Condom Use Errors and Problems in a Sample of Young Colombian Adults

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Abstract

Condom effectiveness can be reduced by a number of problems and errors that take place during use. The purpose of the present study was to translate and adapt the Condom Use Errors and Problems Survey (CUES) into Spanish and to use it for testing the prevalence of these issues in a sample of young Colombian adults. A total of 775 people (414 women and 361 men) between 18 and 26 years of age participated in the study. Participants completed the following questionnaires online: Condom Use Errors and Problems Survey, Sexual Opinion Survey, Sexual Assertiveness Scale, Multidimensional Condom Attitudes Scale, a sociodemographic and sexual history questionnaire, plus two questions concerning condom-associated erectile problems. Results showed significant differences in the prevalence of condom use errors/problems associated with gender, sexual orientation, and whether the participant had a stable sexual partner. The occurrence of problems/errors ranged from 9.4 to 69.5%. Except for certain specific practices, observations were similar to those of studies performed in North America. Results indicate that the present linguistic adaptation of the CUES for its use in Colombian Spanish-speaking populations is an effective instrument to assess problems and errors associated with the use of male condoms.

Keywords: adaptation; condom use problems; condom use errors; CUES; Colombia; Spanish.

The consistent use of male condoms has an effectiveness rate of 98% in preventing unplanned pregnancies and sexually transmitted infections (STIs) (World Health Organization, 2016a; 2016b). However, different errors and problems during condom use decrease its effectiveness (Sanders et al., 2012; World Health Organization, 2016c). Millions of infections and unplanned pregnancies could be prevented by minimizing the occurrence of these issues (Sanders et al., 2012). Therefore, it is important to study not only the consistent use of condoms but also the problems and errors associated with their use.

Errors are understood as behaviors that result in the incorrect use of condoms, for example: partial or incomplete use (i.e., failure to use a condom from start to finish of intercourse) and other errors associated with handling, positioning and removal, storage, verification of the expiration date, damage due to contact with sharp objects, and use of oil-based lubricants (Crosby, Yarber, Sanders, Graham, & Arno, 2008; D'Anna et al., 2012). Problems are understood as experiences beyond the direct control of the user whose effects can compromise the effective use of the condom and reduce its protective capacities; examples of problems are breakage, slippage, leakage, and erectile problems (Sanders et al., 2012). These errors and problems may be particularly common among individuals in low-income countries, for example in Latin America and Africa (Amigó, Ríos, & Nogué, 2013; Crosby & Mena, 2016; Lee, Standfort, Collier, Lane, & Reddy, 2017; Mustanski, Ryan, & Garofalo, 2014), as well as among ethnic minorities in middle- to high- income countries, for example in the United States (Du Bois, Emerson, & Mustanski, 2011; Hernández, Siegler, Sullivan, Crosby, & Rosenberg, 2014; Mustanski et al., 2014). Research focusing specifically on male-female intercourse has found that the probability of condom slippage (Baćak & Štulhofer, 2012) and condom breakage when putting on the condom (Crosby,

Graham, Milhausen, Sanders, & Yarber, 2010; Crosby, Graham, Milhausen, Sanders, Yarber, & Shrier, 2015) is higher during anal penetration than during vaginal penetration (Topping et al., 2011) and when the user has consumed drugs or alcohol (Baćak & Štulhofer, 2012) or is young (Baćak & Štulhofer, 2012).

In the case of male-male intercourse, a significant association has been found between condom breakage and slippage and the use of oil-based lubricants (Hernández et al., 2014; Mustanski et al., 2014). Black men are more likely to report incomplete use, use of oil-based lubricants, and failure to fully unroll the condom before use (Mustanski et al., 2014). Crosby et al. (2010) developed an instrument for measuring errors made during penis-vagina intercourse and penis-anus intercourse: The Condom Use Errors/Problems Survey (CUES), which evaluates errors and problems that people frequently report when using male condoms. The CUES includes a version for men, who put on the condom themselves, and a version for women, who put the condom on their partners' penises. The survey focuses on a limited set of events (the last three times that the person engaged in sex) during a three-month period. The dimensionality of the scale has not been tested because behavior measures such as the CUES are difficult to assess using factor analysis; their measurements are not constructed by multiple question items, so one type of error is not necessarily associated with other errors (Crosby et al., 2010).

