A qualitative study of factors that influence the motivation-action relationship in condom use among drug users
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Abstract (Summary)
The present article focuses on the gap between motivation and action in relation to condom use among drug users in non-commercial relationships. The study showed that most drug users were not motivated to use condoms within steady relationships. In casual sexual relationships the intention to use condoms was higher, but several enactment factors were identified that may inhibit actual condom use. These findings about the difference in perceived type of sexual relationship and of the enactment factors should be taken into account when promoting safe sex among drug users. [PUBLICATION ABSTRACT]

Introduction
In the past, HIV prevention aimed at drug users targeted mainly the promotion of safe injecting behaviour. The harm reduction strategies applied in The Netherlands have reduced needle sharing and injecting in general (Van Ameijden and Van den Hoek, 1998). However, with the exception of AIDS prevention programmes aimed at drug-using prostitutes, most programmes for drug users have not focused on sexual risk behaviour, in contrast with programmes for other groups, such as homosexuals and youths, which have been developed to promote condom use (Van Empelen et al., 2001b). Sexual risk behaviour among drug users has been addressed mainly by mass media campaigns, such as general Dutch population television commercials, or small media sources, like brochures (Van Haastrecht, 1995). Although both media sources are known to increase awareness, they produce only minor effects with regard to changing actual behaviour (McGuire, 1985).

Consistent with this knowledge, research has shown that (non-commercial) sexual risk behaviour of drug users has not changed very much. Hard drug users, both injectors and non-injectors like crack-cocaine smokers, run the risk of acquiring and transmitting HIV. Drug injectors are at risk of acquiring and transmitting HIV, not only due to needle-sharing but also due to unsafe sexual practices. Non-IV drug users are at risk mainly due to their reported high number of sex partners, unprotected sex and sexual mixing with IV drug users (Booth et al., 2000).

A few studies in The Netherlands have tried to gain insight into the relationship between behaviour patterns in relation to sex and drugs, and motives for that behaviour among drug users. For example, De Graaf et al. (1994) conducted a qualitative study among male prostitutes, trying to obtain insight into the relationship between private and work circumstances in explaining risk and protective behaviour. They found that male prostitutes used condoms less consistently with steady, trusted or attractive clients, and when they were in need of drugs. VanWesenbeeck et al. (1993) conducted a similar study among female prostitutes, and found that inconsistent condom use depended on work location and drug use, but was also related to having a client-friendly attitude.

However, there is little evidence about possible factors of sex risk and unprotected sex among Dutch drug users in the context of non-commercial relationships. Based on a general model of health behaviour proposed by Abraham et al. (1998), Van Empelen and colleagues made a first attempt to explain risk behaviour and condom use among Dutch drug users in the context of steady and casual sexual relationships (Van Empelen et al., 2001a, b). The core model of Abraham et al. (1998) suggests that there are four general concepts that explain an individual's intention to perform health-related behaviours: they are self-regulation, attitudes, social influence, and self-efficacy, which in turn
would be good predictors of actual behaviour. In their studies, Van Empelen et al. (2001a, b) examined predictors of intention to use condoms with casual and steady sex partners. They found that the model was capable of explaining intention to use condoms to some extent (up to 41 per cent for intended condom use with steady sex partners, and 19 per cent for intended condom use with casual sex partners) (Van Empelen et al., 2001a, b).

Although intention has been shown to be a major predictor of condom use, it is acknowledged that intention does not automatically translate into action. For example, Abraham et al. (1998) stress the importance of preparatory behaviours for the achievement of one behavioural goal. De Vries et al. (1988) and Fishbein (2000) argue that the translation of intention into action depends on existing skills (such as negotiation skills) and potential barriers (such as the availability of condoms). However, if the environment facilitates behaviour, and a person is able to perform certain behaviour, his or her commitment to certain behaviour will ultimately determine whether (s)he will carry out that specific behaviour. The Aids risk reduction model (Catania et al., 1990, 1994) also posits that, apart from acknowledging risk and being committed to use condoms, a third stage, enactment or actually taking action and using condoms, depends on whether one is capable of really implementing intention into action. Bagozzi (1992) and Schwarzer (1992) discuss the importance of preparatory behaviour in performing a particular behaviour. Bartholomew et al. (1998, 2001) discuss the need to identify actions that need to be performed as a means of reaching the desired behavioural goal.

In sum, although many researchers have acknowledged the problem of translating intention into behaviour, little insight has been provided into possible factors that might ensure or inhibit the actual implementation of the desired behaviour. In the present paper this focus is specifically on the enactment stage of condom use among drug users. Qualitative data are intended to provide information about the possible factors that hamper or facilitate the transition of intention into behaviour, and represent a necessary first step to understand why people act or do not act.

