Condom use at first and latest sexual events among young people: evidence from a rural and peri-urban setting in Uganda

*Tumwesigve NM¹, Ingham R², Holmes D³

- 1. Makerere University College of Health Sciences, Department of Epidemiology and Biostatistics, School of Public Health
- 2. Centre for Sexual Health Research, University of Southampton
- 3. University of Southampton Division of Social Statistics,

Abstract

Background: Condom use remains low among young people despite high prevalence of HIV, STIs, and unplanned pregnancy in Uganda.

Objectives: This paper presents patterns of condom use at first and latest sexual events and associated factors.

Methods: The data were obtained from 445 sexually active unmarried people aged 15-24 from one peri-urban and another rural district. Stratified multi-stage cluster sampling technique was applied. Logistic regression was used to identify factors associated with condom use at each of the two sexual events, while multinomial logistic regression was used to establish factors correlated with condom use at both first and last sex.

Results: Factors associated with condom use at each event were residence in the peri-urban district and higher education attainment. Factors correlated with condom use at both first and last sex were residence in peri-urban district (p<0.001) and being in school (p<0.01). Alcohol consumption and age at first sex were only significant at one event.

Conclusion: Some factors that influence condom use at first sex are different from those that affect condom use at latest sexual event. Prevention programmes against STIs, HIV and unplanned pregnancies among young people focus more on rural areas and those with minimal or no education.

Key words: Multinomial logistic regression, dynamics of condom use, HIV, STI, STD, unplanned pregnancy African Health Sciences 2013; 13(2): 407 - 414 http://dx.doi.org/10.4314/ahs.v13i2.30

Introduction

Condoms are a core component of basic HIV prevention services recommended by the World Health Organization¹. When used consistently and correctly, the male condom is effective in reducing sexual transmission of HIV and STDs2. The importance of condoms can never be over emphasised especially at a time when prevalence of HIV, STD/STIs, and unplanned pregnancies are still unacceptably high in many countries. UNAIDS estimates that, as of December 2010, a total of 34 million people were living with HIV while 2.6 million were infected in the same year³.

Young people are among the most vulnerable group as more than half of new HIV infections occur among those aged below 25 years4. Unintended pregnancies lead to about 12,000

*Corresponding author:

Nazarius Mbona Tumwesigye

Department of Epidemiology and Biostatistics School of Public Health

Makerere University College of Health Sciences Tel: +25678244771

Email: naz@musph.ac.ug

abortions among adolescents each day⁵. Correct and consistent use of condoms is the best way to prevent both pregnancy and disease⁶.

In Uganda, prevalence of condom use at first sex among unmarried young people aged 15-24 has been reported to be 37% for females and 59% for males; while use at latest sex among the same age group is 54% for both males and females⁷. The prevalence of HIV in the general population has been 6.4%⁷ but has risen⁸. Only a small proportion of sexually active young people can abstain for even 12 months9.

Two of the best-recalled sexual events are the first and latest sex. There is a close association of condom use at first sex with lifetime condom use¹⁰ and condom use at last sex is a reasonable proxy for consistent use as indicated by the high correlation between recency and frequenc¹¹. This paper investigates condom use at first and last sex, and establishes factors associated with condom use at each of the events separately and at both events. Relatively little work has been done in this area.

Methods

The data used in this study were obtained in May 2004 from 445 sexually active young people aged 15-24 in Mukono and Kabale districts in Uganda. Mukono is a peri-urban district with its headquarters located 27km from the capital city, Kampala. It is on the highway to Uganda's second largest city, Jinja. Kabale is in extreme south west of the country, 420km from Kampala. The district is largely rural, it is dependent on agricultural produce¹².

A semi-structured questionnaire was used to collect the data. The respondents were randomly selected in a stratified multi-stage cluster survey. This involved use of simple random sampling technique to select sub-counties, parishes and villages, and systematic sampling to select a number of households that ranged from 4 to 14 per village.

The data on condom use were from questions on condom use at first and latest sex. Condom use was categorised in use at first and latest sex, use at only one of the two events and none-use at both events. Those whose first sex was at the same time the last sex were left out of the analysis that combined both times.

A chi-square test was used to test for equality of the proportion of condom use between levels of variables. Binomial logistic regression technique was used to model condom use at first and latest sex. Multinomial logistic regression was used to model condom use at the two events since the outcome resulted in more than two categories¹³: condom use at the two events, use at one of the two and non-users at both events.

