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REASONS WHY CLIENTS DO NOT WISH TO USE A CONDOM

*Conducted*

~~(A Qualitative Research Carried Out with Female Sex Workers~~  
*in* ~~of Santo Domingo, Dominican Republic)~~

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Ella: Claro lindura, pero primero pongámosle este gorrito a tu bimbolo.

El : Cómo de qué gorrito estas tú hablando?

Ella: Este condoncito no más.

El : Ahh noo, conmigo no va eso. Que tu quieres, embotar mi gallo pa que no sienta naa? Noo, noooo, noo

Ella: No amorcito, es para que nos protejamos

El : Y es que me estás viendo cara de enfermo o que, .... o es que tú estás enferma y no me quieres decir la verdad?

Ella: No tesoro, ninguna de las dos. Es solo para protegernos.

El : Si es asi no, yo no quiero ver nada contigo. Devuelveme mis cuartos que yo me voy..

**GOLPK MUSICAL**

## I. BACKGROUND

The AIDS epidemic has helped to uncover many attitudes and sexual behaviors that were probably known by most people in the sex trade, but which had gotten little or no public recognition. One of the most common of these behaviors is the client's refusal to use a condom when he is about to engage in paid sex. It has been reported in the Philippines, in Mexico, in Chile, in Paraguay, in Trinidad and Tobago, and in the U.S. The Dominican Republic has not escaped this phenomenon either.

Made aware of its existence by anecdotal evidence (reported by the National AIDS Program Health Educators) and the sex workers peer educators), it was decided that a closer look should be taken of this important behavior. If any successful work is to be done with the female sex workers in so far as stimulating their use of the condom to protect themselves against the AIDS virus and to help stop its spread, it is essential that we know why clients refuse to use the condoms. Understanding those reasons will enable any AIDS program to help design efficient educational interventions that will in fact, enhance the negotiating power of these women with their clients.

## II. METHODOLOGY

### 1. Exploratory Focus Group Sessions

In order to obtain a feel for what type of structured approach should be taken in the focus group sessions, two preliminary focus group sessions were held with working women in a brothel to which the Program had access. In this session, the team was able to identify the principal reasons for client condom refusal.

Two important lessons were learned: how to structure the process of the Focus Group Sessions, and the fact that the majority of the women participating had a vague way of expressing the different arguments posed by the clients to refuse the use of the condom. Even though an extensive list of 12 reasons was obtained from these two sessions, the exploratory effort took up all the time in the sessions, and left very little time to explore in any depth the origin of these reasons, nor the possible answers a sex worker could give to convince a client to use the condom.

Thus, to be able to speed up the process of identification of the reasons of refusal, the Focus Group Guide was designed in such a way that this list was used shortening the time and effort required to identify the reasons. To that list several hypothetical reasons, although improbable, were added. The list can be found in Appendix A.

### 2. The Focus Group Session Structure

#### 2.1 The Guide

The first Focus Group Session Guide was designed to create the normal climate of easiness and no-tension necessary for them to express freely and without apprehension. A couple of group dynamic techniques were included to break up the normal initial tension.

These dynamics were followed by a phase of open questions regarding the use of the condom in their work, and if they had encountered clients that refused to use condoms. As soon as this recognition was made, the list of the identified reasons found during the exploratory groups was handed out, and the participants were asked to select those reasons they had personally heard their clients saying, and they were also invited to include any other reason they had heard that was not listed. Once this was done, the facilitator asked the group to help organize those selected reasons from the most frequently heard arguments to the least frequently heard.

A series of exploratory questions tried to bring out the participants' insights as to the origin of each of the reasons. The third and fourth parts of the session explored successful arguments each one had used to convince a client to use the condom, as well as the actions they had made to put it on, regardless of his refusal to use it.

By the second focus group it was evident that the dynamics of the sessions were not quite what was needed to obtain the information in depth. The women were still tense, many of them showed clear signs of intimidation, mistrust, and uneasiness with the whole situation.

A radical revision was made of the guide. It was decided that in order to break up the tension it was necessary to generate a more powerful "de-sensitizing" process which would reduce the discomfort enough for the participants to share their intimate secrets with relative strangers.

The following sequence of exercises were devised to accomplish this goal. First, a presentation exercise, clearly related to sexual overtones was done at the beginning. Each woman had to

say the same phrase, "When I get up in the morning I wash my.....", but everyone would add to it the name of a fruit which obviously was referring to their sexual parts. For example, "When I get up in the morning, I wash my.... peach". This soon created a climate of hilarity among them as each one got more bold in the fruit selected and the way of expressing herself.

The second exercise was designed to introduce the theme of the condom in a very festive way. Blindfolds were given to each of the participants and they were asked to put them on their eyes and at a given signal they were to reach and touch the package that had been placed in front of her. They were allowed to touch it, unfold it, smell it, tear it, or whatever each one thought was necessary to do to identify it. Each one had in fact, received a different kind of condom. Once the first one yelled "a condom" all of them were instructed to remove their blindfold. Immediately they were asked if any one of them had ever used that kind of condom before. Since the majority of the condoms were not from the program, it made quite an impact on them to see such a variety. The condoms were picked up at each exercise to be able to use them with the next group.

The third exercise again used the blindfold, only one volunteer was requested. When she was blindfolded a rubber lifelike penis in a cloth bag was placed in front of her and she was given a condom. She had to identify the condom, and as soon as she had it out of the package, she was asked to put it on the object in front of her. As soon as she took the rubber penis out of the bag there was a clear uproar from the others and usually a surprise yell when she felt the texture of the penis. But most of them had very little trouble in putting the condom on. This ability was rescued later when they were asked to describe the types of actions they had used successfully to put the condom on the client.

The fourth exercise also used the blindfold. As soon as each had one on, a cassette tape was played. On it was the recording of a probable scene they had encountered with a client. He is quite excited about the whole situation and is demanding to penetrate her. She, in turn, kisses him, talks back sweetly, but the instant he wants to go in, she asks him to put on the condom. He reacts violently to the proposal, and the enchantment of the situation is abruptly broken up.

By the end of these four exercises, the participants were fully at ease. They had joked at what they had done, they had made many remarks with double meanings; they had identified themselves with their work and with real life situations; they had touched and confessed to having used the condom, and they had felt that the group dynamics exercises portrayed well the struggle they have with their clients. This is very well reflected by the fact that when they were asked whether anyone had encountered a similar situation most of them told of an experience with luxury of details.

## 2.2 Identification of the Most Common Reasons

In order to speed up the solicitation of the reasons why the client does not wish to use the condom, two lists were made, and the participants were split up into two groups. Each one had to review the whole list and select the ones she had heard from a client. When this was finished, the facilitator then re-read all of the selected reasons, and the women in turn, organized them from the most frequently heard reason to the least frequently heard reason. The two sub-group list was then merged into one. There was common agreement as to the most frequently heard arguments.

