

Original article

Condom Negotiation Strategies and Actual Condom Use Among Latino Youth

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Abstract

Purpose: To examine which condom negotiation strategies are effective in obtaining or avoiding condom use among Latino youth.

Method: Interviews were conducted with 694 Latino youth, 61% female, aged 16–22. Participants reported on their condom negotiation strategies, perceptions of whether their sexual partner wanted to use condoms, and actual condom use. Three strategies to obtain condom use (risk information, direct verbal/nonverbal communication, insist) and four strategies to avoid condom use (emotional coercion, ignore condom use, dislike condoms, seduction) were examined. Data were analyzed using multiple linear regression, and included youth ($n = 574$) who reported wanting to use or avoid condoms.

Results: Almost 60% of participants reported wanting to use condoms, and nearly all of these used some strategy to obtain condom use. Young men who wanted to use condoms were more likely to do so, compared with young women. Risk information and direct verbal/nonverbal communication were effective strategies to obtain condom use, even among youth who perceived their sexual partners as not wanting to use condoms. Ignoring condom use was an effective condom avoidance strategy, even when youth thought their partners wanted to use condoms. Unexpectedly, young men who expressed dislike of condoms had higher rates of condom use than young men not using this condom avoidance strategy.

Conclusions: This research identified condom negotiation strategies that are effective among Latino youth, even when they believe their partners do not want to use condoms. Health care providers could encourage Latino youth to use such condom negotiation strategies. © 2010 Society for Adolescent Health and Medicine. All rights reserved.

Keywords: Condom negotiation; Condom influence strategies; Condom communication; Condom use; Latino; Adolescents

Sexually active youth in the United States are at high risk for sexually transmitted infections (STIs). Approximately half of STIs reported each year are among youth ages 15–24 [1], and those who contract STIs are also at elevated risk for acquiring human immunodeficiency virus (HIV) [2]. Latino youth are at higher risk for STIs and HIV,

compared with European Americans [3,4]. This risk may be attributable partially to the higher rates of sexual activity among Latino males and the lower rates of condom use among Latino adolescents, compared with European Americans [5]. Accordingly, research is needed that contributes to a better understanding of condom use among heterosexual Latino youth.

Investigators have emphasized the importance of communication between sexual partners about condom use to prevent STIs including HIV [6], because partners who communicate about safer sex or condom use are more likely

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to use condoms [7]. Those who attempt to convince their sexual partners to use condoms are also more likely to use condoms than those who do not make such attempts [8]. Studies of ethnically diverse young adults have identified a number of possible condom negotiation strategies, including risk information (citing risks of unprotected sex), commands or requests, withholding sex (e.g., refusing to have sex without a condom), nonverbal introduction of condoms, emotional coercion (threatening negative consequences), seduction (using sexual arousal to distract partner), and deception (e.g., using false information) [9–11]. Because none of these studies focused exclusively on Latinos, nor on youth under age 18, this research examined condom negotiation strategies used by Latino youth.

Research is also needed that identifies which types of condom negotiation strategies are successful in obtaining condom use among Latino youth. A few studies have addressed this issue in non-Latino populations. In one study, Asian American and European American college students who had successfully used condoms at their last sexual encounter reported that they had most frequently used verbal-direct (e.g., threatened to withhold sex) and nonverbal-direct strategies (e.g., opened a condom in front of partner) [12]. In a study of college students who were mostly European American, those who endorsed any type of condom negotiation strategy (risk information, deception, seduction, withholding sex, direct verbal request, or relationship conceptualization) used condoms more frequently [13]. Condom negotiation strategies may be most effective if they are consistent with a group's cultural norms; therefore, research focusing on Latino youth could provide guidance on the content for HIV/STI interventions designed for this population [6,12,14,15]. The current research examined which types of condom negotiation strategies used by Latino youth were most successful in obtaining or avoiding condom use.

There also may be gender differences regarding the condom negotiation strategies that are used or effective [11,12]. For example, women may place a higher priority on relationship maintenance than on self-protective behavior [16], and may not insist on using condoms, so as to avoid jeopardizing their relationships [17]. Additionally, condom use is under the physical control of the male partner, so that obtaining condom use may require different influence strategies for men and women. Within Latino cultures, women are often expected to be sexually inexperienced, so it may be seen as inappropriate for them to suggest condom use [18]. Latino men are expected to be sexually active and their sexual desire may be perceived as relatively uncontrollable, which can limit the discussion and practice of safer sex [19,20]. Because of these gender-related issues, gender differences in the use and effectiveness of condom negotiation strategies were examined in this research.

