

Statewide Condom Assessment and Condom Distribution Plan 2024

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Report-Specific Acronyms and Vocabulary

Cisgender: Participants whose gender identity aligns with the sex they were assigned at birth (e.g., born female, identifies as a woman)

Transgender: Any individual whose gender may not align, or may not always align, with the sex they were assigned at birth (e.g., a woman who was assigned male at birth; a man assigned female at birth, and other gender identities such as nonbinary, genderqueer, agender, bigender, gender fluid individuals regardless of sex assigned at birth).

MSM: Stands for Men who have Sex with Men: participants who identified as a “cisgender man,” and said they have sex with other cisgender men, regardless of whether they also have sex with cisgender women, or any other gender are included in this category.

WSW: Stands for Women who have Sex with Women: participants who identified as a “cisgender woman,” and said they have sex with other cisgender women, regardless of whether they also have sex with cisgender men or any other gender.

MSW: Stands for Men who have Sex with Women: participants who said they are a cisgender man and only listed “cisgender women” as sex partners are included in this category.

WSM: Stands for Women who have Sex with Men: participants who identified as a cisgender woman who only listed “cisgender men” as sex partners.

Cisgender and Heterosexual: Includes cisgender women and men who listed only opposite gender sex partners.

Transgender & Partners: Includes transgender, nonbinary, genderqueer, agender, bigender, and gender fluid individuals as well as cisgender participants who only listed transgender sex partners.

LGBTQIA+: Includes MSM, WSW, Transgender & Partners.

Not monogamous or non-monogamous: Includes participants who did not say that the reason they don’t use condoms is because they are in a monogamous relationship during the survey.

Sexually Active: Individuals who had vaginal intercourse and/or anal intercourse in the past year, regardless of other sexual activity or past sexual activity.

Treatment as Prevention TasP – stands for Treatment as Prevention, a highly effective method of preventing HIV involving persons living with HIV receiving treatment antiretroviral therapy (ART), which can reduce their viral load to “undetectable,” and render it effectively impossible to transmit to their partners.

Nevada System of Higher Education (NSHE): the governing body overseeing all state-supported colleges and universities in Nevada

Ryan White Parts A and B: program providing patient-centered services to people living with HIV.

Adjusted/Controlled for: the statistical test performed to check for an association between two variables held a third variable constant to ensure the uneven distribution of factors in the third variable do not bias the results of the statistical test.

p-value- the probability, given that there is no true difference in the variables being compared, that the results provided are a result of pure chance (e.g. a p-value of .04 for a differences between age group and using condoms suggests that if, in Nevada, there is not actually any difference between age groups and condom use, that there is a 4% probability that the association shown is due to chance). A smaller p-value (less than .05) suggests that there is likely a true difference between groups in the variables being compared. If a small p-value is produced, the results are statistically significant.

Significance/Statistical significance: a p-value less than .05 was produced during the statistical test performed.

Chi square, Fishers, and CMH p-values: Refer to the type of statistical test used to get the p-value. A chi-square test measures associations between groups, a Cochran-Mantel-Haenszel (CMH) test allows adjustment for variables other than the primary variable of interest and can suggest linear associations in ordinal variables (such as age group).

Introduction

A Condom Distribution Structural Intervention (CDSI) is the large-scale provision of free condoms and a CDC recognized Prevention with Positives intervention. By providing condom resources, this evidence-based prevention assists in the dual-prevention of HIV and STIs. The program's focus includes those that are disproportionately impacted by HIV including men who have sex with men (MSM), youth ages 13-19 and young adults through age 34, and communities of color. Resources should be available, accessible, and acceptable to communities that are overrepresented in the HIV epidemic. Availability refers to the quantity of condoms (e.g., there are enough free condoms for anyone who needs them), accessibility refers to the location of free condoms and whether it is feasible to get free condoms. Acceptability refers to the product itself (whether it is an effective product that people want to use) and if messaging surrounding condoms and condom use is socially and culturally appropriate. Condoms are currently distributed through a variety of healthcare providers, clinics, non-profit organizations, community organizations, health departments, community events, and businesses throughout Nevada. This report was produced to inform future condom distribution efforts.

Purpose

- Interpret collected data to help inform condom distribution.
- Identify gaps in availability, accessibility, and acceptability of free condoms by collecting and analyzing data from an online survey about condom use, condom acquisition, and condom preferences.
- Recommend immediate action steps to help close gaps in current condom distribution services.
- Provide short- and medium-term strategies and long-term goals for improved condom distribution.

Summary

Data from a nonrandom online survey sample of 437 participants were analyzed to find gaps in condom distribution in the state of Nevada. Survey responses were collected between June and October 2023 and participants were asked about their procurement of free condoms and condom use behavior in the prior 12 months. Survey response was promoted by a variety of public health organizations, healthcare providers, education institutions, and HIV Prevention Community Planning Groups. The analysis focused on results by age, sexual orientation, and gender. Race and ethnicity were not a focus of the analysis as significant response differences were not observed between groups for most variables when adjusted for age. The analysis found that respondents in every age, gender, and sexual orientation lacked knowledge of free condom resources and had willingness to get and use free condoms. Potential gaps in condom access were found through compiling the zip codes in each county where respondents did not know about, or know where to get, free condoms. Findings suggest that improving awareness of condom resources may help improve condom use. Findings also included a lower frequency of condom use in the 25-34 age group and a need to improve normalization of condom use. Recommendations include focus groups to improve understanding of motivation and deterrents for using condoms to formulate messaging that acceptably promotes condom use and strategies to increase awareness of condom resources.

Methods and Technical Notes

Survey data collection

The survey sample used in this report was a nonrandom sample promoted by public health professionals, at health clinics and doctor's offices, and by individuals and groups affiliated with universities. The survey was available only online and in English. Respondents were asked for demographic information such as age, race and ethnicity, gender, sex partners, HIV status, and whether they'd ever been tested for HIV. They were asked whether they had gotten free condoms in the 12 months prior to the survey, and why they didn't get free condoms if their answer was "No". Respondents were asked about their condom use behavior during intercourse, and those who did not always use condoms were asked the reasons for not using condoms. Those that did not get free condoms were asked if they'd be more likely to use condoms during sex if they had free condoms. Participants were then asked about their preferences for condom material and types of condoms, as well as a series of sexual health questions such as whether they've had a sexual history taken by their primary care provider, whether they've discussed condoms, PrEP, or PEP with their primary care provider, and whether they've ever gotten condoms through their insurance. The survey questions can be found in Appendix A.

Data analysis

510 respondents began the survey. The first part of the survey collected demographic information. Those who started the survey but did not answer any questions, or answered the demographic questions only are not included in Table 1, and not included in the main analysis. The main analysis included the 437 participants shown in table 1. All variables were initially analyzed by county, race and ethnicity, gender, sexual orientation, and age group. After finding minimal differences in survey responses by county or race and ethnicity, a decision was made to focus only on age group, gender and sexual orientation. Chi square tests were run using Statistical Analysis System (SAS) 9.4 to analyze variability between age groups in condom acquisition and condom use behavior. When there was evidence that results varied by gender or gender and sexuality within each age group differences were controlled for either through stratifying by gender and sexuality, or by adjusting for gender or sexuality using Cochran-Mantel-Haenszel crosstabs.

Sensitivity analysis

Much of the data analyzed was restricted to participants who identified their gender and sex partners. 46 participants were missing from this analysis. A sensitivity analysis was conducted to check if results would have changed if those 46 participants were included. Some statistics, particularly in the 45 and over age groups, would have changed, but the conclusions and recommendations would not have. A footnote is provided for tables where the "true" percentage in the 45 and over age group may have differed if participants with missing sexual orientation data were included in the main analysis.

Limitations

Limited data was collected from people living with HIV. Those who were in the sample were much more likely than any other group to get free condoms in the past 12 months. However, those individuals may differ from all Nevadans living with HIV due to recruitment strategies. Ryan White Parts A and B were involved with survey promotion. Recruitment also took place via flyer with a link to the online survey in clinicians offices that were identified as Ryan White providers. Due to the limited sample size (n=14), and potential bias within that sample size, results from data analyzed cannot be presented in this report. Similarly, only seven people who said they use injection drugs participated in the survey. The sample was too small to analyze.

Among demographic data used in the analysis was age, gender, sexual orientation, and sexually active status. Meaningful differences by county or race and ethnicity were not detected in the free condom acquisition variables nor the condom use behavior variables when stratified by age group. If there are differences by geography or race and ethnicity in either category, it's possible that data collection methods filtered out the evidence. Meaning that any disparities related to condom access may exist in the Nevada population but were not found in this data. Awareness of the survey was limited to Nevada populations that are within the reach of certain government agencies, public health departments, healthcare providers, and higher education institutions. Therefore, the sample is not representative of all Nevadans, particularly those who are disenfranchised from healthcare or government institutions. Furthermore, the survey was only available online and in English. Those that responded may have been frequent responders to surveys. Evidence of this includes the large ratio of cisgender women to cisgender men respondents (3:1), as women generally participate more readily in surveys. Participants may have been influenced to take the survey if they were interested in the topic. Given that flyers and communications about the survey referenced both condoms and the Office of HIV, potential survey respondents may have been more likely to respond if they already care about sexual health, feel little or no stigma around sex, or have been affected by HIV. The large proportion of LGBTQIA+ participants may be evidence of this. Though, this was likely the result of intentional oversampling among LGBTQIA+ participants. Additionally, those who dropped out of the survey after the demographic questions may be different than the sample included in the analysis, possibly in their attitudes toward sex.

Finally, the analysis was susceptible to results that occurred by chance due to the small sample size, which was made smaller after the need to stratify by gender and sexuality was deemed necessary.

Participants

The number and percentage of participants in various demographic categories are displayed in Table 1 and shown in charts in [Appendix B](#) for a visual representation. There were nearly three times as many cisgender women as there were cisgender men in the sample (294 cisgender women compared to 108 Cisgender men). Among Cisgender women, 77% reported having sex with cisgender men only (e.g., they may identify as “heterosexual”). Twenty-two percent of cisgender women reported having sex with other cisgender women, and 9% listed only transgender or gender-nonconforming sex partners in their survey response. Among cisgender men, 48% reported having sex with cisgender women only (e.g., they may identify as “heterosexual”). Forty-seven percent of cisgender men reported having sex with other cisgender men, and 15% reported having sex with Transgender or gender-nonconforming partners only. Twenty-six (6%) participants were Transgender, including nonbinary, agender, bigender, genderqueer, and genderfluid. An additional 46 participants did not list their gender or sex partners on the survey.

Sixty-one percent of the sample (250 respondents) lived in Clark County, 107 participants (26%) were from Washoe County, and 5% of the sample was made up of 21 participants from Carson City. The “Other” counties category includes 10 participants from Nye County, 8 Participants from Lyon County, 7 participants from Elko County, 3 participants from Douglas County, 2 Participants from Churchill County, and 1 participant each from Humboldt and Mineral Counties. Twenty-seven respondents chose not to provide their zip code, and their county of residence is unknown. Fourteen participants (3.3%) in the sample were living with HIV and knew their status.

Nine participants under age 18 responded to the survey and were combined with 18–24-year-olds in the analysis to form the “24 and under” age group. The majority of participants fell into the Under 24 (32%) and 25-34 (28%) age groups. Nineteen percent of the sample were aged 35-44. The 45-54, 55-64, and 65 and over age groups made up 10.9%, 6.5%, and 4% of the sample respectively-. Four percent of the sample was 65 or over. Approximately 31% of the sample was Hispanic or Latino and 43% was White. Black participants made up 8% of the sample, and Asian or Pacific Islanders made up 7%. Seven percent of participants were multiracial, 2.1% were other. American Indian/Alaskan Native made up the smallest proportion of participants in any racial group. A very small proportion of participants (1.6%) used injection drugs in the past 12 months. 382 (89%) participants had anal intercourse or vaginal intercourse in the prior 12 months, and 49 indicated they hadn’t. Participants who had anal and/or vaginal intercourse in the prior 12 months are referred to as “sexually active” throughout the report regardless of past sexual activity or engaging in other types of sexual activity. Participant characteristics can be found stratified by gender in table 1.

TABLE 1. DEMOGRAPHICS OF SURVEY SAMPLE BY GENDER

	Cisgender Men (n=111)		Cisgender Women (n=294)		Transgender/Gender Non-conforming (n=26)		Row Totals	
	n	%	n	%	n	%	n	%
County*								
Clark	73	17.8%	157	38.3%	20	4.9%	250	61%
Washoe	27	6.6%	76	18.5%	4	1%	107	26.1%
Carson City	4	1%	17	4.1%	0	0%	21	5.1%
Other	4	1%	27	6.6%	1	0.2%	32	7.8%
Column Total	108	-	277	-	25	-	410	
Missing = 27								
HIV Status*								
Living with HIV	11	2.6%	3	0.7%	0	0%	14	3.3%
Not Living with HIV	95	22.1%	272	63.3%	23	5.3%	390	90.7%
Unsure of Status	5	1.2%	18	4.2%	3	0.7%	26	6%
Column Total	111	-	293	-	26	-	430	
Missing = 7								
Age*								
Under 18	3	0.7%	5	1.2%	1	0.2%	9	2.1%
18-24	28	6.5%	90	20.9%	10	2.3%	128	29.8%
25-34	25	5.8%	85	19.8%	10	2.3%	120	27.9%
35-44	23	5.3%	54	12.6%	4	0.9%	81	18.8%
45-54	13	3%	34	7.9%	0	0%	47	10.9%
55-64	10	2.3%	17	4%	1	0.2%	28	6.5%
65+	9	2.1%	8	1.9%	0	0%	17	4%
Column Total	111	-	293	-	26	-	430	
Missing = 7								
Gender and/or Sexual Orientation*								
Cisgender and Heterosexual (MSW,	50	12.8%	202	51.7%	-	-	252	64.5%
Cisgender LGBTQ+ (MSM, WSW)	49	12.5%	57	14.6%	-	-	106	27.1%
Transgender & Partner(s)**	5	1.3%	3	0.8%	25	6.4%	33	8.4%
Column Total	104	-	262	-	25	-	391	
Missing =46								

	Cisgender Men (n=111)		Cisgender Women (n=294)		Transgender/Gender Non-conforming (n=26)		Row Totals	
Race or Ethnicity	n	%	n	%	n	%	n	%
Hispanic or Latino	35	8.2%	91	21.2%	5	1.2%	131	30.5%
White	44	10.3%	129	30.1%	11	2.6%	184	42.9%
Black	7	1.6%	27	6.3%	0	0%	34	7.9%
Asian/Pacific Islander	15	3.5%	20	4.7%	5	1.2%	30	7%
American Indian/Alaska Native	0	0%	3	0.7%	0	0%	3	0.7%
Multiracial (not Hispanic/Latino)	7	1.6%	18	4.2%	3	0.7%	28	6.5%
Other	2	0.5%	5	1.2%	2	0.5%	9	2.1%
Column Total	110	-	293	-	26	-	429	
Missing = 8								
Use of injection drugs in past 12 months								
Yes	3	0.7%	3	0.7%	1	0.2%	7	1.6%
No	107	25.1%	288	67.6%	24	5.6%	419	98.4%
Column Total	110	-	291	-	25	-	426	
Missing = 11								
Sexually active***								
Yes	98	22.7%	264	61.3%	20	4.6%	382	88.6%
No	13	3%	30	7%	6	1.4%	49	11.4%
Column Total	111	-	294	-	26	-	431	
Missing = 6								

*Variable levels collapsed in some or all analyses due to small sample size

**Participants who identified as transgender man, transgender woman, nonbinary, genderqueer, agender, bigender, gender-fluid, and cisgender participants who only listed transgender sex partners

***Sexually Active refers to participants who had anal or vaginal intercourse in the past 12 months regardless of past sexual activity, or other sexual activity in the past 12 months

Results

Condom availability

Participants were asked if they got free condoms in the 12 months prior to taking the survey and where they typically got their condoms. Table 2 shows the number and percentage of respondents in each age and gender/sexual orientation group who got free condoms. Free condom procurement varied most by age and being either cisgender and heterosexual or LGBTQIA+. LGBTQIA+ participants were significantly more likely to get free condoms than Cisgender Heterosexual participants (p-value: <.001) (Table 2). This is likely due to program design and goals to ensure resources are available in communities disproportionately impacted by HIV. There was a significant difference in getting free condoms by age group among Cisgender and Heterosexual participants (p-value = .001) but not among LGBTQIA+ participants (p-value=.001). Suggesting that after college, most cisgender and heterosexual participants do not get free condoms, but LGBTQIA+ participants are more likely to have knowledge of condom resources outside of university institutions. LGBTQIA+ participants under age 25 got condoms at similar rates as their Cisgender and Heterosexual peers. Free condom procurement among all Nevadans aged 24 and under may be less common than Table 2 suggests due to survey promotion on college campuses where condoms are usually available. The statistic for Nevadans in this age group may be lower among those who do not attend college. Additionally, a sensitivity analysis which included participants whose sexual orientation was unknown found that the 45 and over age group also had lower condom procurement than the table may suggest. There was some variation in gender within both sexual orientation groups (Figure 1). Among cisgender and heterosexual participants, women got condoms more than men. WSW in the 24 and under groups, and 35 and over age groups got condoms less than MSM and transgender participants and their partners. This was only significant in the age group 24 and under.

