

**Reasons for Non-use of Condoms in Eight Countries in
sub-Saharan Africa**

Sohail Agha
Thankian Kusanthan
Kim Longfield
Megan Klein
John Berman

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Sohail Agha is the Senior Research and Evaluation Coordinator, AIDSMark/PSI.
Thankian Kusanthan is the Lecturer in the Department of Gender Studies at the
University of Zambia. Kim Longfield is the Research Associate at AIDSMark/PSI.

Megan Klein is the Research Assistant in the Research Division/PSI. John Berman is the Director of the AIDSMark project.

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Abstract

Objective: To determine why sexually experienced males and females from multiple countries in sub-Saharan Africa do not use condoms.

Methods : We used data from sample surveys conducted in eight countries in sub-Saharan Africa. Respondents were asked about their use of condoms and their reasons for not using a condom in last sex with a marital, a regular (non-marital) or a casual partner. Respondents' reasons for not using a condom are shown by type of partner and by gender.

Results: Males and females most frequently reported trusting their partner as the main reason for not using a condom in last sex with a marital or a regular (non-marital) partner. This suggests that low personal risk perception is the most important reason for not using a condom with a marital or a regular partner. A dislike of condoms is the most frequently cited reason for not using a condom with a casual partner. Respondents rarely cited the price of condoms as a barrier to condom use. Lack of condom availability was also rarely cited as a reason for not using a condom, except to some degree by males in casual partnerships. The latter may be because of the unplanned nature of casual sex activity, rather than because condoms are not available.

Conclusions : Behavior change campaigns encouraging sexually experienced people to accurately assess their personal risk of acquiring HIV should be complemented with marketing campaigns emphasizing the positive attributes of condoms.

INTRODUCTION

Despite high levels of HIV prevalence in sub-Saharan Africa, levels of condom use remain below what is necessary to arrest the HIV epidemic (Lagarde et al. 2001). In 1999, instead of an estimated 24 billion condoms that were needed to protect sexual acts, only 6 to 9 billion condoms were actually used (Gardner, Blackburn, and Upadhyay 1999). In 1999, Botswana, South Africa, Zimbabwe, Togo, Congo and Kenya collectively had a “condom gap” estimated at 1.9 billion condoms (Shelton and Johnston 2001).

There are several possible reasons for differences between the estimated need for condoms and actual condom use. One explanation could lie in shortages of supply not leaving consumers with sufficient access to condoms. High condom prices also limit access to condoms. Demand-side reasons provide another explanation for lack of condom use. Factors contributing to an artificially low demand may include psychological costs of condom use, such as the stigma associated with condoms or the need to feel close to one’s partner.

Numerous studies have looked at the determinants of condom use in individual countries. However, to our knowledge, no multi-country study has quantified the reasons for not using a condom. In this study, we use data from population-based surveys in eight sub-Saharan African countries to examine the reasons why respondents reported not using condoms.

BACKGROUND

The perceived risk of acquiring HIV is an important determinant of condom use (Morris et al. 1996). Individuals assess their risk of acquiring STIs from a partner and, based on their assessment, decide whether or not to use a condom. In most contexts, the discourse surrounding ‘normal sex’ suggests that sex with a stable partner is safe while sex with a casual partner is risky (de Zoysa, Sweat, and Denison 1996). Consistent with this perception, individuals are more likely to use condoms with casual partners than with regular or marital partners (Mehryar 1995)(Agha 1998; Civic 1999; Meekers and Klein

2001; Meekers, Klein, and Foyet 2001). Increased condom use has also been found among individuals with multiple partners (Soskolne et al. 1991). Even though a large proportion of sex acts occur with marital partners, an estimated 60% of all condoms are used in extra-marital sex (Gardner, Blackburn, and Upadhyay 1999).