This paper reports on face-to-face interviews among drug users, and highlights three areas that are particularly important to understand sexual risk-taking behaviour:

(1) current HIV risk behaviour and HIV/Aids-related behaviour changes;

(2) factors related to an individual's motivation to reduce sexual risk-taking behaviour; and
(3) enactment factors disabling or enabling motivated drug users to actually translate their intention into condom use behaviour.

Method

Sample and recruitment

Our aim was to include a diverse range of participants, consisting of men and women, HIV-negative and HIV-positive drug users, as well as drug users who were also involved in commercial sex, to cover all possible differences. By that we hope to have captured possible different aspects that may be important.

A total of 34 drug users (eight women and 26 men) were recruited via shelters or centers of the Institute of Addiction Care or via the outreach workers in Maastricht and Heerlen. A drug user was defined as an individual who uses drugs other than or besides alcohol, hash or marijuana. Drug users in the area of Maastricht and Heerlen commonly use more than one drug. Heroin (80 per cent), or a combination of heroin and cocaine, are most often used (Van Empelen et al., 2001b).

Of the 34 interviewees, 29 had Dutch nationality, and the average age was 39 (range 24-49 years)(see Table I). The average age at which the respondents had started their hard drug use was 19 years; 22 reported having injected drugs, of whom 13 reported being current drug injectors. The drugs used most often in the sample were heroin (68 per cent), followed by a combination of heroin and cocaine (21 per cent). Apart from one participant, all respondents reported to be heterosexually oriented. The demographic variables are in accordance with reports based on large sample sizes among the drug-using population of Heerlen and Maastricht, except that the current sample seems slightly older (e.g. Beuker et al., 2001; Carsauw et al., 1997; Van Empelen et al., 2001 a, b).

There were two males who reported being HIV-positive. Some respondents spontaneously reported that they had been infected with hepatitis B or C but, as we did not ask drug users about their hepatitis serostatus, it is unclear how prevalent hepatitis B and C were within the sample. Of the women three reported having been or currently being a commercial sex worker. At the time of the interview, 12 respondents were in a steady relationship, which was defined as having a regular sexual relationship with someone for at least three months.

Procedure

The interviews took an average of 30 minutes. The respondents were interviewed at the centres of the Institute of Addiction Care or at home. All interviews were recorded on tape, after which transcriptions of these recordings
were made. The drug users were paid 25 guilders (approximately EUR11) for the interview. Social nurses from the participating public health centres, Maastricht and Heerlen, conducted the oral interviews. The interviews were based upon open-ended questions. Subjects covered were:

- the onset of drug use and current drug use, risk and protective behaviour;
- motivational factors, such as Aids knowledge;
- experiences with new and steady sex partners and attitudes towards condom use; and
- enactment factors, including perceived barriers to condom use, and behaviours connected with anticipating the use of a condom.

With regard to the onset of drug use, questions were asked about: when and how respondents had started using drugs; and whether they currently or previously injected drugs and, if so, why they had started injecting drugs. If they said they had quit injecting, they were asked for reasons why they had done this.

With regard to Aids people were asked whether they knew what HIV was, and what they thought the possible consequences of the virus were. They were asked whether HIV/Aids had changed things for them. They were asked whether they discussed HIV/Aids with other people. They were asked whether they took preventive measures to avoid HIV/Aids. Specific questions were then asked with regard to advantages and disadvantages of condom use with different types of partners, and whether responsibility to oneself or the other person was an issue for them.

With regard to the enactment factors, respondents were asked which factor they thought could hamper condom use in circumstances when they intended to use them. Second, respondents were asked whether they could see solutions to overcome such barriers, and whether they could see ways to avoid such situations. If they had a steady partner, respondents were asked whether they had an agreement with their partner about sex with other people. Respondents were asked whether they communicated about HIV/Aids and condom use with partners. Finally, condom availability was discussed.

The interviews were analyzed using the qualitative analysis package QSR NUDIST 4.0, which allowed the exploration and coding of the interviews into
categories reflecting participants' constructs and thoughts, and uncover and explore emerging patterns and themes.

Results

Current HIV-risk behaviour and HIV/AIDS-related behaviour changes

Most respondents (11 of the 13 current injectors) who reported injecting drugs reported using their own equipment or, when that was not possible, cleaning the syringes thoroughly (in their opinion). Respondents who reported never having injected drugs said that the main reason was a fear of needles. Most respondents reported being more cautious since having heard of HIV/AIDS: the most frequently reported change in behaviour was having stopped sharing needles, while three respondents also reported having changed from injecting drugs to smoking drugs. Respondents had also quit injecting for other reasons than HIV/AIDS: their reasons included a lack of good veins, negative side-effects experienced when injecting, or a feeling of responsibility toward the partner or family.

