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A Qualitative Study of Condom Use among Married Couples in Kampala, Uganda

Nancy E Williamson,^a Jennifer Liku,^b Kerry McLoughlin,^c Isaac K Nyamongo,^d Flavia Nakayima^e

a Senior Scientist, Behavioural and Social Sciences, Family Health International (FHI), Research Triangle Park NC, USA. E-mail: nwilliamson@fhi.org

b Research Associate, FHI, Nairobi, Kenya

c Research Assistant II, Behavioural and Social Sciences, FHI, Research Triangle Park NC, USA

d Institute of African Studies, University of Nairobi, Nairobi, Kenya

e IPH-CDC HIV/AIDS fellow, Makerere University, Institute of Public Health, Kampala, Uganda

Abstract: *Twenty-five years into the HIV/AIDS epidemic, condom use among married/stable couples remains low and under-researched in developing countries, even countries with high HIV prevalence. Introducing condoms into a long-standing relationship, in spite of HIV risk, is likely to be awkward. We conducted a qualitative study in Kampala, Uganda, with 39 couples reporting 100% condom use in the previous three months. The women were recruited from among women in a clinical trial who were using condoms and whose partners also agreed to participate. Twenty-two of the women and six of the men reported having taken the initiative to suggest condom use; the remaining couples disagreed who raised the subject first. Women used insistence, refusal to have sex, persuasion, and condoms for family planning or to protect children, which helped to deflect distrust and get their partner to agree. Some men resisted initially but their reactions were often more positive than expected. Men's reasons for accepting condoms were to please their partner, protect her from HIV, protect their children, protect themselves and, in some cases, continue having other partners. Although condom use is a couple behaviour, an encouraging environment and condom availability are all crucial to increasing condom use by couples in settings like Uganda. © 2006 Reproductive Health Matters. All rights reserved.*

Keywords: HIV/AIDS, contraception, condoms, marriage, men, Uganda

"I would advise everybody to use the condom because personally I use it. It is now four years since I started using the condom and we have not had any problem with condom use. . . I would advise everybody in Uganda to use condoms so that there can be a reduction in the number of people that die of AIDS." (Couple 26, woman)

AN often-repeated research finding in the AIDS field is that individuals are much less likely to use condoms with regular partners than with new or irregular partners.

Because of this, many policymakers and programme managers question whether it is worthwhile trying to promote condoms to married couples or steady partners.

However, for anyone who has more than one partner, whose partner has more than one partner, who is unsure about the HIV status or fidelity of their partner, or who wishes to use condoms for contraception, condoms can provide effective protection. Condoms are an effective method of protection against most sexually transmitted infections, including HIV,¹ and have

the unique advantage of providing dual protection against both infection and unintended pregnancy if used correctly and consistently.

Uganda, a country of 26.9 million people, has both large numbers of people living with HIV and AIDS and high fertility. The 2005 HIV prevalence for adults aged 15+ was 6.7%, with an estimated 900,000 people infected.² Many Ugandans have died since the epidemic began in the early 1980s and life expectancy has declined from 54 years to 47.^{3,4} The total fertility rate is 6.9, the fifth highest in the world, with the population growing at 3.3% annually. Less than a quarter (23%) of married women aged 15-49 use any method of contraception; only 18% use modern methods.⁵

In spite of so many deaths from AIDS and high fertility, few Ugandan men and women in marital or cohabiting relationships report use of condoms. According to the 2000-01 Uganda Demographic and Health Survey, only 3.8% of men and 2.2% of women with a spouse or cohabiting partner reported using condoms at last sexual intercourse with their spouse or partner. In contrast, condom use at last sexual intercourse with a non-cohabiting partner was reported to be 59.7% for married/cohabiting men and 24.2% for married/cohabiting women.⁶ A 2004-05 national household survey in Uganda found that about half the men and women surveyed reported using a condom the last time they had sex with a casual partner. Almost one in three men said they had had more than one sexual partner in the previous year.²

Social scientists have sought to understand the socio-cultural and individual factors that inhibit condom use, often from an individual or community perspective but less so from a couple perspective.⁷ Studies tend to focus on factors that hinder condom use, such as beliefs that condoms threaten trust, intimacy and sexual satisfaction.^{8,9} The belief that condom use is appropriate only in casual situations and not with a spouse or primary partner is widespread.¹⁰

We conducted this study to:

- discover the reasons why some couples decide to use condoms consistently;
- understand the process of negotiating condom use;
- assess individual, dyadic and social factors affecting decisions to use condoms;
- investigate how couple intimacy, both emotional and sexual, affects condom use; and
- document how couples communicate about condoms.

This paper focuses mainly on negotiation of condom use. Results for all five objectives are available in the final report.¹¹ By studying couples who used condoms 100% of the time in the previous three months, we were able to gain insights into negotiation strategies and partner responses which can inform programmes for prevention of HIV and unwanted pregnancy and promoting dual protection. The study is best viewed as an exploration of “positive deviance”, i.e. participants were married couples who managed to use condoms when most married couples do not.

