

Original Research Article

## **Why we are not using condoms regularly? A qualitative study among men who have sex with men in Northern India**

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**Abstract:** The high risk groups such as men who have sex with men (MSM), Female sex workers (FSW) and Injectable drug users (IDU) are the main drivers of the HIV epidemic in India. The condom has been recognized as an important component of comprehensive preventive strategy to halt the epidemic of HIV/AIDS. The consistent condom use during paid sex with a male partner varied from 35% to 54%. A qualitative study was conducted among the Men who have Sex with Men (MSMs) registered with the Non Governmental Organization in Delhi to determine factors associated with inconsistent condom use among MSMs. The ethics committee of All India Institute of Medical Sciences, New Delhi, reviewed the study. The results of the study showed that non-availability of condom, the quality of free of cost available condom, poor knowledge of prevention of HIV/AIDS were the major reason for inconsistent condom use. Stronger policy intervention is required to deal with the issues highlighted in the current study. Condoms should be made available in each and every shop. Educational campaigns should be revamped and targeted at important sites identified.

**Keywords:** Men who have Sex with Men, Condom Use, India.

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### **INTRODUCTION**

The high-risk groups such as Men who have Sex with Men (MSMs), Female Sex Workers (FSW) and injecting Drug Users (IDUs) are the main drivers of the HIV epidemic in India. In India, 87.4% of reported HIV cases were by sexually transmitted, mostly by the sex workers (both male and female) and their clients [1, 2]. The results from HIV Sentinel Surveillance (HSS) showed that prevalence of HIV was declining among Transgender(s) (8.82%), IDU (7.14%), MSM (4.43%) and FSW (2.67%), while it was stationary among IDU [3]. In addition to high HIV prevalence Indian states, pockets of high HIV prevalence among MSMs were reported in Delhi, Gujarat and West Bengal [4]. Condom Has been recognized as an important component of comprehensive preventive strategy to halt the epidemic of HIV/AIDS [5]. Since sexual transmission was the most important driver of HIV epidemic in India, condom promotion has been a key of National AIDS Control Programme-III (NACP-III).Free

distribution of lubricated condom and lubricant sachets were important interventions under targeted interventions program [2]. In addition, a condom social marketing of condom was started. The objective was to increase the consistent use of condoms among men with their non-regular sexual partners. Consequently, high level of condom use among sex workers was reported, especially in high prevalence states [4].

However, in case of MSM the situation was unsatisfactory. The consistent condom use during paid sex with a male partner varied from 35% to 54%. This proportion of condom use fell to zero during sex with female spouse and permanent male partner [2, 6]. Similarly, many researchers reported inconsistent condom use among MSMs with made and female partners [7-9]. Based on this backdrop a qualitative study was undertaken with the aim to determine.

Factors associated with inconsistent condom use among MSMs in Delhi, who visited the Non-Governmental Organizations (NGOs).

## METHODOLOGY

The current study was part of a facility-based cross-sectional survey conducted from March 2009 to February 2010. The study was carried out in three districts (south, central, and north-west) which were part of the Targeted Interventions (TIs). The detailed methodology of the primary study has been mentioned elsewhere [10]. Briefly, all men who identified themselves as MSM, and registered at the selected Tels site and had engaged in anal sex (penetrative or receptive) at least once in the previous month, were eligible for the study. All participants were interviewed with open-ended questions about their perceptions towards the use of a condom with male and female sex partner, quality of condom being provided free of cost, circumstances under which condom was not used. The responses were recorded, transcribed, and then segregated into different emerged domains.

We maintained the anonymity of the participants and confidentiality of the information. The investigator promoted safer sexual practices. After the conclusion of the study, health education regarding HIV/AIDS was given to all participants for a period of 3 weeks.

The Ethics Committee of All India Institute of Medical Sciences (AIIMS), New Delhi India, approved the study. Approval to carry out the research was also obtained from the competent authority, i.e. the Delhi State AIDS Control Society. Each of the participants gave written voluntary informed consent. For illiterate participants, the content of the Participant Information Sheet was read out in the presence of one literate peer or site in-charge. The literate person therefore signed the consent form as a witness to the process. For participants in the age range of 14-17 years, who were not legally eligible to give consent, assent was sought from the participant, followed by the consent of the caregiver (in this case, NGO site in-charge).

