Beliefs About Condoms and Accessibility of Condom Intentions in Hispanic and African American Youth

Anne E. Norris
Ohio State University
Kathleen Ford
University of Michigan

During the summer of 1989, 30 Hispanic (15 male, 15 female) and 34 African American (17 male, 17 female) Detroit youth participated in face-to-face interviews designed to identify condom beliefs that may influence condom use in young minority populations. Also of interest was the utility of the construct accessibility model (CAM) in explaining condom use behavior. Results suggest several participants believed condoms protect against AIDS and several believed that condoms break. Condom intentions were accessible in more African American than Hispanic participants (Fisher's exact, $p < .04$, two tailed), and consistent with the CAM, condom use in the 12-month period preceding the interview was associated with accessibility of condom intentions (Fisher's exact, $p < .0001$, two tailed).

Research and theory suggests that beliefs about condoms influence their use (e.g., Becker & Maiman, 1983; Fishbein & Ajzen, 1975; Hingson,

---

AUTHORS' NOTE: Financial support for this research has been provided by the Office of the Vice President for Research of the University of Michigan, the Center for Nursing Research of the University of Michigan, and Grant Number 1 RO1 HD26250 from the National Institute of Child Health and Human Development. An earlier version of this article was presented at the 1990 meeting of the American Psychological Association, August 10-14, Boston, MA. Special thanks are due to America Bracho de Carpio and Felix Carpio of Latino Family Services and Veda Sharpe of Operation Get Down for providing assistance with this study. LASED community agency also provided assistance with the Hispanic study. Several students of the University of Michigan served as interviewers and research assistants including Darren Allen, Angela Attwood, Kate Colson, Mitzi Loubreil, Karla Thornton, Denise White, and Prentice Zinn. In addition, we are grateful to our current research assistant, Susan Rubinstein, for assistance with calculating Cohen's kappa and editing the manuscript.

Hispanic Journal of Behavioral Sciences, Vol. 14 No. 3, August 1992 373-382

Strunin, Berlin, & Heeren, 1990). Unfortunately, little data are available regarding the effects of ethnicity on beliefs about condoms. Marin and Marin (1987) found that Hispanics on the West Coast believe that condoms are for prostitutes or unclean people, and that they are uncomfortable, inconvenient, and diminish sensation. Other authors report that Hispanics are less likely than African Americans to believe that condoms can prevent AIDS (e.g., DiClemente, Boyer, & Morales, 1988; Strunin & Hingson, 1987). However, most studies (e.g., Kegeles, Adler, & Irwin, 1989; Rickert, Jay, Gottlieb, & Bridges, 1988) examined condom beliefs using samples that included minorities, but without reporting on ethnic differences.

This article reports on the pilot phase of a research project designed to identify beliefs that influence condom use in Hispanic and African American youth living in Detroit. The research project is a major collaborative effort between university researchers and community groups. The purpose of this pilot phase was to identify condom beliefs for study in later phases of the research project, and to obtain some preliminary descriptive data of the study population. The pilot phase also serves as a preliminary test of the construct accessibility model's (CAM; Fazio, 1986; Norris, 1988; Norris & Devine, 1992) ability to explain condom use behavior.

The CAM is derived from the construct accessibility perspective (Bargh, 1984; Higgins & King, 1981) and complements the theory of reasoned action (TRA; Fishbein & Ajzen, 1975). The CAM holds that constructs are most likely to influence behavior when they are accessible (activated) in memory. Thus, although the TRA identifies intention as an important determinant of behavior, the CAM predicts that the intention to engage in a particular health behavior is not likely to be acted on unless that intention is in an accessible state. Constructs become accessible when use during information processing causes them to become highly activated (Bruner, 1957; Higgins & King, 1981). Hence, persons who frequently talk or think about using condoms are likely to have condom related constructs accessible and therefore, according to the CAM, are more likely to use condoms.

Method

Sample

During the summer of 1989, a convenience sample of Hispanic (15 male, 15 female) and African American (17 male, 17 female) Detroit residents was recruited at two community agencies from populations served by the agencies. One agency targeted its services to Hispanics and the other targeted its

services to African Americans. Both agencies were general social service agents with close ties to the community.

