

Experiences of Condom Fit and Feel
Among African American Men
Living with HIV

By
Richard Glover

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Richard Glover

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It has been shown through research that condom fit and feel have impacted condom use. The purpose of this study was to explore the specific perceptions associated with condom fit and feel, and how those variables impact consistent condom use. Participants were recruited from Atlanta, Georgia in 2008 between the months of May to July. Black men living with HIV experienced problems with condom fit and feel. In the study, 41.5% (n=44) stated that condoms fit fine “always” while 21.7% (n=23) who stated they fit fine “often”, 26.7% (n=28) who stated that they fit fine “sometimes”, and over 9 percent (n=10) stated that condoms “never” fit fine. Over 50% (n=53) of all participants said they could not find appropriate sized condoms (this include participants who said “always,” “often”, or “sometimes”). Additionally, 33% (n=35) of participants reported that condoms were too long while 42.9% (n=46) of them reported that condoms were too short. Over 54.3% (n=58) and 36.2% (n=39) of participants reported condoms as (always, often or sometimes) being too tight and too loose respectively. Despite these reports, over 90% (n=96) of participants stated that condoms (always, often, or sometimes) fit fine. Social desirability could have influenced the results of this study because it was a self report questionnaire. A convenience sampling method was used, which will limit the generalizability of this study. Black men living with HIV in metropolitan Atlanta may respond differently than the general population.

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CHAPTER 1
INTRODUCTION

HIV is a currently a worldwide pandemic, which continues to change the lives of people infected as well others who are affected by the virus. In the United States as all other countries, HIV has a stronger present in some communities. Specifically, the rates in Georgia alone have been quite higher than other states, with even higher rates in metropolitan Atlanta. The major route of transmission is from unprotected intercourse, which invokes the question as to why people are not using contraception such as condoms (Centers for Disease Control and Prevention, 2007).

Although many HIV interventions have been proposed and designed to stem the transmission of the virus, over 40,000 persons in the United States become infected with HIV each year (CDC, 2007). It's widely known by many people that latex barriers can provide a barrier to HIV transmission and reduce the infection rate, but it is not known why these devices are not being used (CDC, 2002). There has been some research done to assess condom fit and feel in the general population, but there has been almost no research done to assess these perceptions in the HIV positive population (Reece, Herbenick & Dodge, 2009). With limited research in this area, it is difficult to fully understand and design an intervention to address the determinants of condom use as it relates to fit and feel among the HIV positive population. Therefore, it is important to conduct this study.

Purpose of the Study

The purpose of this study was to explore the specific perceptions associated with condom fit and feel, and how those variables impact consistent condom use. The information obtained by the instrument; (a) provided helpful data on the perceptions and attitudes about condom fit

and feel among men living with HIV, which can be utilized by sex educators, health educators, sex researchers, and condom manufacturers, and (b) provided insight on the determinants of behaviors as to why men living with HIV may or may not be using condoms as a form of contraception.

Need for the Study

Little research has been done on the fit and feel of condoms and even less research has assessed these variables in men living with HIV. A study by Reece et al. (2007) found that there are a range of feelings about condom comfort, which may have a huge impact on if a person will use a condom during sexual activity or not. Another study by Graham et al. (2007) stated that 31% of males experienced loss erection in which condom fit and feel were two of the driving forces behind that behavior. Similar studies by Crosby et al. (2005) revealed that 31% of participants experienced problems with fit and feel of condoms, which was associated with decrease motivation to use, inconsistent use, and breakage of condoms. The above studies show that there are relationships between condom fit and feel and condom usage.

The need for studies involving HIV positive individual's perceptions about the fit and feel of condoms is high. It has been shown that fit and feel of condoms have impacted the use of them during sexual activity. If men living with HIV enjoy the feel and have the appropriate condom size, then they may be more likely to use them. It has also been shown that condoms that are fitted to penile dimensions can reduce breakage rates by up to 50% of the rate from non-fitted condoms (Reece et al., 2008). With this in mind, men living with HIV who enjoy the fit and feel of condoms and use them consistently and correctly may decrease transmission of the virus to others. Additionally, if used consistently and correctly, condoms will minimize HIV positive individual's chance for re-infection with additional strains of HIV and co-infection with other

STIs. Therefore, research that investigates the attitudes of men living with HIV on condom fit and feel is greatly needed and must be done.

Research Questions

1. How do participants view overall condom comfort?
2. How do participants feel about condom comfort along various parts of their penis?
3. Will participants who report higher levels of discomfort with condom “fit and feel” have higher incidence of inconsistent condom use?
4. What are participants’ preferences for specific brands of condoms?

REVIEW OF LITERATURE

The focus of this literature review will be evaluating condom fit and feel among men living with HIV. The sequence of the literature review will go as follows: (a) overview of HIV and its prevalence. (b) condom use and its protection against HIV transmission, reception, and re-infection. (c) condom fit, feel, and preference. (d) condom fit and feel among men living with HIV. However, because of the limited research surrounding condom fit-and-feel among HIV infected persons, research in this section will be limited. (e) Summary.

Overview of HIV and its prevalence:

HIV is a currently a worldwide pandemic, which continues to cause problems in the lives of people infected as well others who are affected by the virus. HIV is a major public health concern affecting an estimated 40 million people globally (UNAIDS, 2006). The CDC reveals that 40,000 persons in the United States become infected with HIV each year (CDC, 2007). In the United States, statistics show an increased number of HIV cases among ethnic minorities such as African Americans. These individuals are being infected at a disproportionate rate (CDC, 2007). In 2005, Black individuals accounted for 18,121 (49%) of the estimated 37,331 new HIV

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diagnoses in the 33 states with long-term, confidential name-based HIV reporting (CDC, 2007). In 2005, rates of HIV/AIDS cases were 71.3 per 100,000 in the black population (CDC, 2008).

At the end of 2003, an estimated 1,039,000 to 1,185,000 persons in the United States were living with HIV/AIDS. There were, 35,314 new cases of HIV/AIDS in adults, adolescents, and children were diagnosed in the 33 states with long-term, confidential name-based HIV reporting (CDC, 2008).

In Georgia HIV/AIDS continues to have a greater affect among the male population. In 2003, of the nearly 28,000 new diagnoses, almost 23,000 cases were found among men. By the year 2003, men accounted for 83% of the cumulative HIV/AIDS cases in Georgia. In 2005, almost three quarters of HIV diagnoses were for male adolescents (13 years and older) and adults (CDC, 2007). Additionally, more than half of the reported cases for the state appeared in metropolitan Atlanta among the minority population. Minorities account for over 70% of HIV/AIDS diagnoses in Georgia (CDC, 2003)

In the United States, like many other countries, HIV has a stronger presence in some communities. Specifically, the rates in Georgia alone have been quite higher than other states, with even higher rates in metropolitan Atlanta. Although Georgia is the 10th largest state in population, they had the 7th highest rate of reported AIDS cases in 2004, 8th highest total number of AIDS cases reported as of 2003, and 8th highest number of people living with AIDS as of 2003 (CDC, 2006). The HIV epidemic profile has also shifted from predominately white men who engage in male-to-male sexual contact to mostly African American men, women, and children (CDC 2006).

African Americans continue to represent the majority of HIV/AIDS cases in Georgia. As shown in the NAPWA report, in 1982, African Americans only accounted for 23% of HIV/AIDS

cases, but by December of 1998, that number increased to 37% and 43% for HIV and AIDs respectively. The rate of AIDS diagnosis for black women (45.5/100,000 women) is approximately 23 times the rate for white women (2.0/100,000) and 4 times the rate for Hispanic women (11.2/100,000) (CDC, 2007). In 2005, minority women in Georgia accounted for 33% and 25% of newly diagnosed HIV and AIDS cases respectively. Among current cases of HIV/AIDS, minority women account for 83% of people diagnosed and living with the infection in Georgia. Additionally, most of these cases are seen in metropolitan Atlanta, which since the beginning of the epidemic in the early 1980's, has been disproportionately affected by HIV (CDC, 2006). The major route of transmission for HIV in this population of women is a result of engaging in unprotected heterosexual intercourse. This invokes the question as to why people are not using contraception such as condoms (CDC, 2007).

Condom use and its protection against HIV:

If used consistently and correctly during sexual intercourse, condoms will significantly reduce the transmission of HIV (CDC, 1988). In Davis and Weller's study, they estimated that condoms provided an 85% reduction in HIV/AIDS transmission risk when infection rates were compared in always versus never users (Davis & Weller, 1999). Therefore, it is imperative to understand the reasons why people are not using condoms as a form of contraception. Testing condom fit and feel could shed light on possible determinants for condom use.

HIV/AIDS can be sexually transmitted by anal, penile-vaginal, and oral intercourse (CDC, 1993). However for males the most common form of transmission is through male to male sexual contact whereas females are primarily infected through heterosexual contact (CDC, 2007). As it stands to date, male to male sexual contact accounts for the highest form of HIV

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transmission. Heterosexual contact is the second highest followed by intravenous drug use (CDC, 2007).

Currently, the known ways to protect against HIV transmission is by using latex barriers such as condoms and dental dams. According to the Centers for Disease Control & Prevention (CDC), consistent condom use is highly effective in preventing HIV transmission (CDC, 1988). In Davis and Weller's study, evidence showed that condoms provided an 85% reduction in HIV/AIDS transmission risk when infection rates were compared in always versus never users (Davis & Weller, 1999). These findings support the claim by the CDC in that latex barriers are effective in reducing HIV transmission.