Once the list was finished, they were asked once more if there was any other argument they had heard but was not on the list. If any appeared, it was placed in the processed list.

### 2.3 Origin of these Reasons

Each one of the reasons selected by them was re-read and then they were asked about the origin, or the explanation for that reason to exist. They explained, as best as they could, what they thought the reason could be. Sometimes it was difficult for them to be precise. They tended to repeat the same reason with different words.

### 2.4 Convincing Arguments and Actions

The last part of the Group Session focussed on the successful arguments and/or actions they had used to convince their clients to put on the condom. The sequence of the whole focus group process is in the Guide Sample in Appendix B.

## 3. Characteristics of the Focus Groups

A total of eight focus group sessions were held, totalling 65 female sex workers distributed in the following way:

Exploratory	F.G. ;	F.G.	F.G. ;	F.G.	F.G. ;	F.G.	
Focus Groups	1	2	3	4	5	6	Total
2							
Partic. 15	9	8	9	7	6	11	65

The participants were recruited by the Program Health Messengers (peer educators selected among them and trained in AIDS information and the dissemination of it to their peers), who went to the workplaces of these women and brought them to the site where the sessions were held. This was a comfortable, well ventilated, and quiet room of a Health Center training unit. This proved to be important to create the right atmosphere.

The participants were working either in bars, brothels or the street. In one group session, the mixture of the street and brothel women turned out to be a social class conflict. The street walkers were looked down by the others, making the session a bit tense and difficult to obtain the information.

In one group, one of the participants alledged to not working and never had used the condoms. This person created a tense atmosphere for the others, who immediately did not want to appear as "experts". In a similar way, in another group, two women who had just entered the sex trade a month before, made the others falter, but the incident was soon smoothed over by the exercises.

### III. ANALYSIS AND RESULTS

#### Reasons Why Clients Do Not Use Condoms

As the focus groups progressed, the reasons why clients do not want to use the condom began to be repeated, and it soon became evident that there were several categories into which they naturally fell. The first two that best classified the information were those reasons that refer to physical aspects, either of the condom itself, or closely related to its physical properties. The second broad category included those reasons most related to psychological aspects which included sensation, trust, self-image, relationship to their steady partners, and finally, the economical aspects.

#### 1. Arguments Based on Physical Reasons

##### 1.1 Reasons Related to the Condom Itself

There were many diverse opinions regarding the condom itself, but they can be organized around several sub-categories: the materials of the condom itself, the effect it has on the feeling of the penis and its erection; the texture and strength of the condom.

##### 1.2 The Qualities of the Condoms

The comments of the female sex workers regarding qualities of the condom itself focused on the texture of the latex and the lubricant. The complaint most frequently repeated was in reference to the lubricant. It seems that clients argue that the lubricant is capable of producing itching and irritation (mentioned in one group), and there was a similar complaint made by one sex worker that the lubricant (the "grease" as they call it) stays inside of them, and "goes to the kidneys producing infection."

This is how they expressed themselves regarding the lubricant and its effects:

- "Que el plastico irrita por esa sustancia que tiene" (The plastic irritates because of that substance it has).
- "Que la grasa del condón molesta, quema e irrita" (The condom grease bothers, burns and irritates).
- "Se siente como se pega el plastico" (One feels how the plastic sticks on).
- "Se siente la goma del condón cuando está dentro" (The glue of the condom is felt when it is inside).
- "Hay muchos que la grasa les hace daño" (The grease is bad for many).
- "La grasa les da ese salpullido" (The grease gives them a rash).
- "Y dizque la grasa se vá pa'dentro de una y da infección en los riñones" (It is said that the grease goes inside of us and infects our kidneys).
- "La grasa nos viene quedando dentro a nosotras" (The grease stays inside of us).
- "Hay muchos hombres que el caliente del plastico les da hinchazón; que les dá alergia, les dá roncha" (There are many men that that the heat of the plastic gives them swelling, allergy, bruised-itch).

### 1.3 Effect of the Condom on the Physical Feeling of the Penis

According to the female sex workers' impressions, the condom itself is capable of modifying feeling in the penis. In general, they say that the feeling is highly diminished when the condom is used.

One of them explained the phenomenon saying that "El condón parece como si se le pegara al pene" (the condom seems to stick too much to the penis). In a focus group, a participant expressed "Cuando la mujer se viene, tambien se le pega el condón" (the condom also sticks to the woman when she has an orgasm).

The diminished feeling is due to the capacity of the latex to block the sensation the man feels with his penis uncovered. In their words, "no se siente el mismo calientico del natural" (It does not allow him to feel "the warmth of the woman"). One of the participants added to this argument that this happens because the penis is not rubbing the same natural way when the condom is on, "No está rozando al natural". One even explained that the condom gets tangled in the pubic hair and pulls it (Se enredan a veces los vellos de la entrada y halan). By far the argument most frequently mentioned in four groups by the majority is that clients say that using a condom is like "ponerse una funda de plastico" (putting on a plastic bag).

#### 4 Texture and Strength of the Condom

As expressed by these female sex workers, clients seem to complain constantly about condom weakness causing them to break very easily; the other most common complaint is that condoms are too tight.

Being too weak and easily breaking is mostly attributed to quality of the "national condoms" (those distributed by the program) "Los condones nacionales se rompen más fácilmente". One of the women had experienced that the tip of the condom had broken off and stayed inside of her. Others in the focus group said that clients used condom breakage as an argument to try to get away from putting it on. They reinforce this by saying that since they break, there is no sense in putting it on.

The opposite argument is also used. That is, that condoms are too tight (expressed by the majority of four groups), and its effect is delaying ejaculation for too long. Another negative effect of the tightness is reducing the erection, "Aprieta tanto

el condón que se le cae, no se le para". In one focus group a woman also argued that sometimes condoms slip off and stay inside the woman.

In conclusion, what seems to be the prevailing argument is that condoms are definitely bothersome, uncomfortable and diminish feeling. As one woman very clearly put it, "Yo diría que si se sienten incómodos y que no son imaginaciones de ellos, que en verdad se sienten incómodos (I would say that they-the clients-feel uncomfortable, and it is not their imagination, they do feel uncomfortable).

## 2. Arguments Based on Psychological Reasons

### 2.1 Loss of Feeling

The main psychological reason why clients seem to refuse the use of condoms revolves mainly around the issue of feeling. Although it is highly physically based, many of the nuances expressed by the female sex workers are closely linked to psychological interpretations.

There was a general concensus which simply stated that they "just don't feel right" (simplemente no se sienten bien) being the contrary the other side of the same argument; "Se sienten mejor sin el condón" (They feel better without the condom).

In a closely related fashion, a number of expressions with different overtones were said in two focus groups: "No se siente el calor de la mujer" or "No se siente el mismo calor" (the condom impeded the man to feel the warmth inside the woman), With a very graphic gesture, one woman described the situation as "No tienen la sensación de quedar "libres", flotando" (The men are not able to feel the sensation of being free,

floating); which was qualified by another woman in another group as "no tienen la sensación de estar al vivo" (not been able to be in a live throbbing contact).