When asked where they got their condoms in the past 12 months, recipients could only choose one option. Cisgender heterosexual participants got condoms mostly from mass merchandisers and convenience stores, followed by pharmacies. LGBTQIA+ participants over the age of 25 mostly got condoms from community-based organizations or health departments, doctors or healthcare clinics, or mass merchandisers. LGBTQIA+ participants ages 24 and under mostly got their condoms from mass merchandisers and convenience stores, like their cisgender heterosexual peers. Only seven percent of cisgender heterosexual participants, and 10% of LGBTQIA+ participants under age 25 got condoms at school, and 10% and 11% respectively said they got their condoms from a medical providers office or healthcare clinic (Figure 2). Notably 10% of participants ages 24 and under said one of the reasons they don't use condoms is because the price of condoms is too high (Figure 4, page 18).

TABLE 2. PARTICIPANTS WHO GOT FREE CONDOMS IN THE PAST 12 MONTHS BY AGE GROUP, STRATIFIED BY GENDER AND SEXUALITY (N=375)

Age group	Cisgender and Heterosexual (n=242)			LGBTQIA+ (n=133)			Row Total
	n	%	p-value	n	%	p-value	
24 and under	33	41.8%		15	36.6%		120
25-34	14	19.7%		24	60%		111
35-44	7	14.9%		14	50%		75
45 and over**	9	20%	0.001*	16	66.7%	0.071*	69
Missing = 16							

*Chi square p-value for association between age and getting free condoms within each gender/sexual orientation

**Sensitivity analysis showed that the 45 and over age group lower percentages than described above

FIGURE 1. PARTICIPANTS WHO GOT FREE CONDOMS IN THE PAST 12 MONTHS BY AGE GROUP, STRATIFIED BY GENDER AND SEXUALITY

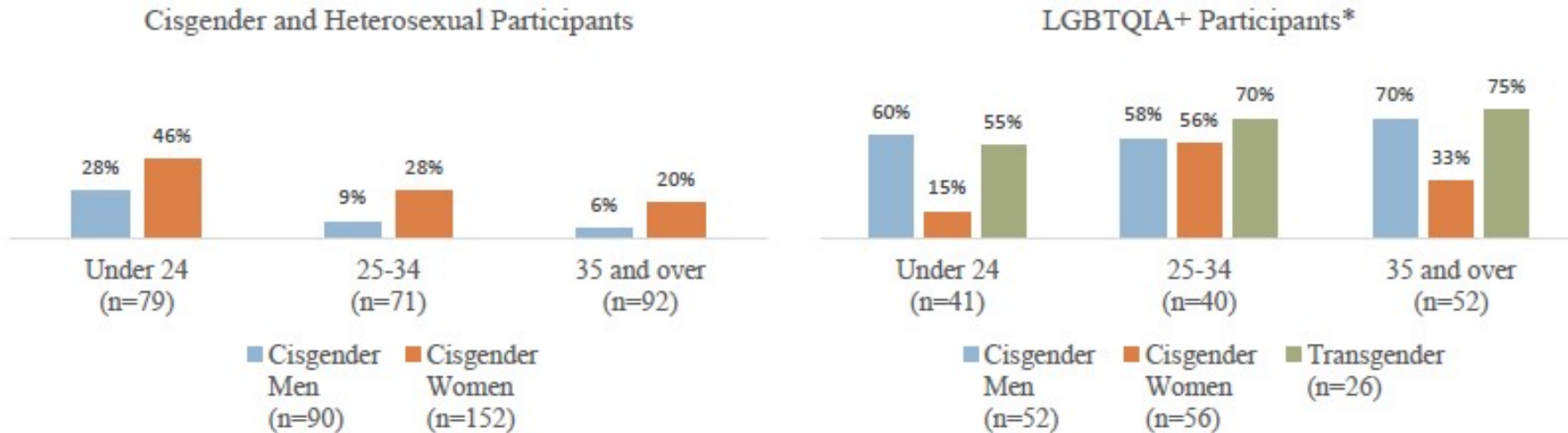
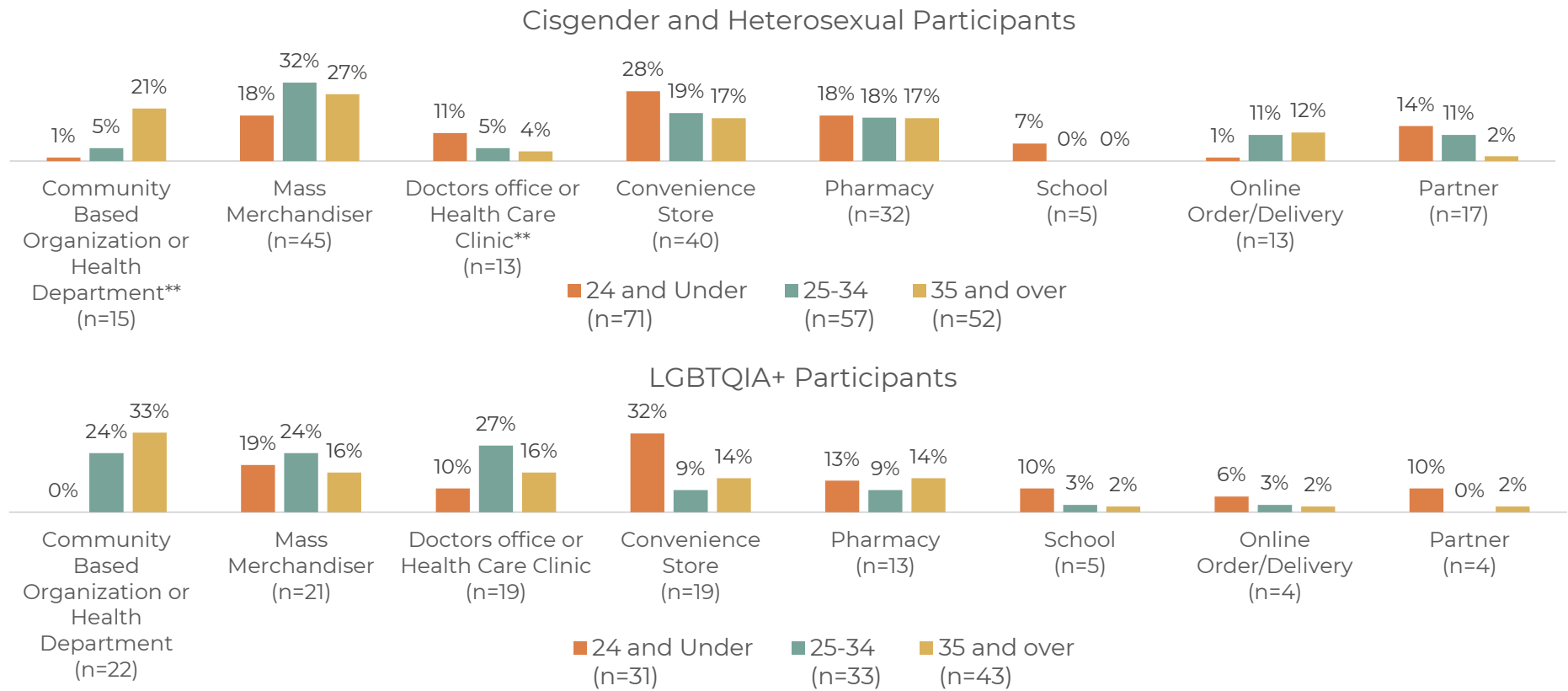


FIGURE 2. RESPONSES TO THE QUESTION: "IN THE PAST 12 MONTHS, WHERE DID YOU TYPICALLY GET YOUR CONDOMS?"*



* Few or no respondents said "bars/clubs," "friends," "parents/guardians" or "other location" as the primary place they get their condoms. A few "other" responses included community events, and one said "sex shop"

**Significant differences were detected between LGBTQIA+ participants and Cisgender/Heterosexual participants in percentages who chose Community-based organization/Health Department, and Doctors office or health care clinic, in the 25-34 and 35 and over age groups

Condom Awareness

Participants who did not get free condoms in the prior 12 months were asked the reason. Response options included “I didn’t know I could,” “I don’t know where to get them,” “I buy condoms,” and “I don’t use condoms”. Respondents were instructed to select all responses that applied. Most participants ages 24 and under said the reason they didn’t was because they either didn’t know where to get free condoms or didn’t know they could, or both (Table 3). In the LGBTQIA+ group, women were significantly more likely to lack knowledge of condom resources. Sixty-two percent of women, and 24% of MSM and Transgender participants said they didn’t know they could get free condoms or didn’t know where to get free condoms ($p=.042$). About half of participants ages 25-34, regardless of gender and sexuality, said the reason they did not get free condoms is because they didn’t know they could and/or they didn’t know where to. There were participants in both the 35-44 and 45 and over age groups who answered this way as well. The survey collected zip codes from respondents to identify areas throughout the state where community may have low awareness of condom resources. Zip codes can be found separated by County in Appendix A.

Tables 4 and 5 are stratified by specific gender and sexuality groups (e.g., MSW, MSM, etc.) and by age group, resulting in very small samples within each group. As such, the tables should be read with caution. The table shows the number and proportion of participants who did not get free condoms, lacked knowledge of condom availability and location, and said they would be more likely to use condom during sex if they had free condoms. The greatest proportions exist in the age groups 24 and under group. However, there were participants in all age, sexual orientation, and gender groupings who responded this way.

TABLE 3. PARTICIPANTS THAT DID NOT RECEIVE FREE CONDOMS BECAUSE THEY DIDN'T KNOW WHERE TO OR DIDN'T KNOW THEY COULD, IN EACH AGE GROUP, STRATIFIED BY GENDER AND SEXUALITY (N=242)

Age group	Cisgender and Heterosexual (n=179)			LGBTQIA+ (n=64)			Row Total
	n	%	p-value	n	%	p-value	
24 and under	37	80.4%		18	69.2%		72
25-34	30	52.6%		8	50%		73
35-44	17	42.5%		5	35.7%		54
45 and over** Missing = 1	11	30.7%	<.0001*	1	12.5%	0.023*	44

*Chi square p-value for difference in age groups

**Sensitivity analysis showed that the 45 and over age group lower percentages than described above

TABLE 4. CISGENDER PARTICIPANTS WHO DID NOT RECEIVE FREE CONDOMS, DIDN'T KNOW THEY COULD, DIDN'T KNOW WHERE TO GET THEM AND SAID THEY WOULD BE MORE LIKELY TO USE CONDOMS DURING SEX IF THEY HAD FREE CONDOMS (N=268)

Age Group	MSW (n=40)			WSM (n=139)			MSM (n=14)			WSW (n=45)			Row Total
	n	%	Total	n	%	Total	n	%	Total	n	%	Total	
24 and under	12	92%	13	17	52%	33	1	33%	3	11	65%	17	64
25-34	1	10%	10	16	34%	47	1	25%	4	3	38%	17	78
35+	4	24%	17	6	10%	59	3	33%	9	0	0%	11	96
Total	17	43%	40	39	28%	139	5	29.4%	17	14	31%	45	238

TABLE 5. TRANSGENDER PARTICIPANTS AND THEIR PARTNERS, ALL AGES, WHO DID NOT RECEIVE FREE CONDOMS, DIDN'T KNOW THEY COULD, DIDN'T KNOW WHERE TO GET THEM, AND SAID THEY WOULD BE MORE LIKELY TO USE CONDOMS DURING SEX IF THEY HAD FREE CONDOMS (N=12)

	Transgender & Partners (n=12)		
	n	%	Row Total
All Ages	6	50%	12

Comfortability

There was a significant linear association between age and comfort getting condoms. Younger age groups had greater proportions of respondents who indicated they feel “Uncomfortable” or “Very uncomfortable” getting condoms than older age groups when adjusted for sexual orientation ($p=.004$, Table 6).

TABLE 6. COMFORTABILITY WHEN GETTING CONDOMS BY AGE GROUP (N=399)

	24 and under (n=128)		25-34 (n=115)		35-44 (n=76)		45+ (n=80)		p-value	Row Total
	n	%	n	%	n	%	n	%		
Uncomfortable	26	20.3%	13	11.1%	6	7.9%	3	3.8%	.004*	48
Comfortable or Neutral	102	79.7%	102	88.7%	70	92.1%	77	96.3%		351
Missing =38										

*CMH p-value adjusted for gender and/or sexual orientation (Cisgender Heterosexual, and LGBTQIA+)

Condom use

Participants were asked how often they used condoms during vaginal intercourse and anal intercourse in the past 12 months on a 5-point scale from “Never” to “Always”. Responses from both questions were merged into one variable during analysis, and into a scale that included “Always,” “Sometimes,” and “Never” only, due to the small sample size. Results from this analysis are shown in Table 7.

There were significant differences in condom use by age group among cisgender heterosexual participants ($p=.004$). Sample size may have been too small to detect significant differences by age group among LGBTQIA+ participants ($p=.155$). In both gender/sexuality groups, participants aged 25-34 were least likely to “Always” use condoms during sex.

Older age groups reported more condomless sex due to monogamous relationships. A secondary analysis to remove the influence of being in a monogamous relationship by age group was conducted and is shown in Table 8. Among participants who were not monogamous, meaning they did not indicate being in a monogamous relationship during the survey, the 25-34 age group was still more likely to not always use condoms. Not monogamous cisgender heterosexuals ages 25-34 had a prevalence ratio of 1.10 for not always using condoms compared to not monogamous cisgender heterosexual participants in all other age groups. The prevalence ratio of 1.10 can be interpreted as: 25-34-year-olds were 10% more likely to never/sometimes use condoms than other age groups when controlling for monogamy. This result was not significant. However, LGBTQIA+ non-monogamous¹ participants ages 25-34 were 37% more likely to never or sometimes use condoms compared to other age groups. LGBTQIA+ participants aged 24 and under were 24% less likely to never or sometimes use condoms. The results among LGBTQIA+ participants were statistically significant.

Participants who did not always use condoms were asked why they didn't. Within this group of not monogamous participants who did not use condoms, 25% of MSM and transgender participants 24 and under said they use PrEP; 43% of MSM and 20% of transgender participants age 25-34 used PrEP, and 14% of MSM 30 and over used PrEP. Twenty-nine percent of WSM, 25% of WSW, and 50% of Transgender participants 24 and under said they use another form of pregnancy prevention, as did 33% of MSW. In the 25-34 age group, 28% of WSM, 78% of WSW, and 20% of transgender participants said they use another form of pregnancy prevention. Seven percent of MSM in the 35 and over age group said they used other pregnancy prevention, as did 25% of MSW, and 25% of WSM. Reasons for not using condoms in the overall group are discussed beginning on page 17.

¹ **Non-monogamous** in the context of this report means participants who did not indicate they are in a monogamous relationship during the survey and should not be confused with nonmonogamy.

