 35.8% believe that they are "hard to find" and that they "don't know where to get one." More women than men claimed that the female condom is "huge, unattractive or weird," (45.9% of women compared to 25% for male respondents). More males reported that the female condom was hard to find and that they didn't know where to obtain one (42.5% among males compared to 33% among females). This could potentially be due to the number of female participants who frequent the Women's Center and Women's Clinic on the Storrs campus, which both provide female condoms free of charge to students. Interestingly, 30% of males said that their partner would not like or does not like the female condom, whereas only 13.5% of females said that their partner would not or does not like them. Open-ended responses to this question included the following, "They are an obscure form of birth control that is not used by the general public, or at least not thought about," "Partner on birth control," "More expensive," "I'm afraid rough sex would get it stuck," "Male condoms are easier to find in stores, I am comfortable and experienced using them," "It seems more invasive," "We don't use a condom because we are in a monogamous, committed long-term relationship and I am on birth control pills," "They are difficult to put in," "They feel unnatural and decrease pleasure," "It's never occurred to me to use them." Many students reported in the open response section that they don't know how to insert the female condom properly and that they are more comfortable using male condoms, a more familiar method of barrier contraception.

High Price, Availability and Lack of Knowledge on Female Condom as Barriers to Use

When those participants who reported to never have used female condoms before were asked if they would be more willing to use them if they were cheaper, 36.8% said that it would not make them more willing, whereas 31.2% percent said that they would be more apt to use them under these circumstances. Furthermore, 43.5% of participants said that they would be more willing to use the female condom if they saw a demonstration on it. Slightly more women (44.4%) than men (41.6%) said that they would be more likely to use the female condom if they saw a demonstration on how to use it. Additionally, 53.2% of men said that they would be more willing to use it if they were more widely available in stores whereas only 31.8% of women said that they would be more willing to use if under the same circumstances. Over 40% of women said that they would not be more willing to use the female condom if it was more widely available in stores whereas only 24.7% of men said that this would not make them more willing to use it. This may indicate that men are more likely to purchase condoms at an off campus location than women who may be more likely to utilize campus resources in order to obtain condoms. This is plausible considering that more women than men knew about the on-campus availability of the female condom. Men may also be more particular about the kind of condom that they use since they are the ones wearing the condom (size, brand, type, etc.).

Insertion of Female Condom as Barrier to Use

Lack of confidence with the insertion of the female condom and the need to practice insertion to increase confidence with using the device seems to be an issue in acceptability studies (Fernandez 2006; Gollub 2000). Likewise, in this study, when women were asked if they were opposed to inserting the female condom, 33% of women said “yes” whereas 48% of women said “no.” Around 20% of women said that they were “unsure” as to whether or not they were opposed to insertion, most plausibly because they had never inserted it and therefore had no opinion about its insertion. Women

were additionally asked why they were opposed to inserting the female condom if they answered “yes” to the previous question. Most women said that they would “feel insecure about proper placement since I don’t know how to use it properly” (80%) and they would “enjoy sex less” because of not knowing if they inserted it properly (70%). An uncomfortable finding was that 53% of females said that they would be “afraid that the female condom would be pushed up inside of my body and get lost,” indicating a lack of knowledge of the female anatomy despite some level of college education.

Female Opinions of Ability to Insert Female Condom Before Sex

When females were asked if the ability to insert the female condom up to eight hours before having sex was appealing and would make them more apt to use or suggest the female condom, 47.3% said that it would not make them more apt to use it, 35.6% reported that it would make them more apt to use it while 17% were unsure if it would make them more likely to use it.

Reported Frequency of STDs

Most participants (89.4%) have not been diagnosed with an STD, however, only 46.9% of participants have been tested for STDs (see figure 4). Furthermore, 93.8% of people who responded that they had been diagnosed with an STD reported that they are currently sexually active with a member of the opposite sex (see figure 14).

Male Condom Use in Committed versus Casual Relationships

Of those who have been tested and diagnosed with an STD, 35.7% use condoms in committed, sexually active relationships. Nearly 63% of people who have not been diagnosed with an STD use male condoms in committed, sexually active relationships. However, 71.4% of those who have been diagnosed with an STD use male condoms during casual sex, while only 57.7% who have not been diagnosed with an STD do. Likewise, in casual sexual encounters, 57.1% of those who have been

diagnosed with an STD use birth control pills, whereas only 36% of those not diagnosed with an STD use birth control pills.

Perceptions of STD/HIV Risk

It has been established through previous research that American youth engage in unprotected and risky sex despite having adequate knowledge of how STDs/HIV are transmitted. The survey probed this idea via the following question: “Some students engage in unprotected or risky sex that could transmit STDs or HIV. Why do you think this is?” Respondents were asked to “check all that apply” (see figure 13). The following four answers were most salient: “Most students don’t think that they are at high-risk of STDs and HIV” (78.9%), “Students don’t concentrate on risks for STDs and HIV but rather on the risk of pregnancy” (67.8%), “Most students trust their partner to tell them the truth about their sexual history and health” (63.7%) and “If you’re drinking and/or using drugs and a sexual encounter is imminent, it’s more difficult to remember and want to use a condom, since they dull the sensations of sex” (62.6%). Many students in the open response section repeated that sex feels better without condoms and that ignorantly, students “don’t think it could happen to them” (contracting an STD/HIV).

Perceptions and Attitudes of Buying and Obtaining Female Condom

A series of questions on potential embarrassment with buying or obtaining the female condom were asked in the survey. A large portion of respondents (49.1%) reported that they would not be embarrassed buying or obtaining the female condom, with approximately 13% more females than males reporting to be potentially embarrassed buying or obtaining the female condom. Additionally, about 19% more males than females said that they would not be embarrassed to buy or obtain the female condom. A gender-specific question was posed, which prompted male and female respondents to explain why they would be embarrassed buying or obtaining the female condom. Female

respondents said that it was because of the following reasons: “It’s not widely used” (66%), “I’d look strange to other people if they saw me buying/obtaining it” (66%), “Buying or obtaining condoms is something men should do,” (29%), “I don’t think my partner would like it” (29%) and “I’d appear to be a ‘slut’ if I bought or obtained female condoms” (24%). In the free response section, some women explained that buying condoms in general (male or female) is embarrassing. These responses provide valuable insight into the way college women view themselves buying condoms as their concern with appearance and that social reputation and integrity is of great importance to them.

The male respondents, asked the same question about embarrassment with buying or obtaining female condoms, although with different options, emphasized: “It’s not widely used” (48%), “It looks strange and is unattractive,” (48%) “I don’t think my partner would like it” (44%) and “Women should buy female condoms” (36%) as reasons for embarrassment in buying or obtaining the female condom for their partner. Two men claimed that buying condoms in general (male or female) is embarrassing in the open response section, similar to some of the open response answers of the women.

Perceptions of Power in Sexual Relationships and Normative Sex & Gender Roles

The influences of decision-making power and normative gender roles on condom use among college students were investigated in this study via various survey questions. For instance, in response to the question, “Do you think women should be more sexually passive than men?” essentially the same number of males and females (85.7% and 86.2% respectively) responded with “No,” whereas only 5.5% total (8.3% men, 4.2% women) chose “Yes” (see figure 8). The conclusion is clear that men and women alike believe that women do not need to be more sexually passive than men.

The sexual decision-making power of men was not believed to be diminished by use of the female condom by women, as 74.3% of respondents responded “No” when asked this question (see figure 10). More men than women (84.3% and 69.8% respectively), however, responded that male

sexual decision-making power would not be diminished. Notably, 14.8% of women said that male decision-making power would be diminished whereas only 7.2% of men deemed this to be true.

Another question investigated the connection between the amount of power one has in a relationship (defined as the ability to influence decision making and control the actions of your partner) and the ability to negotiate condom use. More respondents said that power does influence the ability to negotiate condom use (51%) than those who said it doesn't (38%). A higher percentage of females (54.3%) than men (45.2%) responded that it does influence condom use. More males than females (45.2% vs. 34%) said that it does not influence the ability to negotiate condom use.

Impressions of Women Who Carry Condoms: Implication of the Sexual Double Standard

First impressions of females who carry condoms (male or female) were also elicited from respondents in order to see if carrying condoms is as stigmatizing as previously established by public health literature investigating peer opinions of condom-toting women. Markedly, 81.3% of respondents said that their first impression of a female who carries condoms (male or female) in her purse is that "She takes responsibility and control of her sexual health and prepares herself in case of having sex" (see figure 12). However, reflecting contradictory views among some participants, 44% said that it would indicate that "She is sexually promiscuous and ready at all times for sex." Additionally, 4% indicated that it would mean "She is in a committed relationship and does not use another form of birth control." This may be due to the previously established finding that those in committed relationships normally do not see the need in using condoms.

Symbolic Value of Condoms (Male and Female)

In order to determine the symbolic value of condoms (male and female), participants were asked to assess if it meant that a "partner cared about you and your health if they suggested the use of a condom" (see figure 9). A large percentage of participants believed that condom suggestion was

positive (81.7%), responding with “Yes.” More females than males believed this to be true; as 83.1% females and 78.6% of males agreed with this statement.

Gendered Perceptions of Condom Negotiation in Committed Relationships

When asked if discussing condom use was, or is, difficult in committed relationships, overwhelmingly, respondents (87.2%) answered with “No.” Slightly over 10% of females said that it was/is difficult, whereas only 3.6% of males said that it was/is difficult. This indicates that condom negotiation and discussion may be more difficult for females than males due to relations of power, control, and perceived self-efficacy in committed relationships. However, it is important to note that this finding may suggest that women may be more shy discussing sexual matters than men. When asked why this was/is difficult in committed relationships, 56.5% of people said, “My partner would think it’s stupid to use condoms since we use another form of birth control (for example, birth control pills),” whereas 34.8% said, “My partner doesn’t like condoms and I’d be concerned about his/her hostile reaction to the suggestion of one” and 34.8% agreed that “My partner would think that I don’t trust him/her.”

Gendered Perceptions of Condom Negotiation in Casual Relationships

As for casual relationships, the same question about condom negotiation was posed. Over 50% of respondents did not think that it was difficult to discuss condom use with a casual sex partner(s) (53.2% male, 49.5% female). Once again, more females than males reported that it was/is difficult to discuss condom use with their casual sex partner(s) (10.9% vs. 7.8%). For those that answered that it would was/is difficult to discuss condom use with casual sex partner(s), 48.6% reported that it was because “If I suggest condom use to my partner before we even have sex, I seem overly eager and ‘forward.’” Furthermore, 40% of the respondents who said it was difficult to discuss with a casual sex partner(s), said that it was because “If I ask a partner to use a condom, there is an implication that I

think my partner is ‘dirty.’” Additionally, 22.9% believed it was difficult because “I normally hardly know the person I am having sex with.” Moreover, more men rather than females were “concerned about my partner’s hostile reaction to using condoms” (22.2% as opposed to 3.8%). The open response answers indicated that respondents believe that there is less trust in casual relationships than in committed relationships, which makes discussing condoms more difficult. Furthermore, one respondent brought up the crucial point that it may be implied that the one initiating the use of the condom may be “dirty” themselves, which prompts their need of a condom (further supporting findings which indicate the predominant symbolic value of the condom as a protection against disease rather than pregnancy).

Peer Influence as Potential Encouragement of Use of Female Condom

Peer influence appeared to be a large factor in potential use of the female condom among this college population. When asked if a friend’s suggestion of the female condom would influence his or her use of it, 58.5% of people said “Yes” whereas 23.2% said “No” (see figure 11). More males than females responded, “Yes,” (61.9% vs. 56.9%) which may indicate that males take into account their peer’s opinions more than females.

Reported Ways to Encourage Use of the Female Condom

The best way(s) to encourage the use of female condoms for disease and pregnancy prevention according to participants were the following: To “Promote the positive aspects of the female condom” (80.1%) and to “Have condoms (male or female) more available on campus in various places” (74.5%). Students also responded to the remaining suggestions for promotion (in order of popularity): teach women “bedroom” communication skills, or how to negotiate condom use with men who refuse to use condoms (55.4%); highlight the positives of using a female condom while a woman is menstruating (55.4%), decrease stigma and negative stereotypes about those who carry condoms

(52.1%), stress the fact that female condoms allow women to plan ahead (55.1%); make students aware of their risk of STDs/HIV as a population/age group (50.9%); promote the positive aspects of the initiation of condom use among relationships as a genuine sign of respect and care for your partner (47.6%) and encourage students to carry condoms (45.7%). The suggestion that college students should be taught more about STDs and HIV was the least-agreed with statement at 33.7%. Therefore, it seems as though college students have adequate knowledge of how STDs and HIV are transmitted (O'Sullivan et al. 2009) and what contraceptive options they have available to them despite the fact that female condoms are infrequently used in this population at present. Lastly, two particularly significant open-response answers provide insight into alternate ways to promote the female condom to this population. The statement, "Advocate acceptance of the female condom by women," stresses the importance in not only encouraging men to be comfortable with females using the female condom, but in also extensively marketing the female condom to young women. As well, one student responded with, "Highlight the positive of having a large skin area covered by the female condom," which indicates that the high degree of protection that the female condom provides against STDs/HIV may be a "selling point" for some students who are particularly at high-risk.

