

Condom knowledge, perceptions and covariates of use among adolescents in Sub-Saharan Africa

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Rationale and Objective

HIV/AIDS is increasingly affecting youth worldwide. Sub-Saharan Africa suffers the greatest toll where youth face fast growing rates of HIV and other sexually transmitted infections (STIs). Data from 2003 indicate that the region contained almost two-thirds of all youth living with HIV/AIDS worldwide (about 6.2 million people); 75% of those cases are among young women or girls.¹ Unintended pregnancy is also a major reproductive health problem among young people in Sub-Saharan Africa and improving contraceptive access and use is vital.²

For young people who are sexually active, the condom, when used correctly and consistently, is the only method that offers protection against HIV. Additionally, it has been shown that the condom is an effective method of preventing unwanted pregnancy, and it is certainly the most preferred method among unmarried young people. Despite extensive efforts in promoting condom use, young people still engage in risky sexual behaviors and condom use remains low. A multitude of factors may impede young people's ability to protect themselves by using condoms, including attitudes towards condoms and effective use of the method. Numerous studies have found that young people's perceptions of condoms tend to be negative.³ Studies have documented that young people have concerns about condom safety and breakage⁴, condom ineffectiveness (e.g., condoms have small holes or they can disappear into the vagina)⁵, the negative effect of condom use on sexual enjoyment⁶, the low quality of condoms⁷--especially condoms that are free⁸, and condom use signifying infidelity or having an STI.⁹ In a number of studies, trust in the sex partner was mentioned as a reason for not using condoms.¹⁰ Although a number of studies have looked at young people's perceptions of condoms, there is little data on the extent to which perceptions about condoms may mitigate condom use.

Tackling misperceptions remains a challenge for programs and policies aimed at increasing condom use among sexually-active adolescents, and while the evidence continues to grow about how adolescents view condoms, very little information is available on whether adolescents' knowledge of how to use condoms is correct and whether they actually use condoms correctly and consistently. The evidence that condom use is increasing among young people in many Sub-Saharan African countries is certainly encouraging, however, it has been argued that increasing condom use is not fully

effective in stemming HIV and STI transmission or preventing unwanted pregnancy if condoms are used inconsistently or incorrectly.

This paper addresses gaps in understanding the dynamics of condom use among 12-19 year old adolescents by:

1. Providing new evidence on levels of condom knowledge including the main motivations adolescents' give for condom use;
2. Describing the key perceptions adolescents have about condoms (from both quantitative and qualitative data);
3. Documenting correct and consistent use of condoms in recent sexual relationships; and finally,
4. Measuring the relative explanatory power that perceptions of condoms and relationship characteristics (e.g. duration of relationship, type of relationship, age of sex partner, number of partners, alcohol use at last sex, and whether money or material goods were exchanged for sex, amongst other factors) have in predicting condom use in recent sexual relationships.

Given the increasing vulnerability of young people to HIV and the risks of unintended pregnancy, it is of program and policy relevance to better understand the barriers to effective condom use among sexually-active adolescents in order to help young people lead healthy sexual and reproductive lives.

Data source and methodology

The paper draws on three new data sources from four countries in Sub-Saharan Africa (Burkina Faso, Ghana, Malawi and Uganda). Among other factors, the four countries were chosen to reflect the wide variation in the levels of HIV in the region and adolescent experiences from the West, East and Southern sub-region. The data were collected in 2003-2004 and include focus group discussions (FGDs), in-depth interviews (IDIs) and a nationally-representative survey of young people in each of the four study countries. While the FGDs provide information about community norms and expectations, the IDIs and surveys offer information about individuals' preferences and experiences.

FGDs

A total of 55 focus group discussions were conducted from January through March 2003 with 14 to 19 year olds: 16 FGDs each in Burkina Faso and Ghana; 11 FGDs in Malawi and 12 FGDs in Uganda. Adolescents were selected from both urban and rural areas, representing a mixture of male and female and in-school and out-of-school adolescents. In Malawi and Uganda, groups of married men and married or single mothers were also included; in Burkina Faso there was one focus group with rural married women. Each of the discussions was conducted with adolescents who had similar background characteristics according to sex, urban/rural residence, and school status (in or out-of-school). In Burkina Faso and Ghana the discussion groups were further divided by age (14-16 years and 17-19 years). The focus groups are informative regarding perceptions of vulnerability to HIV/STIs and unintended pregnancy and the role of condoms as a risk reduction strategy.

IDIs

Approximately 102 IDIs were conducted in each of the four countries in September-October 2003 with 12-19 year old males and females. The samples were selected to have an equal number of urban and rural residents, in and out-of school individuals, and to obtain a specified number (12) of males and females with a child—either as married or unmarried. Special populations were also sought out and included: street children, refugees (Uganda only), petty traders, disabled adolescents (Uganda only), residents of homes for pregnant teenagers (Ghana only) and adolescents living in juvenile/remand homes or orphanages. The IDIs shed light on perceived risks of HIV/STIs and unintended pregnancy, knowledge about prevention and the decisions made to prevent these risks.