TABLE 7. CONDOM USE IN THE PAST 12 MONTHS BY AGE GROUP AMONG SEXUALLY ACTIVE² PARTICIPANTS, STRATIFIED BY SEXUALITY (N=345)

	Cisgender and Heterosexual (n=229, p-value=.004*)						LGBTQIA+ (n=116, p-value=.155*)						Total
	NEVER		SOMETIMES		ALWAYS		NEVER		SOMETIMES		ALWAYS		
Age group	n	%	n	%	n	%	n	%	n	%	n	%	n
24 and under	29	39.2%	34	46%	11	14.9%	9	26.5%	16	47.1%	9	26.5%	108
25-34	35	50%	30	42.9%	5	7.1%	15	41.7%	19	52.8%	2	5.6%	106
35-44	32	71.1%	8	17.8%	5	11.1%	13	48.2%	10	37%	4	14.8%	72
45+**	26	65%	8	20%	6	15%	10	52.6%	6	31.6%	3	15.8%	59
Missing=1													

*Chi square p-value for the association between age and condom use among gender and sexuality category

**Sensitivity analysis showed “Never” using condoms was higher all participants aged 45 and over

² **Sexually active** in the context of this report means participants who had anal intercourse and/or vaginal intercourse in the past 12 months regardless of past sexual history or other sexual activity

TABLE 8. ADJUSTED PREVALENCE RATIOS FOR NEVER/SOMETIMES USED CONDOMS AMONG NON-MONOGAMOUS³ PARTICIPANTS IN PRIORITY AGE GROUPS (N=178)

Age Group	Cisgender and Heterosexual (n=102)				LGBTQIA+ (n=76)				Row Total
	n	%	Prev. ratio	p- value	n	%	Prev. Ratio	p-value	
24 and under	38	77.6%	1.08*	.523**	15	62.5%	.76*	.074**	73
25-34	20	80%	1.10*	.486**	19	90.5%	1.37*	.032**	46
All ages	75	73.5%			58	76.3%			178
Missing = 1									

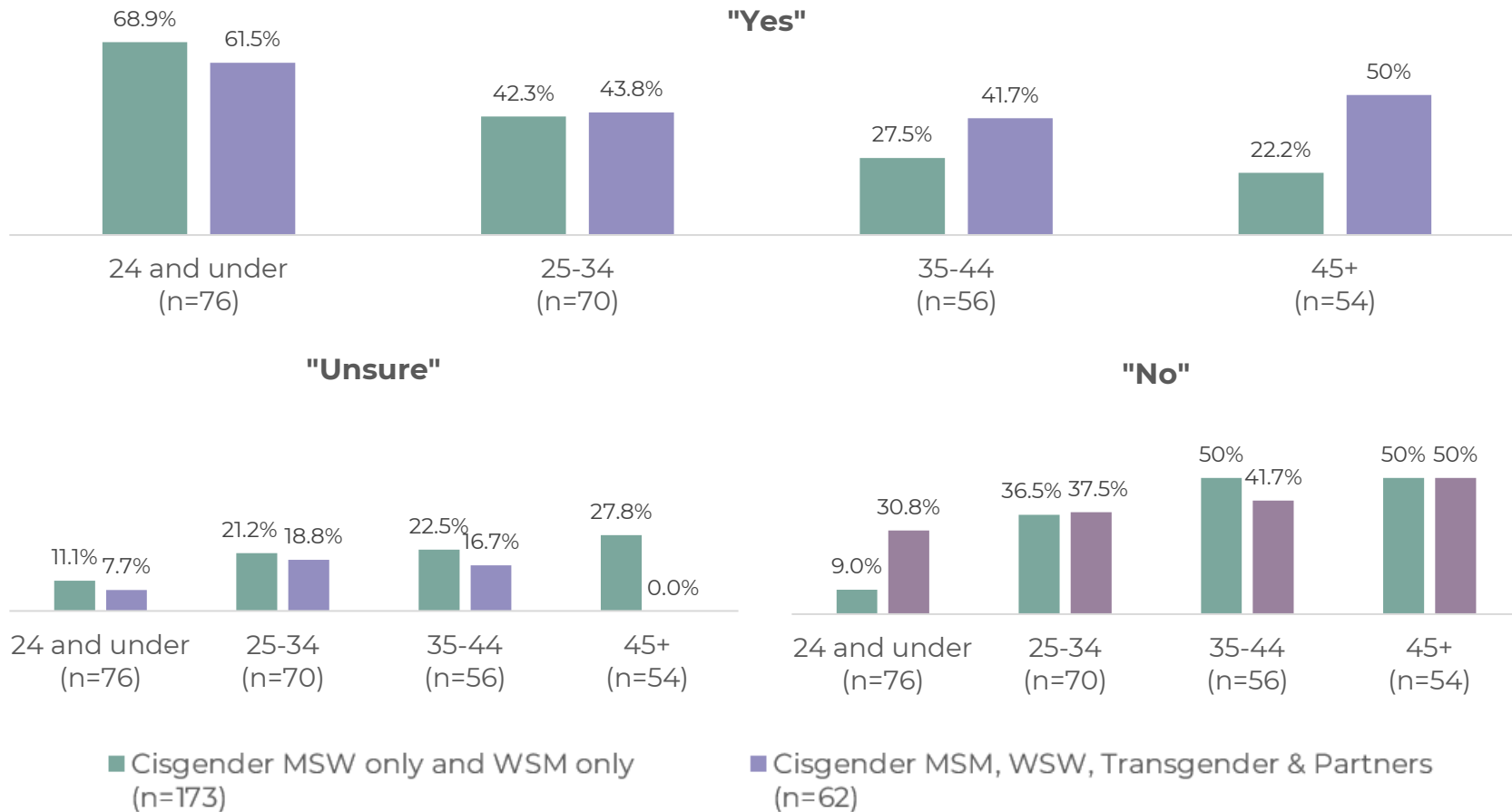
*CMH Prevalence Ratio adjusted for gender

**CMH p-value adjusted for gender

³ **Non-monogamous** in the context of this report means participants who did not indicate they are in a monogamous relationship during the survey and should not be confused with nonmonogamy.

Respondents who had not gotten free condoms were asked whether they'd be more likely to use condoms during sex if they had free condoms. Response options were "Yes," "No," and "Unsure". Figure 3 shows participant responses by age and gender/sexuality.

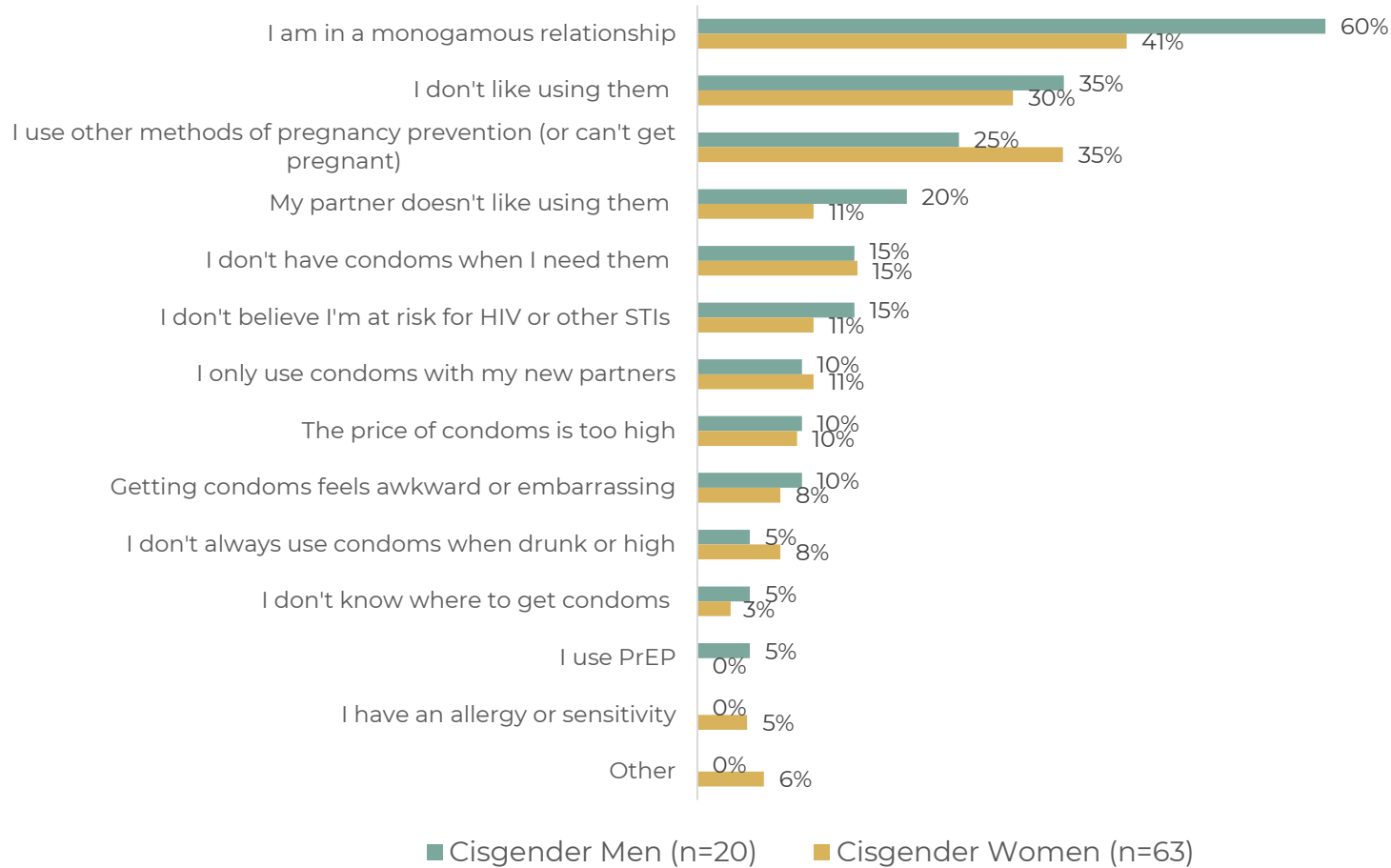
FIGURE 3. PARTICIPANT ANSWERS TO "IF YOU HAD FREE CONDOMS, WOULD YOU BE MORE LIKELY TO USE CONDOMS DURING SEX?"



Respondents who did not indicate they “always” used condoms during sexual intercourse in the past year were asked their reasons for not using condoms. A list of 15 common reasons was provided and participants were asked to check all that applied. The response options were shown in reverse order for half of all participants to reduce bias that could have been caused by participants checking only the first few that applied to them when viewing a long list of options. Respondents were given an open-ended “other” option as well. Responses are shown by gender and age group, as reasons for not using condoms were associated more closely with gender than sexual orientation (Figures 4-6). Transgender participants’ reasons are shown in Figure 7, as stratifying by age would have required hiding some data to preserve respondent privacy. Most, but not all, transgender participants were in the 24 and under group, or the 25-34 age group. Cisgender MSM’s reasons are shown in Figure 8, as they, as well as transgender participants, were more likely than other groups to cite PrEP as a reason for not using condoms, and because MSM continue to be disproportionately represented in HIV incidence. Figure 8 also shows a smaller group of MSM (n=19) who did not cite PrEP use or mention treatment as prevention (TasP) in their “other” responses. The survey failed to provide TasP response options.

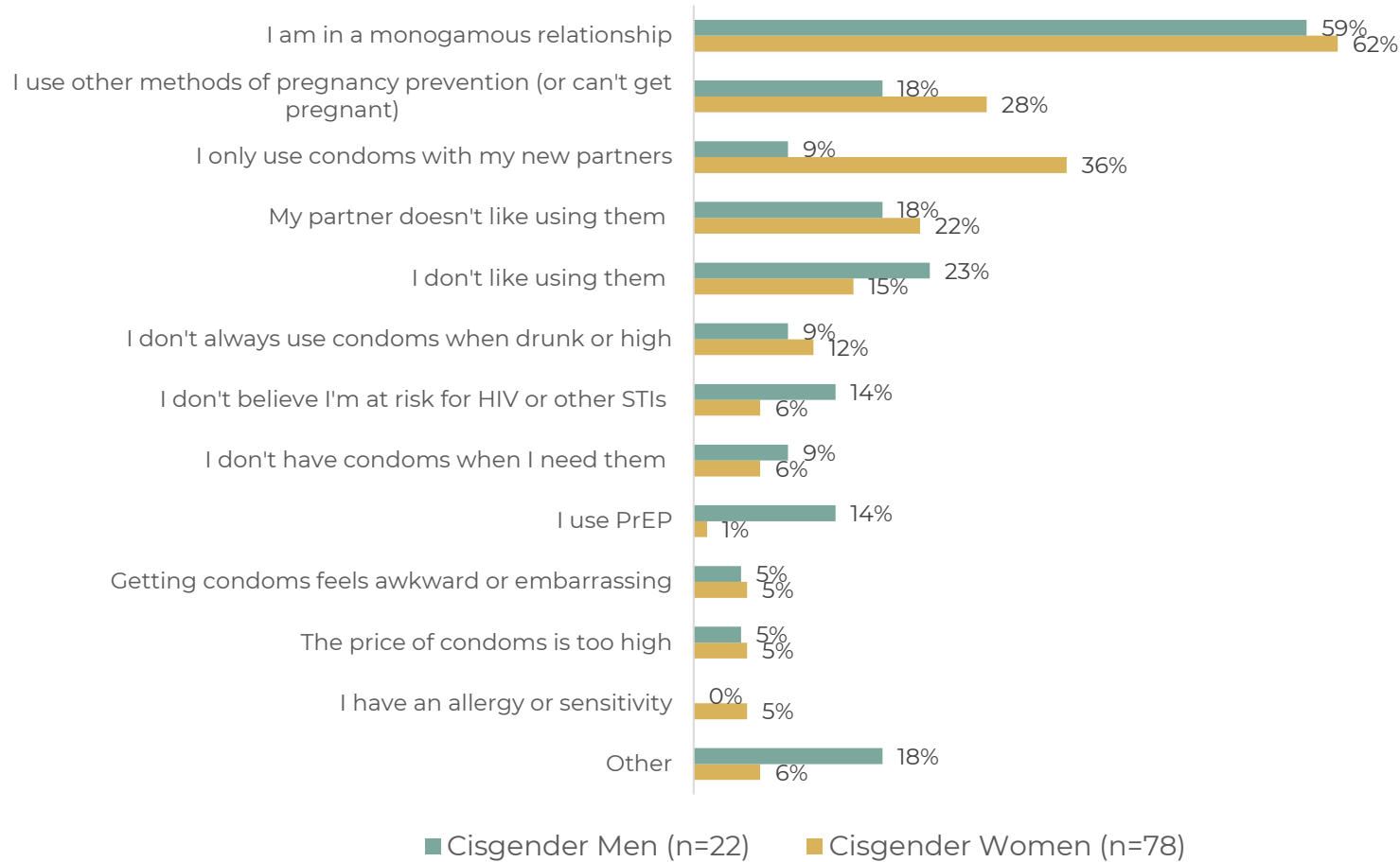
Some of the most common reasons for not using condoms in every age group were “I am in a monogamous relationship,” “I don’t like using them,” “I use other methods of pregnancy prevention,” and “My partner doesn’t like using them.” “Other methods of pregnancy prevention” was the second most common reason among cisgender women in the 25-34 age group, and was tied for second in the 24 and under group. The 24-35, and 35 and older age groups also listed “I only use condoms with my new partners” frequently. Fifteen percent of the 24 and under group said they don’t have condoms when they need them. Reasons that were more common among transgender participants included PrEP use, and not always using condoms when drunk or high. Aside from use of PrEP and other forms of birth control, MSM responses were similar to the overall group. The group that did not use PrEP or TasP more frequently checked “I am in a monogamous relationship,” “don’t believe I’m at risk for HIV or other STIs,” “I don’t always use condoms when drunk or high,” and “Getting condoms feels awkward or embarrassing”. Those that checked the latter response were more likely to be age 45 or above. “Other” responses included neither sex partner having a penis in the 24 and under group and transgender group. “Other” responses in the 25-34 age group included the feeling of “being in the moment” or not wanting to “kill the mood,” as well as intending to get pregnant. The 35 and over age group had the greatest number of “Other” responses. Included were knowing their and their partner’s status, testing, PrEP use by partner, and partner TasP. The handful of respondents that wrote this were exclusively MSM, WSW, or Transgender and age 35-44 or 45 and over. Other open-ended responses included difficulty achieving orgasm, sizing issues with condoms, and reduced sensation.