Again, the sensation is diminished by lack of natural friction of "skin to skin" (no hay roce de piel con piel). The impact of not been able to feel the natural warmth inside the woman, "les gusta meterlo en carne viva y con el condón no sienten así" (not been able to feel the sensation of the contact of skin to skin, they like to feel the live flesh), and not been able to feel the sensation of floating freely inside (that is, not been able to physically feel the vaginal lubrication) has one definite impact: it will promote the downfall of the erection (not been able to feel the warmth will make the erection to come down), "el no sentir el calientico hace que se les baje". The contrary was also affirmed; that is, "with the condom I can not get a hard on" (con el condón no se me para) as one sex worker expressed the customer's argument. Another, in a more dramatic way, quoted a client as having said "Si manita, tu me gustas, pero con el condón no se me para" (Yes sugar plum, I like you, but with the condom I don't get a hard-on).

In the focus group with the highest expertise they added still more precision to this reduction of feeling that was closely linked to the culmination of the sexual expression: the ejaculation. They explained that for men, the very feeling of ejaculating inside and being able to be conscious of its power, of its potential, and its reality, was very important for them. Ejaculating with a condom on impeded this self-consciousness of "their semen shooting off inside of the woman" (no sienten cuando cae el semen de ellos en la vagina).

Complementary to this reasoning was the argument of retarded ejaculation due to the condom. According to many of the participants of all groups, men complained that the condom slowed them in their ejaculation. As one of them very graphically stated it, "El condón hace que ellos esten ahí, dále que dále, y no se vienen" (The condom makes them be there, doing it and doing it and they won't come).

If the sensation, from the point of view of the men, is very important and stands as one of the key arguments for not wanting to use a condom, for the female sex workers, the condom did not present much of a problem. In two groups, the explanation was highly detailed, but it can be summarized in two main ideas: that they feel the same with or without the condom (Es lo mismo con el condón que sin él), and that the use of the condom is even more comfortable from the point of view of hygiene. When the client uses it, she does not have to labor with "vaginal wash up, thus is more comfortable" (Con el condón es más cómodo para la limpieza).

In two groups, the expression was coincidental in linking the refusal of men to use the condom as being "a psychosis, an invention of the men so that they don't have to use it" (Es sicosis, es cuestión de los hombres para no usarlo).

## 2.2 Trust-Mistrust

The trust-mistrust symbol that the condom represents was perhaps the most mentioned argument in all the focus groups. Like some of the above mentioned, this is a two faced reasoning. On the one hand, the female sex workers say that when they propose the use of the condom the client interprets this as a sign of mistrust of her towards him. It is equivalent to a suspicion from her part that he is sick and the fact that she is asking him to wear the condom is because she fears he may

infect her. This suspicion hurts the client's feelings when he interprets it this way and considers it as a personal offense; a frequent response is the refusal to have sex with her.

On the other hand, the request is also interpreted as a sign of mistrust of the client towards the sex worker. He concludes that she is the one that is sick, and therefore, asks him to wear a condom so that she will not infect him. In their own words:

- "Ellos creen que cuando una les pide que se pongan el condón es porque uno piensa que ellos estan enfermos, y no es verdad. Es solo la forma como ellos piensan." (They think that when I ask him to put the condom on it is because I do not trust him, because I think he is sick. And that is not true, it's just the way they think).
- "Pero a veces ellos piensan tambien lo contrario. Dicen que si es que uno es la que está enferma, que si es por eso que le piden que usen el condón". (But sometimes they think the other way around. They ask if one is sick and if that is the reason why she asks him to wear the condom).

Another type of answer appeared in two groups, about the client that tries to project trust by affirming that he is a married man. This status confers some aura by which the female sex worker does not have to fear that he may be sick because he is supposedly having sexual relations "only" with his wife; and his wife is "automaticallv" healthy. "Dicen ellos que están casados, que están con su mujer, y que, por lo tanto, ellos no estan enfermos". (They say they are married, that they live with their wife, and therefore, they are not sick).

This counter-argument does not include, obviously, the other probable casual contacts that he may have had aside from the present female sex worker, nor do they seem to matter at the moment he makes his case.

There were spontaneous reactions of the participants to these opinions. In two focus groups there were comments against the mistrust of clients. In one, an opinion stated that some of these clients behave with dishonest intentions, and even though they know they are sick, they say nothing and do not use a condom,

"Algunos son de mala fé, que aunque están enfermos no lo usan". (Some are not honest, even though they are sick, they still will not use it).

The opinion of the female sex workers of one focus group that showed the greatest expertise was even more drastic; they claimed that some of those wives seldom go to regular medical check ups, like the sex workers do, and sometimes they have more diseases than they do.

"Las mujeres de la casa a veces tienen más enfermedades que las del negocio, porque no se hacen el chequeo tanto como ellas". (The housewives sometimes have more STDs than those in business, because they do not have as many medical check ups as they do).

This opinion was backed up by still a harsher judgement made by another woman of a different focus group. She outwardly stated that "all men are equal, they are all unfaithful, that is why you can not trust them". In her own words, "Todos los hombres son iguales, son infieles, no se puede confiar en ellos". This assertion initiated a heated debate of those in favor of it and those that said that not all were alike, that you could, in

fact, find some that were faithful. In the other groups the opinion, when it arose, had equal numbers against it and for it.

### 2.3 Self-Image

There is another set of arguments around the self-image that the use of the condom provokes. The main one was very well described in the "expert" focus group mentioned above as being an assault to the macho self-image of the clients. This is based on the fact that a man is more of a man in relation to the number of sex performances he may boast about. A man that has to wear a condom to have a sexual relation is diminishing his male performance in so far as he is complying to perform under "artificial conditions". The "pure male" has no restrictions in his sexual performance. The use of the condom, since it is an artificially imposed situation, diminishes his macho image additionally because he is not in control, he is not setting the rules of dominance, he is complying.

One of them made a wonderful summary of this complex explanation when she concluded, "No se ponen el condón porque el no ponerse es muestra de que son muy machos". (They do not put on the condom because it is a sign that they are "very machos").

### 2.4 Reasons for not Using it With Their "Husbands"

This key behavior was clearly stated in group and reinforced in most of the others. The use of the condom, a sign of mistrust, can and should not be imposed on the relationship with their steady partners (frequently referred to as "husbands"). When affection and love for the partner arises, an "automatic" value judgement operates in favor of him, regardless of the level of consciousness that she may have of his other multiple sex partners. The solidity of the relationship has a component of

trust, and this is expressed by not asking him to put on the condom. She assumes, even at the risk of self deceipt, that he is now her steady partner and that he "becomes faithful" to her, thus the condom, even as a means of precaution for STD's is set aside. In their own words:

- "Yo confio en mi marido, por eso no le pido que use el condón". (I trust my husband, so I don't ask him to use a condom with me).
- "No, no me atrevo a pedirle a mi esposo que se ponga el condón, porque vá a creer que no confio en el". (No, I don't ask my husband to wear a condom, because he is going to think that I don't trust him).
- "Al esposo no se le puede pedir que se ponga el condón porque vá a desconfiar de uno". (One can not ask one's husband to wear a condom because he is going to mistrust me).
- "Aunque me pegue una enfermedad de la calle, yo no puedo decirle a mi esposo que se ponga el condón. Despues me hago curar esa enfermedad". (Even if he infects me with an STD, I can not ask my husband to wear a condom. Afterwards, I have the disease cured).

