Promoting protection and pleasure: amplifying the effectiveness of barriers against sexually transmitted infections and pregnancy

Anne Philpott, Wendy Knerr, Dermot Maher

The global burden of morbidity and mortality associated with sexually transmitted infection (STI) and unwanted pregnancy is a prominent global public-health issue. For example. HIV/AIDS and other STI cause 12.9% of the burden of disease in disability-adjusted life years. Unsafe sex is the second highest cause of the global burden of disease.2 Therefore, an urgent need exists to amplify effective use of evidence-based measures to diminish this burden, including barrier methods that protect against both STI and pregnancy (male and female condoms). The limited effect, so far, of public-health campaigns to promote effective use of these barrier methods might be attributable, in part, to scare tactics that emphasise adverse consequences of sexual acts. Promotion of pleasure in use of male and female condoms-alongside safer sex messages-can facilitate consistent use of condoms and boost their effectiveness to protect against STI and pregnancy.3-6 Therefore, the effect of public-health initiatives that emphasise positive outcomes of use of male and female condoms as barrier methods, and positive results of practising other forms of safer sex, need to be investigated. Such work includes the potential for safer sex to contribute to good health and hygiene in general (and a healthy sex life in particular), to reduce anxiety about risk of STI and pregnancy, and, quite simply, to make sex more pleasurable. In this Viewpoint, we discuss the potential for increasing condom uptake and safer sexual behaviours by promoting pleasurable aspects of condom use in public-health campaigns.

We have chosen to focus on evidence that male and female condoms can be promoted by discussion of pleasure. However, we acknowledge that many other elements of safer sex are both pleasurable and safe, including all non-penetrative sex, new potential prevention technologies (such as microbicides, which could be marketed as sexual lubricants), and sex without any physical contact (such as internet and telephone sex).

Background

Male and female condoms remain the only methods available that guard against STI, including HIV infection, during sexual intercourse.⁷⁻¹¹ They also provide reliable protection against unwanted pregnancy.^{12,13} Although these facts are widely accepted, and male condoms have been a primary component of sex education in the past 20 years, disappointing gains have been made in increasing widespread use of condoms.¹⁴ Studies on

barriers to condom use have largely focused on supply, access, and affordability,15 and only infrequently on demand. Rarely have researchers assessed positive incentives to encourage condom use. A search on PubMed (Jan 26, 2006) with the keywords "pleasure" and "safer sex" generated 19 articles, none of which included pleasure as a key motivator for sexual activity or a primary factor influencing the likelihood of safe or unsafe sex. In one of the few studies that did focus on positive incentives, consistent condom use was closely linked to positive attitudes about benefits of condoms, rather than fear of disease or pregnancy.14 Findings of a randomised controlled trial in Jamaica showed that giving men a choice of different types of condoms increased perceived acceptability of condoms but did not necessarily reduce the rate of STI.16 Although these researchers approached issues related to pleasure, they focused specifically on choice in relation to condom use rather than on pleasure and eroticising condoms. However, the study does provide important background for further randomised controlled trials that focus specifically on pleasure.

As a result of the scarcity of distinct focus on pleasure as a motivating factor in research, much of the experience discussed in this Viewpoint is from descriptive reports from sources other than work published in peer-reviewed journals. Much evidence shows that pursuit of enjoyment is one of the main reasons that people have sex (other motivations include intimacy, procreation, money, power, coercion, relief of tension, escapism, and boredom), and condoms are generally thought to reduce sexual pleasure.¹⁷⁻¹⁹ The Global Programme on AIDS identified this perception as the key factor in non-use of condoms across a 14-country study.6 Public-health campaigns to decrease HIV transmission need to address sexual pleasure specifically since it has a key role in the spread of HIV. The global HIV epidemic depends largely on sexual transmission, with the most efficient means of transfer linked to high-risk sexual acts20 (associated with an increased case-reproduction number—ie, the number of people infected by every infectious individual). High-risk sex acts are generally undertaken for enjoyment on the part of at least one partner. In many cases, participants are under the influence of alcohol.