The second change in behaviour they reported was a reduction in the number of sex partners and increased use of condoms, although the increased use of condoms was specifically related to new sex partners. Unsafe sex was often reported, especially within steady sexual relationships. Safe sex decreased with an increased perception of the partner being a "trustworthy" sex partner.

Motivational factors

Knowledge and misperceptions

The interviewees seemed generally to have basic knowledge about HIV/AIDS. The majority knew that HIV is not curable and that you can eventually die from it. They knew about the transmission of HIV by syringes and by unsafe sex, although unsafe sex was mentioned spontaneously less often. Although having some basic knowledge, some misperceptions were evident. Respondents reported that they felt able to assess when someone was infected with HIV on the basis of their feelings about the other person or on the basis of the other person's appearance. One of the men stated:

When it is a proper girl I don't ask if she has Aids. If only I wash myself and she does too.

Some respondents reported that they feel "safe" having sexual intercourse, because they had themselves tested for HIV regularly or because they only had sexual intercourse with what they called "decent" sex partners. One of the HIV-
positive male respondents reported never having used condoms with anybody, including with his steady sex partner.

Attitudinal and normative responses

Almost all respondents interviewed thought that condoms were an effective method to avoid HIV infections. Three respondents (two males and one female) stated this is only the case when the condoms fulfil certain quality demands, by which they mainly meant not being cheap. For instance, one male drug user stated:

Well, safe sex, it depends if the condoms are cheap or expensive. You've got condoms, when you put those on, they are already torn before you have inserted them, or before you unrolled them. For example, those Durex you'll find in those vending-machines in toilets, those are not worth a dime. I rather prefer a good one, with lubricant, that doesn't rub.

The use of condoms to avoid pregnancy was mentioned several times. Several respondents (seven men and two women) in the sample had specific personal reasons for wanting to use condoms to avoid pregnancies. These reasons included prior experiences of children taken away from them, feeling unready for children because of their addiction problem, and having become pregnant even when using contraceptive pills. Some participants were aware that drug use (at least heroin) disturbs or ends the menstruation cycle and may lead to the birth control pill being unreliable: as one female drug user stated:

... I used [drugs]. Then you have ... irregular periods. The second time I got pregnant, I was using the pill.

The majority of the respondents reported that they would use condoms with casual sex partners, and the main reason they gave was fear of HIV and STDs. As one man said:

Simply, to avoid the infection when they perhaps are infected. Just to avoid the risk ... I don't feel like ... to bear the consequences of a lifetime for something ... that takes ten minutes.

Some respondents reported not using condoms when they perceived their partner as "decent". Avoidance of pregnancies was often mentioned as an advantage of using condoms with casual sex partners. One woman stated that an extra advantage of condom use with casual sex partners was also to avoid the uncleanness of ejaculation.

Respondents said that they preferred not to use condoms in sexual relationships. They nominated many negative aspects of condoms, such as reducing sexual
sensations, being uncomfortable, and being a proof of distrust between partners. Examples of statements made were: "I think that it is a sign of distrust", "You trust her for her word", "Something unnatural, you know. A piece of fabric around your genitals". Females were less likely to comment on the disadvantages of using condoms, and the disadvantages they mentioned were mainly related to the negative feelings of the partner regarding condom use.

Intended condom use

Respondents were asked whether they were using, and would continue to use, condoms in their relationships or, in case of not being in a relationship, about their intention with regard to condom use in relationships. A total of 23 respondents clearly answered this question in the context of steady sexual relationships, 20 of these respondents reported that they did not use condoms or would stop using condoms once trust or "a lack of necessity" was established. Of the three respondents who said they were using, or would use, condoms in a steady relationship, one respondent said they would use a condom until both were tested for HIV, and two respondents simply said they would continue to use condoms. Thus, most respondents do not seem motivated to use condoms in steady sexual relationships.

The use of condoms with casual sex partners was discussed by 20 of the respondents: three respondents - all men said they would not use condoms, because this made them feel "not relaxed", or because they got in the way of "establishing a trustworthy situation", or because they only had sexual intercourse with "proper" partners. The other 17 said they would "sometimes" use condoms, although this did not seem to mean "always".

