

Dual Protection and Condom use in Sub-Saharan Africa
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Introduction

With the emergence of HIV/AIDS as a major health issue in high fertility countries of Sub-Saharan Africa, coupled with declining age at first sex and increasing proportions of youth who are sexually active, a high and growing number of individuals in these countries face the risks of both unwanted pregnancy and of HIV/STI. In recent years, there have been efforts to reduce both of these risks through the promotion of the dual protection approaches. Dual protection is aimed at ensuring safer sex for women and their partners who stand the risk of contracting sexually transmitted infections from unprotected sex. In this paper, we define dual protection as a simultaneous protection from both pregnancy and HIV/STI.

The concurrent prevention of unwanted pregnancy and HIV/STI requires the effective adoption of certain sexual behavioral practices and/or method use strategies. Initially promoted as a pregnancy-prevention method, the emergence of HIV/AIDS in Sub-Saharan Africa has drawn greater attention to the HIV/STI prevention benefits of condom use. Beside abstinence and being faithful to a non-infected partner (sexual behavioral practices), condom use remains the only other effective means of preventing HIV/STI infection. While condom prevents pregnancy among the women, its effective use prevents both partners from contracting sexually transmitted infections. Thus, many bilateral and multilateral donors have supported increased supply of condoms to countries in the developing world with several of them now having programs to promote condom use among sexually active unmarried youth with the greatest motivation to prevent pregnancy. Strategic behavioral communication and counseling activities among sexually active youths in these countries have emphasized the potentials of condom to prevent pregnancy and the transmission of STI.

As with other diseases, self perceptions of the risks of HIV infection and consequently the conscious efforts to prevent infection might have increased as more people are detected to have contracted HIV in the past decade. Together with the motivation to prevent pregnancy, the desire to prevent HIV infection could have led to significant increases in the proportions of sexually active unmarried youth using condom in Africa in

recent years. It is important to note, however, that in spite of the potential for reducing both unwanted pregnancy and STI, several factors may affect the extent to which male or female condoms are adopted or consistently used. These factors include the 'burden' of having to use condom with every sex act, the perception, particularly by men that condom use drastically reduce sexual spontaneity and pleasure and the perception that condom should be used only with sex workers or for any casual sex.

In this paper, no distinction is made between single and dual method use strategies as long as condom was used. In the dual method use approach, women often combine two methods: one method to prevent against pregnancy – often a hormonal method or other highly effective non-coital dependent contraceptive – and a second method to protect against HIV/STI – male or female condoms.

This paper examines the trends in condom use and contraceptive method mix among sexually active unmarried youth in Sub-Saharan Africa in the past ten years. Underlying this analysis are the assumptions that: (i) increasing proportions of sexually active youth desire to prevent unwanted pregnancy; (ii) increased perceptions of the risk of contracting HIV will lead to increased proportions of youth desiring to prevent contracting it; (iii) the increased awareness of the dual protection benefits of condom would lead to increased use of condom and a shift from other methods that have been traditionally used to prevent pregnancy. Based on these assumptions, we will examine whether: (i) there have been significant increases in the proportions of sexually active youth using contraception to prevent pregnancy; (ii) there have been significant increases in the proportions of youth using condom; (iii) there have been significant changes in contraception method mix in favor of condom; and, (iv) the rate of change in condom use differs among countries

Data Source

Data for this paper are obtained from the Demographic and Health Surveys (DHS) conducted in the Sub-Saharan African countries in the past ten years. Because the current analysis is focused on examining changes in condom use, the choice of countries is informed by the availability of DHS data for at least two points of time. In

addition, we have included only countries where the number of sexually active unmarried female youth aged 15-29 is not less than 100.

The Dual Protection Strategy

By dual protection is meant the prevention of both unwanted pregnancy and STI/HIV through several approaches that include: consistent and correct use of male or female condom; simultaneous use of condom and other contraceptive method; abstinence; avoidance of all types of penetrative sex; and use of contraceptive method plus mutual monogamy among uninfected partners. For dual protection programs to succeed, therefore, there must be motivation to prevent both unwanted pregnancy and STI/HIV.

