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THE GOLD WRAPPER STANDARD: AN INVESTIGATION INTO THE PREFERENCES
FOR LARGER SIZED CONDOMS

by

DIEGO PLAZA
B.S. University of Central Florida, 2013

A thesis submitted in partial fulfillment of the requirements
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ABSTRACT

Research looking into the relationship between masculinity and condoms has typically centered on how masculinity ideology acts as a deterrent toward condom use. The current study focuses on the social pairing between larger sized condoms and masculinity by examining the factors that predict the preference for larger sized condoms. Specifically, the current analysis uses survey data collected from a sample of 398 University of Central Florida students to examine the predictive role of gender, race/ethnicity, gendered-identification, relationship status, perceived penis size, condom malfunction experience, the opinion that men would be less reluctant to use condoms if offered a larger option, the opinion that men with larger penises are more masculine, and the opinion that men who use larger condoms are more masculine on preferences for larger sized condoms. Results of the analysis show that the model was highly predictive of preferences for larger sized condoms, with five out of the nine factors considered having a significant effect. The results indicated that relationship status, perceived penis size, the opinion that men would be less reluctant to use condoms if offered a larger option, the opinion that men with larger penises are more masculine, and the opinion that men who use larger condoms are more masculine significantly predicted larger sized condom preferences. Gender, race/ethnicity (dichotomized as White/non-White), gendered identity, and condom malfunction experience did not significantly predict larger sized condom preferences. Additionally, gender-specific trends were found when the analysis was run independently among men and among women. The implications of these results are discussed and possibilities for subsequent research are suggested.

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CHAPTER ONE: INTRODUCTION

Male condoms are a relatively common type of contraceptive. Many Americans, among them 6.2 million women, utilize condoms as their primary contraceptive (Guttmacher Institute 2014). They are particularly favored by teens, young adult women, women with no children, and women with a college education (Guttmacher Institute 2014). Condoms' popularity is well-deserved as they are highly effective in both preventing pregnancy and stopping the spread of sexually transmitted infections (Guttmacher Institute 2014). Yet, condoms also occupy a space within society and accordingly are subject to having the attitudes and interactions attributed to them affected by social factors.

The current study argues that condoms, specifically larger sized condoms are often used as a marker of masculinity within society. A telling illustration can be found in condom branding. Larger sized condoms are often commonly named in masculine terms (emphasizing status, strength, dominance, etc.) such as with Trojan® Magnum™ condoms, Lifestyle® King XL™ condoms, or One® Legend™ condoms. Meanwhile, regular sized condoms are often named in more gender neutral terms such as in the case of Trojan® Ecstasy™ condoms or Durex® Extra Sensitive™ condoms. This is indicative that the condom industry utilizes a marketing angle seeking to promote a link between larger sized condoms and masculinity.

Previous research dealing with the relationship between masculinity and condoms has typically focused on how masculinity ideology acts as a deterrent toward the use of condoms (Castro-Vazquez 2000; Shearer, Hosterman, Gillen, and Lefkowitz 2005; Fleming, Lee, and Dworkin 2014; Noar and Morokoff 2002; Plummer 2013). However, the academic literature has not yet directly addressed the social pairing between larger sized condoms and masculinity,

which contrastingly conceptualizes masculinity as compatible with the use of a (larger sized) condom.

The current study sought to start addressing this gap in the scholarly literature by investigating the factors that influence the preference for larger sized condoms. In particular, the current analysis focused on the predictive role of gender, race/ethnicity, gendered-identification, relationship status, perceived penis size, condom malfunction experience, the opinion that men would be less reluctant to use condoms if offered a larger option, the opinion that men with larger penises are more masculine, and the opinion that men who use larger condoms are more masculine. Results from this study could empirically clarify whether larger condom sizes are preferred for utilitarian reasons or if masculinity ideals play a role in these preferences, whether men and women perceive and experience larger sized condoms differently, and whether larger sized condom preferences are tied to condom outcomes.

CHAPTER TWO: LITERATURE REVIEW

Non-Academic Discourse

While the academic literature has not yet analyzed the social pairing between masculinity and larger sized condoms, the topic has been relatively present in the non-academic discourse. As such, numerous relevant insights can be drawn from non-academic sources. It has been noted that there has been a dramatic increase in the popularity of Trojan® Magnum™, the most popular larger sized condom. Between 2001 and 2010, Trojan® Magnum™ condoms have gone from comprising 4.6 percent of the condom market to almost 20 percent (Poundstone 2010; Newman 2010; Carmon 2010). As it stands now, Trojan® Magnum™ gets more revenue from sales than the entire Durex® condom brand (Newman 2010). Trojan® Magnum's™ prominence has inspired much competition. For example, Lifestyle® condoms sought to compete with Trojan® Magnum™ by introducing a line of larger sized condoms called Lifestyle® Kyng™ (Carmon 2010). Similarly, Durex® XXL™, Durex's® larger sized condoms, are attempting to compete with Trojan® Magnum™ through the utilization of more aggressive marketing techniques (Bresler 2013). A marketing professor from New York University has described Trojan® Magnum™ as an insider brand with a cult following, which may not be favored by everyone, but has a powerful appeal among a certain audience (Newman 2010). The cause of this rise in popularity is rather unclear, but two contrasting possibilities have been suggested.

It may be because some men are dissatisfied with the size restrictions of regular sized condoms and find Trojan® Magnum™ to be a better fit (Carmon 2010). This is supported by the fact that a significant amount of men complain that regular sized condoms do not fit properly, most of whom say that they are too tight-fitting (Newman 2010). Using a smaller-than-needed

condom size can restrict sensation and even cause some men to refuse to use a condom in general (Saint Thomas 2014). Many men who prefer Trojan® Magnum™ condoms say that they believe that they fit better (Bresler 2013).

Alternatively or even simultaneously, it is possible that a cultural admiration for Trojan® Magnum™ condoms, as a token of masculinity, has nudged men toward choosing this condom without regard for proper fit (Carmon 2010). Trojan® Magnum™ has seen many endorsements/references within popular culture such as mentions from many prominent men within the hip-hop community (Bresler 2013; Newman 2010). As the head of marketing for Trojan® has said, men are proud to show that they use Magnum™ condoms because it conveys a sense of “above-average prowess” (Bresler 2013; Newman 2010). If men are opting for larger sized condoms such as Trojan® Magnum™ for non-utilitarian reasons, this could potentially result in some negative consequences. Anecdotally, an unspecified college’s health center withdrew Trojan® Magnum™ from its condom giveaway selection, upon noting their disproportionate popularity, instead offering a different brand’s larger sized condom (Carmon 2010). It had been observed that many students were unnecessarily over-utilizing Trojan® Magnum™ condoms and that these condoms would often slip, getting stuck inside the vaginal canals of women (Carmon 2010). On the other hand, there is also reason to believe that Trojan® Magnum™ as well as other larger sized condoms may only be marketed as larger and in reality do not significantly dimensionally differ from regular sized condoms. Trojan’s® marketing vice-president has stated that while some men report feeling more comfortable wearing Trojan® Magnum™ condoms, someone does not have to be “overly-endowed” to use it (Newman 2010). It has been noted that Trojan® Magnum™ condoms are not much bigger than their regular sized

Trojan® counterparts, only slightly wider (Poundstone 2010; Newman 2010; Bresler 2013). Trojan® Magnum™ is not even Trojan's® largest available condom, as they offer a Magnum XL™ condom which is wider by a somewhat larger margin (Poundstone 2010). This is possible because the condom industry does not have a set standard of what constitutes a larger sized condom (Poundstone 2010). As such, there are a lot of inconsistencies that can be found among condom selections. For example, Lifestyle® Kyng™ condoms are slightly smaller than regular sized Trojan® condoms (Bresler 2013; Poundstone 2010). Similarly, regular sized Durex® condoms sold in Europe are wider than Trojan® Magnum™ condoms sold in the United States (Saint Thomas 2014).

Unfortunately, there is little that manufacturers can do to rectify these inconsistencies because condoms are treated as a regulated medical device within the United States (Saint Thomas 2010). The Food and Drug Administration places restrictions, last updated almost 20 years ago, on the dimensions that condom companies may offer customers; specifically condoms must have a minimum length of 6.29 inches and a maximum width of 2.13 inches (Saint Thomas 2014; U.S. Food and Drug Administration 1998). Essentially, condoms that deviate from these parameters are illegal. It is difficult to determine if the slight measurement variations as with Trojan® Magnum™ condoms' marginally wider dimensions make enough of a difference on condom fit to affect incidences of slippage or breakage. However, it is generally understood that using a properly fitted condom is important, as people who report using ill-fitting condoms are more likely to report to have some sort of condom malfunction (Newman 2010; Saint Thomas 2014). As such, the current one-size-fits-all approach can and does have negative consequences on men with irregularly sized penises (Saint Thomas 2010). Extreme examples of the

consequences of improper condom fit can be found within certain areas of the world where the average penis size significantly deviates from the international averages that are used by condom manufacturers (Hay 2015; Grammaticus 2006). For instance, condoms in India have an extraordinarily high failure rate, with one out of every five uses resulting in slippage or breakage (Grammaticus 2006). It has been noted that more than half of Indian men have penises smaller than the international standards used in condom manufacturing (Grammaticus 2006). As such, it has been determined that condoms made using international averages do not properly fit this population (Grammaticus 2006). The problem is compounded by the lack of conversation and awareness around this topic due to its embarrassing taboo nature (Grammaticus 2006). This is important as India is the country with the highest number of HIV infections (Grammaticus 2006). Similarly, Thailand's Ministry of Public Health says that there is a rising rate of sexually transmitted disease infection rates that is partly caused by teens unnecessarily buying larger condoms out of fear that they would otherwise be perceived as having smaller penises (Hay 2015). This trend is leading the Thai population toward increased rates of condom slippage (Hay 2015). It should, however, be noted that the Thai government has not provided any concrete data to back up their claim and just a year before, they had called for wider condoms to be available due to an increase in their average penis size among the newer generations (Hay 2015).

Overall, there seems to be a diverse array of messages around the impact of larger condom preferences, as hypothetically mediated by masculinity ideals, on condom trends, attitudes, experiences, and outcomes. A salient lack of academic research tackling the subject has so far left much to speculation and anecdotes, highlighting the importance of the current study's analysis

Condoms

Typically when the relationship between masculinity and condoms is examined, it is done in the context of how masculinity ideals discourage the use of condoms. As such, this literature serves to establish that attitudes toward condoms are linked to masculinity, even if it has not been explored through the particular focus of the current study.

It has been found that higher measures of masculinity ideology endorsement are directly related with more negative condom attitudes and indirectly related to decreased readiness to use condoms (Noar and Morokoff 2002). These findings were echoed in a study by Shearer, Hosterman, Gillen, and Lefkowitz (2005) looking into whether gendered attitudes around family roles and masculinity ideology were related to engaging in sex without using a condom, engaging in casual sex, and the endorsement of risky condom beliefs. It was found that masculinity ideology was linked to engaging in sex without a condom, engaging in casual sex, and endorsement of risky condom beliefs among college students (Shearer, et al. 2005). Within masculinity ideology, the belief that men should not display stereotypically feminine behaviors was related to higher incidences of sex without a condom (Shearer, et al. 2005). Interestingly, the belief that men should strive for higher status was associated with the opposite effect (Shearer, et al. 2005). This serves as a powerful precedent to the current study because it shows that masculinity can increase condom use in certain manifestations, though overwhelmingly masculinity ideology is found to be a deterrent toward condom use; a trend found to be true even when masculinity is used in the promotion of sexual safety. Health promotion efforts that highlight/embrace gendered norms can often have unintended negative effects by inadvertently encouraging negative gendered behaviors such as increased risk taking (Fleming, et al. 2014). In

the United States, there was a Virginia sexual health campaign called “Man Up Monday” which encouraged men who had sexual intercourse over the weekend, to ‘man up’ on Monday and get tested for sexually-transmitted diseases (Fleming, Et al. 2014). Given that hegemonic masculine ideals have been linked with increased sexual risk taking, the “Man Up Monday” campaign and other similar campaigns that invoke masculinity to promote sexual safety, paradoxically contribute to increased sexual risk taking such as having sex without a condom (Fleming, et al. 2014).