Individual difference variables that may be related to condom problems or errors include erotophilia-erotophobia, sexual assertiveness, and attitudes toward condoms. The erotophilia-erotophobia construct has been found to be a predictor of the disposition of an individual to engage in sexual activity (Bermúdez, Ramiro, & Ramiro, 2014) and has been related to risky sexual behaviors (Vallejo-Medina, Granados, & Sierra, 2014). Sexual assertiveness during condom use negotiations can

facilitate condom use and contribute to the prevention of Human Immunodeficiency Virus (HIV) and STIs among young people (Schmid, Leonard, Ritchie, & Gwadz, 2015; Widman, Noar, Choukas-Bradley, & Francis, 2014). A number of studies have reported a negative association between attitudes toward condoms and problems or errors during their use (Hogben et al., 2006; Lameiras, Faílde, Bimbela, & Alfaro, 2008).

To date, most of the research on errors and problems associated with the consistent and adequate use of condoms has been conducted in North American countries (Sanders et al., 2012). Thus, until now, the CUES had not yet been adapted for Spanish-speaking populations. Moreover, the problems and errors associated with the use of condoms have been largely ignored throughout the Spanish-speaking world, except in the case of Mexico (Robles et al., 2006; Rodríguez, Barroso, Frías, Moreno, & Robles, 2009; Spruyt et al., 1998), although, even there, standardized scales are still unavailable. Therefore, the aims of the present study were, firstly, to translate and adapt the CUES to be used with Spanish speakers, and secondly, to assess the prevalence of the different errors and problems measured by the survey and their relationships with relevant variables (erotophilia-erotophobia, sexual assertiveness, and condom attitudes) a in a sample of Colombian men and women.

We tested the following hypotheses:

H1: We expected significant differences on items assessing condom errors and problems regarding gender and sexual orientation.

H2: We expected a negative relationship between condom errors and problems and erotophilia.

H3: We expected a negative relationship between condom errors and problems

and sexual assertiveness.

H4: We expected a negative relationship between condom errors and problems and positive condom attitudes.

H5: We expected a negative relationship between condom errors and problems and the following history aspects: condom use frequency, condom use intention, and condom purchase intention.

H6: We expected a positive relationship between condom errors and problems and the following variables: Intention to have sex under the influence of alcohol, intention to have sex under the influence of drugs, Condom Associated Erectile Problems-Application (CAEP-A), and Condom Associated Erectile Problems-Intercourse (CAEP-I).

Method

Participants

Available evidence has demonstrated that young people between 14 and 26 years of age are frequently the most vulnerable group to acquire STIs, including HIV, and to have unplanned pregnancies, all of which are associated with condom errors and problems (Colombian Ministry of Health and Social Protection, 2016). Inclusion criteria included being between 18 and 26 years of age, being Colombian, and having engaged in sexual intercourse (penetration) using at least three male condoms applied by the male or his partner over the three-month period prior to the survey. Exclusion criteria were failing to sign the consent form, not completing the CUES, and being unable to read and write.

The survey was published and distributed using Facebook from January 19, 2018, to February 7, 2018. A total of 4,676 people interacted with the post, and 3,872

clicks on the survey link were registered. The information in the post was directed at men and women between 18 and 26 years of age interested in participating in a national sexual health promotion survey. Responses were collected using the Survey Monkey virtual platform.

A total of 2,325 surveys were initially considered, but only 775 of the respondents had used at least three condoms over the three-month period before the survey and answered all the CUES questions. The survey was completed by 70% of the individuals who accessed the webpage, and a list wise deletion procedure was used for handling missing data. All of the participants were Colombian young people, 361 (46.5%) were men, and 414 (53.4%) were women.

Measures

Condom Use Errors/Problems Survey (CUES) (Crosby et al., 2010). Questions on the CUES asked about the errors and problems associated with the use of condoms during sexual intercourse (including vaginal and anal penetration), considering the last three times that the respondent used a condom over the three-month period prior to the study. The instrument consists of 16 items with four Likert-type response options each. Higher scores indicate higher rates of errors and problems (see supplemental material).

Sexual Opinion Survey (SOS) (Fisher, White, Byrne, & Kelley, 1988). The present study used the Spanish-validated (Vallejo-Medina et al., 2014; Vallejo-Medina et al., 2016) version of the brief SOS, which evaluates the erotophilia-erotophobia spectrum, that is, positive or negative attitudes toward sexuality. The scale consists of six items with seven Likert-type response options. High scores represent high erotophilia, that is, positive attitudes towards sexual stimuli, whereas low scores represent erotophobia, that is, negative attitudes towards sexual stimuli. A

sample item: *"masturbating can be an arousing experience"*; higher scores are associated with higher erotophilia. In the present study, this scale had an α of .82.

Sexual Assertiveness Scale (SAS) (Morokoff et al., 1997). The Spanish-validated (Vallejo-Medina et al., 2017) subscale *Sexually Transmitted Diseases-Unwanted Pregnancy (STD-P P),* which consists of three items that evaluate sexual assertiveness associated with the use of latex barriers was used. An item example is: "*When I have sex with my partner, I make sure we use a condom".* Five Likert-type response options are presented (0 (never) to 4 (always)). Higher scores represent higher sexual assertiveness. In the present study, this scale had an α of .83.

