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## **Back on the Market: Understanding condom use behaviour in heterosexual adults 50 years+**

Natalie Bowring, Queensland University of Technology, [ne.bowring@connect.qut.edu.au](mailto:ne.bowring@connect.qut.edu.au)  
Rebekah Russell-Bennett, Queensland University of Technology, [rebekah.bennett@qut.edu.au](mailto:rebekah.bennett@qut.edu.au)

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### **Abstract**

Older adults began their sexual lives with an unprecedented sense of freedom thanks to the development of the contraceptive pill and women's liberation movement. However with divorce rates rising and marriage rates declining, older adults are increasingly 'back on the market'. This is also accompanied by a rise in the incidence of sexually transmitted infections that could be prevented by using a condom. The current literature on condom use typically has a youth focus and in particular an emphasis on contraception. Given the differing nature of sexual encounters for older consumers, there is a need for alternative explanations of condom use behaviour that reflect key motivations and barriers in this age cohort. Therefore we propose a new conceptual model to explain heterosexual older adult condom-use behaviour by drawing on two theoretical frameworks; protection motivation theory and sexual scripting theory. The new framework contains four categories of factors; sexuality, gender roles, threat appraisal and coping appraisal.

*Keywords:* sexual health, condoms, older adults, social marketing,

*Track:* Social Marketing

## **Back on the Market: Understanding condom use behaviour in heterosexual adults 50 years+**

### **Introduction**

Older adult consumer markets are a key target for social marketing sexual health initiatives as they are finding themselves single due to death, separation or divorce of a spouse and may still retain beliefs that sexually transmitted infections (STIs), HIV and AIDs are only relevant to homosexual or younger consumer markets. Their distinctive life history has resulted in a demographic that is confident in who they are and what they expect regarding sex and sexuality within a traditional relationships and with little awareness of the changing health environment (Quine and Carter 2006). They are therefore re-entering the dating market with liberal sexual attitudes, limited risk perceptions and possibly no experience of condom use or negotiation. Understanding these life experiences and the role and context that condoms have played in developing older adults sexual scripts is vital for explaining heterosexual older adult condom use behaviour and the development of social marketing programs in this area. Emerging trends suggest that the incidence of STIs in older adults 50+ are not only increasing but that these rates may even surpass that of younger demographics (Levy 2002, Smith 2011, Brooks, Buchacz et al. 2012). Thus there is a need for research in this market segment.

Older adult sexual health is a new frontier as the predominant focus of sex and health research, policy and service planning has been on adolescent and younger adult demographics (Kirkman, Kenny and Fox, 2013). Gaps have been attributed to the general perception and prejudices of an 'asexual' old age and the notion of sex by older people being disgusting and/or amusing (Taylor and Gosney, 2011). However, within policy and health research, a shift has started from a biomedical model of sexual functioning to a model of positive sexual health (Fookan 1994, Bitzer 2011, Marshall 2011, DeLamater 2012). For the first time it has been acknowledged that not only do older adults remain sexually active well into their 80's but these intimate encounters are associated with quality of life and positive health outcomes (Lindau, Schumm et al. 2007, Marshall 2011, DeLamater 2012). However despite the emergence of this shift, it is still early days and there has been limited research into actual sexual behaviours of older adults such as condom use. When determinants of older adult condom use is investigated, typically the research is within the context of older adults living with HIV/AIDs (Levy 2002, Neundorfer, Phyllis Braudy et al. 2005, Smith 2011, Brooks, Buchacz et al. 2012). The literature and rising incidence of STIs indicates that heterosexual older adult consumer markets are engaging in frequent risky sexual behaviour and therefore the dominant theories and models of health behaviour used to develop STI initiatives for younger consumer markets need to be critiqued for their relevance to an older market. The dominant emphasis on contraception and youth consumer markets reveals a gap in both the health and marketing literature surrounding the barriers and motivators of older adult condom use behaviour. This paper thus aims to critiques the current health behavioural theories used to explain condom use in youth markets to propose a new conceptual framework relevant to an older market. Using two theories (protection motivation theory and sexual scripting theory), this model will outline four key factors that are relevant to understanding condom use behaviour in heterosexual older adults 50+. This framework can then be used to develop empirical studies to form an evidence base for social marketing programs aiming to change condom use behaviour in older markets.