Masculinity ideology’s hindering effect on condom use is not isolated to the United States and has been found to be manifested in and mediated by other cultures. Castro-Vazquez (2000) conducted observations of a sexual education course in a Mexican public school as well as follow-up semi-structured interviews of the 14-18 year old students to evaluate the effectiveness of the sex education course, particularly how the information regarding safer sex interacts with the students’ sexual culture. Students were observed to show an interest in the sexual education information because of widespread awareness regarding HIV/AIDS, fears of unwanted pregnancies, and their new transition into a sexual life (Castro-Vazquez 2000). Despite wariness regarding unwanted pregnancies and contraction of sexually transmitted diseases, condom use was mainly influenced by the views of peers and the impact of protective behavior on sexual reputation (Castro-Vazquez 2000). Female students understood the importance of using a condom but were unwilling to take an active role in securing condom use because of the stigma around women’s sexuality (Castro-Vazquez 2000). Among the male students observed, sexual activity was regarded as a signifier of masculinity and the choice of whether or not to use a condom was a way to establish dominance in the sexual encounter (Castro-Vazquez 2000).

Some male students conveyed the idea that negative consequences arising from sexual intercourse are the women's fault for being promiscuous and that if women care about preventing unwanted pregnancies or the contraction of sexually transmitted diseases, then it is their responsibility to ensure a condom is used (Castro-Vazquez 2000). Similarly, Plummer (2013) conducted detailed interviews among men in between the ages 16-39 in the Caribbean, examining the relationship between masculinity and sexual risk taking. It was found that risk taking is seen as a marker of masculinity and as such safety measures such as the utilization of condoms are seen as potentially threatening toward manhood (Plummer 2013). While many men cited loss of sexual pleasure as a source of hesitance to use condoms, they were primarily wary of using condoms because they may cause loss of erection and sexual failure, particularly when it is believed that others may find out (Plummer 2013). Many men feared that their sexual failures might even be considered to be a sign of homosexuality, a potentially lethal outcome in their culture (Plummer 2013).

Given that masculinities can often have toxic side effects that not only affect men but also women, it is important to acknowledge that the way in which masculinity imposes itself upon condom use can greatly affect women (Connell 2002). As noted above in the findings of the Castro-Vazquez (2000) study, due to gendered expectations, women felt that they could not take an active role in securing condom use. These results are not isolated to Mexico. In the United States, a significant number of women report feeling uncomfortable in asking their sexual partners to use a condom; many women say that they wish to be more empowered to take charge of their sexual health (De Visser 2005). Given that masculinity ideals have been established to create an aversion in men toward the use of condoms, this lands women in a dangerous position

where they are socially-pressured against taking an active role in condom negotiation while men are socially-pressured to refuse the use of a condom. Within this situation, larger sized condoms may prove to be an important tool in condom negotiation. Some women may have an easier time convincing a man to use a condom through making larger sized options available and thus capitalizing on the role that masculinity plays in this interaction

Another relevant precedent for the current study can be found in a study in rural Malawi by Tavory and Swidler (2009) which examined the semiotic axes related to the use of condoms using journals kept on conversations about AIDS by 22 local assistants. This study did not focus on masculinity but rather on how the social meaning of condoms is constructed; the results are very culture-specific but still serve as a window into how condoms occupy a social space. Three separate semiotic axes were noted: the balance between AIDS risk against perceived dangers related to condom use, question of trust and love, and the sweetness or sensuality of sex (Tavory and Swidler 2009). In Malawi, most individuals understand that condoms prevent sexually transmitted diseases, but many hold the belief that condoms are part of a eugenics conspiracy and that their use can cause conditions such as cancer, sores, or infertility (Tavory and Swidler 2009). This is further complicated by the fact that using a condom can be seen as a sign that there is a lack of trust and love among sexual partners; they indicate the assumption that the sexual partner is promiscuous and has sexually transmitted diseases (Tavory and Swidler 2009). However, the most interesting finding was that many individuals in the data, predominantly men, compared using a condom as ‘eating a sweet in the wrapper;’ it detracts from the sensual pleasure, or as often described, the “sweetness” of sexual intercourse (Tavory and Swidler 2009). Among people in Malawi, “sweetness of sex” not only refers to sexual pleasure itself but

specifically to the release of semen (Tavory and Swidler 2009). As such, the exchange of sexual fluids is seen as an essential aspect of sexual pleasure itself and therefore condoms inherently interfere with the pleasure of sex (Tavory and Swidler 2009). To address this, some local condoms manufacturers try to capitalize on the “sweetness” metaphor. For example, the study noted that a popular condom brand was named after the Chichewa (Malawi’s native language) word for honey, and produced chocolate scented/tinted condoms (Tavory and Swidler 2009). This is particularly relevant to the current study because it illustrated how condom manufacturers can tailor their marketing approach to take advantage of cultural norms. A more general analysis of condom marketing was conducted by Jo-Yun and Rodriguez (2015) who performed a content analysis of condom print ads published in Asia, Europe, North America, and South America. They found that humor was the most used marketing angle in the promotion of condoms, while fear was utilized relatively less often and sadness was almost never used (Jo-Yun and Rodriguez 2015). European, Asian, and North American condom ads typically advertised an enhancement or lack of reduction in sexual pleasure while South American condom ads typically utilized a pregnancy prevention angle (Jo-Yun and Rodriguez 2015). Most condom advertisements did not depict naked bodies or sexual scenes, and those that did generally came from Europe and never from North America (Jo-Yun and Rodriguez 2015). In place of these depictions, visual metaphors were sometimes used in Asian condom ads and to a lesser degree in European ones (Jo-Yun and Rodriguez 2015). The results of this study further show that the ways in which condoms are marketed are culture-specific, but its scope was very general and larger sized condoms were never mentioned.

Lastly, in the context of the current study, it is also important to consider what the condom literature reveals about condom fit in general. Almost half of individuals have been found to experience problems around condom fit and feel (Crosby, Milhausen, Mark, Yarber, Sanders and Graham 2013). Moreover, penile dimensions have been correlated with condom malfunction rates (Reece, Herbernick, Sanders, Monahan, Temkit, and Yarber 2008) For these reasons, the research literature commonly calls for a wider variety of condom sizes to be made available in the market (Reece et al. 2008; Crosby et al. 2013). Despite the current one-size-fits-all regulatory approach mentioned in the non-academic discourse, individually-fitted condoms are significantly more effective, particularly among men with larger penises, though those with smaller penises also report better outcomes (Reece et al. 2008). Interestingly, even while acknowledging the benefits of custom-fitted condoms, men with smaller penises indicated that they would have reservations in recommending them to friends; the researchers noted that fitted condom marketing should be sensitive to men's concerns around penis size (Reece et al. 2008). This illustrates how penis size ideals can affect the way in which condoms are perceived.

Penis Size and Masculinity

Masculinity is conceptualized within the current study as an overarching social structure, often defined in relation or rather in opposition to femininity, which imposes certain behaviors and ideas upon individuals, particularly-but-not-exclusively men. It is not a single cohesive phenomenon, but rather it is multifaceted with many different manifestations that vary and can sometimes simultaneously coexist yet oppose each other (Connell 2002). Particularly of interest to the current study is the idea that not only is masculinity essentially social but is also embodied

by individuals. Bodies act as both objects and agents of gendered practices, largely perceived through social symbolism (Connell 2002).

It has been well established in academic literature that larger penises are favored in modern society, often standing as a symbol of masculinity (Del Rosso 2011; Flowers, Langridge, Gough, and Holiday 2013; Ostberg 2010; Lehman 2006). Given that condom size denotes penis size, it can be inferred from the way larger sized condoms are branded, capitalizing on male insecurities around masculinity, that society's conflation of larger penises and masculinity plays a role in their popularity. The penis plays a crucial, yet often overlooked role in how modern masculinity is constructed (Ostberg 2010). Despite the taboo around depictions of penises within modern western mainstream culture, body ideals around penis size are still subtly shaped and reproduced through normative accounts found throughout the media (Ostberg 2010). Cultural representations often pair larger penises with masculinity (Del Rosso 2011; Flowers et al. 2013; Lehman 2006). For example, modern media tends to portray larger penises as being more attractive and masculine while smaller penises are conversely portrayed as emasculating, underperforming and unappealing (Mautz, Wong, Peters, and Jennions 2013; Del Rosso 2011; Ostberg 2010).

Recently, penises have increased in visibility, undergoing medicalization, commercialization, and politicization (Del Rosso 2011; Flowers et al. 2013). The Internet's emergence has particularly had a major impact around the public discourse regarding penis size (Del Rosso 2011; Flowers et al. 2013). It has been argued that in providing people with a space in which to anonymously engage in discussion around penis size, the Internet has promoted openness regarding this mystified subject (Del Rosso 2011). Historically, depictions of male

nudity have largely been considered taboo; as a result, men were not often exposed to images of penises (Ostberg 2010). In modern day, the Internet has provided users with widely-available and user-friendly pornography, allowing men to start forming an idea of what a 'normal' penis looks like (Flowers et al. 2013). Since pornography, perhaps reflecting cultural ideals, has a tendency to portray penises that are larger than average, its emerging regularity may be linked to men overestimating what the average penis size is (Flowers et al. 2013). Supporting this idea, it has been found that the majority of men who believe that they abnormally small penises in fact have average sized penises (Ghanem, Glina, Assalian, and Buvat 2013). This may add some context to why men have been found to have lower genital and sexual self-esteem when exposed to pornographic material (Morrison, Ellis, Morrison, Bearden, and Harrison 2006; Ostberg 2010). The Internet has also paved the way for penis enlargement spam and self-help resources for those who believe their penises may not be able to meet cultural ideals (Del Rosso 2011). The abundant availability of penis enlargement treatments frames penis size as a medical problem to be addressed (Del Rosso 2011). It is therefore unsurprising that surgical procedures to aesthetically enhance penises are increasing in popularity despite little evidence of their efficacy (Ghanem, et al. 2013).

The prominent societal endorsement of larger penises has played a large role in body image issues among men (Del Rosso 2011) Interestingly, a good amount of the penis size anxiety men have may be centered on their ability to sexually please a woman (Bottamini and Ste-Marie 2006). Given that women are exposed to the same social messages around penis size ideals, they may similarly develop penis size preferences in line with social trends (Flowers et al. 2013). Research results on this topic have been mixed (Francken, Van de Wiel, Van Driel, and Schultz

2002). A study by Stulhofer (2006) found that approximately half of women perceived penis size to be somewhat important, while an extra 13% believed it to be very important. Just 21.8% of women did not find penis size to be important (Stulhofer 2006). A separate study by Franken, et al (2002) estimated that roughly a third of women find penis size to be important, with girth being the most valued characteristic (Franken, et al. 2002). Lastly, a study by Mautz et al. (2013) found an effect on a man's perceived attractiveness based on flaccid penile dimensions. Larger flaccid penises were perceived as more attractive up to a certain point (Mautz et al. 2013). The study applied evolutionary theory, claiming that women have a preference for larger penises as they may increase the likelihood of achieving a vaginal orgasm (Mautz et al. 2013). Furthermore, women's preference has been conceptualized as a primary agent in the evolution of human penises to proportionally be the largest penises out of all close ape relatives (Mautz et al. 2013). However, these points are not without dispute. Van Driel (2014) has argued that through most of history, men have hidden their genitals behind clothing and therefore flaccid penile length may not have been viable mate criteria. The evolutionary approach is further criticized for missing contradictory social conditions such as with the ancient Greeks who saw smaller penises as more attractive and better suited for reproductive purposes (Van Driel 2014). This highlights the idea that the preference for larger penises and their conflation with masculinity is a social phenomenon. There is no single universal manifestation of masculinity; rather there are multiple sometimes contradictory constructions of masculinity found across different times and locations, sometimes coexisting side by side (Connell 2002).

