

Condom Use Errors on Knowledge and Attitude among Sexually Active Men

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Abstract

Background: Unwanted pregnancies and sexually transmitted infections (STIs) including Human Immunodeficiency Virus (HIV) infections are amongst the top public health priorities in India. Around 1/4th of births are unwanted. Condom, a dual-protective device, is being promoted for meeting these challenges. The objective of the study was to assess the impact of condom demonstration on knowledge, attitude and incidences of factual errors among sexually active men of attended family planning & STI clinics, of PGIMER, Chandigarh.

Methods: A quasi-experimental study was conducted on 102 men; mean age of the group 29.23±3.5 ranged from 20–41 years. The samples were randomly divided into two groups. Data was collected between July and September, 2016.

Results: Although the men had heard of and/or knew about the purpose of condoms, 58.8% were adequately informed. 86.3% subjects had positive attitude towards condom use (p 0.005). 56.9% subjects reported errors (breakage, slippage, or both) while use. Immediate correct practice was significantly representative as 70.6% subjects of experimental and four (7.8%) subjects of the control group performed seven or more correct steps on specific condom application and removal. However, 29.4% subjects of the control group and 94.1% experimental group had successfully pinched the reservoir tip during condom application (p 0.003). 90.2% participants had easy access to condom while 78.4% were used. The study confirmed that knowledge is not enough to bring desired change in practices. Regarding access to condoms, it was observed that >90.2% subjects had easy access while 78.4% had used condoms. The results depict that after three months of usage there has been a reduction in incidence of factual errors in case 11.7% compared to control 17.6%.

Conclusion: The current study shows that the majority of subjects (90%) who knew about condom had never attended condom demonstration before. Hence, the educative session regarding practices must be considered in the promotional strategies to get best out of this dual-protection method.

Keywords: Condom demonstration, Factual errors, Breakage, Slippage

Introduction

It has been observed that while no barrier method is hundred percent effective, correct and consistent condom use can reduce the risk of unintended pregnancy, sexually transmitted infections (STIs), and transmission of HIV. The use of condoms has been an important and successful intervention for sexually active people.¹ Worldwide condom is used

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during sexual intercourse; an estimated 44 million couples use condom for family planning while as many as 50% of all condoms are used to prevent cross infections. The effectiveness of condoms in preventing pregnancy or STIs depends on the user. Literature revealed that pregnancy rate among correct condom users is about 2% per year. The risk of pregnancy or STI is greater when condoms are not used correctly and consistently with every sexual act. However, when it is used every time and in an approved manner, it could prevent up to 80% to 95% of HIV/STI transmission (USAIDS, WHO, 2014).² There is a need to create a positive image about condom use as there are a substantial proportion of men who do not know how to use condoms correctly and are at risk of condom failure (error). Condom has the advantage of its low cost, easy access, simple disposal, minimal side effects, and enhancement of sexual pleasure by reducing anxieties about the risk of serious sexually transmitted infections and pregnancy. In order to be effective, condom must be used consistently and correctly.³

Methods

A quantitative research study was conducted at the Family Planning & STI Clinics of PGIMER, Chandigarh, which is a tertiary teaching hospital of North India. One hundred and two sexually active men were recruited and randomly divided in equal numbers into cases and control group. The objectives of the study were explained to all subjects and informed written consents were obtained. They had been informed that the participation in the study is completely voluntary and that they had the right to interrupt the interview or withdraw at any stage. A questionnaire, having options of yes or no for every statement, was prepared from pre-existing literature-based guidelines and expert opinion from the field. It consisted of knowledge and factual errors regarding correct and consistent use, quality check and opening the pack of condom; condom handling

before, during intercourse, and final disposal after use. Attitude was assessed with five-point Likert scale and condom demonstration assessed with a check list. The questionnaire also assessed background variables, number of sexual partners, and condom use errors. The correct response was given a score of one and zero score was given for incorrect responses; participants who secured ≤30%, 31–50%, 51–80% and more than 80% in knowledge were graded poorly, satisfactorily, adequately and very well informed, respectively. Data was collected from each subject by one-to-one interview, done during July to September 2016. Data was entered in the Microsoft Excel sheet and explored with statistical package for social sciences (SPSS version 16.0 Inc,IL) for analysis. Descriptive and inferential statistics were applied on the data. In the descriptive statistics percentage, mean and standard deviation were used to describe the data. In the inferential statistics Chi square Mann Whitney U test was used to compute the non-parametric data. The study protocol was approved by the Institute Ethics Committee, PGIMER, Chandigarh.

Intervention comprised of training cum demonstration of condom on model followed by returned demonstration to develop skills on condom use assessed by the checklist to estimate the number of errors and reported errors after three months, assessed during subsequent visits or telephonically. Both the groups were subjected to questionnaires. Subjects were not aware of the study group they belonged to. Intervention group was given demonstration in between baseline and post assessment.

Results

Among the 102 men in the study group, more than 60% were in the age group of 20–30 years. Majority were Hindus (76.5%) followed by Sikhs (21.6%) and Muslims (2%). More than 60% of participants were 10+2 and above. 90% were married. Most of the subjects were from the rural background (68.6%).

