



Young Filipino Men's Condom Use During Their Most Recent Heterosexual Sex*

Eric Julian D. Manalastas¹

Abstract

Are young Filipino male adults using protection during heterosexual sex? Using perspectives from social psychology and data from the 2003 National Demographic and Health Survey (NDHS), the paper explores condom use as sexual health behavior among young Filipino men during their most recent heterosexual sexual episode. Results based on a national probability sample of $N = 594$ sexually active Filipino men aged 15 to 24 indicate that overall condom use was low (13.5%). Logistic regression analysis suggests that only two factors significantly predict condom use: the type of sexual partner and whether a condom was used the first time a man had heterosexual sex. Condom use is not related to attitudes toward condoms, to cognitive factors like knowledge of condom sources or protection beliefs, or to demographic variables. Subjective reasons for condom use are also presented, as well as implications for sexual health interventions.

Keywords: condom use, young Filipino men, heterosexual sex, contextualized behavior

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I. Introduction

The most high-risk sexual activity in the Philippines, at least in terms of HIV transmission, is having unprotected heterosexual sex. According to the National HIV Sentinel Surveillance System of the Department of Health, of the $N = 2,410$ reported cases of HIV infection in the Philippines from January 1984 to December 2005, the most common mode of HIV transmission has been sexual contact between a man and a woman (National Epidemiology Center, 2005). This sexual activity comprises 62% ($N = 1,505$) of total cases in the HIV/AIDS Registry. Heterosexual sex accounts for more reported cases of HIV transmission among Filipinos than all other modes – including gay sex, sharing of infected needles, and perinatal exposure – combined.

While the surest way to avoid the sexual transmission of HIV is to abstain from sex altogether, consistent use of latex condoms during sexual intercourse has been shown to provide a high degree of protection against the heterosexual transmission of HIV (Centers for Disease Control and Prevention, 2004). What is less clear, however, is the extent to which sexually active individuals, for instance, Filipinos who engage in heterosexual sex, actually do protect themselves by using condoms and if condom use (or non-use) can be associated with certain social factors.

This paper focuses on these questions by combining a social psychological perspective with a secondary analysis of Philippine demographic data on heterosexual condom use among young Filipino men aged 15 to 24. The paper aims to show how an exploration of population-level data (as collected by demographers) can be informed by conceptual and theoretical perspectives (as developed by social psychologists) in order to address a modern sexual health concern.

Condom Use as Sexual Health Behavior

Sexuality is a fundamental domain of an individual's overall well-being, as well as an important area of study of psychologists, demographers, and other social scientists interested in health promotion (Marks et al., 2005). Sexual behavior, for example, can involve a number of psychological consequences for individuals, such as changes in identity, self-esteem, and close relationship quality. Sexual behavior, particularly heterosexual sex leading to pregnancy, is also the fundamental basis for fertility and population growth. Because sexuality pervades much of social and psychological life, sexual health and its promotion have been a key intersection of interventions as well as social scientific research.

An individual's actions that promote her or his sexual well-being are called sexual health behaviors. These behaviors include practices such as regular self-checks (e.g., breast self-exams for women and testicular self-exams for men), help-seeking for sexual health matters

(e.g., going to a medical health practitioner for symptoms of a sexually transmitted infection), being tested for HIV, and the use of protection during interpersonal sex.

For sexually active individuals, the use of latex condoms during sex is one of the most basic ways to ensure such protection. Condom use is a significant sexual health behavior for at least three reasons. First, according to epidemiological research, correct and consistent condom use is highly effective in preventing the heterosexual transmission of HIV. For example, in their analysis of HIV seroconversion studies, Pinkerton and Abramson (1997) found that condoms are at least 90% to 95% effective for HIV prophylaxis when used consistently. That is, consistent condom users are 10 to 20 times less likely to become infected when exposed to HIV compared to inconsistent or non-users. In addition, based on model-based estimation techniques, condoms decrease the single-contact probability of male-to-female transmission of HIV by approximately 95%, suggesting that though imperfect, condom use during heterosexual sex offers a considerable degree of protection against HIV. In fact, condom use has been shown to be a more effective strategy in preventing HIV infection than reduction in the number of sexual partners (Reiss and Leik, 1989).