UCLA Multidimensional Condom Attitudes Scale (MCAS) (Helweg-Larsen, 2013). The Spanish version of this scale was used (Plaza-Vidal, Ibagón-Parra, & Vallejo-Medina, 2019); it measures attitudes toward the use of condoms in five dimensions *(Negotiation, Pleasure, Shame, Stigma,* and *Reliability)*. The instrument consists of 25 items with seven Likert-type response options. A sample item is: *"it is very difficult for me to discuss the use of condoms with my partner."* Higher scores represent positive attitudes toward the use of condoms. In the present study, this scale had an α of .82.

Sociodemographic and Sexual History Questionnaire. A survey was designed and administered to collect sociodemographic, psychological, and sexual information such as age, sex, schooling, stable sexual partner, marital status, and sexual orientation. With respect to sexual orientation, the Kinsey scale was used, which ranged from 0 to 6; 0 corresponded to individuals whose sexual contacts and experiences were exclusively heterosexual, while 6 corresponded to exclusively homosexual (Kinsey, Pomeroy, & Martin, 1948). Other questions focused on sexual history were: condom use in first penetrative intercourse, condom use frequency

(CUF; ranging from 1 = never to 7 = always), condom use intention (CUI; ranging from 1 = certainly will not to 5 = certainly will), condom purchase intention (CPI; ranging from 1 = certainly will not to 5 = certainly will), intention to have sex under the influence of alcohol (ISA; ranging from 1 = certainly will not to 5 = certainly will), and intention to engage in sex under the influence of drugs (ISD; ranging from 1 = certainly will not to 5 = certainly will).

Condom-Associated Erectile Problems (CAEP) (Hill, Sanders, Crosby, Ingelhart, & Janssen, 2015; Janssen et al., 2014; Sanders, Hill, Crosby, & Janssen, 2014). Participants were asked two questions to assess type of CAEP: CAEP-Application (*"over the past 90 days, how often did you lose your erection when putting on a condom before vaginal intercourse?")* and CAEP-Intercourse (*"over the past 90 days, how often did you lose your erection while using a condom during vaginal coitus?").* Response options were scored on a five-point Likert-type scale from 0 (*"Never"*) to 4 *("Always"*). In the present study, this scale had an α of .72.

Procedure

A team of seven expert psychologists and two translators translated and carried out linguistic adaptations to the CUES. Translators used adaptation guidelines for psychological measurement instruments based on Hambleton's guidelines (Muñiz, Elosua, & Hambleton, 2013); two independent forward translations were carried out, which were used as a basis by the team of psychologists and translators for creating a new version, as recommended by Muñiz et al. (2013).

The online survey began by providing participants with information about the study, emphasizing the anonymity of their data, and informed consent form was requested immediately after. Average time to complete the survey was 11 minutes. All the study procedures were reviewed and approved by the Psychological Research

Center of the Fundación Universitaria Konrad Lorenz.

Results

The characteristics of the sample are presented in Table 1. The mean age for men was 21.41 (*SD* = 2.31) and 21.12 (*SD* = 2.13) for women. A descriptive analysis was carried out by comparing percentages of condom use errors or problems per each item and by sex (see Table 2). Gender-based differences in the prevalence of most condom use errors and problems were observed, and the scores of only six items were similar between men and women. Among these problems/errors, the most prevalent was CUES1: *"you checked the condom for visible damage before having sex with penetration,"* whereas the least prevalent was CUES9: *"the condom made contact with jewelry, nails, sharp piercings, or teeth at some point before or during sex."* The error showing the largest gender difference (more common in women) was CUES4: *"did you squeeze the air out after putting it on?".* Concerning CUES items assessing CAEP, 47.4% of participants reported CAEP-Application and 36.0% reported CAEP-Intercourse.

We assessed whether sexual orientation or having a stable sexual partner were related to condom use errors/problems. No differences were observed between women who identified themselves as exclusively heterosexual (and reported having put a condom on their partners over the three months before the survey) and bisexual women. In the case of men, three items showed differences. The first two concerned errors associated with the use of lubricants: There was a higher incidence of errors among heterosexual and bisexual men –than homosexual- for the non-use for water-based lubricants (χ^2 (2) = 10.23; $p < .01$; η = .16) and use of oil-based lubricants (χ^2 (2) = 14.99; $p < .01$; η = .21). For applying the condom after penetrative sex had begun, heterosexual men were more likely to

report this error than bisexual and gay men [$\chi 2$ (2) = 10.14; p < .01; η = .17]. Four errors/problems showed differences depending on whether the respondent had a stable sexual partner or not. On the one hand, people who reported not having a stable partner were more likely to make errors associated with not checking for visible condom damage and using oil-based lubricants [χ^2 (1) = 10.36; p < .01; OR = 1.70 y χ^2 (1) = 6.67; p = .01; OR = 1.64]. On the other hand, errors associated with not leaving room at the tip of the condom and using the condom once penetration had begun were more frequent among participants who reported having a stable sexual partner [χ^2 (1) = 5.02; p = .02; OR = 0.70 and χ^2 (1) = 8.70; p < .01; OR = 0.63].

