

Impact Objectives

- Develop and evaluate a programme designed to improve young men's condom experience
- Make condom-protected sex more enjoyable
- Contribute towards reducing sexually transmitted infections

Championing condoms

Professors Cynthia Graham and Roger Ingham of the University of Southampton, UK are working to promote the use of condoms amongst young people, who have often expressed a dislike of their use. Negative attitudes toward condoms, often linked to incorrect and inconsistent use, have almost certainly led to an increase in the incidence of sexually transmitted infections



Can you share a little about how your research career in sexual and reproductive health has developed?

CG: I started my career investigating the effects of hormonal contraceptives on women's mood and wellbeing. During my PhD at McGill University, I conducted a placebo-controlled study of the effects of oral contraceptives on women's premenstrual changes in mood. A subgroup of the women taking the combined oral contraceptive showed reduced sexual interest and enjoyment whilst taking the pill. This led to my shift into researching women's sexuality. My work in sexual health expanded when I moved to the United States to work at the Kinsey Institute (KI) at Indiana University. In the 10 years I was there, I carried out studies on women's sexual arousal, gender differences in sexuality, sexual problems in women, and condom problems and errors experienced by men and women. Working at the KI was a pivotal experience for me, as I was able to collaborate with colleagues from around the world who regularly came to work as visiting scholars and attend conferences. The KI is also where the KI-Condom Use Research Team was formed and our work on condom errors and problems began.

How did the Homework Intervention Strategy (HIS)-UK come about?

CG: Our KI-Condom Use Research Team developed the HIS intervention and tested it in two small pilot studies: one with young heterosexual men and one with African American men who have sex with men. Both studies yielded promising results, suggesting the programme was acceptable and had a positive effect on men's condom use experiences. When I moved back to the UK and began working at the Centre for Sexual Health Research at the University of Southampton, we decided it was important to adapt and manualise the programme before evaluating it in the UK.

Can you provide the details of the funding that supported this research?

CG: We received our funding for the HIS-UK feasibility study from the Public Health Intervention Development scheme (PHIND) of the Medical Research Council. This funding supports the early stages of the development of interventions that address important UK or global public health issues. Studies funded by the scheme will develop the necessary evidence to underpin the later development and evaluation of novel public health interventions.

What do you see as being the main challenges or obstacles to HIS-UK?

RI: Getting participants to commit to longer-term involvement – sometimes lifestyles

are not conducive to reliable and steady participation. Also, as our participants are 16-25 years old, it can be difficult to maintain contact with them when mobile numbers and email addresses change. We are very aware that the study at the moment is focused mainly on heterosexual relationships, although the basic principles involved apply equally to same-sex male relationships, and no volunteer has been excluded on the basis of sexual orientation. We may, in the future, develop the study with a greater focus on men who have sex with men and with people who identify as bisexual.

How are you working to make this science more open, and what tools are you using to achieve this?

RI: To date, we have publicised the study widely through young people's advisory centres, youth service outlets, colleges and social media. When we are ready to disseminate results, we will use similar outlets so as to reach target audiences. Moreover, we will use the extensive networks we have established over many years in the UK and the US (and internationally via the World Health Organization, for example) to alert colleagues and others to the key results. Through these means we will reach many thousands of service providers, policy makers, researchers, advocacy groups and others.

Getting men into condoms

Despite a large reduction in the level of teenage pregnancies in the UK, sexually transmitted infection (STI) rates continue to rise. An increase in the use of long-acting reversible contraception (LARCs) is highly likely to be accompanied by a reduction in the perceived need to continue using condoms. Researchers at the Centre for Sexual Health Research, University of Southampton are working to improve young people's condom experience

Sexual health, both physical and mental, is an underappreciated but essential aspect of general wellbeing. Discussing sexual health remains an embarrassing topic and many don't take the time to understand the many types of contraception now available. Good contraception and protection against sexually transmitted infections (STIs) are essential components of a healthy sex life, and there have been substantial advances in the field of contraceptives in the last 50 years.

Safe, reliable and cheap methods of preventing pregnancy are now readily available. Non-barrier methods such as the combined pill, hormonal implants and intrauterine devices are common and very effective. However, condoms remain the leading form of barrier contraception and the most reliable way of preventing STIs. The condom has a long history going back hundreds of years and is believed to have arisen as a method of avoiding syphilis infection. From these STI-preventing roots, condoms developed their role as a contraceptive. The first rubber versions appeared in the 1850s and latex condoms were developed in the 1920s. Over the last 150 years, condoms have proved to be amongst the most popular method of contraception and STI prevention worldwide.