Apart from preventing the heterosexual transmission of HIV, condom use has also been demonstrated to effectively protect against a spectrum of other sexually transmitted diseases such as gonorrhea, chlamydia, and herpes simplex infection (Centers for Disease Control and Prevention, 2004).

Finally, condom use during heterosexual sex has been demonstrated as an effective means of avoiding unintended pregnancy. For example, in a prospective cohort study that followed $n = 234$ sexually active women for one menstrual cycle, the contraceptive effectiveness of condoms was 100%, that is, the one-cycle pregnancy rate was 0% (95% CI = 0% - 2%), as opposed to the expected 32-36 pregnancies if no condoms had been used (Steiner, Taylor, Feldblum and Wheelless, 2000). In another, more recent study that combined two randomized controlled trials of $n = 819$ heterosexual couples who used latex condoms exclusively for up to six menstrual cycles (Walsh et al., 2004), the six-cycle pregnancy rate was 1.0% (95% CI = 0.0% - 2.1%), demonstrating that in addition to protection against disease, condoms do provide high contraceptive efficacy.

Correlates of Heterosexual Condom Use

As it became clear that simply providing individuals with information about sexual health and HIV/AIDS was not enough to lead to protective behaviors, social psychologists began to develop and test a number of theoretical models to account for heterosexual condom use as a sexual health behavior. These models, which include the health belief model, protection-motivation theory, the theory of reasoned action, and the theory of planned behavior, all

work within a basic social cognition framework that emphasizes how individuals' perceptions, beliefs, and other cognitive processes like decision-making and threat-appraisal lead to behaviors such as sexual risk-taking and condom use (Marks et al., 2005).

In their meta-analysis of 121 empirical studies that made use of these different models, Sheeran, Abraham, and Orbell (1999) investigated the relationship between 44 psychosocial variables and self-reported heterosexual condom use as HIV-preventive behavior. Condom use during heterosexual sex was hypothesized to be a function of a number of factors which may be organized along five clusters:

- (1) **Labeling variables**, which involve the awareness of the threat of HIV/AIDS and the perception that one's sexual behavior could put one at risk for HIV infection (including variables like knowledge of HIV/AIDS, worry about HIV/AIDS, number of sexual partners, intercourse frequency, and cues to action such as being taught about HIV/AIDS at school, knowing someone HIV-positive, and having had an HIV antibodies test),
- (2) **Commitment variables**, which involve the decision-making process that culminates in a commitment to use a condom during sex (including variables like perceived efficacy of condom use, attitudes toward condoms, previous condom use, and intentions to use condoms in the future),
- (3) **Enactment variables**, which include implementation behaviors (such as carrying a condom around and condom availability) and interpersonal factors (such as relationship status and communication about condoms),
- (4) **Demographic variables**, such as gender, age, socioeconomic status, and education,
- (5) **Personality variables**, such as individual differences in impulsivity, sensation-seeking, and erotophobia-erotophilia.

Of the 44 variables examined, only nine had medium to strong effect sizes, i.e., had sample-weighted average correlations of at least $r = 0.30$. All nine factors came from the commitment and enactment clusters: (1) attitudes toward condoms, (2) social norms regarding condom use, (3) intentions to use condoms, (4) condom use self-efficacy, (5) motivation to use condoms as contraception, (6) carrying a condom, (7) condom availability, (8) communication about condoms with partners, and (9) previous condom use. Knowledge of HIV/AIDS had a significant but extremely small correlation with heterosexual condom use ($r = 0.06$), confirming the current view of social psychologists and sexual health-educators that knowledge, on its own, is a poor target for AIDS-prevention interventions. Likewise, effect sizes for demographic variables were extremely small, the highest being only $r = -0.11$ for both age (i.e., younger respondents were more likely to report heterosexual condom use) and marital status (i.e., married individuals were least likely to use condoms compared to

singles, divorced, or separated), suggesting that atheoretical investigations of condom use that focus exclusively on demographic characteristics may miss out on a number of more important factors.

