

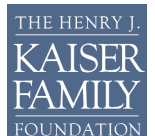


IN THE HEAT OF THE MOMENT

**A Qualitative Study on Motivating Condom Use
Among Sexually Active Young People**

June 2001

Prepared by
Michaels Opinion Research for
The Henry J. Kaiser Family Foundation



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The Kaiser Family Foundation is an independent, national health philanthropy dedicated to providing information and analysis on health issues to policymakers, the media, and the general public. The Foundation is not associated with Kaiser Permanente or Kaiser Industries.

Michaels Opinion Research, Inc., is a respected New York City-based public opinion research firm, which assists its clients in the strategic planning, monitoring and evaluation of programs in communications and public policy.

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INTRODUCTION

The United States has the highest rates of sexually transmitted diseases of any country in the industrialized world. This epidemic of sexually transmitted diseases is notably prevalent among teenagers and young adults. Experts project that nearly four million American teens, acquire a sexually transmitted disease every year and approximately two-thirds of all new STD cases each year occur among people under 25.¹

Despite these statistics, recent national survey research conducted by the Henry J. Kaiser Family Foundation reveals that teens, like other Americans, significantly underestimate the incidence of sexually transmitted diseases.² Many young people continue to be less than consistent about protecting themselves and their partners: for example, half of sexually-experienced 17-year-olds admit they do not use condoms every time they have sex.³

At the same time, most young people clearly recognize that condoms provide protection from HIV and other sexually transmitted diseases. Impacting condom-use among sexually active youth, however, even incrementally, is a greater challenge.

As part of its public education efforts on sexual health issues, the Kaiser Family Foundation commissioned this qualitative research to better understand the emotional and attitudinal factors influencing condom use among sexually active young people.

The findings presented in this report are the result of a series of 14 focus group sessions conducted in July and August, 2000, with a total of 92 sexually-active young people ages 15-20 in five American cities. The research was designed to inform the development of public education campaigns that will resonate with sexually active youth, effectively encourage more consistent condom use and, ultimately, reduce the incidence of sexually transmitted diseases.

Overall, the research explored:

- Young people's experiences and attitudes using and not using condoms in both casual and more emotionally-serious sexual relationships.

- The perceptions and emotions associated with condom use that can be instrumental in behavior choices, including issues of peer pressure, perceived trust, monogamy, sexual history, risk assessment and the need for “protection” from sexual partners.
- Awareness of sexually transmitted disease rates, symptoms and consequences.
- Specific strategies, information, or messages that might prompt increased condom use among sexually active youth.

To examine potential communications strategies and develop a series of concepts and messages that hold promise for prompting behavior change among targeted groups of young people, these focus group research sessions were staged in three phases:

- Initial sessions were held with two groups of sexually-active 15- to 17-year old white males.
- A series of six groups, segmented by sex, race and ethnicity, was conducted with 18- to 20-year old young people who report they consistently or always use condoms.
- Finally, six sessions were conducted with similarly segmented groups of 18- to 20-year-olds who admit to being inconsistent or infrequent condom users.

The intent of conducting sessions in this manner was to probe for and examine the experiences, attitudes and emotions of consistent condom users to identify, isolate and exploit motivating strategies and messages that could be subsequently tested for resonance and credibility among young people who are less consistent or even opposed to condom use.

To that end, sessions included presentation of a wide range of information on the incidence of sexually transmitted diseases, symptoms and consequences, condom use, as well as actual statements by other young people and public service announcements designed to influence youth on sexual and other health issues. It is important to note that these research sessions with young people are highly qualitative by design and elicit information about factors that may influence or be indicative of attitudes or behavior. It cannot be assumed, however, that the information revealed is either definitive or representative of the population as a whole. Rather, the research reveals patterns of feelings and emotions that underlie the complex issues of young people’s decisions and behavior regarding condom use.

SUMMARY OF FINDINGS

The often highly-emotional attitudes, experiences and reactions revealed by the young men and women participating in these sessions serve to illuminate issues and identify underlying conflicts that deserve careful consideration in the development of public information efforts designed to encourage more consistent condom use among sexually active young people.

However stereotypical it may seem, the expectations of young men and young women differed significantly when they spoke of their attitudes toward sex. Most young women said they have sex with those they “trust” and with whom they have or expect to develop an emotional relationship. Young men generally sought sexual satisfaction, the excitement of the conquest and certainly *not* a “committed” relationship at this point in their lives. For most young men and women interviewed, especially those who consistently use condoms, condoms are seen as a way of insuring that there will be no outcome (pregnancy or disease) that would force an unwanted relationship.

Young people participating in these sessions were quickly able to cite the benefits of condom use: protection from disease and unintended pregnancy. They have clearly received the message to “use a condom.” In fact, whether they were consistent or inconsistent condom users, these young people reported with near unanimity that they were strongly motivated to use condoms for “protection” when they have sex with someone for the first time or with someone they do not “trust” or whose sexual history they do not know. One consistent condom user, a young man, said that using a condom:

...is protecting me from getting them pregnant, protecting her from getting anything from me at the same time. So you are protecting yourself and protecting her, too.

Still, for most young people, especially those in their teens, the risk of pregnancy from unprotected sex is of far greater concern than the perceived risk of contracting a sexually transmitted disease. And once they have otherwise diminished the risk of pregnancy, through contraceptive pills, injections or implants, or simply through withdrawal, the use of condoms becomes much less urgent.

At the same time, there were a few consistent condom users whose determination to avoid pregnancy was so strong that they use condoms *in addition* to other forms of birth control, with the

added benefit of gaining a sense of security that they are protected against sexually transmitted diseases as well.

Importantly, because they so strongly connect condom use with pregnancy prevention, many of the young people in these groups see the “safe sex” or “safer sex” message as promoting efforts to avoid pregnancy as much as preventing sexually transmitted disease.

One of the most notable findings to emerge from these sessions is the authority that young women have over the use of condoms—if they choose to exercise it. A number of young women, regardless of geography, race or ethnicity, indicated that they were adamant in demanding that their partners use condoms. Significantly, many young men said they were highly unlikely to challenge that demand because they might risk losing the opportunity for sex, that they fully expected women to want to use condoms or that they would be “suspicious” of a woman who didn’t insist on condoms. Admitting that he tries to convince young women to go without condoms, one young man revealed his admiration for young women who say:

“Put it on. We’ll feel better.” She’s intelligent. She has personality... It’s good because she’s protecting herself, too, and I know she’s used protection with the other guys.

Most of the young people in these sessions, consistent and inconsistent condom users alike, found it difficult to believe that there were people their age who use condoms every time they have sex. Young men expressed skepticism, even when another person in the group professed strict adherence to condom use. Young women reacted much more positively and often with admiration for those who claimed to use condoms every time, but they also saw as less than credible messages, even those delivered by their peers, claiming or urging that condoms were or could be used “every time.”

Even when young people, especially young women, expressed their concerns about the risks they face by not using condoms, some revealed that attempting to *resume* condom use with a partner would raise issues of fidelity and trust that they were unprepared to handle.

It is clear from these sessions that even as young people acknowledge that “everyone’s at risk” for sexually transmitted diseases and can easily articulate the disease-prevention benefits of condom use, they judge their risk to be minimal in most of their sexual encounters and admit to having unprotected sex with varying degrees of frequency. In these groups, messages aimed

at increasing young people's perceptions of risk, and their condom use, were most effective when reminding them of the long list of sexually transmitted diseases that *do not* exhibit symptoms or when clearly stating the number of young people who get or have sexually transmitted diseases, because, as one young man said:

You're always thinking, you know, it's not going to happen to anyone you know.

In exploring young people's reactions to the styles and key messages of television public service announcements (PSAs) designed to encourage safer sex practices, some consistent patterns emerged. Young people revealed that they were most affected by PSAs that focused on experiences similar to theirs and with people who were most "like them." They were more likely to be emotionally involved when the PSA focused on one individual rather than an abstract group and when the message attached to beliefs or knowledge they already held. Although a few young people claimed that media messages rarely had a lasting impact on their behavior, many others clearly saw potential for well-conceived and designed PSAs:

I think one day they'll make a commercial that'll just hit everybody... I just think they're going to make something that'll get their point across to everybody.

A recording of one young man's statement about condom use not being an issue of "trust" because "she didn't know she had something" resonated very strongly with groups of inconsistent condom users. This message appeared to have such potency because it reconciled young people's general awareness of the risks of sexually transmitted diseases with their understanding that they can't "always tell" about a partner, all without the need to raise questions of "trust" when insisting on condoms.