Research methods

Adding a behavioural study to a clinical trial is an efficient and relatively inexpensive way to conduct socio-behavioural research, in this case, on couples reporting 100% male condom use in the previous three months. They were recruited from a prospective cohort study of the relationship between the use of hormonal contraception and risk of HIV acquisition and the effect of hormonal contraception and disease progression on HIV genital shedding among women with HIV in Kampala, Uganda. A majority of the women in the clinical trial were married and almost half had completed secondary school or attended college or technical school. All were living in Kampala. One-fifth of them used condoms rather than a hormonal method; the condom use study participants were a sample of these.

For the condom use study, women were recruited within 12 months of completion of the trial. Inclusion criteria were that they reported 100% male condom use during the previous three months at their last clinic visit and tested negative for a treatable STI at their last clinic visit. (If they had a recent STI, this would cast doubt on their report of 100% condom use.)

A list of 212 women fitting these criteria was compiled, a sample was drawn randomly and women were contacted. Those agreeing to join the study were screened further. If they again reported 100% male condom use over the previous three months and if their primary male partner agreed to participate, the couple were

enrolled until 39 qualifying couples were enrolled. The goal was 40 couples but only 39 could be recruited during the time available for fieldwork.

Family Health International's Protection of Human Subjects Committee and Makerere University's Institutional Review Board approved the study. Data from the condom use study have not yet been linked with the clinical trial data, whose results will be published separately.¹²

Ten participants in the clinical trial and their partners were selected as controls using similar criteria as for consistent condom users, except that they reported less than 100% condom use during the previous three months. For example, they would use condoms until an STI was cleared up or for other specific reasons. As these interviews added little new information about condom negotiation, we excluded them from this analysis.

Women in the condom use study had unusually high exposure to information about HIV, contraception and condoms during the clinical trial. They had 5–9 follow-up visits in which condom use and other topics were discussed. Male partners were not part of the clinical trial but received counselling if they requested it. Women's exposure to the clinical trial probably explains their more positive attitudes toward condom use. During the clinical trial, condom use remained constant among users.

The condom use study was conducted at the Old Mulago Medical Clinic, Makerere University Medical School, in Kampala between April and December 2004. Partners were interviewed separately, and their responses later linked in the analysis. Interviews were in English or Swahili; they lasted 60–90 minutes and were audio-taped. Three couples interviewed were later deemed ineligible because they turned out not to have used condoms 100% for the three-month period. Three new qualifying couples were substituted and interviewed.

A semi-structured questionnaire with open- and closed-ended questions was used. Men and women were asked the same questions. Open-ended topics included: perceptions of condoms and condom users; reasons and motivations for using condoms; condom negotiation (who first suggested condom use, how did their partner react; how easy or difficult was it to discuss condoms with their partner); how condom use had affected their sex lives; communication and

gender and power dynamics. Closed-ended questions asked about the quality of couples' relationships: How well do you trust your spouse? How happy are you in the relationship? How often does your spouse confide in you? Interviewers recorded responses on the interview guide, and responses were later entered into an SPSS database.

To better understand community norms and programme efforts to promote condoms, four focus group discussions (FGDs) were conducted in November–December 2004. Condom use study participants were asked whether they were interested in participating until each group was filled. Two FGDs were with consistent condom users – one male group (n=7) and one female (n=10) and two with inconsistent users – one male group (n=6) and one female (n=8). FGDs lasted 2–3 hours. Questions included: How should condom use be encouraged among married couples? What makes condom use easy or difficult? Participants were also asked to react to scenarios involving condom use. In one scenario, participants were asked whether someone with an STI should tell their spouse. In the second, they were asked how they would advise a man with multiple partners who came to them for advice about using condoms. In the third, they were asked how they would advise their own child to negotiate condom use with an unfaithful spouse. The FGDs yielded useful insights about how people saw condom users (mostly positive), concerns they had about condoms (that they might promote promiscuity among youth) and the importance of people being able to talk about condoms. All but two of the quotes cited in this paper are from the in-depth interviews; one is from an FGD and one from an inconsistent user.

Interviews were taped and transcribed and if not in English, were translated from Swahili into English. Text from interviews and FGDs were coded using QSR NUD*IST. A multi-country, multi-disciplinary team analysed all data and identified five domains: reasons and motivations for using condoms, condom negotiation, gender and power, intimacy and communication. Each team member summarised findings for one or two domains.

Participants

The men's average age was 35 and women's 31. Respondents had been in their current relationship

for an average of 12 years. Twenty-two respondents, 3 women and 19 men, reported having had sex with someone besides their stable partner in the past year. These 39 couples had more formal education than is typical for Uganda. About 40% of women and 51% of men had completed secondary school and 13% of women and 22% of men had a post-secondary degree. Only four participants (three men and one woman) had no education. Nationally, 27% of men and 15% of women have a secondary degree or more, while 8% of men and 25% of women have no formal education.⁶

Twenty-two respondents were in professional, technical or managerial occupations, 16 in skilled labour and 12 in service jobs. Five were unskilled labourers while only one worked in agriculture. Nine were housewives, four were students and four were self-employed. Religious affiliation was distributed among Catholic (38% of women, 26% of men), Protestant (33% of women, 44% of men) and Muslim (15% of women and 23% of men).