Enactment factors

Experienced barriers to using condoms

Most respondents reported not experiencing problems, difficult situations, or other barriers that would affect their ability to use condoms. Drugs, especially heroin, were mostly reported as negatively affecting sexual arousal, but not reducing the motivation to use condoms, or the actual use of condoms. However, five respondents (three men and two women) reported that other drugs might have an effect on their condom use, mostly referring to cocaine, alcohol, or amphetamines. Other possible barriers were reported by six respondents, such as being in a hurry, or because of other difficult situations (e.g. "being in a car", "too excited, being in love"). One woman stated that men might be the barrier:

Yes, if he [the male sex partner] does it [is willing to use condoms], then I have to put it [condom] on.
Other reasons were a reported lack of experience or not having condoms available.

Respondents who experienced barriers also suggested some solutions which might help them overcome these barriers. Solutions proposed were the use of female condoms, or females putting the condom on their male partner. Some respondents felt they should avoid situations in which they would not be able to have control.

Communicating condom use

Respondents were asked how they would communicate about condom use with a sexual partner. Most respondents had to answer this question hypothetically, as they said they had never discussed condom use with a sexual partner. Some respondents said they would not discuss condom use, because it was too difficult. One man stated:

Yes, I don't know. Then I would be a little bit scared. Normally, it is the other way around, mostly the girl talks about condoms ... Most girls I know also carry condoms.

Others said they would wait until the partner initiated the topic. A few respondents reported simply using condoms, without discussing them first. One man stated:

I don't talk about that. Yes, if we are at my place, ... I always have them ready.

Negotiated safety

Negotiated safety refers to establishing an agreement not to use condoms when sex partners are in a steady relationship, are HIVnegative, are aware of each other's negative serostatus, and/or agree not to engage in sexual relationships with others (Kippax et al., 1997). In the case of drug users it also refers to safe drug use. The majority of interviewees reported seeing no need for an understanding with their partner about sex with others, because sex with others would never happen. One male respondent stated:

I don't have to discuss that. It is my wife.

Another man responded:

If I could see that the chance that the girl would cheat doesn't exist, I would be relieved, and wouldn't have to discuss it, it might hurt her.

And finally, one man said:
We don't have an understanding [about sex with others]. Yes, but it won't happen. I might do it, but not my wife, she would not ... gain anything from that. She only wants one person, she relies on me. [Interviewer: but if you have sex with others, won't you tell her?]. Well, that probably would be very difficult.

Some respondents stated that they would discuss the topic with their partner, but this seemed mainly hypothetical.

Some respondents stated that they had an arrangement about sexual contacts with others, but this seemed mainly a silent agreement, meaning that they assumed that such relationships would not occur but without actually having discussed the topic with their partner. A few respondents said they had discussed the issue of having sexual contacts outside their relationship, but this mostly turned out to mean stating that if the other person fooled around, the relationship would be over.

Having condoms available

Of the 23 respondents who answered this question, 12 respondents said they never carried condoms with them, seven respondents said they sometimes carried condoms with them, and four respondents stated they always carried condoms with them. The majority of the respondents who did not carry condoms said this was because they did not anticipate finding themselves in situations in which unexpected sexual encounters might take place. One male respondent answered:

To go to bed with someone, I would not do that so suddenly.

Another man responded:

If I need them [condoms] I'll buy them. Should not be a problem.

Respondents, who said they carried condoms with them sometimes, said that they sometimes had condoms available at home in case something might happen. Some said that they usually carried condoms, mostly in their wallet, but had not replaced the last ones they had used. The four respondents who said they always carried condoms were able to actually show them.

Discussion

The sample studied showed awareness of HIV risks and related behaviour, and were aware of strategies to reduce the chance of HIV risk. This is in accordance with most studies among drug users that show that drug users have reduced their HIV risk behaviour to some extent, mostly through drug-risk reduction (Des Jarlais, 1992). It is likely that not all of their risk reduction behaviour was in fact
safe: for example, most of these drug users (11 of the 13 current injectors) who reported injecting drugs said they cleaned the syringes thoroughly when they had to share them, but a WHO report (WHO, 1993) has shown that most drug injectors in fact clean their syringes poorly, despite believing they had done it thoroughly. Besides reductions in injecting behaviour, drug users reported having reduced their sexual risk behaviour by having reduced the number of partners or reduced their engagement in unprotected sexual behaviour with casual partners. However, they all reported using condoms not at all or less when the partner seems decent or when the amount of time spent with their partner increased. The majority of the interviewees, however, stated clearly that within steady relationships condom use was not an option. The importance of the difference between casual and steady sexual relationships among drug users has been shown elsewhere (Corby et al., 1996; Van Empelen et al., 2001 a, b); the same pattern has been found among other groups such as homosexual men (Hospers and Kok, 1995) and heterosexuals (Sheeran et al., 1999). Several motivational factors may be related to this difference between steady and casual relationships.