It is important to note that the issues, concerns and attitudes expressed by young people in these groups were generally consistent across racial and ethnic lines. One distinct exception did emerge, however. Young people of color were clearly more strongly affected when messages intended to influence their behavior were delivered by other people of color in media they perceive to be attuned to their needs and interests.

METHODOLOGY

To satisfy the research objectives, the study employed a series of 14 focus group sessions with 92 sexually-active young people aged 15 to 20 in five geographically- and culturally-diverse locations: the metropolitan and suburban areas of New York, Los Angeles, Chicago, Miami and Baltimore.

Sessions, each lasting approximately two hours and conducted in July and August, 2000, were segregated by sex and into three racial/ethnic groups, whites, African-Americans and Latinos, to enhance the opportunity for discussion about common cultural experiences and peer attitudes.

To elicit from target youth audiences emotional and attitudinal information facilitating the development of messages, themes and materials motivating more consistent condom use, the research sessions were conducted in three phases:

- Two initial sessions were held with 15- to 17-year-old sexually-active white males who were still in high school or had just graduated the month before. These sessions were designed to probe for attitudinal information that would inform the development of public service messages targeted to this segment of the teen population.
- Six sessions with “consistent” condom users, segregated by sex and segmented by race/ethnicity, were conducted with sexually active 18- to 20-year-old young (both male and female) people who reported using condoms “always” or “frequently.”
- Six sessions with “inconsistent” condom users were conducted with similar groups of young people who admitted using condoms only “occasionally,” “rarely” or “never.”

It should be noted that youth perceptions and awareness of “correct” safer-sex behavior may have influenced self-reported consistency of condom use. For example, young people who admitted in the relatively anonymous telephone screening procedure that they only “occasionally” or “rarely” used condoms, would sometimes respond to in-person re-screening questions immediately prior to sessions by saying that they “frequently” or “always” used condoms. It was these re-screening questionnaires that were used to maintain the integrity of “consistent” and “inconsistent” groups.

Using strict demographic, sexual history and condom use criteria, over 150 young people were initially recruited to participate in these sessions. All participants were screened for heterosexual orientation, moderate socioeconomic background and to provide a mix of high school and college students and working teens.

- Young people recruited for these sessions were all sexually active and most had at least three, and frequently more, different sexual partners. Young 15- to 17-year-old white males were screened only for being sexually active, although several indicated having had multiple partners.
- To ensure that participants were those more likely to encounter the need to make decisions regarding condom use, the screening process excluded married young people and those who indicated they were currently in “serious” or “committed” relationships.
- Because one possible outcome of this research is the development of Spanish-language communications, Latino participants were additionally screened to include only fully-bilingual teens from Spanish-dominant households. Sessions with Latinos in Miami and Los Angeles were conducted in Spanish by a bilingual Latina moderator and were recruited to represent a mix of Cuban (in Miami), Mexican (in Los Angeles) and other Central and South American family backgrounds.

Three female researchers with extensive experience moderating focus group sessions on sensitive subjects conducted the sessions and provided valuable input during the project. Sessions with Latino teens were moderated by Ana Rivera, with African-American teens by Donita Buffalo and with white teens by Maureen Michaels. The research was designed by Ms. Michaels, president of Michaels Opinion Research, Inc., a New York City-based public opinion research firm, and by The Henry J. Kaiser Family Foundation.

Presentation Materials

In the course of these sessions, teens were presented with a variety of informational, audio and video materials designed to elicit reactions that could be utilized to inform the development of public service announcement strategies and messages. These materials included:

- Boards with statistical and informational statements on sexually transmitted diseases, teen condom use, pregnancy and abortion rates, photographs of sexually transmitted disease cell structures, and educational and broadcast materials regarding condoms and safer sex issues drawn from several sources, including Kaiser Family Foundation research, the Guttmacher Institute and Centers for Disease Control surveillance data.
- Montages of comments taken from initial sessions with teens who use condoms consistently. These audio montages were created to test the degree to which inconsistent users of condoms perceived certain statements or messages to be believable or persuasive.
- Videotapes of public service announcements designed to raise awareness or influence behavior. The majority of these public service announcements were produced by the Kaiser Family Foundation in collaboration with its various media partners to encourage safer sex behavior, HIV testing, or AIDS awareness. The intent was not to test the effectiveness of these public service announcements *per se*, but to use them to elicit from teens reactions to styles of presentation and message delivery. A total of 10 ads were shown during various sessions, including The Kaiser Family Foundation/MTV's *Profile A, Skate, Beach, and Second Chance*; The Kaiser Family Foundation/BET's *Test and Chandler*; Clinica Para Las Americas' *Don't Ignore AIDS*; Levi Strauss & Co's *Drugstore*; the American Legacy Foundation's *Rip It Out*, part of their anti-smoking "truth" campaign; and The California Health Department's anti-smoking ad, *Voicebox*.

CHAPTER ONE: Knowing the Benefits of Condom Use

In the attempt to gain deeper insight into young people's sexual relationships and the factors that either motivate or deter condom use, we divided those interviewed not only by gender, age and ethnicity, but also by the frequency with which they use condoms. Half of those interviewed were young people who say they "always," "frequently" or "consistently" use condoms when having sexual intercourse. The other half admitted to irregular, infrequent or rare use of condoms. As noted in the Methodology section of this report, all of the young people participating in this research were sexually active and not currently involved in "serious" relationships.

We sought not only to understand the thinking behind and situations in which condoms were considered critical, but to contrast as well the times in which condoms are not used or not considered necessary.

At the outset of each session, we engaged young people in a series of free association exercises to determine the kinds of images and ideas they attach to such words as "protection," "condoms" and "safe sex," as well as to other dimensions of youth culture. In relation to these key concepts, interesting and important patterns of word alliances emerged that appear to differentiate in some ways the thinking of consistent and inconsistent users of condoms.

- Notably, when describing what comes to mind when they hear the word condom, *consistent users* of condoms replied with such words as "mandatory," "necessary," "a good idea," "something you've got to use" and "always."
- In contrast, *inconsistent users* of condoms never used these imperative descriptors in association with the word condom and were apt to attach to condoms the concepts of being "safe" or "protected" against diseases and unintended pregnancy.
- This subtle distinction between the two groups suggests that consistent users of condoms have both adopted and internalized the belief that condoms must be a part of their sexual interactions with others.

Without exception, young people had strong top-of-mind associations and awareness that condoms are an effective way to

I would never have sex without a condom, because it's scary, you know.
—*White female, Baltimore*

I really don't think about it. It's something that I use all of the time and it's not really a big deal.
—*African-American male, Los Angeles*

If you use it, afterwards you feel better about the two big problems [pregnancy and disease].
—*Latin male, Miami*

It makes it feel awkward, like I shouldn't be doing this if I have to use something to protect myself.
—*White female, Chicago*

I use condoms for protection, against pregnancy and disease.

—*Latin female, Miami*

It's not worth that one night [without a condom] and then, you know, having to deal with something for the rest of your life, whether it's a disease or a kid.

—*White male, New York*

[Condoms] is the first thing I think [with "protection"], having protected sex to protect oneself from diseases.

—*Latin male, Los Angeles*

You can say [safe sex is] birth control, and condoms, but I've learned the lesson that birth control is not 100% and condoms are not 100%.

—*African-American female, Los Angeles*

Safe sex means you don't have kids.

—*White male, Chicago*

Safe sex, that as long as you don't have sex, you're safe that you won't get pregnant or have an infection or anything. You're safe.

—*Latin female, Miami*

Safe sex is more like no sex nowadays. That's the best way.

—*African-American male, Chicago*

prevent sexually transmitted diseases and unintended pregnancies. In fact, the words "condom" and "protection" were firmly linked as complimentary principles. For example, when asked what comes to mind when they hear the word "condom," young people, regardless of age, sex, race or ethnicity, were apt to use the word "protection," most of the time associating condoms with either:

- Protection against pregnancy
- Protection against "diseases"

Condom associations among these young people frequently also included specific brand names, types (latex or lambskin) and styles (ribbed, lubricated, flavored, colored, etc.).

At the same time, when describing what comes to mind when they hear the word "protection," young people were strongly apt to connect it to the use of condoms, although only when "protection" was directly used in the context of sex. For example, when we rotated the word association list to have "protection" precede words having sexual connotations, "protection" more frequently brought to mind ideas of weapons, alarms, security, seatbelts, police, parents and friends.

Surprisingly, the research discovers that the concepts of "safe sex" and "safer sex," initially developed for HIV-prevention and condom-use campaigns, are now also strongly associated with pregnancy prevention among older teens. This shift in or amendment to the original intent of the safer sex message appears to be the outcome of the overlapping associations of safe sex with condom use and the concept of "protection," ideas that relate directly to pregnancy prevention.