One of the participants in another group was not quite that submissive. She outwardly stated that she would oblige him to use a condom if she even suspected that he was having an affair with another woman, as a matter of punishment she would enforce its use. "Cuando sé, o creo que está con otra, le hago usar el condón de pique". (When I know or I suspect that he has been with another woman I make him use the condom, just to make him feel bad).

The overall opinion, though, was that it was very difficult for them to suggest, enforce or attempt to have their steady partners use the condom without risking a break in the relationship. The only valid excuse for its suggestion to the partner would be for contraceptive purposes. Most of them agreed they had a slim chance of convincing their partners to use them with this argument, but the majority felt it was a very slim chance.

One focus group participant gave a historical perspective of the use of the condom: before AIDS, the condom was basically a contraceptive instrument and nothing else, not even as a means of protection against STD's because these were basically treatable and curable.

"Antes no existía el SIDA y ni siquiera se usaba eso (el condón) para la gonorrea porque tenía cura. Eso (el condón) no má'lo usaban las mujeres que no querían tener hijos, ni querían tomar pastillas ni la espuma". (Before there was no AIDS, and that (the condom) was not even used against gonorrhoea because it had a cure. That (the condom) was only used by those women who did not want to have children and did not want to take the pill or use foam).

### 3. The Economic Reason

There were two alleged economic arguments used by the clients to avoid using the condom. One was a justification of his investment and this was very well expressed with the local flavor of the Dominican spanish. "Usar el condón es estar botando tus cuartos en nada". (Using a condom is throwing away your bucks and getting nothing in return).

In most of the groups the women described a similar scene. They go into a room, ask the client to put on the condom, they refuse, she tries to convince him to use it, he still refuses and she gives him an ultimatum: either you put it on or there is no deal. He still refuses, gets slightly mad and demands she give him back the money he has already spent in paying for permission to leave the bar, or the cover charge to be with her. It is then up to her negotiating abilities to avoid returning any or all the money. The bottom line is the economic investment that the client has already made, jeopardized by the use of the condom.

Many of them expressed mixed feelings as to how to respond, yet a few of the best answers revolved around her time-expense-cost. A typical answer is, "Do you think that the time I have already spent with you is not worth anything?" (Crees que el tiempo que he gastado contigo no vale nada?).

Equally mixed feelings were expressed in a couple of the focus groups when the client used the strategy of doubling the fee if he could have sex without a condom. The reactions went anywhere from those that said that a client of that caliber could not be let go (un cliente de esa clase no se deja ir), to those that were fully convinced that there was no sum of money worth the risk of catching the AIDS virus. Several of them expressed themselves in a similar way in these two expressions:

"Mi vida no vale todos los cuartos que me ofrezcan". (My life is not worth all the bucks they offer).

- "Aunque me des el doble, si no te pones el condón, no hay movida". (Even if you double the amount, if you don't put on the condom there is no action).

#### 4. Cultural and Irrational Reasons

##### 4.1 The "Fighting Cock"

Cultural and somewhat irrational reasons (linked or not to cultural aspects) also appeared in the focus group sessions. We have already mentioned in the self-image category a very closely related cultural reason and that is "the macho image". There is no need to repeat it here, only to mention its cultural roots as part of the explanation of why the use of the condom will affect the culturally perceived role of the conquering, all powerful, sex performer the man should be, especially in a context of paid sex where he feels he has all the male privileges of his species.

A very Dominican cultural imagery is also used by the clients to express their dislike for condoms. The expression used is "que no son gallos para tener su pene enfundado (they are not fighting cocks to have their penis hooded). Unfamiliar with this reference, we asked them to explain its meaning. Cock fighting is a very popular entertainment in the Dominican Republic with a long history of development. It seems that when cocks are being trained and are not in real battle, their spurs are protected by covering them with a cloth (or similar) material that resembles a hood or shaft that prevents the cocks from hurting each other when they are in training.

The reference to the sexual relationship is clearer now. Sex, to a certain extent, is a relationship which involves a lot of physical effort. Symbolically, men see it as a "battle" in which the two sexes enter into struggle. In their real life situation the sexual relationship appears to them a "battle" in which they do not wish to present themselves "hooded", with a condom because it reduces the feeling, as well as it strips him of the imagery of the bold fighter ready for an open barehanded battle. This underlying imagery is strongly related to the

cultural "macho myth" mentioned above in which the real brave, authentic macho confronts the "prey" (woman) with all his natural endowment "the naked penis" in order to conquer her sexually. It can not be fully accomplished if he is "unfairly", or "indignantly hooded" for the occasion.

This statement was well expressed by one of the women when she quoted one of her clients as saying, "Yo nunca he ido a la gallera para ir a la pelea embotado. Yo no dejo mis guevos ahí embotados..." (I have never been to a cock fighting ring to be at the fight hooded. I do not leave my cock hooded...). Another narrated like this: "Sali con uno, le hablé en el negocio del condón, pero al llegar al cuarto del hotel me dijo, "Yo no tengo que embotarme como un gallo" (I went out with a client, I spoke to him about the condom in the bar, but when we got to the hotel he told me, I am not going to hood myself like a cock). Similar phrases were heard in four of the six focus groups.

#### 4.2 Unrelated Irrational Reasons

There are other irrational reasons that appeared in the sessions that are not clearly connected to anything cultural, like for example, the fact that they could perceive themselves at danger of catching a disease, yet there are clients who do not seem to care about anything, "Aunque pueden estar en peligro, ellos dicen que no les importa nada". (Even if they are in danger, there are clients which say they don't care about anything). Simple irrational boldness could be the category.

Another type of client seeks out the "healthiness" of a pregnant woman (the life carrier) the "natural barrier" against any disease. In the words of one of the women, the client told her

when she asked him to put on a condom because she did not want to get pregnant that "A la mujer preñada no se le pega nada" (The pregnant woman does not catch anything).

The health argument was pointed out by another remark that equated the healthy-looking external aspect of a plump sex worker as being equal to being healthy and thus not needing to use the condom to protect themselves because the woman was just plain healthy, "si la ven a una gordita piensan que tiene que estar sana y que por eso no tienen por qué ponerse condón" (If they see you plump, they think that you are healthy and thus they don't have to put on a condom).