## RESULTS

The present qualitative analysis of open-ended responses of 250 MSMs had explored the major determinants of nonuse of condom among the MSMs of Delhi who were registered with the NGOs working as Targeted Intervention sites. We identified non-availability of condoms, perceiving the poor quality of

free of cost condoms, socioeconomic factors, and lack of knowledge about HIV and protective benefits of condoms, alcohol use before sex and violence as major determinants to explain the non-use of condom.

### Non-availability of condom

The non-availability of condoms at the time of intercourse was identified as the most common reason for the nonuse of condom and this factor was more frequent when intercourse was unplanned. A response from the MSM is quoted below.

“When I did last time, it was unplanned and that time condom was not available”

Another factor was the place for seeking partner. Many MSMs who sought their sexual partner at cruising sites such as parks, public toilet did not find the condoms in those places.

“When I don’t have condoms and I meet someone very handsome in the park, then I ignore the condom because there is no option to get the condom”

Kothii (Exclusively passive partner)

The study participants revealed that intention to seek condom, when they are not available, also depended on the type of sexual partner. The MSMs did not intend to use condoms with a regular partner or when they were already aroused.

“I go to toli badhaai. I use condoms even with my permanent partner, but when we don’t have it, we don’t use the condom because things get out of our control”

Transgender

“I have a live-in relationship with my permanent partner. He did not like the condom. If I insist for it, then he does sex very forcefully and condom gets ruptured”

Kothii (Exclusively passive partner)

### Quality of condom

The perceived quality of condoms that were provided free of cost through the peer educators and outreach workers, was an important factor for non-use or inconsistent use of condom. The MSMs reported that condom quality was too poor to maintain sexual arousal during sexual activity.

“By using condom, my male partner doesn’t feel satisfied, because condom decreases his pleasure. I always use condom from the chemist shop. I don’t trust on the supplied condom”

MSMs found themselves more confident in using condoms, which they purchase from the chemist shop. They emphasized on the point that there was lesser chance of slippage and rupture as an additional advantage of using commercially available condoms. Scope for improvement in quality of condom was a suggestion given by almost all of the MSMs.

“I always use a chemist shop condom that is why I had never faced rupture. I think government should improve the quality of the condoms, especially options of different colors and flavors”

The incidence of rupture of condom affected the confidence of MSMs in condom use and it adversely affected the intention to use of condom in the future. This kind of failure also led to wrong practices such as simultaneous application of multiple condoms for being extra cautious.

“Most of the time condom gets ruptured and I really get frustrated. That’s why I really don’t like condom”

Double -Decker (both penetrative and receptive)

“Some of my friends advised me to use double condom to avoid risk if it gets ruptured”

Giriya (Exclusively Penetrative)

#### **Poor HIV/AIDS and Condom related Knowledge**

Besides, the non-availability and quality of condoms, improper knowledge about the HIV/AIDS transmission and protective efficacy of condoms were noticed as an important determining factor for condom use. Few of the MSMs reported nonuse of condom because of their sexual practices such as oral intercourse, sexual intercourse with a female partner, thinking that saliva would kill the virus.

“I usually like sucking and I put a lot of saliva. This kills the virus. So I don’t feel like using condom”  
“I never compromised on a condom when I do with male. But I never used condoms with my female partner because I don’t ejaculate in vagina”

Sexual partner’s physical appearance was also highlighted as a reason for not using condom. They revealed that healthy look of the sexual partner could be a good indicator of not having HIV even if unprotected sex was performed.

“If someone is smart, hygienic and healthy looking then I don’t use condom ”

Poor knowledge regarding the method of application of condom, especially among penetrative partners (Giriya), might have caused rupture of condoms.

“I know that many MSMs don’t know the exact method of application of the condom, which causes rupture and then they use a double condom out of fear”

#### **Outreach Worker**

Two MSMs also considered HIV/AIDS as a matter of bad luck. They had no trust on the efficacy of condom. “HIV is a disease of destiny. If you are destined to get it, then a condom can’t protect you, which is just a rubber”. Lack of trust regarding efficacy of freely available condoms among penetrative partners was also a reason for nonusage of supply condoms even if they were available. It was not always the issue of quality, but also the pressure of the penetrative partners for unprotected intercourse when they did not have a condom of their choice (commercial variety).