When young people were asked if "protection" in the realm of safe sex is more about protection against sexually transmitted diseases or more about protection against pregnancies, they typically replied "both." Still, some young people noted that "in this day and age there's nothing safe about sex" or said that "safe sex" meant "no sex."

Goals Differ By Sex

Among most of the young women interviewed, sexual relations with young men were clearly expressed as the desire for physical intimacy and the experience of a committed relationship. "It's a huge experience," remarked one young woman when describing what happens when two people become sexually involved.

If, like, a nice genuine guy comes up and, you know, you ask him and he's like, "Oh, I've only been with two," you are more likely going to believe him because he's more genuine.
—White female, Baltimore

If a girl's willing to have sex with you or whatever, that means she really, really likes you ... And then we don't really care and then they get all emotional and call you and lie and tell all sorts of crazy stories.
—White male, Chicago

You don't want to get involved with a girl. You gonna have sex with her, you know, and you plan to move on.
—African-American male, Los Angeles

If a girl's real easy, that's like a turn-off. I mean, at least to me. If some really hot girl is sitting there and she's all over me, it's like, damn, what do I got to work for, you know?
—White male, Baltimore

When you throw on a condom, you know, it's automatically telling the person that, one, I'm not about to try to be somebody's father. And two, I don't know if I love you.
—African-American male, Chicago

Guys just tell everyone. Like, I play baseball, and on the baseball team, captains or anyone, they will say, I got head from this girl one night. And then everyone will tell everyone, and those 20 people tell everyone else.
—White male, New York

Young women generally reported having sex only with men they care for and deeply trust. As a result, they revealed strong expectations that these men will be honest and forthright in the information they provide about their sexual pasts. As subsequently discussed, that trust plays a significant role in young women's decisions *not* to use condoms. Although a small minority, some young women in these sessions freely admitted that a committed relationship was not, at this point in their lives, a critical factor in their decisions to have sex with someone.

For many of the young men interviewed, one of the major complications of becoming sexually involved with young women is the almost inevitable conflict that arises from the expectation that sex means there will be a relationship. In strong contrast to the young women, few young men said "relationships" are an important dimension of their sexual relations with young women. Some young men said their sexual engagements were driven by the excitement they experience in the pursuit of sex and their success in the "chase." According to many young men, they become suspicious when sex comes too easily and are turned off when it's not a challenge.

Still, for most of the young men interviewed, sexual relations with young women were typically described as the quest for sexual or physical satisfaction. In fact, most young men said they were not interested in "commitment" because they are "too young" or "don't want children now." While it would be inaccurate to portray young men as indifferent to the young women with whom they have sex, there were clearly lines of demarcation between the sexes over the emotional attachments resulting from sexual involvement.

It is also worth noting that among these young men, "locker room talk" flourishes as a fully-operating communications network about sex and women. In all sessions with young men, the discussion about sex led to how young men talk among themselves and the judgments they make about "types" of girls that can be trusted. "Sluts" are harshly labeled as the young women they don't care about and the ones with whom they have to "be careful" (i.e. use a condom).

Condom Benefits: Protection Against Pregnancy

Regardless of their personal condom-use behavior, most young people named only two reasons for using condoms: pregnancy prevention and protection against sexually transmitted diseases. Underlying these motivations, however, are a host of benefits

I'm more worried after [unprotected sex]. Like, what's going to happen from it with the person. Like, if anything happens, if she gets pregnant, what's going to happen to me?
—White male, New York

You're thinking of the future, you know. You're thinking about, oh no, I don't want to have kids.
—Latin female, Miami

[Babies] are really cute, but...I have responsibilities of my own. I want to worry about school...I want to worry about teenager things. I want to worry about getting a job first, being stable.
—White female, Baltimore

You're more of a man if you use a condom, because you're protecting yourself, your future, and from the diseases. And the woman is interested in her future.
—Latin male, Los Angeles

I'll never do it without anymore, because like a year ago, I did it and it was like, I was sitting there thinking, I hope she isn't pregnant. It was terrible.
—African-American male, Los Angeles

You have to [put on a condom] because I already had an experience with one of my girls. She had an abortion once, so I already know how it is...Since that day...
—Latin male, Los Angeles

that consciously and unconsciously influence young people's decisions to use condoms on a consistent basis.

- Among both consistent and inconsistent condom users an unintended pregnancy was generally the more immediate concern with unprotected sex. This is not to suggest that young people don't feel vulnerable to contracting sexually transmitted diseases, but in session after session young people focused intently and emotionally on the subject of unintended pregnancies when talking about the reasons they use condoms.

In discussing their feelings about unintended pregnancies, young people in all sessions would say, for example, "I'm too young to become a parent," and even more revealingly, "There are things I want to do with my life," or "I have plans." For many, an unintended pregnancy would be disruptive, "take all your money," and would "ruin my life" and the lives of their partners as well.

For both sexes, but far more strongly expressed by young men, use of condoms to prevent unintended pregnancies is also important as a way of ensuring that no emotional entanglements or paternal issues ensue, allowing them to maintain independent and unencumbered lives. In Chicago, one young man who consistently uses condoms said:

AIDS is worse because it's death, but pregnancy affects us because, you know, we are just about to start our careers. We are just getting started with our lives and that's something that can just shut it down and lock you into a girl that you might not want to be with anyway.

Overall, the research finds that while the "scare" of an unintended pregnancy strongly influenced some young people to become more committed condom users, many others continued to have unprotected sex. Most importantly, the experience of having been confronted with the possibility of a pregnancy appears to have no significant impact on heightening a young person's sense of being at risk for a sexually transmitted disease.

- Young people who had experienced a pregnancy scare talked about "the worry" of getting "second chances" and the "relief" upon learning that they or their partner was not pregnant. Among some consistent condom users, a pregnancy scare was one factor strongly influencing condom use. As expressed by one young woman who is a consistent user of condoms:

It's more like, whew!, you know, she's not pregnant. I really didn't, um, learn from it, I guess.

—White male, Baltimore

Depo [Provera] is fantastic... [You don't need a condom] if you trust the person.

—White female, Chicago

We've used both [condoms and birth control pills] at the same time, because, no, I've never had a sexually transmitted disease, but I was pregnant before.

—African-American female, Los Angeles

Now, since the first [pregnancy scare], even if they say they are on birth control pills, I still use a condom, just to be more safe.

—White male, New York

We watched this one video [in school] and it was the most disgusting thing I had ever seen. And it just made me think of everything that I could have had the chance of getting.

—White male, New York

Maybe I think herpes scares me more than AIDS, because I know that I'm smart enough to protect myself against AIDS, but like herpes...

—White female, Baltimore

I think everyone's probably slipped and had unprotected sex. But that should be the time when you decide not to.

- At the same time, however, a pregnancy scare had little impact on other young people's decisions to use condoms. In fact, some indicated that following this experience they were more motivated to use birth control pills, injections or implants, while others said they were just as likely to continue practicing rhythm and withdrawal methods of birth control. For these young people, the perceived advantages of *not* using condoms, including strong feelings that sex is more enjoyable without them, simply outweigh the risks of pregnancy and sexually transmitted diseases.

Importantly, we found that some consistent condom users are so determined to avoid pregnancy that they purposely use condoms with other forms of birth control because they say “condoms break” or “birth control pills are not 100% effective.” In addition to increasing their confidence that they have significantly reduced any likelihood of an unwanted pregnancy, they also said they derive satisfaction from knowing that their chances for contracting a sexually transmitted disease have been greatly diminished by using condoms on a consistent basis.

Condom Benefits: Protection Against “Diseases”

The young people participating in this research study generally appeared well-informed about the benefits of condom use in protecting them against sexually transmitted diseases. Regardless of the birth control methods they use and their expressed objective of avoiding unintended pregnancies, young people are quick to observe that condoms are the most effective protection against sexually transmitted diseases.

The research uncovered several factors that underlie and bolster young people's decisions to use condoms as protection against “diseases.”

- First, strong health education messages from educators, health professionals, parents and the media have clearly been heard by young people. Participants were keenly aware of sexually transmitted diseases (if not their prevalence), dramatically sensitive to the incurability of herpes and HIV, and fearful of the death scenarios involving AIDS. Most of these young people, for example, winced at the mere mention of herpes, and when shown videotapes of Kaiser Family Foundation public service announcements that have

That you've seen close friends die because of AIDS, because of being unprotected. That's as close as you get to having a reality check.