In a study focused on condom slippage and breakage, estimates of condom breakage from these studies range from 0.4-2.3%. Slippage rates from these three studies ranged from 0.6% to 1.3% (Frezieres, 1998; Frezieres & Macaluso, 1999). These results and findings suggest that condoms, even if used correctly, are not 100% effective. However, this rate of breakage could be associated with style and size of condoms. Currently, there is little size variability in condom size and retailers who do have different sized condoms have condoms that are marginally different. However, according to Reece et al. (2008), condoms fitted to penile dimensions can reduce breakage by 50% from the rate of standard-sized condoms (Reece et al., 2008) Unlike what is currently being offered at condom retailers, condoms fitted to penile dimension show a reduction in breakage. This information helps to explain and understand possible explanations surrounding condom breakage rates that were listed in the aforementioned study conducted by Frezieres, and Macaluso.

Condom fit, feel, and preference:

Condom fit, feel, and preference are factors that must be addressed when assessing condom use. In a study by Crosby et al. (2004) condom dryness created feelings of tightness of the

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condom and discomforts for males and their partners. In the event of dryness, some participants got a fresh condom while others say they would remove it and continue with unprotected intercourse at the request of their partners. This information addresses some of the issues concerning the fit, feel, and preference of condoms and how these feelings relate to condom use. In another study by Crosby et al. (2005), 31% of young men and women had problems with the way in which condoms fitted and felt. In the same study, condom discomfort was significantly associated with condom breakage, incomplete use, and a decrease in motivation to use condoms. Crosby et al. (2005) illustrated that slippage and breakage of condoms were assessed and were associated with increased STI infection. Over 30% of both male and females experienced condom slippage and or breakage during a 90 day trial period (Crosby, DiClemente, Wingood, 2005). It was also shown through research that improper fitting condoms are associated with condom failure (Reece, Herbenick 2006). These studies indicate that there can be a link between slippage, breakage, and size of condoms; all of which affects perceptions of condom use and STI rates.

The difference among condom fit and feel may vary by population as well as by brand of condoms. A study by Rhodes et al. (2007) indicated that over 60% of males preferred Trojan brand condoms over any other brand of condoms. It is not clear as to why this brand was favored, but the fact that this brand is favored highlights may indicate that there exist differences in fit and feel among brands. According to Reece et al. (2007), a condom fit-and-feel scale test revealed that feelings about condoms varied among African-American males who had sex with men. Of the participants, 23% indicated they were too tight, 18% said they were too short, 14% said they were too long, 10% of them said the condom fit too tight around the glans while another 10% said they fit too tight around the shaft of the penis. Implications of this study further

support the literature that highlights the perceptions about condom fit and feel are important and relevant when studying HIV and STI prevention.

Condom fit-and-feel among individuals with an STI (possibly HIV):

In this section of the literature review, it is important to note that there has been minimal research on the topic of condom fit and feel among individuals with STIs including HIV; this is the reason for this proposed research. Despite the limited research, implications can be made about this population. For example, a study by Crosby et al. (2006), revealed that 31% of individuals who were currently being treated for a STI, reported condom breakage during sexual intercourse. Breakage was also associated with higher number of past STI infections as well as with condom fit and feel. This literature supports claims made by the aforementioned literature in that condom fit and feel is associated with increased STI. It also suggests that individuals who have negative attitudes and perceptions about condom fit and feel experience higher condom breakage rates and increase infection rate. Although it is not specifically mentioned this could be the case with HIV as well. Another study by Graham et al. (2006) indicated that 37.1% of men reported condom-associated erection loss on at least one occasion with sexual partners in the 3 months preceding the study. These men also reported having more frequent unprotected vaginal intercourse. Additionally, they were less likely to use condoms consistently and were also more likely to remove condoms before sex was over. In a multivariate analysis, fit or feel of condoms was one of three significant statistical predictors of condom-associated problems with erectile loss during sexual intercourse.

CHAPTER 2

METHODOLOGY

The purpose of this study was to: 1) evaluate and understand the perceptions and attitudes about condom fit and feel among men living with HIV, 2) examine the preference of condom type among men living with HIV. The study included the following organizational strategies: a) study site, b) arrangements for conducting the study, c) selection of instruments, d) design of study, e) selection of the subjects, f) administration of instrumentation, and g) data management and analyses.

Study Site

This study was conducted at Positive Impact, Inc. which is located in downtown Atlanta, Georgia. Positive Impact has been serving the metro Atlanta community for over a decade; their focus includes mental health care to individuals who are both infected and affected by HIV/AIDS. Clients who are treated do not have health insurance or access to any health care services.

Arrangement for Conducting the Study

This study was conducted at Positive Impact after undergoing review from the Indiana University's Human Subjects Committee. The survey was submitted to the program director and board members for a review of its content. The program director was consulted to determine when the administration of the survey would take place based on the program's schedule of activities. Active consent forms, as required by the Indiana University Human Subjects Committee, were completed by participants before they are allowed to participate in the research.

Selection Instruments

To assess the perceptions and attitudes about condom fit and feel among men living with HIV, the condom fit-and-feel survey that was created by Dr. Michael Reece and Dr. Debby Herbenick was used (Reece et al., 2008). The 14 item Likert type scale has been used to measure condom fit-and-feel among other populations and prove as an efficient tool and will be used in this study. The scale examined the frequency of perceptions related to the fit-and-feel of condoms as follows: (1 = never applies; 2 = sometimes applies; 3 = often applies; 4 = always applies): There are five subscales of the fit-and-feel condom scale; condoms fitting correctly, being too loose, being too tight, being too long, and being too short (Reece et al., 2008).

Design of the Study

Subjects were recruited based on HIV status and willingness to participate. Clients who enter Positive Impact were asked if they would like to participate in a study. Participants who agreed to take part in the study completed a consent form. Then they completed a survey with included many demographic and sexual health questions in addition to the condom fit and feel scale. All data was kept confidential by project staff.

Selection of Subjects

All subjects were clients or individual who were connected to Positive Impact in some way. The main criteria for participation included: (a) all subjects were males (b) all subjects had to have a positive HIV serostatus, (c) all participants had to have used a male condom during sexual intercourse in their life, and (d) all subjects had to be over the age of 18 years old.

Administration of the Instrument

Permission was obtained from the program director before any surveys were administered. The survey was approved by the board of directors, program director of Positive

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Impact, and by the Human Subject Committee of Indiana University. The surveys were filled out in the lobby area or vacant room of Positive Impact and returned to a closed and locked box. The program director and administrative assistant were responsible for collecting survey material.

The data was kept confidential and was later retrieved by the researcher.

Data management and analysis

All data collected by participants was stored safely in lock and key file cabinet. Data was transferred to a Statistical Package for the Social Sciences (SPSS) data set, Version 16. This information was password protected to secure the confidentiality of participants. To test the hypothesis, (SPSS) was used; descriptive statistics and other appropriate statistical analyses were used to describe men living with HIV and their perceptions about condom fit-and-fee

CHAPTER 3
RESEARCH MANUSCRIPT

Experiences of Condom Fit and Feel among African American Men Living with

HIV

RICHARD GLOVER

INDIANA UNIVERSITY, BLOOMINGTON

Abstract

It has been shown through research that condom fit and feel have impacted condom use. The purpose of this study was to explore the specific perceptions associated with condom fit and feel, and how those variables impact consistent condom use. Participants were recruited from Atlanta, Georgia in 2008 between the months of May to July. Black men living with HIV experienced problems with condom fit and feel. In the study, 41.5% (n=44) stated that condoms fit fine “always” while 21.7% (n=23) who stated they fit fine “often”, 26.7% (n=28) who stated that they fit fine “sometimes”, and over 9 percent (n=10) stated that condoms “never” fit fine. Over 50% (n=53) of all participants said they could not find appropriate sized condoms (this include participants who said “always,” “often”, or “sometimes”). Additionally, 33% (n=35) of participants reported that condoms were too long while 42.9% (n=46) of them reported that condoms were too short. Over 54.3% (n=58) and 36.2% (n=39) of participants reported condoms as (always, often or sometimes) being too tight and too loose respectively. Despite these reports, over 90% (n=96) of participants stated that condoms (always, often, or sometimes) fit fine. Social desirability could have influenced the results of this study because it was a self report questionnaire. A convenience sampling method was used, which will limit the generalizability of this study. Black men living with HIV in metropolitan Atlanta may respond differently than the general population.

Introduction

HIV is a currently a worldwide pandemic, which continues to change the lives of people infected as well others who are affected by the virus. In the United States as all other countries, HIV has a stronger present in some communities. Specifically, the rates in Georgia alone have been quite higher than other states, with even higher rates in metropolitan Atlanta. The major route of transmission is from unprotected intercourse, which invokes the question as to why people are not using contraception such as condoms (Centers for Disease Control and Prevention, 2007).