Although several men, particularly the sexually unmarried ones are motivated to prevent pregnancy, the tendency has been to put the burden on women who have to use methods that are often not coital dependent. Though some men give tacit approval to contraceptive use, they hardly got involved. However, the emergence of HIV as a health problem, particularly because it does not have a cure unlike most other STI, has generated a new level of consciousness about protection among men. Contraceptive use has come to be perceived not in terms of only pregnancy prevention but also in terms of preventing STI/HIV. Through campaign activities, individuals (both men and women) who see themselves at the risk of contracting STI/HIV in addition to the risk of pregnancy are then motivated to look for a way to prevent both. Dual protection has been particularly important for the following groups of individuals: sexually active adolescents; men who put themselves and their partners at risk because of their sexual behavior; commercial sex workers; women or men who are at risk because of the high-risk sexual behavior of their partners; individuals or partners of those who have an STI and/or HIV; and sexually active people in settings where the prevalence of STIs and/or HIV is high. Although there are several methods to prevent pregnancy, the condom is currently the only method for preventing HIV/STI. Thus, for any dual protection program to be effective, it must promote condom use, particularly among those at risk of contracting HIV/STI. This paper examines the extent to which men and women use condom to prevent both pregnancy and contraction of STI/HIV.

Results

Tables 1a and 1b show the levels of modern contraceptive use, condom use and the percentage of modern contraceptive use that is condom use among unmarried youth aged 15-29 in selected African countries. The percentage using a modern method in these tables is defined as the percentage of respondents (men or women) who reported that they or their sexual partners were using any modern method¹ of contraception at the time of the survey. The modern methods include both coital dependent (condom) and non-coital dependent methods. The percentage using condom is defined as the percentage of respondents who reported that they and their partner were using condom at the time of the survey. Condom use as a percentage of modern method use is defined as the percentage of respondents who reported to be using a modern method that reported to be using condom (that is condom use/modern method use). For this analysis, the sexually active respondents consist only of respondents who reported to have sex in the four weeks preceding survey.

Tables 1a shows that among sexually active female youth, modern contraceptive use increased significantly in the past ten years. In three of the ten countries (Cameroon, Mozambique and Zimbabwe) modern contraceptive use more than doubled between the two most recent surveys. It is only in Malawi and Uganda that substantial inter-survey increases in modern contraceptive use were not observed. Regarding condom use, table 1a shows substantial inter-survey increases except in Tanzania where there was a decline. In Cameroon, Mozambique, and Zimbabwe, the percentages who reported condom use more than tripled and in Kenya, the percentage more than doubled. The percentage of modern contraceptive users who reported condom use increased substantially except in Malawi, Tanzania and Zambia where there were mild to large declines. In six of the countries – Cameroon, Ghana, Kenya, Mozambique, Uganda and Zimbabwe, the inter-survey increases in the percentage of modern contraceptive users who reported condom use suggests that the rate of increase in condom use was higher than the rate of increase in the overall use of any modern method. This finding implies that condom use is a major contributor to the overall increase in modern contraceptive use among female youth in these countries.

¹ Included in the modern contraceptive category are the pills, IUD, condom, diaphragm, foam or jelly, male and female sterilization, implants and injections

Table 1b shows that the percentages of male youth that reported modern contraceptive use are generally higher than the women's. However, the male data show substantial inter-survey declines in modern contraceptive use in more countries than the female's. In Ghana and Uganda, modern contraceptive use declined among the male youth during the inter-survey period and, in Kenya and Zambia, modern contraceptive use declined mildly (or at best remained unchanged). In Mozambique, the percentage of male youth that reported modern contraceptive use more than tripled². Regarding condom use, table 1b shows substantial inter-survey increases in Malawi, Mozambique, Tanzania and mild declines (or no change) in Ghana, Kenya, Zambia and Zimbabwe. There were substantial increases in the percentages of modern contraceptive users who reported condom use in Ghana, Mozambique and Uganda; in Kenya, Malawi and Tanzania, there were mild increase (or no change) and there was a decline in Zimbabwe. This table shows that over time, sexually active young males are getting more involved in contraceptive use in some countries while in others and in others, there seems to have been a decline (or no change) in their involvement in contraceptive use. Compared to their married counterparts, unmarried youths are more involved in contraceptive use.

In the surveys, respondents were asked to indicate whether they used condom during their last sex in the four weeks preceding the survey. In the more recent of the two surveys, those who reported to use condom were asked to state why condom was used. The results are presented in Tables 2a (for females) and 2b (for males). The results show that for females there were substantial increases in the percentages that used condom during the last sex, the only exception being Malawi, where there appears to be no increase. On why condom was used, the table shows that while pregnancy prevention remains a great motivation for condom use, STI/HIV prevention has also become a major reason. In Malawi where data were available from two surveys, there appears to be a gradual shift from pregnancy prevention as the most dominant factor in the earlier period to STI/HIV prevention in the later period. In Mozambique and Zambia, 59% and 50%, respectively, reported to use condom to prevent both pregnancy and STI/HIV. Besides preventing pregnancy, the desire to prevent STI/HIV has become a major factor for condom use and must have contributed to its increased use among the female youth.