Participants were between the ages of 15 and 21 (sample demographics summarized in Table 1). About 87% of the Hispanic and 79% of the African American sample had been employed in the 12-month period preceding the interview. Although many participants said they did not practice religion, most (83%) of the Hispanic and almost all (99%) of the African American sample said that religion was fairly to very important to them. Participants were accurate in their knowledge of AIDS transmission: All but one (recently immigrated, Hispanic female) participant knew AIDS was transmitted by needles or sexual intercourse.

The majority of Hispanic participants had parents who came from Puerto Rico. The mean acculturation score[1] (Marin, Sabogal, Marin, Otero-Sabogal, & Perez-Stable, 1987) for Hispanic participants was 3.5. Male and female participants did not differ significantly in their acculturation scores ($t = .30$, $p = .88$). The majority of the sample (83%) scored high on acculturation (i.e., a score of > 3.0). All parents of African American participants were born in the United States.

Procedure

The community agencies informed potential participants that they had an opportunity to participate in a study of people's beliefs about AIDS and condoms, and sexual behavior and drug use, and that they would be paid $10 for their participation. Persons who were interested signed up at the agency for an interview appointment. Interviewers met participants at the agency. To insure privacy, the interview took place in a room where the interviewer and participant could not be overheard. Participants under 18 years of age were required to have parental consent.

Interviewers and participants were matched on gender and ethnicity where possible. The age of interviewers ranged from 19-28. Four interviewers were used: 1 White male, 1 Hispanic female, 1 African American male, 1 African American female. Both Hispanic interviewers (White male, Hispanic female) were fluent in Spanish. The White male interviewer had previously worked for the Hispanic agency in a direct service capacity.

Interview

The interview was face-to-face, structured, and predominately composed of open-ended questions. The length of the interview varied with amount of sexual experience (range: 20-60 minutes). Condom beliefs were measured

Table 1. Sociodemographic Characteristics of Participants

Characteristic	Ethnicity	
	Hispanic ($n = 30$)	African American ($n = 34$)
Age		
Range	15-20 years	15-21 years
Median	18.5 years	18.5 years
Mean	18.0 years	18.5 years
Education (in percentages)		
10 or fewer years	43	35
11 years	43	26
12 or more years	13	38
Currently in school	59	60
Marital status (in percentages)		
Ever married	23	24
Religion (in percentages)		
Catholic	33	0
Baptist	3	50
Pentecostal	20	0
Other groups[a]	3	12
No particular group	0	15
Does not practice	37	24
Parents' origin (in percentages)		
Puerto Rico	47	0
Mexico	13	0
Puerto Rico and Mexico	10	0
Dominican Republic	3	0
Columbia	3	0
United States	23	100
Experienced vaginal intercourse (in percentages)		
Males	80[b]	82
Females	53[c]	100
Age of first intercourse		
Males	14.5 years	13.1 years
Females	16.5 years	15.0 years
Pregnancy rate(females only; in percentages)		
Prior to interview	33	41
At interview	7	88

a. One Hispanic subject reported being a Seventh Day Adventist. Two African American subjects reported being Muslim, and two reported being Jehovah's Witnesses.
b. Both males who were low in acculturation had experienced vaginal intercourse.
c. Two of the three (66%) females low in acculturation had experienced vaginal intercourse.

through the use of open-ended questions to avoid leading or limiting the expression of beliefs and knowledge (e.g., tell me what is bad about condoms; tell me what is good about condoms). Condom intention accessibility was measured in terms of whether or not the participant reported thinking about "using condoms."

Responses to open-ended questions were content analyzed by coders who had not participated in the study. Intercoder reliability was good: Cohen's kappa was significant at $p \leq .03$. Validity was supported by reporting of socially undesirable behavior (e.g., use of illicit substances, experiences with abortion) and interviewer ratings of participants truthfulness.

Results

Beliefs About Condoms

Table 2 contains the complete list of beliefs spontaneously reported by each gender-ethnic subgroup of participants, as well as beliefs reported when participants were directly asked when condoms should be used. Beliefs expressed by Hispanic participants differing in level of acculturation did not follow any consistent pattern, and will not be discussed here. Instead, this discussion will focus on general patterns in spontaneous reporting of condom beliefs.