Although many HIV interventions have been proposed and designed to stem the transmission of the virus, over 40,000 persons in the United States become infected with HIV each year (CDC, 2007). It's widely known by many people that latex barriers can provide a barrier to HIV transmission and reduce the infection rate, but it is not known why these devices are not being used (CDC, 2002). There has been some research done to assess condom fit and feel in the general population, but there has been almost no research done to assess these perceptions in the HIV positive population (Reece, Herbenick & Dodge, 2009). With limited research in this area, it is difficult to fully understand and design an intervention to address the determinants of condom use as it relates to fit and feel among the HIV positive population. Therefore, it is important to conduct this study. African Americans continue to represent the majority of new HIV/AIDS cases in the U.S. As shown in the National Association of People living with HIV/AIDS (NAPWA) report, in 1982, African Americans only accounted for 23% of HIV/AIDS cases, but by December of 1998, that number increased to 37% and 43% for HIV and AIDS, respectively. Currently these numbers are even higher and they are continuously rising. Additionally, individuals infected with HIV/AIDS have a higher incidence of other STIs (CDC, 2008) HIV/AIDS can be sexually transmitted by anal, penile-vaginal, and oral intercourse but, the most common form of transmission between men is through male to male sexual contact (CDC, 2003; CDC, 1993; Karon et al. 2004; Peterson et al. 2006) African American men who have sex with men (MSM) are disproportionately infected by HIV/AIDS. Therefore, there is an increase need for more studies to identify the reasons why the infection rates of men within this subgroup continue to rise. However, consistent condom use is highly effective in preventing HIV transmission (CDC, 1988). Results from a Davis and Weller study showed that condoms provided an 85% reduction in HIV/AIDS transmission risk when infection rates were compared

between “always users’ versus “never users” (Davis & Weller, 1999). Other studies have found similar results as well (CDC, 2003; Holmes, Levine & Weaver, 2004). These findings support the claim by the CDC that latex barriers are effective in reducing HIV transmission. However, if condoms are used inconsistently and incorrectly, there will be a decrease in reliability of protection against HIV and other STIs (CDC, 1988; Davis & Weller, 1999; CDC, 2003; Holmes, Levine & Weaver, 2004). So the question becomes, why are people not using condoms consistently and correctly? Some research has been done to answer this question but not much is known about African American men who have sex with men (MSM) or those living with HIV and their condom use habits.

Little research has been done on the fit and feel of condoms and even less research has assessed these variables in African American men living with HIV. However, researchers have found a range of feelings about condom comfort, which impact condom use during sexual activity (Jadack & Fresia, 1997; Reece et al, 2007; Graham et al. 2006; Crosby et al. 2005). Other reports show that 31% of males experienced a loss of erection due to discrepancies with the way condoms fit and feel. Additionally, over 31% of participants in other studies reported problems with fit and feel of condom including condoms being dry, tight at different regions of the penis, and too short. Consequently, this has led to an inconsistent and decreased motivation to use condom (Reece et al. 2007; Graham et al. 2006; Crosby et al, 2005; Reece, Herbenick, & Dodge, 2009).

Another study indicated that 37.1% of men reported condom-associated erection loss on at least one occasion with sexual partners in the 3 months preceding the study. Men in the study also reported having more frequent unprotected vaginal intercourse. Additionally, they were less likely to use condoms consistently and were also more likely to remove condoms before sex was

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over (Graham et al. 2006) These studies suggest that men who are feeling discomfort from condoms are less likely to use them, which increases incidences of unprotected sexual intercourse (Graham et al. 2006; Crosby et al. 2006) Therefore, there is an increase chance for HIV infection and re-infection among the infected population.

Methods

Participant recruitment

Participants were recruited from Atlanta, Georgia in 2008 between the months of May and July. 106 adult men were recruited from two organizations in downtown Atlanta which support people who are infected and affected by HIV.

Data Collection

Data was collected anonymously using an 87 question survey. Participants returned surveys to a safety box in the facility where the surveys were administered. Each participant was given \$5 cash to complete the survey. The institutional review board of Indiana University-Bloomington approved the procedures of this study.

Measures

Demographics

Participants described their age, ethnicity, and gender.

Sexual Characteristics

Participants described their sexual orientation, number of sexual encounters, and condom use with each male and female partner within the past 90 days.

Condom fit and feel

The Condom Fit and Feel scale is a 14 item Likert-type scale on which men indicate the frequency of problems with the fit and feel of condoms (4=never applies; 3=sometimes applies;

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2=often applies; 1=always applies). There are five subscales, including condoms fitting correctly, being too loose, being too tight, being too long, and being too short. The mean score for each subscale was issued to assess men's experiences with condom fit and feel.

Statistical Analyses

Descriptive analyses were made using the Statistical Package for Social Sciences, version 16 to describe the participants and their perceptions of condom fit and feel. Univariate analyses were conducted to characterize the relationship between sexual orientation and condom fit and feel subscales. Additionally, analyses of the relationship between age and condom fit and feel subscales were assessed. Finally, analyses were conducted to see if participants could discriminate between areas of discomfort along various parts of their penis. Individuals who endorsed the condom fit and feel subscale included those who chose always and often for a given subscale description. **Results**

Participant description:

The study included 106 male participants who identified their sexual orientation as; 11.4% heterosexual/straight (n=12), 21.9% bisexual (n=23) and 65% homosexual/gay (n=69). All of the participants identified as being Black/African American (n=106). Close to 69% of the participants in the study identified as being single (n=73) while the remaining identified as being partnered 17.1% (n=18), divorced seven percent (n=8), married four percent (n=4), and widowed two percent (n=2). Over 64% (n=68) of participants identified as being sexually active. Of those participants, 39 % (n=41) were in a sexual relationship with only one person, 14.3 % (n=15) had multiple partners and 11.4% (n=12) were sexually active but did not consider themselves to be in a sexual relationship. Additionally, 72.4% (n=76) of participants reported having sex with a man,

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12.4% (n=13) with women, and two percent (n=2) reported having sex with a transgender person in the past 90 days.

Perceptions of condom fit and feel

In the study, 41.5% (n=44) stated that condoms fit fine “always” while 21.7% (n=23) who stated they fit fine “often”, 26.7% (n=28) who stated that they fit fine “sometimes”, and over 9 percent (n=10) stated that condoms “never” fit fine.

Condoms fit tight

There were 17.1 % (n=18) of participants who endorsed the “condoms fit too tight” subscale (always or often fit too tight). However, 37.1 (n=39) stated they fit too tight “sometimes” and 45.7% (n=48) stated that condoms “never” fit too tight. Of the participants who stated that condoms fit too tight always, often, or sometimes, 45.7% (n= 48) stated that they fit too tight around the head of their penis, 47.5% (n=50) stated they fit too tight around the shaft, and 51.4% (n=54) said they were too tight around the base of their penis.

Condoms fit too loose

Less than 10% of participants, (n=10) endorsed the “condoms fit too loose” subscale. But, 26.7% (n=28) stated they fit too tight “sometimes” and 63.8% (n=68) stated that condoms were “never” too loose. Of the participants who stated condoms fit too loose always, often or sometimes, 33.3% (n=34) said they were too loose around the shaft of their penis, 39% (n=41) said around the head, and 36.5% (n=38) said around the base.

Condoms are too long

In addition to endorsing the condoms fit too tight and loose subscales, 17.3% (n=18) of participants endorsed the condoms are too long subscale while another 17.3% (n=18) stated that

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they were too long “sometimes”. However, 65.4% (n=68) stated that condoms were “never” too long.

Unrolled condom left on penis

Roughly the same number of participants who endorsed the condoms are too long subscale (17.3%, n=18), also endorsed the unrolled condom subscale. There were 15.4% (n=16) of participants who endorsed the unrolled condom subscale. An additional 28.8% (n=30) stated they “sometimes” have unrolled condom left on their penis but 55.8% (n=58) stated there is “never” unrolled condom left on their penis. **Condoms are too short**

Despite some participants endorsing the too long subscale, 17.1% (n=18) participants endorsed the condoms are too short subscale. There were 25.7% (n=27) of participants who stated that condoms were too short “sometimes”. Conversely, 57.1% (n=60) stated that condoms were “never” too short.

Condoms will not roll down far enough

There were similar results between the condom too short subscale and the condom will not roll down far enough subscale. There were 14.7% (n=15) of participants who endorsed the “condom will not roll down far enough” subscale. Another 29.4% (n=30) of participants stated they will not roll down far enough “sometimes”. Yet, there were 55.9% (n=57) who stated that this situation “never” applied to them.

Table 1. Proportion of participants strongly endorsing* items on the Condom Fit and Feel Scale		
Scale items by subscale	%	(n=)
Condoms fit fine*	63.2	(67)
Condoms fit too tight		
Condoms fit too tight on my penis*	17.1	(18)
Condoms fit too tight around the head of my penis	45.7	(48)
Condoms fit too tight around the shaft of my penis	47.5	(50)
Condoms fit too tight around the base of my penis	51.4	(54)
Condoms fit too loose		
Condoms fit too loose on my penis*	9.5	(10)
Condoms fit too loose on the head of my penis	39	(41)
Condoms fit too loose on the shaft of my penis	33	(34)
Condoms fit too loose on the base of my penis	36.5	(38)
Condoms are too long		
Condoms are too long for my penis*	17.3	(18)
I have some unrolled condom at the base of my penis after I unroll it	15.4	(16)
Condoms are too short		
Condoms are too short for my penis*	17.1	(18)
Condoms will not roll down far enough to cover my penis completely	14.7	(15)
*Proportion of participants responding “always” or “often” to each scale item All other scores include participants responding “always”, “often”, or “sometimes”.		

Condom “fit and feel” and condom use

The data showed an insignificant correlation between “condom fit and feel” and condom use. A two-way ANOVA proved that there was not a significant difference with increasing or decreasing condom use as a result of improper size, fit, and feel of condoms. A one-way ANOVA analysis did not show a significant difference between age and the subscales of condoms; too long, too short, too tight, or too loose. Neither, was there a significant difference between sexual orientation and any of the subscales. Therefore, participants in this study, although they had varying sexual orientation and ages, responded similarly about condom fit and feel.