Condoms are stigmatized because they are often associated with casual sex and multiple partnerships. Moreover, they can symbolize emotional distance and a lack of romantic involvement (Sobo, 1995). Normative notions of sexual behavior can become barriers to condom use when they influence decisions about the type of partner with whom a condom is used (Taylor 1990). In relationships that are expected to develop into trusting and loving partnerships, many people consider it natural to reach a stage where it not longer feels necessary to use a condom (Abdool Karim, Abdool Karim, and Preston-Whyte 1992). Studies have shown that higher levels of love and commitment as well as longer and more serious relationships are associated with lower levels of condom use (Civic 1999). Thus, the introduction of condoms into established relationships such as marriage can be very difficult because it suggests a lack of trust in the partnership (Sachingongu 2001).

Differentials in power may enable one partner to unilaterally reject the use of condoms. Many women in African societies depend on the economic support provided by men and thus transactional sex can become important in various phases of their lives (Ankomah 1998). In circumstances where women exchange sexual favors for economic support, a woman's ability to negotiate condom-use is limited (Ulin 1992). The notion of a docile female role - common to many societies (Ulin 1992) – discourages good communication about sexual matters and equitable decision-making between partners (de Zoysa, Sweat, and Denison 1996). However, it is important to note that men are not alone in rejecting condom use; women also oppose condom use for a variety of reasons (Taylor 1990). Studies show that both men and women report objections to condom use by their partners (Agha 1997; Kusanthan and Suzuki 2000; Trigg 2001; Waithaka, Cherop-Kaai, and Mwangi 2001).

Besides low risk perception and gender differentials in power, negative associations with condoms can be important barriers to condom use. Many individuals report dislike of condoms because they reduce sensation, spontaneity in sexual relations,

and the naturalness of sexual intercourse (Ross 1992; Abdool Karim et al. 1992; Pleck, Sonenstein, and Ku 1993; Ankomah 1998). The lack of lubrication of condoms and the resulting dryness and pain (Abdool Karim et al. 1992) have also been cited as a reason for not using condoms. Thus, dislike of the condoms itself can be an important reason for non-use.

Condom availability and access play an important role in determining whether condoms are used (Sweat and Denison 1995; Gardner, Blackburn, and Upadhyay 1999). During the 1990s, there have been substantial increases in the availability of condoms in developing countries because of condom social marketing (Harvey 1997; Lamptey and Price 1998; Gardner, Blackburn, and Upadhyay 1999). By making subsidized condoms widely available through the commercial sector, social marketing has helped reduce the price of condoms as well as the cost of time and transportation needed to obtain condoms (Lamptey and Price 1998). Social marketing has also increased access to condoms among the poor (Gardner, Blackburn, and Upadhyay 1999; Agha and Kusanthan 2000). Although condom availability has increased in places such as nightclubs and bars where casual sex encounters are initiated (Emanuel, Agha, and Kusanthan 2000), studies suggest that people do not have condoms readily available at the time of sex because of unplanned sexual activity (Abdool Karim et al. 1992; Kusanthan and Suzuki 2000). Government distribution of condoms has also increased, contributing to higher access to condoms. However, there are some concerns that government distribution has had a lower impact on access than it might have had if government health facilities were widespread (Gardner, Blackburn, and Upadhyay 1999) and if government providers were trained to be friendly to adolescents who want to obtain condoms (Caldwell 2000).

DATA AND METHODS

The questionnaire

The survey instruments used in this study were based on a model questionnaire used by Population Services International (PSI). An earlier version of the questionnaire used was based on the instrument used for the WHO Knowledge Attitude Behavior Practices Survey(1995). The instrument was used to gather data on socio-demographic characteristics, sexual behavior, condom use, and AIDS awareness. Respondents were

asked about condom use in last sex with a marital, regular (non-marital), and casual partner. Those who did not use a condom in their last sex act with each type of partner were asked about their reasons for not doing so. In most surveys response options included trust of their partner, dislike of condoms, not having a condom at hand at the time of sex, partner's objection to condom use, non-availability of condoms, and price.