Heterosexual Condom Use among Young Filipino Men

Findings from the latest Young Adult Fertility and Sexuality Survey (YAFSS3) provide a description of the extent of condom use (or non-use) in a nationwide probability sample of young Filipino men ages 15 to 24, at least during their experiences of heterosexual sex taking place prior to marriage (Natividad and Marquez, 2004). When asked about their last heterosexual sexual episode, only 26.6% of young Filipino men reported having used any method of contraception. Among those who did, 45.2% reported using a condom. This amounts to a condom use rate of about only 12% among young Filipino men during their most recent heterosexual sex.

While this supposedly shows a marked improvement in condom use rate among young Filipino men in 2002 from 1994 (during which only about 6.9% reported having used a condom during last heterosexual sex prior to marriage), it appears that the most recent data available indicate that almost 9 out of 10 young, sexually active Filipino men have had unprotected heterosexual sex prior to marriage.

Note though that these YAFSS3 findings focus primarily on sexual behaviors that take place prior to marriage, positing that "premarital sex" is essentially a "risky sexual behavior"². Critical social psychologists who use a discursive approach in working toward health promotion caution against the automatic and unreflective framing of many behaviors as essentially risky (Marks et al., 2005). While it is true that heterosexual sex prior to marriage can involve high levels of health threat (especially when no protection like condoms is used), by constructing "premarital sex" as risky in and of itself, we may be disregarding the fact that sex among married partners can and do pose risks, especially if one partner engages in unprotected extramarital sex (see Natividad and Marquez, 2004, for an exploration) and then fails to use condoms with the spouse (see Willig, 1995, for a discursive analysis of risky unprotected sex within a marital context).

This last point notwithstanding, if we consider that only one episode of unprotected sex is required for the transmission of HIV (as well as other STIs and even unintended pregnancy), perhaps there is indeed some validity to the pronouncement of the YAFSS3 researchers that "the basic facts [about young Filipino sexual behaviors] are disturbing" and require intervention (Raymundo, 2004, p. 152). These sexual health interventions can be informed by further exploration of Filipinos' specific sexual behaviors, such as the use/non-use of protection by young Filipino men during heterosexual sex.

Problem

The overall goal then of this study was to investigate condom use as sexual health behavior among young, heterosexually active Filipino men ages 15 to 24, based on a secondary analysis of national survey data. In particular, the study seeks to:

1. describe the overall level of condom use among young Filipino men during their most recent heterosexual sex,
2. identify predictors of heterosexual condom use among young Filipino men, and
3. explore some of the subjective reasons for young Filipino men's use of condoms during heterosexual sex.

II. Method

Dataset

The data used for this paper were from the male subsample of the 2003 NDHS, a nationally representative interview-based study conducted by the National Statistics Office (NSO) of the Philippines. Using stratified, multi-stage cluster sampling, questionnaire-based field interviews were conducted with $N = 4,766$ Filipino men aged 15 to 54 years old (response rate of 95.1%) in order to obtain population-level information on a number of social and health concerns including reproduction, contraceptive knowledge and use, condom attitudes and usage, sexual activity, and HIV/AIDS.

Procedure

In order to explore young Filipino men's heterosexual condom use, the paper used the following procedure. First, a review of the social psychological research literature was conducted to list potentially useful predictors of condom use behavior. In particular, meta-analytic studies by Sheeran, Abraham, and Orbell (1999) and Albarracín, Johnson, Fishbein, and Muellerleile (2001) served as the primary bases for identifying the relevant variables. Combining these two reviews considered more than 45 constructs from a variety of heterosexual condom use models including the AIDS risk reduction model, the theory of reasoned action, and the theory of planned behavior.