Misperceptions were expressed about condom use, such as believing that cheap condoms tear easily, that it is possible to recognize someone as being HIV-infected by their appearance, believing that sex is less risky when you know someone thoroughly, or when hygienic practices such as washing are undertaken. Respondents reported feeling less vulnerable to HIV/STD in the context of steady sexual relationships, in which they felt there was less need to protect themselves. So, while knowledge is good about HIV/Aids and HIV transmission routes, drug users report not feeling personally vulnerable to HIV transmission in the context of steady relationships.

The study provided information about positive and negative attitudinal beliefs with regard to condom use with casual and steady sex partners. In general, the participants had positive beliefs with regard to condom use with casual sex partners, related to fear of HIV and STDs. In the context of steady relationships, condoms were overall seen as negative, being unnatural, less pleasurable, less necessary and as a violation of trust. Females seemed more positive towards condom use than males, and said that it was mainly their male partners who had negative feelings about condoms. It therefore seems relevant to make males aware of the beliefs and feelings female sex partners have about condoms.

A promising result that needs more research is whether the avoidance of pregnancies might be a motivator to promote condoms as a contraceptive within steady relationships. Using condoms as a contraceptive might be a good motivator, because it has been shown that heroin use can disrupt the menstruation cycle (Trimbos, 2001), making the contraceptive pill less of an
option, a fact of which some respondents were aware. This, however, may only work with some of the population.

Very few drug users reported barriers relating to the technical aspect of actually using condoms, which suggests that the main factors are mainly motivational. However, another and perhaps better explanation might be the lack of concrete condom use experience in the majority of the sample.

A small number of drug users reported that alcohol or drugs, mainly cocaine and amphetamines, inhibited them from using condoms. This is in line with the "alcohol myopia" theory (Steele and Josephs, 1990) which asserts that intoxication reduces someone's attentional capacity, and means that intoxicated people cannot see the possible long-term costs of their actions (HIV/ Aids), attending instead to the more salient short-term benefits such as immediate pleasure (MacDonald et al., 1996, 2000). Hence, drug users should be made aware that, though even positive about condom use, actual use may be inhibited by myopia, a situation they should anticipate.

Although most drug users in this sample perceived themselves as capable of using condoms, and actually being motivated in the case of casual sexual relationships, enactment factors of condom use, like having condoms available or communicating about condoms or other HIV-related topics, seemed more problematic, and might prevent actual condom use. The ability to discuss condom use has been shown to be essential in promoting condom use (Grimley et al., 1993). Communication about HIV/Aids and condom use therefore seems a very important factor. It also appears to be essential to promote the actual carrying of condoms, because anticipation of actual condom use and possible sexual encounters is an important factor in getting people to use condoms.

The present study shows that some enactment factors may be of importance in getting drug users to successfully protect themselves or their partners against HIV/Aids and other even more prevalent sexually transmitted infections, like hepatitis B (HBV). Although the present study was specifically aimed at condom use (barriers) to prevent HIV, the findings are also important with regard to the prevention of the transmission of HBV, taking into account the fact that transmission occurs via the same routes as HIV, and the contagiousness and the high prevalence of HBV among drug users (e.g. Carsauw et al., 1997; Rhodes et al., 1996).

The aim of the present study was to identify reasons why drug users are not using condoms. We looked at motivational factors that might explain the non-use of condoms, and at factors that may explain why also drug users that are willing in theory to use condoms may not in fact use them, focusing on possible enactment factors. We chose a qualitative approach to study this topic in order to
provide some insight into how the intention-behaviour relationship in the case of condom use among drug users can be understood and ultimately strengthened. Our method and small sample size may be seen as limiting the generalizibility of the findings. However, the sample included a diverse range of participants, consisting of men and women, HIV-negative and HIV-positive drug users, as well as drug users who were also involved in commercial sex, to cover all possible differences. We hope therefore to have captured possible different aspects that may be important. This study may provide meaningful information on which to base subsequent quantitative studies. It would be interesting to examine the importance of the current findings by means of quantitative studies among larger samples: such quantitative studies examining the importance of enactment factors are currently scarce.

This study presents information that can be used to develop more specific AIDS-preventive interventions aimed at drug users, taking into account enactment factors of behaviour, in this case safe sex, as well as the relationship status. It seems that drug users should be made aware that sexual encounters may occur, and that they should anticipate such situations in advance. Communication about HIV/STD risk and safe sex with sex partners should be promoted.

[Sidebar]
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[Sidebar]
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[Sidebar]
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