In the surveys for Zambia and Zimbabwe, no distinction was allowed in the response options between not having a condom at hand at the time of sex and the non-availability of condoms. In our analysis, therefore, we did not use the information from Zambia and Zimbabwe on these two items (although the combined total for these two items are shown below the tables). In the case of Zimbabwe the survey instrument also did not include the use of another contraceptive method as a reason for not using a condom. In these instances, if a respondent states that they did not use a condom because they used another method, interviewers coded the response as "other". In countries where respondents could state that they did not use a condom because they were using another method, no more than 3% of non-users reported this as a reason for not using a condom.

Descriptions of the samples

Table 1 shows the description of each survey and the name of the implementing organization. Each survey was a multi-stage cluster sample. The surveys were representative of different regions of each country.

Table 1 about here

Angola

The Luanda Knowledge Attitude and Practice Survey (LKAPS 2000) is representative of men and women aged 15-24 living in the capital city, Luanda, which is estimated to hold about a quarter of the Angolan population. The total number of completed interviews was 2,419, of which 1,995 respondents were sexually experienced (Prata 2001).

Cameroon

The data on Cameroon stem from the 2000 Urban Cameroon Adolescent Reproductive Health Survey, 2000 (UCARHS 2000). It is representative of young men and women 15-24, living in the two largest cities in Cameroon, Yaoundé and Douala. A total of 2,096 youth were successfully interviewed, of which 1425 individuals were sexually experienced (Tchupo and Tégang 2001a).

Eritrea

The Survey to Establish Knowledge, Attitudes and Practices Regarding HIV/AIDS, Sexual Behavior, Condom and Contraceptive Use Amongst Adults in Eritrea 2001 (EKAP 2001) is a nationally representative survey of Eritrean men and women aged 17-50. The actual number of completed interviews was 1,477, out of which 1,118 were sexually experienced (Trigg 2001).

Kenya

The Kenya Knowledge Attitude and Practice Survey 2000 (KKAPS 2000) is a survey representative of men and women 15-49 from all provinces of Kenya except North Eastern Kenya, which accounts for about 5% of the population of Kenya. Both men and women were interviewed for the survey. Out of a total of 2,711 respondents aged 15-39, 2,213 were sexually experienced (Agha, 2001).

Mozambique

The Mozambique Urban Knowledge, Attitudes and Practice survey 2001 (MUKAP-2001) is representative sample of men and women 15-49 living in urban Mozambique. The KAP includes a total sample of 5,542 men and women, of whom 3,466 were sexually experienced.

Rwanda

The data from Rwanda are from the 2000 Butare Household Adolescent Reproductive Health Survey (BHARS 2000), which is representative of 15-24 year old

men and women in Butare province. A total of 3143 individuals were interviewed, of whom 804 were sexually experienced (Tchupo and Tégang 2001b).

Zambia

The Zambia Urban Sexual Behaviour and Condom Use (ZUSBCU 1999) survey is a representative sample of men and women aged 15-49 living in urban Zambia. The actual number of completed interviews was 2,791 of which 2,525 respondents were sexually experienced (Kusanthan and Suzuki 2000).

Zimbabwe

The Zimbabwe Knowledge, Attitude and Practices Survey (KAP 1999) is a representative sample of 15-54 year old men and 15-49 year old women in Zimbabwe. Out of 2,010 completed interviews, 1,637 respondents were sexually experienced.

RESULTS

Marital partner

Table 2 shows the levels of condom use in last sex with a marital¹ partner and reasons for not using a condom in last sex with a marital partner. Both males and females reported low levels of condom use in last marital sex act. Females reported condom use levels as low as 3% (Eritrea) and as high as 21% (Luanda). Males reported similarly low levels of condom use. Eritrean males reported the lowest levels of condom use (1%) and Cameroonian males reported the highest levels of condom use (22%).

The two most frequently reported reasons for not using a condom by females were trust of their partner (Eritrea, Butare and Zimbabwe) and dislike of condoms (Luanda, urban Cameroon and urban Zambia). In Eritrea, Butare and Zimbabwe more than 40% of females reported trust of their partner as a reason for not using a condom. In Luanda, urban Cameroon and urban Zambia, dislike of condoms was the most commonly cited reason for not using a condom, reported by more than 30% of respondents. Dislike of condoms as a reason for non-use was reported by only 3% of females in Eritrea and

¹ For Butare and urban Cameroon, this was married or cohabiting partner.