Type and style of condoms used

The vast majority of the participants 79% (n=84) reported using Latex condoms, as opposed to polyurethane, or natural skin condoms. Over nine percent (n=10) of the participants reported using condoms to fit larger penises and over 10% (n=11) reported using custom fit condoms. However, 51% (n=55) of participants reported having problems finding appropriate sized condoms.

Discussion:

Black men living with HIV experienced problems with condom fit and feel. Over 50% (n=53) of all participants said they could not find appropriate sized condoms (this include participants who said “always,” “often”, or “sometimes”). Additionally, 33% (n=35) of participants reported that condoms were too long while 42.9% (n=46) of them reported that condoms were too short. Over 54.3% (n=58) and 36.2% (n=39) of participants reported condoms as (always, often or sometimes) being too tight and too loose respectively. Despite these reports, over 90% (n=96) of participants stated that condoms (always, often or sometimes) fit fine. It is not clear as to why participants would say condoms fit fine and have negative perceptions about specific variables concerning condom fit and feel. It could be because participants never before assessed the specific areas of condom discomfort along various parts of their penis. Or, perhaps there is a difference in ideals about the way condoms are supposed to fit or feel. Although participants say condoms fit fine then later describe them as being too tight or too loose in certain areas, this does not mean that the condoms are problematic. It is not known if participants view the subscales in a positive or negative manner. One participant may view tightness around the base of the penis as discomfort while another may view it as security in knowing that the condom is still on properly. Additionally, participants who feel that condoms are too loose around the head or shaft of their penis could in fact be happy about the condom being

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manufactured that way in order to allow comfort around the glans of their penis. However, condoms feeling too tight or too loose could also translate into discomfort and improper fitting. In future studies, there will be questions to assess how participants view different subscales as a positive or negative event.

Although analyses did not show a large number of participants who could discriminate levels of discomfort on various parts of their penis, there were some who could distinguish fit and feel on different parts of their penises. This data is consistent with other research in that men can distinguish the level of comfort on different parts of their penis as it relates to condom fit and feel (Reece, Herbenick, & Dodge, 2009) The majority of condoms that are currently on the market are a single size throughout the length of the condom. There are some condoms that are currently made for larger penises and smaller penises, but they do not take into account the variation in sizes throughout the head, shaft, and base of penises (Ringheim, 1993). This study highlighted that there are variations in perceptions about condom fit and feel and it is the reason why these variables should be considered when designing condoms. It is expected that designing more appropriate sized and comfortable fitting condoms may increase condom use and may decrease HIV and other STI transmission. It would be naïve to think that simply creating appropriately fitting condoms alone will increase use. But, if there is good marketing and health education, health professionals will be able to encourage proper condom use.

Even though the results from the two-way ANOVA did not show a significant correlation between condoms “fit and feel” and condom use, there is still speculation that decreased condom comfort influences its use. Information from the study showed that participants revealed their inconsistent condom use while also exclaiming that condoms are uncomfortable on their penis; participants stated that condoms were too short, tight, long, and loose on various parts of their

penis. This is a concern because when asked if condoms fit fine, only 40% (n=44) of participants responded that they “always” fit fine. However, when asked about specific places on their penis where condoms did not fit or feel comfortable, participants described the condom as being too tight and too loose along certain aspects of their penis.

There were some limitations associated with this study. Social desirability could have influenced the results of this study because it was a self reported questionnaire. A convenience sampling method was used, which will limit the generalizability of this study. Black gay men living with HIV in metropolitan Atlanta may respond differently than the general population. Nevertheless, the information found in this study should be valued. Atlanta has the highest number of HIV/AIDS cases in Georgia and the fastest growing HIV/AIDS in the U.S among blacks (CDC, 2008; CDC, 2003). Georgia is the 10th largest state in population, yet it had the 7th highest rate of reported AIDS cases in 2004 (CDC, 2008; CDC, 2003). These statistics underscore the need for health education and reform in the Georgia community. Therefore, health clinics such as Positive Impact can utilize this study combined with the existing research during health seminars and group meetings to educate individuals on condom fit and feel. Having an open dialogue about condom fit and feel along with the results of this study will also help individuals and health care workers understand the different preferences of condoms fit. Some people may enjoy condoms being tighter on certain areas of their penis, while others may want them looser.

Condom manufacturers and health care workers can use the information in this study to better assess the problems with condom fit and feel among HIV positive males and others. Understanding the complaints will enable health care providers to recommend different brands and styles to their clients in order to assist them in finding condoms that will be more

comfortable to use. New medications and regimens are being designed to help increase life and quality of life for people living with HIV, which is leading to a growing number of infected individuals. This increases chances for human to human interaction and, possibly the spread of the virus. Therefore, it is imperative that programs are designed by health professionals with these variables in mind. Sensitivity to such issues would help to ensure that the best quality of programs and barrier products are manufactured to help decrease the spread of HIV and other STIs. This study, along with other studies that assess condoms in certain populations, proves that there are differences among subgroups of people relating to condom fit and feel (Jadack & Fresia, 1997); Crosby et al; Reece, Herbenick, & Dodge (2009). Researchers in a similar study identified some of the same variables associated with the condom fit and feel subscales (Reece et al. 2007). However, the populations were slightly different. This study was conducted at a facility that provides services to individuals affected and infected with HIV where as the previous study did not. However, in both cases over 50% of participants stated that condoms fit fine. Yet, roughly 20% of participants in both studies stated condoms were too tight, 9% stated they were too loose, approximately 17% stated they were too short. The percentage of people in both studies responded nearly the same to the condom fit and feel subscale. Because participants responded so similarly, researchers and manufacturers should consider using more participatory research in an effort to design a better fitting condom. This will ensure that men's perceptions and experiences about condom fit and feel are included in the design.

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Table 1.

Table 1. Proportion of participants strongly endorsing* items on the Condom Fit and Feel Scale		
Scale items by subscale	%	(n=)
Condoms fit fine*	63.2	(67)
Condoms fit too tight		
Condoms fit too tight on my penis*	17.1	(18)
Condoms fit too tight around the head of my penis	45.7	(48)
Condoms fit too tight around the shaft of my penis	47.5	(50)
Condoms fit too tight around the base of my penis	51.4	(54)
Condoms fit too loose		
Condoms fit too loose on my penis*	9.5	(10)
Condoms fit too loose on the head of my penis	39	(41)
Condoms fit too loose on the shaft of my penis	33	(34)
Condoms fit too loose on the base of my penis	36.5	(38)
Condoms are too long		
Condoms are too long for my penis*	17.3	(18)
I have some unrolled condom at the base of my penis after I unroll it	15.4	(16)
Condoms are too short		
Condoms are too short for my penis*	17.1	(18)
Condoms will not roll down far enough to cover my penis completely	14.7	(15)
*Proportion of participants responding “always” or “often” to each scale item All other scores include participants responding “always”, “often”, or “sometimes”.		

Appendix A

APPLICATION REVIEW PACKET

Human Subjects Research

We recommend that you read the manual (available here on the WWW at <http://www.research.indiana.edu/rschcomp/hmpg.html>) before completing your application. It will give you background information and detail on regulations and how the committee operates.

You may want to use a hard copy of the packet for reference and to see how certain pages are to be formatted. **Page 3 must be printed on a single sheet of paper. This page is now provided as an interactive PDF form at <http://www.research.indiana.edu/rschcomp/pdf/dracoverpage.pdf>. Please use that version. If you don't submit the entire checklist, page 4 or 6 & 6a you will be asked to resubmit that page.** The other pages may take as few or as many sheets of paper as needed. You do not need to maintain the exact pagination format, just the exact order of the sections.

This document has been formatted to print on an HP LaserJet 1100 printer (arial 8 & 10 point). In all likelihood you will have to reformat it and choose fonts that will work on your printer. You may also need to adjust the line spacing. If you have problems with a page running over, we suggest you try .9 line spacing rather than 1 and see if that will help.

Please observe type size specifications throughout your application (and for consent forms or study information sheets), or it will be returned to you without review. Small type may make it difficult for reviewers to read the application and for subjects to read the consent form or information sheet. The application must conform to the following three requirements: 1) The height of the letters must not be smaller than 10 point. 2) type density must be no more than 13 cpi (characters per inch). For proportional spacing, the average for any representative section of text must not exceed 13 cpi. 3) No more than 6 lines of type may be within a vertical inch. We recommend you use arial 11 point or times new roman 11 point.

Please also take care to differentiate between the type size/style used for the information appearing on the forms and your responses.

If you have any questions or problems with formatting you may contact the office staff (Senta Baker or Ryan Merckle) at 855-3067 or e-mail at iub_hsc@indiana.edu. Also, we would welcome comments on how to make the forms easier to use.

CURRENT REVIEW SCHEDULES (There are occasional modifications due to holidays, school calendar, vacations, illness, etc. You may contact the office for current information, or check the web site at <http://www.research.indiana.edu/rschcomp/operate.html>.)

Exempt and Expedited applications are reviewed weekly. Deadline is 5:00 p.m. on Friday for review the following week.

Full Committee applications are reviewed monthly. Deadlines are 5:00 p.m. on:

September 21 for October 18
October 19 for November 15
November 9 for December 6

January 25 for February 21
February 22 for March 20
March 21 for April 17

December 14 for January 17
May 23 for June 19

April 18 for May 15

REMEMBER -- These forms are to be used only for the Bloomington campus of Indiana University.