DISCUSSION

It is apparent that there are many consistencies between this study and Fernandez et al. (2008) and Schoeneberger et al. (1999), (fear over incorrect insertion of female condom, negative first impression of female condom, familiarization with male condom, evidence of egalitarianism in college environments), the only two studies found which specifically analyzed female condom use among college students. As indicated, this study was designed to test a set of hypotheses. The first and second hypotheses suggested that a lack of familiarity with the female condom and a lack of knowledge on where to access it contribute to its limited use. It was found that only 5.8% of participants surveyed have used the female condom. This is evident in the fact that 35.8% of students reported that female

condoms are “hard to find” and that they “don’t know where to get one.” Furthermore, 44.4% of female and 41.6% of male students said that they would be more willing to use it if they saw a demonstration on it, indicating that they are unfamiliar with the product and do not know how to use it. The need for more demonstrations (despite efforts by Health Education on campus) seems to be particularly important for women, perhaps due to females having to insert the condom themselves. Use of the female condom and normalization of the device may also increase with a greater availability of the female condom, as 74.5% of students said that having them more available on campus would increase female condom use. As noted, 54% of students reported they were unsure where the female condom is available on campus, indicating that advertisements and demonstrations need to be comprehensive and extensive in order for use of the female condom to increase among this population.

The hypothesis, “Among students who are aware of the female condom, it is commonly avoided because of its awkward appearance and need to be inserted (‘yuck factor’),” was also supported. As 39.6% of students reported that they have not used a female condom because “They are huge, unattractive or weird,” it is clear that the appearance of the female condom is a barrier to its use. More women than men (45.9% vs. 25%) claimed that the female condom is “huge, unattractive or weird,” which could be perhaps because women are the ones who have to wear the condom and they are accustomed to condoms being a “man’s thing.” Additionally, approximately 48% of men reported that they would be embarrassed to buy or obtain the female condom because it “looks strange and is unattractive.” Perhaps if the female condom was more widely available in stores and on campus, it could potentially be a more acceptable form of protection against STDs/HIV and pregnancy for women and men.

The study findings also support the hypothesis that there is a greater focus on pregnancy prevention than disease prevention in this sample. This is reflected in the high rates of birth control pill

usage. Male condoms and birth control were found to be the most commonly used forms of contraception. In committed relationships, 35.8% of men and women do not use male condoms. Therefore, there are high rates of unprotected sex occurring between partners in committed relationships. Although students may be in a committed relationship, it is important to realize that a large amount of students engage in “serial” relationships, cycles of short-term committed relationships, without getting tested periodically for STDs and HIV. The majority of surveyed students are sexually active, at 85.8%, while only 46.9% have ever been tested for an STD. Over 10% of students have been diagnosed with an STD, which highlights the need for increasing students self-perceived risk of STDs. Furthermore, it was recently discovered that 73% of students from 31 universities self-reported cheating on their partner (Stern: 2010). Likewise, only 1/3 of adults who reporting having had an STD say they told their current or most recent partner before they had sexual intercourse (Kaiser Family Foundation: 1998). In this study, it was found that 63.7% of participants responded that students engage in unprotected intercourse because they trust their partner to tell them the truth about their sexual history and health. This finding suggests the dangers of student gullibility and that it is imperative that they be made aware of their risk of transmitting and becoming infected with STDs and HIV, as many STDs are asymptomatic for long periods of time. There must be greater promotion of the necessity of routine testing of STDs and HIV for those who have had multiple sexual partners and are sexually active.

The survey found that 48.4% of those who have casual vaginal sex with a partner do not use male or female condoms. Likewise, 35.8% of those in committed, sexually active relationships do not use male or female condoms. These percentages could be increased with effective promotion of all barrier protection methods—including male and female condoms, in order to provide options for college students to protect their health. Along the same lines, 59.6% of students said that they did not

use the female condom because they used the male condom. When asked why condom negotiation was/is difficult in committed relationships, 56.5% said that is is/was because “My partner would think it’s stupid to use condoms since we use another form of birth control (for example, birth control pills).” This indicates that the condom (male or female) symbolizes infidelity for some participants, as why would one need to use a condom if they are both “clean” (uninfected)? Additionally, these findings reveal that the female condom must be advocated to college students as an alternative method of contraception, not a replacement for the male condom, as the male condom is used by this population.

The questions on engaging in unprotected sex and perceptions of risk of STDs/HIV were particularly illuminating in regards to the participants’ understanding of their risks for STDs/HIV. A large percentage of students (78.9%) agreed with the statement, “Most students don’t think that they are at high-risk of STDs and HIV,” which indicates the need for improved HIV risk education among students. In addition, 67.8% of students responded that “Most students don’t concentrate on risks for STDs and HIV but rather on the risks of pregnancy.” This suggests that students in this academic environment will use protection when there are perceived risks (e.g. of pregnancy) that could seriously disrupt studies and life-plans. Despite the fact that some participants have been diagnosed with an STD, neither STDs nor HIV appear to be perceived as significant threats to the well-being of participants.

The hypothesis, “Male and female gender relations and power dynamics do not play a large role in the non-use of the female condom among college students because of the existence of generally egalitarian relationships among contemporary college men and women in the Northeast” was also supported by this study. It is important to recall that a limitation of this study is that the data was self-reported. Awareness of this limitation is particularly important when analyzing the results of this

section of the survey. Thus, there is evidence of a lingering “double standard” which acts as a barrier to condom use among women. For instance, when asked why one would be embarrassed to buy or obtain female condoms, approximately 24% of women said that they would “appear to be a slut” if they did so. This suggests that if a female attempts to maintain her sexual health by using condoms, she believes that she puts her reputation at risk. If a female does not carry condoms but remains sexually active, she maintains her reputation but also sacrifices her health and physical and emotional well-being. In addition, 81.3% of students believe that women who carry condoms are taking control of their sexual health and preparing themselves in the chance of sex. However, 44% of respondents also think that women who carry condoms are “sexually promiscuous” and “ready at all times for sex.” It is important to note that more men than women (51.8% vs. 40.4%) believed this stereotype to be true. These results suggest that although the college environment is one which is largely egalitarian, a sexual double standard is still present, albeit to a lesser degree than in the past. As more men than women responded that a woman who carries condoms is “sexually promiscuous,” this may indicate that more men than women endorse the sexual double standard. These negative opinions of sexually active women influence what women feel they are able to do within the prescribed norms of our society. Stigmatizing conceptions such as these control and shape the behavior of men and women. In order to decrease this stigmatization, it is important that condom carrying is promoted as a necessary routine for both sexes. Carrying condoms allows one to take control of his or her health while simultaneously enjoying a conscientious and safe sex life. One way to investigate further gendered perceptions of females who carry condoms may be to modify the purse study of Frankel and Curtis (2008) by placing female condoms instead of male condoms in the purses and by including males in the experiment of judging the owners of the purses on the basis of the purse contents.

In regards to the perceptions of power in sexual relationships and normative sex and gender roles, it is apparent that men and women do not believe that women need to be more sexually passive than men, further indicating the presence of egalitarian relationships among UConn students as stated in the previous hypothesis. The sexual decision-making power of men, additionally, does not seem to be compromised with use of the female condom by women in the minds of men and women. Fewer women than men, however, responded that male sexual decision-making power would not be diminished. More women, therefore, feel as though it could potentially be a tool for perhaps female empowerment as it may indeed be a method of diminishing the power of male sexual decision-making (14.8% of women, as opposed to 7.2% of men, believed the decision making power of men would be diminished with use of the FC). Males may be more apt to use the female condom due to their confidence in that their sexual decision-making power will not decrease with its use by women.

In addition, one's "power" in the relationship was discovered to influence the ability to negotiate condom use. More women than men believed this (54.3% vs. 45.2%). A female who is able to negotiate male condom use effectively has a degree of power and control in her relationship, which allows her to influence important decisions in her relationship concerning sexual health. It is suggested that the female condom may be a form of empowerment for college women who have some power in their relationship to demand use of barrier protection. However, it is important to note that some women may see the female condom as an added contraceptive responsibility. It is possible that women may view it as yet another form of birth control and contraception (diaphragm, cervical cap, birth control pills, the sponge, spermicide, morning after pill, IUD, Nuva Ring, etc.) that is, yet again, something that *they* must remember and use effectively. They might ask, why shouldn't men have *some* responsibility (besides male condoms)? This is possible since 13.5% of students agreed with the

statement that “Wearing a condom is the man’s responsibility” when asked why they have not used the female condom before.

The hypothesis that “Women would be more willing to try the female condom once they realize its potential for early insertion and empowerment” is the most complicated to analyze in terms of acceptance or rejection according to the results of the study. More women responded that they would not be more apt to use the female condom because it can be inserted up to eight hours before having sex (47.3%) than those who said that they would use it because of this fact (35.6%). However, a large amount of women were unsure (17%) if it would make them more likely to use the female condom. As this is the only device that allows women dual protection against pregnancy and STDs/HIV that can be inserted before sex (unlike the diaphragm/cervical cap which only provides protection against pregnancy), it appears as though this may be a point of interest for female college students who want to explore their options that provide protection against STDs/HIV. As drinking alcohol is a hindrance to use of condoms due to loss of inhibitions, early insertion of the female condom (after demonstration and consistent practice with insertion) may be an additional way to prevent STDs among college youth. This is particularly important when one realizes that 62.6% of respondents said that students engage in unprotected sex due to the influence of alcohol.

CONCLUSION

Many of the reported barriers to use of the female condom among college students are easily surmountable—that women are afraid it would be pushed up inside of their body and get lost, that they would enjoy sex less because they would be unsure as to if it was inserted properly, and the need for more demonstrations and availability of the female condom. However, one of the greatest barriers appears to be what has been called the “yuck factor.” FC2, with no change in size or look from FC1, is unlikely to be widely adopted among college students without a considerable investment in strategic promotion to this audience.

It bears mentioning that there is another form of the female condom which is currently in the last stage of the FDA approval process (Phase 2/3 clinical trial). This condom is known as the PATH Woman's Condom and is made by the Seattle-based nonprofit company, PATH (PATH Press Room 2008).



(PATH Woman's Condom)

http://www.path.org/files/TS_update_womans_condom.pdf

The PATH Woman's Condom, in development since 1996, will be manufactured in China (PATH Press Room 2008). It will be cheaper than the FC2, is described as easy to insert and remove, and is said to remain stable during sex (McNeil Jr. 2007). These assertions are based on several short-term acceptability studies carried out by the manufacturer (PATH Press Room 2008). According to research performed by PATH, "More than 90 percent of couples were satisfied with the ease of use and comfort of the new condom, and 98 percent found the sensation of sex to be 'O.K. to very satisfactory' " (McNeil Jr. 2007; Technology Solutions for Global Health 2009). PATH reports that users in both developing and developed countries found the Woman's Condom to be highly acceptable (PATH Woman's Condom 2005). The PATH Woman's Condom is not shaped like an "oversized male condom" as are FC1 and FC2 (PATH Press Room 2008). In addition, the PATH Woman's Condom

does not have the inner ring that the FC1 and FC2 have, which has been reported to cause pain for some women during use (PATH Press Room 2008). Rather, the improved PATH Woman's Condom has four dots of absorbent foam which adhere to the walls of the vagina, securely holding the condom in place until removal (PATH Press Room 2008). Insertion is also made easier by a "rounded cap at the end of the condom, which gathers the condom pouch together until after insertion. Once the condom is inserted, the tip quickly dissolves" (PATH Press Room 2008). Overall, the PATH Woman's Condom appears less cumbersome and inserts more like an applicator-less tampon (PATH Woman's Condom 2005), which many women may feel more comfortable using due to a general use and knowledge of tampons. In the near future, the PATH Woman's Condom is a potential form of barrier protection for which college women may find more desirable than the Female Health Company's female condom.

