

# Condom Myths and Misconceptions: The Male Perspective

Mr. Daniel Yaw Fiaveh<sup>1</sup>

<sup>1</sup> University of Ghana, Legon

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## Abstract

Despite extensive efforts in promoting condom use, men still engage in risky sexual behaviors due to certain myths and misconceptions. Considering the threat posed by HIV to the development of Africa, this study investigates condom myths and misconceptions among 600 adult men in a West African University population. The mean age was 24 years, about 70

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**Index terms**— male perspective; condom myths and misconceptions; condom use; HIV; masculinity.

## 1 Introduction

he aim of this paper is to investigate condom myths and misconceptions as barrier-protection mechanisms to HIV transmission in a West African University population. Findings would contribute to policy formulation with regard to expanding protective behaviour among sexually active men and women particularly for disease (STI/HIV and AIDS) prevention.

In discussions of gender and HIV/AIDS, men are usually regarded as agents of infection (Connell, 2005), although some would argue to the contrary. Although some attempts have been made to engage with men's contribution towards HIV and AIDS prevention (e.g. The Role of Men and Boys in Achieving Gender Equality by the United Nations Commission on the Status of Women, 2004), almost all major policy discussions (such as the UN CEDAW, 1997; UN Beijing Declaration and Platform for Action, with the Beijing +5, 2001), often do not name men as a group and rarely discuss men in concrete terms. Insofar as gender is so often equated with women, the move from Women in Development (WID) to Gender and Development (GAD) is unlikely to achieve enduring, if any, success (Chant and Gutmann, 2002; Cleaver, 2002).

Author : Department of Sociology, University of Ghana, Legon, Ghana. (Correspondent) E-mail: fiaveh@yahoo.com HIV and AIDS continue to pose major challenges to the economic development of Africa—1.4 million Africans died from HIV and AIDS (UNAIDS, 2008). Africa is among the areas with the largest of the global percentage of People Living with HIV and AIDS (between 15-49 years) with low (22%) modern contraception use (WHO, 2008; Population Reference Bureau, 2008). In Sub-Saharan Africa, for example, about 22.5 million people are living with HIV and AIDS (NACP, 2011).

Despite all efforts, the overall use of condoms remains low, and attempts at increasing condom use among sexually active people is still a challenge. Peeters et al. (2003), while describing the levels of sexual risk behaviour and condom use among some unmarried youth in Cameroon (N=1,956), disclosed that a substantial segment of young men in particular did not use condom consistently although they had high rates of multiple sexual partners. Similarly, Tata et al. (2009), found that many first-year Malawian undergraduates (N= 314) did not use condom consistently regardless of their high level of HIV knowledge.

Some have argued that the reason why HIV continues to pose a major challenge to men and women is mainly because of some masculine constructs, key among which are men's refusal to use condom (Baumeister et al., 2001) and their infidelity (Anarfi, 2006). Although increased resources are being committed to the health sector but principal indicators still show a worsening situation with a national average of about 50% of the population with access to health care (NACP, 2011).

Although, statistics offers some prospects for Ghana—1.5% of PLW HIV and AIDS (NACP, 2011) compared to other countries in the sub-region, there is still much to be done. For instance, condom use in Ghana has increased over the years (from 28 to 33.4 percent in women and from 44 to 52 percent in men), with a high HIV awareness level (about 92% to 98%) but condom use continues to be viewed as inferior (Fiaveh, 2011;

??ACP, 2011). Nearly 90 percent of infections in Ghana occur within the age group of 15-49 years, with 58 percent of infected people being women and girls ??NACP, 2011). A significant number of young men engage in risky sexual behaviors due to certain myths and misconceptions (Biddlecom et al., 2007 ?? WHO, 2010). The misconceptions are that condom use reduces pleasure, condom use leads to loss of erection, sexual act with a condom is inferior, and condom use implies sexual promiscuity (Adetunji & Meekers, 2001; Maharaj, 2005; Tweedie & Witte 2000). The HIV rates among members of the University of Ghana community are unknown. However, since the majority of them are youths, they belong to that section of the Ghanaian population which is the vulnerability group (Fiaveh et al, 2011).