9% of females in Butare, the two locations with the lowest levels of condom use with a marital partner. Partner objection was the third most frequently cited reason for not using a condom, reported by 10% or more of females in most countries. The non-availability of condoms² and not having a condom at hand at the time of sex were cited as reasons for not using a condom by less than 10% of females. Fewer than 3% of females cited condoms being too expensive as a reason for not using them.

For males, trusting one's partner was the most commonly cited reason for not using a condom. Between 47% and 73% of males reported trusting one's partner as the most important reason for not using a condom with a marital partner. Not liking condoms was the second most important reason for not using a condom. In most countries, more than 10% of respondents reported their dislike of condoms as a reason for not using a condom. As with females, males in Eritrea and Butare were least likely to cite dislike of condoms as a reason for non-use. Not having a condom at hand³ at the time of sex was the third most frequently cited reason for not using a condom in Luanda and urban Cameroon, the two countries where condom use by males was the highest. Partner objection was relatively unimportant as a reason for not using a condom, cited by less than 10% of males. The price of the condom was reported as a deterrent to use by fewer than 3% of respondents.

Table 2 about here

Regular (non-marital) partner

Table 3 shows levels of condom use in last sex with a regular partner and reasons for not using a condom in last sex with that partner. For both females and males, condom use with a regular partner was higher than condom use with a marital partner (compare Table 3 with Table 2). For females, condom use with a regular partner varied between 26% and 59%. For males, condom use with a regular partner was between 35% to 74%.

In the majority of countries, females were most likely to report trusting one's partner as the reason for not using a condom with a regular partner. Between 20% and 77% of females reported trust as a reason for not using a condom. In urban Cameroon,

² Non-availability was higher in rural than in urban areas but did not exceed 10% with any partner (not shown).

Kenya, Butare and Zimbabwe trusting one's partner was the most frequently cited reason for not using a condom in last sex. Dislike of condoms was the most frequently cited reason for not using a condom by females in Luanda (37%) and urban Zambia (29%). Partner objection was cited by between 8% and 28% of females. Not having a condom at hand at the time of sex was cited by about 10% of females in Luanda, urban Cameroon and Kenya and by 20% of females in Butare. Non-availability as a reason for not using a condom was also cited by a higher proportion of females from Butare (10%) than females in other countries, where it was reported by under 5% of non-users. Less than 5% of females cited the high price of condoms as a reason not using a condom.

With the exception of males in Luanda, male respondents most frequently cited trust as a reason for not using a condom. Between 29% (Luanda) and 74% (Eritrea) of male non-users reported trusting their partner as a reason for not using a condom. Dislike of condoms was the most important reason for not using a condom in Luanda (31%). Between 9% and 26% of males in other countries cited dislike of condoms as the reason not using a condom. Not having a condom at hand at the time of sex was particularly important in Butare (25%) and Luanda (18%) and was about 10% for men in urban Cameroon and Kenya. Fewer than 10% of males reported partner objection as a reason for not using a condom. Non-availability of condoms as a reason for not using a condom was cited by fewer than 10% of males. Fewer than 3% of respondents reported that the high price of condoms was a reason for not using a condom in last sex with a regular partner.

Table 3 about here

Casual partner

Table 4 shows the levels of condom use in last sex with a casual partner and the reasons for not using a condom in last sex with a casual partner. About 28% to 49% of females reported condom use in last sex with a casual partner. About 41% to 60% of males reported condom use in last sex with a casual partner.

³ In the Zambia and Zimbabwe surveys, the response options did not permit a respondent to distinguish between not having a condom at hand at the time of sex and the non-availability of condoms.