However, in the meantime, promotion of the female/woman's condom must focus on its only form available for use today: the FC2. This study has provided insight into the necessary focuses of promotional efforts of the female condom to college populations. As noted, the availability of the female condom on campus must be increased and widely promoted (flyers in the Student Union and academic buildings, presentations from lecturers who conduct research on STDs/HIV, etc.). Additionally, there must be more demonstrations of its proper insertion as these may perhaps increase the self-efficacy and confidence of college women in using the condom properly. As discovered, UConn women seem to be uncomfortable with proper placement of the female condom, since they don't know how to use it properly. As the female condom packaging (FC2) has explicit instructions on the packaging, women who try it may be more confident in using it properly than those who used the FC1 (without instructions on the packaging). Furthermore, female condom use can be increased with an enhanced sexual education effort aimed towards students who engage in risky sexual behavior.

If more students know about the positive aspects of the female condom (e.g., can insert 8 hours before sex, can use during menstruation, equally as effective as male condom, can use oil-based lubricants, does not require an erection, can use if partner has an allergic reaction to latex) and more students start using them, it may produce a domino effect. Given that the majority of study participants responded that they would use the female condom if their friends suggested its use, it is important to provide the female condom for free to as many students as possible. As a result of this study, there is now evidence that the most effective way to market the female condom to this population may be to stimulate curiosity (“Give it a try!”) in the product. It is also important to highlight that the female condom can be empowering for women whose partner (casual or committed) does not want to use a male condom. The female condom can also be a device which aids in a sense of liberation in that it frees women from relying solely on men for the protection of their health. Those women who disregard normative gender stereotypes of feminine passivity and male control may find them to be a source of power as it places control in the hands of the female. With campus-wide efforts to increase bedroom negotiation skills, many women will learn techniques for demanding use of a condom (male or female) during intercourse.

As nearly half of the participants did not use male condoms in committed or casual relationships, it is important to stress the need to protect oneself against potential infection and increase the perceived risk with UConn STD/HIV frequency data from other campus-wide studies investigating sexual behavior. This is especially important as the definition of “committed and casual relationships” may vary from person-to-person. A limitation of this study is that the method utilized for this study was not able to capture these nuances of particular definitions, which may have altered the accuracy of self-reported results.

As male and female students reported non-use of the female condom but did report use of the male condom and other forms of birth control at varying degrees of frequency, it is important to realize that when the female condom is presented to this population, it should not be promoted as a replacement for the male condom. However, this finding must be interpreted in light of Cindy Walsh's (R.N.,C.,APRN) comment that explained how most students come to the Women's Clinic looking for hormonal contraception, not barrier contraception (personal communication, April 1, 2010). Rather, due to reported curiosity in the product, it should be promoted as an alternative to the male condom (for the percentage of students who use them,) highlighting the fact that it is the only other form of contraception besides the male condom which protects against STDs/HIV and pregnancy.

Despite the hope for the potential use of the female condom among this population, it is important to remain sensitive to the fact that there is still evidence of a double standard which shapes how women control their sexual health. Furthermore, efforts to eradicate the negative symbolic meaning of condoms must be pursued in order for condom use to be increasingly routine and destigmatized. There is a potential for this to become a widespread understanding, as the overwhelming majority of surveyed students already believe that the suggestion of a condom signifies that one's partner cares about his or her partner's health.

In addition, the potential for the female condom to be promoted as a device, which can eliminate awkward fumbling involved with condom use during the "heat of the moment," is suggested by the results of this survey. This is evident as 35.6% of females said that the female condom could be inserted eight hours before intercourse was a potential positive aspect of the female condom. This supports the idea that this feature of the female condom should be promoted further by Health Education and other safer sex campus efforts. As informed during an email conversation with Joleen Nevers (Health Education, UConn Storrs) on March 3, 2010, I was informed that she does not convey

this advantage of the female condom to students during Health Education's female condom demonstrations. This may be indeed an aspect of the female condom that is generally ignored and could be promoted to a greater extent. Nevers explained that she had a "concern about whether or not women will buy-in to [sic] this concept," since it "may be uncomfortable for women when they are walking around, dancing or just hanging out" (personal communication March 3, 2010). Likewise, as the majority of students were unaware as to where the female condom was available on campus, additional advertisement efforts may encourage students to stop by the Health Education office and pick up some female condoms, if even just to "try it out," for as the old saying goes, "You can't know if you like something unless you give it a try."

This study also provides evidence that UConn women should also be more aware of their physical anatomy and the impossibility of the female condom getting "pushed up inside" and of "getting lost" via insertion. This is alarming in light of the finding that 53% of surveyed females were opposed to inserting the female condom due to their fear of it getting "pushed up inside of [their] body and get lost." This misjudgment could be rectified with further Health Education efforts that present possibilities for contraception and protection against STDs/HIV, as well as offer refresher, 1-credit courses (INTD, for example) on female anatomy (as many students don't relearn this after high school and/or freshman year).

With more resources and time, this study should be expanded to other Universities in the northeast. Firstly, monetary compensation (or free condoms!) could be provided for those who participate in the study. The study should maintain the online structured survey but also include various other components which would provide a deeper understanding of the use or non-use of the female condom among other college populations. Firstly, in-depth interviews of staff and volunteers in Health Education departments, Student Health Services and other campus organizations working

towards safer-sex promotion, should be added to the methods of study. The study should also involve a survey of the surrounding off-campus availability of the female condom (drug stores, grocery stores, adult shops) for students to purchase them if desired (to my knowledge, there is only one retail store in a 20-mile vicinity of the University of Connecticut which carries the female condom at an ludicrous retail price of \$29.99 for a mere three female condoms). Survey questions that probe students' knowledge of their susceptibility to STDs/HIV would be extremely beneficial to understand further if students have a self-perceived risk of STDs/HIV as a population. This will provide greater insight into what is the current state of promotion of the female condom and how it can be altered in order to increase its use. Semi-structured in-depth interviews of twenty or twenty-five students would also be extremely beneficial in addition to the structured survey, as individual responses and conversations with the interviewer may unveil further understandings which are impossible to obtain through a structured online survey. In addition, focus groups of students on campus may also prove useful in furthering the understanding of the use (or non-use) of the female condom among other college populations. It is important to maintain the structured online survey as it may have encouraged participants to speak their mind on sensitive sexual topics, as focus groups and individual interviews may make students uncomfortable. Despite the focus of this study on gathering quantitative data, the survey did provide an open response section to many questions that did allow students to include their own opinions which did not fit neatly into the responses provided in the survey. In an adaptation of this study, therefore, it would be imperative that qualitative and quantitative measures would be combined to a greater extent, allowing for a richer, deeper and more comprehensive set of research findings.

Although this is the first study which has been conducted on acceptability of the female condom among college students since the introduction of the FC2 in September 2009, it is important to note

that no real changes were discovered in college student attitudes from studies conducted with FC1 (Fernandez et al. 2006; Schoeneberger et al. 1999). This is perhaps because the majority of students did not use FC1, and since FC2 was just recently released, opinions and perceptions of the female condom have not altered yet (especially as promotional campaigns do not typically target American college students).

Health Education and Student Health Services on campus should utilize the findings of this study in order to tailor their interventions, catering to the needs and desires of UCONN undergraduates. The importance of asking these students their knowledge, attitudes and beliefs of the female condom is apparent through the detailed findings of this study. It is indeed worthwhile to engage in research to understand the non-use of the female condom in this population, in an effort to alter the high rates of STDs among youth in the United States. If anything, those who participated in this survey learned something about their risk and options to protect themselves during an extremely exciting period of their lives—one characterized by a sense of newfound freedom *and* considerable responsibility to protect themselves from disease and unwanted pregnancy.

Will there be a day when it is customary for college men (as well as men in general) to walk into drugstores, health clinics and college infirmaries to gather female condoms for their partners, much like how many women actively obtain condoms for their male partners? This is the unanswered question that remains to be investigated further by research determining the acceptability of the female condom among young adult populations and how this alteration of gender roles, norms and stereotypes can be achieved via promotion, expanded knowledge of, and pervasive availability of the female condom. In order to effectively advocate use of the female condom among young populations, public health research must utilize anthropological methods of structured surveys, semi-structured interviews and focus groups in order to determine gendered, geographical, social and cultural differences in

perceptions, beliefs, attitudes and opinions of the female condom among college students and tailor promotional campaigns according to these insights. This work, similar studies, and further efforts striving towards the same goals of safer sex may help to reduce the current devastating rates of STDs among youth.

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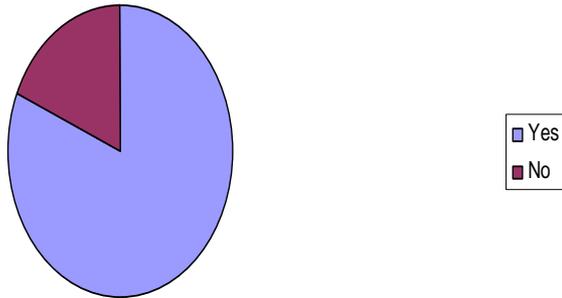
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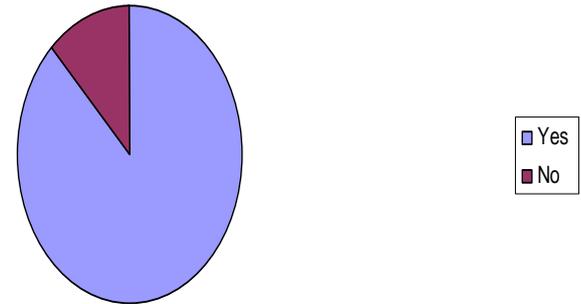
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Figure 1: Question 7, (Males) N=86, (Females) N=188, (Total) N=274

Are you currently sexually active with a member of the opposite sex? (engaging in vaginal sex, specifically)
(Males only)



Are you currently sexually active with a member of the opposite sex? (engaging in vaginal sex, specifically)
(Females only)



Are you currently sexually active with a member of the opposite sex? (engaging in vaginal sex, specifically)
(Males and Females)

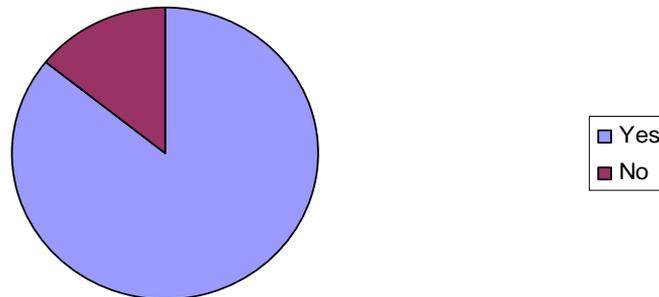
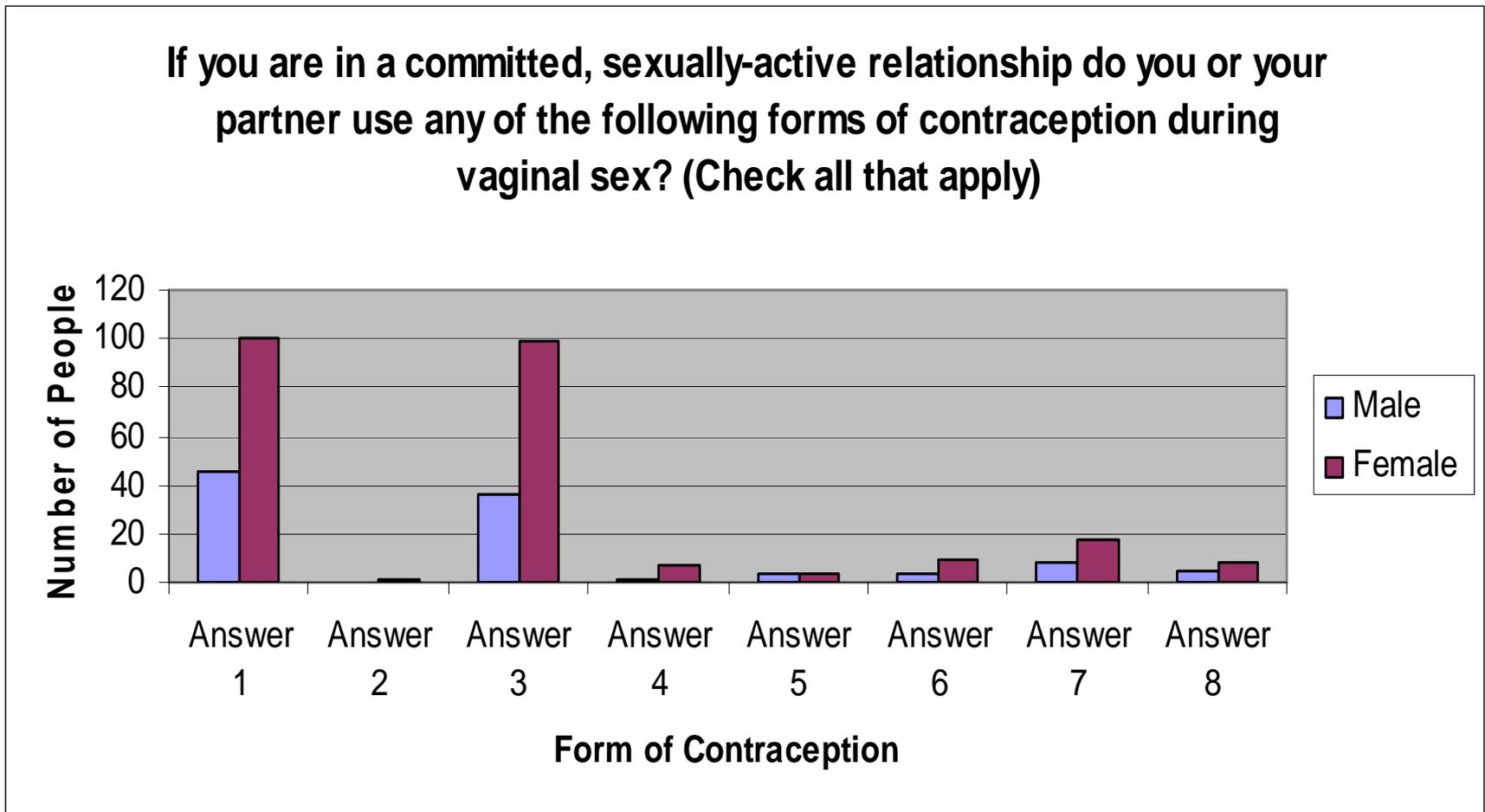


