MALE CONDOM USE AMONG AFRICAN PEOPLE IN ENGLAND

The knowledge, the will and the power (KWP)[1] is the National African HIV Prevention Programme's strategic plan to prevent sexual HIV transmissions among African people in England. One aim of the plan is that ***Africans correctly use male and / or female condoms for intercourse (Africans Aim 3)*** and there is a description of the needs associated with condom use (section 6.4). This briefing provides further evidence and detail relating to those needs, in light of the finding from *Bass Line 2008-09: Assessing the sexual HIV prevention needs of African people in England*[2] that 30% of condom users experienced a slip or a break in the past year.

Using condoms during sexual intercourse dramatically reduces the chances that HIV will be passed between an infected and uninfected partner. Condoms work by blocking fluid transfer between partners so that the semen, vaginal mucous, anal mucous, menstrual fluid or blood of an HIV-infected partner is prevented from coming into contact with a mucous membrane of a sexual partner that is not infected. HIV is more easily acquired and transmitted when another sexually transmitted infection is present, and use of condoms also helps to reduce the spread of many other sexually transmitted infections.

Making condoms easily available and accessible is a key part of supporting condom use among African people. However, having a condom does not mean its owner can use it successfully. Being able to clearly communicate one's intention to use condoms, and to follow through this intention requires knowledge, skills and confidence.

Among *Bass Line*[2] respondents who had intercourse, a majority (41.4%) had always used condoms during intercourse in the last year, one third (32.3%) had sometimes done so, and one quarter (25.6%) had not used condoms at all.

Those who use condoms sometimes will have some experience with, and motivation to use them, and may be influenced the most by condom-related interventions. Where resources are scarce, greatest impact may be achieved by meeting the remaining needs of those who sometimes use condoms (see ***Spotlight #1***).

SPOTLIGHT ON DATA #1: WHO SOMETIMES USES CONDOMS?

Bass Line[2] data suggests that interventions that seek to boost the motivation and skill of those who already sometimes use condoms should target:

- ***People in their 20s and 30s*** were most likely to report sometimes using condoms when compared with other age groups.
- ***Men*** were more likely than women to say that they sometimes used condoms.
- Comparison by religion shows that followers of ***traditional African religions***, and those with ***no religious affiliation*** were more likely than other groups to sometimes use condoms.
- Also, ***non-monogamous people in regular relationships,*** and those with ***more than one regular partner*** were more likely than those with no regular or just one (monogamous) partner, to say that they sometimes used condoms.

THE KNOWLEDGE: RECOGNISING AND RESPONDING TO HIV RISK

People who are aware that a sexual partner might have a different HIV status to themselves are more likely to use a condom to avoid getting or passing on HIV. More than two thirds of *Bass Line*[2] respondents did not know that at least 1-in-20 of all Africans in England have HIV. This knowledge will help people to better assess the chances that they and/or their sexual partners could have HIV.

The only way that a sexually active person not already diagnosed with HIV can be certain of their HIV status is if they have had an HIV test. Subsequent risk (such as unprotected intercourse) may then reduce that certainty. Regular HIV testing among African people in England is rare – which explains why many are ill by the time their HIV

infection is diagnosed. The most common reason for not testing is the belief they have not been at risk. Some will be right, but others will be unaware that they have been exposed to HIV. Condom users need to know some key facts, such as: safe storage, checking for expiry dates and safety kite marks, how to correctly put a condom on an erect penis, when to use lubricant, timing and technique for removing a condom, and knowing that various condoms will suit individuals differently. Most condom slips or breaks result from incorrect use, or ill-fitting condoms. For detailed information on correct condom use, see: www.avert.org/condom.htm and www.aidsmap.com/cms1044833.pdf.