Evidence suggests that the consistent and proper use of condoms could reduce the risk of being infected with HIV (Bankole et al, 2009; ??HO, 2004). Since the youth are the most economically productive segment of the population, who are being trained to steer the country towards its growth and development, illnesses and deaths in this age group (15-49 years) constitute an immense economic burden, resulting in a huge loss of productive years and investment in education and training (Oti-Boateng, 2006). Therefore, there is need to interrogate those factors which act as barrier protection to HIV and AIDS among men. (Tagoe & Aggor, 2009). More importantly, there is an increasing strategy to use sexually active educated people as a gateway to HIV prevention in West Africa (Anarfi, 2006; Prince & Bernard, 1998).

## II.

### 3 Research Method

The study design was a cross sectional survey. We compared men who are sexually active heterosexuals with their counterparts who have not ever had sex. A mixed method of data collection was employed. Thus, although the main approach to data collection was the use of a structured questionnaire, some follow up interviews were conducted. As noted by Babbie (2005) and Frankel & Wallen (2002), a small, but carefully chosen sample size could be representative of a study population. Overall, a 2% sample of the total male population (for students and staff) of the university was sampled. The sample size computed was 579 but it was approximated to 600 (see Table 1). In addition, 10 follow up interviews were purposively conducted. Respondents were recruited based on the quantitative responses given, to which we seek further clarifications for.

The sampling procedure adopted in this study was a stratified random sampling technique. As noted by ??umekpor (2002:149), stratified sampling helps to carry out investigations of specific characteristics (such as population size, residence, sex and beliefs) of particular aspects of the population, while making a general study of the different populations as a whole. To this end, stratified sampling was used in recruiting respondents from the population of students and staff. The study conformed to the required ethical guidelines (see Appendix 1) and informed consent was sought. The variables examined were broadly categorized as socio-demographic; Sexual behavior and condom practice; and condom myths and misconceptions. The socio-demographic variables included age, highest level of education, religion and marital status (single, married, divorced or widowed). Sexual behavior and condom practice was measured on the basis of ever had sex, ever used condoms, knowledge of condom use and condom brands. Additionally, variables relating to myths and misconceptions about condom use included: the use of condom sex is inferior, sex with condoms reduce pleasure, condom use means sexual promiscuity, and the influence of condom myths and misconceptions on first time use of condoms. The selection of this method was informed by the ease of administration and eliciting response, and the validity and reliability of the instruments used.

Statistical analyses were done using the quantitative Statistical Package for the Social Scientist (SPSS version 16). An appropriate measure of centrality (e.g. mean age) was computed and for the comparison of variables, a chi square test (for religion, condom myths and condom use) was computed with significance level stated as 'p value'. The confidence level was 95% ( $p < 0.05$ ). The qualitative data were analysed manually and are embedded in the results section of the paper.

## 4 III.

### 5 Results

#### 6 a) Demographic Characteristics

About 80% of men had completed Senior High, Vocational or Technical school education. This was age was 24.1 years with over 70% of respondents between 19-24 years. The majority of the respondents were undergraduates who were in their first and second year. About 90% were Christians while nine of ten men had never been married (Table 2). About 60 % of men reported that they had experienced sex and a little over half (55.3%) knew about condoms. Out of the number of men who had ever had sex, 73% had knowledge about how to use condoms and 80% had used condoms. 'Champion' condom was the most popular brand of condom that men knew (30%). Other brands of condoms men knew were Aganzi, Rough Rider, Panther condom and Gold circle (Table 3). The survey asserts that no significant statistical association exists between religion and condom use (Table 4)]. About one-fifth of men (of those who had ever had sex) believed that having sexual intercourse using a condom was inferior. To these men having sex with a condom leads to the mistrust of a partner which does not augur well

for a good relationship. Other men also claimed that having sex with the use of a condom is not natural, and this goes against their religious persuasions. From another view point, some men believed that having sex using a condom is not inferior. To them, 'good sex' depends on the brand of condom that is used (Table 5).