9/10/07; msw REMINDER OF NEW PROCEDURES

1. Effective 1/31/01 the following requirements must be followed for **consent forms and information sheets ONLY**:
 - type size can be no smaller than Arial 11 or Times New Roman 12
 - line spacing must be no less than .9, with 1 (or single) being preferred
 - both side margins must be at least 1 inch
 - top and bottom margins should be no less than 3/4 inch
 - there must be a blank space of at least 1 1/2" high x 3" wide at the end of the form
 - do not squeeze as many words as you can on a page
 - use the sub-headers as shown in the sample forms included in the application packet, and bold face them
 - break long sections into paragraphs of like information
 - Remember -- the language used should be understandable to the subject population and should NEVER be higher than eighth grade reading level

These requirements are to be implemented immediately by all researchers for new AND continuing studies. This means previously approved forms will likely have to be altered.

2. Effective 6/30/99 for all newly approved studies, amendments and continuing reviews researchers will be required to give subjects the version of the consent form and/or study information sheet that has been stamped showing the approval and expiration dates of the form. (E-mail information sheets must carry these dates at the end of the "sheet.")

Be certain that your consent form/information sheet has a blank space at least 1 1/2" high by 3" wide at the bottom of the last page where the stamps can be affixed.

3. Effective 6/30/99 all studies that are being submitted to any HHS agency for funding must submit the identical information to the Human Subjects Committee (HSC) as was submitted in the grant application. And, a copy of the grant application must be provided with the HSC application.

The information provided in the Committee packet must coincide with the information provided in the human subjects section of the grant application. ONE COPY of the grant application must be provided with the completed application to the Committee

The agencies involved include CFDCP, HRSA, FDA, NIH and its subagencies among several others. If you are unsure as to whether an agency is part of HHS, call the Committee office.

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If you have any questions about these new policies, please contact the Committee office.

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**BLOOMINGTON CAMPUS COMMITTEE for the PROTECTION OF HUMAN SUBJECTS
(Institutional Review Board)**

**INSTRUCTION PACKET
FOR SUBMITTING A RESEARCH PROTOCOL INVOLVING HUMAN SUBJECTS**

Indiana University requires that all research utilizing human subjects **be approved BEFORE THE RESEARCH BEGINS (including subject recruitment)**. This satisfies a number of federal, state and institutional regulations and, more importantly, assures protection of the rights and welfare of persons used in research. Your cooperation is essential in following the procedures outlined. Committee policies are available at: <http://www.indiana.edu/~resrisk/hmpg.html>

PLEASE READ THIS ENTIRE INSTRUCTION PACKET. SUBMIT **ONLY** THE DOCUMENTS THAT APPLY.

1. A packet must be prepared for each research study using human subjects that is submitted to the Committee for review. This packet is available in 3 different formats on the WWW @ <http://www.research.indiana.edu/rschcomp/instruct.html>. Assistance in preparation of materials for Committee review is available. Contact the Committee Office, 855-3067, or at iub_hsc@indiana.edu. **Route the completed packet (see below for number of copies) to the Human Subjects Committee, Carmichael Center L03, 530 E. Kirkwood Ave.** Please allow a minimum of 2 weeks for processing of Exempt and Expedited reviews. Studies that require full Committee review will take longer. Call for a schedule of review deadlines or check the WWW at <http://www.research.indiana.edu/rschcomp/operate.html>.
2. Research projects involving human subjects can be reviewed by the Committee in three ways:
 - A. **EXEMPT RESEARCH REVIEW** (Special subject populations do not qualify. See page 4 for eligibility requirements.) **FOR THIS REVIEW RETURN 1 COPY:**

Documentation of Review and Approval	(page 3)
Exempt Research Checklist	(page 4)
Exempt Research Statement	(page 5)
Study Information Sheet.....	(see pages 2 [item B] & 14)
Other supporting documents.....	(see page 2, items F-G)

- B. **EXPEDITED REVIEW** (See page 6 for eligibility requirements.) **FOR THIS REVIEW RETURN 1 COPY:**

Documentation of Review and Approval.....	page 3)
Expedited/Full Review Checklist.....	(page 6 & 6a)
Summary Safeguard Statement.....	(pages 7-9)
Informed Consent Statement.....	(see pages 2 [item D] & 10-13)
Other supporting documents.....	(see page 2, items F-G)

- C. **FULL COMMITTEE REVIEW** (See page 6 for eligibility requirements. Circling any of items 14-17 will indicate the need for a full review.) **FOR THIS REVIEW RETURN 1 COPY:**

Documentation of Review and Approval.....(page 3)
Expedited/Full Review Checklist..... (page 6 & 6a)
Summary Safeguard Statement.....(pages 7-9)
Informed Consent Statement.....(see pages 2 [item D] & 10-13)
Other supporting documents.....(see page 2, items E-G)

3. DOCUMENTS

- All documents must be neatly typed and legible. **USE TYPE SIZE NO SMALLER THAN ARIAL 11 POINT.**
- Use lay language. Use of technical language will result in delays.
- **INCOMPLETE INFORMATION OR USE OF SMALL TYPE SIZE WILL RESULT IN DELAYS.**
- Do not type on the reverse side of any form.

- A. **DOCUMENTATION OF REVIEW AND APPROVAL.** (Page 3, required for all types of review.) The HSC will assign the study # upon receipt of the application. A response must be provided for each blank. Project Duration dates should be when **data collection (analysis, in the case of use of existing data) begins** (this should be after the submission date) and when **data analysis will be completed**. List only one Principal Investigator on this page (see page 5, section D & 9, section I). Address should be where written notices will reach PI fastest. Signatures must be originals and by the person (no "per"). **Interactive PDF Page 3 is available at <http://www.research.indiana.edu/rschcomp/pdf/dracoverpage.pdf>.** Also complete the Conflict of Interest page (3a). 3/07;msw

INSTRUCTIONS (continued)

- B. **EXEMPT RESEARCH.** Complete only pages 4 & 5 if the project falls in one or more of the categories listed on page 4. A **Study Information Sheet** must be used with most types of projects in this level of review (not required for category 4). A signed consent form will be required in some instances, and may be substituted for the Study Information Sheet if the researcher wishes proof of participation. *A sample format is provided on page 14.* The Study Information Sheet should contain the information listed in items 1-9 on page 10. Indicate how the information will be given (written or oral). If the Study Information Sheet is to be in a foreign language, submit the English version first. The foreign language version will be required once the English version is approved (see page 16). If minors are the subjects, parental consent will be required in most cases. **Type size must be no smaller than ARIAL 11 point or TIMES NEW ROMAN 11 point.**
- C. **SUMMARY SAFEGUARD STATEMENT.** Complete pages 6-9 if the project requires expedited or full review. A response must be provided for each item. This document can be typed on plain paper maintaining the identical order and wording if additional space is needed for responses. **Type size must be no smaller than ARIAL 11 point or TIMES NEW ROMAN 11 point.**
- D. **INFORMED CONSENT STATEMENT.** Expedited and full-review studies are required to obtain a signed consent form from each subject. Careful review of the attached Informed Consent Statement checklist (pages 10 & 11) is important in the preparation of this document (*see sample format on pages 12 & 13*). If the investigator is unable to include an Informed Consent Statement for any reason, a written explanation is required. Requests for deviations from standard documentation of consent must be reviewed by full committee. If the Informed Consent Statement is to be in a foreign language, submit the English version first. The foreign language version will be required once the

English version is approved (see page 16). **Type size must be no smaller than ARIAL or TIMES NEW ROMAN 11 point.**

- E. **FULL REVIEW.** In addition to a detailed Summary Safeguard Statement, applications for full review **MUST** include a review of pertinent literature and a description of procedures for data analysis. Researchers are responsible for providing copies of all documentation for all members for full review. Researchers will be notified as to the number of copies needed, and the date by which they are required.
 - F. **RECRUITMENT & INSTRUMENTS (all levels).** Include any instrument to be used; e.g., questionnaires or surveys. In the case of interviews, include a list (or representative sample) of the questions to be asked. If subjects will do a task, provide a sample copy of the task. Copy for any advertising should be submitted. All information that will be used to recruit subjects (precontact, letters, phone scripts, follow-up, etc.) must be submitted. If instruments are to be in a foreign language, submit the English version first. The foreign language version will be required once the English version is approved (see page 16). All documents must be in the actual format that will be used.
 - G. **COOPERATING INVESTIGATORS, DEPARTMENTS OR INSTITUTIONS.** If it is anticipated that another investigator or department may be involved in the research, include a coinvestigator from each cooperating department (see page 5, section D & page 9, section I). If the study will be conducted with another institution, include a letter of cooperation from that institution.
- 4. **AMENDMENTS** Investigators are required to report any proposed changes whatsoever to their research study via a **Study Amendment** form (send one copy with original signatures). Be sure to reference the original title of the study and the principal investigator.
 - 5. **CONTINUING REVIEW** A status report must be filed with the Committee on at least an annual basis (send one copy with original signatures). The HSC office will generate these reports for your completion. However, it is important for the investigator or the investigator's department chairperson to complete this form if the study is discontinued for any reason prior to receiving this form. This form must be completed even if the study was never initiated or was terminated for any reason.
 - 6. **FILE MAINTENANCE** It is important for the investigator to **KEEP A COPY** of every document related to the research study which is submitted to the Committee. For audit purposes, these documents must be kept for at least three (3) years after terminating the study.
 - 7. **ACTIONS** Much of the detail in these forms is required by Federal regulation. The Committee recognizes that this process can be frustrating and is willing to help in whatever way we can. Investigators will receive written notification of the results of the research proposal reviews within one week after the meetings. If immediate approval is not received, approval can be obtained with modifications of the original proposal in the vast majority of cases. The Committee will provide feedback on the appropriate changes which will result in acceptance of the proposal. Please refer to the principal investigator, exact title, and protocol number when submitting any documents related to a particular study. **Please remember that research (or amendments to the research) may not begin until this written approval is secured.**

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-2-

DOCUMENTATION OF REVIEW AND APPROVAL
of
Research Project Utilizing Human Subjects

Please use the interactive PDF form located at

<http://www.research.indiana.edu/rschcomp/pdf/dracoverpage.pdf>

Complete the form on-line, then print it, sign and include with the rest of your paperwork.