Obstacles to condom use can include the extra effort needed, embarrassment, and the perception of reduced pleasure. In a study from Kenya, the researchers concluded that men who pay for sex do so mainly because they enjoy sex, and many men do not find the male condom pleasurable. Since demand for condoms is low,

Lancet 2006; 368:

Department for International Development, London, UK (A Philipott); The Pleasure Project, London, UK (A Philipott, W Knerr); and World Health Organization, Geneva, Switzerland (D Maher DM)

Correspondence to:
Wendy Knerr,
The Pleasure Project,
6 Liddell Gardens, Kensal Rise,
London
NW10 3QD, UK
info@the-pleasure-project.org

partly because they are thought to diminish sexual pleasure, then exclusive emphasis on negative messages such as disease control in condom promotion—and failure to address this perception—is likely to have limited success. This view is lent support by findings of a study of men from Bangladesh, from which the researchers concluded that aspects of masculine sexuality, pleasure, eroticism, and emotion must be addressed if condoms are to be promoted effectively.⁵

Women have reported heightened sexual pleasure through use of the female condom, and have negotiated use of condoms with men by discussing their pleasure. However, analysis of how women's enjoyment is affected by condom use or enhanced by it is conspicuously absent. Moreover, condom-promotion campaigns have been, and continue to be, overwhelmingly negative, focusing on fear, risk, disease, and death.²¹

Sexual pleasure as a key component of sexual health

Pleasure—and even sex itself—has been noticeably absent from much of the dialogue surrounding STI and the spread of HIV/AIDS,²² and indeed development as a whole.^{23,24} According to findings of a study of sex and relationship education, the focus on public-health outcomes has been at the expense of other important factors that affect sexual behaviour, particularly the role of pleasure in sexual relations. The investigators argue that "public health outcomes may benefit from a greater acceptance of positive sexual experiences".²⁵ Other researchers have claimed that denying the possibility of enjoyment in sexual relations, especially for women, has a negative effect on active negotiation and, therefore, safer sex.²⁶

Increasingly, sexual pleasure is being recognised as a determinant of sexual health in the areas of reproductive health and human rights. For example, WHO offers this working definition of sexual health:

"Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence..."

In 2005, at the 17th World Congress for Sexology, the World Association for Sexual Health declared that promotion of sexual pleasure and satisfaction is integral to well-being and should be universally recognised and promoted.²⁸

Pleasure as a motivation to adopt safer sexual behaviour

Along with increased acceptance of pleasure as a determinant of sexual health, the few health programmes and condom-promotion campaigns bold enough to

include pleasure as a motivating factor—those that link use of condoms to enhanced sensitivity and sensuality—have noted a rise in uptake of condoms and safer sex.^{3,29,30} The following research-based examples indicate successful methods that have been used to incorporate pleasure as a key message in sex education and condom marketing.

Eroticising male condoms

To decrease HIV transmission in female sexworkers and their clients, and in men who have sex with men, Population Services International, Cambodia, introduced a water-based lubricant sachet packaged with two condoms. The product was called Number One Plus and was marketed by emphasising its pleasure-enhancement and safety benefits. Key messages were that it increased pleasure for the penetrator, diminished vaginal and anal friction for the receptor, and reduced the risk of condom breakage. When using condoms, sexworkers who undertook several sex acts per night with different clients, and men who had sex with men, reported discomfort and sometimes pain due to no lubrication. Both groups said they often avoided condoms because of this soreness. Qualitative research shows that reduction of displeasure and discomfort when using condoms is essential to boost condom use.31 Although lubricant cannot be used to prevent HIV infection and it should always be promoted as a supplement to condoms, decreasing friction by means of lubricants during vaginal and anal intercourse with condoms lowers the likelihood of tissue irritation and condom breakage. In this way, Population Services International in Cambodia addressed the discomfort issue while marketing its product with positive, pleasure-focused, and safety messages. According to this organisation, since the launch of Number One Plus in 2003, sales have steadily risen.32

Marie Stopes International has been socially marketing textured male condoms in Uganda with huge success. Studded condoms are sold as pleasure-promoting, and the brand has had large sales, with 12 million sold in Uganda every year.³³ Although a causal relation between this characteristic and sales has not been established, sales are certainly higher than originally expected.

Other work has shown that pleasure in using male condoms derives not only from the perception that they can enhance enjoyment but also from knowledge that the sex was not risky and the use of condoms shows respect for the partner. Participants in a study in Mexico and the Dominican Republic said that the security of using condoms made them feel relaxed and enjoy sex more. 4.35 Furthermore, promotion of pleasure as a motivator for condom use could focus on the advantages of delayed ejaculation that can happen with condoms. For example, in India, the Kohinoor Xtra Time brand of condom is coated with a lubricant containing local anaesthetic, which is marketed as enabling longlasting intercourse.