Finally, given that this is the first adaptation of the CUES into Spanish, obtaining data for criterion validity was considered advisable, especially because Cronbach's alpha, test-retest reliability, and other validity indicators cannot be calculated for this scale (Crosby et al., 2010). Table 3 shows correlations between errors and problems and other theoretically related variables. No significant associations were observed between errors/problems and general attitudes toward sexuality (SOS), although some low or moderate relationships were detected with variables evaluated by the MCAS (Negotiation, Pleasure, Shame, Stigma, and Reliability) and the variables (condom use frequency [CUF], condom use intention [CUI], condom purchase intention [CPI], intention to have sex under the influence of alcohol [ISA], and intention to engage in sex under the influence of drugs [ISD]). Statistically significant differences in CUES scores t (622) = 2.68; p < .01; d = .23 were also observed between participants who used condoms correctly in their first intercourse event (M = 8.98; SD = 5.12) and those who failed to use them correctly (M = 10.23; SD = 5.34). It should be highlighted that only 64% of the

sample used condoms correctly in their first intercourse event. Similarly, statistically significant differences t (605) = 3.01; $p < .01$; $d = .29$ were observed between self-reports by those participants who made no errors during their last penetrative sex event (M= 9.00; SD = 5.10) and of those who made errors in their last penetrative sex event (M = 0.46; SD = 4.87).

Discussion

To the best of our knowledge, this is the first time that the CUES has been adapted into Spanish (see online supplementary Table 1 for translated CUES) since its original publication by Crosby et al. in 2010. In general, the errors and problems detected in this Colombian population were comparable to those found in North American populations (Amigó et al., 2013; Crosby & Mena, 2016; Hernández et al., 2014; Lee et al., 2017; Mustanski et al., 2014; Sanders et al, 2012).

Our results revealed that both men and women make errors and experience problems when using condoms. CUES1, *"checked for visible damage,"* was the most common problem for both genders (66.3% for men and 72.4% for women). This finding is consistent with previous research reporting that 74.5% of men (Crosby, Sanders, Yarber, Graham, & Dodge, 2002) and 82.7% of women (Sanders, Graham, Yarber, & Crosby, 2003) made this error. The error *"contact with sharp objects,"* was found to be the least common (7.6% for men and 11.1% for women in this sample). Previous studies have reported similar percentages, ranging from 2.1% to 11.2% (Crosby et al., 2002; Sanders et al., 2003; Crosby et al., 2007; Crosby et al., 2008). However, a noticeable difference was observed for items 5 and 8. These items evaluate two types of CAEP: during condom application (CAEP-Application) and while wearing a condom during intercourse (CAEP-Intercourse). CAEPs are important because they are one of the most common reasons why men fail to use

condoms (Pinchoff, Boyer, Mutombo, Chowdhuri, & Ngo, 2017). In North America, the prevalence of these problems has ranged from 9% to 37% but was higher in our study sample: 47.4% for CAEP-Application and 36.0% for CAEP-Intercourse. These data reveal both the variability of CAEP across cultures and the magnitude of the problem in Colombia, the first country in Latin America where these problems have been evaluated. These problems may be related to condom fit, self-efficacy, and individual perceptions and motivations to use the condom (Sanders et al., 2014). Situations such as failing to squeeze the air out after putting on the condom, engaging in intercourse without wearing the condom and putting it on later, and problems associated with feelings of fit and comfort related to the condom are frequent (Sanders et al., 2014). In the current study, 43% of the times a condom was used it was applied only after penetration had started. This error may be more frequent among individuals who believe that condoms ruin the spontaneity of the moment (Flood, 2003).

Concerning sexual orientation, exclusively gay and bisexual men were found to be more likely to use oil-based lubricants instead of water-based lubricants. Similar results have been reported by Hernández et al. (2014) and Mustanski et al. (2014). These findings could be ascribed to the popularity of oil-based lubricants among men who have sex with other men (Carballo-Dieguez et al., 2000; Maierhofer et al., 2016). This information is highly relevant for sexual health in Colombia because the prevalence of HIV among men who have sex with other men in the country is high (17%; UNAIDS-Columbia, 2017). In our study, heterosexual men were more likely to report the error *"you engaged in sex with penetration not wearing the condom, then you put it on, and carried on with sex with penetration"* than gay and bisexual men, which is consistent with findings reported by Crosby et al. (2015). As might be expected, no significant differences were observed between exclusively heterosexual

and bisexual women.