FIGURE 4. REASONS FOR NOT USING CONDOMS AMONG CISGENDER PARTICIPANTS AGES 24 AND UNDER*



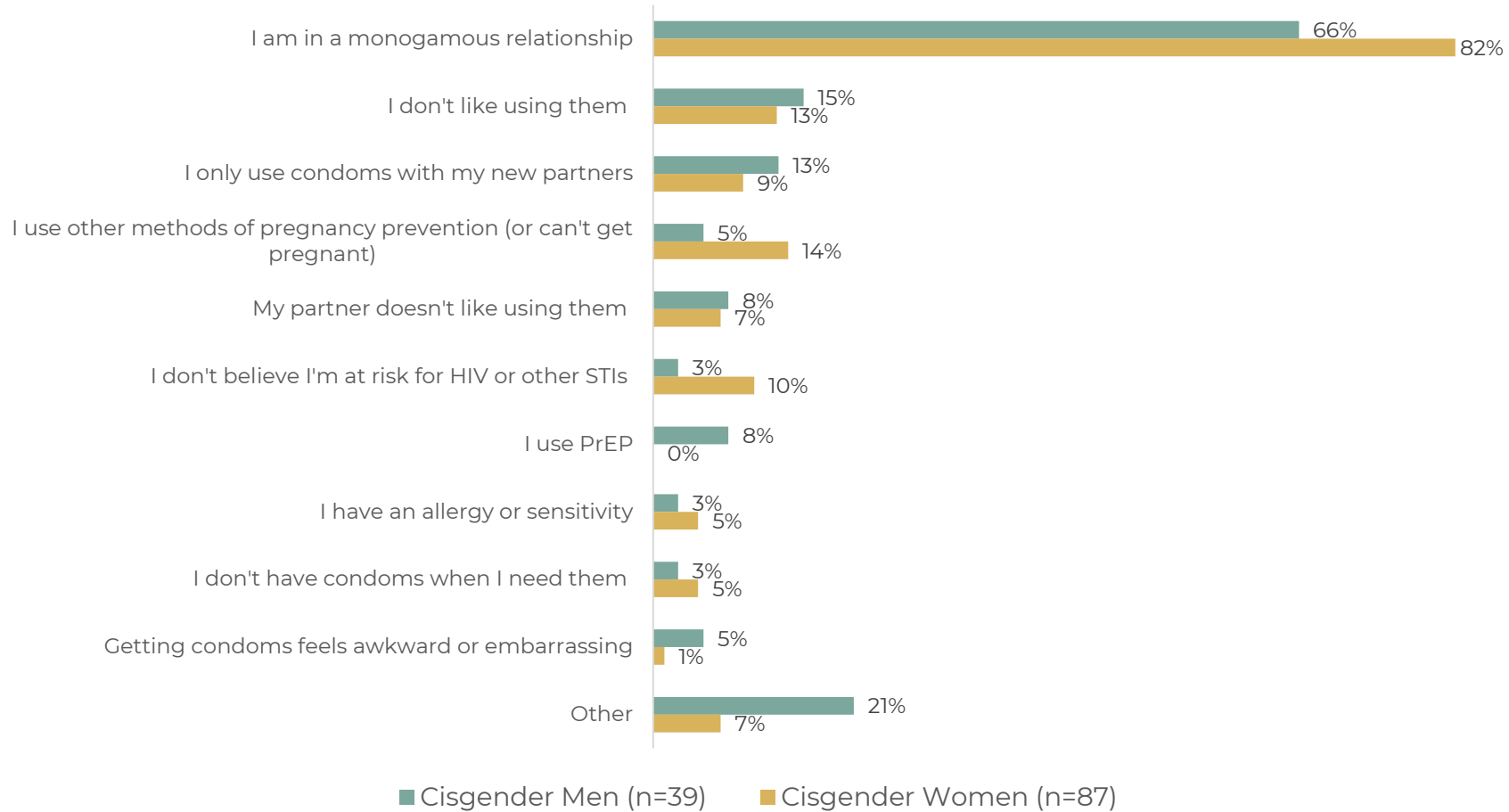
*Not shown: reasons “checked” by less than 5% of participants of either gender in this age group

FIGURE 5. REASONS FOR NOT USING CONDOMS AMONG CISGENDER PARTICIPANTS AGES 25-34*



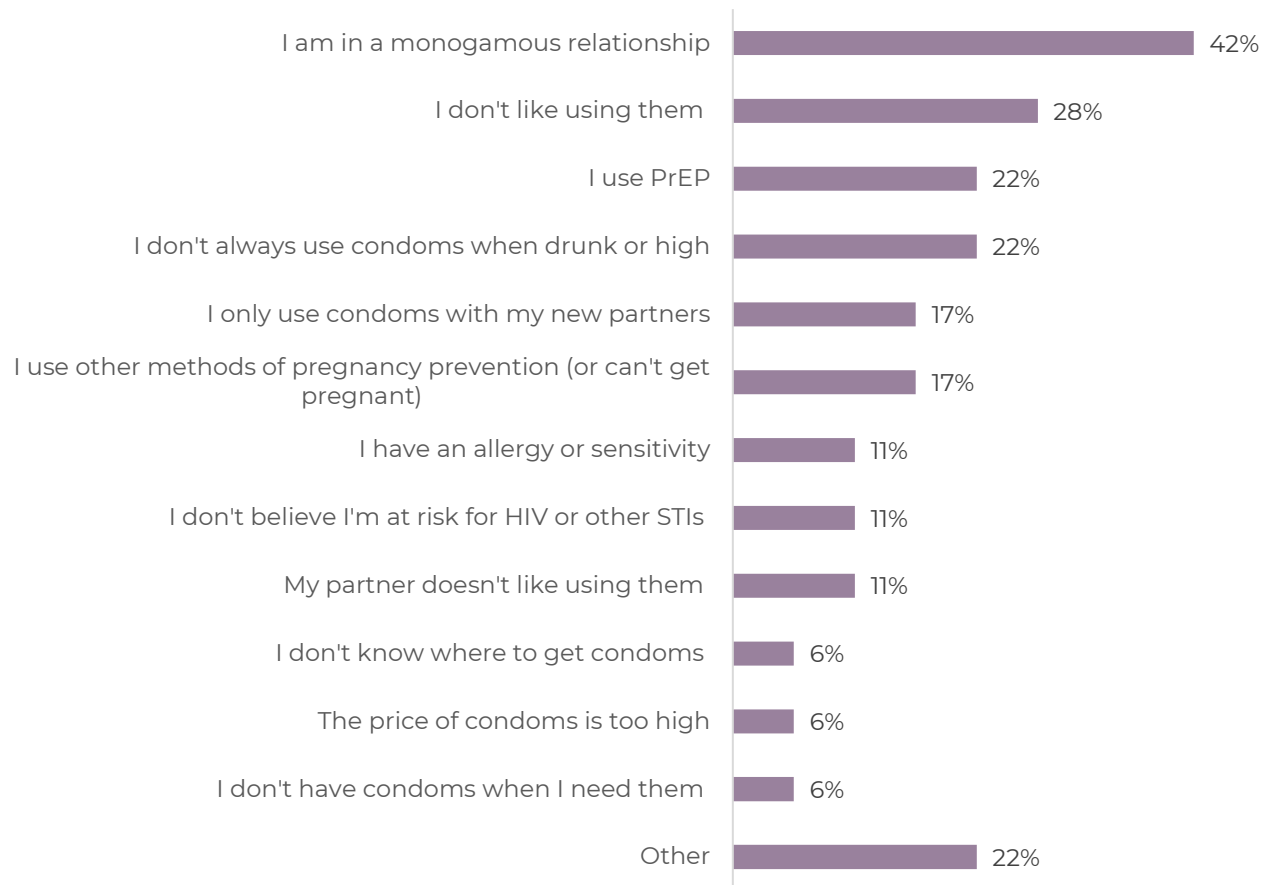
*Not shown: reasons “checked” by less than 5% of participants of either gender in this age group

FIGURE 6. REASONS FOR NOT USING CONDOMS AMONG CISGENDER PARTICIPANTS AGES 35+ AGE GROUP*



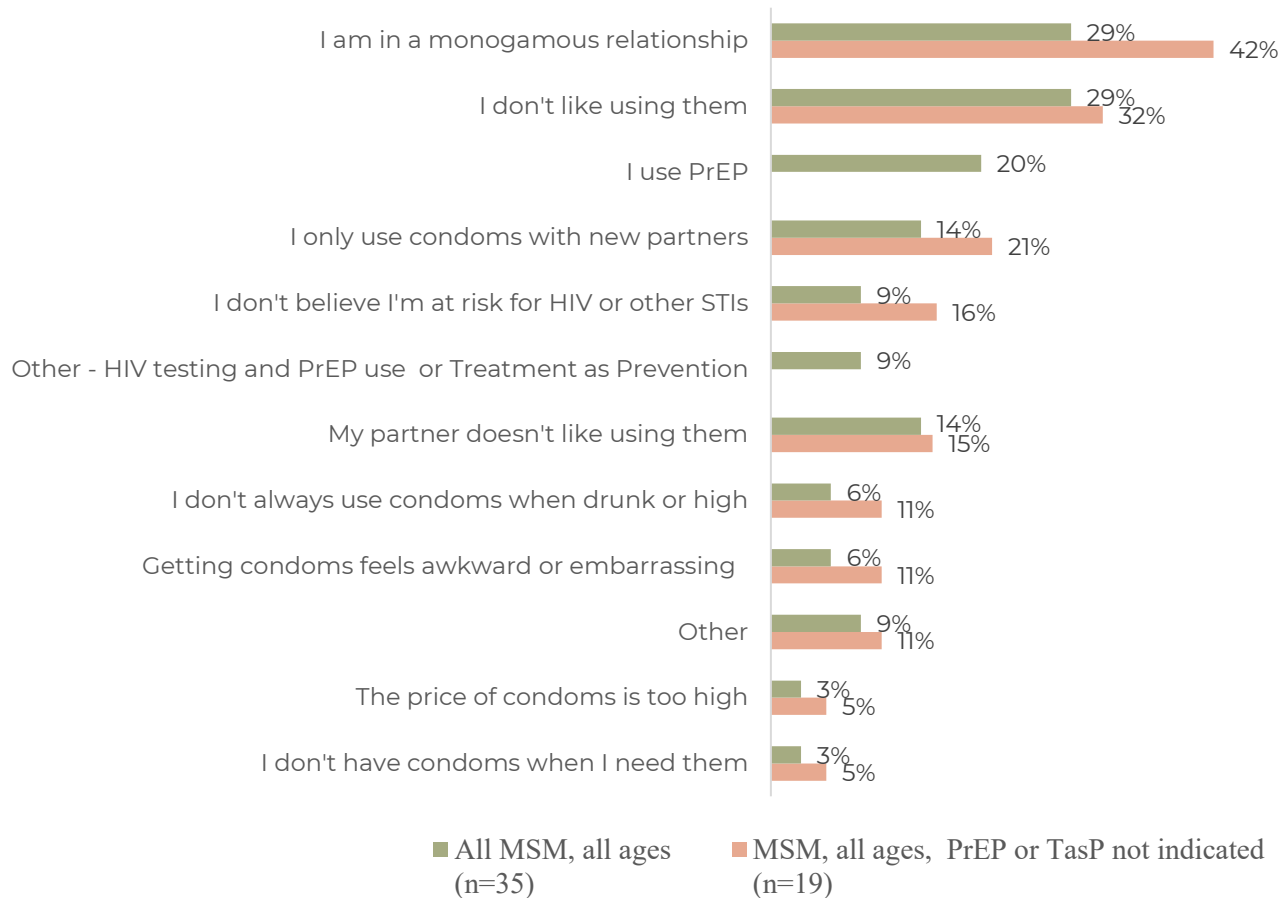
*Not shown: reasons "checked" by less than 5% of participants of either gender in this age group

FIGURE 7. REASONS FOR NOT USING CONDOMS AMONG TRANSGENDER PARTICIPANTS OF ALL AGES (N=18)*



*Not shown: reasons "checked" by less than 5% transgender of participants

FIGURE 8. REASONS FOR NOT USING CONDOMS AMONG CISGENDER MSM OF ALL AGES (N=35) INCLUDING THOSE THAT DID NOT SAY THEY USE PREP OR TREATMENT AS PREVENTION (TASP)*



*Not shown: reasons "checked" by less than 5% of participants in either group

Eighty-two cisgender participants selected either “My partner doesn’t like using them,” “I don’t like using them,” or both. Although only three participants (1.3% of cisgender women) said a reason they don’t use condoms is they don’t know how to talk about condoms with their partner, twenty-four participants (7.8% of cisgender participants who did not always use condoms) selected “My partner doesn’t like using them” but did not select “I don’t like using them”. Within this group, 32.8% of cisgender women and 19.1% of men answered this way and 19.1% (Table 9). Differences between genders within this group were not statistically significant. These findings indicate a skill gap around condom negotiation between cisgender partners of any sexual orientation.

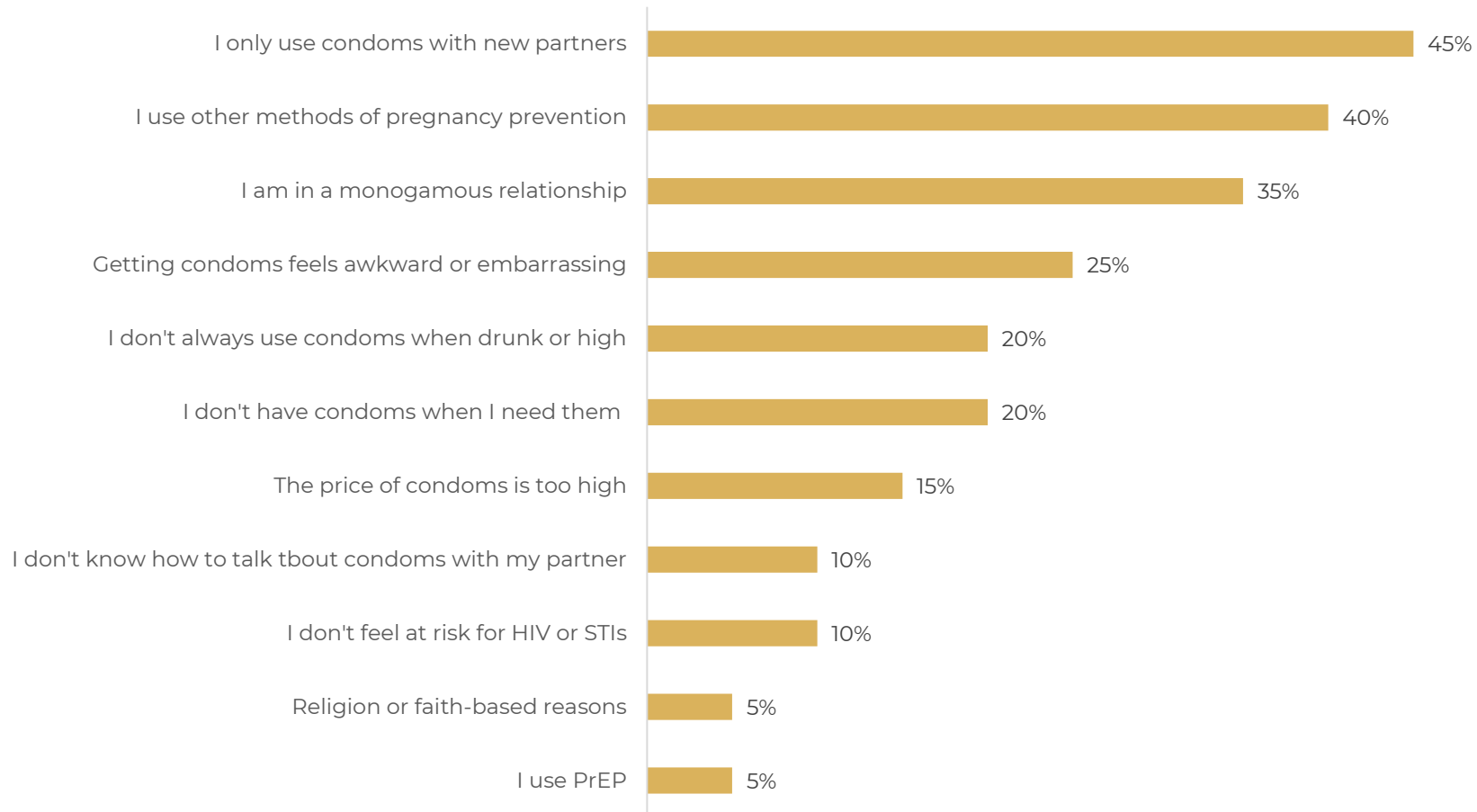
Among the women who only selected “My partner doesn’t like using them,” 45% also said they only use condoms with new partners, 40% said they use other methods of pregnancy protection,” “35% said they are in a monogamous relationship,” 25% said getting condoms feels awkward or embarrassing,” and 20% said they don’t have condoms when they need them or they don’t always use them when drunk or high (Figure 9). Sixty percent were in the 25-34 age group, and 20% were 24 or under. Among the men who answered this way, other reasons they gave were “I only use condoms with new partners,” “I am in a monogamous relationship,” getting condoms feels awkward or embarrassing,” and “I use PrEP” (not shown).

Transgender participants were not included in this analysis due the small sample.

TABLE 9. PARTICIPANTS WHO SELECTED EITHER “MY PARTNER DOESN’T LIKE USING THEM,” “I DON’T LIKE USING THEM” OR BOTH OPTIONS WHEN ASKED THEIR REASONS FOR NOT ALWAYS USING CONDOMS*

Gender	Selected “My partner doesn’t like using them” (n=24)		Selected “I don’t like using them” or both (n=58)		Total
	n	%	n	%	
Cisgender men	4	19.1%	17	81%	21
Cisgender women	20	32.8%	41	67.2%	61

FIGURE 9. OTHER RESPONSES FROM CISGENDER WOMEN WHO SAID "MY PARTNER DOESN'T LIKE USING THEM" BUT NOT "I DON'T LIKE USING THEM" WHEN ASKED WHY THEY DON'T ALWAYS USE CONDOMS (N=20)



Condom Preferences

Respondents were asked about their preferred style of condoms. Of those that had a preference, latex were more popular than non-latex among cisgender men, slightly more popular among cisgender women and transgender participants (Figure 10). Lubricated condoms were most preferred than non-lubricated among every gender and sexuality. Some cisgender MSM, transgender, and cisgender WSM preferred non-lubricated condoms (Figure 11). Respondents were asked to select all that apply in regard to their favorite style of condoms. Extra thin was by far the most common response, particularly among Cisgender participants, with most popularity among Cisgender MSW. Sensitive and Textured condoms were also selected often (Figure 12). Snug fit/slim fit, and larger sized condoms were selected similarly, indicating a need for a variety of sizes (Figure 13). Assorted colors were most popular among Cisgender MSM, and Transgender participants and their partners. Flavored were preferred by Transgender participants, and cisgender WSW. Some participants in all sexuality categories said they prefer lambskin or natural skin condoms. Only five participants chose Internal or Female condoms. Those that did were exclusively transgender and cisgender WSW (Figure 14). One respondent said in an open-ended response that they didn't know about Internal/Female condoms, and it is possible that much of the larger population is unaware of this condom design.