Eroticising female condoms

Research has shown that one of the factors that makes female-condom programmes successful and increases their use is taking the opportunity to promote the female condom as an erotic accessory.^{3,36} Users of the female condom report that the outer ring rubs against the clitoris and the inner ring against the penis creating pleasurable friction.³⁷ The female condom is made from polyurethane, a strong thin material that conducts heat well and is lubricated internally and externally and can enhance physical enjoyment. There is also a new version made from nitrile. Couples have reported that use of female condoms does not interfere with pleasure.³⁸

Female sexworkers in Colombo, Sri Lanka, encouraged their male clients to insert the female condom as a means to increase pleasure for both people. Sexual excitement was used as a negotiation technique, with clients finding the process very arousing and perceiving the female condom as a sex toy and enhancement to the sex act. Sexworkers reported charging more money for sex with the female condom than without it. In an acceptability study, more than 90% of condom users claimed to like the female condom very much, with nearly 60% saying that their clients liked it and were excited to watch its insertion.³⁹ In Madagascar, women using the female condom became aroused and, as a result, had an increase in vaginal lubrication—sometimes for the first time in their lives.⁴⁰

Some organisations have used the increased pleasure that the female condom is thought to produce as a selling proposition. In Senegal, the Society for Women and AIDS in Africa promoted female condoms alongside local erotic accessories, such as incense, frilly underskirts, and bine-bine beads, which are worn on women's hips during sex. The noise that the female condom makes during intercourse is similar to that made by bine-bine beads; thus, it was associated with erotic activity.⁴⁰ Similarly, in Andhra Pradesh, India, the noise of the female condom was eroticised when female sexworkers told clients that it only made that sound when they were "doing it right".⁴¹

In Mongolia, the national programme to introduce the female condom included pleasure enhancement as an element of condom marketing and branding. The Lady TRUST brand was sold with a package insert that described enhancement of sexual pleasure for both men and women, including rubbing of the outer ring on the clitoris and the inner ring on the penis. The original estimate was that 10 000 Lady TRUST female condoms would be distributed in the first year of the project, but this target was achieved within the first 6 months.³⁰

Agenda for research

Research-based examples show the potential to promote male and female condoms by emphasising their positive pleasure-related benefits. On account of the dearth of

Panel: Key issues for use of pleasure to promote use of male and female condoms

Qualitative issues

- What are the social contexts that determine acceptability, appropriateness, effectiveness, and use of this approach?
- What are the possible adverse effects of this strategy?
- Could promotion of pleasure lead to increased discrimination or creation of new pleasure norms and pressures?
- Are there specific user groups for which the approach may be less or more relevant eg, people who have sex for economic reasons or in situations of power disparity?
- What lessons can be learned from other examples of successful marketing, both of consumer goods and also behaviour change?

Quantitative issues

- How effective is emphasis of pleasure to promote male and female condoms compared with other approaches?
- How cost effective is such a strategy?

published studies of this approach, a programme of further systematic and multidisciplinary work to investigate the key qualitative and quantitative issues listed in the panel seems justified.

For **information on the female condom** see http://www.femalecondom.org

The trial in Jamaica that investigated the effects of providing a choice of condoms, including one brand that is marketed in some countries with pleasure-focused messages, is a step in the right direction and an important reference when designing trials that focus specifically on pleasure. Research in different cultural settings will be necessary to establish the type of condom and pleasure education most likely to meet (and in some cases promote) demand. We should not assume that use of pleasure to promote safer sex will always be successful, but knowledge of contexts in which it can be enables better use of this aspect to encourage safer sex.

Conclusion

Since pursuit of pleasure is one of the main reasons that people have sex, this factor must be addressed when motivating people to use condoms and participate in safer sexual behaviour. Although enjoyment—and even sex itself—has been noticeably absent from much of the dialogue surrounding STI and the spread of HIV, increasing evidence shows the importance of condom promotion that includes a combination of pleasure-based and safer sex messages. Multidisciplinary investigation is needed to establish the effectiveness of public-health campaigns aimed at decreasing transmission of HIV and other STI and unwanted pregnancy by marketing of the positive pleasure-related benefits of condom use.

Contributors

All authors developed the initial ideas presented in this Viewpoint and drafted and edited the report. The views expressed by DM do not necessarily represent those of the World Health Organization.