Table 2b shows levels of condom use by male youth and the reasons for use during the last sex in the four weeks preceding survey. The table shows that the percentages that reported condom use during last sex increased substantially in Kenya, Malawi, Mozambique, Tanzania and Uganda. In Ghana, the increase was modest (indicating little or no change) and in Zambia and Zimbabwe, there were declines³. On reasons for condom use, significantly lower percentages of men reported to use condom only for pregnancy prevention. In four countries - Malawi, Tanzania, Uganda and Zambia, the most predominant reason is STI/HIV prevention. In three of the remaining three countries – Ghana, Kenya, and Mozambique – condom use was motivated mostly by the desire to prevent both pregnancy and STI/HIV. In Zimbabwe, male youths were equally divided among the desires to prevent pregnancy and STI/HIV. The results show that unlike females, condom use among male youth is motivated more by STI/HIV prevention and/or simultaneous prevention of pregnancy and STI/HIV than by pregnancy prevention only.

Discussion

The preceding discussion highlights the changes in the percentages of youth using modern contraceptive methods (particularly condom) over time and the reasons for condom use. While almost all the selected countries – Malawi being the only exception - have experienced an increase in the percentage of sexually active female youth that use modern contraceptive, the picture is mixed among the sexually male youth. Among the male youth, modern contraceptive use declined slightly in Ghana, Kenya and Zambia and substantially in Uganda.

Changes in condom use appear to be positively correlated with the changes in the overall modern contraceptive use. Except in Tanzania (for females) Uganda and Zimbabwe (for females), countries that experienced an increase in condom use also experienced an increase in overall modern contraceptive use and those that experienced a decline in condom use experienced a decline in overall modern contraceptive use. These results tend to suggest little or no substitution of methods and

² Cameroon was taken out of the analysis because of some problems in data analysis.

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that changes in modern contraceptive use are triggered by changes in condom use. Among the sexually active female youth, condom use appears to have contributed significantly to the overall increase in modern contraceptive use in Cameroon, Ghana, Kenya, Mozambique, Uganda and Zimbabwe. In Malawi, the decline in modern contraceptive use among the female youth appears to have been triggered by the decline in condom use. Among the sexually active male youth, condom use appears to have contributed significantly to the increase in modern contraceptive use in Malawi, Mozambique, Tanzania and Uganda. In each of these countries, the rate of increase in condom use outstrips the rate of increase in the overall modern contraceptive use. Declines in condom use might have also contributed to the declines in modern contraceptive use in Ghana, Kenya and Zambia.

This analysis has shown that besides pregnancy prevention, condom use has been motivated by its ability to prevent STI/HIV. As indicated earlier, besides abstinence and being faithful to a non-infected partner, condom use remains the only other effective means of preventing STI/HIV infection. It is still unclear while condom use declined (though modestly) among some segments of the sexually active youth population in Ghana, Kenya and Zambia. Considering the potentials to reduce unwanted pregnancy rates and the likelihood of contracting STI/HIV, more efforts should be put to promoting condom use. The dual benefits should be emphasized in the promotion activities.

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(others will be added later)

Table 1a: Modern contraceptive use among sexually active unmarried female youth aged 15-29 in selected African Countries

Country		% using modern method	% using condom	Condom use as a % of modern method	Number of cases
Cameroon	1998	21.6	16.1	74.5	422
	2004	50.6	49.0	96.8	464
Ghana	1998	21.3	12.6	59.2	167
	2003	34.3	23.5*	68.5	183
Kenya	1998	32.5	8.2	25.2	318
	2003	42.5	19.2	45.2	186
Malawi	2000	24.9	13.5	54.2	234
	2004	23.3	12.2	52.4	188
Mozambique	1997	11.9	2.5	21.0	385
	2003	45.6	23.3	51.1	799
Tanzania	1999	24.7	11.2	45.3	518
	2004	33.7	7.7	22.8	291
Uganda	1995	45.3**	26.4	58.3	221
	2000/1	49.7	34.7	69.8	193
Zambia	1996	19.2	13.8	71.9	363
	2001	29.1	15.3	52.6	231
Zimbabwe	1999	26.8	8.1	30.2	750
	2005	55.1	26.2	47.5	113