Concerning the relationship between having or not having a stable partner and errors/problems associated with condom use, participants who reported not having a stable sexual partner were more likely to use an oil-based lubricant and not to check the condom for visible damage, whereas participants who reported having a stable partner were more likely not to leave room at the tip of the condom and to engage in condomless penetrative sex. To the best of our knowledge, this is the first study to assess a direct relationship between having or not having a stable partner and condom use errors/problems. These findings may be due to the Colombian cultural context, where a stable relationship involves mutual monogamy and the risks of not using a condom correctly may also mediated by variables such as social norms, attitudes, and perceived self-efficacy (Beadnell et al., 2008; Conley, Moors, Ziegler, Matsick, & Rubin, 2013).

We also examined the criterion validity of the translated CUES. Participants who reported using condoms correctly in their first intercourse scored significantly lower on the CUES than those who failed to use condoms correctly. Similar observations have been reported by Baćak and Štulhofer (2012) and Lameiras et al. (2008), who found that individuals who used condoms from the beginning of their sexual lives were less likely to report condom use errors/problems later in life. Also in regard to criterion validity, significant associations were observed between condom use errors and problems and variables assessed by the MCAS; for instance, moderately significant associations between errors and problems and shame, pleasure, reliability, negotiation, and condom use stigma were found.

We observed direct associations between attitudes toward the use of condoms and condom use errors and problems. Such associations are to be expected since

attitudes have been shown to be a reliable predictor of condom use and associated problems/errors (Conley & Collins, 2005; Helweg-Larsen & Collins, 1994). Significant associations were also observed between condom use problems/errors and sexual assertiveness (SAS), which was also expected because assertiveness has been shown to be a reliable predictor of condom use (Schmid et al., 2015; Widman et al., 2014). Significant relationships between condom use errors/problems and Condom Use Frequency (CUF), Condom Use Intention (CUI), Condom Purchase Intention (CPI), Intention Sex Under Influence of Alcohol (ISA), and Intention Sex Under Influence of Drugs (ISD) were also found, consistent with results from other studies (Albarracin, Johnson, Fishbein, & Muellerleile, 2001).

We also observed significant associations between the two types of CAEP with each other, which was expected given the relationships among condom application, self-efficacy, individual perceptions and motivations, and condom use (Sanders et al., 2014). No significant associations between condom use errors and problems and erotophobia-erotophilia were found; this was unexpected, because this variable has been linked to sexual experience (Bermudez, Ramiro, & Ramiro, 2014), frequency of different sexual behaviors (Garcia, Rico, & Fernandez, 2017), and number of sexual partners (Fisher et al., 1988).

Strengths and Limitations

The present translation and adaptation of the CUES allowed for the evaluation of various problems and errors associated with condom use in a Colombian sample. Our results were similar to those obtained in North American samples (Amigó et al., 2013; Crosby & Mena, 2016; Hernández et al., 2014; Lee et al., 2017; Mustanski et al., 2014; Sanders et al., 2012). Evaluation was carried out in different regions in Colombia and validated measures were mainly used.

One limitation of the present study was sample selection: only people who had access to the internet and were users of the Facebook virtual community were included in the survey. Thus, the results cannot be generalized to the population of young Colombian men and women. Finally, the CAEP questions we used have not been validated.

Future research

Further research that directly compares the prevalence of condom use errors and problems in Spanish- and English-speaking countries is warranted. Studies focused on potentially high-risk populations (e.g., sex workers, rural populations, and individuals with different levels of education) are also needed. Sexual and reproductive health promotion programs in Colombia should consider these results. There is also a need for studies on younger adolescents since the extent to which condom use errors and problems begin during people's first sexual encounters is unknown. In addition, this adapted version of the Condom Use Errors and Problems Survey (CUES) can be used to assess and compare typical errors and problems in different South American countries. Finally, our team has been working on a sexual health promotion program in Colombia that invites young people to delay their first sexual intercourse event and educates on the correct and consistent use of condoms; this scale will allow our team to provide reliable data on the effectiveness of our program.

Data availability.

The dataset used in this study is available at:
https://figshare.com/s/a1e16fc6665dee7b091c

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Table 1.
Sample Characteristics (N=775).