Lastly, there is also a racial angle to be considered in penis size ideals. Stereotypically, penis size tends to be conceptualized in terms of Caucasian standards with African American

men being seen as having larger penises, Asian men being perceived to have smaller penises, and Caucasians occupying an ideal middle (Lehman 2006). Whether these stereotypes hold any empirical truth in population penis size averages is up for debate; it should, however, be noted that they largely coincide with racist stereotypes such as the idea that Black men are hypersexual (Lehman 2006). With that said, it is known that the average penis size among certain populations does significantly differ from the international average penis size; whether these differences can be delineated by national, ethnic, and racial lines is hard to determine (Hay 2015; Grammaticus 2006). It would make sense that race interacts with penis size ideals to create pressures among certain populations to use larger sized condoms. This is supported by internal research within Trojan® which indicates that African Americans make about 22 percent of condom purchases but 40 percent of Trojan® Magnum™ purchases (Newman 2010).

Symbolic Purchasing Behavior

Symbolic interactionism is a theoretical framework largely derived from the work of George Mead (Blumer 1986). It can perhaps be most succinctly summarized in three principles. The first principle indicates that people interact with objects in accordance with the meaning attributed to that object. The second principle holds that meaning is brought forth through social interactions. The third principle says that meaning is flexible and managed through interpretations of new social stimuli (Blumer 1986).

Out of symbolic interactionism, a particularly helpful and relevant concept has emerged in the form of symbolic purchasing behavior (Leigh and Gabel 1992). Symbolic purchasing behavior takes place when consumers buy a product for its symbolic meaning as a form of

symbolic communication with others (Leigh and Gabel 1992). There are six general propositions attributed to symbolic purchasing behavior, many of which are directly applicable to the current study. The first proposition holds that society ultimately decides what a product means (Leigh and Gabel 1992). This fits the current study as it has been established in the literature that there is a societal conflation between penis size (denoted by condom size) and masculinity. As such a larger sized condom can be interpreted as a symbolic token of masculinity that invites symbolic purchasing behavior. The second proposition holds that products may be purchased strictly on the basis of symbolic meaning rather than any sort of practical use (Leigh and Gabel 1992). This is illustrated by the possibility that men may choose to purchase larger sized condom, even if this choice may not be anatomically necessary, for its positive implications regarding their masculinity. The third proposition states that symbolic purchasing behavior can have an impact on self-concept (Leigh and Gabel 1992). This is applicable as using a larger sized condom denotes that the wearer has a larger penis; therefore the consumers may experience a boost in their self-perception. The fourth proposition indicates that consistency is very important to putting on a symbolic performance (Leigh and Gabel 1992). This may be applicable to the current study in that it may place the surge in Trojan® Magnum's™ popularity in context as individuals could potentially develop brand loyalty when engaging in a consistent performance. The fifth proposition holds that consumers are most susceptible to engaging in symbolic purchasing behavior when they feel insecure or ambiguous about a certain role (Leigh and Gabel 1992). This is applicable as the performance of masculinity is unstable and impossible to perfectly adhere to (Lloyd 1999). Often, great effort is spent in the maintenance of masculinity, a lot of the time with contradictory motivations and practices underneath the facade (Connell

2002; Connell and Messerschmidt 2005). Given that it has been suggested that embarrassment and uncertainty play a role in the purchasing of condoms, opting for a larger sized condom may help ease men's anxieties regarding their role as masculine men (Dahl, Gorn, and Weinberg 1998). Lastly, the sixth proposition establishes that while symbolism is defined socially, individuals may engage in symbolic purchasing behaviors privately (Leigh and Gabel 1992). This may be applicable as condoms are largely consumed in relatively intimate settings.

The utilization of symbolic purchasing behavior to support a display of masculinity is particularly appropriate in the context of branded masculinity. Branded masculinity is a capitalist take on masculinity where the intention is to produce insecurity among men regarding their bodies and consumer choices in order to steer them toward buying a certain product, in this case larger sized condoms (Susan 2003). Historically, women have been implicitly cast in the role of consumer while men have been seen more as producers; however, in modern day, consumption is increasingly at the center of emerging forms of contemporary masculinity (Susan 2003). As such, it is expected that "real men" will exhibit their masculinity through the consumption of certain products (Susan 2003).

It should be noted that the symbolic purchasing behavior's principles largely apply to men's consumptions of condoms. Women's preferences for larger condoms are not as easily explained through symbolic purchasing behavior. If this were to be true, one would expect that women's preference for larger condom sizes would be defined in terms of men's preferences. Allowing men to engage in symbolic purchasing behavior would increase the likelihood that a condom is used. Additionally, one would expect that women, especially in comparison to men,

would not have a strong preference for larger sized condoms. Among those who do, their preference may be collateral of an overall preference for larger penises.

There are other notable connections between symbolic purchasing behaviors and the current topic. For instance, products that are meant for symbolic purchasing behaviors have a proclivity for promoting meaning through visible product attributes (Leigh and Gabel 1992). Aside from the utilization of flashy hyper-masculine names for larger sized condoms, Trojan® Magnum™ condoms are wrapped in a distinctive gold wrapper while regular Trojan® condoms are typically wrapped in simpler packaging. Lastly, it has been established that people are willing to pay larger amounts for symbolic purchases (Leigh and Gabel 1992). Trojan® Magnum™ condoms have surged in popularity despite the fact that they are the most expensive out of all Trojan® condoms (Poundstone 2010). The application of symbolic interactionism's principles, particularly in relation to symbolic purchasing behavior, serves to support the idea that there is a social/marketing component to condom choices, particularly attached to condom size.

The Current Study

From the literature review, two main takeaways emerge. First, the way in which condoms are perceived, purchased, and experienced is greatly mediated by social elements; particularly masculinity. Second, penis size is often conflated with masculinity within contemporary society. These factors come together to place the preference for larger sized condoms into its social context, potentially as connected to symbolic purchasing behaviors. However, scholarly research has not specifically looked into the connection between preferences for larger sized condoms and masculinity. When the academic literature has typically dealt with the relationship between

masculinity and condoms, it has usually focused on how masculinity ideals discourage the use of condoms among men. This is important because in the non-academic discourse, where there has been much discussion directly dealing with the topic, many notable implications to this unexplored social trend have been raised. Among these implications, it has been suggested that larger sized condoms may be tied to marketing angles by condom companies, increased/decreased rates of condom malfunctions, influencing how men feel about the use of a condom, and impractical condom sizing regulations by the Food and Drug Administration. From the academic literature, we can also infer that larger sized condoms may be tied to cultural attitudes toward condoms, culture-specific condom marketing, gender disparities, condom negotiation, condom effectiveness, masculinity and penis size ideals, racial stereotypes around penis size, branded masculinity, and symbolic purchasing behavior. However, with a dearth of empirical studies exploring the topic, a lot of how we understand these implications is left to speculation and anecdotes.

The current study sought to begin addressing some of these gaps in the academic literature by exploring the predictive value of nine factors on preferences for larger sized condom. Specifically, the current study looked into the connection between preferences for larger sized condoms and gender, race/ethnicity, gendered-identification, relationship status, perceived penis size, condom malfunction experience, the opinion that men would be less reluctant to use condoms if offered a larger option, the opinion that men with larger penises are more masculine, and the opinion that men who use larger sized condoms are more masculine.

Gender was included in the analysis because the literature review strongly indicated that larger sized condoms are gendered in their marketing and social standing. Given the way in

which they may be used to induce symbolic purchasing behaviors in men, it was expected that men would be more likely to prefer a larger sized condom, therefore;

Hypothesis 1.

Gender will significantly predict larger condom preferences; men being significantly more likely to prefer the use of a larger condom.

Race/ethnicity were included in the analysis because penis size (which is connected to condom size) is tied to racial stereotypes and internal research by Trojan® suggests that they may manifest in larger condom preferences (Lehman 2006; Newman 2010). Given what the literature has said, it was expected that Black participants would be more likely to prefer larger sized condoms and Asian participants would be less likely to prefer larger sized condoms, therefore;

Hypothesis 2.

Race/ethnicity will significantly predict preferences for larger condoms.

Gendered identification was included in the analysis because of the prominence of masculinity as a theme within the literature review. Given that the current study conceptualized the preference for larger sized condoms as largely tied to gendered ideals, it was expected that participants who identify as either being more masculine or more feminine, i.e. as more gender-identified, would be more likely to prefer larger sized condoms, therefore;

Hypothesis 3.

Gendered identification will significantly predict larger sized condom preferences; participants that are highly gendered identified being more likely to prefer larger sized condoms.

While relationship status did not come up in the literature review, it was included in the analysis because it would plausibly be connected to the way in which larger sized condoms would be used and perceived. Within the confines of a committed relationship, men might not feel as pressured to highlight their masculinity and over time the potential anatomical unnecessary for larger sized condoms may become more evident. Additionally, people in committed relationships may be more likely to switch away from condoms into an alternate form of birth control, making the preference for larger sized condoms less salient and among women less important as a tool in condom negotiations. Consequently, it was expected that participants who report being in a committed relationship may be less likely to prefer larger sized condoms, therefore;

Hypothesis 4.

Relationship status will significantly predict larger sized condom preferences; single participants being more likely to prefer larger sized condoms.

Perceived penis size was included in the analysis to evaluate the utilitarian aspects of larger sized condom preferences and to highlight the impact of the other variables. Given that larger sized condoms are made for larger penises, it was expected that participants who report

above average perceived penis sizes would be more likely to prefer a larger sized condom, therefore;

Hypothesis 5.

Perceived penis size will significantly predict larger sized condom preferences; participants who report the condom wearer having a larger penis size being more likely to prefer larger sized condoms.

Condom malfunction experience was included in the analysis because the literature generally indicated that condom fit is tied to condom use outcomes. As such, it may be the case that men, who experience a condom malfunction while using a regular sized condom, may develop a preference for larger sized condoms. Additionally, it should be noted that while the current analysis treated condom malfunction experience as predictive of larger sized condom preferences, there is also some reason to believe that the relationship could be inverse; men who prefer larger sized condoms may be more likely to experience a condom malfunction as a result of opting for an improperly fitted condom. In either case, it would be expected that participants who have experienced a condom malfunction would be more likely to prefer a larger sized condom, therefore;

Hypothesis 6.

Condom malfunction experience will significantly predict larger sized condom preferences; participants who report having experience a condom malfunction being more likely to prefer larger sized condoms.

The opinion that men would be less reluctant to use a condom if offered a larger option was included to look into the role of larger sized condoms in condom negotiation. In the literature, it was well established that masculinity ideals nudge men against the use of condoms (Castro-Vazquez 2000; Shearer, et al. 2005; Fleming, et al. 2014; Noar and Morokoff 2002; Plummer 2013). Given that larger sized condoms are conceptualized as compatible with masculinity, it could make them a valuable tool for women engaging in condom negotiation and might make men more comfortable wearing a condom in general. Thus, it was expected that individuals who believe men would be less reluctant to use condoms if offered a larger option would be more likely to prefer larger sized condoms, therefore;

Hypothesis 7.

The opinion that men would be less reluctant to use condoms if offered a larger option will significantly predict larger sized condom preferences; participants who hold the opinion that men would be less reluctant to use condoms if offered a larger option being more likely to prefer larger sized condoms.

The opinion that men with larger penises are more masculine was included in the analysis because condom size denotes penis size; it would logically follow that modern society's conflation of larger penises and masculinity would play a role in larger sized condom preferences. Therefore, it was expected that participants who hold stronger opinions that men

with larger penises are more masculine would be more likely to prefer larger sized condoms, therefore;

Hypothesis 8.

The opinion that men with larger penises are more masculine will significantly predict larger sized condom preferences; participants with stronger opinions that men with larger penises are more masculine being more likely to prefer larger sized condoms.

