



Combined condom and contraceptive use among South African women

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To the Editor: Women across sub-Saharan Africa face multiple threats to their sexual and reproductive health. In South Africa, almost 20% of pregnancies are unwanted and an additional 36% are unintended at the time of conception,¹ highlighting problems in access to and effective use of contraception. The heavy burden of sexually transmitted infections (STIs), including HIV/AIDS, presents a further challenge to women's health.

In this context there is growing recognition of the importance of dual-method use, defined as the simultaneous use of condoms and a non-barrier contraceptive, as an important strategy for promoting reproductive health. While condoms alone do protect against both pregnancy and STI, condom use over the long term may lead to unacceptable contraceptive failure rates. Therefore, combining condom use with an effective non-barrier contraceptive, usually a hormonal method, helps to ensure effective prevention of both unwanted pregnancy and STI.

Although South African and international reproductive health guidelines encourage the promotion of dual-method use among sexually active women,² little is known about its practice among South African women. Data on the prevalence and predictors of dual-method use are required to help inform interventions promoting such use. At the request of the Western Cape Provincial Reproductive Health Programme, we investigated use of dual methods among women attending primary care public health facilities in the province.

Women of childbearing age (15 - 49 years) attending 30 randomly selected public sector primary health care clinics (20 urban, 10 rural) were interviewed during 2004. At each facility, consecutive women attending the clinic for any reason were interviewed in their home language by a trained fieldworker. In analysis, we focused on three aspects of women's dual-method use, namely ever use, current use (at last sexual intercourse) and knowledge. Bivariate analyses examined the association between current dual-method use and selected demographical

and sexual characteristics. Multivariate logistical regression was used to identify independent predictors of current dual-method use. All participants provided informed consent, and approval to conduct the survey was granted by the Provincial Department of Health and the Research Ethics Committee of the University of Cape Town.

Overall, 95% of the 894 survey participants ($N = 845$) reported previous sexual activity; all subsequent analyses are limited to this sexually experienced subset. Participants' median age was 27 years (interquartile range (IQR) 22 - 35 years) and the median level of education was grade 10 (IQR grades 8 - 11). Almost half of participants were unemployed ($N = 399$, 47%). On the day of the interview, participants were attending the clinic for specific medical complaints (34%, $N = 287$) or for antenatal/postnatal care (30%, $N = 253$); 19% ($N = 161$) were at the clinic for family planning services. Most participants spoke either Afrikaans or Xhosa as their home language (47%, $N = 397$ and 44%, $N = 372$, respectively). For 61% of the 685 participants who had ever been pregnant ($N = 418$), their last pregnancy was unintended.

A total of 21% of participants ($N = 178$) were protected from both pregnancy and STI the last time they had sexual intercourse, with 10% using dual methods ($N = 84$), and 11% using a condom alone ($N = 88$); 50% ($N = 426$) were protected only from pregnancy through the use of non-barrier contraception; 29% ($N = 242$) used no method and were protected against neither unwanted pregnancy nor STI at last intercourse. Overall, 33% of participants ($N = 279$) had ever used dual methods, while 64% ($N = 544$) knew of dual-method use. Less than half (45%, $N = 380$) had ever been counselled on dual-method use by a health care worker.

Current dual-method use was higher among younger women (16%, 11%, 8% and 7% among 15 - 19, 20 - 29, 30 - 39, and 40 - 49-year-olds, respectively; p -value for trend < 0.01). Sixteen per cent of women who had achieved at least a grade 12 education used dual methods at last intercourse, compared with 9% of those who had not completed grade 12 ($p < 0.01$). Current students were more likely to report dual-method use than other occupational groups (23% for students, 11% for those employed, and 7% for those unemployed, $p = 0.001$). Language was significantly associated with dual-method use - 17% of women who spoke Xhosa as a main language were current dual-method users, compared with 7% of English and 5% of Afrikaans speakers ($p < 0.001$). Behavioural characteristics that increased dual-method use were not being married or cohabiting (14% among single women v. 4% among married

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or cohabiting women, $p < 0.001$), having a greater number of sexual partners (15% among those with more than one v. 9% among those with only one sexual partner in the past year, $p = 0.01$), and having most recent sexual intercourse with a casual partner (14% v. 4% among those whose last sex was with a marital/steady partner, $p < 0.001$). Having been counselled on dual methods by a health care provider was associated with a doubling of dual-method use at last sexual intercourse (14% v. 7%, $p = 0.001$).

After adjusting for participant age and education, current dual-method use remained significantly increased among women who were not married/cohabiting (odds ratio (OR) for dual method use at last sexual intercourse 4.2, 95% confidence interval (CI): 2.0 - 8.7), who spoke Xhosa as a main language (OR 2.8, 95% CI: 1.7 - 4.7), and who had been counselled on dual-method use by a health care worker (OR 1.8, 95% CI: 1.1 - 3.0).

This is one of the few studies focusing on dual-method use in a general clinic sample in sub-Saharan Africa. The frequency of dual-method use is low among sexually active women attending public health facilities in the Western Cape, with 33% of women reporting having ever used dual methods during sexual intercourse and 10% currently using dual methods. These findings are consistent with the results of other studies conducted in sub-Saharan Africa.³⁻⁵ A study conducted in a similar population in 2000 found that 8% of participants used dual methods at last sexual intercourse,⁶ suggesting little improvement in levels of dual-method use over the last 5 years. This survey was conducted among individuals attending public health facilities, with access to health education, non-barrier contraception and condoms. Therefore, awareness and practice of dual-method use may be higher in this sample than in the general population.

In light of the high prevalence of non-barrier contraceptive use in South Africa, with 59% of sexually active 15 - 49-year-olds reporting current use of a non-barrier contraceptive

method,¹ dual-method use represents an important approach to promoting dual protection. Health-promotion messages and counselling on dual-method use, which are different from condom-promotion messages, are urgently needed in this population. Given the persistent relationship between being counselled on dual-method use by a health care provider and current use of dual methods, dual-method use counselling should become part of routine sexual and reproductive health counselling for all sexually active women and men.

The findings that nearly one-third of women surveyed were not protected from pregnancy or STI at last sexual intercourse and that 61% of last pregnancies were unintended are worrisome, especially given that these women were accessing primary health care services. These findings are consistent with general South African contraceptive prevalence data¹ and indicate a substantial unmet need for pregnancy and STI prevention, even among health service attenders. This cross-sectional study provides preliminary insights into the prevalence and correlates of dual-method use among women in the Western Cape. Such information will aid South African policy makers and health workers in understanding dual-method use, and ultimately increase its practice.

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