Barriers to safer sex

Why condom availability doesn't lead to safer sex

AS WELL AS providing sterile injecting equipment, St Mary's Hospital Needle Exchange has consistently offered condoms. But a recent survey has shown that rates of reported condom use by our clients have not changed for the better in the way that needle sharing has.[1] Since condoms can be expensive and embarrassing to buy, it could be argued that availability is a significant barrier to their use, but clients at St Mary's have had a free and easily accessible supply of condoms. Overcoming the problem of needle availability allowed a change to safer behaviour – but the same has not occurred for condoms.

Most drug users report a dislike of needle sharing which predates the AIDS crisis. Their reasons focus on the risk of hepatitis B infection and the condition of their veins. Some had learned their lessons about needle sharing when they caught hepatitis B early on in their drug using careers and have not shared since. Others had become increasingly concerned at the collapse of their veins and preferred to use a fresh sharp needle rather than re-use a blunt one.

Stony ground

This pre-existing desire among most of our clients to use clean needles when they're readily available appears to have provided a framework within which to absorb and implement the 'don't share' message.

The situation with condom use couldn't be more different. Our clients' feelings on this issue probably differ little from the rest of us. Many repeated expressions such as "It's like having a bath with your clothes on," and complained about the awkwardness of incorporating condoms into foreplay. Others felt it was unnatural to have rubber between themselves and their partner.

Interestingly a significant number who had *never* used condoms still voiced these opinions. There seems to be a mythology linking condoms to bad sex which is not necessarily founded in experience. This is supported by the accounts of those few men who changed to safer sex. They generally described how they had been reluctantly forced to do so by an assertive non-drug using partner. After a few months they had adapted to the change to the point where they felt neutral about condom use.

These findings, though largely anecdotal, emphasise the enormous effect of socially held beliefs on the individual, regardless of their own experience.

Contraception is a very low priority for many drug using women. Most women interviewed in this study believed they were unlikely to become pregnant and had irregular or non-existent periods which they wrongly believed made them infertile. Moreover, many women were hoping to become pregnant. For women with low self-esteem and few prospects, pregnancy is a way to gain status and to achieve in a very real way. It is difficult to know what to say when you've recommended safer sex and your client replies that they're hoping for a child.

Male resistance

Another barrier to condom use is negotiating their use with a partner. Many men said they would never volunteer to use a condom but would if a woman insisted.

There are many political and practical reasons why women should not accept this extra responsibility of HIV prevention. Many women simply do not have sufficient power in heterosexual relationships to insist on safer sex. For many, asking their partner to use a condom is tantamount to accusing him of being HIV-positive, and certainly implies he has taken risks. Many women who have worked as prostitutes feel that to suggest condom use to their partner would 'make him feel like a punter'.

The issue of availability is important since even our clients who had easy access to condoms rarely if ever carried them. Presumably if men are waiting for women to suggest using condoms it is the women who are expected to produce them. It hardly needs saying that many women feel uneasy about carrying condoms because they feel it implies they are ready or even looking for sex; a number also expressed anxiety about police harassment.

Clients' perceptions of condom failure rates are higher than manufacturers' estimates. In reality the rates may well be fairly high. Use of lubricants is particularly low and may account for many of the reported failures. The St Mary's Needle Exchange does offer gel and spermicide though few clients use them with condoms or know they are recommended. Those who do use them complain that the tubes are cumbersome and that some spermicides can cause irritation.

Taking these various barriers into account, it is not surprising that we have seen so little behaviour change, but this does not mean that it will not happen. One major step must be the acknowledgement of a sexual HIV risk to us all. Drug users have primarily been identified as a high risk group because of their drug use. To broaden their concern to include sexual risks requires us to take heterosexual risk seriously ourselves. ■

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1. Mulleady G. *et al. Counselling Psychology Quarterly*: 1990, *3*, p.325-341.
2. Mulleady G. *et al. AIDS Care*: 1989, *1*, p.45-50.