This version allows the formatting to work on any printer and the form will still be on one sheet of paper.

CONFLICT OF INTEREST

Effective 10/1/02

Please provide the following information as the last section of your research statement, regardless of the source of funding for the proposed research or the level of review:

1. Does anyone who will participate in the design, conduct, or reporting of the proposed research have a “significant financial interest,” as defined in the University’s Policy on Conflict of Interest, {<http://www.research.indiana.edu/rschcomp/conflict.html>} that is related to the subject matter of the research? If so, please describe the interest(s)
- No.
2. If the answer to (1) is yes, would that interest reasonably appear to affect, or be affected by, the design, conduct, or reporting of the proposed research? Please explain why or why not.
3. If the answer to (2) is yes, has this significant financial interest already been disclosed through a conflicts of interest disclosure form? If so, please append to this application a copy of the disclosure form and any other information indicating when and by whom the disclosure was reviewed, whether or not a conflict was identified, and if a conflict was identified, any steps taken to avoid, manage, resolve, and (where applicable under federal law) report that conflict. If a conflicts management plan was entered into, please attach a copy of that plan.

If a potential conflict of interest related to the proposed research is identified, based on external financial interests of the person(s) designing, conducting, or reporting the research, the Committee will work with the investigator(s) to develop appropriate language for the Informed Consent Statement or Study Information Sheet addressing the potential conflict.

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Below are examples of conflicts of interests in hypothetical situations where human subjects are involved. They may also raise general conflict of interest questions which would be handled pursuant to the campus procedures on conflicts of interests.

- X has a grant to conduct trials of a new hearing aid. The year before, X who designed the new hearing aid licensed the product to Clear as a Bell, Inc. In return, X received a 10% share of the Company. X has a conflict of interest: His financial interest in the business that makes the product may bias his research into its effectiveness. The conflict must be disclosed to the IRB, which may decide that X's conflict be disclosed to the subjects in the informed consent, and will need to consider whether or not any further conflicts management may be required.
- X, a faculty member at the School of Education, sets up a corporation to do educational testing of children with learning disorders. X is president of the corporation and owns 80% of the shares of the company. X had devised a new instrument and wishes to test its validity. Her protocol to the IRB states X will test children in a number of schools in the state. If the test proves to be effective, X intends to license use of the test to her corporation. X has conflict of interest. Her financial interest is significant. The IRB needs to know of the conflict so that it can determine whether or not the subjects (the children and the parents) need to be informed of the conflict of interest, and how to best monitor the conflict.
- X is a faculty member at HPER. X has developed a plan of exercise for obese adults. X's plan is set forth in his book on exercise. X has human subjects approval to run an exercise clinic for both therapeutic and research purposes. X requires participants to buy X's book and video-tape on exercise. X has a conflict of interest which needs to be disclosed to and evaluated by the IRB.

BLOOMINGTON CAMPUS COMMITTEE for the PROTECTION OF HUMAN SUBJECTS

**EXPEDITED/FULL REVIEW CHECKLIST**

**DIRECTIONS:** This form is to be completed and submitted to the Committee when the investigator plans a research project which, in the investigator's judgment, requires expedited or full Committee review. Items 1-7 are the categories which **may** qualify for expedited review. **If "yes" is the response to any of items 10-13, the study will most likely require full Committee review.**

STUDIES INVOLVING *minors, pregnant women, fetuses, prisoners, persons with mental disabilities and economically or educationally disadvantaged persons* **MAY**, IN THE DISCRETION OF THE CHAIR, REQUIRE FULL COMMITTEE REVIEW.

**APPLICABILITY:**

(A) Research activities that (1) present no more than minimal risk to human subjects, and (2) involve ONLY procedures listed in one or more of the following categories, may be reviewed by HSC through the expedited review procedures authorized by 45 CFR 46.110 and 21 CFR 56.110. The activities listed should not be deemed to be of minimal risk simply because they are included on this list. Inclusion on this list merely means that the activity is eligible for review through the expedited review procedures when the

specific circumstances of the proposed research involve no more than minimal risk to human subjects.

(B) The categories in this list apply regardless of the age of subjects, except as noted.

(C) The expedited review procedure may not be used where identification of the subjects and/or their responses would reasonably place them at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, insurability, reputation, or be stigmatizing, unless reasonable and appropriate protections will be implemented so that risks related to invasion of privacy and breach of confidentiality are no greater than minimal.

(D) The expedited review procedure may not be used for classified research involving human subjects.

(E) The standard requirements for informed consent (or its waiver, alteration, or exception) apply regardless of the type of review.

**CIRCLE THE APPROPRIATE CATEGORY NUMBERS THAT APPLY TO YOUR RESEARCH PROJECT AND UNDERLINE, OR HIGHLIGHT, THE SPECIFIC SECTION WITHIN EACH CATEGORY.**

1. Clinical studies of drugs and medical devices only when condition (a) **OR** (b) is met.

(a) Research on drugs for which an investigational new drug application (21 CFR Part 312) is not required. (Note: Research on marketed drugs that significantly increases the risks or decreases the acceptability of the risks associated with the use of the product is not eligible for expedited review.)

(b) Research on medical devices for which (i) an investigational device exemption application (21 CFR Part 812) is not required; or (ii) the medical device is cleared/approved for marketing and the medical device is being used in accordance with its cleared/approved labeling.

2. Collection of blood samples by finger stick, heel stick, ear stick, or venipuncture **as follows:**

(a) from healthy, nonpregnant adults who weigh at least 110 pounds. For these subjects, the amounts drawn may not exceed 550ml in an 8 week period and collection may not occur more frequently than 2 times per week; **OR**

(b) from other adults and children\* considering the age, weight, and health of the subjects, the collection procedure, the amount of blood to be collected, and the frequency with which it will be collected. For these subjects, the amount drawn may not exceed the lesser of 50 ml or 3 ml per kg in an 8 week period and collection may not occur more frequently than 2 times per week.

**EXPEDITED/FULL REVIEW CHECKLIST continued**

3. Prospective collection of biological specimens for research purposes by noninvasive means.

**Examples of biological specimens:** (a) Hair and nail clippings in a nondisfiguring manner; (b) deciduous teeth at time of exfoliation or if routine patient care indicates a need for extraction; (c) permanent teeth if routine patient care indicates a need for extraction; (d) excreta and external secretions (including sweat); (e) uncannulated (not by a tube inserted into the mouth) saliva collected either in an unstimulated fashion or stimulated by chewing gumbase or wax or by applying a dilute citric solution to the tongue; (f) placenta

removed at delivery; (g) amniotic fluid obtained at the time of rupture of the membrane prior to or during labor; (h) supra- and subgingival dental plaque and calculus, provided the collection procedure is not more invasive than routine prophylactic scaling of the teeth and the process is accomplished in accordance with accepted prophylactic techniques; (i) mucosal and skin cells collected by buccal scraping or swab, skin swab, or mouth washings; (j) sputum collected after saline mist nebulization.

4. Collection of data through noninvasive procedures (not involving general anesthesia or sedation) routinely employed in clinical practice, excluding procedures involving x-rays or microwaves. Where medical devices are employed, they must be cleared/approved for marketing. (Studies intended to evaluate the safety and effectiveness of the medical device are not generally eligible for expedited review, including studies of cleared medical devices for new indications.)

**Examples of procedures:** (a) Physical sensors that are applied either to the surface of the body or at a distance and do not involve input of significant amounts of energy into the subject or an invasion of the subject's privacy; (b) weighing or testing sensory acuity; (c) magnetic resonance imaging; (d) electrocardiography, electroencephalography, thermography, detection of naturally occurring radioactivity, electroretinography, ultrasound, diagnostic infrared imaging, doppler blood flow, and echocardiography; (e) moderate exercise, muscular strength testing, body composition assessment, and flexibility testing where appropriate given the age, weight, and health of the individual.

5. Research involving materials (data, documents, records, or specimens) that have been collected or will be collected solely for nonresearch purposes (such as medical treatment or diagnosis). (Note: Some research in this category may be exempt from the HHS regulations for the protection of human subjects. 45 CFR 46.101(b)(4). This listing refers only to research that is not exempt.)

6. Collection of data from voice, video, digital, or image recordings made for research purposes.

7. Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies. (Note: Some research in this category may be exempt from the HHS regulations for the protection of human subjects 45 CFR 46.101 (b)(3). This listing refers only to research that is not exempt.)

*Items 8-14 are for HSC informational purposes and are not categories in the federal regulations.*

8. Use of minors under age 18, or economically or educationally disadvantaged persons.

9. Use of deception. (See item 14 on page 11.)

10. ***Use of prisoners, pregnant women, fetuses, the seriously ill, or persons with mental disabilities, or incompetent individuals.***

11. ***Collection of information or recording of behavior which, if known outside of the research, could reasonably place the subject at risk of civil or criminal liability or damage the subject's financial standing, employability, insurability, reputation, or be stigmatizing.***

12. **Collection of information regarding sensitive aspects of the subject's behavior such as: drug and alcohol use, illegal conduct, or sexual behavior.**
13. **This project includes procedures that present more than minimal risk to the subject.**
14. This project includes procedures not listed above.