Lastly, the opinion that men who use larger condoms are more masculine was included in the analysis because it seems that condom manufacturers market larger sized condoms as being tokens of masculinity. As such, this variable helps measure the role that the masculinity attributed to larger sized condoms plays in larger condom preferences. Consequently, it was expected that participants who hold stronger opinions that men who use larger sized condoms are more masculine would be more likely to prefer larger sized condoms, therefore;

Hypothesis 9.

The opinion that men who use larger condoms are more masculine will significantly predict larger sized condom preferences; participants with stronger opinions that men who use larger condoms are more masculine being more likely to prefer larger sized condoms.

CHAPTER THREE: METHODS

Participants

A convenience sample of 487 participants was collected through multiple avenues. Primarily, professors in the University of Central Florida's psychology and sociology departments were asked to promote the study to their undergraduate students by sending a recruitment email presenting a study synopsis and providing a link to the study where willing students may choose to participate. While no financial compensation was offered for participation in the study, professors were given the option to grant an extra-credit point to students who participated. Additionally, the University of Central Florida's Reproductive Justice Knights Project student organization was asked to promote the study among its members by circulating the recruitment email. Participation was strictly voluntary.

In order to participate in the study, students had to be at least 18 years of age and current University of Central Florida students. After the data were acquired, some participants were omitted on the basis of reporting having had zero sexual partners or having never acquired a condom, having blatantly filled the survey in a disingenuous manner, failing to complete the majority of the survey, and labeling themselves as neither male or female because of the centrality of gender differences in the current analyses and the extremely small sample (n=4). Out of the surveys collected, 398 were viable for the current study.

Participants were 398 undergraduate university students attending the University of Central Florida. The sample consisted of 317 female participants and 81 male participants. In terms of race/ethnicity, 199 identified as White (non-Hispanic), 103 identified as Hispanic, 46

identified as Black, 28 identified as other, and 22 identified as Asian. The mean age was 22.60 (SD=3.36) and approximately ranged between 18-52 years of age.

Materials

Participants were provided with a link that would allow them to access the survey through Qualtrics survey administration software. Upon opening the questionnaire, participants were provided with an Explanation of Research informing them of the nature of the study, participation criteria, and asking them if they agree to participate. In order to move forward with the survey, participants had to select “agree.” The survey should have taken between 10-15 minutes to complete. Participation was voluntary and participants could withdraw from the study at any point. Responses were anonymous and as such, no identifiable information was collected. Participants were also provided with researcher contact information so that they would be able to bring up any concerns, issues, and questions that they may have had as a result of participating in the study. Additionally, participants were given the contact information for the University of Central Florida’s Counseling and Psychological Services office in case they felt the need to talk to someone after participating in the study. After data were collected, they were downloaded from Qualtrics into a password-protected computer and statistically analyzed.

The questionnaire consisted of 43 items. The survey questions were designed to be centered on the following themes: demographics, sexual experience, sexual confidence, penis size, pornography consumption, gender identity, condom experiences/outcomes, condom brand and type preferences, larger condom preferences, condom marketing, and condom acquirement. Due to the exploratory nature of this study, more questions were asked than were included within

the scope of the current analysis. The following scale and items were used as the central focus of the current study:

Preferences for larger sized condoms.

Participants completed a “Preferences for Larger Sized Condoms” scale created for the present study in order to measure how much participants prefer to utilize larger condoms. This scale consists of six items in which participants are asked to respond to the statements made using a 5-point Likert-type scale with possible answers being: 1-Strongly Disagree, 2-Disagree, 3-Undecided, 4-Agree, and 5-Strongly Agree. The statements were: “I prefer larger sized condoms (e.g. Trojan Magnum, Durex XXL, Lifestyles Kyng Size, etc.) over standard sized ones,” “Using larger sized condoms (e.g. Trojan Magnum, Durex XXL, Lifestyles Kyng Size, etc.) makes me (or my partner) more sexually confident,” “I feel more comfortable during sexual intercourse when I am (or my partner) is able to use larger sized condoms (e.g. Trojan Magnum, Durex XXL, Lifestyles Kyng Size, etc.),” “Standard sized condoms are way too small/restricting,” “I (Or my sexual partner) am impressed when larger sized condoms are used (e.g. Trojan Magnum, Durex XXL, Lifestyles Kyng Size, etc.) ,” and “I am more sexually satisfied when larger sized condoms (e.g. Trojan Magnum, Durex XXL, Lifestyles Kyng Size, etc.) are used.” The answers were then averaged into an overall score, with higher scores indicating that participants hold a stronger preference toward using larger condoms. The scale obtained a Cronbach reliability estimate of .897 within the current sample of participants.

Gender.

Gender was measured with the question: "What is your gender?" for which participants were given three options: 1-Male, 2-Female, and 3-Other. Given that only four participants identified as "Other" and due to the centrality of gender differences in the current analyses, they were eliminated from the sample.

Race/ethnicity.

Racial/Ethnic background was measured with the question: "What race/ethnicity do you identify with?" for which participants were given five options: 1-White (non-Hispanic), 2-Black (non-Hispanic), 3-Asian, 4-Hispanic, and 5-Other. For the purposes of the analysis, the answers were recoded into 1-White (non-Hispanic) and 2-non-White.

Masculinity/femininity identification.

Identity within the masculinity/femininity spectrum was measured with the question: "How masculine/feminine would you say you are?" for which there were seven numerical options illustrating a spectrum. One side represented 1-Very Masculine while the other side represented 7-Very Feminine and the middle stood for 4-Androgynous. For the purposes of the analysis, answers were recoded into a "Gendered-Identification" scale in which one side represented 1-Androgynous and the other grouped both extremes in the spectrum as 4-Very Gender-Identified.

Relationship status.

Current relationship status was measured with the question: “Are you in a committed romantic relationship?” for which there were two options: 1-No and 2-Yes.

Perceived penis size.

Condom wearer’s perceived penis size was measured with the question: “How would you rate your (or your partner’s) penis size?” which was answered with a 5-point Likert-type scale with the following options 1-Significantly Below Average, 2- Below Average, 3-Average, 4-Above Average, and 5-Significantly Above Average.

Condom malfunction experience.

Experience of condom malfunction was measured with the question: “Have you ever experienced condom malfunction? (eg. slippage, breakage, etc)” and two possible answers were given: 1-No and 2-Yes.

Reluctance to use condoms if offered larger option.

Opinions on whether or not men would be less reluctant to use a condom if offered a larger option were measured with the question: “Studies show that some men are reluctant to wear condoms. Do you think men would feel more comfortable using condoms if they were given the choice to use larger sized condoms (e.g. Trojan Magnum, Durex XXL, Lifestyles Kyng Size, etc.)” and two possible answers were given: 1-No and 2-Yes.

Men with larger penises are more masculine.

Opinions on whether or not men with larger penises are more masculine were measured with the question: “Do you think that men with larger penises are more masculine?” which was answered with a 5-point Likert-type scale with the following options 1-Definitely Not, 2-Probably Not, 3-Possibly, 4-Probably, and 5-Definitely.

Men who use larger condoms are more masculine.

Opinions on whether or not men who use larger condoms are more masculine were measured with the question: “Do you think men who use larger sized condoms (e.g. Trojan Magnum, Durex XXL, Lifestyles Kyng Size, etc.) are more masculine?” which was answered with a 5-point Likert-type scale with the following options 1-Definitely Not, 2-Probably Not, 3-Possibly, 4-Probably, and 5-Definitely.

Analytic Strategy

First, frequencies were conducted in order to get a general sense of how participants answered the survey questions. Next, general tests comparing mean differences were utilized to establish individual relationships between the independent variables and preferences for larger sized condoms. Independent samples t-test analyses were conducted on the dichotomous independent variables, specifically gender, race/ethnicity, relationship status, condom malfunction experience, and the opinion that men would be less reluctant to use condoms if offered larger options. For non-dichotomous variables, specifically gendered identity, perceived penis size, the opinion that men with larger penises are more masculine, and the opinion that men who use larger sized condoms are more masculine; one-way ANOVA's were utilized. When

ANOVA's results were found to be significant, subsequent LSD post hoc tests were used to determine where the significant mean differences were located within the variables.

Furthermore, in order to get a better understanding of how all the independent variables function together, a linear regression was conducted. Lastly, the linear regression was re-run independently among men and among women, looking into how gender disparities may manifest in the impact of the factors considered on the preference for larger sized condoms

CHAPTER FOUR: RESULTS

As seen in Table 1, the current sample consisted of mostly women, out of the 398 participants, 317 were women while 81 were men. The majority of the sample was White, with 199 participants identifying as White (non-Hispanic), 103 identifying as Hispanic, 46 identifying as Black, 28 identifying as other, and 22 identifying as Asian. Due to the low racial/ethnic diversity in the sample, race/ethnicity was re-coded for the analyses, categorizing participants as either White (non-Hispanic) or non-White participants. After recoding, the sample was evenly split between 199 White (non-Hispanic) participants and 199 non-White participants. In regards to gendered identification, participant answers collectively fell in the middle of the gendered-identification spectrum ($M=2.67$, $SD=1.58$), with a bulk of participants leaning toward the feminine side of the spectrum. In order to control for potential contradictory trends among highly masculine and highly feminine participants, the variable was recoded so that androgynous participants were to be located at one end of the spectrum while highly gender identified participants occupied the other. The majority of participants fell somewhere in the middle of this spectrum ($M=2.67$, $SD=0.87$). In terms of relationship status, most participants were in committed relationships, with 231 reporting being in a committed relationship and 167 participants reporting being single. Participants' collectively reported a perceived penis size in between "average" and "above average" ($M=3.52$, $SD=0.68$). A slight majority of participants had previously experienced a condom malfunction, with 209 participants reporting that they had experienced some sort of condom malfunction and 189 participants reporting that they had not experienced one. A small majority of participants did not hold the opinion that men would be less reluctant to wear a condom if offered a larger option, with 220 participants reporting that

they did not believe a larger option would make men less reluctant to wear a condom while 178 reported that they did hold this opinion. Regarding the opinion that men with larger penises are more masculine, participant answers collectively fell in between “probably not” and “possibly” (M=2.33, SD= 1.14). Concerning the opinion that men who use larger condoms are more masculine, the participant averaged answer was “probably not” (M=1.98, SD= 1.01).