A final consideration is the interpersonal dynamics between sexual partners. Many adolescents report condom use desires that are discrepant from those of their main sexual partner [21]. In the face of potential resistance from one's

sexual partner, certain condom negotiation strategies may be more effective than others. Accordingly, this research assessed the possibility that the effectiveness of condom negotiation strategies depends on youths' perceptions of their sexual partners' condom use desires.

To summarize, this research investigated whether there were gender differences in the use of condom negotiation strategies among Latino youth. We also examined which condom negotiation strategies were most effective in obtaining or avoiding condom use. Finally, we examined whether the effectiveness of condom negotiation strategies differed by gender or perceptions of sexual partners' condom use desires.

Method

Participants

Youth were eligible if they were aged 16–22, had been sexually active with someone of the opposite sex within the last 6 months, and were of Mexican, Nicaraguan, or Salvadoran origin. These are the three largest Latino groups in the urban area in which the study was conducted. A total of 694 Latino youth aged 16–22 ($M = 18.47$, standard deviation (SD) = 1.65) participated in the research. Of these, 61% were female. They were of Mexican (55%) or Central American (45%) origin. Most youth (76%) had been born in the United States, or had moved to the United States at about age 7 ($M = 6.55$, $SD = 5.27$). Most (93%) youth completed the interview in English. They had completed 12 years of education on average ($M = 12.09$, $SD = 1.42$). Youth had been in their current sexual relationship for a mean of 20.79 months ($SD = 18.55$), and they had been sexually active with their current partner for a mean of 16.43 months ($SD = 17.33$). Eight percent reported having had an STI.

Procedure

Institutional review board approval was obtained from the university and the health maintenance organization (HMO) at which the research was conducted. Youth were recruited from the membership lists of the HMO, the HMO's adolescent medicine clinics, and teen community health clinics, to participate in a study of sexual relationships and condom use. Those who were recruited from the HMO membership lists (44% of sample) were randomly selected using a computer program and sent introductory letters. Letters were also addressed to parents if a youth was under age 18. Interviewers subsequently telephoned, obtained parental permission to speak with the adolescent if under age 18, and conducted a screening interview with the youth to determine eligibility. Youth who were recruited from teen clinics (56% of sample) were approached and screened while waiting for appointments.

Bilingual interviewers, matched to participants by gender, obtained written informed consent and conducted 1-hour individual interviews at the HMO or community clinic. Written parental consent was obtained if youth were under age 18

and not seeking confidential health services. For these youth, interviews were scheduled for a later date, after parental consent had been obtained. Participants were paid \$50.

Measures

Bilingual, bicultural translators translated all measures into Spanish or English. Spanish and English versions were reviewed side by side by the research team, and revised as needed to yield equivalent meaning [22]. Participants reported on their behaviors during the past month, and responded to all questions with their most recent main sexual partner in mind.

Condom negotiation strategies

Strategies to obtain or avoid condom use were assessed using a 31-item scale developed for this study (Table 1). Scale items were created based on focus groups and qualitative interviews to obtain culturally appropriate condom negotiation strategies, using procedures described in detail elsewhere [23]. Study participants who reported a time in the last month when they had wanted to use condoms responded to 15 items that reflected strategies to obtain condom use. Those who reported a time they did not want to use condoms in the last month responded to 16 items that reflected strategies to avoid condom use. Thus, if participants had sometimes wanted and sometimes not wanted to use a condom in the last month, they completed both parts of the scale. Item response options were “never” [0], “once” [1], “a few times” [2], and “more than a few times” [3]. To identify the factor structure of the condom negotiation scale, we conducted two exploratory factor analyses: one for strategies to obtain condom use, and the other for strategies to avoid condom use. To allow for possible correlations between factors, oblique rotation was used. Items loading $>.40$ were retained. Three factors reflecting strategies to obtain condom use were identified: risk information, direct verbal and nonverbal communication, and insist on condom use (α s = .71–.85). Four factors reflecting condom avoidance strategies were identified: emotional coercion, ignore condom use, dislike condoms, and seduction (α s = .50–.75). A subscale representing each factor was created by calculating the mean of the items loading on that factor (Table 1).