The belief that "condoms provide protection" was the most common positive belief participants spontaneously reported (67% Hispanic, 94% African American). When asked directly whether condoms protect against AIDS, most participants (87% Hispanic, 94% African American) reported "yes." However, only 13% of Hispanic and 47% of African American participants knew that nonlatex condoms do not provide effective protection.

Several negative beliefs about condoms emerged. The most common negative belief spontaneously reported was that condoms break: 60% of Hispanic and 38% of African American participants reported this belief. Other negative beliefs included condoms decrease sexual pleasure (3% Hispanics, 21% African Americans) and condoms were uncomfortable (13% Hispanics, 3% African Americans).

Rare negative beliefs that we have not seen reported in the literature include: condoms can come off and be retained in the receptive partner's body, and condoms come off when lubricants are used. Note that due to the open ended nature of the questions it is not clear whether these beliefs were unique to a small number of participants, or whether other participants held these beliefs and did not verbalize them or did not have them accessible in the interview situation.

Table 2. Percentages of Hispanic and African American Adolescents and Young Adults Who Reported Specific Beliefs About Condoms

	Ethnicity			
	Hispanic		African American	
Condom Beliefs	Male (n = 15)	Female (n = 15)	Male (n = 17)	Female (n = 17)
Positive beliefs				
Provide general protection	27	7	0	0
Protect from AIDS	33	60	53	12
Prevent pregnancy	60	73	71	82
Protect from STD	27	73	71	94
Certain features	13	7	0	0
Delay orgasm	0	7	6	0
Don't know any	0	13	0	0
Negative beliefs				
Break	53	67	47	29
Uncomfortable	13	13	0	6
Decrease pleasure	7	0	29	12
Stay in partner's body	0	7	6	6
Come off if lubricant used	7	7	0	0
Not very effective contraceptive	0	7	0	6
Disposal problem	7	0	0	0
Not manly	7	0	0	0
Implies casual sex	0	7	0	0
Certain features[a]	13	0	0	0
Expensive	0	0	12	0
No bad features	7	20	18	41
Condom use beliefs				
For sex	87	100	88	59
For pregnancy prevention	7	13	6	6
For STD prevention	6	13	6	18
For casual sex	13	0	0	6

NOTE: Participants were free to verbalize as many positive or negative beliefs about condoms as they wished. Hence percentages here reflect the number of participants who expressed a particular belief and do not necessarily sum to 100%.

a. Negative beliefs about "certain features" are beliefs that certain styles or features of condoms are bad in general or because they make the condom ineffective against AIDS (e.g., "Trojans don't work because they break," and "skins are no good because they don't stop AIDS"). These beliefs were *not* about condoms in general; they were specific to a type of condom.

Participants were also asked when condoms should be used. A majority of participants (93% Hispanic, 74% African American) answered that condoms should be used for sex. A few participants specified that condoms should be used if the couple does not desire a pregnancy (10% Hispanic, 6% African American), for STD prevention (10% Hispanic; 12% African American), and for casual sex (7% Hispanic, 3% African American).

Condom Use

After controlling for sexual activity, it was found that 25% of Hispanic females had ever used a condom as compared with 83% of Hispanic males, 71% of African American females, and 80% of African American males (Mantel-Haenszel test for gender by ethnicity effect = 1.15, $df = 1$, $p = .29$). The proportions of sexually active Hispanic and African American participants who used condoms ever or at first intercourse were not significantly different (Fisher's exact, $p > .20$, two-tailed test). However, fewer of the Hispanic (75%) than African American (100%) participants who had been sexually active in the 12-month period preceding the interview had used a condom at least once during this time period (Fisher's Exact, $p < .02$, two-tailed test). No Hispanic (0%) and only 14% (21% male, 6% female) African American participants reported using condoms consistently during the 12-month period preceding the interview. Condom use among Hispanic participants differing in level of acculturation did not follow any consistent pattern.

Any participants who had ever used a condom were also asked about specific negative experiences with condoms. Almost half (46%) of these African American and 8% of these Hispanic condom users reported having a condom break.[2] Forty-two percent of these Hispanic and 52% of these African American condom users reported that the condom reduced sensation. In addition, 15% of the Hispanics reported that the condom slipped off during sex, and 26% of the African Americans reported that the condom caused too much friction. These negative experiences parallel some of the negative beliefs participants expressed about condoms (see Table 2).