There was also an irrational argument made by one of the women which dealt with the effect that the condom could eventually have on her womb, and this was that the condom could bruise it making a callous on it. "El condón le dá callos a la mujer porque le quema la matriz" (The condom makes a callous to the woman because it burns her womb). This explanation was not shared by the others in the same group.

Another client had an apparently logical fast response when asked to use the condom; that was, if she was willing to have oral sex with him without a condom, how come he had to use it to go in? "Si cojes el bimbolo con la boca y sin condón, por qué el condón para entrar? (If you suck me without a condom how come I have to wear it to go in?). He obviously was not aware of the differences in the means of AIDS transmission; neither was she.

*delete  
references  
to  
comments  
made  
by only  
1 of 2  
men, deal;*

*all these quotes are not needed when the info is contained in the narrative*

#### IV. WHERE DO CLIENTS GET THESE IDEAS?

We wanted to find out the perceived origins of these ideas by the female sex workers. Thus, the question was posed directly, "Where do you think men get these ideas?" (The reasons were read again). The answers obtained suggest themselves into three categories: the cultural origins, the influence of others, and the real physical discomforts.

##### Cultural Origins

Once more, the machismo culture was blamed as being one of the most important origins of these beliefs and arguments of the clients. They refer basically to the macho archetype which they must fulfil in order to feel they are strong males. It was well expressed in two groups with different phrases:

- "Por ser machistas, así tienen que hacerlo los hombres".  
(Because they are machistas, that is why men have to do it that way).
- "Porque son hombres, por eso tienen que hacerlo al natural".  
(Since they are men, they have to do it the natural way).
- "Porque así lo dice el hombre, por eso tiene que hacerse así".  
(Because the man says so, it has to be done that way).

In two focus groups, the cultural difference was made relevant by comparing Dominican men to the foreign tourists. They are the ones that demand the condom. It's the Dominican client who refuses to use the condom. The foreigner not only asks for the condom, many times he brings along his own brand, and many simply refuse to have sex without a condom. What is important is the cultural difference, as expressed by one of them, the foreign tourist does not feel ashamed or bad in asking for the condom, "El extranjero lo pide, no se siente mal en pedirlo" (The foreigner asks for the condom and

does not feel bad asking for it). The difference is cultural. A Dominican man systematically refuses to use the condom and will do his best to try and persuade her to have sex without the condom,

- "Es el hombre dominicano el que pone problemas para usarlo, el extranjero no". (It is the Dominican man who poses the problem in using it, not the foreigner).

"Casi siempre el extranjero es quien pide el condón, ellos no ponen resistencia para usarlo". (Almost always it is the foreigner that asks for the condom; they do not offer resistance).

If the machismo was an absolute male structure, this behavior pattern should not be so radically different and perceived as such by these women who are not graduated anthropologists. The difference is thus mostly cultural.

## 2. Influence of their Peers

According to some of the female sex workers, the origin of these reasons are due mainly to the influence of their peers who "put these ideas into their heads", but not just any of their peers, the role models have the strongest influence, those are the "tigers" of the group (tough bad guys), ~~"De los otros tigres, de ellos es que sacan esas ideas" (It is from the other tigers, it is from them that they get these ideas).~~

## 3. His Own Perception

The other excuses for not using condoms originate from the client's perception of himself, from his own mind, from his personal psyche, his customs. It was an argument expressed in four of the six groups and was enriched by many nuances:

- "Es su modo de pensar" (It is their way of thinking).

- "Sacan esas ideas de su misma mente" (They get these ideas from their own minds).
- "Son psicosis del hombre al verlo (el pene) forrado" (It is psychosis when they see it (the penis) hooded).
- "No estan acostumbrados (los dominicanos) a usarlo" (the dominicans are not accustomed to using it).
- "Los hombres inventan cualquier cosa para no ponerse el condón" (Men invent anything in order not to wear the condom).

If there are personal, psychological origins for this reason, there are also physical origins for alleging the non-use of the condom. These reasons deal mainly, again, with the physical discomfort that the condom provides. The women attribute the discomfort to the fact that the condom is just simply uncomfortable. Yet, they also argue that most of the discomfort is mental and thus changeable, "Se sienten incómodos de verdad porque el condón les molesta. Pero lo que hay que hacerles es cambiar la mente para que no les moleste" (They truly feel uncomfortable because the condom bothers them. But what has to be done is change their mind so that it will not bother them).

## TYPES OF CLIENT REACTIONS WHEN ASKED TO USE A CONDOM

We have seen the multivariied spectrum of the reasons which clients have to avoid using the condom. Let us take a brief look at some of the reactions when the sex workers ask them to use it. They vary from passive acceptance to violent expressions.

### 1. Peaceful Reactions

At the more peaceful end of the spectrum, many of the participants of the focus groups said that a significant number of clients, when confronted with a firm request to use a condom or lose the deal, about half of them submitted to the request.

*relate* A rather funny reaction was also described by another sex worker. She explained while acting it out, that she had asked the client to put on the condom, he had refused, she had argued back, and apparently, he had given his approval. She then went to the bathroom to prepare herself, and when she came back into the room, he had simply left without saying a word.

### 2. Violent Cases

But many of the women reported outright violent reactions. One of them confessed having been given a black eye by her steady partner when she asked him to put on a condom because she suspected he had been having an affair with another woman. Two were attacked by a man with a knife, and were threatened if she insisted that he put on the condom; they complied. Another client grabbed a sex worker by the hair and dragged her to the bottom of the stairs of the hotel and left her there when she asked him to put on a condom.

## STRATEGIES TO CONVINCING THE CLIENT TO USE A CONDOM

The strategies suggested by the female sex workers can be grouped in two major divisions: verbal responses, counter-arguments to the reasons posed; and direct successful actions they have made to get the condom on.

### 1. Verbal Arguments

These are numerous and very creative. In order to get their full flavor, they have been classified in different sub-categories according to the type of content and strategy used to pose the counter-argument.

#### 1.1 The Non-negotiable "NO"

The more outspoken of the participants of all the groups were quite clear about this argument. To them, it was absolutely decisive to lay down the ground rules from the very beginning. The client had to know in advance that the condom was part of the sex transaction and was not negotiable. "Hay que hablarle directo, al principio, sin rodeos, que es con condón, si no, no hay nada" (One has to speak clearly from the beginning that it will be with the condom, otherwise nothing will happen).

But if there is a minimal hesitation on the part of the client, these opinionated ladies stood firm.

- "Se lo ponga o no hay nada" (You put it on or there is nothing).
- "Yo trato de convencerlo que se lo ponga, si no quiere se vá" (I try to convince him to put it on, if he does not want to, he leaves).

- "Si tu quieres estar conmigo, te pones el condón, si no, vete a tu casa" (If you want to be with me, you put on the condom, otherwise go home).
- "Si no te pones el condón, no hacemos nada". (If you don't put on the condom, we don't do anything).