Nationally-representative surveys

Four nationally representative, household-based surveys of 12-19 years olds were conducted in early 2004 in Burkina Faso, Ghana, Malawi and Uganda. Interviews lasted about 45 minutes and survey questionnaires were designed to be similar in content and structure across all 4 countries. The questionnaires were translated (and back-translated) into major local languages and pre-tested. Data collection was completed in June 2004 for Burkina Faso, Ghana and Uganda and August 2004 for Malawi. The final survey samples were 5,955 adolescents in Burkina Faso; 4,410 in Ghana; 5,112 in Uganda; and approximately 3,800 adolescents in Malawi (the survey data for Malawi are currently being finalized).

Adolescents' perceptions about condoms were measured in the survey by asking respondents to agree or disagree with the following statements: 1) using a condom reduces sexual pleasure; 2) using a male condom is a sign of not trusting your partner; 3) it is embarrassing to buy or ask for male condoms. These measures of perceptions about condoms will be used in the multivariate analysis of determinants of condom use.

The surveys collected information for each recent sexual relationship an adolescent had in the last 12 months (for up to 3 recent sex partners): type of relationship (e.g., acquaintance, boyfriend/girlfriend), age of partner, duration of relationship, condom and other contraceptive method use at last sex, reasons for condom use and whose decision it was, use of alcohol at last sex and whether money or material goods were exchanged for sex in the relationship.

Several different measures of consistency of condom use were also included in the survey: use of condom at last sex (with each partner captured in the survey) and, for males only, frequency of sexual intercourse in the last 3 months and frequency of condom use in the last 3 months. Questions about problems experienced during recent condom use, such as condom slippage/breakage or starting sexual intercourse before a condom was put on, were also ascertained for male adolescents. Analysis will be done by sub-group (rural/urban, in-school/out-of-school) and selected socio-demographic variables with a focus on gender, age, education and marital status.

The quantitative measures complemented by data from the IDIs provide a comprehensive overview of young people's sexual relationships and help identify factors in a relationship that enable or hinder condom use.

Preliminary Results

Focus Group Discussions

Most of the discussion groups named condoms as a way to protect against STIs, especially HIV, and, to a lesser degree, preventing pregnancy. While other studies have highlighted misperceptions about condoms and access problems as primary impediments to use, this study found the primary impediment to condom use was the values that young people attach to sexual intercourse. Young people talked about "raw," or unprotected sex, as the only way to enjoy sex while others talk about foregoing condoms because of trusting or loving a partner.

There was widespread recognition among the participants of the right of young women to demand condom use. In fact, insisting on condom use was perceived to be primarily the young woman's responsibility, yet young women often talked about how their lack of power impeded their ability to enforce condom use. The females' power was further compromised if money or gifts were involved in the sexual transaction.

In-Depth Interviews

We are still in the process of analyzing the IDIs and are not ready to report on any preliminary results yet.

National Survey of Adolescents

Preliminary results^a on knowledge about condoms indicate that adolescents tend to be fairly informed about the correct way to use a condom: between 74-79% of adolescents in Burkina Faso, Ghana and Uganda knew that a condom needs to be put on before beginning to have sex and 63-74% knew that a condom cannot be used more than once. Greater variation in knowledge was found when adolescents were asked about putting on a condom when the penis is stiff: 54% of young people in Ghana, 65% of adolescents in Burkina Faso and 74% of young people in Uganda knew this to be the case. Slightly over one-third of adolescents in Burkina Faso and Uganda stated that they had seen a male condom demonstration; in Ghana, 43% of adolescents had seen this.

Policy Implications

Given the high prevalence of HIV in Sub-Saharan Africa and the increasing number of young people who are affected by HIV, promoting condom use for sexually active young people remains a key part of the effort to curtail the spread of HIV. The correct and consistent use of condoms can serve the purpose of both preventing HIV as well as unintended pregnancy for which sexually active young people are at risk. Findings from this paper will identify specific needs adolescents have with respect to condom knowledge and use. The evidence will be helpful to policymakers, program managers and those who provide services to adolescents to improve young people's knowledge of the condom and their ability to use the method consistently and correctly.

^a These numbers are unweighted. Malawi data are not yet available.

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- ⁹ Hulton LA, Cullen R and Wamala Khalokho S, Perceptions of the risks of sexual activity and their consequences among Ugandan adolescents, *Studies in Family Planning*, 2000, 31(1):35-46; Swart-Kruger J and Richter LM, AIDS-related knowledge, attitudes and behaviour among South African street youth: reflections on power, sexuality, and the autonomous self, *Social Science and Medicine*, 1997, 45(6):957-966.
- ¹⁰ Temin MJ et al., Perceptions of sexual behavior and knowledge about sexually transmitted diseases among adolescents in Benin City, Nigeria, *International Family Planning Perspectives*, 1999, 25(4):186-190 & 195; Varga CA, South African young people's sexual dynamics: implications for behavioural responses to HIV/AIDS, in: Caldwell JC et al., eds., *Resistances to Behavioural Change to Reduce HIV/AIDS Infection in Predominantly Heterosexual Epidemics in Third World Countries*, Canberra, Australia: Australian National University, National Centre for Epidemiology and Population Health, Health Transition Centre, 1999, pp. 13-34; Varga CA, Sexual decision-making and negotiation in the midst of AIDS: youth in KwaZulu-Natal, South Africa, *Health Transition Review*, 1997, 7(Suppl. 3):45-67; MacPhail C and Campbell C, 'I think condoms are good but, aai, I hate those things': condom use among adolescents and young people in a Southern African township, *Social Science and Medicine*, 2001, 52(11):1613-1627.