Second, variables in the NDHS men's dataset were screened for availability and correspondence with the above predictors. Those that had very uneven proportions were excluded (for example, being tested for HIV, only 0.9%; and self-reported STI, only 0.5%). This process yielded eight possible predictors, namely:

- (1) Knowledge of condom sources (whether respondents knew of a place where a person could acquire condoms or not),

- (2) Protection beliefs (whether respondents believed that regular condom use could reduce the chances of HIV transmission or not),
- (3) Attitudes toward condoms (a composite two-item measure that tapped into respondents' views of condoms as "diminishing a man's sexual pleasure" and as "very inconvenient to use", Cronbach's $\alpha = 0.64$),
- (4) Condom use during coital debut (whether respondents reported using a condom the first time they had sexual intercourse or not),
- (5) Type of sexual partner (whether the woman with whom the respondents last had sex was their spouse/cohabiting partner vs. a non-cohabiting girlfriend/fiancee vs. a friend/casual acquaintance vs. a commercial sex worker),
- (6) Age,
- (7) Socio-economic status (as measured by the NDHS wealth index quintile), and
- (8) Educational attainment (none/elementary vs high school vs college/university).

Finally, these eight predictors were assembled into a binary logistic regression model in order to assess their relationship to the dichotomous outcome variable of young Filipino men's condom use or non-use during their most recent heterosexual sex.

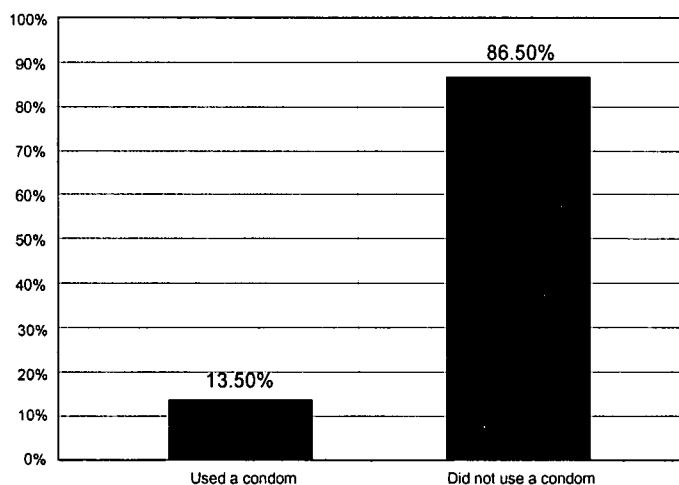
III. Results

Respondents

Of the $N = 1,702$ young Filipino males ages 15 to 24 in the NDHS dataset, 34.9% ($N = 594$) were sexually active. Average age at their first heterosexual sex was 17.6 years ($SD = 2.19$, 95% CI = 17.41 - 17.79). Majority of the sexually active respondents were Roman Catholic (83.8%). About 23% had no formal education or only elementary-level education, 50.7% up to high school, and 26.3% up to college or higher. Majority were single (62%), some were married at the time of the survey (23%), and the rest were cohabiting with a woman (15%).

Condom Use during Most Recent Heterosexual Sex

The reported level of condom use among young Filipino men during their most recent heterosexual sexual episode was quite low, only about 13.5% (see Figure 1). This percentage is slightly lower than respondents' reported level of condom use during the first time they had heterosexual sex (16.5%). Almost nine out of 10 young Filipino men's most recent sexual encounter with a woman involved unprotected sex, confirming the YAFSS3 finding that heterosexual condom use is indeed low among young Filipino male adults.

FIGURE 1. Young Filipino Men's Condom Use During Their Most Recent Heterosexual Sex

Predictors of Condom Use

A total of $N = 379$ cases were available for logistic regression analysis after screening for missing values. A test of the full model with all eight predictors against a constant-only model was significant, $\chi^2(14) = 121.13$, $p < 0.01$, suggesting adequate fit with the data. Prediction success was relatively high (90.8%) and the model accounted for a moderate amount of variance, Nagelkerke $R^2 = 0.50$.