Whereas some men (11.1%) were of the view that condom use encourages sexual intercourse with multiple sexual partners, about 62% of men (of those More than half (60.8%) of the men interviewed in this study said that a correct use of the condom guarantees safety from HIV. For those men who had never had sex, a little over two-thirds were of the view that condom use protects against HIV. Of the total number of men who had ever had sex, 40% of them perceived that condom use reduces pleasure/sensation. Only a few men (of those who had ever had sex) perceived that condom use reduces erection. About 43% of men who had never had sex could not guarantee that the use of a condom reduces erection. Overall, about 9% of men were of the view that erection is psychological and nothing to do with condom use (Table 5). who had ever had sex) were also of the view that using a condom for sex does not amount to sexual promiscuity. To these men, people use condom for various reasons key among which are due to the mistrust of a partner, and for protection against HIV (Table 5). Regarding myths about condom brands, the 'Champion' and 'Panther' condoms were regarded by men as inferior in sensation. Nonetheless, some used them when necessary. According to a respondent, for example, Wu ye matsuo 1 is ma emergency contraceptive if I have no money for ma roughrider, cos I no wan lose am [Without a condom, at least a champion condom, the girl would refuse to have sex with me].

## 7 d) Influence of condom myths/misconceptions on condom use

Table 6 measures the relationship between the influence of condom myths and misconceptions on the use of condoms among men who ever had sex. The findings revealed that certain misconceptions about the condom do not influence condom use among men. Thus, men's use of condoms was not influenced by the myth that condom use amounts to sexual promiscuity. Nonetheless, men's condom use had a significant association with the misconception that the use of condoms is inferior sex, condom reduces pleasure, and condom use reduces erection during sex (Table 6). Another stated, the condoms that are given out for free are not quality condoms. 'Please tell those sharing them to give out roughrider and we will use them' ??student, 18).

Others think the condom tightens their penis which eventually leads to loss of erection. For example, a respondent claimed that Condom produces unpleasant scent and peeves my penis; this is why I don't like it (man, 24). Jokingly, some said, 'All die be die' [with a laugh]. Wu nnim se Berma na tuo tua esini bu? [don't you know that a man must be fearless and a risk taker?]-student, 25

IV.

## 8 Discussion And Conclusion

This study investigated the influence of condom myths and misconceptions as a barrier protection to HIV transmission in a West African University population. This study argues that no significant association exists between religion and men's use of a condom, particularly for those men who have ever had sexual intercourse (Fiaveh, 2011). Thus, a man may use a condom or not regardless of his religious persuasion.

While this study corroborates other studies (e.g. GDHS, 2008; NACP, 2011) regarding the high knowledge of condom use in Ghana, we also found that the majority of the men, that is, almost one-third thought that condom use does not guarantee protection against HIV-most of them had never had sex. Perhaps, the perception that condom use does not give protection against HIV may appear to have influenced some men's choice for abstinence since they could not guarantee their trust of a partner. However, it is also possible that upon meeting a partner they consider as trustworthy, they are likely not to use condom during sex.

Although the majority of men had knowledge of HIV prevention through condom use, this was partly due to their educational level. The majority of respondents had attained at least a vocational or a secondary school education and was pursuing or had already attained a university education. Therefore, it is expected that people with this level of knowledge would be better informed about their health and diseases compared to those with little or no formal education (Assimeng, 2006;Okyerefo, 2005, emphasis added).

Misinformation about condom use is also widespread among men and the belief that sex with a condom is inferior sex is also common among men, particularly, in this study. Sexual pleasure, therefore, is a significant aspect of masculine identities (Awusabo-Asare et al., 1999; Campbell, 1997;Fiaveh, 2011;Szabo & Short, 2000). This corroborates research that states that men think about pleasure first before thinking about their health (Campbell, 1997;Awusabo-Asare et al., 1999).