## Critiquing four current theoretical frameworks for condom use

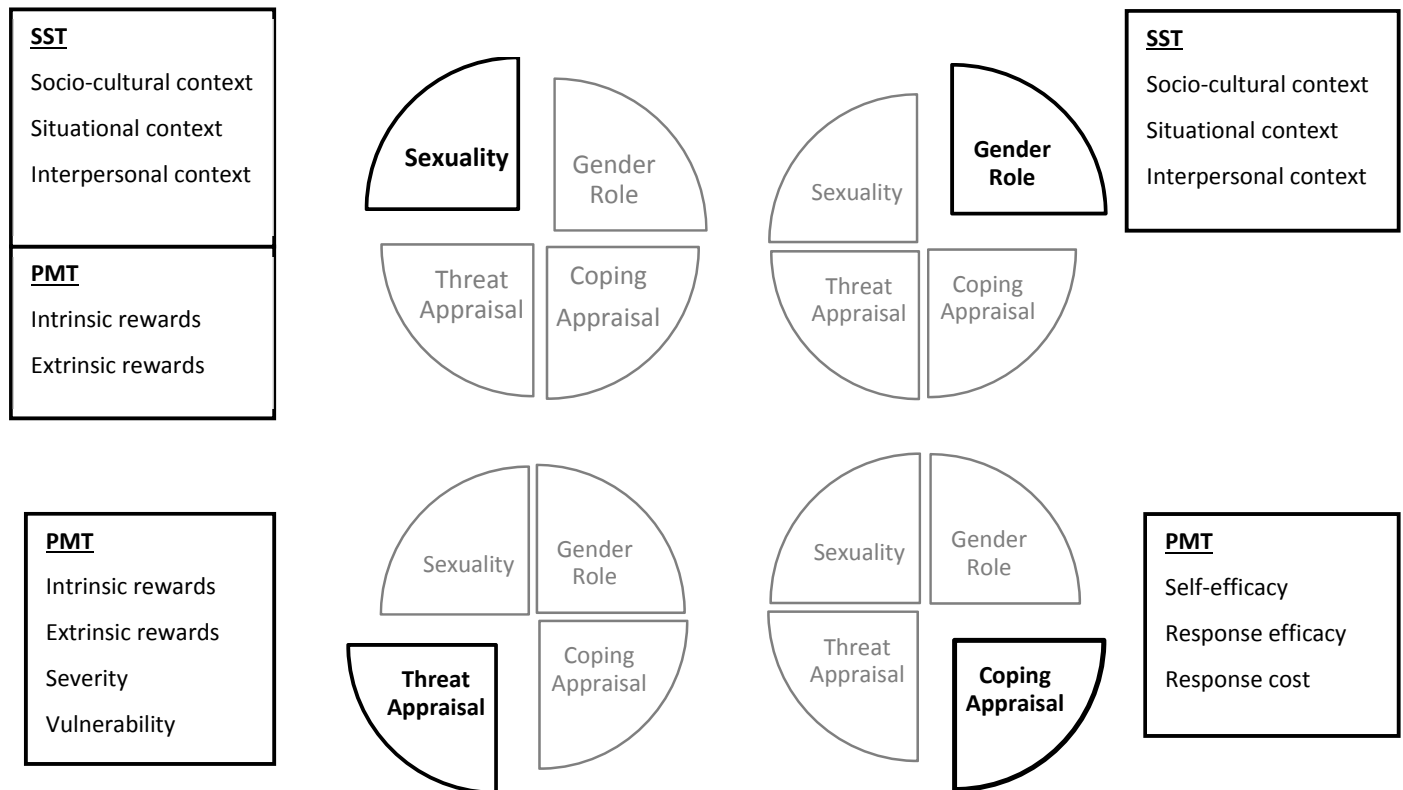
Social marketing typically utilises health behaviour theories and models in developing initiatives as they explain and increase the likelihood of health action by individuals. For the social product of condom use behaviour, there are four key theories that are dominant in the literature; the health belief model (Rosenstock 1974), the theory of planned behaviour (Ajzen and Fishbein 1988), the transtheoretical model (Prochaska 1984) and social cognitive theory (Bandura 1986). The primary focus of this prior research has been on youth, homosexual or HIV-positive consumer markets. Ageist attitudes and asexual assumptions have resulted in older adults being omitted from research unless they are considered to be HIV positive or part of a broader census (Leigh, Temple et al. 1993, Levy 2002). The empirical support for these theories and frameworks is thus contextualised by high risk youth consumer markets who are distinctly different from the context of older adults.