Only two of the eight predictors, however, were statistically significant (see Table 1), namely: (1) condom use during coital debut, Wald $\chi^2(1) = 45.84$, $p < 0.01$, and (2) type of sexual partner, Wald $\chi^2(3) = 17.79$, $p < 0.01$. That is, young Filipino men who used a condom the first time they had sex with a woman were more likely to use a condom during their most recent heterosexual sex (odds ratio = 21.75). Also, young Filipino men were less likely to use a condom when their sexual partner was their spouse or cohabiting partner compared to the other types of partners. He is more likely to use condom when she was a commercial sex worker (odds ratio = 11.53), a friend or casual acquaintance (odds ratio = 10.57), or a non-cohabiting girlfriend or fiancée (odds ratio = 12.55). Information-related labeling factors like knowledge of where to obtain condoms and personal beliefs that condom use protects against HIV, as well as the commitment factor of attitudes toward condoms, were not significantly related to condom use. Similarly, demographic characteristics like age, socio-economic status, and education did not appear to be significantly associated with the use of condoms during heterosexual sex (all p 's > 0.1).

Rerunning the logistic regression model with only the two predictors yielded similar results, suggesting that previous condom use and type of sexual partner were important factors in

TABLE 1. Odds Ratios for Logistic Regression Models

Predictor	Model 1 (<i>N</i> = 379 cases)	Model 2 (<i>N</i> = 418 cases)	Model 3 (<i>N</i> = 384 cases)
Condom use during coital debut (no = 0)	21.75***	20.30***	--
Type of partner (spouse/cohabiting partner = 0)			
Sex worker	11.53***	22.87***	--
Friend/casual acquaintance	10.57***	9.19***	--
Non-cohabiting girlfriend / fiancée	12.55***	10.35***	--
Attitudes toward condoms	1.35	--	1.66**
Knowledge of condom sources (knows = 0)	0.26	--	0.16*
Protection beliefs (with belief = 0)	1.09	--	0.57
Educational attainment (college = 0)			
None/elementary	0.13*	--	0.14*
High school	0.81	--	0.77
Socio-economic status (richest = 0)			
Poorest	1.84	--	0.36
Poorer	3.61	--	0.94
Middle	2.14	--	0.78
Richer	1.07	--	0.59
Age	1.09	--	--

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

and of themselves, even without the additional six variables. A test of the model with the two predictors (based on $N = 418$ available cases) against a constant-only model was significant, $\chi^2(4) = 114.87, p < 0.01$. Prediction success was high (91.1%) and the parsimonious model still accounted for a considerable amount of variance, Nagelkerke $R^2 = 0.45$. Condom use during most recent heterosexual sex was associated with condom use at coital debut, Wald $\chi^2(1) = 60.34, p < 0.01$, odds = 20.30, and the type of sexual partner, Wald $\chi^2(3) = 25.80, p < 0.01$. Young Filipino men were more likely to use condoms with sex workers (odds ratio = 22.87), friends (odds ratio = 9.19), and girlfriends (odds ratio = 10.35) rather than with spouses.

A final logistic model was run with the five remaining predictors excluding age, to examine possible relationships masked by condom use at sexual debut and by type of sexual partner acting as suppressor variables. A test of this model (based on $N = 384$ available cases) against a constant-only model was significant, $\chi^2(9) = 38.64, p < 0.01$. Prediction success was 86.15%, although this model accounted for a much lower amount

of variance, Nagelkerke $R^2=0.17$. Condom use during most recent heterosexual sex was less likely among those with elementary-level or no education compared to college-level, Wald $\chi^2(1)=4.83$, $p<0.03$, odds = 0.14; less likely among men who did not know of a place to obtain condoms, Wald $\chi^2(1) = 4.25$, $p<0.04$, odds = 0.16; and more likely among those with positive attitudes towards condoms, Wald $\chi^2(1) = 6.77$, $p<0.01$, odds = 1.66. Protection beliefs and socio-economic status were not significantly associated with condom use during most recent heterosexual sex (all p 's >0.1).