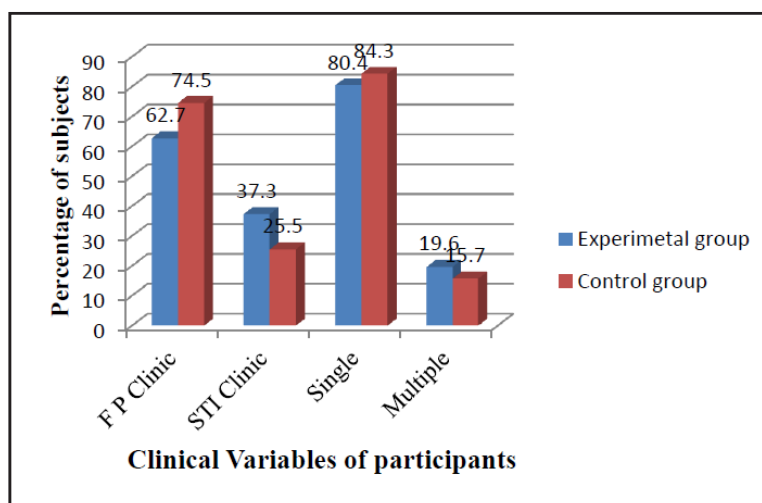


Figure 1. Graphical Representation of the Clinical Profile of Subjects

Knowledge

Majority of the subjects (>90%) knew the purpose of condom and in view that correct condom use provides safety against unintended pregnancy and sexually transmitted infections/HIV.

Attitude

Most of the participants (94.1%) had positive attitude towards use of condom. Results were found to be statistically significant (<0.005). Agreed on taking partners consent to

enhance the effectiveness of this dual-protection barrier method.

Practices

Of 83.3% subjects used condom in last three months and admitted easy accessibility but more than 50% men encountered errors breakage and slippage (43.1%, 13.7%). After follow up for three months, errors reduced to 10–15% of total participants. Post intervention, 70.6% subjects performed ≥7 correct steps during demonstration.

Table 1. Comparison of Factual Errors during Pre-intervention and Reported after Three Months within Control and Experimental Groups

Reported Errors	Pre-intervention		Follow Up after 3 Months		X ² P Value
	Experimental	Control	Experimental	Control	
Breakage	22 (43.1)	16 (31.3)	06 (11.7)	09 (17.6)	0.703 *
Slippage	07 (13.7)	11 (21.6)	--	--	0.040

n=102

Parameter of estimated errors of condom use through questions related to experiences the subject had since last three months. It was followed by demonstration to develop skills on correct condom use. Assessment would be done by observed return demonstration through check list to estimate errors.

Discussion

India ranks as the second most populous country in the world after China. The literature suggests that incidences of condom failure are worldwide (1–13%) whereas it is almost double in developing countries. Condom has been found to be one of the better methods that have negligible side effects with very high success rate. It is easy to use and not only prevents unwanted pregnancies, but protects against risk of cross infection in people indulging in sexual act.⁴

It is a well-known fact that correct condom use is of utmost importance for preventing unwanted pregnancy and sexually transmitted infections. Therefore, general awareness is necessary for practice of correct and consistent condom use among sexually active men.

The present study results show that 90% of subjects knew the purpose of condom and were aware about the protective effects of condom against STI/HIV. The results are similar to the findings of a population-based study, which was conducted on 3542 men, living in Pelotas, by Silva et al. The authors concluded that more than 75% of the men were familiar with the condom as a protective factor against illnesses and/or AIDS. Condoms can effectively prevent both pregnancy and STIs.⁵

The study revealed that 80–90% of subjects were very well informed about condom use and its benefits. Similar findings were made by Bankole et al. who conducted a

study in various African states and found that majority of subjects had good knowledge about condoms use: 83–86% in Burkina, 93–95% Faso and 84.2% in Malawi states.⁶

In a study conducted by Warner et al., findings suggest that the errors such as breakage and slippage were associated with deficient knowledge, experience and inappropriate use of lubricants. The present study revealed that 39.2% of subjects admitted that they had used non-water-based lubricants due to ignorance.⁷

Crosby et al. concluded that 35% of study subjects reported breakage or slippage during sex; results revealed that participants who had been instructed (group discussion) on correct condom use met with lesser number of errors. In the present study, 29% of subjects also encountered errors of such kind. The only difference was the subjects attended condom demonstration and thus reported less number of errors.⁸

The present study found a higher rate of errors (43.1% breakage and 13.7% slippage) as compared to a study done by Steiner et al.⁹ The findings are not comparable.

Findings of the present study showed 80.3% of subjects had positive attitude towards condom use. In another study conducted by Balaiah et al. in rural Maharashtra, 53.7% had positive attitude about condom use. The findings are consistent with the current study.¹⁰ Study results are suggestive of prevention of unwanted pregnancies and STIs, especially in clinical settings like family planning; STI clinics and integrated counseling and testing centers (ITCTs) where risk reduction counseling and practical educative sessions can be held routinely.

In addition, sincere efforts such as periodic reinforcement activities should be done to ensure consistent and correct

use of condoms among users. Men should be made to understand that they might be creating serious risk for self as well as their partner; hence there is need to use condom for each sexual act, educative sessions regarding practices must be considered in the promotional strategies to get best out of this dual-protection method, the key message is habit of correct condom use must be acquired irrespective of the partner.

Conclusion

The study concluded that despite adequate knowledge and positive attitude, correct and consistent usage was below the desired levels. The current study assessed the effect of observed condom demonstration on learned skills of correct and consistent condom use among sexually active men. In addition, condom use skills of sexually active men should be addressed and this is most optimally done through a combination of demonstration and practice. Mastering care for condom use is fundamental to promote safe and effective practice. Men need to be oriented on the phases that guarantee the best possible use.

Therefore, health professionals need to use advanced educative technologies to reach positive results for the development of personal skills for the management and handling of this contraceptive and preventive method.

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Conflict of Interest: None

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