Variables		Man n (%)	Woman n (%)	Hetero n (%)	Bisex n (%)	Homo n (%)	Has partner n (%)	No partner n (%)	
	n (%)	361 (46.5)	414 (53.4)	548 (70.8)	147 (19.0)	76 (9.8)	428 (55.2)		
Educational level	No schooling	-	1 (0.2)	1 (0.2)	-	-	1		
	Basic Elementary	-	-	-	-	-			
	Secondary	31 (8.6)	24 (5.8)	39 (7.1)	10 (6.8)				
	Technical[1]	28 (7.8)	30 (7.2)	46 (8.4)	9 (6.1)				
	Technologist[2]	25 (6.9)	25 (6.0)	32 (5.8)	8				
	College undergraduate	208 (57.6)	241 (58.2)	313 (57.1)					
	College graduate	56 (15.6)	66 (15.9)						
	Postgraduate candidate	8 (2.2)							
	Postgraduate	5							
Marital status	Married								
	Single								
Sex. orientation	Exclusively heterosexual	210 (58.3)	338 (81.6)	N/A	N/A	N/A	345 (63.0)	202 (36.9)	548 (
	Bisexual*	75 (20.8)	72 (17.4)	N/A	N/A	N/A	58 (39.5)	89 (60.5)	147 (
	Exclusively homosexual	74 (20.5)	2 (0.5)	N/A	N/A	N/A	23 (30.3)	53 (69.7)	75 (
Stable partner	Yes.	159 (44.2)	269 (65.0)	345 (63.0)	58 (39.5)	23 (30.3)	N/A	N/A	428 (
	No	202 (56.0)	144 (34.8)	202 (36.9)	89 (60.5)	53 (69.7)	N/A	N/A	345 (
Condom use freq	Always	139 (38.5)	138 (33.3)	197 (35.9)	47 (32.0)	29 (38.2)	144 (33.6)	132 (38.2)	276 (
	Almost always	107 (29.7)	116 (28.0)	167 (30.5)	33 (22.4)	23 (30.3)	114 (26.6)	109 (31.5)	223 (
	Most times	48 (13.3)	48 (11.6)	59 (10.8)	26 (17.7)	11 (14.5)	49 (11.4)	47 (13.6)	96 (1
	Half of the time	26 (7.2)	34 (8.2)	38 (6.9)	14 (9.5)	8 (10.5)	29 (6.8)	31 (9.0)	60 (
	Few times	24 (6.7)	47 (11.4)	55 (1 0)	15 (10.2)	1 (1.3)	53 (12.4)	18 (5.2)	71 (
	Almost never	13 (3.6)	27 (6.5)	27 (4.9)	11 (7.5)	2 (2.6)	32 (7.5)	8 (2.3)	40 (
	Never	4 (1.1)	4 (1.0)	5 (0.9)	1 (0.7)	2 (2.6)	7 (1.6)	1 (0.3)	8 (1

Note. [1] one-year technical education. [2] two years technical education· *Men and women who engaged in sexual contact with both men and women were considered as bisexual.

Table *2*.

Condom Use Errors and Problems for Men, Women, and Total sample.

	Men n(%)		Women n(%)		Gender Difference	Total Sample n(%)	
	No error	Error	No error	Error		No error	Error
CUES1	116 (33.7)	228 (66.3)	103 (27.6)	270 (72.4)	$\chi_2(1)=3.14$; $p=.07$	219 (30.5)	498 (69.5)
CUES2	228 (66.3)	116 (33.7)	302 (81.0)	71 (19.0)	$\chi_2(1) = 20.02$; $p < .01$; OR=0.46	530 (73.9)	187 (26.1)
CUES3	230 (67.1)	113 (32.9)	202 (54.4)	169 (45.6)	$\chi_2(1) = 11.85$; $p < .01$; OR=1.70	432 (60.5)	282 (39.5)
CUES4	209 (60.8)	135 (39.2)	171 (46.1)	200 (53.9)	$\chi_2(1) = 15.41$; $p < .01$; OR=1.81	380 (53.1)	335 (46.9)
CUES5	180 (52.6)	162 (47.4)	278 (74.7)	94 (25.3)	$\chi_2(1) = 37.83$; $p < .01$; OR=0.37	458 (64.1)	256 (35.9)
CUES6	262 (76.6)	80 (23.4)	307 (82.7)	64 (17.3)	$\chi_2(1) = 4.16$; $p = .04$; OR=0.68	569 (79.8)	144 (20.2)
CUES7	265 (77.0)	79 (23.0)	319 (85.8)	53 (14.2)	$\chi_2(1) = 9.03$; $p < .01$; OR=0.55	584 (81.6)	132 (18.4)
CUES8	220 (64.0)	124 (36.0)	270 (72.6)	102 (27.4)	$\chi_2(1) = 6.15$; $p = .01$; OR=0.67	490 (68.4)	226 (31.6)
CUES9	317 (92.4)	26 (7.6)	330 (88.9)	41 (11.1)	$\chi_2(1) = 2.52$; $p = .11$	647 (90.6)	67 (9.4)
CUES10	220 (64.0)	124 (36.0)	189 (50.7)	184 (49.3)	$\chi_2(1)= 12.88$; $p < .01$; OR=1.72	409 (57.0)	308 (43.0)
CUES11	284 (82.6)	60 (17.4)	276 (74.0)	97 (26.0)	$\chi_2(1)= 7.67$; $p < .01$; OR=1.66	560 (78.1)	157 (21.9)
CUES12	285 (83.1)	58 (16.9)	325 (87.1)	48 (12.9)	$\chi_2(1) = 2.31$; $p=.12$	610 (85.2)	106 (14.8)
CUES13	265 (77.5)	77 (22.5)	268 (71.8)	105 (28.2)	$\chi_2(1) = 2.98$; $p=.08$	533 (74.5)	182 (25.5)
CUES14	246 (71.5)	98 (28.5)	251 (67.7)	120 (32.3)	$\chi_2(1) = 1.25$; $p=.26$	497 (69.5)	218 (30.5)
CUES15	224 (65.1)	120 (34.9)	275 (73.9)	97 (26.1)	$\chi_2(1) = 6.56$; $p = .01$; OR=0.65	499 (69.7)	217 (30.3)
CUES16	207 (60.2)	137 (39.8)	217 (58.3)	155 (41.7)	$\chi_2(1) = 0.25$; $p=.61$	424 (59.2)	292 (40.8)