—*Latin female, Miami*

When you first meet a guy, you don't know where he's been, who he's been with. You just have to take that chance, use the condom and make sure it doesn't break or hope that it doesn't break.

—*African-American female, Los Angeles*

She's probably done did something that she don't want to admit to either. So that's when you always think, alright, what did she do, who did she do and is there a possibility of me ending up with something?

—*African-American male, Chicago*

You just ask, how many, because you want to know, or just make sure they haven't been sleeping around with anybody without protection or something.

—*White female, Chicago*

If a girl asks, you know, asks a guy [and he says.] "I've been with more people than I've ever told any other girl." You know, no girl wants to hear that.

—*White male, Baltimore*

I'm going to tell them what they expect for me to tell them. They're going to lie, I'm going to lie.

—*African-American female, Chicago*

aired on MTV, many instantly commented that they had seen these commercials. Yet, even while acknowledging the core messages of "safer sex" education that they've received from teachers, parents, peers, health professionals and the media, many young people readily admitted to engaging in unprotected sex.

- These young people revealed that they are strongly motivated to use condoms when they do not know a potential sexual partner well or are at the earliest stages of sexual involvement with someone. Indeed, this lack of familiarity with a potential partner is more likely to prompt condom use because of emotional feelings of insecurity and worry about exposure to sexually transmitted diseases than because of concerns over an unintended pregnancy.
- Knowledge of or assumptions about a sexual partner's "many other partners" was another factor heightening young people's sense of risk and prompting condom use to avoid potential exposure to sexually transmitted diseases.

Young people in these groups fully recognized that their risk for exposure to sexually transmitted diseases increases with greater sexual experience and they expressed a strong need to feel reassured and secure about their partners' sexual histories. Most of the young people interviewed said that as they are making decisions about pursuing sex with someone, they view that person's sexual history to be critical. Nearly all said they directly solicit this information from partners or friends of partners as a way of assessing their levels of risk for exposure to sexually transmitted diseases.

According to those interviewed the magic question is, "How many people have you slept with?" Yet few could quantify a number they consider to be an acceptable response and, in fact, admitted they more often rely on "feelings" and visual observation to assess their risks for sexually transmitted diseases, a process they sometimes conceded was seriously flawed.

Furthermore, some young people freely acknowledged they lie when asked about the extent of their sexual experience. They reason that an accurate response may expose them to rejection or a severe judgment of their character. The way they described it, there's a fine line to walk between "honesty" and being seen as promiscuous. For young men and women alike, revelations of "too much" sexual experience by a potential partner were described as a warning signal that there are risks for contracting a sexually transmitted disease.

The next morning, not even when you're with her, it could be the following day, you wonder how many guys she's had and maybe she doesn't have anything, but she could.

–*Latin male, Miami*

You get the rubber out of instinct. It's a part of sex now.

–*African-American male, Chicago*

It's like putting a shirt on in the morning.

Like, you have sex, you wear a condom.

–*White female, Baltimore*

It's like automatic ... [a condom]'s supposed to be there.

–*African-American female, Los Angeles*

I mean, if it's just like a one night thing ...

I'm sure you'd want to wear protection. I'm sure it's not the first time she's done that.

–*White male, Baltimore*

Sometime, you probably slip and you might do it [without a condom], but you shouldn't.

You shouldn't do it. You know it's wrong.

–*African-American female, Los Angeles*

[Guys who always use condoms] were probably the ones that can stop themselves and they do what they're supposed to do.

–*White male, Chicago*

It is a risk you take, you know? Like, maybe you want to take the risk, ...about birth control.

–*Latin female, Miami*

It is clear from these sessions that young people are looking for assurances from partners that a sexually transmitted disease will not be the consequence of their sexual activity. They want to believe and, unless given a reason to question, usually assume that their partners are “clean.” When there are doubts, as when young men have friends who they have heard “slept with her, too,” condoms are used because they bring protection, peace of mind and allay any morning after regrets about unintended pregnancies or exposure to diseases.

The Right Thing To Do

Overall, in each of the cities visited and regardless of the frequency of their own condom use, young people said using condoms is generally expected and commonplace when two people have sex for the first time, for a “one-night stand” or during a brief affair.

- According to the young people in these groups, there is generally little discussion between partners about using condoms, either in advance or at the time of first or early sexual relations. “It’s automatic” or “assumed” they often said. And among a core set of consistent condom users, strict adherence to condom use during sex was revealed to be a personally established policy that is firmly communicated to partners.

For most of the young people interviewed, condoms have been an integral part of their sexual experiences since first becoming sexually active. Indeed, they acknowledged their general acceptance of the notion that *not* using condoms is risky. According to one consistent user, a young man from Baltimore, “In high school, they bang it into your head.” Another young man who always uses condoms added, “You’ve heard about it [the message to use condoms] since you were a little kid.” For some young people, communicating the desire to use condoms was said to be a matter of expressing the right cues: “You have to give off the vibe that it’s not happening [without a condom],” said one young woman who consistently uses condoms.

Moreover, some inconsistent users displayed obvious discomfort when explaining the reasons why they are not using condoms, revealing their sense that they felt or knew it was socially unacceptable or inappropriate to be having unprotected sex. As one young woman in Chicago said by analogy:

You're supposed to drive with your seat belt on, but not everyone does it. You know what I'm saying? It's kind of

like, it's not going to hurt you to do it, but if you get in a car accident and your head goes through the windshield, well...

The implication of this finding is significant. It suggests that the initial hurdle for encouraging young people to use condoms has already been achieved. The next hurdle, however, may be more challenging; that is, motivating young people to continue using condoms on an ongoing, very consistent basis.

Women As Key Motivators

Whether they fully realize it or not, young women are a powerful and perhaps the most important influence over whether condoms will be used in heterosexual sex. In city after city, young women who consistently use condoms demonstrated firm convictions not to be swept away in moments of passion or influenced by partners' desires to have sex without condoms. As one young woman declared, "I tell 'em, if you don't have a condom, then you might as well go home."

Particularly notable in this context were the attitudes of many young men when asked about their reactions when encountering women who are adamant about using condoms:

- Most of the young men we interviewed, including those who are infrequent users of condoms, said if their partners insist on a condom, they will "always" oblige rather than risk losing the opportunity for sex.
- Those young men who are consistent users of condoms said they fully expect young women to insist on condoms and fully anticipate that condoms will be used. They come prepared or the odds are that the sex will be denied.
- At the same time, when a woman *doesn't* insist on a condom some young men said they felt a heightened concern that she might be trying to get pregnant or could put them at risk for a "disease." With strong agreement from other consistent condom users, one young man in Los Angeles explained how he prefers it when women ask him "to use one, because if she's letting me hit without a condom, then she let the last one hit without a condom."

Women who *carry* condoms, however, run the risk of being viewed negatively. While some young men, especially those who are consistent in their condom use, said a woman who has condoms "cares about herself" or is "being safe about it," most

I tell him that it's not going to happen

unless there's [a condom] on.

—White female, Chicago

I'll tell them straight out, "If you are not using a condom, then we are not having sex." That's for my safety, because I don't want to have no kids or diseases.

—African-American female, Los Angeles

I think almost every single time that I've had sex, the girl is saying, "you need a condom."

—White male, Baltimore

If a girl tells me, "if you don't have a condom, we don't do nothing," that's telling me that if I had a condom, we'd have sex. So, I go and buy condoms.

—Latin male, Miami

I just bring them with me and if anything happens, you're prepared. So you bring it in and you're ready.

—White male, New York

[Girls who don't use condoms] are just there for the sex. They're samples. Everybody gets a taste of them.

—Latin male, Los Angeles

It shows that she's independent enough to not listen to all of the stereotypes that, oh, you're a slut if you carry condoms, if you are a girl. I think that shows a lot of strength on her part.

—African-American male, Los Angeles

[A girl carrying a condom] might be on the dirtier side because she's probably more prepared than you know.

—White male, Chicago

The truth is, I never think, oh, she's being safe [to carry condoms]. I don't think that. I think she's a whore.

—Latin male, Los Angeles

I'll never be caught [without a condom], that's the way it is. It's 2000. You don't know who's who, nowadays.

—African-American male, Los Angeles

I don't think the feeling is that big a difference, for me anyway, to risk going without a condom.

—African-American male, Los Angeles

To me, like, sex is sex, and I know it's probably better without a condom and everything, but if we're going to have it ... I think it's worth it to just use a condom to be safe.

—White male, Baltimore

young men and some young women, too, were likely believe she's "looking for it" or "a slut."

The research indicates that the underlying fear of losing an opportunity for sex works as both a motivator and a deterrent to condom use.