Conflict of interest statement

AP was working for the Female Health Company, sole manufacturer of the FC female condom, when she was researching findings about the female condom

Acknowledgments

Funding for some of the research discussed in this Viewpoint was provided by CARE International and CARE Cambodia. The sponsor had no role in the implementation of the analysis or writing of the report.

References

- WHO. The world health report 2004 (annex table 3). Geneva: World Health Organization, 2004. http://www.who.int/whr/2004/en/ index.html (accessed Aug 9, 2006).
- Ezzati M, Lopez AD, Rodgers A, et al. Selected major risk factors and global and regional burden of disease. *Lancet* 2002; 360: 1347–60.
- 3 Philpott A. Eroticizing the female condom, how to increase usage. 13th International Conference on AIDS and Sexually Transmitted Infections in Africa; Sept 21–26, 2003; Nairobi, Kenya: reference no 350823.
- 4 Thomsen SC, Stalker M, Toroitich-Ruto C, Baker Maggwa N, Mwarogo P. Fifty ways to leave your rubber: how men in Mombasa rationalize unsafe sex. Sex Transm Infect 2004; 80: 430–34.
- 5 Khan SI, Hudson-Rodd N, Saggers S, Bhuiyan MI, Bhuiya A. Safer sex or pleasurable sex? Rethinking condom use in the AIDS era. Sex Health 2004; 1: 217–25.
- 6 Mehryar A. Condoms: awareness, attitudes and use. In: Cleland J, Ferry B, eds. Sexual behaviour and AIDS in the developing world. London: Taylor and Francis, 1995.
- 7 National Institute of Allergy and Infectious Diseases, National Institutes of Health, US Department of Health and Human Services. Workshop summary: scientific evidence on condom effectiveness for sexually transmitted disease (STD) prevention. http://www.niaid.nih.gov/dmid/stds/condomreport.pdf (accessed Aug 9, 2006).
- 8 Pinkerton SD, Abramson PR. Effectiveness of condoms in preventing HIV transmission. Soc Sci Med 1997; 44: 1303–12.
- Weller SC, Davis-Beaty K. Condom effectiveness in reducing heterosexual HIV transmission. Cochrane Database Syst Rev 2002; 1: CD003255. DOI:10.1002/14651858.CD003255.
- 10 French PP, Latka M, Gollub EL, Rogers C, Hoover DR, Stein ZA. Use-effectiveness of the female versus male condom in preventing sexually transmitted disease in women. Sex Transm Dis 2003; 30: 433–39.
- Minis AM, Padian NS. Effectiveness of female controlled barrier methods in preventing sexually transmitted infections and HIV: current evidence and future research directions. Sex Transm Infect 2005; 81: 193–200.
- 12 Bounds W, Guillebaud J, Newman GB. Female condom (Femidom): a clinical study of its use-effectiveness and patient acceptability. Br J Fam Plann 1992; 18: 36–41.
- 13 Farr G, Gabelnick H, Sturgen K, Dorflinger L. Contraceptive efficacy and acceptability of the female condom. Am J Public Health 1994; 84: 1960–64.
- 14 Population Council. Dominican Republic and Mexico: promote condom use by emphasizing personal benefits—OR summary no 50. Washington: Population Council, 2005. http://www.popcouncil.org/frontiers/orsummaries/ors50.html (accessed Aug 10, 2006).
- Foss AM, Watts CH, Vickerman P, Heise L. Condoms and prevention of HIV. BMJ 2004; 329: 185–86.
- 16 Steiner MJ, Hylton-Kong T, Figueroa JP, et al. Does a choice of condoms impact sexually transmitted infection incidence? A randomized, controlled trial. Sex Transm Dis 2006; 33: 31–35.
- Weinstock HS, Lindan C, Bolan G, Kegeles SM, Hearst N. Factors associated with condom use in a high-risk heterosexual population. Sex Transm Dis 1993; 20: 14–20.
- 18 Basuki E, Wolffers I, Deville W, et al. Reasons for not using condoms among female sex workers in Indonesia. AIDS Educ Prev 2002; 14: 102–16.
- 19 Oncale RM, King BM. Comparison of men's and women's attempts to dissuade sexual partners from the couple using condoms. Arch Sex Behav 2001; 30: 379–91.
- 20 Over M, Piot P. HIV infection and sexually transmitted diseases. In: Jamison DT, Mosley WH, Meashem AR, Bobadilla JL, eds. Disease control priorities in developing countries. New York: Oxford University Press, 1993.