Note. CUES= Condom Use Errors/Problems Survey; OR= Odds Ratio; CUES1 = check for visible damage before having vaginal or anal intercourse?; CUES2 = put it on the wrong side up and have to flip it over?; CUES 3 = leave space at the tip of the condom when putting it on?; CUES4 = squeeze the air out after putting it on?; CUES5 = lose or start to lose your erection while putting it on?; CUES6 = use a condom without a water-based lubricant such as K-Y jelly or spermicidal cream (meaning the condom did not have lubricant on it and you or your partner did not put any on it)?; CUES7 = use an oil-based lubricant, such as Vaseline or baby oil, with the condom?; CUES8 = lose or start to lose your erection after vaginal/anal intercourse had begun while using the condom?; CUES9 = let it contact sharp jewelry, fingernails, piercings, or teeth any time before or during vaginal/anal intercourse?; CUES10 = start having vaginal/anal intercourse without the condom and then put it on later and continued vaginal/anal intercourse?; CUES11 = start having intercourse with it on and then take it off and continue having vaginal/anal intercourse without it on?; CUES12 = condom broke during vaginal/anal intercourse?; CUES13 = condom slipped during vaginal/anal intercourse?; CUES14 = condom slipped as you were taking your penis out of the vagina or anus/rectum/butt]?; CUES 15 = have any problems with the way it fit?; CUES16 = you or your partner have any problems with the way it felt.

Table 3.

Correlations between problems and errors and criterion variables

	Shm	Plea	Rel	Neg	Stig	SOS	SAS	CUF	CUI	CPI	ISA	ISD	CAEP-A[1]	CAEP-I[1]
P/E	-.15**	-.38**	-.12**	-.30**	-.26**	.03	-.37**	-.27**	-.24**	-.24**	.13**	.10**	.35**	.31**

Note. P/E = Problems and Errors Sum CUES Scale; Shm = Shame; Plea = Pleasure; Rel = Reliability; Neg = Negotiation; Stig = Stigma; SOS = Sexual Opinion Survey; SAS = Sexual Assertiveness Scale; CUF = Condom Use Frequency; CUI = Condom Use Intention; CPI = Condom Purchase Intention; ISA = Intention Sex under Alcohol effect; ISD = Intention Sex under Drugs effect; CAEP-A = Condom Associated Erectile Problems, Application; CAEP-I = Condom Associated Erectile Problems, Intercourse; ** $p<.01$. [1] Items 5 and 8 CUES, were excluded.

Condom Use Errors/Problems Survey (CUES)

ENCUESTA DE ERRORES Y PROBLEMAS DEL USO DEL CONDÓN – HOMBRES

El cuestionario está diseñado para hombres que hayan usado condones masculinos al menos 3 veces en los últimos 3 meses, para tener relaciones sexuales vaginales o anales con penetración y que se hayan puesto el condón en su pene las 3 veces. Pensando en las ultimas 3 veces que tú (no tu pareja) te pusiste el condón en tu pene, indica si los siguientes comportamientos/eventos sucedieron o no, y si ocurrieron, con qué frecuencia.