FIGURE 10. RESPONDENTS WERE ASKED THEIR PREFERRED TYPE OF CONDOMS BETWEEN “LATEX” “NON-LATEX,” AND “UNSURE/NO PREFERENCE”

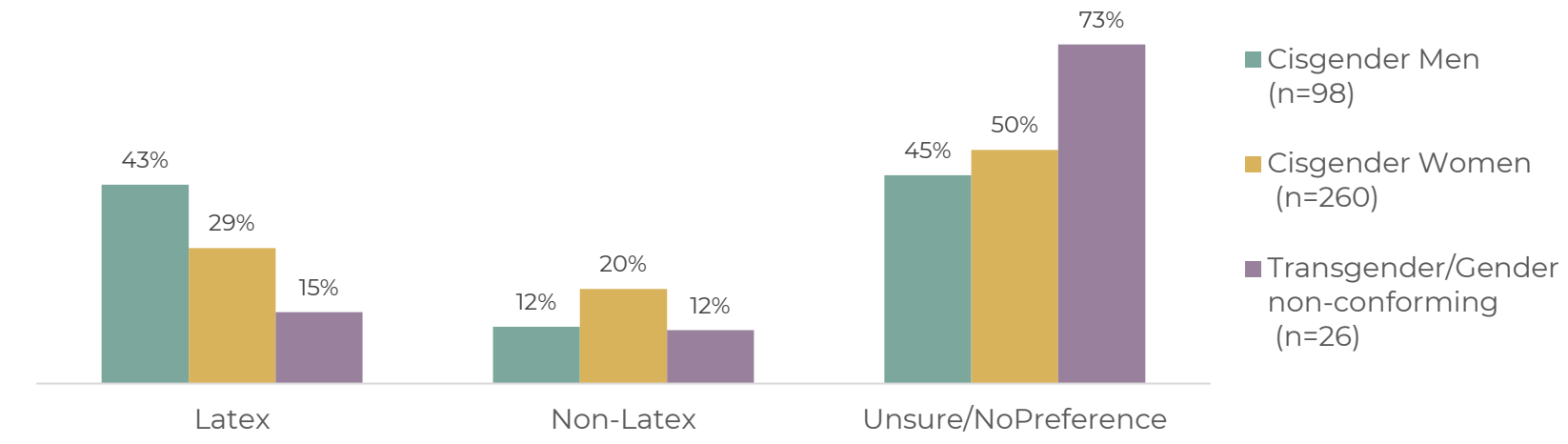


FIGURE 11. RESPONDENTS WERE ASKED THEIR FAVORITE STYLE OF CONDOMS BETWEEN “LUBRICATED,” “NON-LUBRICATED,” AND “UNSURE/NO PREFERENCE”

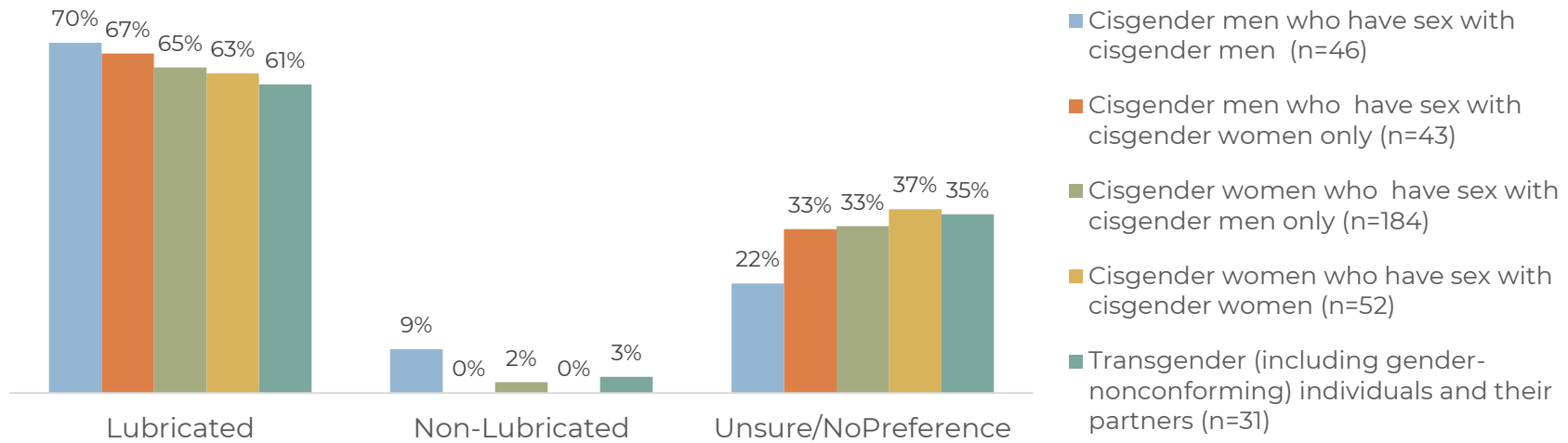


FIGURE 12. RESPONDENTS WHO CHOSE “TEXTURED,” “SENSITIVE,” OR “EXTRA THIN” CONDOMS WHEN ASKED WHAT IS YOUR PREFERRED STYLE OF CONDOM? SELECT ALL THAT APPLY.

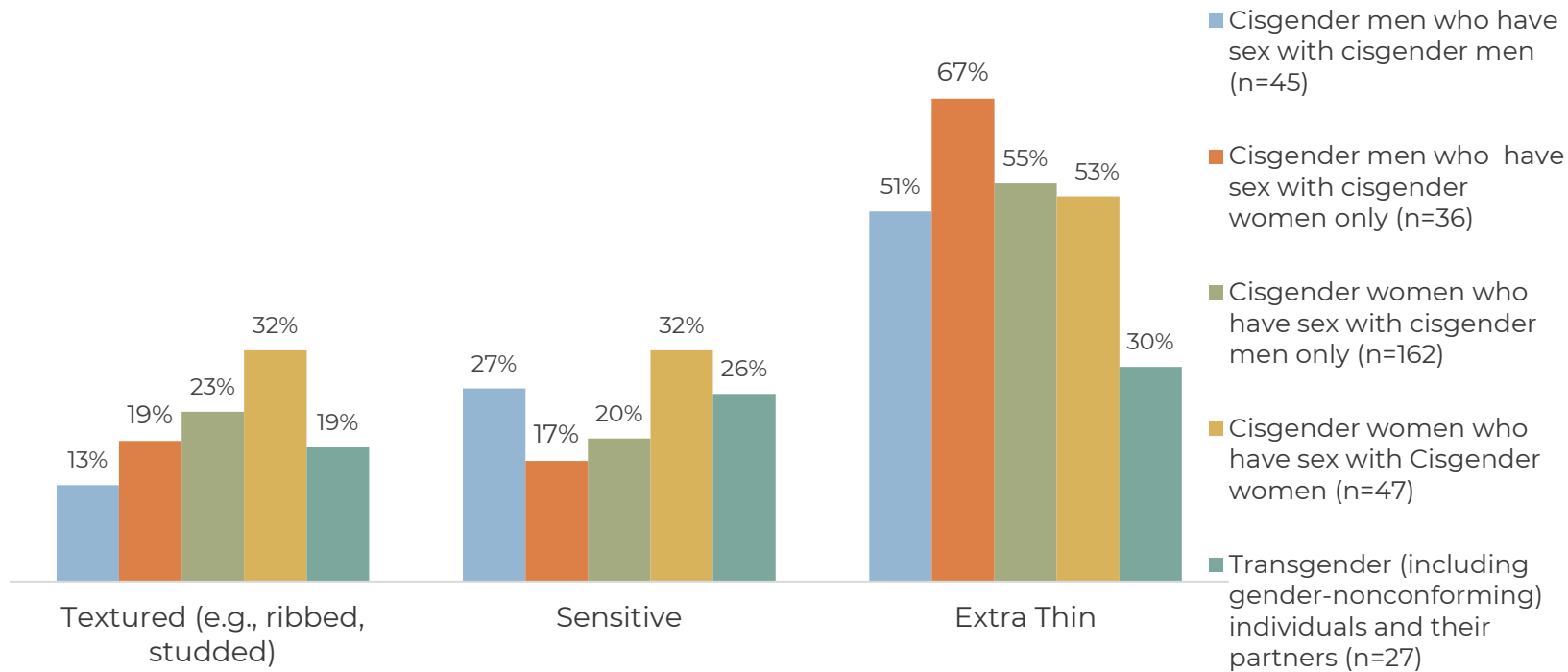


FIGURE 13. RESPONDENTS WHO CHOSE “SNUG FIT/SLIM FIT,” “LARGER” WHEN ASKED WHAT IS YOUR PREFERRED STYLE OF CONDOM? SELECT ALL THAT APPLY.

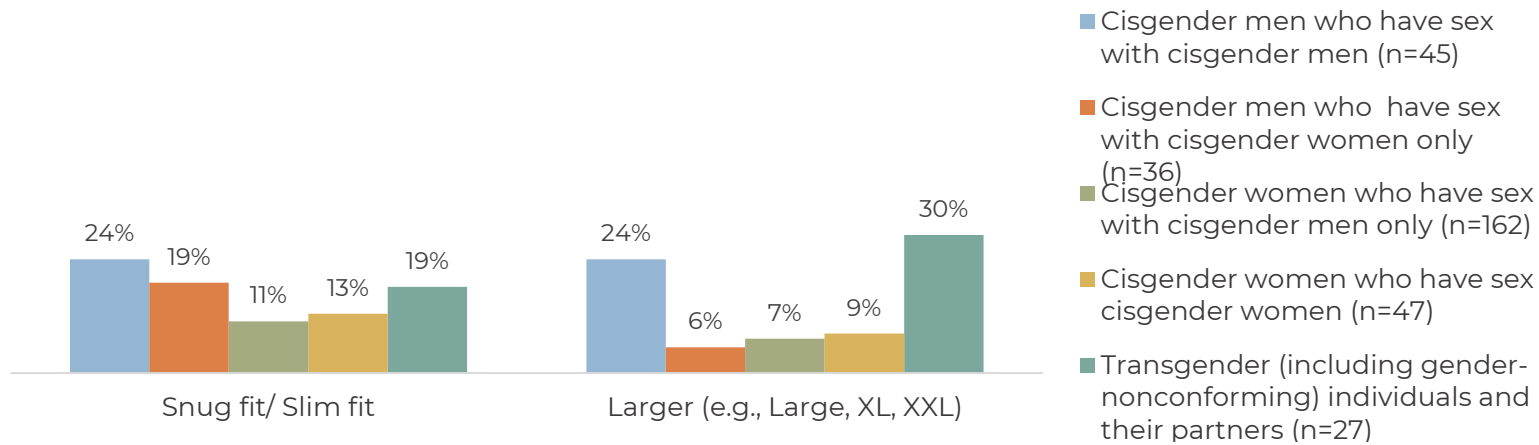
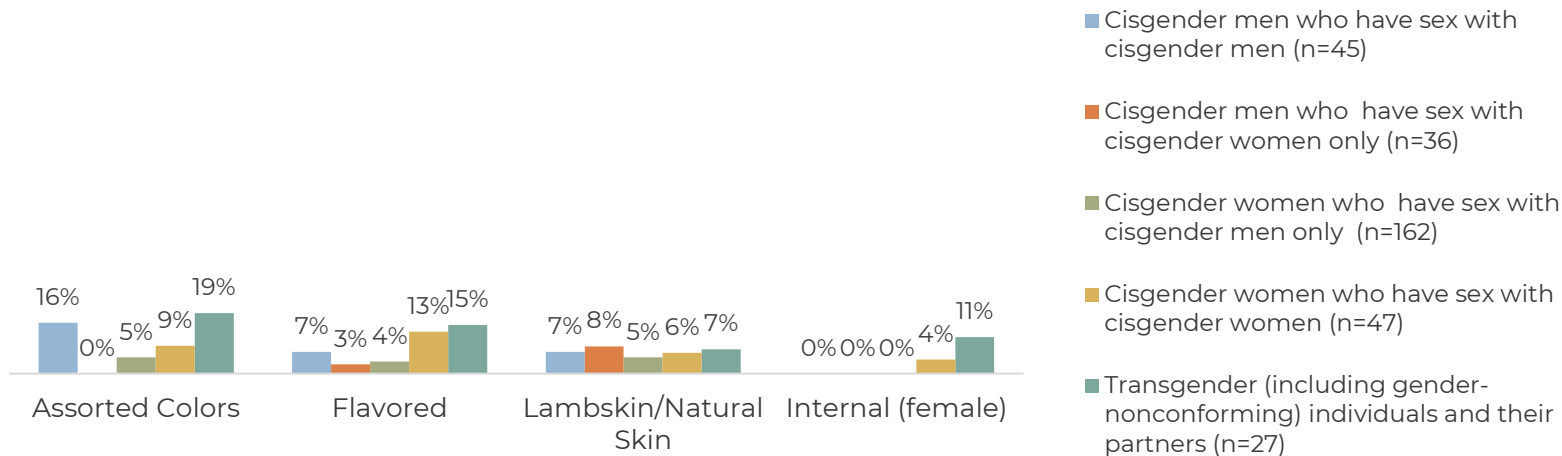


FIGURE 14. RESPONDENTS WHO CHOSE “ASSORTED COLORS,” “FLAVORED,” OR “TEXTURED” CONDOMS WHEN ASKED WHAT IS YOUR PREFERRED STYLE OF CONDOM? SELECT ALL THAT APPLY.



Sexual Health and HIV Prevention Questions

Respondents were asked a variety of sexual health questions pertaining to HIV prevention including if they've ever been tested for HIV, if a provider has ever asked about their sex history, if they've discussed HIV prevention methods with their provider, and whether they've ever gotten condoms using their insurance.

HIV testing

Respondents were asked if they had ever been tested for HIV. Respondents in older age groups have had more time throughout their life to get tested, so comparing age groups is not meaningful. Most participants ages 25 and older had been tested for HIV. While the CDC recommends HIV testing for anyone 13 and over and recent Nevada legislation encourages anyone over the age of 15 to be asked if they want HIV testing, the data suggest there may be a need for increased HIV testing in the age groups under the age of 25, as less than 40% of these participants had ever been tested for HIV (Table 10). Due to the relatively small sample size, it is hard to say with confidence. Though nationally only about 6% of high school students have been tested for HIV.

Sexual history and HIV prevention discussions with primary care provider

It can be important for a primary care provider to know about their patient's sexual history, to understand factors that make them more susceptible to HIV or other STIs and make recommendations about their health appropriately. Cisgender women were, in general, asked more about their sex history by primary care providers. There was a sharp decrease in being asked about sexual history in cisgender women aged 55 and over. This trend was more subtle, but also may be present among cisgender men (Table 11). Ensuring doctors engage in conversations about their patient's sexual history across the board, and particularly with men and older age groups, may help improve access to, and acceptability of HIV prevention methods such as condoms, PrEP, and PEP.

Between 33% and 59% of respondents aged 24 and under had discussed condoms with their primary care provider. Between 35% and 67% had not discussed condoms, PrEP, or PEP with their provider (Figure 15). PrEP was discussed among 44% of Cisgender MSM, 17% of Cisgender WSW, and 42% of Transgender/gender non-conforming participants and their partners in the 25-34 age group. PEP was not widely discussed, but discussed most among Transgender participants and their partners, followed by Cisgender MSM and WSW (Figure 16). Fifty percent of Cisgender MSM, over age 35 had discussed PrEP with their primary care provider (Figure 17).

Condoms through insurance

Only a small number of participants in each age group had ever gotten condoms through their insurance (Table 12). The leading reason among the vast majority of participants who answered "No" was "I didn't know I could, suggesting very low awareness around the option to get prescription condoms at a pharmacy (figure 18).