Figure 2: Question 8, (Males) N=69, (Females) N=160, (Total) N=229



Answer 1=Male condoms

Answer 2=Female condoms

Answer 3=Birth control pills

Answer 4=Nuva Ring

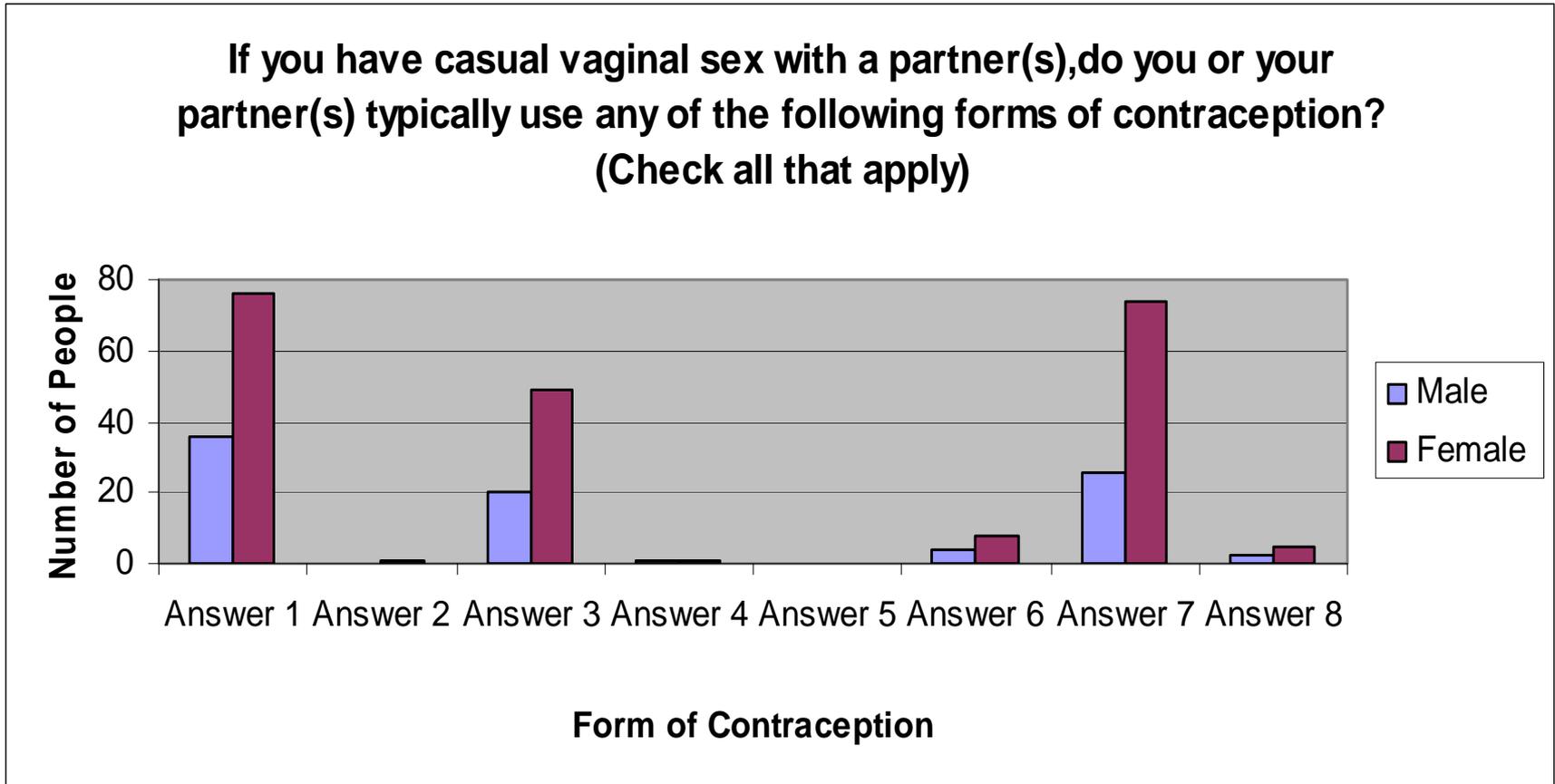
Answer 5=Spermicidal cream

Answer 6=My partner and/or I don't use contraception.

Answer 7=I am not involved in a steady sexually-active relationship.

Answer 8=Other

Figure 3: Question 9, (Males) N=63, (Females) N=156, (Total) N=219



Answer 1=Male condoms

Answer 2=Female condoms

Answer 3=Birth control pills

Answer 4=Nuva Ring

Answer 5=Spermicidal cream

Answer 6=My partner(s) and/or I don't use any contraception

Answer 7=I do not engage in casual sex.

Answer 8=Other

Figure 4: Question 10, (Males) N=86, (Females) N=187, (Total) N=273

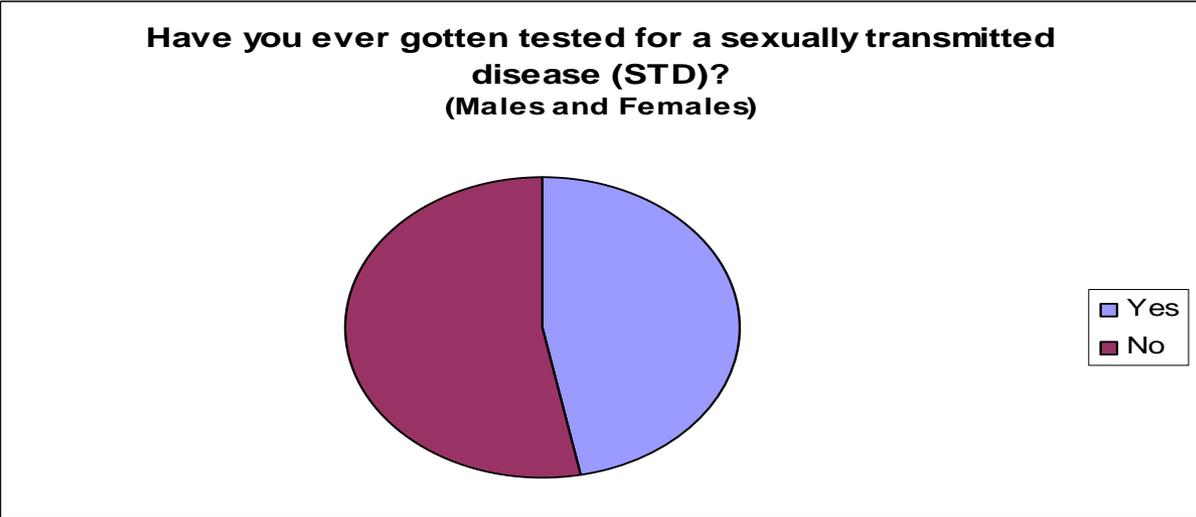
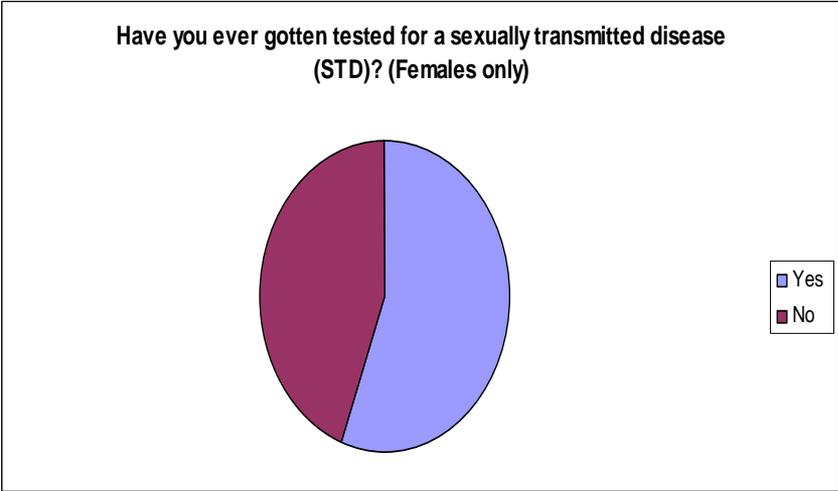
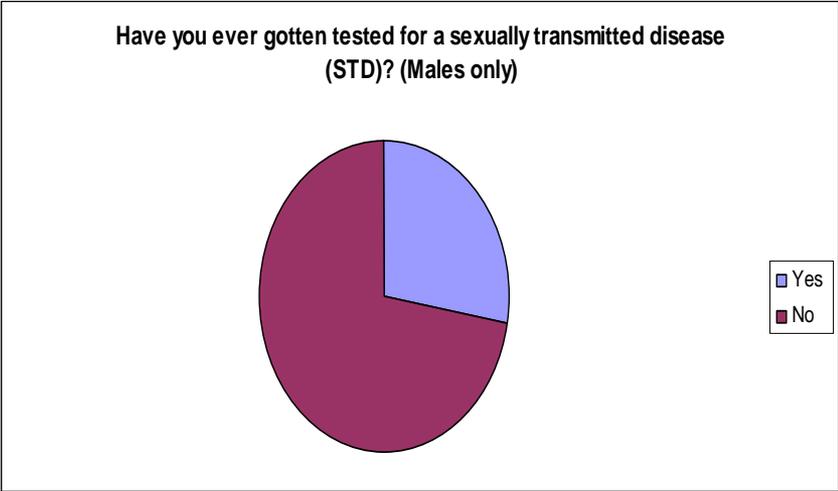
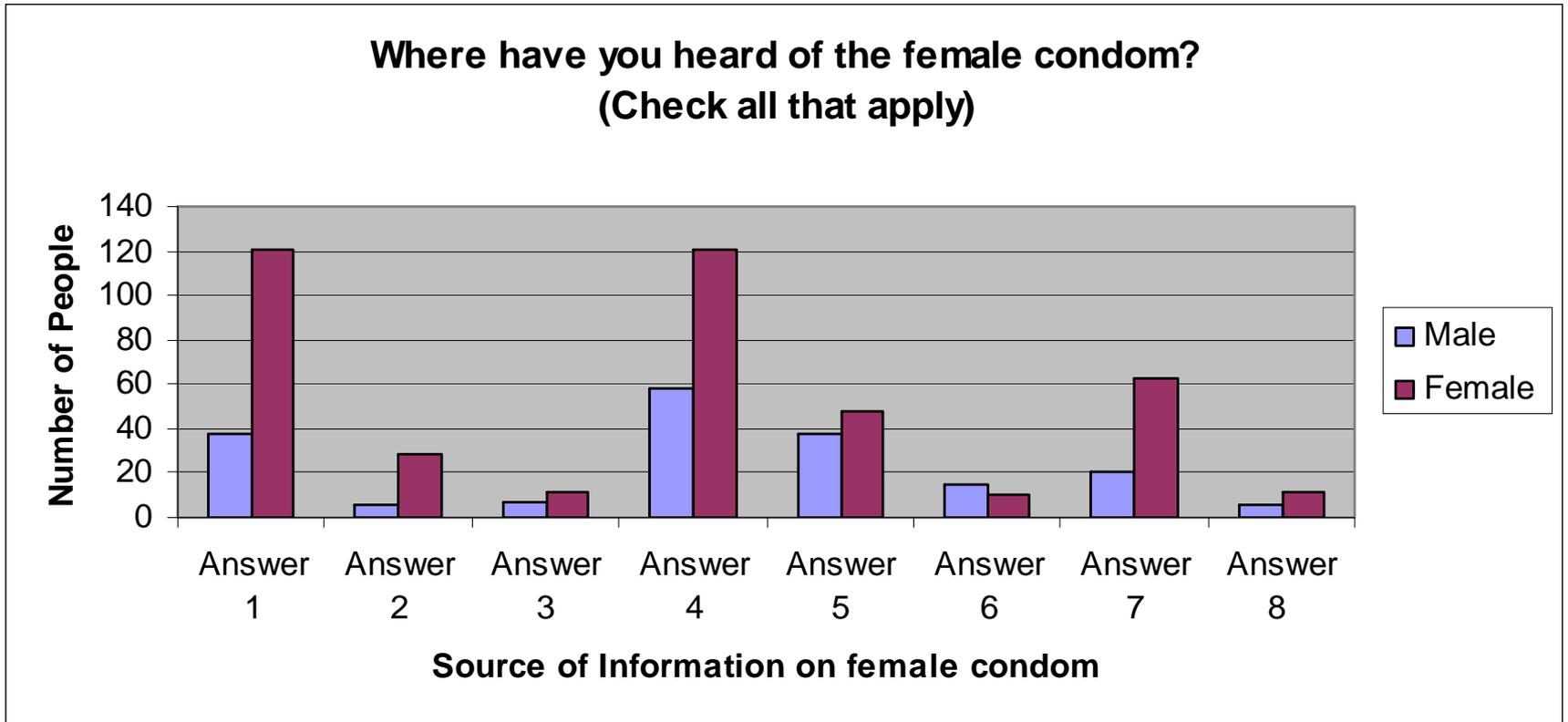


Figure 5: Question 13, (Males) N=83, (Females) N=181, (Total) N=264



Answer 1=UCONN (health services, health education, women’s center, etc.)