- Consistent users, both young men and young women, expressed a strong willingness to forgo sex if a condom was not available. In Baltimore, one young woman reported:

I let him know that if you don't have a condom, we're not having sex.

- In stark contrast, a few young men who say they don't use condoms regularly appeared concerned that young women could change their minds about having sex if they paused long enough to find and put on a condom. As a young man in Chicago explained it:

You're like, damn, if you give her time to think [while you put on a condom], then she's going to be like, "No." So you keep going... [If] you go to the bathroom and find a condom, you come back out, she's putting on her pants...

Strict Adherence

In all sessions with consistent condom users we interviewed young men and women who indicated they *never* had sex without a condom. They were clearly an anomaly. Still, for these young people, sex with condoms has been satisfying and exciting. They are also firm believers that the benefits of condoms as protection against sexually transmitted diseases and pregnancy far outweigh any purported gains in sensation or physical satisfaction resulting from sex without a condom. We should also note that the social dynamics in these group sessions, especially with young men, always took an interesting turn when some young people volunteered that they had never had sex without a condom. Young women seemed intrigued and supportive of other women's decisions to be strict about condom use and never took a negative or challenging perspective.

In strong contrast, young men who were consistent users of condoms often responded with disbelief when a peer claimed to have *never* had sex without a condom and exclaimed, "it's not the same." The few young men who have always used condoms remained unfazed by the assertions that they were missing something and, with an air of having heard those claims before,

[Some guys think] they're more manly about it, like "no, it's not the same." ...But also, sometimes, you kind of see that people really think about what can happen if they don't [use condoms]. So I think they use them most of the time.

—Latin male, Los Angeles

confidently dismissed other young men's contentions that sex "feels better" or is "more natural" without condoms.

Growing familiarity and trust between partners or the use of other forms of birth control appear to be the points at which strict adherence to condom use begins to erode. As demonstrated in subsequent sections of this report, there is a great deal of wishful thinking and willful denial influencing the behavior of inconsistent condom users. And while the consistent users participating in these focus groups expressed the strongest insistence that condoms be used frequently, even they said there are occasions when they haven't or might not use condoms.

CHAPTER TWO: Factors Deterring Condom Use

Regardless of the decisions they make regarding their own condom use and despite the well-recognized benefits of condoms, there was overwhelming agreement among young people in all sessions that they don't like condoms. In fact, when asked what they do like about using condoms, the typical response was, "Nothing."

In explaining (and perhaps rationalizing) their previous or current decisions to forego the use of condoms, young men and women were quick to cite a long list of negative attributes for condoms. Their complaints about condoms as a consumer product included:

- ***The odor.*** "The smell, it just stays with you."
- ***The lack of lubrication or too much lubrication.***
- ***They break.*** Most said they have had condoms rip or break, a trait they often associated with the "cheapest" brands.
- ***Access.*** Young people repeatedly moaned about their reluctance to buy condoms in stores where people might recognize them. One young man said he drove two hours from his hometown to buy his first box of condoms. The story of another young man who told of a clerk calling for a price check over the store public address system produced howls of knowing laughter from others in the group.
- ***Disposal.*** "You can't throw it out in your trash, like in your bedroom. Your mom's gonna be emptying out your trash."
- ***The cost.*** It's noteworthy that the issue of condoms being "expensive" was especially strong among young men. In some sessions, young men were prompted to compare price points of various brands. In the words of one young African-American in Chicago, "You can only access on pay days nowadays. A box of rubbers is like fifteen dollars." And demonstrating just how much of an issue the cost of condoms could be, one teenager in suburban New York told an exceptionally memorable story about being caught shoplifting condoms while food shopping with his father.

They are like thick. You put it on and it's like this thick. Once you put it in, you can't feel nothing.

—African-American male, Los Angeles

Latex. I mean, for real, that's the only thing that just bothers me about condoms altogether.

—African-American female, Chicago

By the time you get that package opened and on, it's gone. The mood is gone.

—White female, Chicago

Tell me you don't feel better [without a condom]... You know what I'm saying. You can feel the difference.

—African-American male, Chicago

It's just not the same [with a condom]. It's more or less like fake sex.

—White male, Baltimore

You just want to have it. I guess in a natural way, but you just want it to feel good.

—White male, Chicago

The sensation is not the same [with condoms].

—Latin female, Los Angeles

Honestly, I don't believe there's somebody out there who uses a rubber every time they going to have sex. I can't believe that.

—African-American male, Chicago

Other negatives associated with *using* condoms were more emotionally-charged and influential because they impact the physical experience of sex. These issues included:

- **The thickness.** Young men often complained about the impact condoms have on sensation. “It cuts the feeling,” was a frequent refrain, with strong implications that cheap, affordable or generic condoms are thick. With broad agreement, young people say “thinner” condoms provide a more “natural” experience, but with the increased likelihood of breakage.
- **The feel of latex.** Young women, especially those who irregularly or rarely use condoms, complained about the feel of latex. Some remarked, “I felt like I had a piece of plastic inside me” or “it irritates me.”
- **The taste.** The taste of condoms, “especially like the lubrication and stuff” was an issue for some young women who have used condoms when they engage in oral sex.
- **The difficulty of opening packages.** Young people indicated that one of the major problems with condoms is the packaging. They said the packaging contributes to the fumbling that inevitably interrupts the “flow” of the passion “in the heat of the moment.”

Many young people, including those who frequently use condoms, asserted that it's not realistic or even reasonable to expect that condoms will be used during every instance of sexual intercourse. Some contended that it's “unnatural” to have sex with a condom and there was an intense focus by both young women and young men on the diminished physical sensation or degree of sexual gratification that comes with using condoms. For many young men, the loss of sensation is reason enough to avoid using condoms at every opportunity.

Young women, on the other hand, never said condoms detracted from their experience of a sexual climax, but frequently complained about the “mess,” “how condoms feel” or the “smell” as contributing factors in their willingness to forego using condoms.

The frequent retort of inconsistent users when challenged with the notion that some young people “always” use condoms was that “they're lying.” They simply refused to believe that other young people could maintain that level of self-discipline. Because such unwavering adherence to condom use was so outside the realm of their experience, they quickly dismissed the

credibility of anyone making such a claim. As detailed in Chapter 3, communications that use first person reports of young people saying they “always” use condoms will have to crack through a wall of intense skepticism. As one young woman in Chicago said, “to say *always*, you’re going too far to the extreme.” And from a young man:

You can’t take people word for word. ‘Cause I mean, like, I consider myself to really use a rubber every time. But I know I’ve had my slip ups. But, like, when I’m speaking, I say I use a rubber every time.

Obviously, improvements to the product design and packaging of condoms might have a positive influence on the frequency with which some young people use them. Those improvements, however, would not impact other and more fundamental factors that underlie and influence young people’s decisions about using condoms and the reasons they are not considered essential each and every time they engage in sexual intercourse.

Assessing Risk

Importantly, the research strongly indicates that older teens and young adults generally do not believe themselves to be at *significant* risk for sexually transmitted diseases. In these sessions, young people easily repeated the safer-sex message that “everyone’s at risk,” but further discussion revealed that most do not truly think the peril looms large for them. However, when young people in these groups perceived that they might truly be at risk, they displayed much greater vigilance in their use of condoms.

In examining the ways in which young people assess their risk for exposure to sexually transmitted diseases, two issues emerged:

- Young people generally claimed to know that many sexually transmitted diseases have no symptoms, but they have not internalized this fact nor has it become part of the process through which they make judgments about their own risk.
- In fact, young people often revealed that they believe they “can tell,” either intuitively or by observation, whether a partner puts them at risk for contracting a sexually transmitted disease. Most of the young people interviewed were aware that herpes, one of the sexually transmitted diseases with which they are most familiar, often presents symptoms of open sores. That limited awareness appears to

It’s difficult to know who has it. It can be anyone. The person you least expect ... That’s why you don’t think about it. It doesn’t come into my mind.

–*Latin male, Los Angeles*

If you have a group of friends nothing bad ever happened to any of you, it’s more hard to believe ... something’s going to happen to you and you don’t know anyone who’s had a problem.

–*White female, Baltimore*

One of my close friends has herpes and he know that the girl he was sleeping with had it. I mean, looking at her, you never, ever would think anything like that.