En las tres últimas veces que usaste un condón para tener relaciones sexuales anales o vaginales con penetración…	**No lo hiciste**	**Lo hiciste 1 vez**	**Lo hiciste 2 veces**	**Lo hiciste las 3 veces**
1… *¿comprobaste si tenía daños visibles antes de tener relaciones sexuales con penetración?*				
2… *¿te lo pusiste al revés y tuviste que darle la vuelta?*				
3…*¿dejaste un espacio en la punta del condón cuando te lo estabas poniendo?*				
4… *¿le sacaste el aire al condón mientras te lo ponías o después de habértelo puesto?*				
5… *¿perdiste o comenzaste a perder tu erección mientras te estabas poniendo el condón?*				
6… *¿usaste un condón de látex* ***sin*** *lubricante a base de agua, por ejemplo: gel K-Y o espermicida (esto significa, que el condón no tenía lubricante y ni tú ni tu pareja le pusieron)?*				
7… *¿usaste un lubricante a base de aceite, como vaselina o aceite para bebes, con el condón de látex?*				
8… *¿perdiste o comenzaste a perder tu erección después de haber comenzado a tener relaciones sexuales con penetración, mientras estabas usando el condón?*				
9… *¿tocaste el condón con joyas, uñas, piercings afilados, o con los dientes en algún momento, antes o durante la relación sexual?*				
10… *¿comenzaste a tener relaciones sexuales con penetración sin el condón puesto, luego te lo pusiste y continuaste teniendo relaciones sexuales con penetración?*				
11… *¿comenzaste a tener relaciones sexuales con penetración con el condón puesto, luego te lo quitaste y seguiste teniendo relaciones sexuales con penetración?*				

12… *¿se te rompió el condón durante la relación sexual con penetración?*				
13… *¿se te salió el condón durante la relación sexual con penetración?*				
14… *¿se te salió el condón mientras sacabas tu pene de la vagina o el ano?*				
15… *¿tuviste algún problema con la forma en la que te ajustó el condón?*				
16… *¿tú o tu pareja tuvo algún problema con la forma en la que se sentía el condón?*				

ENCUESTA DE ERRORES Y PROBLEMAS DE EL USO DEL CONDON – MUJERES

El cuestionario está diseñado para mujeres que hayan usado condones masculinos al menos 3 veces en los últimos 3 meses, para tener relaciones sexuales vaginales o anales con penetración y que lo hayan puesto en el pene de su pareja las 3 veces. Pensando en las ultimas 3 veces que tú (no tu pareja) le pusiste el condón en su pene, indica si los siguientes comportamientos/eventos sucedieron o no, y si ocurrieron, con qué frecuencia.

En las tres últimas veces que usaste un condón para tener relaciones sexuales anales o vaginales con penetración…	**No lo hiciste**	**Lo hiciste 1 vez**	**Lo hiciste 2 veces**	**Lo hiciste las 3 veces**
1… *¿comprobaste si tenía daños visibles antes de tener relaciones sexuales con penetración?*				
2… *¿se lo pusiste al revés y tuviste que darle la vuelta?*				
3… *¿dejaste un espacio en la punta del condón cuando lo estabas poniendo?*				
4… *¿le sacaste el aire al condón mientras se lo ponías o después de haberlo puesto?*				
5… *¿tu pareja perdió o comenzó a perder su erección mientras le estabas poniendo el condón?*				
6… *¿usaste un condón de látex* ***sin*** *lubricante a base de agua, por ejemplo: gel K-Y o espermicida (esto significa, que el condón no tenía lubricante y ni tú ni tu pareja le pusieron)?*				
7… *¿usaste un lubricante a base de aceite, como vaselina o aceite para bebes con el condón de látex?*				
8… *¿tu pareja perdió o comenzó a perder su erección después de haber comenzado a tener relaciones sexuales con penetración mientras estaba usando el condón?*				
9… *¿tocaste el condón con joyas, uñas, piercings afilados, o con los dientes, en algún momento, antes o durante la relación sexual?*				
10… *¿comenzaste a tener relaciones sexuales con penetración sin el condón, luego se lo pusiste y continuaste teniendo relaciones sexuales con penetración?*				
11… *¿comenzaste a tener relaciones sexuales con penetración con el condón puesto, luego se lo quitaste y seguiste teniendo relaciones sexuales con penetración?*				

12… *¿se rompió el condón durante la relación sexual con penetración?*				
13… *¿se le salió el condón a tu pareja durante la relación sexual con penetración?*				
14… *¿se salió el condón mientras tu pareja sacaba su pene de tu vagina o ano?*				
15… *¿tu pareja tuvo algún problema con la forma en que le ajustó el condón?*				
16… *¿tú o tu pareja tuvo algún problema con la forma en que se sentía el condón?*				