Table 1: Independent Variable Frequencies among Men, Women, and Overall

Variable	Men (n=81)	Women (n=317)	Total (n=398)
Race/Ethnicity			
White (non-Hispanic)	45 (55.6%)	154 (48.6%)	199 (50.0%)
Black (Non-Hispanic)	14 (17.3%)	32 (10.1%)	46 (11.6%)
Asian	4 (4.9%)	18 (5.7%)	22 (5.5%)
Hispanic	14 (17.3%)	89 (28.1%)	103 (25.9%)
Other	4 (4.9%)	24 (7.6%)	7 (7.0%)
Gendered Identification			
1 – Very Masculine	10 (12.3%)	0 (0.0%)	10 (2.5%)
2	37 (45.7%)	0 (0.0%)	37 (9.3%)
3	20 (24.7%)	4 (1.3%)	24 (6.0%)
4 –Very Androgynous	13 (16.0%)	29 (9.1%)	42 (10.6%)
5	0 (0.0%)	87 (27.4%)	87 (21.9%)
6	1 (1.2%)	143 (45.1%)	144 (36.2%)
7- Very Feminine	0 (0.0%)	54 (17.0%)	54 (13.6%)
Relationship Status			
Yes (In relationship)	34 (42.0%)	197 (62.1%)	231 (58.0%)
No (Single)	47 (58.0%)	120 (37.9%)	167 (42.0%)
Perceived Penis Size			
Significantly Above Average	3 (3.7%)	25 (7.9%)	28 (7.0%)
Above Average	32 (39.5%)	124 (39.1%)	156 (39.2%)
Average	41 (50.6%)	152 (47.9%)	192 (48.5%)
Below Average	1 (1.2%)	7 (2.2%)	8 (2.0%)
Significantly Below Average	0 (0.0%)	2 (0.6%)	2 (0.5%)
Condom Malfunction Experience			
Yes	46 (56.8%)	163 (51.4%)	209 (52.5%)
No	35 (43.2%)	154 (48.6%)	189 (47.5%)
Opinion That Men Would Be Less Reluctant to Use Condoms if Offered Larger Option			
Yes	29 (35.8%)	149 (47.0%)	178 (44.7%)
No	52 (64.2%)	168 (53.0%)	220 (55.3%)
Opinion That Men with Larger Penises are More Masculine			
Definitely	6 (7.4%)	14 (4.4%)	20 (5.0%)
Probably	7 (8.6%)	38 (12.0%)	45 (11.3%)
Possibly	20 (24.7%)	72 (22.7%)	92 (23.1%)
Probably Not	31 (38.3%)	99 (31.2%)	130 (32.7%)
Definitely Not	17 (21.0%)	94 (29.7%)	111 (27.9%)
Opinion That Men who Use Larger Condoms are More Masculine			
Definitely	1 (1.2%)	9 (2.8%)	10 (2.5%)
Probably	5 (6.2%)	19 (6.0%)	24 (6.0%)
Possibly	16 (19.8%)	49 (15.5%)	65 (16.3%)
Probably Not	35 (43.2%)	112 (35.3%)	147 (36.9%)
Definitely Not	24 (29.6%)	128 (40.4%)	152 (38.2%)

Regarding the dependent variable, as illustrated in Table 2, when all the scale items are averaged to yield an overall score; participants collectively answered “disagree” and “undecided” (M=2.52, SD= 0.88). This trend was consistently found in the answer distribution of every individual scale item. The scale consisted of the following statements: “I prefer larger sized condoms (e.g. Trojan Magnum, Durex XXL, Lifestyles Kyng Size, etc.) over standard sized ones” (M=2.56, SD=1.06), “Using larger sized condoms makes me (or my partner) more sexually confident” (M=2.52, SD=1.09), “I feel more comfortable during sexual intercourse when I am (or my partner) is able to use larger sized condoms” (M=2.42, SD=1.10), “Standard sized condoms are way too small/restricting,” “I (Or my sexual partner) am impressed when larger sized condoms are used” (M=2.77, SD=1.07), and “I am more sexually satisfied when larger sized condoms are used” (M=2.41, SD=1.08).

Table 2: Preferences for Larger Sized Condoms Scale Frequencies among Men, Women, and Overall

Variable	Men (n=81)	Women (n=317)	Total (n=398)
I prefer larger sized condoms over standard sized ones.			
Strongly Agree	13 (16.0%)	9 (2.8%)	22 (5.5%)
Agree	11 (13.6%)	29 (9.1%)	40 (10.1%)
Undecided	18 (22.2%)	125 (39.4%)	143 (35.9%)
Disagree	25 (30.9%)	100 (31.5%)	125 (31.4%)
Strongly Disagree	14 (17.3%)	54 (17.0%)	68 (17.1%)
Using larger sized condoms makes me (or my partner) more sexually confident.			
Strongly Agree	2 (2.5%)	12 (3.8%)	14 (3.5%)
Agree	12 (14.8%)	54 (17.0%)	66 (16.6%)
Undecided	14 (17.3%)	94 (29.7%)	108 (27.1%)
Disagree	36 (44.4%)	98 (30.9%)	134 (33.7%)
Strongly Disagree	17 (21.0%)	59 (18.6%)	76 (19.1%)
I feel more comfortable during sexual intercourse when I am (or my partner) is able to use larger sized condoms.			
Strongly Agree	9 (11.1%)	10 (3.2%)	19 (4.8%)
Agree	13 (16.0%)	32 (10.1%)	45 (11.3%)
Undecided	14 (17.3%)	95 (30.0%)	109 (27.4%)
Disagree	27 (33.3%)	110 (34.7%)	137 (34.4%)
Strongly Disagree	18 (22.2%)	70 (22.1%)	88 (22.1%)
Standard sized condoms are way too small/restricting,			
Strongly Agree	13 (16.0%)	17 (5.4%)	30 (7.5%)
Agree	17 (21.0%)	39 (12.3%)	56 (14.1%)
Undecided	10 (12.3%)	138 (43.5%)	148 (26.9%)
Disagree	33 (40.7%)	86 (27.1%)	119 (26.9%)
Strongly Disagree	8 (9.9%)	36 (11.4%)	44 (11.1%)
I (Or my sexual partner) am impressed when larger sized condoms are used.			
Strongly Agree	2 (2.5%)	16 (5.0%)	18 (4.5%)
Agree	4 (4.9%)	52 (16.4%)	56 (14.1%)
Undecided	27 (33.3%)	75 (23.7%)	102 (25.6%)
Disagree	34 (42.0%)	94 (29.7%)	128 (32.2%)
Strongly Disagree	14 (17.3%)	79 (24.9%)	93 (23.4%)
I am more sexually satisfied when larger sized condoms are used.			
Strongly Agree	7 (8.6%)	12 (3.8%)	19 (4.8%)
Agree	9 (11.1%)	31 (9.8%)	40 (10.1%)
Undecided	16 (19.8%)	93 (29.3%)	109 (27.4%)
Disagree	32 (39.5%)	112 (35.3%)	144 (36.2%)
Strongly Disagree	16 (19.8%)	69 (21.8%)	85 (21.4%)

In order to test for individual relationships between preferences for larger sized condoms and the independent variables, general tests comparing mean differences were conducted. Results indicated that larger sized condom preferences are significantly related to relationship status, the opinion that men would be less reluctant to use a condom if offered a larger option, perceived penis size, the opinion that men with larger penises are more masculine, and the opinion that men who use larger condoms are more masculine. No significant relationships were found between the preference for larger sized condoms and gender, race/ethnicity, condom malfunction experience, and gendered identity.

Individual relationships between preferences for larger sized condoms and the dichotomous independent variables were obtained via the use of independent samples t-tests. Results, as displayed in Table 3, indicated that participants who reported being single and who believed that men would be less reluctant to use a condom if offered a larger option were significantly more likely to have a preference for larger sized condoms. When relationship status was analyzed, a significant difference in scores for single participants ($M=2.79$, $SD=0.81$) and participants in committed relationships ($M=2.33$, $SD=0.88$) participants was found; $t(393)=5.34$, $p=0.000$. Regarding the opinion that men would be less reluctant to wear a condom if offered a larger option; there was a significant difference in scores for participants who do not think men would be less reluctant to use a condom if given a larger option ($M=2.30$, $SD=0.74$) and participants who do think men would be less reluctant to use a condom if given a larger option ($M=2.79$, $SD=0.96$); $t(393)=$, $p=0.000$. No other significant relationships between larger sized condom preferences and dichotomous independent variables were found. Furthermore, despite the lack of racial/ethnic diversity in the sample, after noting that there was a substantial sample

of Hispanic participants, an additional independent samples t-test comparing White (non-Hispanic) participants ($M=2.53$, $SD=0.87$) and Hispanic participants ($M=2.47$, $SD=0.90$) was conducted. There were no significant differences found between White (non-Hispanic) and Hispanic participants.

Table 3: Average Preferences for Larger Sized Condoms by Gender, Race/Ethnicity, Relationship Status, Condom Malfunction Experiences, and the Opinion That Men Would Be Less Reluctant to Use Condoms if Offered Larger Option

Variable	N	Larger Condom Preferences
Gender		
Male	80	2.58 (0.97)
Female	315	2.51 (0.86)
Race/Ethnicity		
White (non-Hispanic)	198	2.53 (0.87)
Non-White	197	2.51 (0.90)
Relationship Status		
Yes (In relationship)	229	2.33 (0.88)**
No (Single)	166	2.79 (0.81)
Condom Malfunction Experience		
Yes	207	2.57 (0.90)
No	188	2.47 (0.86)
Opinion That Men Would Be Less Reluctant to Use Condoms if Offered Larger Option		
Yes	178	2.79 (0.96)**
No	217	2.30 (0.74)

Main cell entries are means, standard deviations in parentheses.

$P < .05$ * $P < .01$ **

One-way ANOVA's were utilized to examine the relationship between preferences for larger sized condoms and the non-dichotomous independent variables. Results, as illustrated in Table 4, showed that preferences for larger sized condoms were significantly related to perceived penis size, the opinion that men with larger penises are more masculine and the opinion that men who use larger sized condoms are more masculine. Specifically, participants who reported larger

perceived penis sizes, who held stronger opinions that man who have larger penises are more masculine, and who held stronger opinions that men who use larger sized condoms are more masculine were significantly more likely to prefer larger sized condoms. Regarding perceived penis size, the ANOVA's illustrated a significant effect between perceived penis size and preferences for larger sized condoms [$F(4, 379)= 7.31, p=0.000$]. Similarly, a significant effect was found between the opinion that men who have larger penises are more masculine and the preference for larger sized condoms [$F(4, 390)= 19.11, p=0.000$]. Lastly, a significant effect was found between the opinion that men who use larger sized condoms are more masculine and the preference for larger sized condoms [$F(4, 390)= 28.69, p=0.000$]. No other significant relationships between larger sized condom preferences and non-dichotomous independent variables were found.

Table 4: Summary of ANOVA's between Preferences for Larger Sized Condoms and Gendered Identity, Perceived Penis Size, the Opinion That Men with Larger Penises are More Masculine, and the Opinion That Men who Use Larger Condoms are More Masculine

Independent Variable		Sum of Squares	df	Means Square	F
Gendered Identity	Between Groups	0.92	3	0.31	0.39
	Within Groups	305.95	391	0.78	
	Total	306.87	394		
Perceived Penis Size	Between Groups	21.42	4	5.36	7.31**
	Within Groups	277.70	379	0.73	
	Total	299.12	383		
Opinion That Men with Larger Penises are More Masculine	Between Groups	50.30	4	12.57	19.11**
	Within Groups	256.57	390	0.66	
	Total	306.87	394		
Opinion That Men who Use Larger Condoms are More Masculine	Between Groups	69.77	4	17.44	28.69**
	Within Groups	237.10	390	0.61	
	Total	306.87	394		

P=<.05* P=<.01**

LSD post-hoc tests were utilized to find the significant mean differences within the variables that were discovered to be significantly related to preferences for larger sized condom in the ANOVA's. As illustrated in Table 5, regarding perceived penis size, post-hoc comparisons using the LSD test indicated that the mean score for participants who report the condom wearer having an average penis size (M=2.30, SD=0.77) was significantly different at $p < 0.05$ from participants who report an above average penis size (M=2.72, SD=0.93) and participants who report a significantly above average penis size (M=2.96, SD=0.97). No other significant mean score differences were found. Results indicate that participants who report the condom wearer having an above average and significantly above average penis size were significantly more likely to

prefer using a larger condom over participants who report the condom wearer having an average penis size.

Table 5: LSD Comparison for Larger Condom Preferences between Perceived Penis Sizes

Comparisons	Mean Difference	SE	95% Confidence Interval	
			Lower Bound	Upper Bound
Significantly below average vs. Below average	0.71	0.68	-0.62	2.04
Significantly below average vs. Average	0.70	0.61	-0.50	1.89
Significantly below average vs. Above average	0.28	0.61	-0.92	1.48
Significantly below average vs. Significantly above average	0.04	0.63	-1.19	1.27
Below average vs. Average	-0.01	0.31	-0.62	0.60
Below average vs. Above average	-0.43	0.31	-1.04	0.18
Below average vs. Significantly above average	-0.67	0.34	-1.34	0.01
Average vs. Above average	-0.42**	0.09	-0.60	-0.23
Average vs. Significantly above average	-0.66**	0.17	-1.00	-0.32
Above average vs. Significantly above average	-0.24	0.18	-0.59	0.11

P=<.05* P=<.01**

As shown in Table 6, post hoc comparisons around the opinion that men with larger penises are more masculine using the LSD test indicated that the mean score for participants who answered “definitely not” (M=2.12, SD= 0.81) was significantly different at p <0.05 from

participants who answered “probably not” (M=2.42, SD=0.77), “possibly” (M=2.71, SD=0.76), “probably” (M=2.97, SD=0.86), and “definitely” (M=3.50, SD=1.11). The LSD test also indicated a significant mean score difference at $p < 0.5$ for participants who answered “probably not” and participants who answered “possibly,” “probably,” and “definitely.” The LSD test furthermore indicated a significant mean score difference at $p < 0.5$ for participants who answered “possibly” and participants who answered “definitely.” Lastly, the LSD test showed a significant mean score difference at $p < 0.5$ for participants who answered “probably” and participants who answered “definitely.” No other significant mean score differences were found. These results illustrate a general trend that participants who hold a stronger opinion that men who have larger penises are more masculine are significantly more likely to prefer larger condoms over participants who do not hold that opinion as strongly.