The **health belief model** (HBM) has been one of the most widely used conceptual frameworks in health behaviour research (Rosenstock 1974) and proposes that modifying factors such as demographic and socioeconomic characteristics influence perceived susceptibility, severity, benefits and barriers. These perceptions combined with external cues to action result in individual behaviours (Glanz, Rimer and Viswanath 2008). However HBM is limited in explaining older adult condom use as the model is premised on cognitive factors and does not fully explore emotional factors (condom use is a highly emotive behaviour), lacks the concept of self-efficacy which has been shown as a critical factor in condom use and there is a lack of assumed relationship or combination rule between the HBM factors. While the **theory of planned behavior** (TPB) (Ajzen and Fishbein 1977, Ajzen 1991) has self-efficacy through the concept of perceived behavioural control this model does not incorporate emotional factors with cognitive factors (beliefs, attitudes and subjective norms) driving intentions and behaviour. Sheeran and Taylor's (1999) meta-analysis on TPB and condom use intentions found that age has a negative correlation indicating that condom intentions are stronger among younger respondents than older ones. TPB may also prove to be limited as past behaviour may still prove to be a more reliable predictor of future intentions than the factors incorporated in the model (Sheeran and Taylor 1999, Albarracín, Johnson et al. 2001). The **transtheoretical model** (TTM) emerged from a comprehensive analysis of psychotherapy and behavioural change theories (Prochaska, 1984) and proposes that behaviour change is a process that unfolds over time and through a succession of stages defined as pre-contemplation, contemplation, preparation, action, maintenance and termination. TTM is primarily focused on risk reduction rather than risk prevention. In a sexual context this can translate as reducing the number of sexual partners or reducing the number of risky sexual encounters (Noar, Cole et al. 2006). As the aim of condom use programs is to prevent risk rather than ask people to have less sex with fewer people, the TTM may not be comprehensive enough to explain older adult condom use behaviour. Finally, **social cognitive theory** (SCT) provides a comprehensive framework that integrates psychology, sociology and political science to explain the reciprocal determinism between people and their environments (Bandura 1986). Self-efficacy is the most widely known concept from SCT and is commonly incorporated into other models and theories. While SCT overcomes some of the limitations of the previous three theories, its very complexity and broadness contains too many variables for operationalization in a single study and lacks specificity to a social behaviour thus reducing the predictable power of the theory.

## Proposing a Framework for Older Heterosexual Consumer's Use of Condoms

Critiquing the dominant theories and models within the condom use literature has shown that alternate theoretical frameworks to explain older adult condom use needs to be explored. In this section we propose two alternate theories for explaining older adult condom use; protection motivation theory (PMT) (Rogers 1975) and sexual scripting theory (SST) (Simon and Gagnon 1984). The four key elements in the proposed conceptual framework are drawn from these two theories as shown in Figure 1. The factors and constructs related to each element are also shown including the theory from which they are drawn. The two key elements drawn from SST are sexuality and gender roles. The next section defines each element for the purpose of providing a basis for future research to identify the relationships between each element and the factors within the elements. It is important to note that there are likely to be overlap between the elements however it is beyond the scope of this paper to propose these interactions.