–*White male, Chicago*

The last thing I remember about protection or whatever is, like, my freshman year or something in high school and I don't think I heard nothing else about it.
—*African-American female, Chicago*

AIDS is incurable. You can't know if you have AIDS.
—*Latin male, Los Angeles*

I think it's a more older crowd that has HIV because I have never come across someone that was my age that has had STD, like gonorrhea.
—*White female, Chicago*

We never talk about diseases. No one ever does.
—*Latin male, Los Angeles*

You don't hear about STDs around here. You just hear or see people getting pregnant and that's what you are worried about.
—*White male, New York*

I would never tell a girl I'd been tested, because then she won't want to [have sex]. They start thinking, "Oh, my God, you've slept with so many people that you actually had to go out and get tested."
—*Latin male, Miami*

confirm their assumptions that they will be able to “tell by looking” when they're at risk.

Overall, the research indicates that young people are keenly aware of the presence of sexually transmitted diseases in American society. Yet, when asked to name sexually transmitted diseases, most rapidly listed HIV or AIDS, herpes and gonorrhea, but rarely other diseases. They seldom mentioned, for example, such sexually transmitted diseases as chlamydia, syphilis or hepatitis B virus, and admitted to knowing nothing about trichomoniasis or human papillomavirus.

Many young people noted that it had been years since they received any formal sex education and, as a consequence, said they had simply forgotten or overlooked that many sexually transmitted diseases have no symptoms. They were most apt to associate a lack of symptoms with HIV infection. We know from other research studies that young people usually think of HIV-positive people as those who are abusing IV drugs, gay or selling sex, individuals with whom they associate a clear risk.

Overall, these young people often revealed perceptions that “older people,” “sluts,” “studs” and others “who sleep around” are those at greatest risk for sexually transmitted diseases. And they generally do not apply to themselves or their friends such labels of promiscuity, although some described at least one friend who they believe behaves recklessly by having unprotected sex.

Rarely did any of the young people interviewed say they knew of a peer who had been tested for a sexually transmitted disease and even less often did they admit to being tested themselves. In fact, although “protection against diseases” was one of the first things that came to the minds of both consistent and inconsistent users when they heard the words “safer sex” or “condoms,” they did not often perceive personal risk. Consistent users, however, were generally more likely to believe the risks for getting a sexually transmitted disease *do* exist for them if they have unprotected sex, “even with someone I trust.”

Trust and Birth Control Cloud Perceptions of Risk

“Trust” between partners is clearly one of the strongest factors deterring condom use because it shifts the risk of unprotected sex toward pregnancy and away from sexually transmitted diseases. And when pregnancy is the primary concern of unprotected sex, young people know that solutions or options, however

It got to be the thing where [using condoms] was just us being smart. And then after that, it was because, well, “we don’t have one, but we really want it and you’re on the pill, so it’s okay and I’ll get them next time.” And then next time comes around and you don’t have them and so you start losing the intelligence factor.
—White female, Baltimore

[It’s okay not to use condoms] when they’re on birth control. Usually the only time.
—White male, Chicago

[Girls] ask me, do you have a condom? I say, no. And they’ll be, like, “Okay, it doesn’t matter. Pull out.”
—Latin male, Los Angeles

undesirable, are available, including marriage, support, adoption and abortion.

In most sessions, both consistent and inconsistent users of condoms said that the times in which they are least likely to use condoms is “when I know the person,” “if we’ve been together for a long time” (which could be as little as two months) or because “I trust her” or “trust him.” As one young woman, an inconsistent condom user, said:

When I’m with a person for a long time, I just won’t use condoms if I feel that I know that person. If I take a method of birth control, yeah, I feel that’s fine.

While clearly not definitive, the research does suggest that young women taking birth control pills or Depo Provera shots are less likely to use condoms. Although these young women reported using condoms in the beginning of their relationships, they admitted to dispensing with condoms once they felt “trust” or “commitment” had been established with their partners. Again, their primary goals were to prevent pregnancy, but as one young woman said, “I like the feel of skin on skin.”

Young men who were inconsistent users of condoms generally affirmed what young women taking birth control reported, with some saying that if a girlfriend was on the pill and if, again, they trusted her, they were far less likely to use condoms.

Because of the peer group environment of these sessions, we did not ask about or probe for the specific sexual practices of these young people. Nevertheless, some young men and women did volunteer that, lacking condoms, they rely on withdrawal, further evidence that condoms are often seen as a device to prevent transmission of sperm rather than disease, and that concern about unintended pregnancy frequently takes precedence over protection from sexually transmitted diseases.

Yet, as noted previously, there were young women and young men who consistently use condoms *as well as* another form of birth control. Even if pregnancy prevention was their foremost concern, their goal was always twofold: to protect against diseases and greatly reduce any risk of pregnancy.

Swept Away

Another frequently mentioned reason for not using condoms was the power of “passion,” of rational judgment being swept away in the “heat of the moment.” In several sessions with young men

Sometimes it's caught up in the moment.

The moments will get you. You don't be thinking with your head.

—African-American male, Chicago

Like you're in the heat of the moment. If you're going to take the time and you have like half an hour to fidget and do stuff with [a condom], then alright. But it's just like, "I've got to get to class. Let's go."

—White female, Chicago

You should, as a girl, knowing that you don't know what's going to happen when you have sex with a guy, you should be on birth control and make sure that the guy has a condom.

—African-American female, Los Angeles

I tried it once without [a condom] 'cause the person that I was with hated them with a passion. He was, like, "I can't use it." So I ended up not going out with the person anymore, because ... it scared the crap out of me.

—White female, Baltimore

who are not consistent users of condoms, some adamantly defended their behavior by saying they are "not thinking," even not in control, when in the throes of sex with a young woman.

As one young man noted with enthusiastic agreement from others, their brains shift to the lower parts of their bodies. Indeed, young men and women alike clearly accepted "passion" as a perfectly reasonable defense for neglecting to use condoms, a natural consequence of being human. And besides, others reasoned, even if they had the ability to control themselves, introducing a condom at such times would certainly break the momentum. One young woman maintained that men "are too, like, in the mood...They don't want to, like, lose it right then and there by touching themselves." The attitudes of a few other young women in these groups was captured in the statement of one who said:

When you get into a groove, you know, it wasn't prepared. A lot of times, I just didn't think about it [protection] until it was actually going on, and then it's like, oh well, if I didn't got something, I got it now... The thing is to make sure [he] pulls out. I don't want no babies. That's it.

Consistent users of condoms in these groups agreed that having to stop and put on a condom does interrupt the intensity of sexual events, but they nonetheless expressed satisfaction with their sexual experiences. Their consistent use of condoms was frequently characterized as an issue of self-control, but one they are comfortable imposing on themselves and their partners. As one young man expressed it:

There's a line drawn just saying, alright, if we're going to have sex, it's going to be with a condom. If not, we're not going to have sex. Okay, fine, that's cool with me. I can wear condoms for the rest of my life.

Pressures Not To Use

Among both consistent and inconsistent users, many said they've encountered partners who apply pressure on them not to use condoms, usually using the "loss of sensation" and "it feels more natural" arguments. Some of these young people said they are prepared to reject any attempt by a partner to forgo the use of a condom, others, particularly young women, are not.

Importantly, young women noted that the difficulties of insisting on condoms can become further complicated if they have already succumbed to pressure not to use them. Inconsistent users said

applying pressure to a partner to use condoms raises suspicions, especially if they have established the habit of not using condoms with someone. As one inconsistent user of condoms, a young woman, remarked:

Even if you do try to protect yourself, you've had this partner for so long, he'll think, "What is the problem? Why would you want to use a condom now all of a sudden?" He's gonna say, "What's your problem?" He don't want to hear no answer...he's not gonna listen.

For other young women in one session, a change in condom practices by their partners was interpreted as a tell-tale sign that he was having sex outside of their relationship. Two young women recounted almost identical recent experiences about young men who had come back into their lives and were now insisting on condoms. Both young women described incidents in which their partners' attempts to use condoms led to tense discussions and admissions of sex with other girls during the period when they had broken off their relationships. In one case, the young woman recounted, "I told him to get out of my house."

Consistent users repeatedly said they reject suggestions to abandon condoms. For some of these young men and women, pressure to avoid using condoms only served to heighten their concerns and suspicions of their partners' intentions or behavior with others, making them even more determined to engage only in protected sex.

CHAPTER THREE: Communications Strategies To Motivate Condom Use

A key objective of this qualitative research with young people was to draw on the attitudinal information revealed in these sessions to help inform public education campaigns intended to encourage safer sex practices among sexually active young people.

Attitudes and perspectives revealed during initial sessions with young people who say they always or frequently use condoms led to the development of a series of strategies and messages that were subsequently examined in sessions with young people who irregularly or rarely use condoms. These strategies and messages fell into four broad strategies:

- Increasing perceptions of risk for contracting sexually transmitted diseases.
- Intensifying fears of being diseased.
- Encouraging more pro-active personal positions on condom use through a strategy of “youth empowerment.”
- Employing positive feedback for desirable behavior.