Perceptions of partner's condom use desires

Participants were asked: “In general during the last month, when you had sex with [main partner], how much did he/she want or not want to use a condom?” Response options ranged from “definitely did not want to” to “definitely wanted to” (1–5).

Condom use

Participants reported the number of times they had had vaginal or anal intercourse in the last month, and the

Table 1

Alphas for condom negotiation scales and items for each scale

Strategies to obtain condom use	
Risk information/request ($\alpha = .85$)	Said you/partner could get pregnant
	Said you didn't want to have a baby
	Told partner needed a condom to be safe
	Told partner there are a lot of STDs
	Said you wouldn't have sex without a condom
	Asked partner if had a condom
	Told partner to put a condom on / on you
Direct verbal/nonverbal communication ($\alpha = .85$)	
	Just pulled out condom to use
	Said would go get a condom
	Offered to put condom on
	Told partner you had a condom
	Handed a condom to partner
	Put on a condom without saying anything
Insist on condom use ($\alpha = .71$)	
	Insisted on using a condom
	Asked partner if wanted to use condom
Condom avoidance strategies	
Emotional coercion ($\alpha = .75$)	
	Got upset with partner for suggesting condom use
	Acted insulted when partner suggested condom
	Said you wouldn't have sex with a condom
Ignore condom use ($\alpha = .50$)	
	Just kept having sex
	Told partner not to stop
Dislike condoms ($\alpha = .61$)	
	Said it feels better without condom
	Said you would pull out/told partner to pull out
	Said you/partner could take the morning after pill
	Said condoms are uncomfortable or irritating
	Said you/partner could get abortion
Seduction ($\alpha = .67$)	
	Tried to get partner too turned on to think about condom
	Used sweet-talk to avoid condom use

Notes. Response options = “never” (0), “once” (1), “a few times” (2), “more than a few times” (3).

number of times they had used condoms. Condom use was calculated as the proportion of sexual episodes that condoms were used.

Demographic and control variables

Gender, country of origin (Mexican American or Central American), acculturation, years of age, length of sexual relationship, previous STI (yes/no), and recruitment method (membership list or clinic) were assessed as possible covariates. Acculturation was assessed using the Spanish and English Language Use subscales of the Bidimensional Acculturation Scale for Hispanics [24]. Items are scored from “never” to “always” (1–5; α s for our sample = .87 [English], .88 [Spanish]).

Statistical analysis

Independent samples *t*-tests and Chi-square tests were used to test for gender differences on study variables. Multiple linear regression was used to examine whether

Table 2
Descriptive statistics and gender differences on study variables

Variable	Men	Women	Total sample
	M (SD) or %	M (SD) or %	M (SD) or %
Intercourse frequency (last month)	9.66 (8.57)	9.77 (11.11)	9.73 (10.20)
0–2 times	16%	21%	19%
3–5 times	26%	29%	28%
6–15 times	41%	31%	35%
>15 times	18%	19%	18%
Frequency of condom use (last month)	.58 (.44)*	.45 (.44)	.50 (.45)
Never	31%	41%	37%
Sometimes (>0 and <100%)	26%	26%	26%
Always	43%	32%	37%
Perceptions of partner's condom use desires	3.26 (1.55)**	2.88 (1.59)	3.02 (1.59)
Strategies to obtain condom use			
Risk information	.95 (.80)	1.04 (.77)	1.01 (.78)
Direct verbal/nonverbal communication	1.42 (.81)*	.70 (.71)	.99 (.83)
Insist on condom use	1.61 (.98)**	1.31 (0.99)	1.43 (.99)
Condom avoidance strategies			
Emotional coercion	.09 (.32)	.11 (.37)	.10 (.35)
Ignore condom use	.95 (.91)	1.48 (.93)*	1.27 (.96)
Dislike condoms	.60 (.54)	.65 (.55)	.63 (.55)
Seduction	.23 (.52)	.26 (.60)	.25 (.57)

* $p < .001$.

** $p < .01$.

condom negotiation strategies were related to condom use, controlling for covariates.

