

## Condom use

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### *HIV & AIDS and STI National Strategic Plan 2007-2011*

*“A key message of the NSP is that one of our greatest challenges is to influence and change the behaviour of young people, particularly those under 24, in order to try and reduce HIV infection in the age group that is most at risk [p65]. UNAIDS data on the experience of several countries including South Africa, confirm that positive behaviour change is more likely in this group than in older ages. When used consistently and correctly, male and female condoms prevent HIV infection and other STIs. [p34].”*

#### Indicator

Condom use during last sexual intercourse

#### Definition

The percentage of adolescents aged 15 – 19 years who have had more than one sexual partner in the last 12 months.

**Condom use at last sex, as a proportion of those reporting higher risk sex (of marriage / cohabiting union) (15-19 years)**

	Women	Men
Used condom at last higher-risk sex	49%	25%

Source: Department of Health, Medical Research Council & OrcMacro (2007) *South Africa Demographic and Health Survey 2003*. Pretoria: Department of Health.

#### Commentary

Consistent and correct condom use is considered a highly effective strategy for the prevention of HIV.<sup>1</sup> The national HIV & AIDS and STI Strategic Plan for South Africa (NSP 2007 – 2011) identifies youth as a specific target group for HIV interventions, particularly those aimed at the prevention of infection. The NSP identifies the strengthening of behaviour change programmes for the prevention of sexual transmission of HIV, and the implementation of interventions targeted at reducing HIV infection in young people, as two objectives.

The strengthening of sexual reproductive health and HIV prevention programmes, including contraceptive services, at higher education institutions is identified as a key intervention. The NSP identified safer sex practices and the promotion of male and female condoms as key

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components of its HIV prevention programme and unwanted pregnancy packages.<sup>2</sup> To monitor implementation of the NSP, it is important to consider baseline information on the use of condoms among South Africa's sexually active youth population.

Although the South African Demographic and Health Survey (SADHS) 2003<sup>3</sup> pre-dates the implementation of the NSP, it provides some indication of the extent of sexual activity among young people and their condom use. In particular, it suggests that young men who are sexually active are more likely than young women to be engaging in high-risk sex without a condom..

In the SADHS analysis, condom use is expressed as a proportion of those who have had "high-risk sex" (outside of marital / cohabiting relationships), since condom use would understandably be lower amongst married partners or those in permanent cohabiting partnerships. In addition, those who are actively trying to conceive would not be using condoms. However, few people in the 15 – 19 age group are married or cohabiting, so sexual relationships outside of marriage are common. Of the teenagers 15 – 19 who were sexually active in the year preceding the survey, 95% of females and 99% of males were not married or cohabiting with their partner.

Of female youth aged 15 – 19 years who engaged in high-risk sex in the previous 12 months, 49% reported condom use at their last high-risk sexual encounter. Reported condom usage was much lower for males, where only 25% of those in the same age group used a condom during their last high-risk sex.

#### **Strengths and limitations of the data**

Two nationally representative South African Demographic and Health Surveys (SADHS) have been conducted to date. These cover the population living in private households. The first was conducted in 1998, and the second in 2003. The main survey targets women aged 15 and 49 years.

Both the 1998 and 2003 surveys use two-stage nationally representative probability samples, drawn from Census enumeration areas. The sample is first stratified by the country's nine provinces, and then by urban and non-urban areas. The final sample yielded approximately 12,000 households for the 1998 survey and 10,000 households for 2003.

There was a marked decline in the response rate to the survey. The overall response rate for the women's questionnaire was 75% in 2003, far lower than the 92% in 1998. Western Cape had the highest number of women who refused to be interviewed. The response rate for the adult survey (which includes men) was 71% in 2003, again lower than the 90% response rate in 1998.

The SADHS 2003 report suggests an over-representation of urban areas and of the African population group, and an under-representation of Whites and Indian females. It also highlights problems with age misreporting.



Key demographic and adult health indicators from the SADHS 2003 have data quality problems, which may be the result of poor fieldwork. These include child mortality, fertility and hypertension prevalence estimates. These indicators are either inconsistent with other data sources or difficult to interpret. Findings that are not sufficiently robust for decision-making are indicated in the report.

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### References

- <sup>1</sup> Shisana O, Rehle T, Simbayi LC, Zuma K, Jooste S, Pillay-van-Wyk V, Mbelle N, Van Zyl J, Parker W, Zungu NP, Pezi S & the SABSSM III Implementation Team (2009) *South African national HIV prevalence, incidence, behaviour and communication survey 2008: A turning tide among teenagers?* Cape Town: HSRC Press.
- <sup>2</sup> Department of Health (2007) HIV & AIDS and STI Strategic Plan for South Africa 2007 – 2011. Pretoria: Department of Health.
- <sup>3</sup> Department of Health, Medical Research Council & OrcMacro (2007) *South Africa Demographic and Health Survey 2003*. Pretoria: Department of Health.