To watch a condom demonstration video, visit: www.youtube.com/watch?v=FwCXi-4O78I

THE WILL: POSITIVE ATTITUDES TOWARD CONDOMS

There is considerable work to be done among African people to increase the cultural value of condoms (***Spotlight #2***). Where condoms are perceived to be socially unacceptable, people will avoid their use. A change in attitude requires the understanding that condoms help both partners to be safer, and are not a reason for distrust.

SPOTLIGHT ON DATA #2: CONDOM WORRIES

One third (32.3%) of *Bass Line*[2] respondents indicated they would worry about what people thought of them if they carried condoms.

Such concerns were most common among:

- those who had never had an HIV test,
- those with lower educational qualifications, and
- members of traditional African religions.

Also contributing to some people's dislike of condoms is their experience of discomfort and genital irritation when they have used them in the past[3]. An Australian study focusing on the key factors affecting men's like of condoms found that experiences of: ill-fitting condoms, condoms that were difficult to put on, that had slipped, or had broken all contributed to negative perceptions[4].

Motivating men and women to keep trying different sizes, styles, brands and thicknesses, will help them to find the condom that suits them.

Significant problems arise when health promoters or healthcare providers perpetuate inaccurate information about condoms, when they share their clients' negative perceptions about condoms, or when their own beliefs contradict evidence about condom use[5]. For this reason it is essential that volunteers and workers are adequately trained and supervised to ensure that they do not reinforce or strengthen harmful attitudes.

New skills and knowledge can influence attitudes

- Using condoms made from non-latex materials (such as Pasante Unique, Mates Supreme, Durex Avanti or female condoms) can reduce discomfort for those who have experienced irritation.
- Using water-based lubricant on the outside of the condom once it is on the penis, and adding some to the sexual partner's anus or vagina can help to increase sexual sensation for both partners, as well as reducing friction on the condom.
- African people who practice 'dry sex' in order to intensify friction during intercourse can be encouraged to try condoms combined with a lubricant that induces a warming sensation, as a pleasurable alternative.

THE POWER: ACCESSING CONDOMS AND NEGOTIATING THEIR USE

Purchasing condoms can be costly, and some people find it embarrassing. In order to use condoms, African men and women require reasonable access to a range of condoms in order to find the ones that suit them best (***Spotlight #3***). Ensuring that African people have access to condoms is an important element of HIV prevention, however, access on its own is not sufficient to stop HIV transmission.

SPOTLIGHT ON DATA #3: GETTING CONDOMS

Although condoms are available free from sexual health clinics and some community organisations, a fifth (20.3%) of *Bass Line*[2] respondents did not know this.

One fifth (20.5%) of *Bass Line*[2] respondents said they sometimes had problems getting hold of condoms. These same respondents were more likely than others to worry about what people might think if they were known to carry condoms, which shows a connection between attitudes towards condoms, and people's ability to access them.

Among long-term couples, consistent use of condoms is not the norm (one third of monogamous *Bass Line*[2] respondents said they always used them). Interview data from UK-based African men and women in heterosexual couples revealed that men tend to take the lead in decisions about whether to use condoms, despite the concerns of their female partners[3]. In the same study, men said they would be suspicious if their partner wanted to change existing methods of contraception. Couples with the skills and attitudes that support shared decision-making will be more able to negotiate successful condom use[6].

Intimate sexual partners often think their sex is safe 'enough' to stop using condoms[7-9]. However, safety will rely upon each partner being screened for HIV and other infections, and both partners remaining monogamous. Those who have

difficulty convincing their partner of this, and who are not sure of their partner's sexual health should seek specialist advice about their options. It is possible to negotiate and maintain consistent condom use within a relationship where condoms signify love, respect and care for your partner and yourself. People with these skills at the start of a relationship may stand a better chance of ensuring consistent condom use as a relationship matures (***Spotlight #4***).

SPOTLIGHT ON DATA #4: STARTING AS WE MEAN TO CONTINUE

The majority of Bass Line[2] respondents agreed that they would find it easy to talk about safer sex and HIV with new sexual partners (70.8%), and that they could use condoms with a sexual partner if they wanted to (80.9%).