Results

Rates of condom-related behaviors and gender differences

Participants reported having sexual intercourse an average of 10 times in the last month (Table 2). Youth who did not have intercourse in the last month (3%) were excluded from subsequent analyses. Overall, youth reported using condoms 50% of the time. Thirty-seven percent of youth reported always using a condom in the last month, and 37% never used a condom. Young men used condoms significantly more often than young women ($t [669] = 3.75, p < .001$). In comparison to young women, young men perceived their sexual partner as wanting to use condoms more often ($t [670] = 3.05, p < .002$).

Fifty-nine percent of participants ($n = 395$) reported wanting to use a condom, 44% ($n = 298$) reported wanting to avoid condom use, and 18% ($n = 120$) reported both desires at some time during the last month. A smaller group (15%; $n = 97$) reported neither wanting to use nor avoid condoms; these participants were not asked about condom negotiation strategies and were excluded from subsequent analyses. Thus, 574 participants (83%), who reported sexual intercourse and wanting to use or avoid condoms, were retained for analyses involving condom negotiation strategies.

Nearly all (95%) participants who wanted to use a condom during the previous month used some strategy to obtain condom use. Of those who wanted to avoid condom use, most (91%) used some strategy to avoid condom use.

Young men used direct verbal and nonverbal communication (Table 2; $t [313] = 9.12, p < .001$) and insisted on condom use ($t [395] = 2.97, p < .003$) more often than young women. Young women ignored condom use more often than young men ($t [300] = -4.89, p < .001$). There were no gender differences on use of risk information, emotional coercion, stating dislike of condom use, or seduction.

Multiple regressions predicting condom use

To determine which condom negotiation strategies were most effective, and whether these differed by gender or perceptions of sexual partners' condom use desires, we conducted a series of multiple linear regression analyses, one analysis for each of the seven condom negotiation strategies. Before conducting the regression analyses, we examined the links between demographics and condom use, to determine which variables should be included as covariates in analyses. Older age ($r = -.11, p < .01$) and longer relationship ($r = -.21, p < .001$) were associated with lower rates of condom use. Accordingly, in each equation, condom use was regressed on the covariates (age and length of relationship) and gender in Set 1, one condom negotiation strategy in Set 2, and the interaction between gender and the condom negotiation strategy in Set 3. Perceptions of partner's condom use desires was entered in Set 4, and the interaction between the condom negotiation strategy and perceptions of partner's condom use desires was entered in Set 5. The three-way interaction between gender, negotiation strategy, and perceived condom desires was entered in Set 6 (Table 3; covariates not shown).

Table 3

Results of multiple linear regressions, using condom negotiation strategies as predictors of actual condom use among Latino youth (showing standardized regression coefficients)

Predictors	Actual condom use						
	Strategies to obtain condom use			Strategies to avoid condom use			
	Risk Information	Direct	Insist	Emotional Coercion	Dislike		
				Ignore	Condoms	Seduction	
Set 1: Gender	-.15*	-.15*	-.16*	-.09	-.09	-.09	-.09
Set 2: Condom negotiation strategy ^a	.11**	.28***	.06	.02	-.30***	.15*	.08
Set 3: Gender X negotiation strategy	.06	.07	.03	.11	-.01	-.44**	-.31
Set 4: Perceptions of partner's condom use desires	.62***	.59***	.61***	.58***	.55***	.57***	.58***
Set 5: Negotiation strategy X perceptions	-.27***	-.28***	-.19*	-.05	-.16***	-.04	-.03
Set 6: Gender X negotiation strategy X perceptions	-.41	-.06	-.54**	-.17	.24	-.24	-.45*
Total R2	.45***	.45***	.42***	.37***	.42***	.38***	.38***

* $p < .05$.

** $p < .01$.

*** $p < .001$.

^a One of the seven condom negotiation strategies, shown across the top, was used in each equation.