### 1.2 The Argument of Protection

Many are not that stern; the majority of the women of three focus groups said they tried another approach. They appeal to the argument of protecting the man, since he would not be infected if he uses the condom, the protection he gives his wife by not carrying any infection to her, and the protection he gives the sex worker by not transmitting any disease he may not be aware of, and thus she will also be protecting her family. As expressed by them:

- "Mira que es un bien para tí, y un bien para mí. Con el condón te proteges tú y me proteges a mí." (Look, this is for your own good and mine. With the condom you protect yourself and you protect me).
- "Así me cuido yo y, te cuidas tú" (That way I take care of myself and you take care of yourself).
- "El condón es para cuidarte a tí, cuidarme yo, y cuidar a tu familia" (The condom is to take care of you, take care of me, and your family).
- "Si no me conoces y quieres salir conmigo, por qué no quieres usar el condón para protegerte?" (If you don't know me and you want to go out with me, why don't you want to use the condom to protect yourself?)

*not needed*

In two groups they said it was best to be firm when using this argument; firm and definite, with no open options,

- "Tú tienes que ponertelo porque hay que cuidarse". (You have to put it on, because it is necessary to take care of ourselves).

### 1.3 The Benefit of the Doubt Argument

Another powerful argument that has proven effective has been to make the client doubtful as to the health of the sex worker. It seems that in a logical sequence, if the above argument of protection does not work, then the menace of doubt obtains the goal. They suggest doing it several ways: either making him believe that all men that have sex with them use the condom, "Sabes, todos los que salen conmigo usan condón" (All men that go out with me use the condom), or just bluntly confronting him with the possibility that she may be infected by the previous client, or simply sick (with an STD):

- "Qué sabes tú lo que me dejó ese último que estuvo conmigo?" (How can you be sure that the last one didn't infect me?).
- "Qué tú crees, que los demás que están conmigo están todos sanos?" (Do you think that all the men that have been with me were healthy?).
- "Como sabes que yo no estoy enferma?" (How do you know I am not sick?).
- "Tú estas seguro de que no estas enfermo, pero como sabes que yo no lo estoy?" (You are sure you are not sick, but how do you know I am not?) With this argument, the self

confidence of the client is put on trial. He has made a judgement about his health status, but how can he be sure about her without knowing her?.

- "Si el no quiere ponerse el condón, pero insiste en salir conmigo, le digo que estoy enferma". (If he does not want to put on the condom, but insists on going out with me, I tell him that I am sick). One efficient way to get rid of an insistent non-compliant client.

If doubt does not work, then maybe the argument expressed by one woman could be the answer. It was a direct menace to the client.

- "Está bien, no te lo pongas, enfermame a mí, y enfermate tú" (All right, don't wear it, infect me and infect yourself). This argument is open ended in so far as she may be infected, he may be infected; any of the two can become sick, or both of them.

#### ..4 The Non-Pregnancy Argument

In the "expertise" group the women stated that in several opportunities the appeal to the possibility of an unwanted pregnancy had persuaded the client to put on the condom. They were emphatic on using the argument in as many variations as possible; fertile period, responsibility, fatherless kid, etc. In their own words, some of the arguments could be posed like this:

"Estoy en la época (momento) para quedar embarazada y no quiero". (I am at the moment to become pregnant, and I don't want it to happen).

- "Se me olvidó tomar la pastilla y no quiero salir embarazada". I forgot to take the pill, and I don't want to become pregnant).

### 1.5 The Economic Negotiation

Some clients try to negotiate the non-use of the condom offering a higher fee. Some even tempt them by doubling the price. The sex workers said that the answer would depend on the woman's conviction that there is no price worth the risk. Nevertheless, they suggested several types of answers: less money but the use of the condom, and in the worst of cases no money at all, but the use of the condom.

- "Dáme menos, pero ponte el condón" (Give me less, but put on the condom).
- "Prefiero que no me dé nada, pero pongase el condón" (I prefer you don't give me anything, but put on the condom).

### 1.6 The Persistent Way of Arguing

Some of the women affirmed that many clients do give in if they are persistent enough with the verbal arguments. It is more than anything the wearing down of the client until he is too tired to put up any more resistance. "Se termina poniendoselo sólo alegandole" (One ends up putting it on just by arguing with him). The plea is also an effective format, "Por favor amor mio, pónitelo, por mí" (Please honey, put it on, just for me).

### 1.7 The Trade-Off Argument

Some women suggested a trade-off bargain which seems to have worked for them. It consists of offering something he likes very much on the condition that he puts on the condom. One of the most desired things is oral sex, so that is what is of-

ferred, "Te doy una mamadita si te lo pones" (I'll give you a blow job if you put it on). Another clever argument given by the expertee group was, "Póntelo para el primero, y el segundo lo hacemos sin condón". (Put it on for the first come, and we'll do it without it on the second round). They picaresquely added that they would see to it that he had no energy for the second round.

## 2. Actions That Help to Put on the Condom

Verbal arguments are not always sufficient to convince a client to put on the condom. It is necessary sometimes to use specific tactical actions to obtain the goal. The female sex workers of the focus groups had quite a long list of concrete actions that were successful for them in putting on the condom on the client: heightened excitement, oral sex, unlit conditions, tempt him with the sight, have the condom with her, give him back his money, or just simply leave him. Let's take a closer look at each of them.

### 2.1 Multiple Excitement

The obvious tactic is to get the client so aroused that he can not rationalize a "No" to the condom. The success lies in the level of arousal that if carried to the proper height, he would be pleading her to put the condom on him. The suggestions start with general caressing:

- "Pasarle la mano para que se excite". (Caress him to get him excited).
- "Yo le voy pasando la mano hasta que se lo pongo". (I keep caressing him until I put it on him).
- "Se le acaricia por el cuello y por la cabeza porque eso les gusta mucho". (You caress his neck and head because they like that very much).

- "Se le hacen las caricias mientras lo tienes en la cama".  
(You caress him while you have him on the bed).

Then, the suggestions mix caressing with licking and talking:

- "Se le acaricia el pene para excitarlo mientras se le dicen cosas bonitas". (You caress his penis to excite him while you tell him nice things).
- "Se le lamen las tetillas para que se caliente". (You lick his nipples to get him hot).
- "Yo se lo pongo mientras le hago caricias con la lengua sin que se dé cuenta" (I put it on while I caress him with my tongue without his even knowing it).
- "Con caricias que lo exciten sobándole los muslos, acariciándole las tetillas, dándole besitos en el oído hasta que se le pare y entonces se le puede poner el condón".  
(With petting that will excite him, caressing his thighs, nibbling his nipples, giving him kisses in his ear until his penis stands up and then you can put the condom on).
- "Besarle desde la punta de la nariz hasta la punta del pie, pero no el bimbolo. Preguntarle que si quiere que se lo bese, y como dirá que sí, le pides que se ponga después el condón". (You kiss him from the tip of the nose to the tip of his feet, but without kissing his penis. Then ask him if he wants it kissed, which he certainly will, then you will tell him that you will do it if he puts on the condom).
- "Besarle el bimbolo, besarle las bolsas, pasarle las uñas por la rayita entre las bolsas y el culo, que por ahí se enloquecen y después se le pone el condón facilito". (Kiss

his dick, kiss his balls, pass your nails gently along the line between his balls and his ass and he will go wild, then it is very easy to put on the condom).