Answer 2=Advertisements on TV/magazines

Answer 3=Newspaper articles

Answer 4=High school sex-education class

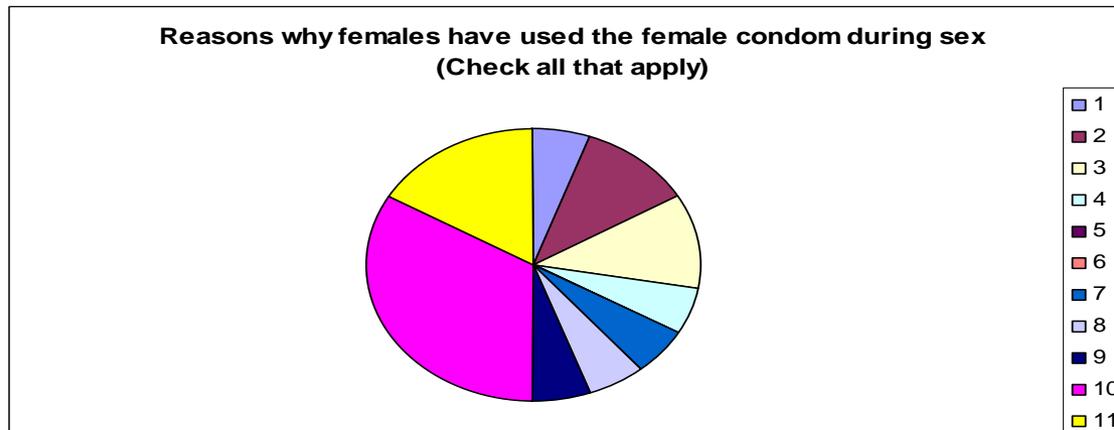
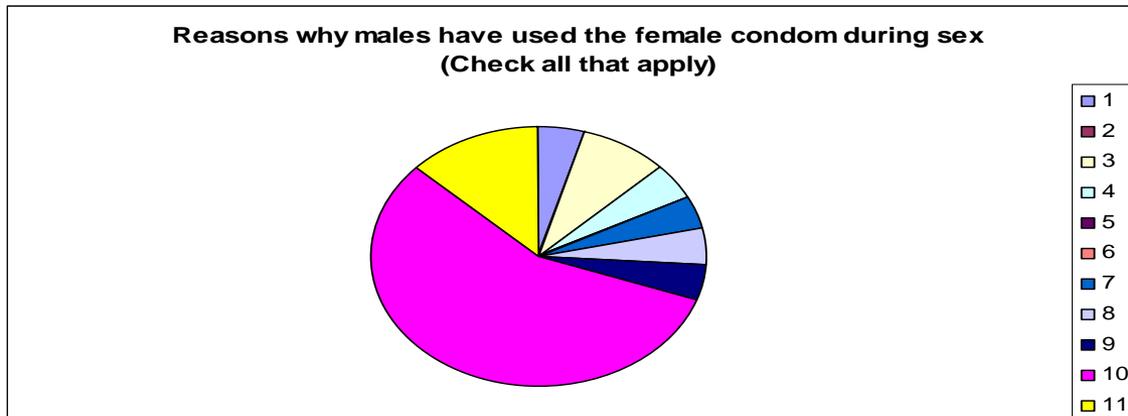
Answer 5=Internet

Answer 6=Sex partner

Answer 7=Friends/acquaintances

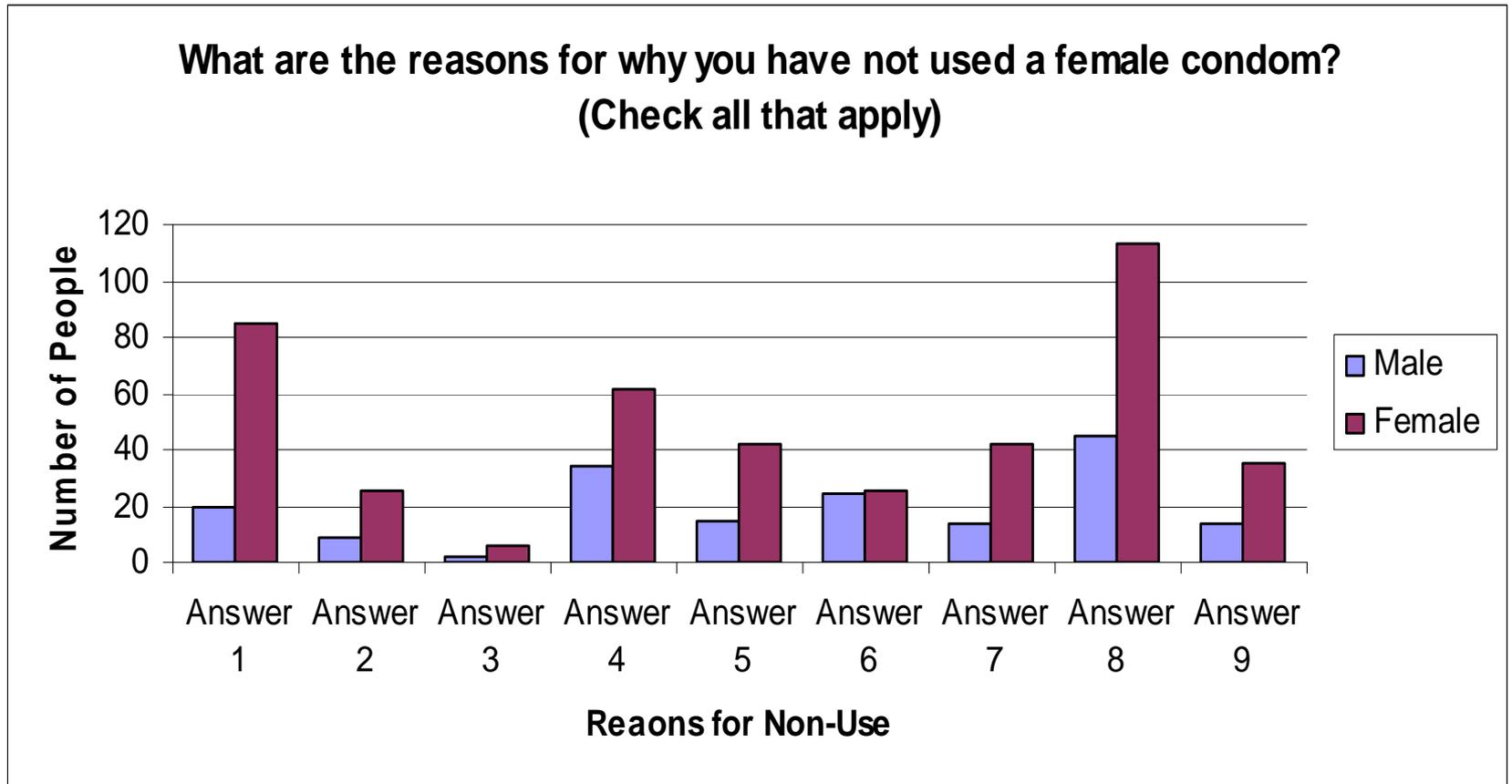
Answer 8=Other, please specify

Figure 6: Question 15, (Males) N=7, (Females) N=8, (Total) N=15



- 1=I don't like that male condoms are constrictive, the female condom makes sex feel more natural because it is roomier than the male condom.
- 2=The female condom does not require an erect penis to be inserted as male condoms do.
- 3=It does not need to be removed immediately after ejaculation.
- 4=You don't have to use another one if the male loses his erection.
- 5=We could use oil-based lubricants with it.
- 6=It is made of polyurethane and my partner or I have an allergic reaction to latex.
- 7=I like how the polyurethane conducts heat, it makes sex feel more natural.
- 8=We didn't have a male condom available at the time of intercourse.
- 9=It's ideal to use when the woman is menstruating since it is less messy than a male condom.
- 10=My partner and I were curious and wanted to try something new.
- 11=Some other reason, please specify.

Figure 7: Question 16, (Males) N=80, (Females) N=185, (Total) N=265



Answer 1=They are huge, unattractive or weird.

Answer 2=Wearing a condom is the man's responsibility.

Answer 3=I never heard of them before this survey

Answer 4=They are hard to find, I don't know where to get one.

Answer 5=I don't like use nor like condoms in general. [sic]

Answer 6=My partner does not/would not like them.

Answer 7=Their effectiveness rate is lower than the male condom.

Answer 8=We use male condoms and therefore don't need to use female condoms.

Answer 9=Some other reason, please specify.

Figure 8: Question 23, (Males) N=84, (Females) N=189, (Total) N=273

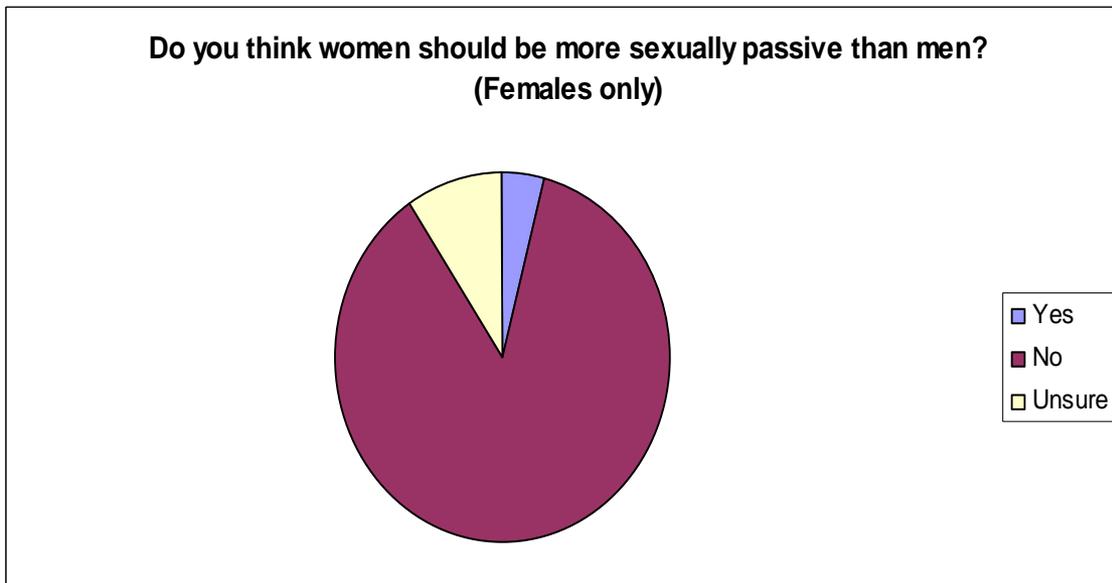
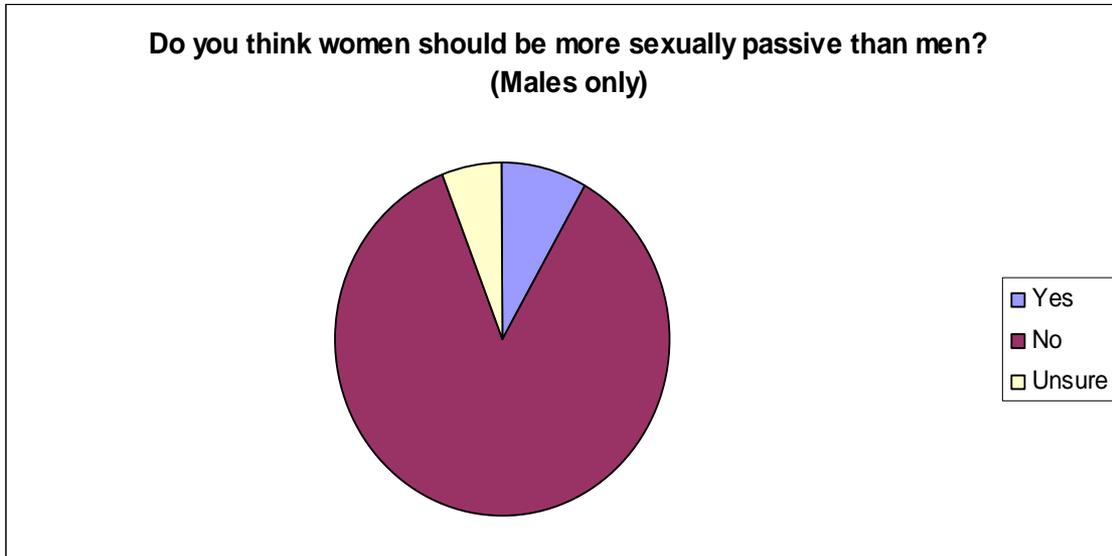


Figure 9: Question 24, (Total) N=273

Would you think that your partner cared about you and your health if he or she suggested the use of a condom (male or female)?