During the 1990s, the UK experienced a high rate of teenage pregnancy. As better non-barrier methods developed, LARCs in particular were strongly encouraged by the NHS as effective ways to reduce the rate of teenage conception. The results demonstrated the effectiveness of these methods as teenage conception rates have

markedly declined in the UK (and in the US). However, one downside of relying on non-barrier methods is a rise in STIs due to an increase in unprotected sexual encounters, since many young people regard unplanned conception as a more serious threat than STI acquisition.

There is consistent evidence that when people are in committed relationships, they often discontinue the use of condoms and switch to hormonal methods of contraception. Additionally, it is often reported by both men and women that sex is less enjoyable and potentially even uncomfortable with a condom. Not only are there problems with fit and feel, but people often report feeling awkward taking time to apply a condom correctly during the high-pressure scenario of sex. This dislike of condoms is particularly prevalent amongst 16-25 year olds. The previous generation was educated during the height of the HIV pandemic and were subsequently more aware of STIs and the role condoms can have in their prevention. It is this lack of engagement with condoms that Professors Cynthia Graham and Roger Ingham of the University of Southampton in the UK and their research team (Dr Nicole Stone and Ms Sydney Anstee at the University of Southampton, and Drs Katie Newby and Katherine Brown at Coventry University, UK) are looking to understand further and address.

FIRST-HAND EXPERIENCES

Graham and Ingham are conducting a feasibility study of the Homework Intervention Strategy (HIS)-UK, a brief intervention to increase condom use and improve men's experience of condom

use. The study has three key components. First, the KI-HIS intervention developed in the US has been adapted for use in the UK. Second, a pilot study of the adapted intervention, involving up to 50 participants aged between 16 and 25 from Hampshire and the West Midlands, is being carried out. In this intervention, men are asked to experiment with different condom types and lubricants alone (without a sexual partner) and encourage them to become more comfortable and gain more pleasure from condom use. Ingham explains why such a study is necessary: 'The views of users are paramount to encouraging greater use of condoms, so they are central to the study and its implementation. Too many public health interventions are introduced without taking full account of users' views and so risk being less successful than they could be.' Finally, and when tested on a larger sample, the procedure will be manualised for use by others.

Participants in HIS-UK are men aged between 16 and 25 years, who have had vaginal or anal penetrative intercourse in the last month, and reported using a condom on fewer than 60 per cent of occasions. A brief face-to-face introductory meeting involves explaining the study procedures and a condom demonstration. Following this, participants are given a kit containing a variety of condom and lubricant types with instructions to investigate alone. Graham explains further: 'We hope that by encouraging men to experiment with different types of condoms (different sizes, shapes, textures, etc.) and lubricants, they will find the one that fits them well and provide them with maximum sensation. We also believe that the instructions to

‘Too many public health interventions are introduced without taking full account of users’ perspectives’

practise applying and using condoms on their own, in ‘low pressure’ situations will mean they feel more confident and skilled when negotiating condom use in a partnered situation.’

Participants undergo a two-week testing period with a three-month follow-up. Those involved are asked to provide condom ratings through an online portal and are kept in contact with the researchers through text and email. Participants are asked to submit responses on what condoms and lubricants worked best for them as soon as possible after testing them, to reduce issues arising from poor recall.

HIS-UK FOR WOMEN

Graham and Ingham are both aware, however, that limiting the study to only – mainly heterosexual – young men does not take into account the sexual partners of these men. They hope to do further research to adapt and evaluate the HIS-UK programme for women, who are often the ones who apply condoms to their sexual partners, and for men who have sex with men. Graham expands on the outline for a female version of the programme: ‘It will start with a training session to build women’s confidence and skills relating to condom use and negotiation. As with the HIS-UK programme, we will give out ‘condom kits’ and ask women to try the

condoms at home by themselves and with their partners by completing various homework exercises. Previous interventions have focused on improving negotiation skills for condom use among women; this programme will focus on women’s pleasure in, and confidence with, condoms.’

The long-term goals of the project are to gather sufficient data to demonstrate the need for a large-scale investigation and, crucially, have useful information on positive condom usage to disseminate to the British public. Graham and Ingham hope they will influence young people to use condoms more frequently and find pleasure in their usage, reducing the spread of STIs and redressing issues related to incorrect condom use. They will also endeavour to influence local and national policy and practice in this crucially important area of health and wellbeing.



An example of a HIS-UK condom kit

Project Insights

FUNDING

Medical Research Council (MRC)
Public Health Intervention
Development Scheme

PARTICIPANTS

University of Southampton, UK •
Coventry University, UK

OPEN DATA: HOW THE UNDERLYING RESEARCH MATERIALS FOR THIS PROJECT CAN BE ACCESSED

- The MRC guidance regarding how, and when, to make the raw data accessible will be followed
- Once manuals have been developed for the intervention they will be made available to other researchers and practitioners to use

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