## 2.2 Oral and Hand Manipulation

There were several ways in which these women said they were able to put on the condom with their mouths without them noticing it, or putting up little resistance: while they are sucking the penis, the condom is in their mouth and they slip it on, or just oral excitement until they can slip it on. They described this approach with these expressions:

- "Ven acá y te lo mamo un chin, y cuando y esté emocionado, ni se dá cuenta que se lo pones". (Come here a minute and I'll give you a nice suck. He gets so excited that he will not even notice when you put it on).
- "Ponerle el condón con la boca sin que se dé cuenta mientras se lo mamas". (Put on the condom with the mouth while you are sucking it).
- "Puse una vez un condón a un muchacho con la boca, y cuando quiso darse cuenta que lo tenía puesto, ya se había venido". (I once put on a condom to a young man, and when he tried to become aware of what I was doing, he had already come).

One of them was aggressive enough to suggest that an effective alternative was to threaten to bite his penis if he does not comply.

Along with oral manipulation, manual masturbation was suggested as equally effective.

- "Se le hace la paja y mientras se la hace se le pone condón y ni siquiera se dá cuenta, y despues lo dejas entrar".  
(You start masturbating, and while doing it, you put on the condóm and he is not even aware of it. Then you let him in).

One of them boasted having done it this way and the client said to her when she had finished, "Me engañaste, verdad? y yo le contesté, y tú qué querías?" (You tricked me, right? and I answered, and what did you want me to do?"

### 2.3 Unlit Conditions

One expert lady offered this simple technique that was quite well received by the rest of that focus group, "Cuando lo tienes dentro del cuarto, apagas el bombillo y se lo pones en la oscuridad". (When you have him in the room, put out the light and put it on).

### 2.4 "Tempt Him With the Sight of You"

Another expert offered still one more clever way to get the client to put on the condom, the classical teaser. Her way of doing it was slowly stripping before him to get him excited at what he was watching and when she was stark naked she would then ask for him to put on the condom, "Se desviste una lentamente, lo deja mirar bien, le dice que se ponga el condón. Si no lo hace, se viste una y e vá". (One undresses slowly, allows him to take a good look, and asks him to put on the condom. If he refuses, you get dressed and leave).

### 2.5 Tempt Him with a Try

If there is hesitation in the decision to use the condom, one suggestion is to tempt him with a trial, if he did not feel satisfied, he could take it off, "Vamos a probar, pónitelo, si no te gusta, te lo quitas". (Come on, try it on, and if you

don't like it, then you take it off). The secret of this suggestion lies in the immediate comment she added, "Tan pronto como lo tenga puesto, hago que me entre". (As soon as he has it on, I make him enter me).

## 2.6 Always Carry a Condom With You

A very common argument that clients frequently pose is of innocence, "Gee, I don't have any condoms with me". This argument can be turned into positive resolution by always carrying condoms with you. "Algunas veces vamos al hotel y no hay condones y ellos toman la excusa de que no hay y yo le digo, "Yo tengo uno acá en la cartera". (Sometimes we go to the hotel and there are no condoms on the bedside table (Law enforced in D.R. in most sex hotels-motels), and they take it as their excuse that there are no condoms, and I say to him, "Don't worry, I have one in my purse".

## 2.7 Give him His Money Back

If the negotiation is going nowhere with the client, one last action suggested by the women before deciding to drop him, is to show them that they are not interested in the money and are willing to give it back, "Yo le doy lo que me gasto en mí para que no insista". (I give him back what he spent on me, so that he does not insist).

- "Si no quieres usar el condón, toma tus cuartos".  
(If you don't want to put on the condom here is your dough).

## 2.8 Drop Him

If all the signs show that the client is one of those stubborn ones that do not show any signs of giving in, they suggest that the best option is to drop them, stop insisting, cut the deal off.

- "Yo salí con un muchacho que no se lo quiso poner. Peliámos y peliámos y yo me puse mi ropa y salí". (I went out with a young fellow who did not want to put it on; we argued, argued, and argued; I put my clothes on and left).
- "Yo salí con alguien que no se lo quería poner y yo le dije, "tú te pones tu ropa y yo la mía y nos vamos porque yo vivo con mi mamá y tengo una niña y si a tí no te importan esas cosas, a mi sí, y no es por el dinero, porque el dinero se consigue". (I went out with someone who did not want to put it on and I told him, you put on your clothes, and I'll put mine on because I live with my mom and my daughter, and even if you don't care about these things, I do, and it is not because of the money, because I can get money elsewhere).
- "Hay algunos que son demasiado tercos. No importa lo que se les diga, no quieren ponerselo. A esos es mejor dejarlos y no resolver nada con ellos". (There are some who are too stubborn. No matter what you tell them, they don't want to put it on. With those it is better to stop trying to come to terms with them).

But if at all possible, the client should cover the expenses thus far incurred, including possibly having seen her naked. One woman was very emphatic that the client should assume the cost of all that time invested to get the client to use a condom, "since it is not our fault that their are stubborn". "Yo le digo, "Si usted no se lo pone yo me voy, pero tiene que pagarme porque ya me vió encuera..." (I tell him, "If you don't put it on, I leave, but you have to pay me because you have seen me naked").

## VII. CONCLUSIONS

The overall picture analyzed in these focus groups shows that there are definite, precise arguments that the client uses to refuse condoms and these refer to either physical attributes of the condom, or the physical uncomfortable effects it has on the man. There are psychological reasons that are mainly concentrated around the issue of loss of sensation and feeling when using the condom, as well as elements of mistrust related to the identification of either one as a disease carrier: condoms affect their self-image, their relationship with their steady partners, and there is an economic factor involved. Among all the reasons, the cultural machismo reasons are very strong, as is the symbol of mistrust which it implies.

The origin of these ideas are cultural, transmitted by their peers' suggestions and springing from the individual's perception (it is in their minds).

The strategies suggested by the sex workers to convince the clients to use the condom are of two kinds: verbal arguments which concentrate on clear negotiation rules at the beginning, on protection arguments for both her and him (and his family), doubts as to who is not sick, menace, undesired pregnancy, and dissolving resistance by sheer insistence.