Females in Luanda (38%) and urban Cameroon (28%) were most likely to cite not liking condoms as a reason for not using a condom. Reported dislike of condoms was the second most frequently cited reason for not using a condom a condom by females in urban Mozambique. Females in urban Mozambique were most likely to cite trusting their casual partner (43%) as a reason for not using a condom in last sex with that partner. In Luanda and urban Cameroon, the second most frequently cited reason for not using a condom was not having a condom at hand at the time of sex. Nearly a fifth of respondents cited trusting their casual partner as the reason they did not use a condom. The reported non-availability of condoms and condoms being too expensive were cited as reasons for not using a condom by a small proportion of respondents (6% or fewer respondents).

Males in Luanda, urban Cameroon and Kenya most frequently cited their dislike of condoms as the reason for not using a condom in last sex with a casual partner. Between 28% and 33% of males in Luanda, urban Cameroon and Kenya cited their dislike of condoms as a reason for not using a condom. Trust of one's partner was the most frequently cited reason for not using a condom in urban Mozambique (34%) and was cited by 18% to 24% of respondents in other countries. Dislike of condoms was the second most frequently cited reason (27%) for not using a condom in urban Mozambique. Not having a condom at hand was the second most commonly cited reason for not using a condom in Luanda (23%) and urban Cameroon (21%) and the third most commonly cited reason for not using a condom in Kenya (21%) and urban Mozambique (25%). Between 5% and 17% of non-users of condoms cited the non-availability of condoms as a reason for not using a condom in last sex with a casual partner. A small proportion of respondents cited condoms being too expensive as the reason for not using a condom.

Table 4 about here

DISCUSSION

We used data from surveys conducted in sub-Saharan Africa to understand why sexually experienced men and women do not use condoms during sexual intercourse. These surveys represent a variety of populations (either national or regional) and age groups (adolescents or reproductive age adults). Consistent with what has been found in

individual country studies, factors related to the demand for condoms are considerably more important as barriers to condom use than factors related to the supply of condoms. Our study has helped in quantifying the degree to which various reasons for non-use of condoms are important in hindering condom use.

In most countries males and females most frequently reported trusting their partner as the reason that they did not use a condom with a marital or a regular (non-marital) partner. Married males in particular were highly likely to report trust as a reason for not using a condom, probably because they consider themselves at low risk of acquiring HIV from their spouses. These findings indicate how important personal risk perceptions are in determining condom use in stable relationships. Given the high levels of HIV prevalence in many of the countries included in this study, an accurate assessment of the risk of contracting HIV is extremely important. Interpersonal counseling and social marketing campaigns that help individuals assess their personal risk of contracting HIV can play an important role in reducing barriers to condom use.

Factors related to condom attributes are important deterrents to condom use. Previous studies have shown that many people do not like using condoms because they believe that condoms cause reduced pleasure, increased dryness and resulted in a loss of spontaneity. These issues can be addressed by condom marketing campaigns. However, there is a need to improve the product itself; condoms designed to give greater pleasure to the user should be marketed. Condoms designed to allow greater sensitivity during sexual intercourse are being test-marketed in developing countries. Depending upon the success of initial test-marketing efforts, more resources could be allocated for marketing these condoms.

The unplanned nature of non-marital sexual encounters appears to be another important barrier to condom use. Respondents who had casual partners were more likely than respondents with regular partners to cite not having a condom at hand as the reason for not using a condom. Married respondents were the least likely to report not having a condom at hand as a reason for not using a condom. Mass media campaigns should be developed to raise awareness of the need to have condoms at hand when there is potential for sex to occur.

The lack of availability of condoms was generally not reported as a significant deterrent to condom use. However, lack of availability was higher in rural compared to urban areas. Because of limited commercial sector development, the dispersion of government health facilities and higher costs of service delivery, condom distribution systems in rural areas of developing countries tend to be weaker than in the urban areas. Strengthening condom distribution systems in rural areas would be useful.