The model selection criteria used was based on work by Hosmer & Lemeshow¹⁴ All variables with a p-value less than 0.2 in bivariate analysis were put in a model and a backward elimination procedure was followed. While in the multivariable model, variables with the highest p-value were removed one at a time until all had a Wald's test¹⁵ p-value of less than 0.2. All variables not initially included in the model and those eliminated were also considered one at a time for any major positive influence by examining the changes in log likelihood on the model and the value of the log likelihood ratio test. Pearson's and Hosmer-Lemeshow's chi-square tests were also used to assess the goodness of fit of the models. Models were deemed well fit if there was minimal difference between observed and predicted values¹⁶ and hence higher p-values (p>0.05).

Results

Description of the respondents

Males were slightly more than females in the sample (males: 53%, females 47%). A higher proportion (59%) of respondents was from Kabale while the rest (41%) were from Mukono (table 1). Most of the respondents (65%) were under 20 years of age; the females were much younger as 78% were aged 15-19 compared to 53% for males (p<0.001). Nearly a half of them were in school and 62% had attained at least secondary education. Males were more likely to have attained secondary education than females (p=0.02). Most of the respondents (81%) were Christians.

Table 1: Characteristics of the respondents

Characteristics	M -1 (0/)	E1(0/)	A 11 (0/)	C1.1
Characteristics	Male n (%)	Female n (%)	All n (%)	Chi-sq. p-value
District				
Mukono	90(38.3)	94 (44.8)	184 (41.4)	0.61
Kabale	145 (61.7)	116 (55.2)	261 (58.7)	
Age group				
15-19	125 (53.2)	163 (77.6)	288 (64.7)	< 0.001
20-24	110 (46.8)	47 (22.4)	157 (35.3)	
In school				
No/never	113(48.1)	107 (51.0)	220 (49.4)	0.55
Yes	122 (51.9)	103 (49.1)	225 (50.6)	
Education	, ,	, ,	, ,	
None/Primary†	77(32.8)	92(43.8)	169(38.0)	0.02
Secondary and higher	158(67.2)	118(56.2)	276(62.0)	
Religion	, ,	, ,	, ,	
Catholic	91(38.7)	77(36.7)	168(37.8)	0.98
Protestant	100(42.6)	92(43.8)	192(43.2)	
Muslim	31(13.2)	29(13.8)	60(13.5)	
Pentecostal/Evangelical	13(5.5)	12(5.7)	25(5.6)	
All	235 (52.8)	210(47.2)	445 (100.0)	

†only 6 males and 10 females had never been to school

Description of first and latest sexual events

A lower proportion of respondents (males, 66%; females, 76%) had first sex within an established relationship compared to latest sex (males, 82%; females, 84%) and this was more evident among males than females. Established relationship referred

to girl/boyfriend or a known friend. Other relationship was casual or just a known person and a previously unknown or one time partner. The proportion that had sex within an established relationship was significantly higher among females than males (p=0.03) at first sex but the difference was not significant at last sex.

Table 2: Description of first and latest sex events by gender

Variable	First sex event			Latest sex event		
	Men (%)	Women (%)	p-val	Men (%)	Women (%)	p-value
Type of partner	n=235	n=210		n=228	n=202	
Girl/boy friend or known friend	65.8	75.5		82.0	84.2	
Casual (known but not friend)	21.8	12.5	0.03	8.8	8.4	0.44
One time partner (unknown)	12.4	12.0		9.2	7.4	
Age difference with partner	n=221	n=181		n=226	n=177	
Younger partner	60.6	4.4	< 0.001	78.9	10.2	< 0.001
Same age	16.3	5.0		11.5	7.9	
Older (by 1-5 years)	21.3	60.8		8.9	57.1	
Older (by 6+ years)	1.8	29.8		0.9	24.9	
When event occurred	n=235	n=210		n=228	n=202	
(years before survey)						
Within 5 years	76.3	88.1	< 0.001	91.7	95.5	0.64
Six+ years	23.7	11.9		2.6	0.0	
Willingness	n=235	n=210		n=228	n=202	
Persuasion/coercion	35.7	34.0	0.62	34.3	27.7	0.14
Both willing	64.3	66.0		65.6	72.3	
Reason for use of condom	n=104	n=122		n=102	n=118	
(Users only)						
Did not want a child	16.4	45.9	< 0.001	20.0	41.5	< 0.001
Avoid HIV	76.9	48.4		73.3	51.5	
Other	6.7	5.7		6.7	6.9	
Reason for not using condom	n=135	n=86		n=135	n=130	
(non-users only)						
Trusted partner	32.6	17.4	< 0.001	34.8	22.5	< 0.001
Partner refused	4.4	19.8		8.7	25.4	
Other	49.6	39.5		51.1	33.8	
Don't know	13.3	23.3		5.4	18.3	
Source of condoms	n=99	n=109		n=92	n=71	
(Users only)						
Shop	59.6	37.6	< 0.001	54.2	38.6	< 0.001
Private clinic/Drug shop	21.1	23.9		20.8	25.4	
Health centre	2.0	6.4		12.5	7.0	
Don't know	3.0	22.9		0.8	21.9	
Other	2.0	9.2		11.7	7.0	