The actions used to put on the condom are also as rich in variety:

- multiple excitement (titillation)
- oral and hand manipulation
- taking advantage of the dark (to put it on...)
- tempting them with the view of the naked body
- always having condoms available
- returning the money and dropping the deal

*needs a discussion section -  
implications for prevention  
programs*

APENDICE 1

1. SINTIERON MENOS CON EL CONDON PUESTO.
2. NO LE TIENEN CONFIANZA PORQUE SE ROMPEN FACILMENTE.
3. CAUSAN MOLESTIAS.
4. NO SE SIENTEN BIEN AL USARLOS.
5. SON INCOMODOS.
6. SON DAÑINOS.
7. DICEN QUE NO ESTAN ENFERMOS, POR LO TANTO NO TIENEN QUE USARLO.
8. LES DA MIEDO.
9. SE QUEDAN IMPOTENTES PARA TODA LA VIDA.
10. SE LES CAE EL PELO.
11. SE VUELVEN ESTERILES, O SEA, NO PUEDEN TENER HIJOS DESPUES.
12. LES DA INFECCION.
13. ESO HACE QUE SE LES ENFERMEN LOS RIÑONES.
14. SE PONEN DEBILES SEXUALMENTE.
15. SE VUELVEN HOMOSEXUALES.
16. ELLOS NO SON GALLOS PARA TENER SU PENE ENFUNDADO.
17. QUE ESO ES COMO COMERSE UN SANDWICH CON TODO Y ENVOLTURA.
18. TIENEN DEMASIADO GRASA.
19. LES DUELE EL PENE CUANDO SE LO PONEN.
20. SE VIENEN MAS RAPIDO.

GUIA GRUPOS FOCALES

TRSX Estrategias Convencimiento Cliente Uso del Condon

I INTRODUCCION

- 1.1 Agradecimiento por venir.
- 1.2 Importancia de su presencia.
- 1.3 Importancia de su participacion: Todos, libertad de expresión.

II PROPOSITO

- 2.1 Ayudarnos a entender cómo se comportan los clientes con ustedes para que nosotros podamos hacer materiales educativos.
- 2.2 Conocer qué hacen o dicen ustedes para tratar con esos clientes que se ponen pesados.

III PROCEDIMIENTO

- 3.1 Explicar el deseo de usar la grabadora y su uso confidencial.
- 3.2 Dinámica de presentación (Se sugiere el ejercicio adjunto de adivinanzas)

4/2

## EXPERIENCIA CONCRETA

1) Identificar Condón: Que todas se venden los ojos. Decirle que a cada una se le va a poner un artículo al frente sobre una mesita (sino sobre sus piernas) a todas se le da una caja conteniendo condones diferentes. Cuando yo les diga traten de identificar lo que es abriéndole, tocándolo, oliéndolo. Cuando la primera diga que es un condón se le pide a todas que se quiten la venda e identifiauen su artículo, que comenten si conocian ese condón y si alguna vez un condón de esa clase. Sino, que describa la clase de condón que ha usado en el pasado. (Identificar en este momento la que no haya usado antes condón y a esa ni preguntarle, ni dejarla hablar en el resto del ejercicio.)

2) Poner el Condón con los Ojos Vendados:

Pedir una voluntaria que quiera vendarse los ojos para hacer algo. Cuando este vendada digale que tome el condón y lo ponga a "eso" que tiene delante (un pene plástico, consolador o similar). Animarla si se coibe.

(Objetivo: Rescatar despues esto como una técnica que se puede hacer aún en circunstancias muy obscuras.)

3) Escuchar la Cinta:

Vamos ahora a escuchar una cinta para saber si alguna de ustedes se ha encontrado en una situación similar.

Todas por favor se venden de nuevo

Se pone la cinta grabada, si no puede usar la grabadora o no tiene la cinta usar el texto adjunto con una voluntaria, ojala hombre o en caso contrario, mujer.

## SELECCIONES DE RAZONES PARA NO USAR EL CONDON

Pedir que se quiten las vendas y preguntar si una situación parecida a la que acaban de escuchar se les ha presentado a algunas de ellas. Que lo describa. Dejar que dos o tres den su testimonio.

Despues se dividen en dos grupos. A cada una se le entrega un sobre con las razones más comunes que los clientes alegan para no usar el condón. (ver lista adjunta) Se les pide que entren todas, en cada grupo elijan las razones que han dicho sus clientes para rehuzar el condón. (Sentarse cada animador con un grupo) Cuando hayan elejido las razones de los clientes para no usar el condón se pedirá a todas que ayuden a jerarquizar aquellas razones que sean las más comunes y de estas las menos comunes.

## BUSCAR ORIGEN DE ESTAS CREENCIAS.

Preguntarles el porque el cliente expone estas razones, que creen ellas es el porqué y de donde piensan que sacan los clientes esas creencias.

- 1) ¿Por qué creen que el cliente piensa de esa manera?
- 2) ¿Hay alguna otra explicación para que el cliente piense asi?
- 3) ¿De dónde creen que el cliente sacó esa forma de pensar sobre el condón?
- 4) ¿Tienen razón los clientes en pensar así, o son inventos de su imaginación?

## RESPUESTAS DE ELLAS PARA CONVENCER A LOS CLIENTES A USAR EL CONDON

Despues el animador preguntará por lo que ellas han dicho a los clientes para convencerlos de lo contrario. O sea que usen el condón.

- 1 ¿Qué le han dicho al cliente para convencerlo a que use el condón?
- 2 ¿Qué cosas que le han dicho ha convencido a que use el condón?
- 3 ¿Que le dirían para convencerlo a que use el condón?

Texto Cinta:

FONDO MUSICAL DE MERENGUE SUAVE.

El : Ay amorcito, tienes un no se qué que me traes loco.

Ella: Pero muchacho, si estás acelerado, mira que yo no me voy para ningún lado.

El : Es que cuando estoy contigo pierdo casi el control; no me puedo contener.

Ella: Es que te gusto tanto?

El : Ayy si mamita, me gustas tanto que me vuelves loco.

Ella: Pues bien amorcito, vamos entonces a calmar esa sed que tienes. Ven, acuestate aquí a mi lado.

El : Sí muñeca, sí, ya me acuesto, pero déjame quitarme esta ropa.

(RUIDO DE ROPA QUE CAE)

Ella: (Riendose) No tan rápido amorcito que se te rompen los botones.

El : Es que te deseo tanto mujer.

(RUIDO DE ROPA QUE CAE)

(RUIDO DE BESOS Y RESPIRACION ENTRECORTADA)

Ella: Ayy muchacho, pero sí estás fogozo.

El : Es tu aroma que me enloquece, déjame entrar no más mamacita.

Ella: Claro lindura, pero primero pongámosle este gorrito a tu bimbolo.

El : Cómo de qué gorrito estas tú hablando?

Ella: Este condoncito no más.

El : Ahh noo, conmigo no va eso. Que tu quieres, embotar mi gallo pa que no sienta naa? Noo, noooo, noo

Ella: No amorcito, es para que nos protejamos

El : Y es que me estás viendo cara de enfermo o que, ..... o es que tú estás enferma y no me quieres decir la verdad?

Ella: No tesoro, ninguna de las dos. Es solo para protegernos.

El : Si es asi no, yo no quiero ver nada contigo. Devuelveme mis cuartos que yo me voy.....

**GOLPK MUSICAL**

44'