\* Children are defined in the HHS regulations as "persons who have not attained the legal age for consent to treatments or procedures involved in the research, under the applicable law of the jurisdiction in which the research will be conducted." 45 CFR 46.402(a).

2/07;www;msw

BLOOMINGTON CAMPUS COMMITTEE for the PROTECTION OF HUMAN SUBJECTS

**SUMMARY SAFEGUARD STATEMENT**

Project Title (if you wish to use a different title in the consent statement than is listed on page 3, explain here):

Perceptions of Condoms Among a Clinic-Based Sample of Men and Women

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IF ADDITIONAL SPACE FOR RESPONSES IS DESIRED, THIS DOCUMENT  
MAY BE  
RETYPE ONTO PLAIN PAPER MAINTAINING THE IDENTICAL ORDER AND  
EXACT  
QUESTION WORDING WHILE ADDING EXTRA SPACE WHERE NEEDED.

**Do not type on the reverse side of any form.  
Use type size no smaller than ARIAL 11 or TIMES NEW ROMAN 12 point.**

- A. Briefly describe, in lay terms, the general nature and purpose of the proposed research, and where the study will take place. If student research, indicate whether for a course, thesis, dissertation, or independent research. If the study is only for a course, please review the Student Research Policy to ascertain if this project requires HSC review.

The purpose of this study is to better understand perceptions of the "fit and feel" of condoms among a clinical sample of men and women, the majority of whom are anticipated to be HIV-positive. We have recently developed a new scale to measure issues associated with condom fit and feel and there is a need to assess its properties among diverse populations. In previous work with this scale we have collected a large amount of data from heterosexual men and gay and bisexual men. This study will seek to collect data from a population for which we know very little about their perceptions of condoms, specifically men and women who access prevention, treatment and care services at an inner-city AIDS service organization.

- B. Describe the process by which subjects will be recruited (see item F on page 2), how many (or estimate) subjects will be involved in the research, and how much time will be required of them. List specific eligibility requirements for subjects (or describe screening procedures), including those criteria that would exclude otherwise acceptable subjects. If your study uses only male or female subjects, explain why. For NIH-funded research only, address the inclusion of women, minorities and children in the research. Disclose any relationship between researcher and subjects - such as, teacher/student;

superintendent/principal/teacher; employer/employee (see Students as Subjects section in the Policy Manual).

### **Recruitment**

This study will involve the collection of data via an anonymous paper-and-pencil survey at The Damien Center (Indianapolis) during February and March 2008. Research assistants will invite individuals to participate in survey in a semi-private space within the clinic waiting room. Upon completion, individuals will return the survey to the research assistant. Each participant will receive \$5 in cash in exchange for their participation in the study.

### **Enrollment**

Approximately 200 individuals are expected to participate in the study.

### **Time requirement**

Completing the survey will take approximately 10 minutes.

### **Eligibility Criteria**

Any individual accessing any services (including prevention, treatment, and care) at The Damien Center will be eligible to participate. The research assistants will have no way of knowing which services are being utilized.

### **Relationships**

There is no relationship between the researchers and participants.

- C. Check appropriate box for type of vulnerable subject population involved when investigation specifically studies:
- minors (under age 18),  fetuses,  pregnant women,  persons with mental disabilities,
  - prisoners,  persons with physical disabilities,  economically or educationally disadvantaged,
  - other vulnerable population.

If any of the above are used, state the necessity for doing so. Please indicate the approximate age range of the minors to be involved.

NONE.

3/01;www;msw

### **SUMMARY SAFEGUARD STATEMENT (continued)**

- D. List all procedures to be used on human subjects or describe what subjects will do. If done during regular class time, explain what non-participants will do. If you are taping, explain that here (see item 13 on page 11). *Asterisk* those you consider experimental. For those asterisked procedures, describe the usual method(s), if any, that were considered and why they were not used. (See item F on page 2 for more information.)

Participants will only complete a paper and pencil survey, therefore is no potential for physical, financial or legal risks. The primary potential risk associated with participation in this project is that participants may experience some level of psychological discomfort or embarrassment as a result of reading and answering questions that could be considered by the participant to be sensitive and personal.

- F. Describe methods for preserving confidentiality. How will data be recorded and stored, with or without identifiers? If identifiers are used describe the type: names, job titles, number code, etc. How long are identifiers kept? If coding system is used, is there a link back to the subject's ID? If yes, where is the code list stored in relation to data and when is the code list destroyed? How will reports will be written, in aggregate terms, or will individual responses be described? Will subjects be identified in reports (see item 5 on page 10)? Describe disposition of tapes/films at the end of the study. If tapes are to be kept, indicate for how long and describe future uses of tapes.

To minimize this risk, all questionnaires will be completed anonymously and voluntarily. No identifying information will be collected from any participant. Data will be entered into a computerized database and each participant will have a unique identifier number that is generated automatically by the statistical database. There is no way that this unique identifier can be linked to any individual participant. Data will be stored on the computer of the faculty member supervising this research project. Data will be summarized only in aggregate terms in reports and publications.

3/01;www;msw

### **SUMMARY SAFEGUARD STATEMENT (continued)**

- G. What, if any, benefit is to be gained by the subject? In the event of monetary gain, include all payment arrangements (amount of payment and the proposed method of disbursement), including reimbursement of expenses. If class credit will be given, list the amount and the value as it relates to the total points needed for an A. List alternative ways to earn the same amount of credit. If merchandise or a service is given, indicate the value. Explain the amount of partial payment/class credit if the subject withdraws prior to completion of the study. (See policy at <http://www.research.indiana.edu/rschcomp/compensation.html>)

Each participant will receive \$5 in exchange for participation in this study.

- H. What information may accrue to science or society in general as a result of this work?

The importance of understanding fit and feel of condoms is an emerging concept in sexuality and health research. This study is important to understanding condom fit and feel in relation to individuals who may be at risk of HIV/STI infection and/or transmission. Further, findings from this study will be used to develop more effective condom education programs, resulting in positive changes to the sexual health of individuals accessing prevention, care, and treatment services for HIV/AIDS.

- I. Coinvestigators, Cooperating Departments, Cooperating Institutions. If there are multiple investigators, please indicate only one person on the Documentation of Review and Approval (page 3) as the principal investigator; others should be designated as coinvestigators here. **Coinvestigators, not signing on page 3, should sign here, pledging to conform to the sentences on page 3.** If you anticipate that another department or institution may be involved in this research, list that here. If you are working with another institution, please include a letter of cooperation from that institution.  
**Please provide the person's name and e-mail address.**

4/03;www;msw

Glover

Michael Reece, Ph.D., MPH  
Co-Principal Investigator  
[mireece@indiana.edu](mailto:mireece@indiana.edu)

Brian Dodge, Ph.D.  
Co-Principal Investigator  
[bmdodge@indiana.edu](mailto:bmdodge@indiana.edu)

Debby Herbenick, Ph.D., MPH  
Co-Investigator  
[debby@indiana.edu](mailto:debby@indiana.edu)

**Appendix B**

**Men's Perceptions of Condoms**

**This brief survey will ask you to provide us with some information about your experiences using, or not using, condoms for sexual activities. Please do not place your name or any other identifying information on this survey.**

**What is your gender?**

- Male
- Transgender Male to Female
- Transgender Female to Male
- Other (please specify) \_\_\_\_\_

**What is your age? \_\_\_\_\_**

**What is the zip code where you live? \_\_\_\_\_**

**Which of the following terms do you use to describe your race or ethnicity? (Please check all that apply)**

- American Indian or Alaska Native
- Asian or Asian American
- Black or African American
- Latino, Hispanic
- Native Hawaiian or Other Pacific Islander
- White or Caucasian
- Other \_\_\_\_\_

**Which of the following terms best describes your sexual orientation?**

- Heterosexual/Straight
- Bisexual
- Homosexual/Gay
- Questioning or Uncertain
- Other \_\_\_\_\_

**What is your current relationship status? (check all that apply)**

- Married
- Partnered
- Divorced
- Widower
- Single
- Other \_\_\_\_\_

**Are you currently (past 90 days) in a sexual relationship?**

- In a sexual relationship with only one person
- Having sexual relationships with more than one person
- Sexually active, but do not consider myself in a sexual relationship
- Currently not sexually active

**What is the highest level of education you completed?**

- Some High School
- High School or GED
- Some College
- Associates Degree
- Bachelors Degree
- Masters Degree
- Professional Degree (M.D., J.D., Ph.D)

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Other, specify \_\_\_\_\_

**Are you currently employed?**

- Employed full time (35+ hours per week)
- Employed part-time
- Self employed
- Unemployed, looking for work
- Unemployed, retired
- Unemployed, disabled
- Unemployed, volunteer work

**Which of the following describes your current housing situation?**

- Rent/own my own home
- Live with friends
- Live with partner
- Live with family
- Residential treatment facility
- No current housing
- Other \_\_\_\_\_

**Have you ever in your life been tested for a Sexually Transmitted Disease other than HIV (such as syphilis, gonorrhea, or chlamydia)?**

- No       Yes       Unsure

**12. Have you ever in your life been told by a health provider that you have any of the following health issues:**

- |                   |                              |                             |                                 |
|-------------------|------------------------------|-----------------------------|---------------------------------|
| Hepatitis A       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| Hepatitis B       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| Syphilis          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| Genital Herpes    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| Gonorrhea         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| Chlamydia         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| Genital Warts/HPV | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |

**In the past 2 years (since 2006), have you been tested for a sexually transmitted disease other than HIV (such as syphilis, gonorrhea, or chlamydia)?**

- No       Yes       Unsure

**In the past 2 years, have you ever been told by a health care provider that you have any of the following health conditions:**

- |           |                              |                             |                                 |
|-----------|------------------------------|-----------------------------|---------------------------------|
| Syphilis  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| Gonorrhea | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| Chlamydia | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |

**Have you ever been tested for HIV?**

- No       Yes       Unsure

**Have you ever been diagnosed with HIV?**

- No       Yes       Unsure

If yes, year of diagnosis: \_\_\_\_\_

**Have you ever been diagnosed with AIDS?**

- No       Yes       Unsure

If yes, year of diagnosis: \_\_\_\_\_

**In the past 90 days, have you participated in any sexual activities with men?**

- No       Yes

**In the past 90 days, have you participated in any sexual activities with women?**

- No       Yes

**In the past 90 days, have you participated in any sexual activities with someone who identified as transgender?**

- No       Yes       Unsure

**If you have had at least one sexual encounter with a woman in the past 90 days, please complete this page. If you have not had any sexual encounters with women, please skip to the next page.**

**Approximately how many female sexual partners have you had in the past 90 days?**

\_\_\_\_\_

**Do you know the HIV status of the female sexual partners you had in the past 90 days?**

- No, I did not know the HIV status of all female partners
- Yes, I knew that all female partners were HIV -
- Yes, I knew that all female partners were HIV +
- Yes, I knew what some female partners were HIV + and some were HIV -

**In the past 90 days, did you ever put your penis into a woman's vagina without a condom?**

- No
  - Yes
- If Yes, did you know their HIV status?**
- Yes, I knew that all were HIV +
  - Yes, I knew that all were HIV -
  - Yes, I knew that some were HIV + and some were HIV -
  - No, I did not know the HIV status of these women

**In the past 90 days, did you ever put your penis into a woman's anus without a condom?**

- No
  - Yes
- If Yes, did you know their HIV status?**
- Yes, I knew that all were HIV +
  - Yes, I knew that all were HIV -
  - Yes, I knew that some were HIV + and some were HIV -
  - No, I did not know the HIV status of these women

**Did you ever use condoms when you were inserting your penis into a woman's vagina or anus in the last 90 days?**  No (if no, go to next page)  Yes (if yes, answer below)

Did the condom ever break, rip, or tear while you were placing it on your penis prior to intercourse?  No  Yes  Unsure

Did the condom ever break, rip, or tear while you were removing it from partner's vagina or anus after intercourse?  No  Yes  Unsure

Did the condom ever break, rip, or tear while your penis was inside your partner's anus or vagina during intercourse?  No  Yes  Unsure

Did the condom ever slip completely off of your penis as you were inserting it into your partner's anus or vagina?  No  Yes  Unsure

Did the condom ever slip completely off of your penis while it was inside your partner's anus or vagina during sex?  No  Yes  Unsure

Did the condom ever slip completely off of your penis while you were removing it from your partner's anus or vagina during sex?  No  Yes  Unsure

**If you have had at least one sexual encounter with a man in the past 90 days, please complete this page. If you have not had any sexual encounters with men, please skip to the next page.**

**Approximately how many male sexual partners have you had in the past 90 days?**

\_\_\_\_\_

**Do you know the HIV status of the male sexual partners you had in the past 90 days?**

- No, I did not know the HIV status of all male partners
- Yes, I knew that all male partners were HIV -
- Yes, I knew that all male partners were HIV +
- Yes, I knew what some male partners were HIV + and some were HIV -

**In the past 90 days, did you ever put your penis into a man's anus without a condom?**

- No
  - Yes
- If Yes, did you know their HIV status?**
- Yes, I knew that all were HIV +
  - Yes, I knew that all were HIV -
  - Yes, I knew that some were HIV + and some were HIV -
  - No, I did not know the HIV status of all of these men

**In the past 90 days, did you ever let another man put his penis into your anus without a condom?**

- No
  - Yes
- If Yes, did you know their HIV status?**
- Yes, I knew that all were HIV +
  - Yes, I knew that all were HIV -
  - Yes, I knew that some were HIV + and some were HIV -
  - No, I did not know the HIV status of all of these men

**Did you ever use condoms when you were inserting your penis into a man's anus in the last 90 days?**  No (if no, go to next page)  Yes (if yes, answer below)

Did the condom break, rip, or tear while you were placing it on your penis prior to intercourse?  No  Yes  Unsure

Did the condom break, rip, or tear while your penis was inside your partner's anus during intercourse?  No  Yes  Unsure

Did the condom break, rip, or tear while you were removing it from partner's anus after intercourse?  No  Yes  Unsure

Did the condom slip completely off of your penis as you were inserting it into your partner's anus?  No  Yes  Unsure

Did the condom slip completely off of your penis while it was inside your partner's anus during sex?  No  Yes  Unsure

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Did the condom slip completely off of your penis while you were removing it from your partner's anus during sex?  No  Yes  Unsure

**Have you ever been taught how to use a condom?**

- Yes If yes, where did you learn how to use a condom \_\_\_\_\_
- No
- Unsure

**In the past 90 days when you used condoms, what was the source of the condoms that you used: (check all that apply)**

- I did not use any condoms with sexual partners in the past 90 days
- I purchased the condom myself
- My sexual partner had the condom
- A friend gave me the condom
- A parent gave me the condom
- A sibling (brother or sister) gave me the condom
- They were free condoms from a health fair or community event
- They were free condoms from a health care provider or at a health clinic
- They were free condoms from a class or seminar
- They were free condoms from an adult bookstore or sex shop
- They were free condoms from a sex club
- They were free condoms from some other source \_\_\_\_\_
- Other \_\_\_\_\_

**In the past year, have you used any of the following types of condoms: (check all that apply)**

- I used condoms made of latex (e.g., rubber)
- I used condoms made of polyurethane (e.g., vinyl)
- I used condoms made of natural skin (e.g., lambskin)
- I used the "female condom"
- I used condoms that were designed to make me last longer (delay ejaculation)
- I used condoms that were designed for men with larger penises
- I used condoms that were designed for men with smaller penises
- I used condoms that were custom fitted to the size of my penis

**Based on your experiences using condoms for vaginal or anal intercourse over the course of your life, indicate the extent to which you agree or disagree with the following statements:**

**Response Options:** Always applies to me  
Often applies to me  
Sometimes applies to me  
Never applies to me

It is difficult to find condoms that are sized appropriately for my penis

- Always applies
- Often applies
- Sometimes applies
- Never applies

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Condoms fit my penis just fine

Always applies    Often applies    Sometimes applies    Never applies

Condoms are too long for my penis

Always applies    Often applies    Sometimes applies    Never applies

Condoms are too short for my penis

Always applies    Often applies    Sometimes applies    Never applies

Condoms feel too tight on my penis

Always applies    Often applies    Sometimes applies    Never applies

Condoms feel too loose on my penis

Always applies    Often applies    Sometimes applies    Never applies

Condoms feel too tight along the shaft of my penis

Always applies    Often applies    Sometimes applies    Never applies

Condoms feel too tight on the head of my penis

Always applies    Often applies    Sometimes applies    Never applies

Condoms feel too tight around the base of my penis

Always applies    Often applies    Sometimes applies    Never applies

Condoms feel too loose along the shaft of my penis

Always applies    Often applies    Sometimes applies    Never applies

Condoms feel too loose around the head of my penis

Always applies    Often applies    Sometimes applies    Never applies

Condoms feel too loose around the base of my penis

Always applies    Often applies    Sometimes applies    Never applies

I have some unrolled condom left at the base of my penis after I unroll it

Always applies    Often applies    Sometimes applies    Never applies

Condoms will not roll down far enough to cover my penis completely

Always applies    Often applies    Sometimes applies    Never applies

**Thank you for your participation!**

**Please turn this completed survey to the researcher and place it in the envelope.**

Glover

## Appendix C

Richard Glover  
2706 Norfair Loop  
Lithonia, GA 30038  
404 273 4571  
[rlglover@indiana.edu](mailto:rlglover@indiana.edu)

### **Education**

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|                       |                                                           |           |
|-----------------------|-----------------------------------------------------------|-----------|
| B.A Sociology         | Georgia State University                                  | 2001-2005 |
| Masters Public Health | Indiana University                                        | 2007-2009 |
| Doctor of Osteopathy  | Philadelphia College of<br>Osteopathic Medicine (GA-PCOM) | 2008-2012 |

### **Professional Affiliations**

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- Maters in Public Health Association
- Student Osteopathic Medical Association
- Family Medicine Association
- Student National Medical Association

### **Awards and Fellowships**

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- |                                                           |           |
|-----------------------------------------------------------|-----------|
| • Board of Trustees Scholarship (GA-PCOM)                 | 2008-2009 |
| • Educational Opportunity Fellowship (Indiana University) | 2008      |
| • Student Academic Appointee (Indiana University)         | 2007-2008 |

### **Work History**

---

- |                             |                             |           |
|-----------------------------|-----------------------------|-----------|
| • National Youth Leadership | Emory University            | 2009      |
| • Associate Instructor      | Indiana University          | 2007-2008 |
| • Research Assistant        | Indiana University          | 2007-2008 |
| • Public Health Intern      | Positive Impact             | 2008      |
| • Substitute Teacher        | Dekalb County School System | 2005-2007 |

### **Hobbies**

---

- Traveling, Photography, Golf, Tennis, Basketball