A much higher proportion of males had younger partners at first and latest sex. The proportion that had younger partners had increased by latest sex for both males (61% - 79%) and females (4% - 10%) but the increase was more significant among males (p<0.01) than females (p=0.035).

Females had longer exposure to sex compared to males as 88% had their first sex in previous 5 years compared to 76% for males (p<0.001). Nearly all (>91%) had latest sex in previous 12 months. A little over one third of the males and females reported having been coerced or persuaded by their partners to have first sex but this did not change significantly by last sex.

The major reasons for using condoms were avoiding HIV and pregnancy; while the main reasons for not using condoms were related to trust and refusal by the partner. At last sex, 73% of males and 52% of females used condoms to avoid HIV; while 20% of males and 42% of females wanted to avoid pregnancy. The reported sources of condoms were shops, private clinic/drug shops and health centres. Females were more likely to report lack of knowledge of sources of condoms than males.

Reported levels of condom use at first and latest sexual events

Table 3 shows levels of condom use by gender. Overall, half of the respondents used a condom at first sex, with females reporting a higher level of use (59%) than males (43%) (p<0.001). The difference in condom use by sex was not significant at latest sex, as 57% of males and 55% of females used condoms. The level of condom use was higher in Mukono than in Kabale at both first and latest sexual events (p<0.01). Higher age at first sex (15-24 years) was significantly correlated with condom use at first sex among males and females (p<0.01) but not at last sex.

Condom use at first and latest sex was higher among those in school, those who had attained secondary education and those who listened to radio but this was more evident among females. Those who attended private schools were more likely to use condoms than those who attended religious and government founded schools, but this was only significant at last sex (p<0.05). The level of condom use among Muslim and Evangelical females was higher than others (p<0.01) but they were few in the sample.

Sex with girl/boyfriend, sex without coercion and recent relationship were associated with condom use at both first (p<0.001) and latest events (p<0.001) while non-use of alcohol was only associated with condom use at latest event. Access to newspapers/magazines and communication with parents about sexual matters, length of stay at place of residence and residing with parents were not significantly associated with condom use at first and latest sex.

Table 3: Levels of Condom use at first and latest sexual activity by gender

	Men				Women		
Variable	n	First (%)Last (%) n	First(%)	Last (%)	
District		**	***		***	**	
Kabale	145	31.1	33.7	116	31.9	43.3	
Mukono	90	50.3	71.9	94	81.0	64.3	
Age group						*	
15-16	34	26.5	53.1	67	62.7	63.5	
17-18	57	42.1	54.7	66	57.6	55.6	
19-20	58	50.0	63.8	46	54.4	44.4	
21-22	51	52.9	64.0	16	75.0	56.3	
23-24	35	34.3	42.9	15	46.7	46.7	
Age at first sex (years)		***			**		
<15	72	18.1	51.5	71	40.9	48.5	
15-24	160	54.4	59.9	139	68.4	58.1	
In school					**	***	
No	113	39.8	54.6	107	49.5	37.5	
Yes	122	45.9	59.2	103	68.9	73.5	
Education level			**		**	**	
None/ry	158	36.4	43.8	118	45.7	35.3	
Secondary	77	46.2	63.2	92	69.5	69.2	