Subjective Reasons for Condom Use

Respondents who used a condom during their most recent heterosexual sex were also probed for their subjective reasons for condom use (see Figure 2). Respondents were asked “What is the main reason you used a condom the last time you had sexual intercourse with a woman?” then presented five possible options. Only 11% identified “HIV/STI prevention” as their primary motivation. Majority of respondents said they used a condom as a form of contraception (69%) while one-fifth (20%) claimed condom use was for both contraception and STI/HIV prevention purposes. None of the respondents cited the two other options: “lack of trust in the partner” (0%) and “request/insistence of partner” (0%) as condom use reasons.

These responses may imply that young Filipino men’s cognitions of condoms, at least in the context of these most recent heterosexual experiences, were geared towards construing condom use as a method of contraception rather than as overall protection for sexual health. A cross-tabulation analysis of subjective reasons for condom use against type of sexual partner (see Table 2) suggests that pregnancy prevention motivation was especially salient during condom use with spouses or girlfriends (34 out of 43 total instances) while STI/HIV protection was not (two out of 43 instances). It appears that for young Filipino men, the sexual relationship may serve as an important context in which functions of condoms are made salient and consequently which subjective reasons will be seen as motivating. For

FIGURE 2. Subjective Reasons for Heterosexual Condom Use by Young Filipino Men

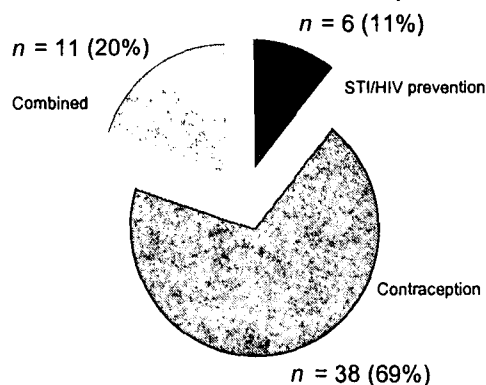


TABLE 2. Cross-tabulation of Type of Sexual Partner vs Subjective Reasons for Condom Use

Subjective Reason	Type of Sexual Partner				Total
	Spouse	Girlfriend	Friend	Sex Worker	
To prevent STI/HIV	0	2	3	2	7
To prevent pregnancy	6	28	4	1	39
To prevent STI/HIV and pregnancy	1	6	2	3	12
Total	7	36	9	6	58

example, with “steady” partners like girlfriends and spouses, condoms may be construed as contraception, presumably because such relational contexts are perceived as less (or even not at all) risky in terms of STI/HIV transmission (Willig, 1995). Because the current sample was too small to pursue this hypothesis, further investigation of this association with larger samples is needed to tease out this potentially important interaction.

IV. Discussion

Secondary analysis of the 2003 NDHS data indicates that condom use among young Filipino men ages 15 to 24 during their most recent heterosexual sex was quite low. Condom use was predicted by only two factors: whether a condom was used the first time a man had heterosexual sex, and the type of sexual partner. Young Filipino men were more likely to use a condom the most recent time they had sex with a woman (1) if he had used a condom the first time he had heterosexual sex, and (2) if his partner was a girlfriend, a friend, or a sex worker (as opposed to a spouse). The most common subjective reason for condom use was for pregnancy prevention, and STI/HIV protection was not a particularly salient motivation for many users.

Results from the present study thus point to two important aspects of heterosexual condom use: that condom use may develop into habitual action and that condom use is a highly contextualized behavior.

Condom use as habitual behavior

Recent heterosexual condom use by young Filipino men was seen to be strongly predicted by their condom use at sexual debut, showing that, as many behaviorally oriented psychologists have maintained, past behavior predicts future behavior (Ouellette and Wood, 1998). Meta-analytic investigations of the past-behavior – future-behavior relationship have shown that past behavior is a robust predictor of future behavior comparable in effect with other, more social cognitive variables such as behavioral intentions, attitudes, norms, and perceived task difficulty,

especially in stable, supportive contexts. Examples of these actions influenced by past behaviors include coffee drinking, alcohol consumption, exercising, seat belt use, bicycle helmet use, church-going, class attendance, and even condom use (e.g., Stacy, Stein and Longshore, 1999).