Accessibility of Condom Intentions, Condom Use, and the CAM

Given higher use of a condom in the past 12 months among African American (100%) as compared to Hispanic (75%) participants, the CAM would predict that condom intentions were accessible in more African American than Hispanic participants. Consistent with this, we found that condom intentions were accessible in more African American than Hispanic

participants (Fisher's exact, $p < .04$, two-tailed test). Moreover and more importantly, the accessibility of condom intentions was significantly associated with condom use among sexually active participants for the 12-month period preceding the interview (Fishers' exact, $p < .0001$, two-tailed test).[3]

In addition, patterns of condom use for the different gender-ethnic subgroups seem consistent with gender-ethnic patterns of condom intention accessibility. All African American males and all but one African American female (97%) reported thinking about using condoms as compared to 80% of Hispanic male and 80% of Hispanic female participants. When only sexually active participants were considered, ethnic differences in condom intention accessibility persisted, but appeared to be due to differences between the Hispanic females and the other types of participants. Only 50% of the sexually active Hispanic females reported thinking about using condoms as compared with 94% -100% of the other gender-ethnic subgroups.

Discussion

Further research is needed to substantiate and explore the implications of these results particularly given the limitations inherent in our sampling and interview methodology. The convenience sample may have produced misleading or misrepresentative results, or the open-ended question format may have limited the expression of beliefs and attitudes to only those that were most accessible in the interview situation. Nevertheless, our participants did spontaneously express many of the same condom beliefs that have been studied with a close ended question methodology in other parts of the United States (Kegeles et al., 1989; Rickert et al., 1988; Siegel, Lazarus, Krasnovsky, Durbin, & Chesney, 1991). This supports the validity of responses to the condoms belief measures used in these studies.

In contrast, there has been no discussion in the literature of the beliefs that condoms break, that condoms can come off and be retained in the receptive partner's body, or that condoms come off when lubricants are used. Further research is necessary to substantiate the universality of these beliefs and whether these beliefs act as barriers that dissuade individuals from using condoms. Alternatively, if based on actual experience, these beliefs may imply problems with condom quality control, use of appropriate lubricants, or knowledge of how to use condoms (e.g., need to hold onto condom while withdrawing penis, need to withdraw penis while still erect). Negative experiences such as these might explain why we, like other researchers, found fairly high ever use of a condom, but little consistent condom use (e.g.,

Hingson et al., 1990; Siegel et al., 1991; Skurnick, Johnson, Quinones, Foster, & Louria, 1991).

These data may also provide preliminary support for the use of the CAM as a predictor of condom use behavior. Consistent with model predictions, condom use was found to be associated with the accessibility of intentions (i.e., whether the participant reported thinking about using condoms). Of course, additional exploration of the explanatory power of the CAM is needed given the size and type of sample studied here.

By providing preliminary support for the CAM, these data provide some support for health care practitioners talking about condoms with their clients/patients, and encouraging family and community members to talk about using condoms. However, it is critical that the dialogue be both informative and positive (pro-use). Indeed, we found many study participants who did not know that only latex condoms protect against AIDS, and believed that condoms break. Fortunately, practitioners can (a) emphasize that only latex condoms protect against AIDS and teach how to distinguish a latex condom from a natural skin condom, (b) take care that the latex condoms that their agency distributes for free are of good quality and have an expiration date that has not yet expired, (c) teach how to evaluate the quality and "freshness" of condoms, and (d) teach how to use condoms and lubricants appropriately so that the condoms they use are less likely to break, come off, or be retained in the partner's body. These, and similar efforts to inform and challenge negative beliefs, can help promote useful and positive dialogue about condoms.

Notes

1. The acculturation score is calculated by summing respondents answers to five questions that assess use of Spanish relative to English in different activities (e.g., thinking, reading/speaking) and situations (e.g., at home, with friends), and then dividing this sum by the number of questions (5). A five-level response scale is used for each question, and response options range from *speak only Spanish* (1) to *speak only English* (5). The acculturation score, itself, can range potentially from 1.0 (*speaks only Spanish*) to 5.0 (*speaks only English*). Marin, Marin, Sabogal, Otero-Sabogal, and Perez-Stable (1986) treat 3.0 as the score cut-point: Scores equal to or greater than 3.0 are considered to indicate a high level of acculturation; scores less than 3.0 are considered to indicate a low level.