		Men			Wome	n
Variable	n	First(%)	Last (%)	n	Firs(%)	Last ⁰ / ₀
District		**	***		***	**
School attended			**			*
Public	90	44.4	53.4	85	50.6	44.9
Religious	51	35.3	40.8	59	66.1	61.0
Private/Unknown	94	47.1	71.4	54	68.5	69.8
Listens to radio					**	**
No	12	34.6	48.0	32	44.3	37.3
Yes	223	44.0	58.1	178	65.1	62.2
Religion					**	
Catholic	91	41.8	52.3	77	53.3	51.4
Protestant	100	42.0	56.6	92	53.3	52.2
Moslem	31	45.2	57.1	29	82.8	69.2
Pentecostal/Evangelical	13	53.9†	92.3	12	83.3	66.7
Drinks alcohol		•	**			
No	149	47.7	65.5	160	62.5	52.6
Yes	86	34.9	43.0	50	48.0	62.0
Length of stay at residence						
<=5 years	128	47.7	57.7	127	68.7	51.9
>5 years	107	39.5	50.8	83	52.8	55.6
Resides with						
Both parents	105	40.0	53.5	83	51.8	60.3
Single parent	52	46.2	53.1	72	62.5	55.1
Grandparents/other	77	45.5	53.6	55	65.5	45.3
Willingness to have 1st sex					***	
Involved persuasion/force	84	44.1	53.9	71	42.3	60.0
Both willing	148	42.0	53.6	138	67.4	54.4
Girl/Boyfriend/friend	188	53.9	57.8	174	69.0	57.4
Casual/One time partner	47	21.3	35.0	36	28.9	38.7
When 1st sex took place		***			***	*
Within 1 year ago	77	54.6	54.9	135	69.1	57.0
2-5 years ago	100	50.0	57.0	50	57.1	33.3
6+ years ago	55	14.6		25	8.0	
Attitude to condom use					***	**
Low/medium	99	40.4	51.6	108	61.1	51.5
High	107	46.7	65.4	65	69.2	71.9
Incomplete score	29	37.9	44.8	37	35.1	35.1
All	235	43.0	57.0	210	59.1	55.0

Chi square test p-value * p<0.05 ** p<0.01 *** p<0.001 n=total number of respondents \uparrow =n<15

Comparing influences on first sex and last sex

Table 4 shows that being from Mukono and higher level of education were the only factors independently associated with condom use at both first and latest sex. Starting sex late was strongly associated with condom use at first but not at last sex. Listening to radio was correlated with condom use at last sex but it was not significant at first sex. While age was a significant factor for condom use at first sex, it was only influential among males. Conversely, listening to radio and a higher level of education were only significant among females at latest sex.

Pattern of use at both first and last sex

Forty per cent used condoms at both first and latest sex event while 27% used them at only one of the two events, and 33% never used them. With nonuse of condom as the base, multinomial logistic regression model showed that those who resided in Mukono and school going females were more likely to use condoms at both first and last sex events than residents of Kabale and non-school going females. The model further shows that residents of Mukono and female alcohol consumers were more likely to use condoms at only one of two events compared to residents of Kabale and female non-alcohol consumers.

Table 4: Factors correlated with condom use at first and latest sex

Covariates		om use at st sex	Condom use at latest sex		
	Men OR	Women OR	Men OR	Women OR	
District (base=Kabale)					
Mukono	3.01 (1.52-5.96)**	10.88 (2.98-39.79)**	3.62 (1.76-7.45)***	1.62 (0.87-3.03)	
Age at first sex (Base<15 years	s)				
15-24	2.86 (1.43-5.70)**	2.86 (0.85-9.68)	1.09 (0.49-2.42)	0.98 (0.50-1.90)	
Education level	,	,	,	,	
(Base=Non/primary)					
Secondary	2.06 (1.06-4.00)*	5.86 (1.76-19.51)**	2.09 (0.97-4.52)	3.21 (1.73-5.96)***	
Listens to radio (Base=No)	,	,	,	,	
Yes	1.45 (0.38-5.56)	0.24 (0.06-1.08)	0.69 (0.15-3.31)	0.28 (0.11-0.72)**	
Type of partner (base=Girl/bo	oyfriend/friend)	,	,	,	
Casual/one time partner	0.96 (0.67-1.37)	0.76 (0.40-1.46)	0.66 (0.26-1.67)	0.65 (0.27-1.59)	
Condom use at first sex (Base	=no)	,	,	, ,	
Yes			11.80 (5.67-24.59)***	++	
Goodness of fit χ^2 test p-value	0.36	0.45	0.17	0.15	