The high price of condoms was not reported as a barrier to the use of condoms. In the majority of instances, less than 3% of respondents cite the high price of condoms as a reason for not using condoms. Through the use of donor funds, social marketing has made inexpensive condoms widely available. In many countries, large quantities of free condoms have also been distributed through the government health care system. Besides the fact that inexpensive social marketing condoms or free condoms may be available, the reason that the price of condoms was not cited as an important barrier to condom use may be that other barriers, such as trust, are more important.

These findings show that factors such as condom availability and price are not significant barriers to the use of condoms in the countries studied. The lack of perceived risk of acquiring HIV appears to be one of the most important barriers to the use of condoms. Behavior change campaigns that encourage appropriate personal risk assessment should be complemented with marketing campaigns that emphasize the positive attributes of condoms.

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Table 1. Description of samples for each survey

Country	Year	Representative	Gender	Age group	Sample size	Sexually experienced	Implementing organization	Funded by
Angola	2001	Luanda	Both	15-24	2,419	1,995	Angola Instituto de Pesquisa	USAID
Cameroon	2000	Yaonde & Douala	Both	15-24	2,096	1,425	Institut de Recherche et des Études de Comportements	Gates Foundation
Eritrea	2001	National	Both	17-50	1,477	1,118	Target Research Ltd.	USAID
Kenya	2000	National	Both	15-39	2,711	2,213	PSI & Central Bureau of Statistics	USAID
Mozambique	2001	Urban	Both	15-49	5,542	3,466	PSI & National Institute of Statistics	USAID
Rwanda	2000	Butare province	Both	15-24	3,143	804	Institut de Recherche et des Études de Comportements	Gates Foundation
Zambia	1999	Urban	Both	15-49	2,791	2,525	PSI & Central Statistical Office	USAID
Zimbabwe	1999	National	Both	15-49	2,010	1,637	Target Research Ltd.	USAID

Table 2. % of respondents who used a condom in last sex with a MARITAL PARTNER and % of non-users who gave reasons for non-use of condoms

	Condom use	Reasons given for non-use of condoms with a MARITAL PARTNER												
		Trust			Dislike		Partner Objection		Not at hand		Not available		Too expensive	
FEMALES														
	%	%	Rank	%	Rank	%	Rank	%	Rank	%	Rank	%	Rank	%
Luanda (Angola)	21%	28%	2	41%	1	12%	3	5%	4	2%	5	1%	6	7%
Urban Cameroon	11%	31%	2	34%	1	13%	3	3%	4	0%	6	1%	5	34%
Eritrea	3%	54%	1	3%	2	1%	3	0%	5	1%	3	0%	5	41%
Butare (Rwanda)	5%	44%	1	9%	3	10%	2	6%	5	7%	4	1%	6	25%
Urban Zambia	8%	35%	2	36%	1	21%	3	*	NR	*	NR	2%	NR	11%
Zimbabwe	7%	49%	1	37%	2	11%	3	*	NR	*	NR	0%	NR	3%
MALES														
	%	%	Rank	%	Rank	%	Rank	%	Rank	%	Rank	%	Rank	%
Luanda (Angola)	18%	51%	1	27%	2	3%	4	8%	3	2%	5	1%	6	9%
Urban Cameroon	22%	47%	1	17%	2	9%	4	13%	3	4%	5	0%	6	35%
Eritrea	1%	73%	1	3%	2	0%	3	0%	3	0%	3	0%	3	30%
Butare (Rwanda)	2%	60%	1	10%	2	0%	4	0	4	0%	4	2%	3	25%
Urban Zambia	9%	63%	1	24%	2	5%	3	*	NR	*	NR	2%	NR	12%
Zimbabwe	8%	73%	1	15%	2	2%	3	*	NR	*	NR	0%	NR	2%

* For Zambia and Zimbabwe “not at hand” and “not available” were available as a combined response. In Zambia the combined percentage was 8% for females and 5% for males. In Zimbabwe the combined percentage was 4% for females and 1% for males.