Strategies to obtain condom use

Among those who wanted to use condoms during the last month, young men used condoms more often than young women (Table 3, Set 1). Youth who used more risk information and direct verbal/nonverbal communication reported higher rates of condom use (Set 2). Youth who perceived their partners as wanting to use condoms had higher rates of condom use (Set 4). There were significant interactions between all strategies to obtain condom use and perceptions of partner's condom use desires (Set 5). Among youth who thought their partner did not want to use condoms, those who used risk information, direct verbal/nonverbal communication, or insisted on condom use reported more frequent condom use than those who did not use these negotiation strategies (Figure 1). However, insisting on condom use in the face of potential disagreement was a more effective strategy for young women than for young men (Set 6). Specifically, young women who thought their partner did not want to use condoms, but nevertheless insisted on condom use, reported higher rates of condom use than those who did not insist; this effect was not found for young men (Figure 1).

Strategies to avoid condom use

Among youth who wanted to avoid condom use, there were no significant gender differences in actual condom use (Table 3, Set 1). Overall, ignoring condom use during sex was related to less condom use (Set 2). However, there was also a significant interaction involving ignoring condom use (Set 5). Among youth who thought their partner wanted to use condoms, ignoring condom use was an effective condom avoidance strategy. Youth who ignored condoms had lower rates of condom use, compared to those who did not use this condom avoidance strategy (Figure 2). Unexpectedly, expressing dislike of condom use was related to *more* condom use, particularly among young men (Sets 2 and 3,

Figure 2). Finally, there was a three-way interaction involving seduction (Set 6). Seduction was an effective condom avoidance strategy for young women, but not young men. Among young women who thought their partner wanted to use condoms, those who used seduction to avoid condom use reported low condom use (Figure 2). In contrast, among young men who thought their partner wanted to use condoms, those who used seduction reported *higher* rates of condom use.

Discussion

Until now, little has been known about what condom negotiation strategies are used by Latino youth, nor has it been clear which strategies may be most effective. This study found that most Latino youth reported using some condom negotiation strategy. Direct verbal and nonverbal communication about condom use and risk information about the consequences of not using condoms were both effective strategies to obtain condom use, even when youth thought their sexual partners did not want to use condoms. These results are encouraging, and suggest ways in which HIV/STI interventions targeting Latino youth could be improved.

One encouraging finding is that the great majority of youth who wanted to use a condom during the last month reported using some type of condom negotiation strategy. In spite of cultural norms suggesting that it is inappropriate for sexual partners to communicate about sex [18,20], both genders frequently insisted on condom use and provided risk information. Young men also frequently used direct verbal and nonverbal communication to obtain condom use. Because most Latino youth who want to use condoms report using some type of strategy to obtain condom use, guidance and interventions could focus on promoting more frequent use of the negotiation strategies identified in this research.