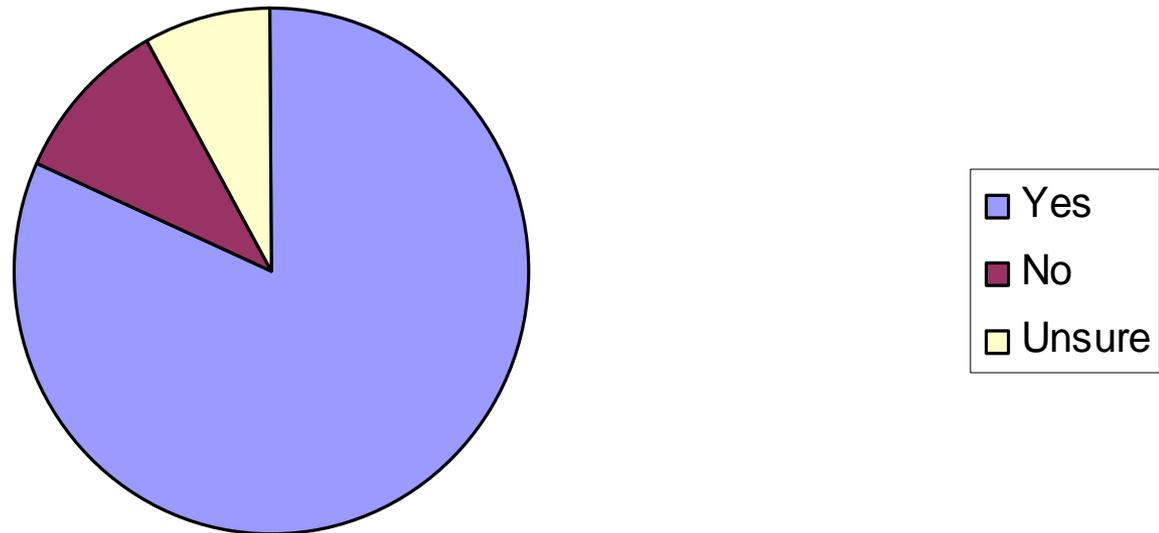


Figure 10: Question 29, (Males) N=83, (Females) N=189, (Total) N=272

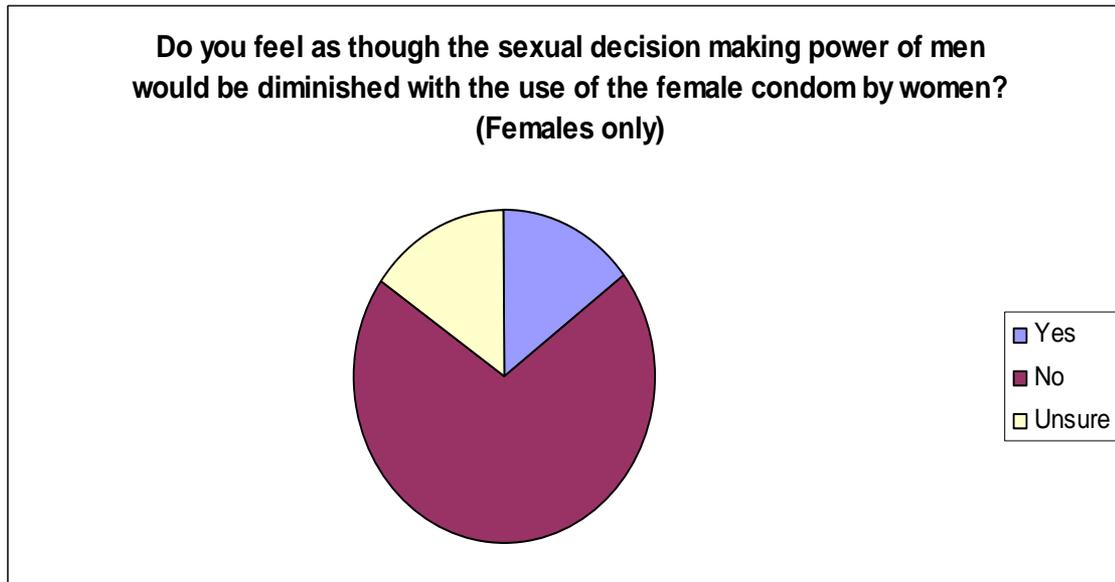
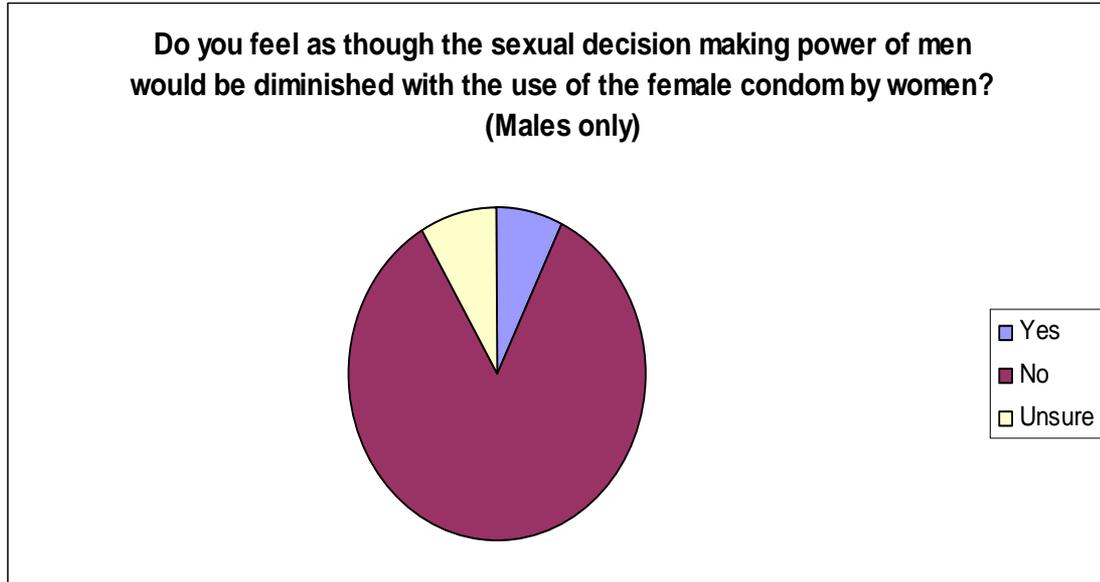


Figure 11: Question 31, (Males) N=84, (Females) N=188, (Total) N=272

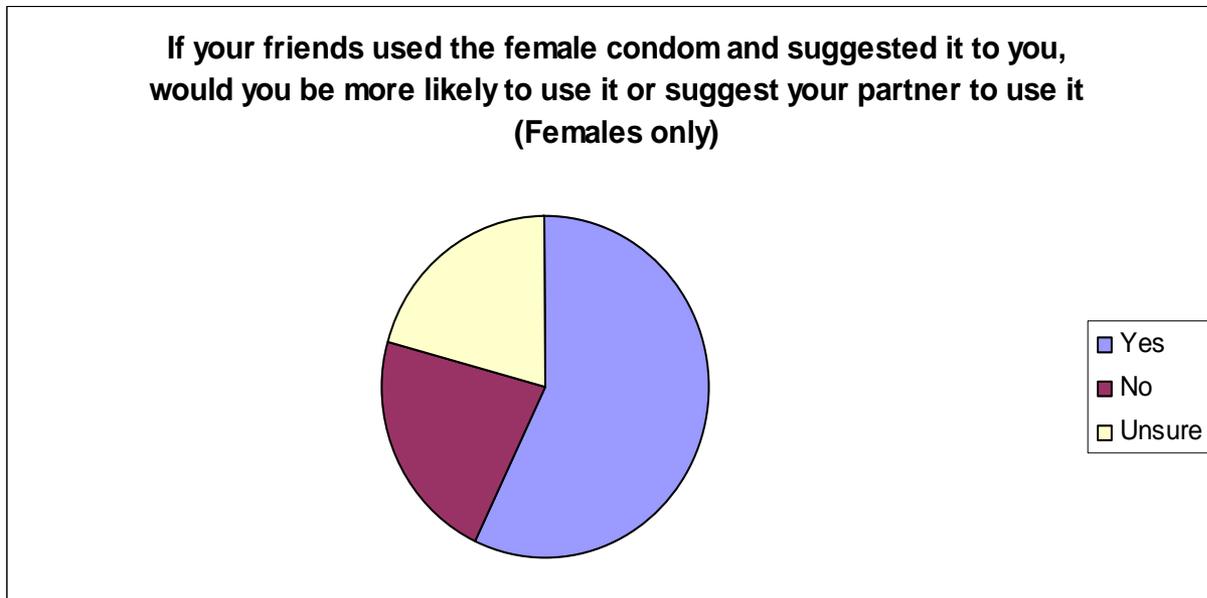
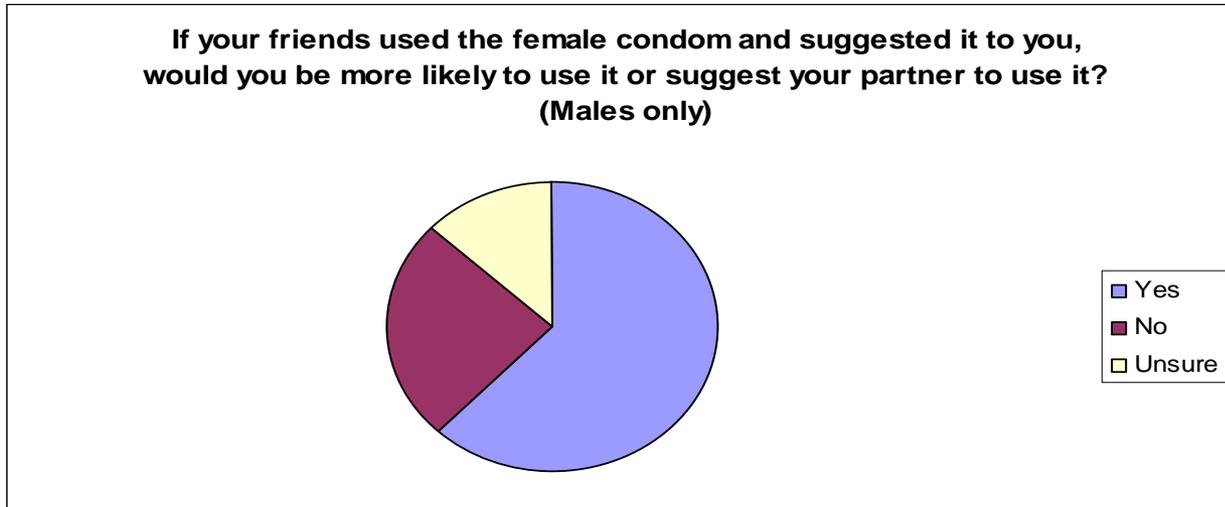
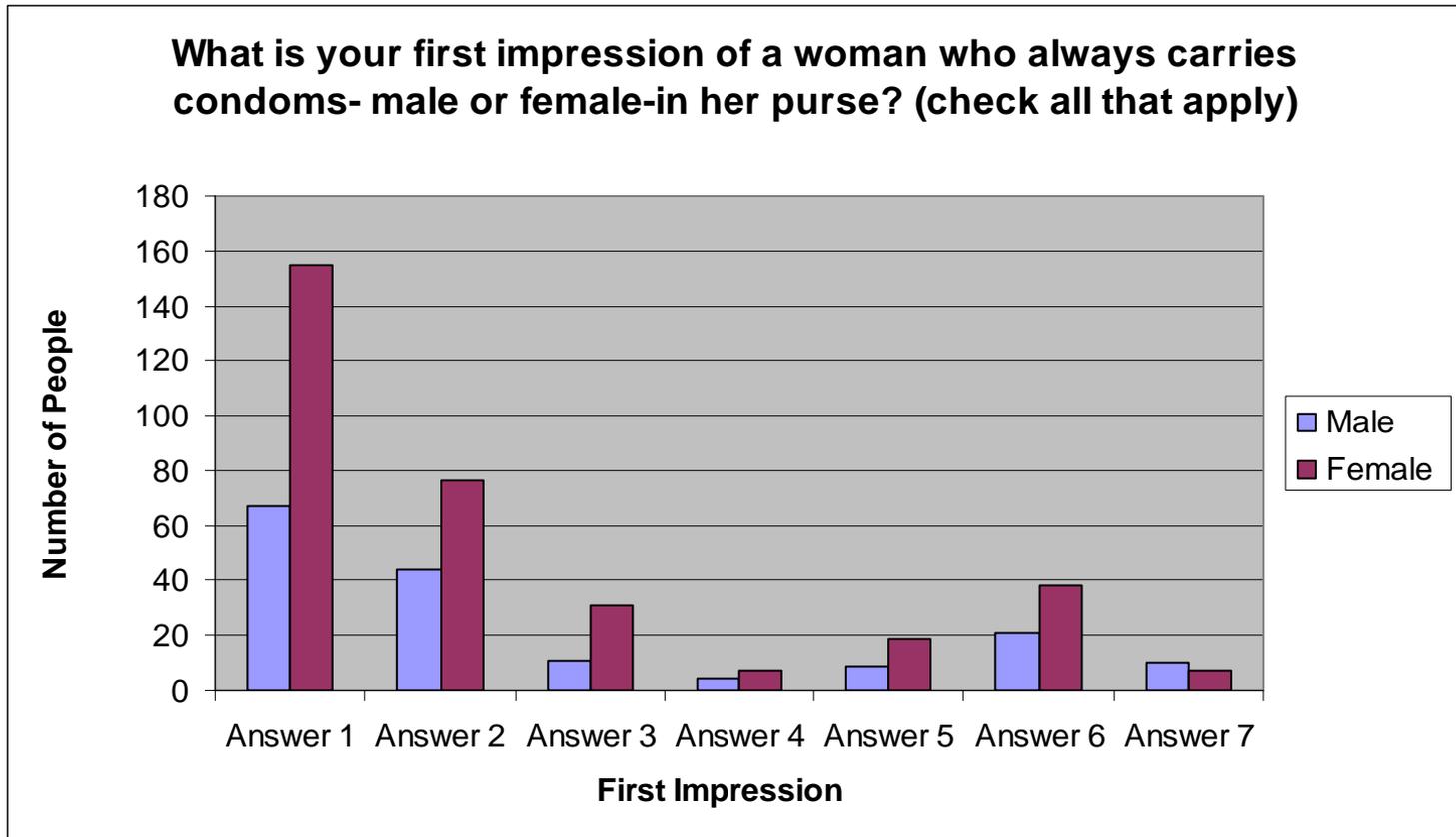