NR = Not ranked

Table 3. % of WOMEN who used a condom in last sex with a REGULAR PARTNER and % of non-users who gave reasons for non-use of condoms

	Condom use	Reasons given for non-use of condoms with a REGULAR PARTNER												
		Trust			Dislike		Partner Objection		Not at hand		Not available		Too expensive	
FEMALES														
	%	%	Rank	%	Rank	%	Rank	%	Rank	%	Rank	%	Rank	%
Luanda (Angola)	39%	25%	2	37%	1	11%	3	10%	4	4%	5	3%	6	9%
Urban Cameroon	34%	34%	1	25%	2	13%	3	8%	4	2%	5	0%	6	31%
Eritrea	**	**	**	**	**	**	**	**	**	**	**	**	**	**
Kenya	26%	51%	1	26%	2	15%	3	8%	4	4%	5	1%	6	11%
Butare (Rwanda)	29%	20%	1	8%	3	10%	5	20%	2	10%	4	4%	6	39%
Urban Zambia	44%	25%	3	29%	1	28%	2	*	NR	*	NR	2%	NR	7%
Zimbabwe	59%	77%	1	10%	NR	8%	NR	*	NR	*	NR	0%	NR	3%
MALES														
	%	%	Rank	%	Rank	%	Rank	%	Rank	%	Rank	%	Rank	%
Luanda (Angola)	38%	29%	2	31%	1	6%	4	18%	3	6%	4	1%	5	7%
Urban Cameroon	45%	45%	1	26%	2	4%	4	10%	3	1%	5	0%	6	30%
Eritrea	74%	74%	1	17%	2	9%	3	0%	5	9%	3	0%	5	22%
Kenya	41%	65%	1	12%	2	3%	4	12%	2	6%	3	1%	5	9%
Butare (Rwanda)	35%	31%	1	14%	3	3%	5	25%	2	7%	4	0%	6	23%
Urban Zambia	43%	50%	1	13%	NR	3%	NR	*	NR	*	NR	2%	NR	9%
Zimbabwe	55%	59%	1	9%	NR	3%	NR	*	NR	*	NR	0%	NR	3%

* For Zambia and Zimbabwe “not at hand” and “not available” were available as a combined response. In Zambia the combined percentage was 16% for females and 25% for males. In Zimbabwe the combined percentage was 5% for females and 20% for males.

NR = Not ranked

** Less than 20 cases

Table 4. % of respondents who used a condom in last sex with a CASUAL PARTNER and % of non-users who gave reasons for non-use of condoms

	Condom use	Reasons given for non-use of condoms with a CASUAL PARTNER												
		Trust			Dislike		Partner Objection		Not at hand		Not available		Too expensive	
FEMALES														
	%	%	Rank	%	Rank	%	Rank	%	Rank	%	Rank	%	Rank	%
Luanda (Angola)	40%	17%	3	38%	1	8%	4	22%	2	1%	6	2%	5	3%
Urban Cameroon	49%	18%	4	28%	1	20%	2	20%	2	3%	5	0%	6	30%
Kenya	**	**	**	**	**	**	**	**	**	**	**	**	**	**
Urban Mozamb.	28%	43%	1	25%	2	17%	3	13%	4	5%	6	6%	5	12%
Urban Zambia	37%	7%	NR	13%	NR	29%	NR	*	NR	*	NR	0%	NR	11%
MALES														
	%	%	Rank	%	Rank	%	Rank	%	Rank	%	Rank	%	Rank	%
Luanda (Angola)	44%	18%	3	28%	1	6%	5	23%	2	7%	4	1%	6	2%
Urban Cameroon	60%	20%	3	33%	1	10%	4	21%	2	5%	5	0%	6	23%
Kenya	60%	24%	2	31%	1	3%	5	21%	3	17%	4	2%	6	17%
Urban Mozamb.	46%	34%	1	27%	2	9%	4	25%	3	8%	5	7%	6	14%
Urban Zambia	41%	24%	NR	16%	NR	3%	NR	*	NR	*	NR	2%	NR	11%

* For Zambia and Zimbabwe “not at hand” and “not available” were available as a combined response. In Zambia the combined percentage was 28% for females and 46% for males.

NR = Not ranked

** Less than 20 cases