In one recent investigation, Shafii, Stovel, Davis, and Holmes (2004) studied the relationship of condom use during adolescent sexual debut with condom use at most recent sex using a nationally representative sample of $N = 4,024$ sexually active adolescents in the U.S. Results of their logistic regression indicated that condom use during first sex significantly increased the likelihood of condom use during most recent sex, even after controlling for other factors like perceived risk, time interval, partnership features, and demographic characteristics.

It appears that condom use may therefore develop as a habit, i.e., using a condom during heterosexual sex becomes a well-practiced, automatic behavior that occurs in stable contexts (Ouellette and Wood, 1998). By beginning one's heterosexual behavioral history with condom use, condoms may become a routine feature of sex so that in future instances, one will automatically use a condom when having sex. If condom use is indeed habitual, at least for some young Filipino men, then conscious, deliberative decision-making and cognitive appraisal processes (including related factors such as HIV/AIDS knowledge, information about condom efficacy, attitudes toward condom use, etc.) may have little to do with condom use behavior itself, which may explain why such variables had relatively little predictive ability in the model.

Condom use as contextualized behavior

In addition to its potential to be an automated, habitual behavior, heterosexual condom use, as established by the current analysis, is a contextualized behavior. That is, heterosexual condom use takes place in an immediate social psychological context of partnership and sexuality. Young Filipino men were least likely to use a condom during sex with a spouse, which is consistent with previous findings that indicate that condoms are more likely to be used with casual partners and “one-night stands” and least likely to be used with steady partners like spouses (Ellen, Cahn, Eyre and Boyer, 1996; Gerbhardt, Kuyper and Greunsvan, 2003). Ironically, unprotected sex seems most likely among steady (though not necessarily monogamous or HIV/STI-free) sexual partnerships, the same relationships that are most often construed as “safe” and “healthy.”

This contextual effect has been explained by social psychologists as a result of people's implicit theories that steady partnerships (those that develop over time and involve “love” or “trust”) are essentially “safe” from negative outcomes like HIV transmission (Gerbhardt, Kuyper and Greunsvan, 2003; Glasman and Albarracín, 2003). Discursive analyses have also suggested that for many individuals, condoms carry symbolic meanings that may be incompatible with how close relationships like heterosexual marriage are construed. In particular, condoms may signify “promiscuity” while the discontinuation of condom use in a developing relationship may imply the development of “trust.” Thus, “trust” may be

invoked by relational partners to justify a reluctance to use condoms, either by arguing that the existing trust between spouses makes it “unnecessary” to use condoms or by suggesting that the use of condoms would undermine trust and therefore damage the relationship (Willig, 1995).

In a related manner, condom use is not only influenced by relationship-based discourses and implicit theories but also by the fact that individuals recognize that condoms can function as protection against HIV and STIs and as a method of contraception. However, it appears that these functions and related motivations have differential salience for young Filipino men, many of whom may construe condom use solely as contraception without considering its HIV/STI-protective features, especially in the context of certain types of sexual partnerships such as with spouses as against with friends or sex workers. Clearly, while quantitative, demographic data can point out particular patterns in sexual health behavior like condom use in the context of relationships, more research is needed to disentangle these multiple meanings of condoms and motivations for condom use among young Filipinos, using more context-based qualitative and discursive methods.

Implications for Intervention

Based on the current analysis, the best predictors of heterosexual condom use among young adolescent males in the Philippines were condom use during coital debut and type of sexual partner. This suggests that efforts at promoting condom use as a sexual health behavior is best in place early on, prior to the onset of interpersonal sexual behavior. This way, sexual health behaviors like heterosexual condom use increase in automaticity and are likely to become more habitual once individuals become sexually active.