^{*} p<0.05 ** p<0.01 *** p<0.001

Table 5: Predicted probabilities of condom use at both first and latest sexual events from a multinomial logit model

Variable	Men			Women			
	Used at both events (%)	Used at one event (%)	Did not use at both events (%)	Used at both events (%)	Used at one event (%)	Did not use at both events (%)	
District	***	**	•	***	**	` `	
Kabale	21.4	22.6	56.0	29.1	16.3	54.6	
Mukono	45.0	32.9	22.1	58.1	29.2	12.7	
Alcohol					**		
No	42.4	28.7	28.8	47.4	20.0	32.5	
Yes	24.7	29.4	45.9	38.0	34.0	28.0	
In School				**			
No	32.3	30.1	37.6	27.3	32.0	40.7	
Yes	39.3	27.9	32.8	63.7	14.4	21.9	
Education							
None/ry	27.5	25.7	46.8	28.4	24.9	46.7	
Secondary	39.9	30.5	29.6	58.1	22.2	19.6	
Age at first sex							
<15	17.8	35.2	46.9	35.6	17.8	46.7	
15-24	44.1	26.1	29.7	50.0	26.3	23.7	

^{*} p<0.05 ** p<0.01 *** p<0.001

⁺⁺ Not included in model due high confidence interval (OR=54.6 95%CI: 15.89-183.16) which causes undue confounding effects to other variables

Discussion

This study has established that factors associated with condom use are residence in Mukono, higher age at first sex, higher level of education, being in an established relationship with the partner and studying in private schools. However, not all these factors were significant at both first and latest sex. Condom use at both first and latest was correlated with residence in Mukono and being female.

Higher reported level of condom use at first sex among females than males has been reported in other research¹⁷. In this study, the difference was greater in Mukono than in Kabale. One explanation could be the age difference with sexual partner and kind of partner. In Mukono, females were more likely to have had first sex within an established relationship and with older partners, both of which were associated with condom use.

Higher level of condom use at both first and latest sex in Mukono than Kabale is a reflection of gaps in access and use of condoms between periurban and rural areas of the country.

Increase in condom use with age at first sex is not surprising as it is in agreement with previous findings¹⁸ but it is not clear why this was not significant among females.

The relationship between level of education and condom use at first sex is also supported by other research findings¹⁸, although it was only significant among females. This is consistent with previous findings in Uganda¹⁹ and Ghana ²⁰. Being in school was only significant among females at both first and latest sex. This needs further research.

A higher level of condom use among those who studied in private schools compared to public schools may be explained by different approaches to health education but more research is needed to explain the difference.

Higher likelihood of condom use at both first and latest sex among those in an established relationship compared to those in casual relationships is both consistent and inconsistent with other studies. In some studies, condom use at first sex was strongly associated with established relationship²¹ while in others it was strongly associated with casual relationship²². Some researchers have reported that young people were more likely to use condoms at latest sex in casual than in steady partnerships²³[. A study in Zimbabwe found that, among males, the likelihood of condom use at last sex with a casual partner was nearly the same as that with a steady partner ²⁴. Further research may investigate the role

of use of other contraceptive methods on condom use.

Results of association of inconsistency of condom use at first and latest sex events with alcohol consumption are similar to findings from other research ²⁵. Loss of self-control resulting from alcohol consumption is a factor in non-use of condoms at one of the events.

Differences in factors that correlated with condom use at first and latest sex were also highlighted in a similar study in the United States²⁶.

Conclusion

Factors that influence condom use at first sex are not necessarily the same for latest sex and vice-versa. Programmes meant to improve condom use need to consider these differences and give priority to rural areas and young people with minimal or no education.

More research is needed to investigate the dynamics of condom use at first and latest sex especially as they relate to rural and urban settings. Cohort studies are recommended to minimise memory failure and allow adjustment for independent factors that change over time.

Limitations

Investigators recognise limitations of memory lapses and change of predisposing factors to condom use with time. It is difficult to recall events at first sex and factors such as listening to radio may have changed over time.

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References

- CDC, Update: barrier protection against HIV infection and other sexually transmitted diseases. MMWR -Morbidity and Mortality Weakly Report 1993; 42: 589–91.
- Steiner MJ, Cates W. Condoms and Sexually-Transmitted Infections. New England Journal of Medicine 2006; (354): 2642-2643.