**Figure 1. Proposed conceptual framework: Key factors influencing heterosexual older adult condom use**



### Protection Motivation Theory

Protection Motivation Theory was originally developed to explain the effects of fear appeals on health attitudes and behaviours (Rogers 1975). Theoretically this theory has proven to be both functional and effective for both social marketing and public health initiatives as there is a clear framework for developing initiatives that can influence behaviour (Tunner Jr, Day et al. 1989, Neuwirth, Dunwoody et al. 2000, Lwin, Stanaland et al. 2010). In the context of sexual health, PMT proposes that environmental and intrapersonal sources of information

influence two key processes that mediate the impact of cognitions (threat appraisal and coping appraisal) resulting in protection motivation, intention to use a condom and ultimately condom use behaviour. PMT is an appropriate theoretical framework for developing a conceptual framework to explain heterosexual older adult condom use with the importance of mediating processes on cognitive inputs and does not assume that the decision maker is rational (Floyd, Prentice-Dunn et al. 2000). This reflects the emotional context of condom use which is embedded with passion, sexuality and desire heat of the moment responses. The two key elements in the proposed framework drawn from PMT are threat appraisal and coping appraisal. Both PMT and SST contain the element of rewards and are used to explain both threat appraisal and sexuality which are inter-linked.

### *1. Threat Appraisal*

The factor of threat appraisal is used to understand older adult's evaluation of risk in regards to intrinsic and extrinsic rewards (Rogers 1975). Threat appraisal proposes that older adults are more likely to use a condom if they believe that STIs are a serious condition, that they are vulnerable to contracting an infection and that they will receive the rewards such as partner approval and good health. Some research suggests that older adults may believe that they are not vulnerable to STIs as this is assumed to only affect young people and homosexuals. Public health literature empirically supports the strength of perceived threats as influencing condom use behaviour for the youth market (Sheeran, Abraham et al. 1999, Floyd, Prentice-Dunn et al. 2000, Albarracín, Johnson et al. 2001, Sonnenberg, Clifton et al. 2013, Davis, Schraufnagel et al. 2014). Older adults may not use a condom as they believe this might offend their partner and thus reduce the rewards of the sexual act. Threat appraisal therefore as a factor in the proposed framework explores and defines these beliefs to better develop and target initiatives to impact condom use behaviour.

### *2. Coping Appraisal*

Coping appraisal is also drawn directly from PMT (Rogers 1975) and reflects the ability of older adults to source, purchase, negotiate and use a condom regardless of the situation. Condom self-efficacy encompasses three areas. Firstly older adults have to be able to source and purchase the condoms. Secondly they have to be able to negotiate condom use with their partner and finally they have to be able to correctly apply, use and remove the condom. Instructions on application, use and removal can be easily found within the packaging and other mediums such as online. Negotiation skills on the other hand are not as easily taught. Common condom negotiation strategies include explaining consequences, refusing sex and eroticization (Broaddus, Morris et al. 2010). Of these strategies eroticization has been found to be the most successful way of convincing a male to use a condom within youth consumer markets (Lori 2006, Broaddus, Morris et al. 2010). Research into the effectiveness of different negotiation strategies within older adult sexual relationships need to be explored and is proposed to be a critical success factor for improving condom use by older adults.