2. Half (50%) of participants who reported condom breakage also reported obtaining free condoms from doctors and from clinics. All but one of the participants who reported condom breakage reported not using any lubrication with the condom. The one participant who reported using a lubricant reported using a petroleum-based lubricant (Vaseline).

3. This association is not likely to be driven by differences in AIDS susceptibility or severity. In this data set, neither AIDS susceptibility nor severity were associated with accessibility or condom use (Fisher's exact, $p \geq .07$, two tailed).

References

Bargh, J. (1984). Automatic and conscious processing of social information. In R. Wyer & S. Srull (Eds.), *Handbook of social cognition* (Vol. 3). Hillsdale, NJ: Lawrence Erlbaum.

Becker, M., & Maiman, L. (1983). Models of health related behavior. In D. Mechanic (Ed.), *Handbook of health care & health professions*. New York: Free Press.

Bruner, J. (1957). On perceptual readiness. *Psychological Review, 64*, 23-124.

DiClemente, R., Boyer, C., & Morales, E. (1988). Minorities and AIDS: Knowledge, attitudes, and misconceptions about Black and Latino adolescents. *American Journal of Public Health, 78*, 55-57.

Fazio, R. (1986). How do attitudes guide behavior? In R. M. Sorrentino & E. T. Higgins (Eds.), *Motivation & cognition*. New York: Guilford.

Fishbein, M., & Ajzen, I. (1975). *Belief, attitude, intention, and behavior: An introduction to theory and research*. Reading, MA: Addison-Wesley.

Higgins, E. T., & King, G. (1981). Accessibility of social constructs: Information processing consequences of individual and contextual variability. In N. Cantor & J. Kihlstrom (Eds.), *Personality, cognition, and social interaction*. Hillsdale, NJ: Lawrence Erlbaum.

Hingson, R. W., Strunin, L., Berlin, B., & Heeren, T. (1990). Beliefs about AIDS, use of alcohol and drugs, and unprotected sex among Massachusetts adolescents. *American Journal of Public Health, 80*, 295-299.

Kegeles, S. M., Adler, N. E., & Irwin, C. E. (1989). Adolescents and condoms. Association of beliefs with intentions to use. *American Journal of Diseases of Children, 143*, 911-915.

Marin, B., & Marin, G. (1987, August). *Attitudes and expectancies regarding AIDS among Hispanics*. Paper presented at the annual meeting of the American Psychological Association, New York City.

Marin, G., Marin, B. V., Sabogal, F., Otero-Sabogal, R., & Perez-Stable, E. (1987). *1986 intracultural differences in values among Hispanics: The role of acculturation* (Tech. Rep. No. 15). San Francisco: Hispanic Smoking Cessation Research Project, University of California.

Marin, G., Sabogal, F., Marin, B. V., Otero-Sabogal, R., & Perez-Stable, E. (1987). Development of a Short Acculturation Scale for Hispanics. *Hispanic Journal of Behavioral Sciences, 9*, 183-205.

Norris, A. E. (1988). Cognitive analysis of contraceptive behavior. *IMAGE, 20*, 135-140.

Norris, A. E., & Devine, P. G. (1992). Linking pregnancy concerns to pregnancy risk avoidant action: The role of construct accessibility. *Personality and Social Psychology Bulletin, 18*, 118-127.

Rickert, V. I., Jay, S. M., Gottlieb, A., & Bridges, C. (1988). Female's attitudes and behaviors toward condom purchase and use. *Journal of Adolescent Health Care, 10*, 313-316.

Siegel, D., Lazarus, N., Krasnovsky, F., Durbin, M., & Chesney, M. (1991). AIDS knowledge, attitudes, and behavior among inner city, junior high school students. *Journal of School Health, 61*, 160-165.

Skurnick, J. H., Johnson, R. L., Quinones, M. A., Foster, J. D., & Louria, D. B. (1991). New Jersey high school students' knowledge, attitudes, and behavior regarding AIDS. *AIDS Education and Prevention, 3*, 21-30.

Strunin, L., & Hingson, R. W. (1987). Acquired Immuno Deficiency Syndrome and adolescents: Knowledge, beliefs attitudes and behavior. *Pediatrics, 79*, 825-828.