CONDOMS AND THE REAL GIRL

Women and the condom conundrum

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OVERVIEW

- Heterosexual condom use - normal or not?
- Gap between health education and ‘real life’
- Safer sex negotiation - more difficult after HSV/HPV diagnosis
- Sexual health education by clinicians - getting real about the limits of normalising condoms
Clinician: We try to encourage use of condoms in all new relationships until they feel they can discuss it with their partner.

Researcher: How do you find women get on, asking a male partner to use a condom? Have you found any ways of talking with women that perhaps empower them to have a partner use a condom?

Clinician: Mmmm. I haven't actually asked. I guess I just always encourage them to use condoms until they're in a committed relationship where they're willing to take the risk of exposure to viruses.
Discussing condom use is a tricky conversation for everyone but it is also one of the smartest conversations. It is best to talk about condom use early and not to leave it to the last minute before you have sex. Often it is too late to discuss their use in the heat of the moment.

People can give lots of reasons for not using a condom. Here are some suggestions of what to say:

- It doesn’t feel so good

  *It does feel different, but it can still feel good*

- Trust me, I haven’t got anything

  *It’s not that I don’t trust you, but this way we can be sure we are both safe*

- I don’t have any condoms

  *I do* or

  *We can buy some at the dairy, pub, supermarket*

- But you’re on the pill, why do I need to use a condom?

  *The pill doesn’t give any protection against STIs*

- I hate them

  *That’s a shame, because I won’t have sex without one*

- Condoms are boring

  *I’m sure we can think of ways to make them fun.*
Male condoms have ...been adopted on a major scale only for commercial sex, for anal sex between men in developed countries, and less so, by young heterosexual men in settings. In the latter case, the major incentive for the use of condoms has been the avoidance of HIV or pregnancy rather than for protection against other STIs (Donovan, 2004, p.552).

Knowledge condoms reduce STI/HIV transmission insufficient - need to:
- be aware of risk
- be able to initiate discussion
- and communicate concerns
- and request/provide condoms
- and able to refuse unsafe sex

WHAT DETRACTS FROM CONDOM USE?

- Intimacy
- Mutual trust
- Presumed fidelity
- ‘Established’ relationships (21 days 43% condom use)
- Perceptions of partner
- Women’s own pleasure


STIS IN OLDER PEOPLE

- Omission from prevention programmes
- Stereotyping - “sexually inactive”
- Delay from symptoms to consultation
- Difficulty initiating questions
- Increased risk of complications
- Continued transmission to partners

Abused versus non-abused women much more likely to have STIs
Women seeking abortions experience high intimate partner violence rates


CLINICIANS DON’T ASK

- 22 GPs 35 practice nurses
- Sexual health not addressed proactively
- Time pressure
- Complexity
- Inadequate training

- ‘Problem’ patients
  - Opposite gender
  - Ethnic minorities
  - Middle-aged and older
  - Non-heterosexual

What do clinicians teach and what do women learn about HSV & HPV?
Online recruitment & in-depth email interviews
- 26 women with HSV or HPV
- Aged 22-71 years
- 12 sexual health clinicians
- Qualitative thematic analysis: poststructuralist & feminist theory
Dilemmas for women after diagnosis

- disclose the diagnosis to account for condom use request
- condom use mitigates safer sex talk
- to avoid any talk or condom use - ‘risky’ to feminine identity

From family and community I have definitely grown up with the clear message that to get an STI means you have been ‘naughty’ or ‘stupid’ or you are a whore.

(Dianne, 33 years old HPV (VIN) diagnosed 2 years ago).
I didn’t tell him, and felt bad for not doing so, but I took all steps to protect him that I could. I also slept with a friend of mine on two occasions...and didn’t tell him....I guess I do feel a bit like ‘damaged goods’...

(Amanda, 23 years old, HSV diagnosed 3 years ago)
My general practitioner’s advice was to use condoms - good as far as it goes....I have always struggled with this [sexual health talk]. ....I grew up believing that "nice girls don't" and if you are talking about it, clearly you are intending to have sex. Therefore you are not a nice girl - I am more confident in talking about sex itself, but not sexual health - using, requesting the use of a condom implies planning to be sexual, putting oneself first.

(Leila, 51 years old, contracted HSV 3 years ago).
‘ALMOST VIRGINS’ - THE ILLUSION OF SAFETY

I think the feeling [amongst middle-aged men] is that kids [young men] who sleep around need to go into that disease issue, but the older ones [men] don't think they are promiscuous even if they are, and the women look more innocent than they are, so the guys believe them to be almost-virgins (and therefore "safe"). We women just want to believe a man will know everything and look after us, so we are hopeless here!

(Tania, 35 years old, HPV follow-up for 15 years)
CONDOMS IMPLY PROMISCUITY

...I have never been with a partner who has asked that we use a condom. I have never asked a partner....I think I would have been worried that they may have thought I was implying that they were promiscuous. I have insisted on using a condom when I thought it might be risky e.g. pregnancy has always been my main worry.

(Maddy, 24 years old, HSV diagnosis 5 months ago)
If I were to consider a man for a partner it would be a priority for me to discuss sexual health and sexuality. I would need to be convinced he understood my situation and be supportive. And I would expect to do the same for him.

(Miranda, 48 years old, diagnosed with HSV 15 months ago)
CLINICIANS NON-INITIATION OF SAFER SEX ADVICE

- 26 women
- Between them consulted 96+ clinicians about HSV and/or HPV
- *One* clinician initiated safer sex discussion
- Women wanted clinicians to initiate
- Too hard for women to bring up topic
- Some encountered clinicians’ discomfort/negative judgment
Just bringing up the topic of herpes is hard. Once I do, I get the prescription and leave with my head low and face burning.

(Sally, 36 years old, HSV diagnosed 8 years ago).
A health professional has never initiated this conversation [about safer sex] and, oh, how it would have been so helpful. The …doctor was not compassionate, certainly not understanding of how difficult it was and talking to her about oral sex should not have been embarrassing, but it was.

(Rose, 45 years old diagnosed with HSV in her twenties).
I would find it hard to bring up the subject of the virus....if I met a lovely guy...I would probably not encourage the relationship ...The subject of re-partnering has not been mentioned [by my doctor]. She has no idea the impact this diagnosis has had on my life.

(Jessica, 56 years old, diagnosed with HSV in fifties).
Some women are very cautious but others don't use condoms to prevent further STIs, depends on their general approach to life a bit (Clinician).
ASK WOMEN ABOUT SAFER SEX

- Do you feel safe in this relationship?
- Did you both agree to have sex?
- Did your partner offer to use a condom?
- Are you able to talk about safer sex with your partner?
- Are you able to ask a partner to use condoms?
- Are there any communication skills we could go over that might help you to take care of your sexual health?
Advise women how to protect sexual health when condoms won’t be used:

- Regular STI checks - encourage repeat visits
- Avoiding sex when any micro-trauma to genital area
- Discuss transmission with oral sex, manual stimulation
- Avoid douching
- Limit partners
- Address safety issues - referral options
Ask, “does your male partner use condoms?”
Assume previous clinicians might not have discussed safer sex, even if past STIs
Middle-aged and older women, including widows, may be interested in sex (gosh!)
Women have questions if you initiate topic
Anticipate condom non-use
Assess safety