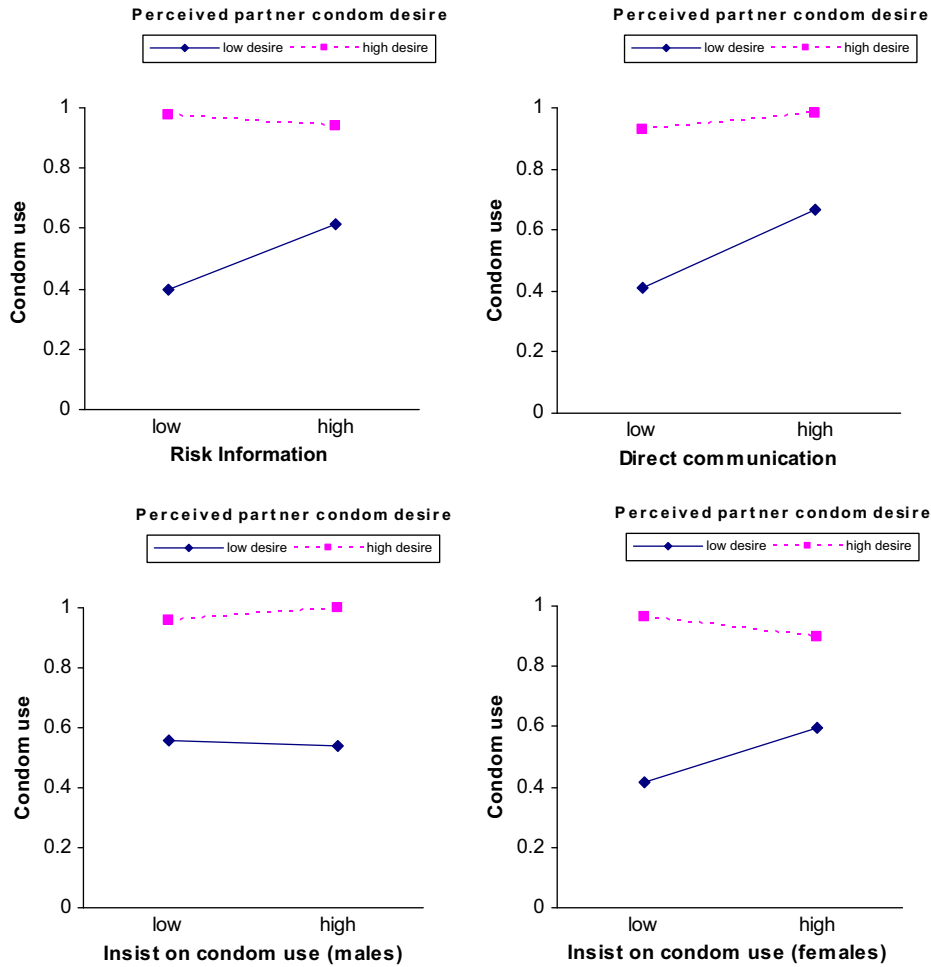


Figure 1. Interactions between strategies to obtain condom use, perceptions of sexual partner’s condom use desires, and gender as predictors of actual condom use.

Direct verbal and nonverbal communication to obtain condom use was a successful negotiation strategy, although young men used this strategy more often than young women. This negotiation strategy appears to be consistent with cultural norms regarding respect and harmonious social relationships [25,26]. Condom negotiation strategies that are tactful and respectful may be more acceptable and effective in Latino groups, compared to more confrontational condom negotiation strategies. Because direct verbal and nonverbal communication is effective, health care providers could encourage Latino youth to use this condom negotiation strategy.

Another positive finding is that youth who believe their sexual partner does not want to use condoms can still be effective in obtaining condom use. Among youth who perceived their sexual partner as not wanting to use condoms, those who used direct verbal/nonverbal communication or risk information had higher rates of condom use, compared to those who did not use these strategies. Insisting on condom use was also an effective negotiation strategy for young women. In general, for young women who perceive their partners as wanting to avoid condoms, health care providers

could suggest using whichever negotiation strategy is most comfortable for them. However, young women may be concerned that if they request condom use, their partner might refuse to have sex or end the relationship [27,28]. In particular, those who have been victims of physical violence are often afraid that suggesting condom use would cause their partners to become angry [29,30]. Thus, providers should screen for risk of violence and elicit concerns that young women may have about proposing condom use.

Our findings revealed several gender differences hinting at complex relationship dynamics between young Latino sexual partners. Participants perceived young women as wanting to use condoms more often than young men; nonetheless, young men who wanted to use condoms engaged in more strategies to obtain condom use and reported more actual condom use than young women. Thus, young men appear to be more effective than young women in obtaining condom use. However, when partners had differing condom use desires, young women who insisted on condom use were more effective than young men. We speculate that young Latina women may hesitate to engage in condom negotiation