- UNAIDS, Report on global AIDS epidemic, Geneva: UNAIDS; 2010
- 4. Youthnet and FHI, Sexuality and family life education, Research Triangle Park, NC: Family Health International; 2005
- 5. UNFPA, Fast facts. Young people and demographic trends, New York: UNFPA; 2000
- McNeill, E.T., Gilmore, C.E., Finger, W.R., Lewis JH, Schellstede WP. The Latex Condom: Recent Advances, Future Directions, New York: Family Health International; 2008
- MOH and ORC Macro, Uganda HIV/AIDS Sero-behavioural Survey 2004-2005 Calverton, Maryland, USA: Ministry of Health and ORC Macro 2006
- Shafer L, Biraro S, Nakiyingi-Miiro J, Kamali A, Ssematimba, D, Ouma J et al. HIV prevalence and incidence are no longer falling in southwest Uganda: evidence from a rural population cohort 1989-2005. AIDS 2008; 22: 1641-1649.
- 9. Tumwesigye NM, Ingham R, Holmes D. The dynamics of secondary abstinence among unmarried young people: analysis of event history calendar data from Kabale and Mukono districts in Uganda. *African statistics Journal*, 2008; 6:67-86
- 10. Miller KS, Levin ML, Whitaker DJ, nd Xu, X. Patterns of condom use among adolescents: the impact of mother-adolescent communication. *American Journal of Public Health* 1998; 88: 1542-1544.
- 11. Cleland J, Boerma T, Carael M, Weir SS. Monitoring sexual behaviour in general populations: a synthesis of lessons of the past decade. *Sexually Transmitted Infections* 2004; 80: 1-7.
- 12. KDLG, State of the environment report for Kabale district Kabale: Kabale district local government; 2004
- 13. Petrucci CJ. A Primer for Social Worker Researchers on How to Conduct a Multinomial Logistic Regression. *Journal of social service research*, 2009; 35(2): 193 205
- 14. Hosmer DW, Lemeshow S. *Applied logistic regression*. 1989, New York: John Wiley and Sons.
- Hauck WW, Donner A. Wald's test as applied to hypothesis in logit analysis. *Journal of the american statistical association*, 1977; 72(360): 851 853
- Hosmer DW, Hosmer T, Le Cessie S. A comparison of goodness-of-fit tests for then

- logistic regression model. *Statistics in Medicine*, 1997; 17: 965-980.
- 17. Levin ML, Robertson AA. Being prepared: Attitudes and practices related to condom carrying among minority adolescents. *Journal of HIV/AIDS Prevention & Education for Adolescents & Children* 2004; 5(1/2): 103-121.
- 18. Abma JC, Sonenstein FL. Sexual activity and contraceptive practices among teenagers in the United States, 1988 and 1995. *Vital and Health Statistics* 2001; 23(21): 1-88.
- 19. Najjumba MI, Ntozi PMJ, Ahimbisibwe EF, Odwe J, Ayiga N.Risk perception and condom use in Uganda. *African Population Studies* 2003; 18(1): 67-80.
- Karim AM, Magnani RJ, Morgan GT, Bond KC. Reproductive health risk and protective factors among unmarried youth in Ghana. *International Family Planning Perspectives* 2003; 29(1): 14-24.
- 21. Manlove J, Terry-Humen E, Papillo AR, Franzetta K, Williams S, Ryan S, Background for community-level work on positive reproductive health in adolescence: Reviewing the literature on contributing factors Washington: Child Trends Inc; 2001
- 22. Forste R, Haas DW., The transition of adolescent males to first sexual intercourse: Anticipated or delayed? *Perspectives on Sexual and Reproductive Health* 2002; 34(4): 184-190.
- 23. Lansky A, Thomas JC, Earp JA. Partner-specific sexual behaviors among persons with both main and other partners. *Family Planning Perspectives* 1998; 30: 93-96.
- 24. Adetunji J, Meekers D. Consistency in condom use in the context of HIV/AIDS in Zimbabwe. *Journal of Biosocial Science* 2001; 22: 121-138.
- 25. Wee S, Barrett ME, Lian WM, Jayabaskar T, Chan KW. Determinants of inconsistent condom use with female sex workers among men attending the STD clinic in Singapore. Sexually Transmitted Infections 2004; 80(4): 310-314
- Manlove J, Ikramullah E, Terry-Humen E, Condom Use and Consistency Among Male Adolescents in the United States. *Journal of adolescent health*, 2008; 43(4): 325-333.