Figure 12: Question 32, (Males) N=85, (Females) N=188, (Total) N=273



Answer 1=She takes responsibility and control of her sexual health and prepares herself in the case of having sex.

Answer 2=She is sexually promiscuous and "ready" at all times for sex.

Answer 3=She is in a committed relationship and does not use another form of birth control.

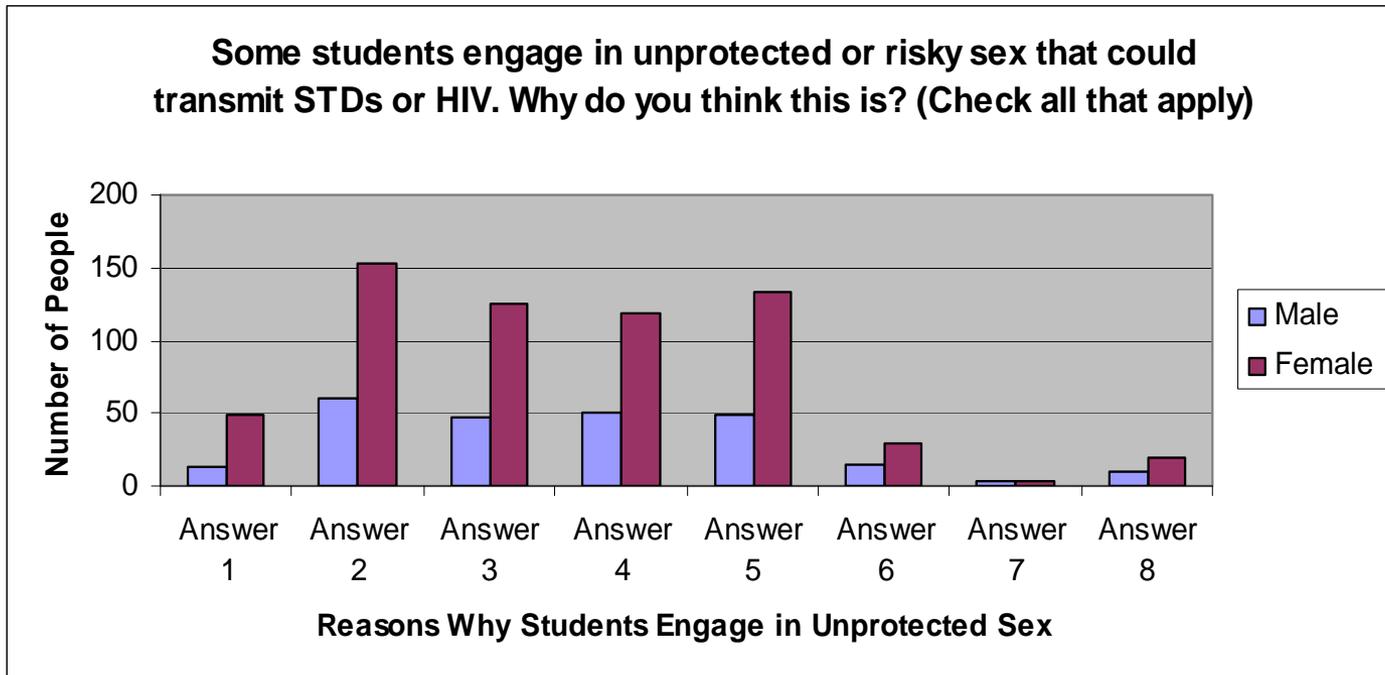
Answer 4=She is in a committed relationship and already uses another form of birth control.

Answer 5=She's in a new relationship.

Answer 6=She's in a casual relationship.

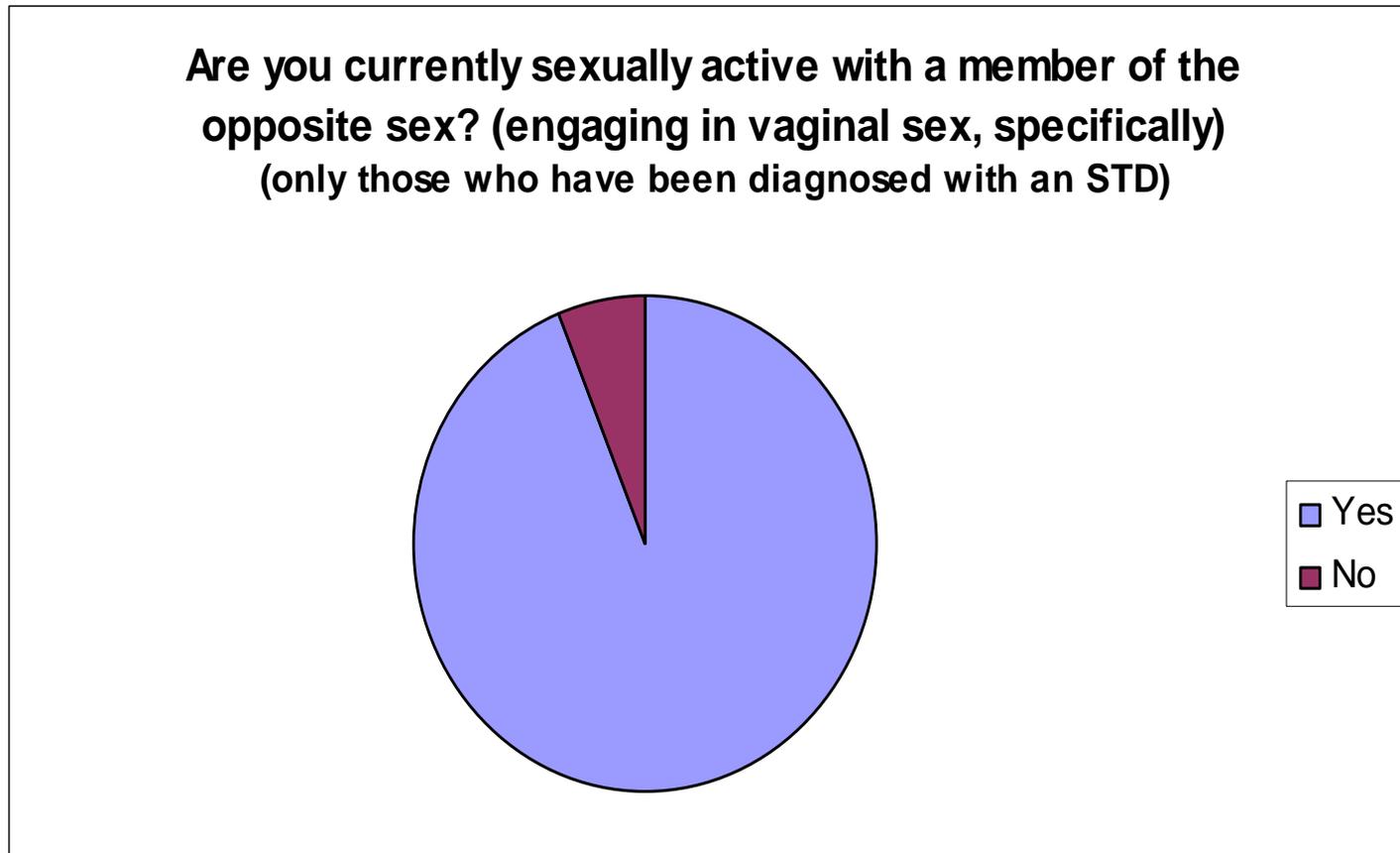
Answer 7=Some other impression, please specify.

Figure 13: Question 35, (Males) N=8, (Females) N=189, (Total) N=270



Answer 1=They aren't exactly aware of how STDs and HIV are transmitted and therefore don't take precautionary measures.
 Answer 2=Most students don't think that they are at high-risk of STDs and HIV.
 Answer 3=Most students trust their partner to tell them the truth about their sexual history and health.
 Answer 4=If you're drinking and/or using drugs and a sexual encounter is imminent, it's more difficult to remember and want to use a condom, since they dull the sensations of sex.
 Answer 5=Students don't concentrate on risks for STDs and HIV but rather on the risk for pregnancy.
 Answer 6=Students are not concerned with the risks of pregnancy and STDs.
 Answer 7=Unsure
 Answer 8=Some other reason, please specify.

Figure 14: Total Number of people diagnosed with an STD=16



N=16

first attempt

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Last Modified: September 21 2009, 7:11 AM
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Female Condom Acceptance Among College Students: Knowledge, Attitudes and Behaviors

Page 1 - Question 1 - Choice - One Answer (Bullets)

What is your sex?

- Male
- Female
- Transsexual/transgender

Page 1 - Question 2 - Yes or No

[Mandatory]

Are you 18 years of age or older?

- Yes
- No [Screen Out]

Page 2 - Question 3 - Choice - One Answer (Bullets)

[Mandatory]

Have you had penetrative vaginal sex?

- Yes
- No [Screen Out]

Page 3 - Question 4 - Choice - One Answer (Bullets)

What is your age?