TABLE 10. PARTICIPANTS WHO HAVE EVER BEEN TESTED FOR HIV, STRATIFIED BY SEXUALITY

	Cisgender MSW only and Cisgender WSM only (n=250)			Cisgender MSM WSW+, Transgender & Partners (n=128)			Total
	Yes	%	p-value	Yes	%	p-value	
24 and under	30	35.7%		17	39.4%		126
25-34	58	79.5%		35	89.7%		112
35-44	31	67.4%		26	100%		72
45+	36	76.6%	<.0001*	21	100%	<.0001*	68
Missing = 5							

*Chi square p-value

TABLE 11. PARTICIPANTS IN EACH AGE GROUP WHO HAD EVER BEEN ASKED ABOUT THEIR SEX HISTORY BY THEIR PRIMARY CARE PHYSICIAN, STRATIFIED BY GENDER

Age group	Cisgender men (n=98)			Cisgender women (n=262)			Transgender** (n=26)			Total
	n	%	p-value	n	%	p-value	n	%	p-value	
24 and under	18	66.7%		74	87.1%		6	54.6%		123
25-34	17	77.3%		70	89.7%		10	100%		110
35-44	14	66.7%		44	88%		2	50%		75
45-54	8	66.7%		23	82.1%		-	-		40
55+	10	62.5%	0.888*	14	66.7%	0.093*	-	-	0.070*	38
Missing =45										

*Chi square p-value

**Some data included in analysis but unreported to protect anonymity

FIGURE 15. HIV PREVENTION METHODS DISCUSSED WITH PRIMARY CARE PROVIDER AMONG 24 AND UNDER GROUP

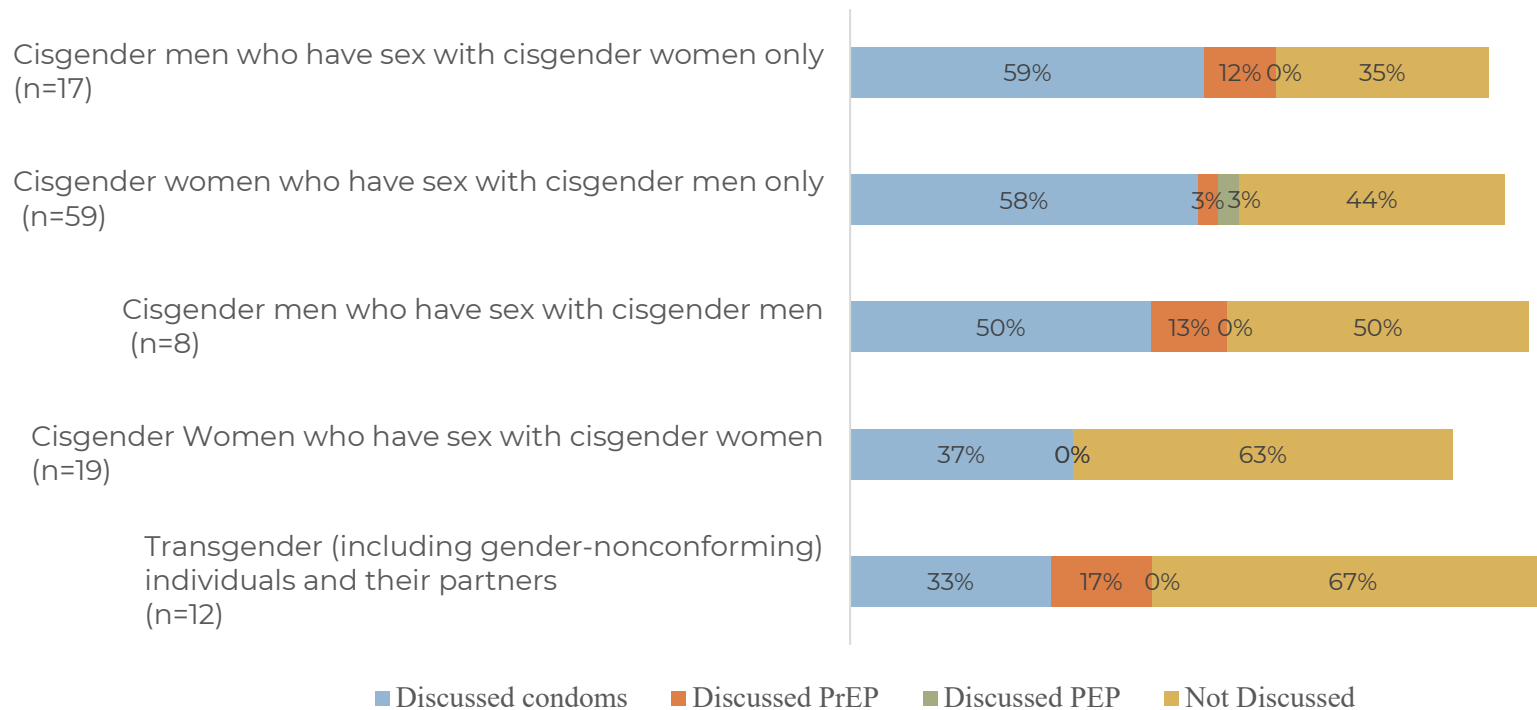


FIGURE 16. HIV PREVENTION METHODS DISCUSSED WITH PRIMARY CARE PROVIDER AMONG 25-34 AGE GROUP

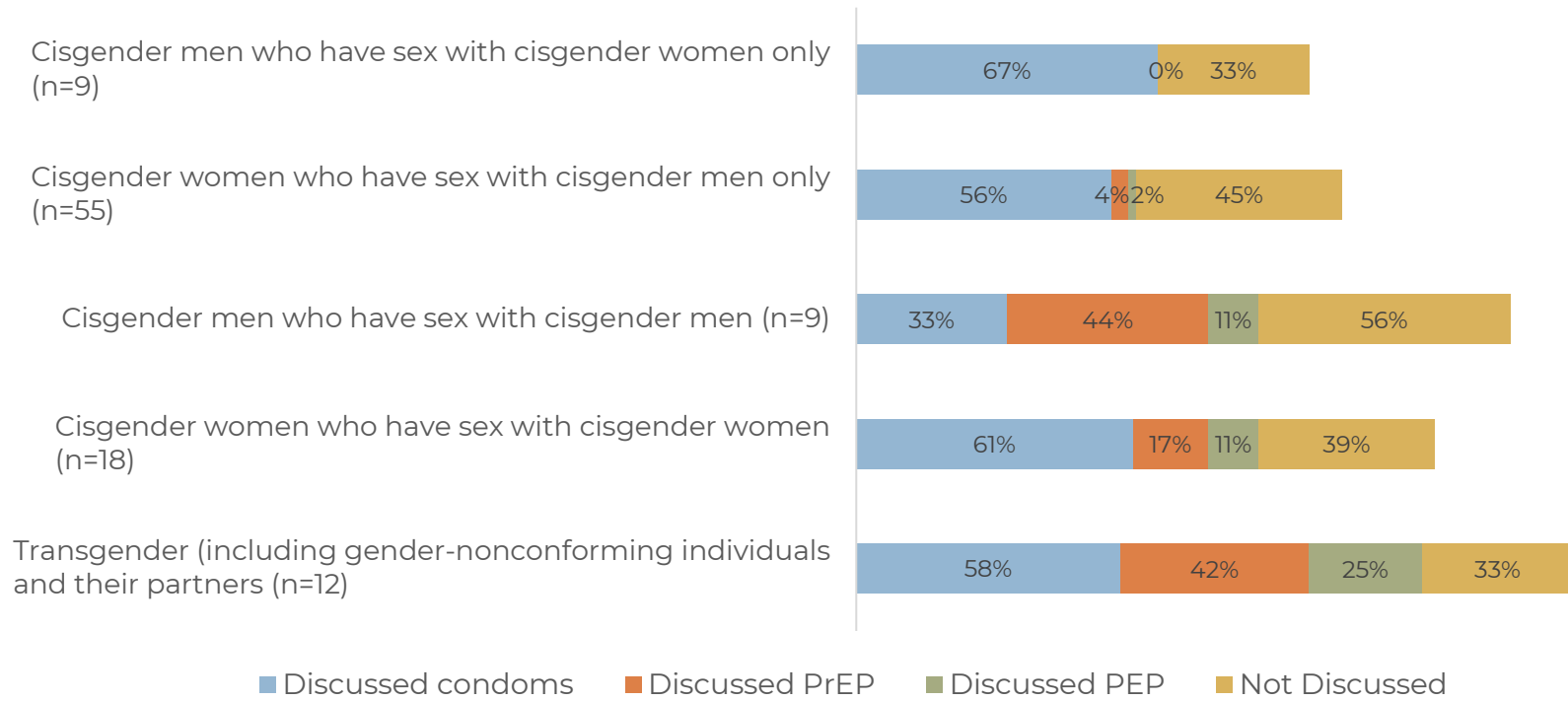


FIGURE 17. HIV PREVENTION METHODS DISCUSSED WITH PRIMARY CARE PROVIDER AMONG 35 AND OVER AGE GROUP

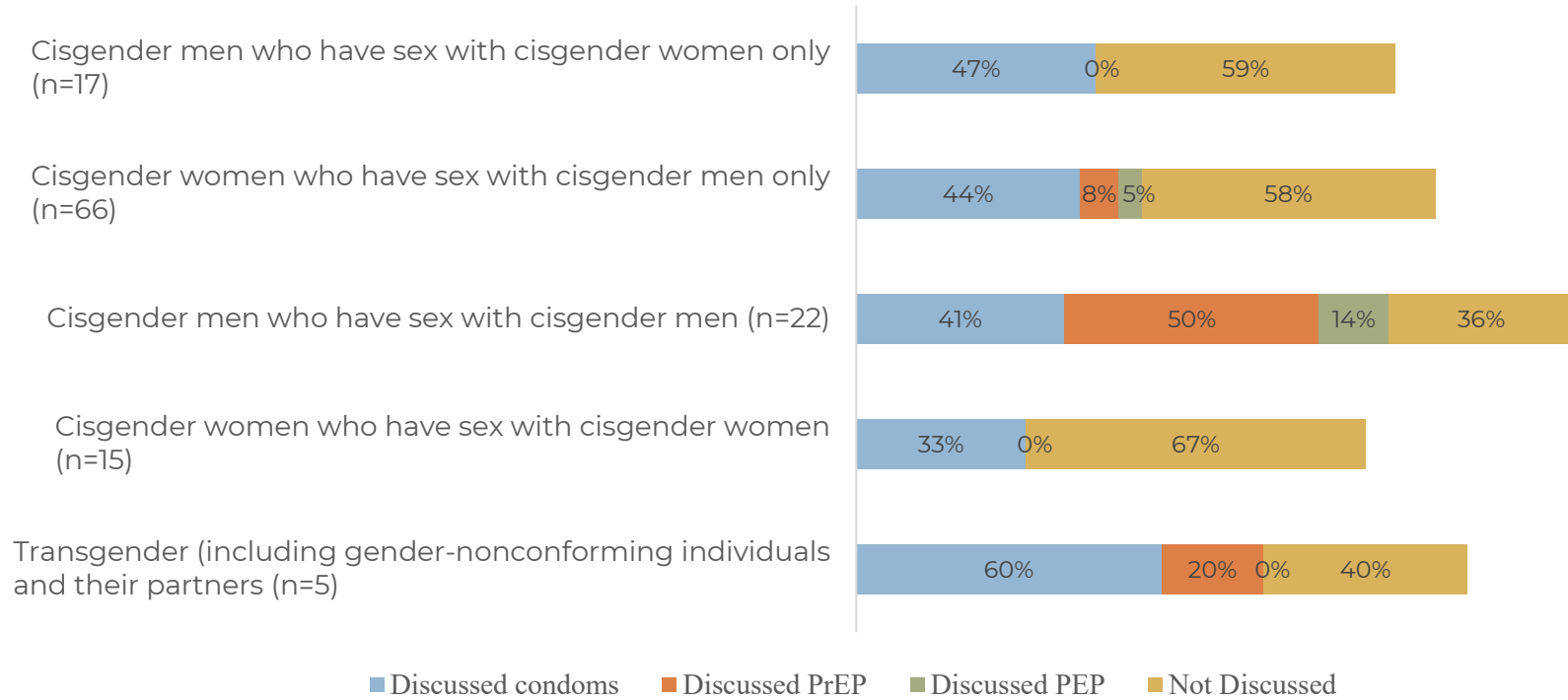
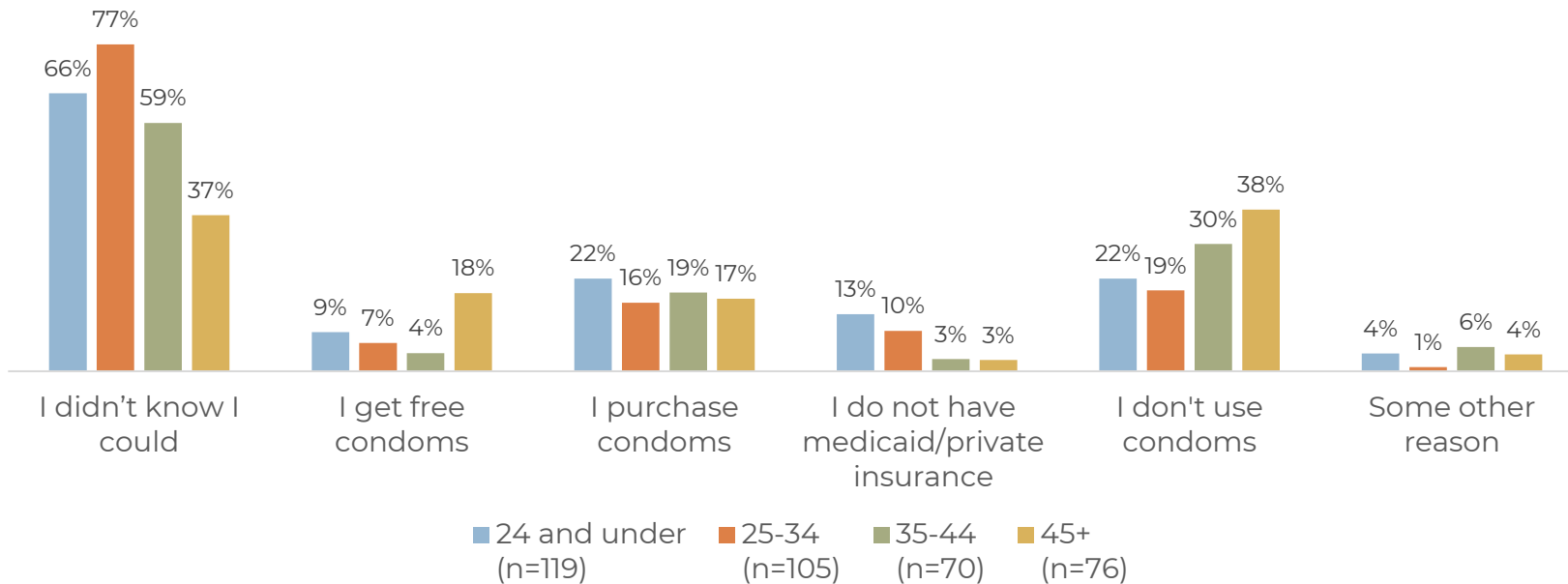


TABLE 12. PARTICIPANTS WHO HAVE EVER RECEIVED CONDOMS AT A PHARMACY USING MEDICAID OR PRIVATE INSURANCE (N=384)

Age group	n	%
25 and under	2	1.7%
25-34	5	4.6%
35-44	3	4%
45-54	2	2.6%
Missing	53	

FIGURE 18. REASONS FOR NOT GETTING CONDOMS AT A PHARMACY THROUGH MEDICAID OR PRIVATE INSURANCE



Discussion and recommendations

Expanding Awareness

Cisgender heterosexual women who got free condoms were significantly more likely to always use condoms. There was evidence that this was true for the overall group as well. Most cisgender men ages 24 and under who did not get free condoms said they would be more likely to use condoms during sex if they had free condoms but didn't know they had access to them or didn't know where to get them. Cisgender LGBTQIA+ women and men, and transgender participants and their partners were significantly more likely to get condoms in the past year and were less likely to say they didn't know about free condoms or didn't know where to get them. The exception to this was WSW age 24 and under, many of whom showed interested in free condoms and said they would be more likely to use them if they had them.

Based on this analysis, opportunity for the greatest increase lies in expanding awareness among cisgender heterosexual men and women ages 24 and under. Although free condoms are available on most college campuses, many cisgender heterosexual respondents in this age group seemed unaware of free condom availability and/or locations. This also applied to WSW in this age group, and the small proportion of MSM and transgender participants who did not get free condoms. However, there were respondents in every age, gender, and sexual orientation grouping who lacked awareness of free condoms and said they would be more likely to use free condoms if they had them (Table 4). This suggests that ensuring Nevadans of every age, gender, and sexuality have access to free condoms and are aware of free condom availability and locations would improve condom use in all age groups, especially those aged 24 and under. This study did not evaluate the ease of access to condoms in the context of getting free condoms but ensuring that condoms are easy and convenient to access is crucial. Ensuring condoms are available in locations where respondents lacked awareness of condom resources, and improving awareness of condom locations, and free condom mailing programs throughout Nevada would help increase condom use.