“Giriya (Penetrative partner) doesn’t like to use condoms. The Garcia (s) feel that if these are not hundred percent protective then why to use them and they force us for bareback”  
(A Kothi)

#### **Sometime knowledge is not sufficient....**

Although, knowledge of HIV transmission and prevention methods could result into safer sexual practices, however the mere presence of knowledge and intention to use a condom was not sufficient for regular condom use. Besides knowledge, there were socio-cultural and economic factors, which were also associated with lower compliance with condom use. Among the MSMs who were married, some reported the use of a condom with the wife and some not because they did not want a baby or want baby respectively.

“I am a married man and I have a daughter of 1 year. I do use regular condoms with my wife because we don’t want more children”

The condom use was reported less among the MSMs who were in a stable relationship with a male partner. Non-use of condom was high because of underlying trust among same sex couples.

"I am a transgender and have one permanent partner and don't use condom with him because I completely trust him"

(Transgender)

Condom use was more with non-regular partner.

"I use condom with non-regular partners but not with my permanent Giriya"

(Kothi (exclusively receptive))

Poor economic conditions were reported as the underlying reason for non-use of condom, especially when more money was offered for not using condom and more so in those MSMs who were the only bread earner in the family.

"I am the only earner in my family. I don't use condom for 100 rupees but I use a condom when someone offer 500 rupees"

(Kothi (Migrated from nearby state))

Alcohol intake before intercourse was found to be interfering with the regular condom use.

"Most of the time, we use condoms, but sometime when we have lots of wine then we don't give much attention to it"

The incidence of violence from the local police and goons was also highlighted as important reason for inability to use a condom by those MSMs who intended to use them regularly.

"Police catch the MSM while doing sex and demand sex and money. Some of them demand sex without a condom for not putting us behind the bars"

## DISCUSSION

The present qualitative study highlighted various factors frequently associated with not using condoms among Men who have Sex with Men. The major determinant identified in the present study was the non-availability of condoms at the time of sexual intercourse. The non-availability becomes more aggravating when sexual encounters were unplanned. Increasing proportion of MSM and TGs reported receiving condoms from the peer educators before their last sexual encounter. (1 1) The need for continuous

supply of the condoms especially at cruising sites has been considered as an important strategy by Lau *et al.* and Zou *et al.* [12,13] The availability of free condom and promotional messages at the venue has been reported as important correlates of safer sexual practices [14].

The second major determinant, which emerged in the current study, was lack of knowledge about HIV transmission, efficacy of condom in preventing HIV, appropriate intervention to protect from getting infected. The study highlighted that improper knowledge about HIV transmission such as; lesser chance of getting HIV infection with a female partner, getting HIV is a matter of destiny, etc. In addition, cleanliness and hygiene of partner was considered as important reasons for not using condom. A study conducted in Chennai reported similar findings where a condom was not used with faithful and clean partner [15].

The issues regarding the quality of condoms was also reported in past researches [16] However in contrast to it, a cross sectional survey conducted in three south Indian states found that it was not the quality but the correct knowledge of using condom which actually matters [17].

We reported that intention to use condom was not important when intercourse was done with wife, regular and faithful partner which was in agreement to other researches [16, 18] Even someone who is knowledgeable about HIV and its transmission, he may not practice safe sex because of violence and discrimination from clients and the police and it forces them into risky behavior, that is unprotected sexual intercourse. It is consistent with the results reported by other researches [18]. Alcohol intake before sexual intercourse was an important determinant for non usage of condom especially among infrequent condom users.

Previously it was also reported that condom breakage incidences were higher among alcohol users, irrespective of self-identity of MSM (Kothii or Giriya) [16].

## Limitations

The perceptions mentioned in this study are representative of only those MSMs who are registered with the NGOs; they cannot be generalized to all MSMs of Delhi.

## CONCLUSION

Non-availability of condoms, perceived poor quality of free of cost condoms, socioeconomic factors, lack of knowledge about HIV and protective benefits of condoms, alcohol use before sex and violence are important barriers preventing MSM using condoms during intercourse. Stronger policy intervention is required to deal with these issues. Condoms should be made available in each and every shop. Educational campaigns should be revamped and targeted at important sites identified. This study, therefore underscored the need for further qualitative studies among the MSMs who are not registered with an NGO to get a more representative understanding.

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