Source: Analysis of DHS Data

* = includes female condom

** defined as most current use

Table 1b: Modern contraceptive use among sexually active unmarried male youth aged 15-29 in selected African Countries

Country		% using modern method	% using condom	Condom use as a % of modern method	Number of cases
Ghana	1998	55.4	44.5	80.3	81
	2003	47.0	42.0	89.4	268
Kenya	1998	51.9	49.1	94.6	470
	2003	48.5**	47.3	97.5	245
Malawi	2000	33.9	32.7	96.5	250
	2004	49.2	47.9	97.3	165
Mozambique	1997	12.0	6.9	57.5	217
	2003	42.7	36.2	84.8	404
Tanzania	1999	28.1	26.2	93.2	440
	2004	48.8	47.3	96.9	201
Uganda	1995	97.9	48.5	49.5	113
	2000/1	60.3	59.0	97.8	87
Zambia	1996	39.8	37.3	93.7	270
	2001	37.1	34.6	93.2	195
Zimbabwe	1999	43.5	41.2	94.7	628
	2005	46.1	39.3	85.2	354

Source: Analysis of DHS Data

** Most recent method used with a partner

Table 2a: Condom use at last sex and reason for use, females^a

Country		% that used condom last sex	Reason for condom use last sex (% of users)					No of cases ^b
			Prevent STD/HIV	Prevent pregnancy	Prevent both STD/HIV and Pregnancy	Partner insisted	Other	
Cameroon	1998	18.5	-	-	-	-	-	422
	2004	51.5	-	-	-	-	-	457
Ghana	1998	17.6	-	-	-	-	-	166
	2003	31.9	14.0	59.6	26.3	-	-	183
Kenya	1998	19.0	-	-	-	-	-	318
	2003	29.3	27.2	30.9	36.4	1.8	3.6	186
Malawi	2000	27.6	25.4	46.0	25.4	1.6	1.6	233
	2004	28.6	44.4	27.8	27.8	-	-	188
Mozambique	1997	5.1	-	-	-	-	-	385
	2003	27.1	18.4	16.6	59.9	1.4	3.2	799
Tanzania	1999	21.5	-	-	-	-	-	518
	2004	42.3	-	-	-	-	-	757
Uganda	1995	32.9	-	-	-	-	-	221
	2000/1	44.1	16.7	50.0	33.3	-	-	193
Zambia	1996	17.7	-	-	-	-	-	360
	2001/2	28.8	25.0	18.8	50.0	-	12.5	230
Zimbabwe	1999	33.7	37.1	22.9	36.8	-	3.4	522
	2005	38.0	-	-	-	-	-	113

Source: Analysis of DHS data

a= applies only to last sex in the four weeks preceding survey

b=number of cases in tables 2a and 2b may differ from those in 1a and 1b because of missing cases

Table 2b: Condom use at last sex and reason for use, males^a

Country		% that used condom last sex	Reason for condom use last sex (as % of condom users)					No of cases
			Prevent STD/HIV	Prevent pregnancy	Prevent both STD/HIV and Pregnancy	Partner insisted	Other	
Ghana	1998	37.2	-	-	-	-	-	80
	2003	39.5	11.3	36.8	52.0	-	-	268
Kenya	1998	41.7	-	-	-	-	-	470
	2003	47.3	12.1	19.8	53.4	12.9	0.9	245
Malawi	2000	32.2	44.4	24.7	27.2	2.5	1.2	250
	2004	47.9	64.5	15.2	13.9	1.3	5.1	165
Mozambique	1997	13.8	-	-	-	-	-	217
	2003	36.2	33.6	20.5	40.4	1.4	4.1	404
Tanzania	1999	32.5	-	-	-	-	-	440
	2004	47.3	62.4	6.5	25.8	-	5.4	201
Uganda	1995	50.4	-	-	-	-	-	113
	2000/1	59.0	44.2	25.0	26.9	-	3.8	87
Zambia	1996	42.7	-	-	-	-	-	270
	2001/2	34.6	76.1	6.0	13.4	1.5	3.0	195
Zimbabwe	1999	66.5	33.7	33.1	30.5	0.3	2.3	520
	2005	61.8	-	-	-	-	-	354

Source: Analysis of DHS data

^a= applies only to last sex in the four weeks preceding survey