However, agreement on both these statements was less likely among people with diagnosed HIV and those with the lower levels of education. In addition, Muslims were least able to communicate clearly about safer sex, while followers of African traditional religions were least likely to believe they could ensure condom use. There was no difference in the way these survey questions were answered when comparing respondents' gender or age.

The desire to have children can also play a key role in decisions not to use condoms. Those who want to conceive without risking HIV transmission should find out if either partner has HIV before engaging in monogamous unprotected intercourse. Where one partner has diagnosed HIV and the other does not, they should be aware that insemination, sperm washing techniques, and maintaining an undetectable viral load can be used to assist conception that is free of sexual HIV risk, as outlined in clinical guidance from BHIVA[10].

CONDOM FAILURE

Among Bass Line[2] respondents, 30% of condom users experienced a slip or a break in the past year. To reduce failure, African men having sexual intercourse should use a male condom that fits well[11]. Ensuring a comfortable fit with a male condom will require some practice. Younger men often need a narrower condom (sometimes marketed as a 'trim fit') than mature men in order to avoid it slipping off. As a group, African men's erect penises are moderately longer and wider in circumference as compared to other ethnic populations, although individual men of the same ethnic group also differ in erect penis size[12,13]. Given that men with a larger penile circumference experience more condom breakages, seeking out a condom that fits well is going to be crucial[14]. Research undertaken in the US demonstrates that substantial proportions of African-American men report problems with the fit and feel of condoms, and that these perceived problems are associated with condom failure[15].

Although male condoms can break or slip off, this is usually because of errors using them, rather than any fault in manufacture (***Spotlight #5***). Research on condom failure demonstrates that the majority of condom breakages and slippages are concentrated among a small proportion of users[16-18].

SPOTLIGHT ON DATA #5: BEHAVIOURS ASSOCIATED WITH CONDOM FAILURE

Bass Line[2] respondents were asked if they had engaged in a number of behaviours in the past year that can be associated with condom failure.

- The most common of these (reported by 60% of respondents) was use of a condom for more than thirty minutes. Using condoms without additional water-based lubricant, and using condoms that did not fit correctly were also reported by more than half of those who had used a condom in the past year.
- For almost all of the behaviours related to condom failure, those who had engaged in the behaviour were significantly more likely to have experienced failure in the last year, than those who had not.

Identifying and addressing the characteristics of those who most often experience failure will help to increase successful condom use in future[19]. Although there is some indication that men falling outside the average range of penile dimensions may experience more condom breaks or slips, other group associations with condom failure include whether partners are cohabiting[17;] educational and socio-economic status[17, 20, 21]; and previous experience with condom use[6,21]. These findings indicate that working to increase Africans' condom skills will go a long way toward helping to ensure their success, as has been shown with other population sub-groups where experience of condom failure is high[19].

SUMMARY

Those planning HIV prevention interventions for African people must recognise that in order to increase condom use, *simply distributing condoms is not enough*. In order to use condoms successfully, people also require:

- A positive attitude toward them.
- Recognition of the benefits of condom use.
- An outlook which values these benefits over any perceived drawbacks.

Where condoms are costly, or uncomfortable, or where friends, family or potential partners regard them as a sign of sexual promiscuity they are more likely to be used inconsistently, or not at all.

In addition to increasing African people's knowledge about condoms and their motivation to use them, condom interventions must also increase the specific skills that people need to use condoms correctly. This requires:

- Information about techniques,
- the opportunity to practice, and
- the capacity to negotiate protected intercourse.

Interventions outlined in the *African HIV prevention handbook*[22], such as the provision of information and advice one-to-one, in groups, or through cultural programming (chapters 3, 4 and 5), as well as therapeutic change and skills building delivered one-to-one or in groups (chapters 6 and 7) will be directly relevant to helping to meet male condom need among African people.

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