

Condoms and Sexually Active Youth

Risk perception, accessibility, gender, and other factors affect condom use.

Programs for youth promote abstinence, delayed sexual debut, and reduced numbers of partners. At the same time, for sexually active youth, using condoms remains critically important for preventing unwanted pregnancy and sexually transmitted infections (STIs), including HIV.¹

Condom use among unmarried, sexually active youth varies greatly: In Peru, South Africa, and Zambia, more than 70 percent report using a condom at last intercourse, while more than 50 percent report such use in Bolivia, Gabon, Kazakhstan, and Zimbabwe. Fewer than 30 percent report such use in Ecuador, Senegal, and Togo, and the numbers are much lower in other countries such as Egypt and Nepal.² Compared to use at last intercourse, rates of consistent, long-term use are lower. In Jamaica, while 88 percent had used condoms at some point, about a third reported unprotected sex during the last three months.³ In South Africa, about half of students reported using condoms during every act of intercourse in the last six months.⁴

Demographic and Health Surveys (DHS) show that reported use is higher among unmarried compared to married youth, males compared to

females, and with casual partners compared to primary partners. In Togo, about one of five unmarried sexually active young women used a condom, compared to only 2 percent of their married counterparts. In Zimbabwe, more than half of young males used condoms at last intercourse compared to one in 10 females. In Kazakhstan, young men used condoms much more with casual partners (65 percent) than with primary partners (11 percent).

Factors that affect condom use include risk perception, social support, accessibility, acceptability, and gender.

Risk perception

Youth, even when aware of HIV risk, often do not consider this risk with steady partners. Youth tend to establish the trustworthiness of their partners with criteria other than sexual history or the consequence of not using condoms, according to focus groups among youth in Eritrea, Tanzania, Zambia, and Zimbabwe. Youth said learning about partners' sexual history was important, but it rarely happened.⁵

Risk perception is difficult to change. A four-country social marketing and peer education intervention (Botswana, Cameroon, Guinea, and South Africa)





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did not change perceived risk of HIV, and increased risk perception of pregnancy only among females in two countries. However, belief that condoms protect against pregnancy and HIV/AIDS did increase in several countries.⁶

Social support, accessibility, and acceptability

Social support in buying condoms can affect youth behavior. During an intensive, 18-month mass media and interpersonal communication campaign in Cameroon called “100% Jeune,” hesitancy by males to buy condoms declined from 44 to 33 percent, while perceived support by parents for condom use increased from 59 to 70 percent; similar changes occurred among females. Reported use of condoms at last intercourse increased (males, 46 to 59 percent; females, 40 to 48 percent).⁷

Many youth do not feel condoms are readily accessible, even in areas with wide availability. In Botswana, youth were reluctant to get condoms from the public sector, even when free, because health workers questioned their behavior.

“Teenagers are afraid to go to the clinic to ask for condoms because they know that nurses are going to ask them questions about use of condoms and their age,” a schoolgirl told researchers. Another group in the study, out-of-school boys, were willing to go to a window at a public hospital where boxes of condoms were kept at a window with no questions asked.⁸

The private sector poses fewer barriers to accessibility and is generally the preferred source for condoms for youth, according to an analysis of DHS data.⁹ Surveys show that nearly two-thirds of young sexually active males (Jamaica) and youth (Bolivia) got their condoms from commercial sources, mostly small retail outlets, including pharmacies.

Acceptability of condoms affects use. Perceived lack of pleasure and loss of spontaneity was the most important issue for non-use of condoms with casual partners in surveys in Angola and Cameroon. Among regular partners, dislike ranked first in Angola, second in Cameroon, and third in Rwanda.¹⁰ In contrast, a South African survey of more than 3,000 youth found general support for condoms. Two of three respondents disagreed with the statement, “Using a condom is a sign of not trusting your partner.”¹¹

Gender

Males feel caught between expectations to show their masculinity by having sex and impregnating a young woman and feelings of guilt and remorse if this happens, according to focus groups in Kenya. They feel uncomfortable getting condoms where they might be recognized, and many do not trust condoms to work.¹²

Males generally have more experience in using a condom than females. In a survey of 2,000 urban youth in Cameroon, four of five males reported knowing how to use a condom correctly compared to about 60 percent of females. More males than females also reported being able to negotiate condom use (88 percent, compared to 82 percent) and being willing to buy a condom (49 percent, compared to 33 percent).¹³ Girls saw using condoms as a sign of love and protection, whereas boys tended to use them with casual partners, according to peer group discussions in South Africa.¹⁴

Some men feel they can insist on sex, limiting young women's ability to use a condom. “Violence and coercion are often used on unwilling sexual partners,” reported one participant from a South African focus group.¹⁵

Gaps in knowledge

Research is addressing unanswered questions about condom use among sexually active youth. Social marketing projects in Cameroon, Rwanda, and Madagascar are seeking to understand how to increase condom availability and use by targeting broader audiences and using such approaches as newspapers, radio call-in show, television spots, peer educators, and youth-friendly outlets. Projects are studying ways to make pharmacies more youth friendly in El Salvador and other countries. Ways to shift social norms and increase consistent use of condoms in Zambia and Tanzania are under study. The United Nations Population Fund is compiling information addressing myths, misperceptions, and fears about condoms. Analysis of the global media campaign “Staying Alive,” aired by MTV in more than 80 countries, may suggest ways to reduce stigma against condom use.