Normalizing Condoms

The sample of participants aged 25-34 had the highest proportion of respondents who do not always use condoms, even when analysis was limited to those who were not in a monogamous sexual relationship. This was especially true for LGBTQIA+ participants, but there was evidence that this may be true for Cisgender Heterosexual participants as well. MSM under the age of 45 had a higher prevalence of not always using condoms compared to older age groups. The sample did not have enough power to detect significance, however living through the peak of the HIV epidemic in the U.S. may be one explanation for MSM in the 45 and over age group were likely to always use condoms. It is important to note, however, that there were MSM in all age groups who did not always use a condom and were not on PrEP, nor indicated they or their partners use Treatment as Prevention (TasP). Among this group, most had gotten free condoms in the prior year. Although the survey failed to collect information on TasP, there was evidence that this was the reason for some condom nonuse by MSM. Knowing a sex partners status, whether they are living with HIV and their viral load, or whether they take PrEP may factor heavily in decisions for condom use (Algarin et al., 2021). A meta-analysis of qualitative studies about condom decision making by MSM found physical discomfort, reduced sensitivity, inaccurate HIV information, 'fluke thinking' (e.g., believing "it can't happen to me"), condoms as reminders of HIV and STIs, condomless sex as a symbol of intimacy, power imbalances, as well as unavailability or cost of condoms to be common reasons for condomless sex (Shen et al., 2022). In most groups, using other methods of birth control was a leading reason for not using condoms, supporting well established research showing a relationship between birth control use and STI increases (Steiner et al., 2021). The other leading reason was simply "I don't like using condoms".) Additionally, there was a linear relationship showing younger participants are more uncomfortable getting condoms. In combination, the results indicate a need for improved messaging for normalizing condom use. Among cisgender participants of any sexual orientation who indicated they or their partner doesn't like to use condoms, 32.8% of cisgender women and 19.1% of transgender men only selected their partners don't like using condoms. This points to skill gaps in condom negotiation, which comprehensive sex education programs have been shown to improve (Goldfarb, 2021). Beyond the school environment, Nevadans may benefit from training on condom negotiation skills. Those working in HIV prevention programs and in agencies funded for condom distribution should consider condom negotiation training. A focus on the pleasurable aspects of condoms in terms of safety and communication may be impactful (Sheldon & Johnson, 2006).

Condom Distribution Plan

Short-term:

1. Check if free condoms are available in the zip codes where respondents lacked knowledge of condom availability and/or location (Figures A1-4).
 - a. Identify locations for condom distribution in any zip codes without free condoms to expand free condom access.
2. Ensure there are a wide variety of preferred condoms to help encourage condom use and acceptability.
3. Explore options for increasing awareness of condom resources locally and by mail (e.g., condom tracking website, mailers promoting mail condom delivery)
4. Assemble focus groups for MSM ages 25-34 to:
 - a. Gain deeper perspectives of motivations and deterrents for condom use, especially among MSM who do not use PrEP.
 - b. Identify messaging that would help improve and normalize condom use.

Medium-term:

1. Assemble focus groups of Cisgender Heterosexual men and women, and transgender participants ages 25-34 to:
 - a. Gain deeper perspectives of motivations and deterrents for condom use.
 - b. Identify messaging that would help improve and normalize condom use.
2. Improve free condom awareness among 24 and under groups on college campuses, and among Nevadans 24 and under who do not attend college.
 - a. Collaborate with NSHE to improve awareness of free condoms on college campuses.
3. Incorporation of condom negotiation trainings and skill-building interventions by HIV prevention programs and agencies funded for condom distribution, and on college campuses.
4. Improve awareness of condom resources among age groups 25 years of age and over.
 - a. Collaborate with insurance networks and medical providers to improve awareness of condoms access through insurance.
5. Reinforce access to PrEP and PEP.

Long-term:

1. Expand awareness of free condom resources in all age groups through condom tracker website and promotion of condoms by mail
 - a. Provide high school and college graduates with information about how to get free condoms.
2. Increase attractiveness, acceptability, and normalization of condom use to increase condom use in all age groups, regardless of relationship status, contraceptive use, and PrEP use through acceptable messaging, awareness, and marketing.
3. Legislative efforts to expand comprehensive sex education and condom availability programs for youth.
4. Improved regulations and practices for providers around asking about sexual history and discussion of condoms, PrEP and PEP.

Supplemental Analysis

Exploration of potential barriers to condom access

An additional analysis was conducted to assess barriers that may exist for Nevadans when purchasing condoms. These barriers could include physical barriers such as products locked on shelves or being difficult to find. These barriers could also be social. Twenty percent of the 24 and under participants in the analysis above reported feeling uncomfortable when getting condoms (Table 6). Additionally, there may be cultural reasons surrounding feelings of discomfort or embarrassment around getting condoms. Yet only 17 participants (6%) said they typically get their condoms through online order or delivery (Figure 2). These factors could prevent the purchase of condoms, and the practice of safer sex (Moore et al., 2006). Data on condom price was collected as well, as this could be a deterrent from purchasing condoms for those with limited resources. The results from the above data show that 10% of cisgender participants ages 24 and younger cited the price of condoms being too high as a reason for not using condoms. This analysis is meant to better understand barriers faced when purchasing condoms.

Washoe County

Undergraduate students taking an HIV course at University of Nevada, Reno visited 36 grocery stores, convenience stores, pharmacies, mass merchandisers, and discount stores in the Reno-Sparks area of Washoe County in the summer of 2023. 29 stores (81%) sold condoms.

In the stores that sold condoms 10% of condoms were behind the counter and not visible, and 10% were behind the counter and visible. Seventeen percent of stores had condoms locked behind a physical barrier (Figure 18). The volunteers were asked whether there was a self-checkout option at the store, to understand whether there was opportunity to get condoms off an unlocked shelf without assistance, and then check condoms out without interacting with staff. Figure 19 shows the percentage of stores without a self-checkout option that had condoms behind a counter or locked on a shelf (78% of stores). In these stores, interacting with clerks would be necessary, which could present barriers, particularly among populations who are more uncomfortable or embarrassed purchasing condoms, or in areas with small populations where one might know the workers in the store. Data collectors were also asked whether they had difficulty locating condoms in stores or finding the price of condoms. This was the case in 19% of stores. At most stores, the smallest box of condoms was a 2-pack. The least expensive 2-pack was \$2.25 and the most expensive price was \$10.19. The most common price was \$6.49 for a pack of two condoms and the median price was \$5.94 (Table 12).

Clark County

Data collection volunteers recruited through the Southern Nevada HIV Prevention Planning Group were assigned zip codes where they would collect data from various retailers. In total, data collectors visited 66 stores in the Las Vegas metro area. Zip codes included the 14 zip codes in Clark County with the highest HIV incidence. The remainder of zip codes were chosen at random initially, however some zip codes were changed to be more convenient for data collectors. An analysis comparing barriers between high incident zip codes and other Clark County zip codes was conducted. The results were not significant, and potential barriers were nearly identical in both groups. The results are not presented.

Seventy-four percent of the stores visited sold condoms and 35% of those stores had condoms locked on a shelf. Ten percent of stores had condoms behind the counter and visible, 4% had them behind a counter where they were not visible (Figure 19). Eighty-six percent of stores required interaction with store personnel to purchase condoms, meaning a self-checkout option was unavailable, or condoms were locked on a shelf, or behind a counter (Figure 20). Additionally, condoms were difficult to locate, or the price was not clearly marked, in 8% of stores. At most stores, the smallest box of condoms was a 2-pack. They ranged in price from \$2.50 to \$8.39. The most common price was \$6.99 and the median price was \$6.49 (Table 13).

Conclusion

Nevadans who experience discomfort or embarrassment when getting condoms may face additional barriers when purchasing condoms. This further exemplifies the need for accessible free condoms, promotion of condom by mail programs, and increased condom normalization.

FIGURE 19. LOCATION OF CONDOMS IN STORES

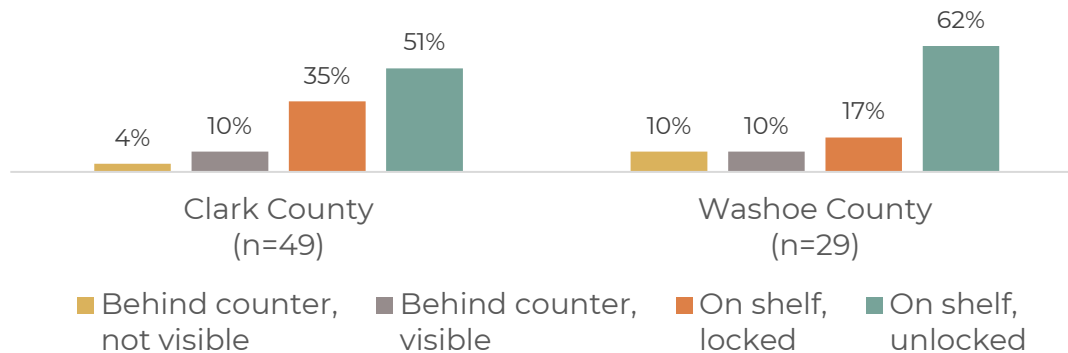


FIGURE 20. STORES WHERE INTERACTION WITH EMPLOYEES WAS REQUIRED

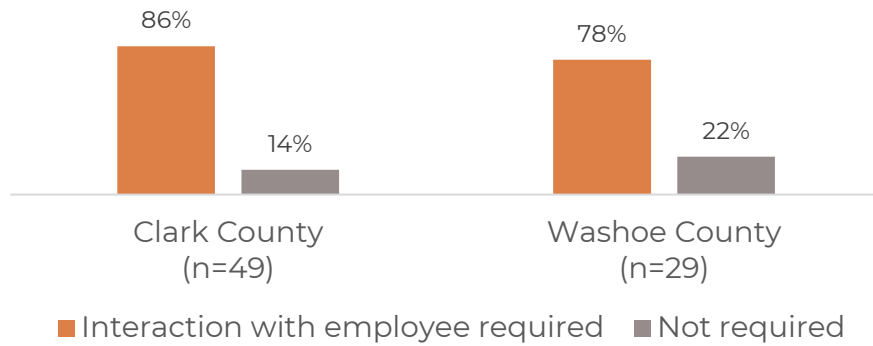


TABLE 13. PRICES FOR A PACKAGE OF 2 CONDOMS IN CLARK AND WASHOE COUNTIES

	Clark (n=37)	Washoe (n=20)
Least Expensive	\$2.50	\$2.25
Median Price	\$6.49	\$5.94
Most Common Price	\$6.99	\$6.49
Most Expensive	\$8.39	\$10.19

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Appendix A. Low Awareness Zip Codes

Figure A1. Zip codes in Clark County where 88 participants indicated they either did not know they could get free condoms or did not know where to get them, in order of proportion of participants in the zip code who responded this way (high to low)

89086	89129	89154	89123	89102*	89183	89074	89148	89002	89005	89012
89032	89052*	89084	89117	89120	89130	89141	89142	89145	89166	89115
89122*	89011	89103*	89147	89081	89113	89118	89139	89149	89178	89107*
89014	89015	89104*	89106*	89128	89030*	89119*	89135	89121*	89031*	89110

*High HIV incidence zip code

Figure A2. Zip codes in Washoe County where 27 participants indicated they either did not know they could get free condoms or did not know where to get them, in order of proportion of participants in the zip code who responded this way (high to low)

89501	89502	89523	89441	89521	89433	89436	89511	89512	89509	89431	89503	89506
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Figure A3. Zip codes in Carson City where 6 participants indicated they either did not know they could get free condoms or did not know where to get them

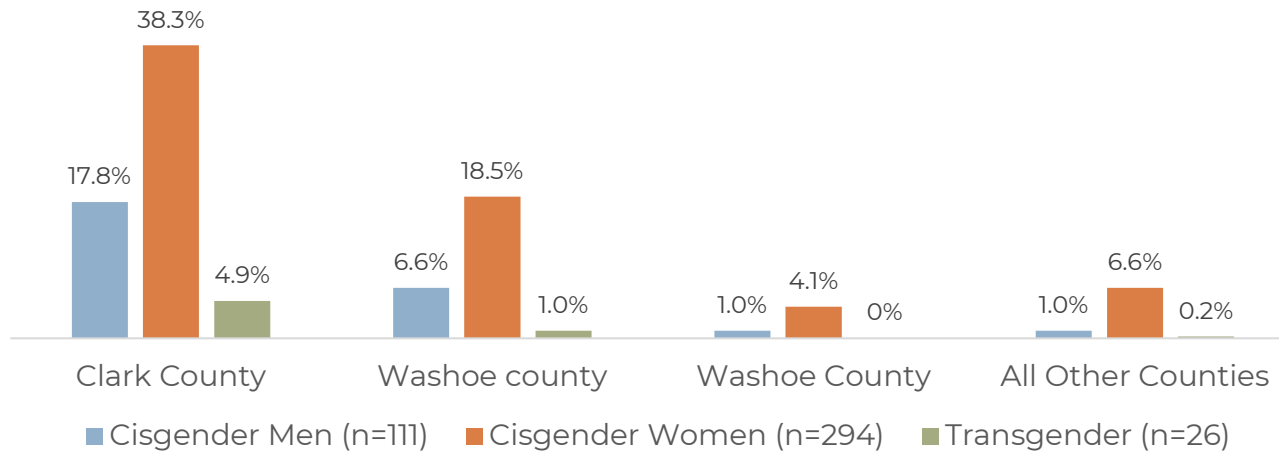
89706	89701
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Figure A4. Zip codes in all other counties where 6 participants indicated they either did not know they could get free condoms or did not know where to get them

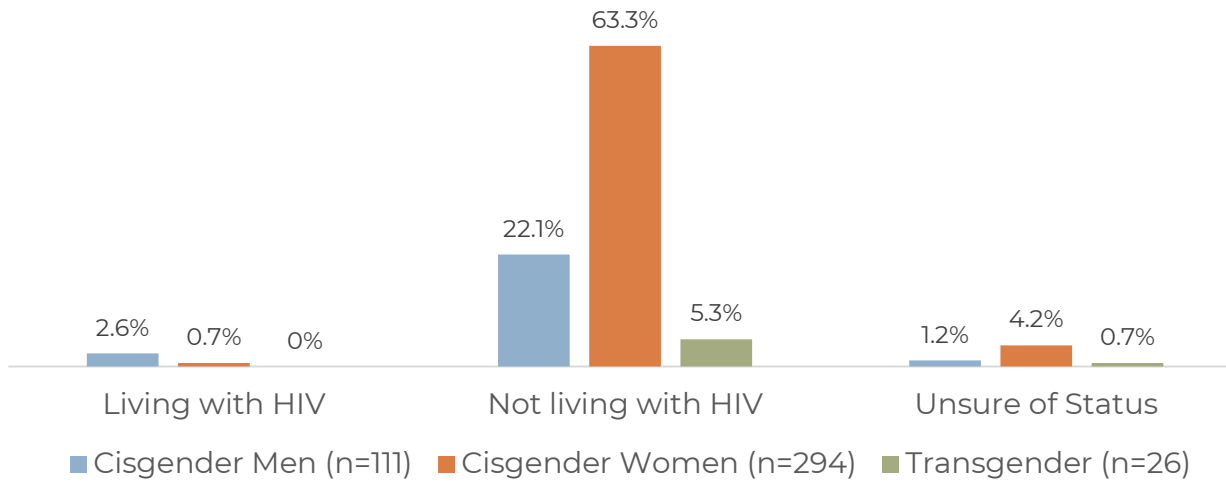
89403	89408
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Appendix B. Participant Demographics by Gender