## **Sexual Scripting Theory**

Sexual scripting theory (SST) proposes that people follow internalised scripts to construct meaning out of behaviour, emotion and interactions within a social context (Simon and Gagnon 1984). When applied to a sexual setting, scripting states that intrapersonal, situational and socio-cultural contexts provide an intrapsychic map of how people feel, think and behave about a situation such as condom use (Simon and Gagnon 1986). SST is thus vital in developing a conceptual framework to explain heterosexual older adult condom use as it

incorporates older adult's distinctive life history and issues around contextualizing condom use. Given this life history is longer than a younger adult, it is likely that habits and strong beliefs have formed in a different era that results in different motivations and barriers for the older adult.

### **3. Gender role**

Wiederman (2005) proposes that couples rely on the gendered nature of the sexual script early on in relationships as an anxiety-reduction strategy to provide guidance for how the individual should act. SST uses socio-cultural context to understand the role and nature of gender and heterosexuality. Traditional gender roles propose that men are aggressors and women are gatekeepers however the ambiguity lies in who is responsible for supplying and initiating condom use (Simon and Gagnon 1984, Wiederman 2005). Both the role of aggressor and gatekeeper has the power to insist on condom use at certain time within the engagement of sexual activity. These gendered ideologies are also impacted by the situational context of the sexual activity and interpersonal experiences. Exploration of gender role is fundamental in understanding the role of power in initiating and negotiating condom use.

### **4. Sexuality**

Using SST, the factor of sexuality is also framed by socio-cultural, situational and interpersonal contexts and these contexts provide insight into how people feel, think and behave in particular sexual situations within the broader context of normative sexual behaviour (Simon and Gagnon 1986). Sexual activity for adults fulfils the need for human connection, intimacy, desire, and emotional well-being (Byers 1983, Marshall 2011, DeLamater 2012). In combination with the sexual scripts, intrinsic and extrinsic rewards from PMT are used to understand the cognitive appraisal of condom use in relation to sexuality. PMT literature proposes that if intrinsic and extrinsic rewards are greater than the perceived threat or risk, the protection motivated behaviour (condom use) will not occur (Rogers 1975, Neuwirth, Dunwoody et al. 2000). The definition of these rewards is framed by notions of sexuality such as intimacy and closeness. Using a condom can be perceived as unnatural by older adults and can be a barrier to this intimacy which effectively removes the purpose of the sexual activity for older adults (Braun 2013) and diminishes the rewards.

## **Managerial Implications**

This new conceptual framework can inform social marketing initiatives that aim at shifting perceptions and beliefs around condoms and standards of **sexuality** as well as provide appropriate products and marketing channels relevant to an older age group. In particular the perceptions of condom use need to be shifted from one of contraception to protection and older adults need to develop the ability to negotiate condom use in a way relevant with their lifestyle and peer norms. Products and communications should emphasise that condom use does not have to diminish feelings of intimacy or pleasure and that these feeling can be achieved while still practicing safe sexual behaviours. Society's youthful standards of sexual functioning also need to be re-orientated to foster a more supportive culture of older adult sexual activity. **Gender role** directly influences how older adults behave within sexual relationships. The dynamics of these roles gives provide mechanisms in which to make condoms more desirable from a male and female perspective. However within these roles there is confusion on who is responsible for bringing and initiating condom use. Social marketers need to develop products and distribution channels to create consensus about

condom use responsibility and opportunity to access condoms without embarrassment. These initiatives need to emphasise that is each individual responsibility to protect themselves and their partner by bring a condom and negotiating safe sex. **Threat appraisals** need to be altered to tilt the value exchange in favour of using condoms. Perhaps increasing the awareness of the level of STI incidence amongst older consumers combined with validation that older consumers have an active right to sexual activity is a mechanism. Finally, social marketers need to develop programs that assist older consumers to improving their **coping appraisal** and develop the skills to source, purchase and negotiate condom use. Branding and positioning of condoms within the marketplace needs to be re-orientated to reduce the stigma towards older adults trying to purchase them. Strategies also need to be developed to make condoms more affordable for older adults living on pensions and accessible in facilities such as aged-care.

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