Table 6: LSD Comparison for Larger Condom Preferences between Opinions That Men with Larger Penises are More Masculine

Comparisons	Mean Difference	SE	95% Confidence Interval	
			Lower Bound	Upper Bound
Definitely not vs. Probably not	-0.31**	0.11	-0.51	-0.10
Definitely not vs. Possibly	-0.59**	0.12	-0.81	-0.36
Definitely not vs. Probably	-0.85**	0.14	-1.14	-0.57
Definitely not vs. Definitely	-1.38**	0.20	-1.77	-1.00
Probably not vs. Possibly	-0.28*	0.11	-0.50	-0.06
Probably not vs. Probably	-0.55**	0.14	-0.83	-0.27
Probably not vs. Definitely	-1.08**	0.19	-1.46	-0.69
Possibly vs. Probably	-0.27	0.15	-0.56	0.02
Possibly vs. Definitely	-0.79**	0.20	-1.19	-0.40
Probably vs. Definitely	-0.53*	0.22	-0.95	-0.10

P=<.05* P=<.01**

As displayed in Table 7, post hoc comparisons around the opinion that men who use larger sized condoms are more masculine using the LSD test indicated that the mean score for participants who answered “definitely not” (M=2.08, SD= 0.71) was significantly different at p <0.05 from participants who answered “probably not” (M=2.62, SD=0.79), “possibly” (M=2.84, SD=0.74), “probably” (M=3.14, SD=1.16) and, “definitely” (M=2.52, SD=0.88). LSD test also indicated a significant mean score difference at p <0.5 for participants who answered “probably not” and participants who answered “probably” and “definitely.” The LSD test furthermore indicated a significant mean score difference at p <0.5 for participants who answered “possibly” and participants who answered “definitely.” Lastly, the LSD test showed a significant mean score

difference at $p < 0.5$ for participants who answered “probably” and participants who answered “definitely.” No other significant mean score differences were found. These results illustrate a general trend that participants who hold a stronger opinion that men who use larger condoms are more masculine are significantly more likely to prefer larger condoms over participants who do not hold that opinion as strongly.

Table 7: LSD Comparison for Larger Condom Preferences between Opinions That Men Who Use Larger Sized Condoms are More Masculine

Comparisons	Mean Difference	SE	95% Confidence Interval	
			Lower Bound	Upper Bound
Definitely not vs. Probably not	-0.54**	0.09	-0.72	-0.36
Definitely not vs. Possibly	-0.76**	0.12	-0.99	-0.53
Definitely not vs. Probably	-1.06**	0.17	-1.39	-0.72
Definitely not vs. Definitely	-1.98**	0.25	-2.48	-1.48
Probably not vs. Possibly	-0.22	0.12	-0.45	0.01
Probably not vs. Probably	-0.52**	0.17	-0.86	-0.18
Probably not vs. Definitely	-1.45**	0.25	-1.95	-0.95
Possibly vs. Probably	-0.30	0.19	-0.66	0.07
Possibly vs. Definitely	-1.23**	0.26	-1.75	-0.70
Probably vs. Definitely	0.93**	0.29	-1.50	-0.35

P=<.05* P=<.01**

Overall, when these results are considered collectively, five out of the nine hypotheses were supported. Hypothesis 4, that single participants would be more likely to prefer larger sized condoms, was in line with the results of the analyses. Hypothesis 5, predicting that participants who report a larger perceived penis size would be more likely to prefer larger sized condoms was also supported by the data. Hypothesis 7, expecting that participants who hold the opinion that men would be less reluctant to use condoms if offered a larger option would be more likely to prefer larger sized condoms was also found to be correct. Hypothesis 8, predicting that participants with stronger opinions that men with larger penises are more masculine would be more likely to prefer larger sized condoms was supported by the analyses. Lastly, Hypothesis 9,

suggesting that participants with stronger opinions that men who use larger condoms are more masculine would be more likely to prefer larger sized condoms was also in line with the results of the analyses. The other hypotheses were not supported.

To get a better understanding of how all variables affect preferences for larger condoms when considered together, linear regressions were conducted. The regression considered the predictive value of the independent variables on preferences for larger condoms among the participants. The linear regression model is illustrated in Table 8. The model was statistically significant and accounted for about 33 percent of the variability in preferences for larger sized condoms. Results indicated that participants who are not in a committed relationship, have (or their partner has) a larger perceived penis size, believe that men would be less reluctant to use condoms if offered a larger option, hold a stronger opinion that men with larger penises are more masculine, and hold a stronger opinion that men who use larger condoms are more masculine are significantly more likely to prefer larger sized condoms.

The regression model shows that relationship status, while controlling for the other independent variables, had a significant contribution in explaining larger condom preferences (-.395/-.220). Being in a committed romantic relationship was associated with a -.220 decrease in scores within the larger sized condom preference scale. The model also indicates that perceived penis size had a significant contribution in explaining larger sized condom preferences (.231/.179). One unit increase in perceived penis size was associated with a .179 increase in the larger sized condom preference scale scores. Furthermore, the opinion that men would be less reluctant to use a condom if offered a larger option also had a significant contribution in explaining larger sized condom preferences (.294/.166). Believing that men would indeed be less

reluctant to use a condom if offered a larger condom was associated with a .166 increase in the larger sized condom preference scale scores. Moreover, the opinion that men with larger penises are more masculine was also determined to have a significant contribution in explaining larger sized condom preferences (.099/.129). A one unit increase in the opinion that men with larger penises are more masculine was associated with a .129 increase in scores within the larger sized condom preference scale. Lastly, the regression demonstrates that the opinion that men who use larger sized condoms are more masculine also had a significant contribution in explaining larger sized condom preferences (.269/.307). A one unit increase in the opinion that men who use larger condoms are more masculine was associated with a .307 increase in the larger sized condom preference scale scores. No other significant association between the rest of the variables in the regression and larger sized condom preferences was found.

Table 8: The Effect of Gender, Race/Ethnicity, Gendered-Identification, Relationship Status, Perceived Penis Size, Condom Malfunction Experience, the Opinion That Men Would Be Less Reluctant to Use Condoms if Offered Larger Option, the Opinion That Men with Larger Penises are More Masculine, and the Opinion That Men who Use Larger Condoms are More Masculine on Larger Condom Preference

Independent Variable	Model
Gender	.021/.010 (.095)
Race/Ethnicity	-.048/-.027 (.075)
Gendered-Identification	-.064/-.062 (.043)
Relationship Status	-.395/-.220** (.078)
Perceived Penis Size	.231/.179** (.057)
Condom Malfunction Experience	.112/.063 (.074)
Opinion That Men Would Be Less Reluctant to Use Condoms if Offered Larger Option	.294/.166** (.078)
Opinion That Men with Larger Penises are More Masculine	.099/.129* (.045)
Opinion That Men who Use Larger Condoms are More Masculine	.269/.307** (.051)
Constant	1.174
N	384
F Ratio	21.755
R Square	.344
Adjusted R Square	.328

Note: Cell entries are given as unstandardized regression coefficient/standardized (beta) coefficient with the standard error given in parentheses.

P=<.05* P=<.01**

Despite the lack of significant gender differences in preferences for larger sized condoms, it was suspected, given the strong trends in the previous academic literature, that men and women may still experience condoms differently. As such, the underlying factors affecting their preference for larger sized condoms may also differ. In order to examine for this, two more linear regressions were conducted, separately analyzing the predictive effect of the independent variables among the men and among the women in the sample. The two models yielded some

significant gender-specific trends. Results indicated that men who had a larger perceived penis size, had experienced a condom malfunction, and held a stronger opinion that men who use larger condoms are more masculine were significantly more likely to prefer larger condoms. On the other hand, women who were single, perceived their partners to have a larger penis size, believed that men would be less reluctant to use condoms if offered a larger option, held a stronger opinion that men who have larger penises are more masculine, and held a stronger opinion that men who use larger condoms are more masculine are significantly more likely to prefer larger condoms.

Table 9 illustrates the linear regression model when only men's answers were considered. The model was statistically significant and accounted for about 30% of the variability in larger sized condom preferences. The results, deviating from the findings in the mixed-gender linear regression, showed that three out of the nine independent variables considered had a significant effect on larger sized condom preferences among men. Specifically, perceived penis size, condom malfunction experience, and the opinion that men who use larger sized condoms are more masculine had significant contributions in explaining men's larger sized condom preferences. It should be noted that these results indicate a partial support for Hypothesis 6, previously overlooked in the comparisons of means and the mixed-gender regression, which predicted that participants who report having experienced a condom malfunction would be more likely to prefer larger sized condoms.

The regression model indicated that perceived penis size, while controlling for the other independent variables, had a significant contribution in explaining larger sized condom preferences among men (.731/.441). One unit increase in perceived penis size was associated

with a .441 increase in men's larger sized condom preference scale scores. Furthermore, the regression also showed that condom malfunction experience had a significant contribution in explaining larger sized condom preferences among men (.543/.271). Having experienced a condom malfunction was associated with a .271 increase in men's larger sized condom preference scale scores. Lastly, the regression also revealed that the opinion that men who use larger sized condoms are more masculine had a significant contribution in explaining men's larger sized condom preferences (.372/.345.). One unit increase in the opinion that men who use larger condoms are more masculine was associated with a .345 increase in men's larger sized condom preference scale scores. No other significant association between the rest of the variables in the regression and men's larger sized condom preferences was found.

Table 9: The Effect of Race/Ethnicity, Gendered-Identification, Relationship Status, Perceived Penis Size, Condom Malfunction Experience, the Opinion That Men Would Be Less Reluctant to Use Condoms if Offered Larger Option, the Opinion That Men with Larger Penises are More Masculine, and the Opinion That Men who Use Larger Condoms are More Masculine on Larger Condom Preference Among Men

Independent Variable	Model
Race/Ethnicity	-.036/-.018 (.205)
Gendered-Identification	-.149/-.135 (.110)
Relationship Status	-.281/-.141 (.204)
Perceived Penis Size	.731/.441** (.174)
Condom Malfunction Experience	.543/.271** (.199)
Opinion That Men Would Be Less Reluctant to Use Condoms if Offered Larger Option	.090/.044 (.214)
Opinion That Men with Larger Penises are More Masculine	-.024/-.027 (.126)
Opinion That Men who Use Larger Condoms are More Masculine	.372/.345* (.153)
Constant	-.824
N	76
F Ratio	4.943
R Square	.371
Adjusted R Square	.296

Note: Cell entries are given as unstandardized regression coefficient/standardized (beta) coefficient with the standard error given in parentheses.

P=<.05* P=<.01**

Table 10 shows the linear regression model when only women's answered were considered. The model was statistically significant and accounted for about 37% of the variability in larger sized condom preferences among women. The results, contrasting from the results in the men's regression and mirroring the results in the mixed-gender regression, show that five out of the nine independent variables considered had a significant effect on larger condom preferences. Specifically, relationship status, perceived penis size, the opinion that men would be less reluctant to wear a condom if offered a larger option, the opinion that men with

larger penises are more masculine, and the opinion that men who use larger sized condoms are more masculine had significant contributions in explaining women's larger sized condom preferences.