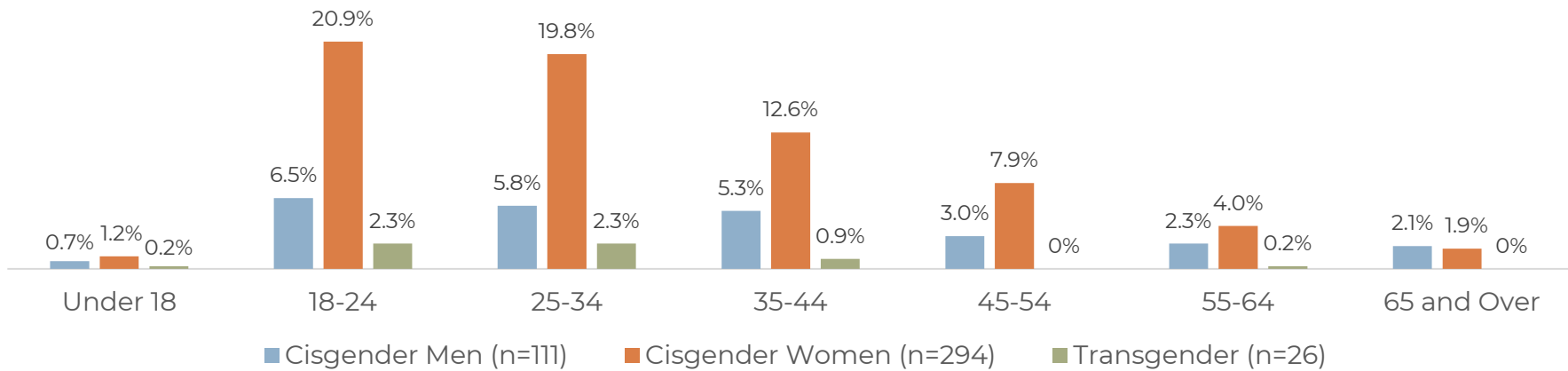
Participants by County and Gender



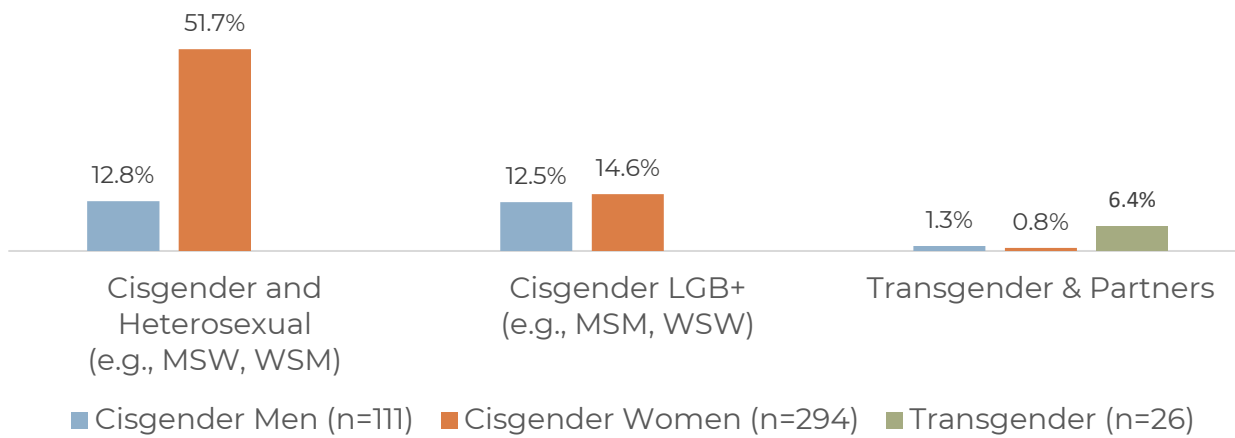
Participants by HIV Status and Gender



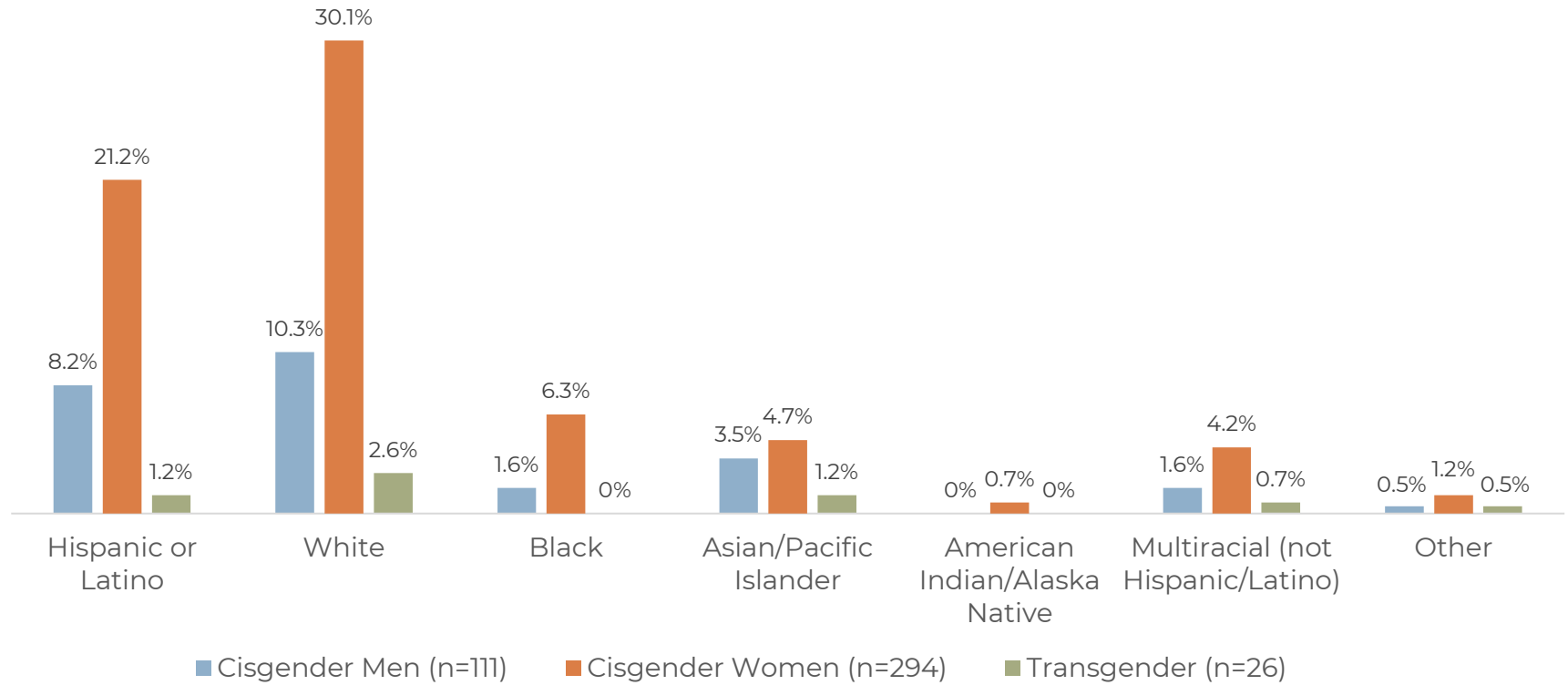
Participants by Age Group and Gender



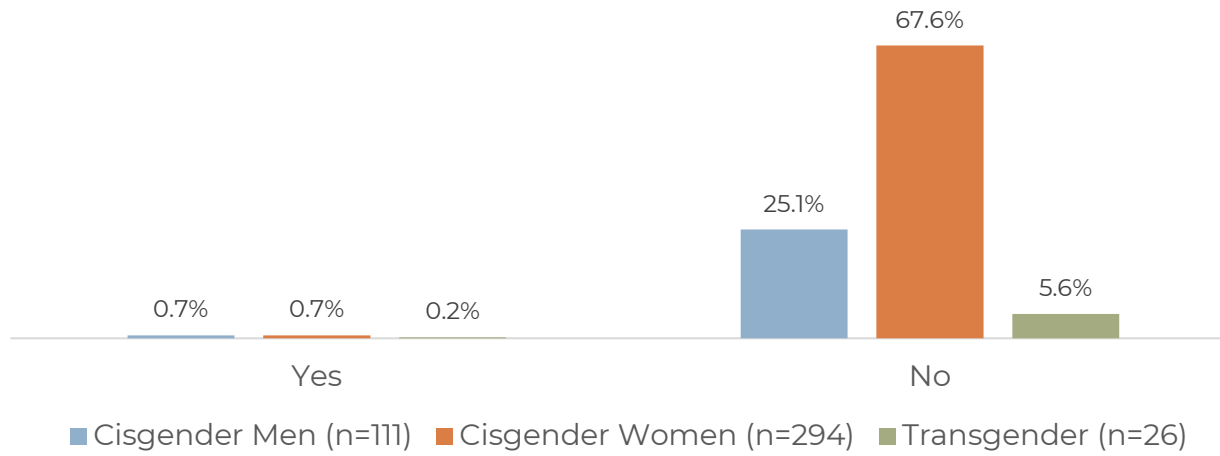
Participants by Gender and/or Sexual Orientation and Gender



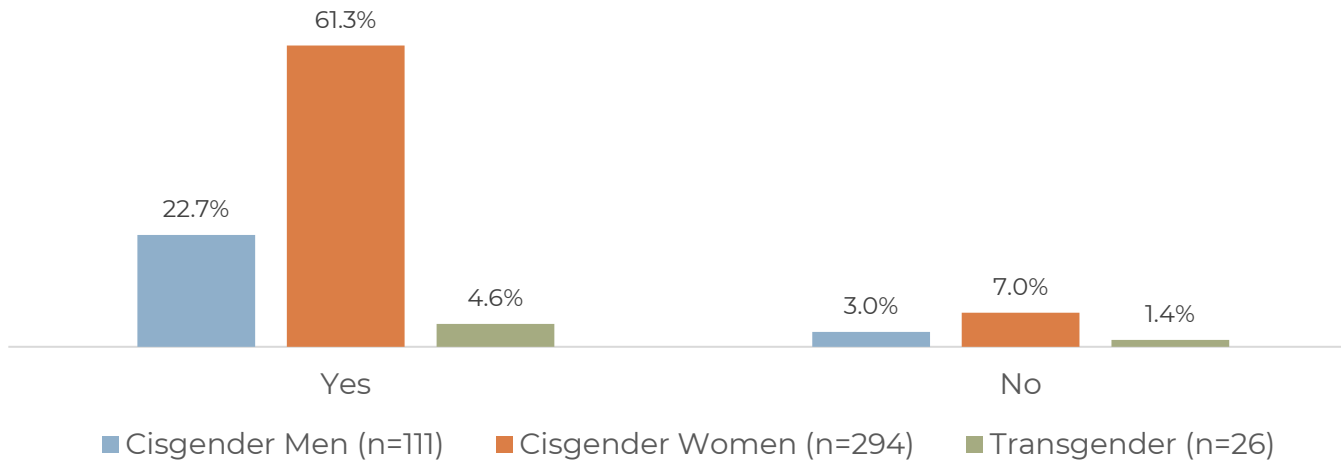
Participants by Race or Ethnicity and Gender



Participants by Use of Injection Drugs in past 12 months and Gender



Participants by Sexually Active Status and Gender



Appendix C. The survey

Condom Use Survey

This survey is part of Nevada's Statewide Condom Assessment. We are gathering information from our community to gain insight around behaviors related to condom use and sexual health. The information will be used to develop a Statewide Condom Distribution Plan. It takes about five minutes to complete. Please answer each question truthfully and to the best of your ability.

Participation in this survey is voluntary and will not impact your relationship with the DPBH Office of HIV nor UNR School of Public Health. You are free to stop taking the survey at any time. Your responses are anonymous and confidential and cannot be traced back to you.

What is your age?

- Under 18 (1)
- 18 - 24 (2)
- 25 - 34 (3)
- 35 - 44 (4)
- 45 - 54 (5)
- 55 - 64 (6)
- 65 or over (7)

What is your zip code?

What is your Race/Ethnicity? Select all that apply.

- American Indian or Alaskan Native (1)
- Asian (2)
- Black (3)
- Hawaiian or Pacific Islander (4)
- Hispanic (5)
- White (6)
- Other (7) _____

Which best describes your gender?

- Man (1)
- Woman (2)
- Trans Man (3)
- Trans Woman (4)
- Genderqueer, Gender-fluid, Non-binary, or Agender (5)
- Gender not listed (please describe) (6) _____

Which sex were you assigned at birth (e.g. on your original birth certificate)?

- Male (1)
- Female (2)
- Intersex (3)
- Prefer not to say (4)

Who do you have sex with? Select all that apply.

(Note: Cisgender means having a gender that aligns to the sex assigned at birth. Transgender means having a gender that is different from the sex assigned at birth.)

- Cisgender Men (1)
- Cisgender Women (2)
- Transgender Men (3)
- Transgender Women (4)
- Gender Non-Conforming (5)
- Other (6) _____
- Not Applicable (7)

What is your HIV status?

- Negative (1)
- Positive (2)
- Unsure (3)
- Prefer not to answer (4)

Display This Question:

If What is your HIV status? != Positive

Have you ever been tested for HIV?

- Yes (1)
- No (2)
- Unsure/Prefer not to answer (3)

Do you ever use needles to take drugs NOT prescribed by your doctor?

- Yes (1)
- No (2)
- Prefer not to answer (3)

In the past 12 months, how often did you use condoms during vaginal sex?

- Always (1)
- Most of the time (2)
- About half the time (3)
- Sometimes (4)
- Never (5)
- I did not have vaginal sex (6)

In the past 12 months, how often did you use condoms during anal sex?

- Always (1)
- Most of the time (2)
- About half the time (3)
- Sometimes (4)
- Never (5)
- I did not have anal sex (6)

Display This Question:

If In the past 12 months, how often did you use condoms during vaginal sex? != Always

And In the past 12 months, how often did you use condoms during anal sex? != Always

Or If

In the past 12 months, how often did you use condoms during vaginal sex? != Always

And In the past 12 months, how often did you use condoms during anal sex? != I did not have anal sex

And If

In the past 12 months, how often did you use condoms during vaginal sex? != I did not have vaginal sex

And In the past 12 months, how often did you use condoms during anal sex? != Always

If you didn't always use condoms, why? Select all that apply

- I use PrEP (1)
- I am in a monogamous relationship (3)
- I don't like using them (4)
- I don't know how to talk about condoms with my partner(5)
- My partner doesn't like using them (6)

- I only use condoms with my new partners (7)
- Getting condoms feels awkward or embarrassing (2)
- The price of condoms is too high (13)
- I don't have condoms when I need them (8)
- I use other methods of protection against pregnancy (9)
- I don't believe I'm at risk for HIV or other STIs (10)
- I don't know where to get condoms (12)
- I have an allergy or sensitivity (14)
- I don't always use condoms when drunk or high (15)
- Religion or faith-based reasons (16)
- Other (please specify) (17) _____

In the past 12 months, where did you typically get your condoms?

- Bars/clubs (1)
- Community-based organization or health department (2)
- Doctors office or health care clinic (3)
- Friends (4)
- Convenience store (5)
- Mass merchandiser (e.g. Walmart, Target) (6)
- Parents/guardians (7)
- Pharmacy (8)
- School (9)
- Online Order/Delivery (10)
- Partner (11)
- Other location (12) _____

What is your level of comfortability when getting condoms?

- Very comfortable (1)
- Comfortable (2)
- Neither comfortable nor uncomfortable (3)
- Uncomfortable (4)
- Very uncomfortable (5)

In the past 12 months, have you gotten free condoms?

- Yes (1)
- No (2)

Display This Question:

If In the past 12 months, have you gotten free condoms? = Yes

Where did you get free condoms?

Display This Question:

If In the past 12 months, have you gotten free condoms? = No

Why haven't you received free condoms? Select all that apply.

- I didn't know I could (1)
- I don't know where to get them (3)
- I purchase condoms (5)
- I don't use condoms (6)
- Another reason (please describe) (4) _____

Display This Question:

If In the past 12 months, have you gotten free condoms? != Yes

If you had free condoms, would you be more likely to use condoms during sex?

- Yes (1)
- No (2)
- Unsure (3)

Lube What kind of lube do you use? Select all that apply.

- Water-based (1)
- Oil-based (2)
- Silicone-based (3)
- Glycerin-based (4)
- I don't use lube (5)
- Other (6) _____

What is your preferred type of condom?

- Latex (1)
- Non-latex (2)
- Unsure/No preference (3)

What is your favorite style of condom?

- Lubricated (1)
- Non-lubricated (2)
- Unsure/No preference (3)

What is your preferred style of condom? Select all that apply.

- Extra thin (1)
- Snug-fit/slim-fit (2)
- Internal (e.g. female condom) (3)
- Flavored (4)
- Assorted colors (5)
- Lambskin or natural skin (6)
- Textured (e.g. ribbed, studded) (7)
- Sensitive (8)
- Larger (e.g. Large, XL, XXL) (9)
- Other (10) _____

Have you ever been asked about your sexual history during a doctor's visit?

- Yes (1)
- No (2)
- Unsure (3)

Display This Question:

If What is your HIV status? != Positive

Which, if any, of these HIV prevention methods have you and your medical provider discussed? Select all that apply.

- Condoms/barriers (1)
- Post-exposure Prophylaxis (PEP) (2)
- Pre-exposure Prophylaxis (PrEP) (3)
- Not discussed (4)

Have you ever received condoms at a pharmacy using Medicaid or private insurance?

- Yes (1)
- No (2)

Display This Question:

If Have you ever received condoms at a pharmacy using Medicaid or private insurance? = No

Why haven't you received condoms at a pharmacy using medicaid or private insurance? Select all that apply.

- I do not have medicaid/private insurance (1)
- I didn't know I could (2)
- I purchase condoms (4)
- I get free condoms (5)
- I don't use condoms (6)
- Some other reason (please describe) (3) _____