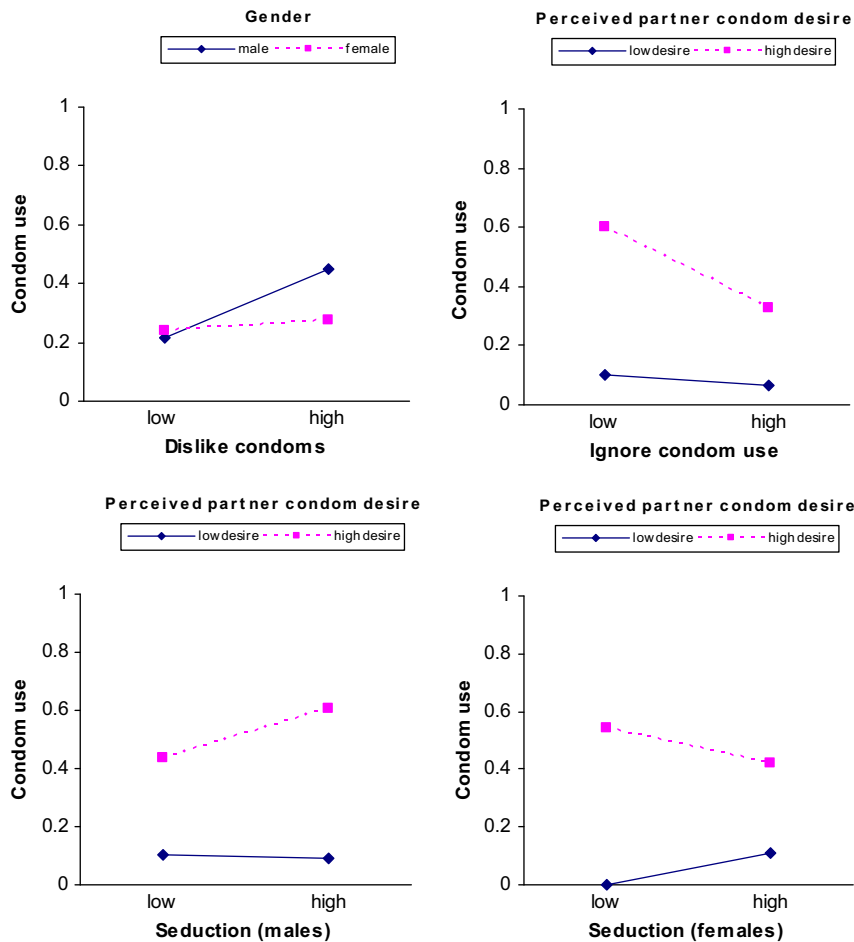


Figure 2. Interactions between condom avoidance strategies, perceptions of sexual partner's condom use desires, and gender as predictors of actual condom use.

strategies, as previous investigators have suggested [16,17]. However, when they do propose condom use, their partners may respond more positively than they expected. This is an additional reason for providers to encourage young Latina women to negotiate condom use.

Interestingly, young men who attempted to avoid using condoms by expressing their dislike of condoms actually used condoms at higher rates than young men who did not use this avoidance strategy. It is possible that when young men tell their partners they dislike condoms, young women counter with negotiation strategies arguing in favor of condom use. Conversely, young men who frequently use condoms may express their dislike of condoms more often. Because such dynamics are difficult to capture using quantitative methods, research is needed that will obtain in-depth qualitative information about communication during disagreements about condom use. A better understanding of these processes could provide further guidance regarding which condom negotiation strategies can counter sexual partners' attempts to avoid condom use.

Nearly half of the participants in this study did not want to use condoms at some time during the last month. These youth usually used some condom avoidance strategy, such as ignoring the possibility of condom use. Thus, a remaining

challenge for preventive interventions is to motivate youth to use condoms. However, youths' perceptions regarding their sexual partner's condom use desires strongly influenced their actual condom use. Youth who were in longer relationships also reported less condom use, consistent with previous research [31,32]. These findings underscore the importance of youths' relationships when considering sexual behavior, and suggest that interventions could highlight the role of sexual partners in motivating condom use. Previous research on sexual behavior has often focused on individual-level factors, such as perceived self-efficacy and condom attitudes [33]. This study indicates that interpersonal dynamics between sexual partners are an important influence on condom use [6,34].

This study has several limitations. Only youth who had a sexual partner of the opposite gender were included in the research. Although it would be valuable to assess condom-negotiation strategies in same-gender relationships, dynamics in same-gender relationships may differ from those in heterosexual relationships. Thus, assessing both types of relationships was beyond the scope of this research. This study focused only on youths' relationships with their main sexual partners, because previous research has shown that condom motivations and behavior differ with main and

casual partners [35]. Because the research was cross-sectional, we cannot conclude that associations reported between variables are causal. The findings cannot be generalized to Spanish-speaking Latino youth, as most participants chose to be interviewed in English. Finally, internal consistency was low for some of the condom negotiation scales that consisted of few items. Despite this, the links between these scales and condom use were significant. Because lower reliability tends to reduce the significance of associations, our findings suggest that the concepts being measured are important. Future research could strengthen these scales by adding more items.

This study identified condom negotiation strategies that are effective among Latino youth, even when they believe their sexual partners do not want to use condoms. The results may be useful for both health care providers and those designing HIV/STI interventions for Latino youth. Our findings also point to the importance of considering the dynamics between sexual partners when studying sexual behavior.

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