- 18-20
- 21-23
- 24-27
- 28 and over

Page 3 - Question 5 - Choice - One Answer (Bullets)

What is your ethnicity?

- Caucasian
- African-American/Black
- Hispanic/Latino
- American Indian or Alaskan Native
- Asian/Pacific Islander
- Other

What is your current level of education?

- Undergraduate
- MA/MPH/MSW or equivalent
- PhD/MD Student or equivalent
- Postdoctoral fellow
- Other

The following questions may be sensitive in nature as they concern your sexual history, attitudes, behavior and contraceptive use. Remember that you may discontinue the survey at any time, that you can skip any question that makes you feel uncomfortable and that your participation is completely voluntary. When deemed necessary, please fill in the appropriate information in the option for open-ended answers, aka. "other."

Are you currently sexually active with a member of the opposite sex? (engaging in vaginal sex, specifically)

- Yes
- No (skip to question 10)

If you are in a committed, sexually-active relationship do you or your partner use any the following forms of contraception during vaginal sex? (Check all that apply)

- Male condoms
- Female condoms
- Birth control pills
- Nuva Ring
- Spermicidal cream
- My partner and/or I don't use any contraception.
- I am not involved in a steady, sexually-active relationship.
- Other

If you have casual vaginal sex with a partner(s), do you or your partner(s) typically use any of the following forms of contraception? (Check all that apply)

- Male condoms
- Female condoms
- Birth control pills
- Nuva Ring
- Spermicidal cream
- My partner(s) and/or I don't use any contraception.
- I do not engage in casual sex.
- Other

Have you ever gotten tested for a sexually transmitted disease (STD)?

- Yes
- No (skip to question 12)

Have you ever been diagnosed with an STD?

- Yes
- No

The following questions concern your knowledge and attitudes of the female condom. Remember that you may discontinue the survey at any time, that you can skip any question that makes you feel uncomfortable and that your participation is completely voluntary. When deemed necessary, please fill in the appropriate information in the option for open-ended answers, aka. "other."

Have you ever heard of the female condom?

- Yes
- No (skip to question 14)
- Unsure (skip to question 14)

Where have you heard of the female condom? (check all that apply)

- UCONN (health services, health education, women's center, etc.)
- Advertisements on TV/magazines
- Newspaper articles
- High school sex-education class
- Internet
- Sex partner
- Friends/acquaintances
- Other, please specify

Have you ever had sex where you or your partner used the female condom?

- Yes
- No (Skip to question 16)

What are the reasons for why you have used a female condom during sex? (Check all that apply and skip question 16)

- I don't like that male condoms are constrictive, the female condom makes sex feel more natural because it is roomier than the male condom.
- The female condom does not require an erect penis to be inserted as male condoms do.

- It does not need to be removed immediately after ejaculation.
- You don't have to use another one if the male loses his erection.
- We could use oil-based lubricant with it.
- It is made of polyurethane and my partner or I have an allergic reaction to latex.
- I like how the polyurethane conducts heat, it makes sex feel more natural.
- We didn't have a male condom available at the time of intercourse.
- It's ideal to use when the woman is menstruating since it is less messy than a male condom.
- My partner or I were curious and wanted to try something new.
- Some other reason, please specify

Page 8 - Question 16 - Choice - Multiple Answers (Bullets)

What are the reasons for why you have not used a female condom? (Check all that apply)

- They are huge, unattractive or weird.
- Wearing a condom is the man's responsibility.
- I never heard of them before this survey.
- They are hard to find, I don't know where to get one.
- I don't like use nor like condoms in general.
- My partner does not/would not like them.
- Their effectiveness rate is lower than the male condom.
- We use male condoms and therefore don't need to use female condoms.
- Some other reason, please specify

Page 9 - Question 17 - Rating Scale - Matrix

If you have never used the female condom, would you be more willing to use it if...

	Yes	No	Unsure
it was cheaper?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
it was more widely available in stores?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
you saw a demonstration on how to use it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page 9 - Question 18 - Choice - One Answer (Bullets)

Would you be embarrassed to buy/obtain the female condom?

- Yes
- No (skip to question 21)
- Unsure (skip to question 21)

Page 10 - Question 19 - Choice - Multiple Answers (Bullets)

If you are a female and answered yes to the previous question, why would you be embarrassed to buy/obtain the female condom? (Check all that apply, males skip to question 20)

- It's not widely used.
- My partner thinks it's his responsibility to wear a condom.
- Buying or obtaining condoms is something men should do.
- I don't think my partner would like it.
- It would seem like my partner was unfaithful.
- It looks strange and is unattractive.
- I'd look strange to other people if they saw me buying/obtaining it.

- I'd appear to be a "slut" if I bought or obtained female condoms.
- Some other reason, please specify

Page 10 - Question 20 - Choice - Multiple Answers (Bullets)

If you are a male and answered yes to the previous question, why would you be embarrassed to buy/obtain the female condom for your partner? (Check all that apply, females skip to question 21)

- It's not widely used.
- Women should buy female condoms.
- I don't think my partner would like it.
- I'd look like I am the one who has less power in my relationship.
- It would seem like my partner was unfaithful.
- It looks strange and is unattractive.
- Some other reason, please specify

Page 11 - Question 21 - Choice - One Answer (Bullets)

If you are female, are you opposed to inserting the female condom? (Males please skip to question 23)

- Yes
- No (skip to question 23)
- Unsure (skip to question 23)

Page 11 - Question 22 - Choice - Multiple Answers (Bullets)

If you are a female and answered yes to the previous question, why are you opposed to inserting the female condom? (Check all that apply)

- I'd feel insecure about proper placement since I don't know how to use it properly.
- I'd enjoy sex less because I wouldn't know if it was inserted properly.
- I am uncomfortable with inserting things into my vagina.
- I'd be afraid that the female condom would be pushed up inside of my body and get lost.
- Some other reason, please specify

Page 12 - Question 23 - Choice - One Answer (Bullets)

Do you think women should be more sexually passive than men?

- Yes
- No
- Unsure

Page 12 - Question 24 - Choice - One Answer (Bullets)

Would you think that your partner cared about you and your health if they suggested the use of a condom (male or female)?

- Yes
- No
- Unsure

Page 13 - Question 25 - Choice - One Answer (Bullets)

If you currently are or have ever been involved in a committed relationship, do you think discussing condom use with your committed partner is or was ever difficult?

- Yes
- No (skip to question 27)
- Unsure (skip to question 27)
- I've never been in a committed relationship (skip to question 27)

Page 13 - Question 26 - Choice - Multiple Answers (Bullets)

If you answered yes to the previous question, why do you think condom discussion is difficult in committed relationships? (Check all that apply)

- My partner would think I was cheating on him/her if I brought it up.
 - My partner would think that I don't trust him/her.
 - My partner would think it's stupid to use condoms since we use another form of birth control (for example, birth control pills)
 - My partner doesn't like condoms and I'd be concerned about his/her hostile reaction to the suggestion of using one.
 - Some other reason, please specify
-

Page 14 - Question 27 - Choice - One Answer (Bullets)

If you are currently or have ever been involved in a casual relationship, do you think it is/was difficult to discuss condom use with your casual sex partner(s)?

- Yes
- No (skip to question 29)
- Unsure (skip to question 29)
- I've never had casual sex (skip to question 29)

Page 14 - Question 28 - Choice - Multiple Answers (Bullets)

Why do you think discussing condoms is difficult in the context of casual sex? (Check all that apply)

- I normally hardly know the person I am having sex with.
 - I am concerned about my partner's hostile reaction to using condoms.
 - If I ask my partner to use a condom, there is an implication that I think my partner is "dirty."
 - If I suggest condom use to my partner before we even have sex, I seem overly eager and "forward."
 - I believe that if I was interested in developing a serious relationship with this partner, initiating a conversation about contraception would be a threat to our potential committed relationship.
 - Some other reason, please specify
-

Page 15 - Question 29 - Choice - One Answer (Bullets)

Do you feel as though the sexual decision making power of men would be diminished with the use of the female condom by women?

- Yes
- No
- Unsure

Page 15 - Question 30 - Choice - One Answer (Bullets)

Do you feel as though the amount of power one has in a relationship (defined as the ability to influence decision making and control the actions of your partner), influences his/her ability to negotiate condom use?

- Yes
- No
- Unsure

Page 16 - Question 31 - Choice - One Answer (Bullets)

If your friends used the female condom and suggested it to you, would you be more likely to use it or suggest your partner to use it?

- Yes
- No
- Unsure

Page 16 - Question 32 - Choice - Multiple Answers (Bullets)

What is your first impression of a woman who always carries condoms- male or female- in her purse? (check all that apply)

- She takes responsibility and control of her sexual health and prepares herself in the case of having sex.
- She is sexually promiscuous and "ready" at all times for sex.
- She is in a committed relationship and does not use another form of birth control.
- She is in a committed relationship and already uses another form of birth control
- She's in a new relationship.
- She's in a casual relationship.
- Some other impression, please specify

Page 17 - Question 33 - Choice - One Answer (Bullets)

A woman can insert the female condom up to 8 hours before having sex. Does this increased ability to allow you to plan ahead make you more apt to use/suggest the female condom?

- Yes
- No
- Unsure

Page 17 - Question 34 - Choice - Multiple Answers (Bullets)

Where is the female condom available to you on campus? (Check all that apply)

- You can't get the female condom anywhere on campus.
- Student Health Services: Women's Clinic
- Health Education (South D)
- Women's Center
- Co-op convenience store
- Student Union convenience store
- Unsure
- Other, please specify

Some students engage in unprotected or risky sex that could transmit STDs or HIV. Why do you think this is? (Check all that apply)

- They aren't exactly aware of how STDs and HIV are transmitted and therefore don't take precautionary measures.
 - Most students don't think that they are at high-risk of STDs and HIV.
 - Most students trust their partner to tell them the truth about their sexual history and health.
 - If you're drinking and/or using drugs and a sexual encounter is imminent, it's more difficult to remember and want to use a condom, since they dull the sensations of sex.
 - Students don't concentrate on risks for STDs and HIV but rather on the risk for pregnancy.
 - Students are not concerned with the risks of pregnancy and STDs.
 - Unsure
 - Some other reason, please specify
-

What do you think is the best way to encourage the use of female condoms for disease and pregnancy prevention among college students? (Check all that apply)

- Teach college students more about STDs and HIV.
 - Make students aware of their risk of STDs/HIV as a population/age group.
 - Have condoms (male or female) more available on campus in various places.
 - Promote the positive aspects of the female condom.
 - Advocate acceptance of the female condom by men.
 - Stress the fact that female condoms allow women to plan ahead.
 - Teach women "bedroom" communication skills, or how to negotiate condom use with men who refuse to use condoms.
 - Focus on the positive aspects of the initiation of condom use among relationships as a genuine sign of respect and care for your partner.
 - Encourage students to carry condoms.
 - Decrease stigma and negative stereotypes of those who carry condoms.
 - Highlight the positives of using a female condom while a woman is menstruating.
 - Other, please specify
-

Thank You Page

Thank you for taking the time to contribute to this survey. Please take a few minutes to read some important quick facts on STDs and the female condom (FC):

According to the Henry J. Kaiser Family Foundation:

-Young adults between the ages of 15-24 account for 50% of all infections of sexually transmitted diseases (2004).

-Only 1/3 of adults who say they have had an STD say they revealed that fact to their current or most recent partner before they had sexual intercourse (1998).

At least 1 in 3 Americans will get an STD in their lifetime (1998).

-Women are biologically more susceptible than men to becoming infected if they have sex with someone who has an STD, "For example, a woman's risk of contracting gonorrhea from one act of unprotected intercourse may be as high as 90%, while the risk to a man is about 20-30%" (1998).

The FC is the only current form of barrier protection against STDs/HIV and pregnancy that is woman-initiated.

The female condom (FC) can be found at health services and the women's clinic on the UCONN campus.

The FC can be used with oil-based lubricants and can be inserted up to 8 hours before having sex.

The FC can be used if you or your partner have an allergic reaction to latex, as it is made out of polyurthane (which also conducts heat!)

The FC2, a new cheaper version of FC1, is now available in the US!

For more information on the female condom:

<http://www.fc2femalecondom.com/home.html>

WHERE TO GET TESTED FOR STDS/HIV NEAR UCONN:

Student Health Services (Women's Clinic- 486-4837, Primary Care- 486-2179)

Willimantic- Planned Parenthood of CT (423-8426)

Windham AIDS Program (Windham Hospital, 423-4534)

Image of female condom property of: <http://www.healthcaremagic.com/article/images/female%20condom.jpg>



Screen Out Page

I'm sorry but you do not qualify to participate in this survey. However, thank you for your willingness to participate!

Over Quota Page

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Survey Closed Page

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