The regression model indicated that relationship status, while controlling for the other independent variables, had a significant contribution in explaining women's larger condom preferences (-.440/-.250). Being in a committed romantic relationship was associated with a -.250 decrease in women's scores within the larger sized condom preference scale. The model also showed that perceived penis size had a significant contribution in explaining women's larger sized condom preferences (.156/.129). A one unit increase in perceived penis size was associated with a .129 increase in women's larger sized condom preference scale scores. The regression also displayed that the opinion that men would be less reluctant to use a condom if offered a larger option also had a significant contribution in explaining larger sized condom preferences among women (.323/.189). Believing that men would indeed be less reluctant to use a condom if offered a larger condom was associated with a .189 increase in the larger sized condom preference scale scores among women. Additionally, the opinion that men with larger penises are more masculine was also found to have a significant contribution in explaining larger sized condom preferences among women (.099/.133). A one unit increase in the opinion that men with larger penises are more masculine was associated with a .133 increase in women's scores within the larger sized condom preference scale. Lastly, the regression demonstrates that the opinion that men who use larger sized condoms are more masculine also had a significant contribution in explaining women's larger sized condom preferences (.286/.343). A one unit increase in the opinion that men who use larger condoms are more masculine was associated with a .343

increase in the larger sized condom preference scale scores among women. No other significant association between the rest of the variables in the regression and women's larger sized condom preferences was found.

Table 10: The Effect of Race, Gendered-Identification, Relationship Status, Perceived Penis Size, Condom Malfunction Experience, the Opinion That Men Would Be Less Reluctant to Use Condoms if Offered Larger Option, the Opinion That Men with Larger Penises are More Masculine, and the Opinion That Men who Use Larger Condoms are More Masculine on Larger Condom Preference Among Women

Independent Variable	Model
Race	-.074/-.043 (.078)
Gendered-Identification	-.029/-.029 (.046)
Relationship Status	-.440/-.250** (.082)
Perceived Penis Size	.156/.129** (.058)
Condom Malfunction Experience	.014/.008 (.078)
Opinion That Men Would Be Less Reluctant to Use Condoms if Offered Larger Option	.323/.189** (.080)
Opinion That Men with Larger Penises are More Masculine	.099/.133* (.047)
Opinion That Men who Use Larger Condoms are More Masculine	.286/.343** (.053)
Constant	1.574
N	308
F Ratio	23.761
R Square	.389
Adjusted R Square	.372

Note: Cell entries are given as unstandardized regression coefficient/standardized (beta) coefficient with the standard error given in parentheses.

P=<.05* P=<.01**

CHAPTER FIVE: DISCUSSION

When considered together, the independent variables were highly predictive of larger sized condom preferences. Five out of the nine hypotheses were fully supported, with an additional hypothesis being partially supported. The results indicated that relationship status, perceived penis size, the opinion that men would be less reluctant to use condoms if offered a larger option, the opinion that men with larger penises are more masculine, and the opinion that men who use larger condoms are more masculine significantly predicted larger sized condom preferences. Gender, race/ethnicity, gendered identity, and condom malfunction experience did not significantly predict larger sized condom preferences.

The results around gender were rather unexpected. From the literature review, it was suspected that men would be much more likely to prefer a larger sized condom over women. However, it was also noted that women are still subject to the same messages around penis size ideals and as such may develop preferences in line with social trends (Flowers et al. 2013). Similarly, the lack of significant predictability around gendered identification was surprising. It is perhaps possible that larger sized condom preferences, as indicated by the significantly predictive factors in the model, are not tied to an individual's standpoint within the gendered spectrum so much as gendered ideals assigned to larger sized condoms. Additionally, while men and women may not have significantly differed in larger sized condom preferences, it was found that the factors behind their preferences for larger sized condoms differed in noteworthy ways. When only men were considered, condom malfunction experiences became significantly predictive of larger sized condom preferences. Additionally, relationship status, the opinion that men would be less reluctant to use condoms if offered a larger option, and the opinion that men

with larger penises are more masculine became not significantly predictive of larger sized condom preferences. When only women were considered, relationship status, perceived penis size, the opinion that men would be less reluctant to use condoms if offered a larger option, and the opinion that men with larger penises are more masculine were still significantly predictive of larger sized condom preferences.

The results around race/ethnicity may certainly be interpreted as an indication that the suspected racial disparities around preferences for larger sized condoms may have been unfounded. However, the lack of racial disparities within larger sized condom preferences contradicts the previously mentioned internal research by Trojan® noting that African Americans make about 22 percent of condom purchases but 40 percent of Trojan® Magnum™ purchases (Newman 2010). Similarly, it is known that certain populations, though this has only been fully established anecdotally among certain nationalities; do significantly deviate from the international average penis size used by condom manufacturers (Hay 2015; Grammaticus 2006). Lastly, given that larger condom preferences are mediated by social factors, it would indicate that prevalent social stereotypes around race/ethnicity do not have an effect on preferences for larger sized condoms (Lehman 2006). Alternatively, perhaps racial sampling was suboptimal and the effect may have been diluted by the overwhelmingly female sample. While no racial disparities were found in the regression among just men, it may be the case that such results would emerge in a subsequent study with a much larger racially-diverse sample of men. Importantly, the combining of all racial/ethnic minorities into a single “Non-White” category, made necessary by the poor racial sampling within the current study, makes it likely that different/contradictory affects across groups would have been missed.

The findings around relationship status were rather curious. Relationship status was significantly predictive of preferences for larger sized condoms when both genders were considered together and when only women were considered. It was found that participants who are not in a committed relationship were significantly more likely to prefer larger sized condoms. Relationship status was not significantly predictive of larger sized condom preferences among men. The implications for this finding are significant. It might be the case that women in committed relationships are more prone to switch to a different type of birth control and might not be as worried about convincing their sexual partners to use a condom. This is especially likely when considered in unison with the findings around the opinion that men would be less reluctant to use a condom when offered a larger option. The results showed that the opinion that men would be less reluctant when given the larger option was associated with stronger preferences for larger sized condoms. This was significant in the analysis when simultaneously considering both genders and among just women, while it did not hold a significant predictability among just men. If women are in a committed relationship, then protection from sexually transmitted diseases should theoretically not be as big of a concern as protection from pregnancy. As such, women may be able to switch to a non-barrier method of birth control. Meanwhile, single women who may be having sexual encounters outside of a monogamous relationship still have to worry about convincing their sexual partners to use a condom and as such may be more likely to prefer larger sized condoms as a tool in condom negotiation.

Perceived penis size was a highly significant predictor of the preference toward larger condoms. This finding makes sense because individuals who perceive themselves or their sexual partners to have larger penises should logically have a stronger preference toward the use of a

larger sized condom as they would fit better. Similarly, participants who report perceiving their own or their partner's penis size to be average or below average would be less prone toward preferring to use a larger sized condom as a regular or smaller sized condom would be better suited for their purposes. However, it should be noted as previously mentioned, if the consumption of a larger sized condom is an incidence of symbolic purchasing behavior, which can affect self-perception, then it may be possible that the use of larger condoms may have influenced the answers to the survey question around perceived penis size. In other words, it is difficult to determine from the current results if the preference and presumably use of a larger condom is affecting how individuals perceive their (or their partner's) penis size. The distribution of answers seem to indicate some sort of skewed results as almost half of people reported that the condom-wearer had a larger than average penis and almost half reported an average penis size, while very few reported a below average penis size. Either way, this variable still serves as a control and highlights the importance of the other variables. If condom size was an entirely utilitarian choice solely determined by penile dimensions and unaffected by social factors, the expectation would yield that this, perhaps in addition to condom malfunction, would be the only significant predictors within the model, which was not the case.

The results around condom malfunction are also noteworthy. It was found that condom malfunction incidences were only predictive of larger condom preferences among men. The current analysis treats condom outcomes as predictive of larger sized condom preferences but it may also be the case that larger sized condom preferences may predict condom outcomes. As such, the results can be interpreted in two alarming ways. It is possible that the preferences for larger sized condoms are produced via trial and error. In other words, some men who are

anatomically unable to fit into a regular sized condom may experience breakage before realizing that they need a larger sized condom and such may develop a preference for larger sized condoms after experiencing the condom malfunction. This is troubling as it is possible that men who anatomically need a larger sized condom for both function and comfort, are underserved by the restricted size availability posed by current Food and Drug Administration standards (Saint Thomas 2014; Food and Drug Administration 1998). Alternatively, it may be that some men unnecessarily use larger condoms for the perceived boost in masculinity, i.e. engaging in symbolic purchasing behavior; as a result suffering increased rates of slippage. It is suspected that perhaps it may be a combination of both but more research is needed to determine this. Whatever the case may be, the results of this study echo the suggestion by previous studies that a wider selection, ideally tailored to the individual, of condom sizes should be made available (Reece et al. 2008; Crosby et al. 2013). The current way in which the condom industry is set up leaves individuals to pick a condom size via trial-and-error out of a limited range of selection and it opens the possibility for marketing angles that prey on male insecurities to set in and nudge individuals toward potentially choosing a suboptimal condom fit, for which malfunction can have substantial negative consequences.

Lastly, the results showed that the opinions that men who have larger penises are more masculine and the opinion that men who use larger condoms are more masculine were predictive of larger sized condom preferences when both genders were simultaneously considered and among women considered independently. Among men, only the opinion that men who use larger condoms are more masculine was predictive of larger sized condom preferences. These results may be interpreted as indicative of symbolic purchasing behavior. It seems that for men, the

preference for larger sized condoms is mediated by the masculinity that arises from the condom itself regardless of whether they believe that larger penises are more masculine. This is an idea that is heavily reinforced by the way in which larger sized condoms are marketed as indicators of masculinity. Meanwhile, women's preferences are both determined by the masculinity they attach to penis size and to the larger sized condoms themselves.

It should be taken into account that the current study does have several limitations. The use of a convenience sample makes it hard to generalize the results, particularly outside of the University of Central Florida. Future studies would benefit from using a much more nationally representative sample, which would help establish generalizability. It would also open the possibility for a much more robust investigation into racial/ethnic variations in condom size preferences as well as allow for analysis among demographics not properly represented in the sample such as the LGBTQ community or transgender individuals. Similarly, more even gender sampling would help validate the current gender trends found within the analysis as well as allow other significant factors to possibly emerge. Due to the relatively small number of men in the current sample (n=81) as well as the large number of factors considered, the men-only regression may be potentially unreliable and should be interpreted as such. Furthermore, the current study relies on self-reported data and only uses a scale for its dependent variable. More robust results could be obtained in subsequent study that uses a variety of validated scales to measure its independent variables, perhaps controlling for the unreliable nature of self-reported data using a social desirability scale. Moreover, it must be noted that the trend around condom malfunction experiences being significant predictors for larger sized condom preferences among men but not among women should be considered skeptically. While it may be the case that condom

malfunction experiences do not affect women's preferences for larger sized condoms, the way in which the survey item was constructed makes this difficult to determine. Unlike with men, women's incidences of condom malfunction did not necessarily take place with their current partner as they may have occurred with any previous sexual partner. Lastly, given the exploratory nature of the current study, a limited selection of factors was considered in the analysis. There is a plethora of factors that may prove to be relevant in the way larger condom preferences are formed. For example, pornography emerged in the literature review as a significant medium which influences modern penis size ideals. Future studies could look into the predictive role of pornography use on larger sized condom preferences. Similarly, the type of sexual education received by participants could be largely influential as one would expect that comprehensive sexual education dealing with contraceptives such as condoms, as opposed to an abstinence-only sexual education, may leave individuals better equipped to navigate the use of condoms in a more practical/utilitarian manner. With that said, the current study still is innovative in having focused its scope on the social factors that lie behind larger condom preferences and its results can serve as a proof-of-concept that the choice of a larger sized condom is not simply a matter of condom fit but also inherently tied to society's ideals around penis size and masculinity.