- 21 Solomon S, Chakraborty A, Yepthomi RD. A review of the HIV epidemic in India. AIDS Educ Prev 2004; 16 (3 suppl A): 155–69.
- 22 Venis S. Anne Philpott. Lancet 2005; 365: 565.
- 23 Institute of Development Studies. The power of pleasure. http://www.ids.ac.uk/ids/news/powerpleasure.html (accessed Jan 26, 2005)
- 24 Gosine A. Sex for pleasure, rights to participation, and alternatives to AIDS: placing sexual minorities and/or dissidents in development—IDS working paper 228. Brighton: Institute of Development Studies, 2004. http://www.ids.ac.uk/ids/bookshop/ wp/wp228.pdf (accessed Aug 10, 2006).
- 25 Ingham R. 'We didn't cover that at school': education against pleasure or education for pleasure? Sex Educ 2005; 5: 375–88. DOI:10.1080/14681810500278451.
- 26 Holland J, Ramazanoglu C, Scott S, Sharpe S, Thomson R. Risk, power and the possibility of pleasure: young women and safer sex. AIDS Care 1992; 4: 273–83
- 27 WHO. Gender and reproductive rights: sexual health. http://www. who.int/reproductive-health/gender/sexual_health.html (accessed Sept 1, 2006).
- 28 World Association for Sexual Health. Montreal declaration: "Sexual health for the Millennium"—17th World Congress of Sexology, Montreal, 2005. http://www.worldsexology.org/Declaration%20 English%20final.pdf#search=%22montreal%20sexology%20 declaration%22 (accessed Sept 3, 2006).
- 29 Bhaumik S. Kama Sutra guide to safe sex, August 8, 2003. http:// news.bbc.co.uk/2/hi/south_asia/3133947.stm (accessed Aug 10, 2006).
- 30 Marie Stopes International Mongolia. Condom social marketing: Lady TRUST. http://www.mariestopes.org.au/ country-mongolia-proj2b.html (accessed Sept 1, 2006).
- 31 Population Services International. PSI/Laos. http://www.psi.org/ where_we_work/laos.html (accessed Aug 10, 2006).
- 32 Population Services International. PSI/Cambodia. http://www.psi. org/where_we_work/cambodia.html (accessed Aug 10, 2006).
- Marie Stopes International. Future perfect? Dr Marie Stopes and the search for the ideal contraceptive. London: Marie Stopes International, 2001. http://www.mariestopes.org.uk/pdf/ future-perfect-complete.pdf (accessed Jan 29, 2006).
- 34 García SG, Goldman L. Understanding successful condom use in the Dominican Republic: FRONTIERS final report. Washington: Population Council, 2004.
- 35 García SG, Goldman L. Understanding successful condom use in northern Mexico: final narrative report. New York: Population Council. 2003.
- 36 Rivers K, Aggleton P, Elizondo J, et al. Gender relations, sexual communication and the female condom. Crit Public Health 1998; 8: 273–89
- 37 Burt K. Whatever happened to the Femidom? *The Guardian*; Aug 23, 2005. http://www.guardian.co.uk/g2/story/0,,1554324,00.html (accessed August 10, 2006).
- 38 WHO. The female condom: a guide for planning and programming, chapter 2. http://www.who.int/reproductive- ealth/publications/ RHR_00_8/RHR_00_8_chapter2.en.html (accessed Jan 25, 2006).
- 39 Community Development Services. Acceptability of the female condom among street based commercial sex workers (CSW) in Colombo. http://www.femalehealth.com/articles/Srilanka2002.htm (accessed August 10, 2006).
- 40 Philpott, A. The Female Condom and Sexual Pleasure. The Pleasure Project. Presented at the XV International AIDS Conference, July 11–16 2004; Bangkok, Thailand. www.the-pleasure-project.org (accessed Sept 1, 2006)
- 41 Eswaraprasad CH. Needs Serving Society in Chilakaluripet and CAHANGES, Kakinada, Andra Pradesh, India. In: The Female Condom: the Indian experience. Delhi, India: Female Health Foundation and Hindustan Latex Family Planning Promotion Trust, 2004. http://www.femalehealth.com/CountryProfiles/india/india_ otherdocs/india_acceptabilitystudy.html (accessed Sept 3, 2006).