The present study also implies that recognition of the relational context of condoms and condom use needs emphasis. Different strategies may be needed to promote condoms for different partnership contexts, especially in presumably “safe” relationships like marriage. Lay conceptualizations like “trust” or “*tiwala*” may be important to examine, as well as individuals’ cognitive representations of condoms (including beliefs about the purposes of condoms), discursive constructions of condom use in Filipino culture, and norms and attitudes related to condom use vis-à-vis other contraceptive methods.

Limitations

A number of caveats about the current study should be kept in mind. First, the data are based on retrospective self-reports. While these are the most common bases of sexuality surveys, such reports are easily affected by biases in recall or self-presentation (Marks et al., 2005). Second, the cross-sectional design of the NDHS does not allow for the full, prospective investigation of predictor-outcome relationships, especially in the case of past behavior-future behavior relationships. In particular, because the structure of the NDHS dataset does

not allow for the specification of the particular respective timings of first and most recent heterosexual sex, statistical assessment of this predictor-outcome relationship can certainly be improved upon by future investigations using superior designs like a prospective cohort methodology. Third, the current analysis was limited to young Filipino men and may not generalize to other age groups or to Filipino women (given documented gender differences in condom use dynamics; see for example, Gerbhardt, Kuyper and Greunsven, 2003). Finally, as in any secondary analysis, the variables included in this paper were limited to those available in the dataset. Further research should consider expanding and improving how some of the variables were conceptualized and measured, for example, condom use and attitudes towards condoms. Future studies could look into consistency in condom use (rather than focusing only on particular behavioral instances like most recent or first use) since it is *consistent* condom use that has been shown to provide high protection against HIV and STIs. Improved measures of attitudes as well as other, more theoretically based constructs like self-efficacy and subjective norms are also needed to determine how well these variables truly influence condom use behaviors among young Filipinos.

These limitations notwithstanding, it is hoped that the current analysis, which attempted to put together a social psychological approach incorporating theoretically meaningful constructs alongside demographic data, can offer initial insights into a significant, micro-level behavior like heterosexual condom use, an important step in the management of HIV transmission in the Philippines and in the promotion of the sexual well-being of young Filipinos who engage in and enjoy heterosexual sex.

Notes

- 1 Junior faculty member at the Department of Psychology of the University of the Philippines, Diliman, Quezon City, Philippines. E-mail: ejmanalastas@kssp.upd.edu.ph.
- 2 A reviewer commented that YAFSS3 does not necessarily frame “premarital sex” as essentially sexually risky and only “raises” the possibility of it as a risky sexual behavior, pointing out that in their summary, Natividad and Marquez (2004) actually state that “PMS can be a risky sexual behavior” [emphasis added] (p.93). I would argue, however, that simply by including it in a chapter titled “Sexual Risk Behaviors” and identifying it as one of “three major categories of sexual behaviors associated with [sexual risk]” (p.70), YAFSS3 does construct premarital sex, for all intents and purposes, as risky. This discursive construction is reflected and the risk label is reified in a later chapter (Raymundo, 2004), when a summary list of young Filipino risk behaviors is presented, including the “basic disturbing fact” that “3.8 million have engaged in premarital sex, with almost 80% of them practicing unsafe or unprotected sex” (p.153). From a discourse analytic perspective, it is interesting to note how by constructing “premarital sex” as risky (or at least potentially risky), marital sex is implicitly positioned as “safe” and unproblematic, even though STI transmission and unwanted pregnancy (the two fundamental risks identified by YAFSS3 researchers) could be argued to be similarly “potential” concerns even among married heterosexuals couples. In the end, perhaps all of us – regardless of how we operationalize (or not operationalize) the construct of *risk* – would be best served by heeding the advice of Beadnell and others (2005), who persuasively argue that although single risk indicators like early age of first intercourse, number of sexual partners, consistency of condom use, etc. can each be considered an aspect of sexual risk-taking, none by itself is valid as an operationalization of risky behavior. All these single indicators are *proxy* indicators, capturing some of the variance in risk but none completely capturing the construct.

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