Overall, the current study establishes that the preference for larger sized condoms is not only a utilitarian anatomically-necessitated phenomenon. It is also influenced by social factors; particularly, masculinity ideals around condom size and penis size. Moreover, the results of this study help empirically establish that among men, experiencing a condom malfunction is predictive of larger sized condom preferences. It is unclear if this may be because some men

with larger penises experience condom malfunctions with regular-sized condoms via trial-and-error before opting for larger sized condoms; or if some men who prefer larger sized condoms are more likely to experience a condom malfunction in general as a result of striving for masculinity ideals without regard for proper condom fit; or even if it is a result of both cases simultaneously occurring. However, it is clear, given the potentially disastrous consequences of even one condom malfunction incidence that the method via which condom fit is determined must be closely examined and improved. Lastly, the study indicated that some women may see larger sized condoms as a tool for condom negotiation. Given that single women and women who hold the opinion that men would be less reluctant to use a condom if offered a larger option were more likely to prefer larger sized condoms; it seems that protection from pregnancy and sexually transmitted diseases might be influential in their larger sized condom preferences. Particularly when this is considered in the context of masculinity ideals' established obstruction of general condom use (Castro-Vazquez 2000; Shearer, et al. 2005; Fleming, et al. 2014; Noar and Morokoff 2002; Plummer 2013). Thus, the current research study adds more nuance to the common conceptualization of masculinity as a pervasive deterrent toward condom use. It indicates that in some manifestations it could potentially encourage the use of a condom, adding a much-needed empowering angle which some women can and apparently do capitalize on to protect themselves.

APPENDIX A: QUESTIONNAIRE

Question Set 1 (Demographic Questions)

1. What is your gender?
 - Male
 - Female
 - Other (Accompanying text-entry on Quatrics)
2. What year were you born in? (Free entry response)
3. What race/ethnicity do you identify with?
 - White (non-Hispanic)
 - Black (non-Hispanic)
 - Asian
 - Hispanic
 - Other (Accompanying text-entry on Quatrics)
4. How many semesters have you attended university/college for? (Free-Entry Response)
5. How would you label your political views?
 - Extremely liberal
 - Liberal
 - Slightly liberal
 - Moderate
 - Slightly conservative
 - Conservative
 - Extremely conservative
6. What sexual orientation do you identify with?
 - Heterosexual (Straight)
 - Homosexual (Gay/Lesbian)
 - Bisexual
 - Other (Accompanying text-entry on Quatrics)
7. Are you in a committed romantic relationship? **Skip to 8 if "No" is chosen**
 - Yes
 - No
- 7A. If you currently are in a relationship, about how many months have you been in that relationship? (Free-entry response)

Question Set 2 (Sexual Experience)

8. How many individuals have you had sexual intercourse with? **End survey if "0" is chosen**
 - 0
 - 1-2
 - 3-4
 - 5-7
 - 8-15
 - 16-25
 - 25+
9. Are you currently sexually active? **Skip to 10 if "No" is chosen**
 - Yes
 - No

9A. How sexually active would you say you currently are?

- Very sexually active
- Fairly sexually active
- Somewhat sexually active
- Not very sexually active
- Not at all sexually active

10. Have you had ever sexual intercourse with anyone with whom you were not in a monogamous relationship with?

- Yes
- No

11. How sexually experienced would you say you are?

- Very sexually experienced
- Fairly sexually experienced
- Somewhat sexually experienced
- Not very sexually experienced
- Not at all sexually experienced

Question Set 3 (Sexual Confidence)

12. How confident do you feel in your abilities to satisfy a sexual partner?

- Very confident
- Fairly confident
- Somewhat confident
- Not very confident
- Not at all confident

Question Set 4 (Penis Size)

13. How would you rate your (or your partner's) penis size?

- Significantly above average
- Above average
- Average
- Below average
- Significantly below average

14. If you are male, how comfortable are you with your penis size? **Only Display if participant did not select "Female" in Gender question.**

- Very comfortable
- Fairly comfortable
- Somewhat comfortable
- Not very comfortable
- Not at all comfortable

15. How important do you believe penis size is within society?

- Very important
- Important
- Moderately important
- Slightly important
- Not important

16. Do you think men with larger penises are more masculine?

- Definitely
- Probably
- Possibly
- Probably not
- Definitely not

Question Set 5 (Pornography Consumption)

17. Have you ever watched porn? **Skip to 18 if “No” is chosen**

- Yes
- No

17A. If you answered yes, how often would you say you currently watch porn?

- Very frequently
- Fairly frequently
- Somewhat frequently
- Not very frequently
- Never

Question Set 6 (Masculinity/Femininity)

18. How masculine/feminine would you say you are?

- 1 (Very masculine)
- 2
- 3
- 4 (Androgynous)
- 5
- 6
- 7 (Very feminine)

Question Set 7 (Condom Experiences/Outcomes)

19. Have you ever gotten a condom?

- Yes
- No

20. Have you ever experienced condom malfunction? (eg. slippage, breakage, etc) **Skip to 21 if “No” is chosen**

- Yes
- No

20A. If you have experienced condom malfunction, what type have you experienced? (Choose all that apply)

- Slippage
- Breakage
- Leakage
- Other (Accompanying text-entry on Quatricks)

Condom Brand/Type Preferences

21. What condom brand/type do you prefer? (pick one) Skip to 22 if “No preference” is chosen

- Trojan Magnum
- Trojan Magnum XL
- Trojan-Enz
- Trojan Ultra Ribbed
- Trojan Sensitivity Ultra Thin
- Durex XXL
- Durex Extra Sensitive
- Durex Avanti RealFeel
- LifeStyles Kyng Size
- LifeStyles Skyn
- LifeStyles Skyn Large
- LifeStyles Ultra Sensitive
- Lifestyles Snugger Fit
- Okamoto Crown
- Other
- No preference

21A. What do you like about this condom? (Free entry response)

22. Studies show that some men are reluctant to wear condoms. Do you think men would feel more comfortable using condoms if they were given the choice to use larger sized condoms (e.g. Trojan Magnum, Durex XXL, Lifestyles Kyng Size, etc.)?

- Yes
- No

23. How important is condom fit in your preference of a condom?

- Very important
- Important
- Moderately important
- Slightly important
- Not important

24. Do you think men who use larger sized condoms (e.g. Trojan Magnum, Durex XXL, Lifestyles Kyng Size, etc.) are more masculine?

- Definitely
- Probably
- Possibly
- Probably not
- Definitely not

25. Do you think some men may try to impress others by opting for larger sized condoms (e.g. Trojan Magnum, Durex XXL, Lifestyles Kyng Size, etc.)?

- Definitely
- Probably
- Possibly
- Probably not
- Definitely not

Larger Condom Preferences (Dependent Variable)

26. Do you prefer to use (or that your partner uses) larger sized condoms (e.g. Trojan Magnum, Durex XXL, Lifestyles Kyng Size, etc.)?

- Yes
- No

Please read the following statements and rate them by choosing the option that best represents how much you agree or disagree with it:

27. I prefer larger sized condoms (e.g. Trojan Magnum, Durex XXL, Lifestyles Kyng Size, etc.) over standard sized ones.

- Strongly Agree
- Agree
- Undecided
- Disagree
- Strongly Disagree

28. Using larger sized condoms (e.g. Trojan Magnum, Durex XXL, Lifestyles Kyng Size, etc.) makes me (or my partner) more sexually confident.

- Strongly Agree
- Agree
- Undecided
- Disagree
- Strongly Disagree

29. I feel more comfortable during sexual intercourse when I am (or my partner) is able to use larger sized condoms (e.g. Trojan Magnum, Durex XXL, Lifestyles Kyng Size, etc.).

- Strongly Agree
- Agree
- Undecided
- Disagree
- Strongly Disagree

30. Standard sized condoms are way too small/restricting.

- Strongly Agree
- Agree
- Undecided
- Disagree
- Strongly Disagree

31. I (Or my sexual partner) am impressed when larger sized condoms are used (e.g. Trojan Magnum, Durex XXL, Lifestyles Kyng Size, etc.)

- Strongly Agree
- Agree
- Undecided
- Disagree
- Strongly Disagree

32. I am more sexually satisfied when larger sized condoms (e.g. Trojan Magnum, Durex XXL, Lifestyles Kyng Size, etc.) are used.

- Strongly Agree
- Agree
- Undecided
- Disagree
- Strongly Disagree

Condom Marketing

33. Do you think some condoms are considered cooler than others? **Skip to 34 if "No" is chosen**

- Yes
- No

33A. Which condom do you think is considered the coolest?

- Trojan Magnum
- Trojan Magnum XL
- Trojan-Enz
- Trojan Ultra Ribbed
- Trojan Sensitivity Ultra Thin
- Durex XXL
- Durex Extra Sensitive
- Durex Avanti RealFeel
- LifeStyles Kyng Size
- LifeStyles Skyn
- LifeStyles Skyn Large
- LifeStyles Ultra Sensitive
- Lifestyles Snugger Fit
- Okamoto Crown
- Other

34. Do you think there is a racial element to how condoms are marketed?

- Definitely
- Probably
- Possibly
- Probably not
- Definitely not

35. Who do you think condoms are marketed to?

- Men
- Women
- Both
- Neither
- Don't know

Condom Acquirement

36. Have you ever gotten a larger sized condom (e.g. Trojan Magnum, Durex XXL, Lifestyles Kyng Size, etc.)?

- Yes
- No

37. How likely are you to acquire larger sized condom (e.g. Trojan Magnum, Durex XXL, Lifestyles Kyng Size, etc.) in the future?
- Very likely
 - Fairly likely
 - Somewhat likely
 - Not very likely
 - Not at all likely
38. How likely are you to acquire standard sized condom in the future?
- Very likely
 - Fairly likely
 - Somewhat likely
 - Not very likely
 - Not at all likely
39. When you acquire condoms, who do you prefer to acquire condoms with?
- With a friend
 - With multiple friends
 - With my sexual partner
 - By myself
40. Where do you acquire condoms?
- In-person store
 - Online store
 - Health clinic
 - Free condom give-aways
 - Nowhere
 - Other
41. When you acquire condoms, do you feel the need to be discrete? **Skip to 42 if “No” is chosen**
- Yes
 - No
- 41A. If you feel the need to be discrete, what kind of measures do you take in order to increase your discretion (such as, hiding the condoms, ordering them online, purchasing other things with them, etc) (Free-entry response)
42. How embarrassed are you when you acquire condoms?
- Very embarrassed
 - Fairly embarrassed
 - Somewhat embarrassed
 - Not very embarrassed
 - Not at all embarrassed
43. Write about your first experience acquiring condoms (Free-entry response)

APPENDIX B: IRB APPROVAL LETTER



University of Central Florida Institutional Review Board
Office of Research & Commercialization
12201 Research Parkway, Suite 501
Orlando, Florida 32826-3246
Telephone: 407-823-2901 or 407-882-2276
www.research.ucf.edu/compliance/irb.html

Approval of Exempt Human Research

From: UCF Institutional Review Board #1
FWA00000351, IRB00001138

To: Diego A. Plaza

Date: November 06, 2015

Dear Researcher:

On 11/06/2015, the IRB approved the following activity as human participant research that is exempt from regulation:

Type of Review: Exempt Determination
Project Title: College Student Condom Preferences
Investigator: Diego A. Plaza
IRB Number: SBE-15-11676
Funding Agency:
Grant Title:
Research ID: N/A

This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made and there are questions about whether these changes affect the exempt status of the human research, please contact the IRB. When you have completed your research, please submit a Study Closure request in IRIS so that IRB records will be accurate.

In the conduct of this research, you are responsible to follow the requirements of the [Investigator Manual](#).

On behalf of Sophia Dziegielewska, Ph.D., L.C.S.W., UCF IRB Chair, this letter is signed by:

A handwritten signature in black ink that reads "Kanille Choy" with a horizontal line extending to the right.

IRB Coordinator

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