Key questions

Research findings and current studies suggest several key questions:

- Can focusing more on pregnancy prevention increase condom use? Research suggests that youth, especially females, can negotiate condom use more easily for prevention of pregnancy than STIs and that youth are more likely to use condoms to protect against pregnancy.
- What factors can improve long-term and consistent condom use? More detailed information is needed to understand how short-term use can become long-term, consistent use, including the role of risk perception, self-efficacy, and social supports.
- What specific factors cause youth to dislike condoms? Research does not clearly distinguish among factors, ranging from stigma to perceived loss of sensitivity. Programming has not addressed creatively such issues as breakage, loss of pleasure, or insecurity in how to use them.

PROGRAM RECOMMENDATIONS ON YOUTH AND CONDOMS

Behavior change campaigns should

- emphasize delaying sexual debut and limiting the number of partners
- help youth more accurately assess their risk
- build social support for STI/HIV protection, particularly from parents

For sexually active youth, campaigns should

- emphasize the positive attributes of condoms
- concentrate more on increasing youth's confidence in obtaining condoms
- focus more on consistent condom use to protect against both pregnancy and STI

Efforts to improve accessibility should

- expand distribution through the private sector and peers
- address provider attitudes to help improve the quality of public sector provision
- decrease social stigma about condoms by addressing cultural norms

Regarding gender issues, programs should

- challenge traditional male sexual norms
- promote communication skills among youth and adult gatekeepers (parents, teachers, health workers, church workers, etc.)
- focus on improving females' skills to insist on condom use, even in cross-generational relationships

Policy development should

- emphasize open discussion and promotion of condoms
- address the role of emergency contraceptive pills as a backup to condoms

Adapted from recommendations made in Agha (2002); Hogle, Green, Nantulya, et al. (2002); Longfield, Klein, Berman (2002); Meekers, Ahmed, Molatlhegi (2001); Meekers, Klein (2002); and Nzioka (2001).

- How can accessibility be increased? While research indicates youth highly value confidentiality and nonjudgmental attitudes, more research is needed to identify specific obstacles to condom accessibility and reasons youth prefer pharmacies, bars, or kiosks as outlets.
- What kind of programmatic efforts are needed? While continuing to target specific groups, social marketing and other interventions need to be larger in scope and more diverse and bold, using mass media, interpersonal techniques, newspapers written by youth for youth, and large-scale drama events.

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REFERENCES

1. Hogle, JA, Green E, Nantulya V, et al. *What Happened in Uganda? Declining HIV Prevalence, Behavior Change, and the National Response*. Washington, DC: U.S. Agency for International Development, 2002.
2. Demographic and Health Surveys, Bolivia, 1998; Gabon, 2000; Kazakhstan, 1999; Togo, 1998; and Zimbabwe, 1999; *Report of Adolescent Condom Survey: Jamaica*. Washington, DC: Commercial Market Strategies, 2001; Rutenberg N, Kehus-Alons C, Brown L, et al. *Transitions to Adulthood in the Context of AIDS in South Africa: Report Wave I*. Washington, DC: Horizons Project, 2001; Underwood C, Hachonda H, Serlemitos E, et al. *Impact of the HEART Campaign: Findings from the Youth Surveys, 1999 & 2000. Zambia*. Baltimore: JHU/CCP, 2001; Park IU, Sneed CD, Morisky DE, et al. Correlates of HIV risk among Ecuadorian adolescents. *AIDS Educ Prev* 2002;14(1):73-83; Katz K, Nare C. Reproductive health knowledge and use of services among young adults in Dakar, Senegal. *J Biosoc Sci* 2002; 34(2):215-31.
3. Family Health International. *HIV/AIDS Behavioral Surveillance Survey Jamaica: 1999-2000. BSS Round 1 Final Report*. Arlington, VA: Family Health International, n.d.
4. Stewart H, McCauley A, Baker S, et al. *Reducing HIV Infection Among Youth: What Can Schools Do? Key Baseline Findings from Mexico, South Africa, and Thailand*. Washington, DC: Horizons Project, 2001.
5. Longfield K, Klein M, Berman J. *Criteria for Trust and How Trust Affects Sexual Decision-making among Youth: Working Paper No. 51*. Washington, DC: Population Services International, 2002.
6. Agha S. A quasi-experimental study to assess the impact of four adolescent sexual health interventions in sub-Saharan Africa. *Int Fam Plann Perspect* 2002;28(2):67-70, 113-18.
7. Meekers D, Agha S. Impact of the "100% Jeune" condom social marketing campaign in Cameroon. Abstract No. 47592. *American Public Health Association Annual Meeting*, Washington, DC, November 13, 2002.
8. Meekers D, Ahmed G, Molathegi MT. Understanding constraints to adolescent condom procurement: the case of urban Botswana. *AIDS Care* 2001;13(3):297-302.
9. Murray NJ, Dougherty L, Stewart L, et al. *Are Adolescents and Young Adults More Likely Than Are Older Women to Choose Commercial and Private Sector Providers of Modern Contraception?* Washington, DC: The Futures Group International, 2003.
10. Agha S, Kusanthan T, Longfield K, et al. *Reasons for Non-use of Condoms in Eight Countries in Sub-Saharan Africa: Working Paper No. 49*. Washington, DC: Population Services International, 2002.
11. Rutenberg.
12. Nzioka C. Perspectives of adolescent boys on the risks of unwanted pregnancy and sexually transmitted infections: Kenya. *Reprod Health Matters* 2001;9(17):108-17.
13. Meekers D, Klein M. Understanding gender differences in condom use self-efficacy among youth in urban Cameroon. *AIDS Educ Prev* 2002;14(1):62-72.
14. Harrison A, Xaba N, Kunene P. Understanding safe sex: gender narratives of HIV and pregnancy prevention by rural South African school-going youth. *Reprod Health Matters* 2001;9(17):63-71.
15. MacPhail C, Campbell C. "I think condoms are good but hate those things": condom use among adolescents and young people in a Southern African township. *Soc Sci Med* 2001;52(11):1613-27.

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