To explore the relative effectiveness of each of these strategies and the degree to which different messages resonated with young people, a variety of techniques were employed. Participants reacted to: statements made by other young people about using condoms; boards presenting the symptoms, consequences and statistics of sexually transmitted diseases; and videotapes of public service announcements produced by the Kaiser Family Foundation with its media partners as well as those produced by other public interest groups and organizations.

- Overall, the results of these exercises indicate that no single strategy, message, piece of information, or style of media presentation will effectively motivate behavior change among all young people. Regardless of sex, age, race or ethnicity, we found that different messages and a variety of styles appealed to different young people. Nevertheless, some messages clearly resonated more strongly and served to powerfully raise young people’s awareness of the risks of contracting a sexually transmitted disease if they choose to engage in unprotected sex.

I go with just saying “diseases.”
—White male, New York

[Having safe sex] I’m thinking about the child that could be born. That’s what I don’t want. Also, with a disease, I could die, but I’m not thinking about that so much.
—Latin female, Miami

I’ve got an uncle who has died of AIDS and I have an aunt who has friends who had kids [when they were] 14 and 16, and that’s what made me wanna have safe sex.
—White female, Chicago

I was sitting there watching TV and I got something, “but what if” inkling, feeling inside. What could happen?
—Latin male, Miami

There’s not too many ads on TV about safe sex.
—Latin female, Los Angeles

I would have thought mid-20s. Usually girls go after older guys. They go after a 23-year-old guy, gets gonorrhea and it seems it could spread.
—White male, New York

General Considerations

Some broad fundamentals emerged from discussions with both consistent and inconsistent condom users that are important to consider in the development of public information campaigns:

- Use of the acronym “STD” is well understood by young people. Young people, including Spanish-speaking Latino youth, know what the letters “STD” refer to, but they say they invariably refer to sexually transmitted diseases simply as “diseases,” or in Spanish as “enfermedades,” when the sexual context of their conversation is understood.
- Repeatedly in these sessions, young people revealed they know “how” to have safe sex and that condom use is “correct” behavior. As more than one young person said, “We’ve heard it over and over again.” However, efforts to encourage consistent condom use for prevention of sexually transmitted diseases delivered within “safe sex” messages risk being diluted because “safe sex,” as noted earlier, is so strongly associated with pregnancy and HIV prevention.
- Generally, when asked about the credibility of the “safer sex” messaging they’ve seen on television, in magazines or at school, young people often called it “believable.” Yet there were clear indications that many of these young people did not believe they were the targets of public health information specifically about sexually transmitted diseases. Several were prompted to add, as did one young woman in Chicago, “you kind of separate yourself from the real world...and you think, it’s not going to happen to me.”
- Statistical information about sexually transmitted diseases will be far more effective in prompting condom use if it is narrowly restricted to age groups being targeted. For example, teenagers reacted strongly to sexually transmitted disease incidence rates when they were reported for teens 15 to 19 years of age. Statistics presented that referred to young people “under the age of 22” or “under 25” had less of an impact among teens and were sometimes dismissed as being most relevant to “older” people.
- The most powerful description conveying the seriousness of a sexually transmitted disease is “no symptoms.” In all sessions, young people repeatedly said that sexually transmitted diseases with no symptoms “scare” them the most and make them significantly more sensitive to the risks of exposure.

You can't really judge by looks, but like you know, when you approach a girl, like after you talk to her, after talking to a girl for about five or ten minutes you'll know like right away.
—*White male, Chicago*

I just think [STDs] are not going to happen among us [teens], that's what I think.
—*White male, New York*

It worries me because, you know, I might have misjudged and I might end up having sex with somebody and I might end up getting an infection.
—*African-American female, Chicago*

- Sexually transmitted diseases, unlike sexual experiences, are not a common topic of conversation among young people, even close friends, and many in these groups said it's been years since they were provided with any sexual health information in school. According to these young people, the only information they've seen on sexually transmitted diseases has been presented in public service announcements or on programs on MTV or BET.

Increasing Perceptions of Risk

Recognizing that a significant barrier to consistent condom use among young people is a diminished sense of risk for contracting sexually transmitted diseases, the research explored whether information and messages designed to make young people rethink their assessments of risk might influence their decisions to use condoms more consistently.

As previously noted, it's clear from these sessions that young people generally recognize, at least on an intellectual level, that when it comes to sexually transmitted diseases you "can't tell by looking," but many have not internalized this understanding to the point of changing their behavior. Overall, young people in these sessions accepted the general validity of risk information and messages which are delivered to them, but frequently discounted its importance to them personally by projecting the problem onto others, saying "I'm afraid for her" or for "those people."

This exploration of a communications strategy to increase and internalize young people's perceptions of risk centered on two basic tactics:

- Delivering information and messages that stimulate them to question their judgment and reasoning and, consequently, create an emotional component to the intellectual awareness that they can't tell whether they're at risk by looking at, talking with, trusting or believing the assurances of their partners.
- Increasing young people's awareness of sexually transmitted disease rates among their peers.

I don't want that stuff inside of me... I don't want anything.
—White male, New York

When they tell you [about STDs], like in school, it's just like a part of the lesson, you know? But it's not something they [stress].
—Latin female, Miami

I don't remember all of that stuff they told me in high school, but [herpes] is the one that sticks in my mind. When you think of STDs, that's always the first one on the list.
—White female, Baltimore

[No symptoms.] Those are the scariest words, 'cause you don't want to get it. Just looking at the words and you just think, man.
—African-American male, Chicago

It scares me to think a person can have a disease and not know.
—Latin female, Miami

Symptoms and Consequences

To reinforce the notion that “you can't tell by looking” and deliver the message that young people may not know they are infected with a sexually transmitted disease, participants were shown a list of diseases that may not exhibit symptoms, including chlamydia, trichomoniasis, gonorrhea, hepatitis B and HIV. They were also presented with information about the consequences of these diseases. Importantly, the reactions of these young people was generally the same, regardless of their condom use behavior.

Young people reacted with disgust, dismay and alarm when presented with the full range of consequences of sexually transmitted diseases. Many were clearly distressed, for example, upon being informed that the consequences of sexually transmitted diseases could be brain damage, heart damage, cancer or infertility. Some even expressed feelings of betrayal that young people are not told or continually educated about these facts. They recalled vaguely that some of this information had been provided to them in school, but beyond a general awareness that they “have to worry about diseases,” very few expressed detailed knowledge of the symptoms or consequences of sexually transmitted diseases.

As previously noted, most young people did strongly associate sexually transmitted diseases with herpes and HIV and they nodded their heads knowingly when discussing the symptoms and consequences of these diseases.

Most importantly, young people's awareness and concern about their risks were powerfully heightened following presentation of an extended list of sexually transmitted diseases that *don't* exhibit easily seen symptoms.

- Consistent condom users, once confronted with a reminder, or in some cases new information about the symptoms and consequences of sexually transmitted diseases, said it both confirmed and rewarded their convictions that they need to protect themselves against unknown or invisible risks. Consistent users invariably indicated that they had been and continued to be most impressed and influenced by this information.
- Among inconsistent condom users, information on symptoms and consequences, particularly that some sexually transmitted diseases do not exhibit symptoms, was generally received as troubling. This information appeared to compel most of them to reconsider, for the moment at least, the

For me, it's not going to change... If I meet a girl and don't have a rubber, I'm not going to go, "Let me go get a condom."

—Latin male, Miami

That's a lot of disease out there. So, you may not catch one of the major ones, but still, I don't want to catch nothing.

—African-American male, Chicago

It makes me don't want to do it — 12 million, dang.

—African-American male, Los Angeles

That's 12 million people. That's a lot.

—White male, New York

12 million teens getting an STD. Is that, like, in the whole world?

—White female, Chicago

12 million kids, that's too high. I don't hear people really worried about ... AIDS. It's, "I don't want to get gonorrhea, syphilis, whatever." That's what they would say. So 12 million is a lot to my friends.

—African-American female, Los Angeles

importance of using condoms to protect themselves and it stimulated in others the feeling that they needed to be tested more often.

One young Latina, an inconsistent condom user, said information about the consequences of sexually transmitted diseases, "makes me feel sad, that life is not fair." Another offered these remarks when discussing her reactions to information about sexually transmitted diseases that lack symptoms:

It's scary [no symptoms] because it's the truth that people are having sex with somebody that maybe got a STD a long time ago with somebody else. They are having sex and giving it to that person and don't even know it.