More importantly, the condom is also viewed among some men as the last resort to have sexual intercourse. Thus, depending on its availability, safe sex could be initiated by a man or not. It is this that makes condom brands a very significant aspect of unsafe sex. For instance, some condoms are perceived as more pleasurable to use. In this study, for example, while the against HIV, a significant number of them think that having sex with the use of a condom is inferior because it reduces sexual pleasure. However, it is good to note that some men acknowledge that their sexual partners would refuse to have sex with them if they [men] refuse to use a condom. This means that men would prefer to use a condom regardless of the brand in order not to have their partners refuse them sex. Findings from this study, therefore, do not support the view that men would resort to violence if their partners refuse them sex for lack of condom ??Boafo, 2011:15).

In conclusion, knowledge generated in this study suggests that sexually active men should not only know about condoms, but also correct the sort of misconceptions they hold about its use. It is evident that the belief in myths about condom use influence action (i.e. abstinence or condom use/nonuse). This calls for an understanding of the worldview of people particularly on the use of condoms ??Assimeng, 2006, emphasis added).

Encouraging condom use should be a major focus for HIV/STI prevention in West Africa. Therefore, all stakeholders (including governments, and civil society organizations) should contribute towards the expansion of protective behaviour among men and women through condom promotion as condom manufacturers strive to improve upon condom 'pleasurability' <sup>2</sup>. Health practitioners should also give out pleasurable condoms as a form of campaign strategy. This could help change the way the condom is perceived mainly as a birth control method rather than a barrier protection to disease prevention. To this end, there is the need empower men and women through education on the need to be health conscious in order to insist on the use of condom with a partner they perceive as not trustworthy. <sup>1 2 3 4</sup>



Figure 1:

1

	Population ( $\mu$ )	Sample size
Students	25095	520
Staff	3851	80
Total	28946	600

[Note: b) Mode of Analysis and Main Variables]

Figure 2: Table 1 :

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<sup>4</sup>A popular advert on the Ghanaian Television in the Akan Language (one of the Kwa linguistic groups in Ghana) where the champion condom is personified as a man of valor.

2

Variable	%
Age bracket	
19 years or younger	13.2
20 -24 years	61.5
25 -29 years	14.5
30 years or older	10.8
Level of education	
Middle/JHS 1	1.7
SHS/Voc/Tech 2	84.2
Post SHS/Nursing/Poly 3	3.2
University	11.0
Total	100
Religion	
Christian	89.8
Islam	6.0
Others 4	4.1
Marital status	
Never married	90.3
Married/living together	9.0
Separated/widowed	0.6
1 Middle school and JHS refers to Junior High School 2 Senior High School; Voc refers to Vocational Training and Tech refers to Technical training 3 Post Senior High School; Polytechnic 4 Traditional, no religion, etc.	

[Note: b) Sexual behavior and condom practice]

Figure 3: Table 2 :

3

use (N=600)	
Variable	%
Have you ever had sex	
No	41.0
Yes	59.0
Knowledge of condom use	
No	25.5
Yes	73.4

Figure 4: Table 3 :

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Figure 5: Table 4 :

5

Ever had sex (n=360)	Never had sex (n=240)	Total 1 (n=600)
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[Note: 1Percentages adjusted for missing values 2 Respondents never used condom/ never had sex 3 No body contact ^percentages not equal to 100%]

Figure 6: Table 5 :

6

Variable	Ever use of condom		?2 (df)	p value
Condom protects against HIV	Yes	No	7.255(2)	.027**
	197(72.2)	41(59.4)		
	No	26(37.7)		
	75(27.5)	2(2.9)		
Don't Know 2	1(.4)	2(2.9)		
Total	273(100)	69(100)		
Condom reduces plea- sure/sensation	Yes	No	19.815(2)	.000*
	161(61.2)	39(57.4)		
	No	7(10.3)		
	70(26.6)	22(32.4)		
Don't Know 2	32(12.2)	22(32.4)		
Total	263(100)	68(100)		

Figure 7: Table 6 :

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## 8 DISCUSSION AND CONCLUSION

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