This remark prompted another inconsistent condom user to say, "We have to be more careful and to get more check-ups."

Still, a small group of inconsistent condom users were clearly indifferent to the potential consequences of infection. A few of these young people even vocalized their convictions that they would not be easily moved to increase their use of condoms by hearing more about the symptoms or consequences of sexually transmitted diseases. Typically, these young people relied firmly on assumptions that they face no risk because their partners are "clean."

Incidence Rates of Sexually Transmitted Diseases

To further assess the impact of a heightened awareness of risk and stimulate thinking on another level, we also presented young people with a series of statements that profiled in various ways the incidence rates of sexually transmitted diseases among teens and young adults.

- Without exception, young people in all sessions reacted most powerfully to information stating that over the course of their 4 years in high school, 12 million American teens will have contracted a sexually transmitted disease.¹ This simply-stated statistic effectively communicated to young people that far more of their peers than they imagined may be putting them at risk for a sexually transmitted disease. In fact, some young people expressed concern when they assumed that the 12 million figure represented teens worldwide. When informed that the incidence rate was only for the United States, they became even more alarmed.

Those girls are lying, because less girls carry condoms than guys. Most every guy carries condoms, because they all have high hopes.

—African-American female, Los Angeles

It's not surprising...Most of my friends have babies or have gotten abortions or, you know, they got pregnant. It's something you know because you see it.

—Latin female, Miami

I know a lot of people, a lot of girls that are 13, 14 that are pregnant, or have babies already.

—African-American female, Los Angeles

That scares me because I'm 18. Half the people my age are not using condoms...Like the old saying goes, "he slept with her..." and it comes into billions!

—Latin female, Miami

I think it's awesome because everyone they showed...they look like normal people that we go out with, that we date.

—Latin female, Miami

If they make the people look more like regular people, maybe that would help... They looked a little older.

—African-American female, Los Angeles

I can remember [safe sex] commercials, but I didn't feel like they were geared towards me. It was like some young white teenagers and they're bouncing around the party. It wasn't reality to me.

—African-American female, Chicago

They should have spoken one-on-one. Like, tell their story, each person should talk about their own stuff.

—African-American male, Los Angeles

Notably, another statistic stating that one of four sexually active teens gets a sexually transmitted disease every year appeared to be more difficult to grasp than the concrete "12 million" and was less likely to inspire apprehension in young people.

Furthermore, the fact that such a high number of teens had been infected in a time period fresh in their experience, drove home the point that "you can never tell" who has a sexually transmitted disease. As one young woman who was an inconsistent user of condoms remarked, this statistic "makes you think it was one of your friends and you didn't know it."

Lessons from PSAs

In all sessions, young people viewed a variety of television public service announcements that have been produced to deliver messages designed to influence awareness or behavior among specific target audiences. A full list of those PSAs appears in the Methodology section of this report.

Overall, we discovered several consistent patterns in young people's responses to different visual styles, storylines and key messages of public service announcements.

- Generally, PSAs appeared to be more effective when young people saw "people like me," those who are similar in age, appearance, socio-economic status, social and sexual experience. As noted earlier in this report, age targeting must be considered in very narrowly-defined segments. For example, teenagers responded more positively to other teenagers appearing in PSAs than they did to those who they perceived to be even only in their early 20s. Conversely, some young people reacted to one otherwise highly-effective PSA that used a very young girl to deliver its message by saying that more should be done to protect "the children."
- In sessions with African-Americans and with Latinos, it was clear that people of color responded far more intensely to PSAs that included people of color, especially when those PSAs appeared to be directed specifically at their communities. When viewing PSAs produced for use on BET or Univision, African-American and Latino young people typically commented, "they should have more of those."
- It was apparent that young people were far more engaged when viewing thirty-second videos that focused on the experience or story of a single individual, whether it was in a

It doesn't tell me anything. You need to see people that actually...I guess I have to see something actual, like somebody that has a real problem.

—White female, Baltimore

[The message] was just use a condom. I've heard that a thousand times. I don't need a commercial to say that.

—African-American male, Los Angeles

They should have it at a party, more realistic... People getting it on, talking to girls...

—Latin male, Los Angeles

For some reason, I think it's better if it's on MTV. I would watch it closer if it was on MTV.

—White male, Baltimore

On channels like BET where you do get the condom commercials and MTV where you get the condom commercials ... On the two most popular stations, the stations that reach all of youth America, they doing what they need to be doing.

—African-American male, Chicago

I have never seen a smoking commercial on television that had, like, children our age... You always see the 80-year-old woman that is on a respirator or a hole in her neck. I think it would click more if they had someone our age.

—White female, Chicago

I've seen worse movies than that about cancer and nothing happens to me and I continue smoking.

—Latin male, Miami

I just liked the way they put it out there, like you never know who has it. That's the same thing we are always told, but [it emphasized it].

—African-American male, Los Angeles

fictional setting or as a *cinema verité* first person account. Less successful were PSAs that portrayed group activity or the stories and comments of several individuals, or that were highly-stylized or fast-paced and required intense auditory and visual concentration. Young people simply became more emotionally involved with characters and the “message” of a PSA when they were able to identify or empathize with one lead individual or actor who delivered a message or told a personal story.

- Young people generally recognized that videos showing teens and young adults enjoying themselves while engaged in positive lifestyle activities were intended to convey the benefits of making affirmative safer sex choices. At the same time, however, these videos failed to establish an emotional connection with these young people because they portrayed lifestyles and activities (e.g. beach volleyball and skateboarding) that they did not share or aspire to.
- While viewing various PSAs, and clearly expressing their need to see “people like me” in “situations I know,” young people in most sessions were moved to suggest scenarios, like parties, with which they might more readily identify and which they perceived would express the broader experience of teens and young adults.
- PSAs that relied on harsh or graphic presentations of the consequences of certain behaviors, smoking, for example, were viewed by young people with both fascination and revulsion. Yet, the attitudes they revealed indicated that this style of shock video could be largely ineffective if the person delivering the message is not a contemporary, i.e. a young person, or if the consequences of the behavior are not likely to manifest themselves until far in the future. Many young people viewed these kinds of videos with “temporal myopia,” an inability to project themselves into a unknown time in the future.
- PSAs that attached to already-internalized beliefs or convictions were often those that prompted the most positive comments by young people. In one PSA, the tag-line or message, “just beneath the surface,” effectively communicated and reminded young people that some sexually transmitted diseases cannot be seen and that they “can't tell by looking.” We also found that a Spanish-language video was effective when it challenged young people not to be ignorant or in denial of the risks they face.

Saying that you don't know where she has been or he has been, you don't know that. No matter what I think, that's true.
—*Latin female, Miami*

Girls lie. Dudes lie... You don't need to have trust if you got the rubber. That rubber take away all doubt.
—*African-American male, Chicago*

It's close to home. It opens your eyes and you think, this could happen to me.
—*Latin male, Miami*

I couldn't blame her [if I got a disease]. Well, I could, but ... it's more on me.
—*White male, Baltimore*

- To be effective, a communications campaign based on an attempt to motivate behavior change through generation of a sense of “youth empowerment” will need to identify a target, the “evil monster,” on which young people can place blame for rates of sexually transmitted diseases. This strategy for promoting condom use is complicated because, unlike anti-tobacco campaigns these young people viewed, there is no clearly-defined villain they could identify.

A Positive Message

Young people responded especially well to concepts or messages that remove the blame and stigma from those who unknowingly infect another person with a sexually transmitted disease. The message that a partner may not know he or she has a sexually transmitted disease appeared to resonate with young people on multiple levels. It reinforced an underlying understanding that sexually transmitted diseases may be symptomless, it relieved both partners of the need to place blame or accept guilt, it provided a clear rationale for insisting on condoms and it communicated the notion that “trust” alone may not be a reliable indicator of decreased risk in a sexual relationship.

This latter point is exceptionally important because trusting that a partner is “clean” was one of the strongest deterrents to consistent condom use that arose in these sessions. In order to effectively motivate *behavior* change, communications must find a way to reconcile the conflicting emotional issues of risk assessment and trust.

Notes:

1 American Social Health Association and the Kaiser Family Foundation, *Sexually Transmitted Diseases in America: How Many Cases and at What Cost?* Menlo Park: Kaiser Family Foundation, 1998.

2 The Kaiser Family Foundation/MTV/Teen People. *What Teens Know and Don't (But Should) About Sexually Transmitted Diseases: A National Survey of 15 to 17 Year-Olds*. Menlo Park: The Kaiser Family Foundation, 1999.

3 This figure is based on the estimate that there are between 3 and 4 million cases of STDs among teens every year.



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