Sexual intimacy, communication and quality of relationships

Most respondents reported they were satisfied with the sexual relationship with their steady/marriage partner. For the majority, condom use did not affect their sex life. Overall, a majority of respondents reported they were happy in their relationships and thought their partners were happy as well. They were satisfied with their knowledge of their partners, and happy with their partner's knowledge of them. Most respondents rated themselves to be close to their partners. However, respondents, especially the men, thought their partners regarded them as not close enough.

The majority of respondents (28 women and 25 men) reported a high level of openness with their spouse about their sexual needs. Fewer women than men said they trusted their spouse. More women than men were happy with the decision to use condoms.

Most partners said they resolved differences by discussing and trying to reach a compromise, rather than deferring to the man's wishes. Most women said they made certain decisions regarding the household on their own, while some women said that the couple shared all of the decision-making. A number emphasised that agreement between partners on the condom issue was a key

to consistent condom use. Both partners must see the value and be comfortable using condoms, and agree that condom use is necessary or beneficial. They also reported high levels of communication and believed that this helped them achieve consistent condom use. Aspects of communication noted as important to consistent condom use included discussion, agreement, trust and honesty.

While 45 of 78 partners cited disease prevention as a reason they used condoms, only 17 specified lack of trust in their partner as a motivator for condom use. Some respondents knew their partner was unfaithful while others were suspicious. Suspicion about partners was warranted in a number of cases.

Women's strategies for getting their partners to use condoms

The majority of couples (22 of 39) agreed that the woman first suggested condoms. Six couples agreed that the man first suggested condoms, while ten couples disagreed on who suggested it. Among the ten couples who disagreed:

- in seven, each partner said he or she was the one to initiate the discussion,
- in three, each partner said the other person initiated the discussion.

For one couple, the man did not answer the question but the woman reported that she suggested condom use and that her partner accepted that. In analysing strategies to initiate condom use, all respondents remained in the sample.

We analysed the responses of the 30 women who said they suggested condom use to their partner: 22 whose partners agreed the women first suggested it, seven whose partners disagreed and the one whose partner did not answer the question.

Although 16 of the 39 men claimed to have been the one to initiate condom use, this paper gives more attention to the women's perspectives as few men described the condom negotiation process. Unlike men, women were quite willing to describe their negotiation strategies. We also focus more on women's descriptions of their partners' reactions to the suggestion to use condoms. Men's reticence in discussing the negotiation process when their partners had initiated condom use may have been related to their not wanting to be seen as weak for having

allowed their wives to get them to use condoms, although this is our speculation.

Women used diverse strategies to deal with expected male resistance and often cited multiple reasons to use condoms. Some said it took courage as they expected rejection. But they felt they had to take one risk (partner's negative reaction) to avoid another (HIV infection or unwanted pregnancy).

"When I came here [to the clinical trial site] and got taught about everything, I was told to tell my husband to come and that if he refused, we had to discuss about how we each had to protect ourselves against catching diseases. I went back but was first frightened of telling him. . . I told him that I did not trust him because he had another woman and I was not sure of her moves. When I went through the blood [HIV] check, I took the courage to tell him at whatever cost." (Couple 29, woman)

Insisting on condom use

Six of the women said they dealt with resistant partners by insisting on condom use and refusing to take "no" for an answer. One man described how adamant his wife was about condoms:

"Yeah, when you tell her you have it [the condom], she will insist on touching your manhood to make sure you have put it on." (Couple 25, man)

In describing how they dealt with their partner's resistance, some women used phrases such as "made him accept", "I decided" or "made him get used to it", indicating their own influence and the importance they placed on condom use. Some were adamant because they believed they were at risk of HIV infection, especially those who knew or believed their partner was unfaithful. Three women knew their partners were unfaithful, one woman suspected her husband was unfaithful, and one woman was unsure of her partner's HIV status. One woman (couple 5) said that after she caught her husband cheating on her, he "had to accept the condom whether he liked it or not".

Refusing sex without a condom

Six women said they refused to have sex with their partners to force them to use condoms. One believed that refusing sex had a strong impact on her male partner and sent a clear message that she was serious about condoms. One said

she gave her partner time to think about the issue first before refusing sex:

"He did not accept immediately and I had to give it some time first. Then afterwards I refused totally to have a sexual relationship without a condom, which prompted him to accept." (Couple 51, woman)

Persuasion

Eight women said they used low-key persuasion. Two said they emphasised that their bodies could not tolerate other family planning methods so condoms were the only solution. Another emphasised economic reasons to space children. One woman appealed to her husband's sense of family responsibility:

"I was afraid and asked my friend about it and she told me that he would call me a cheat who did not want to have sex with him. I thus told him that the reason was to protect my children as well as raise them, since I am not certain of his movements. She told me to have a go at him, which I did. Then he refused, but he later accepted it slowly by slowly." (Couple 45, woman)

These respondents tried to keep calm during condom negotiations and let their husbands express their negative feelings or anger about condoms. Persistence was often necessary:

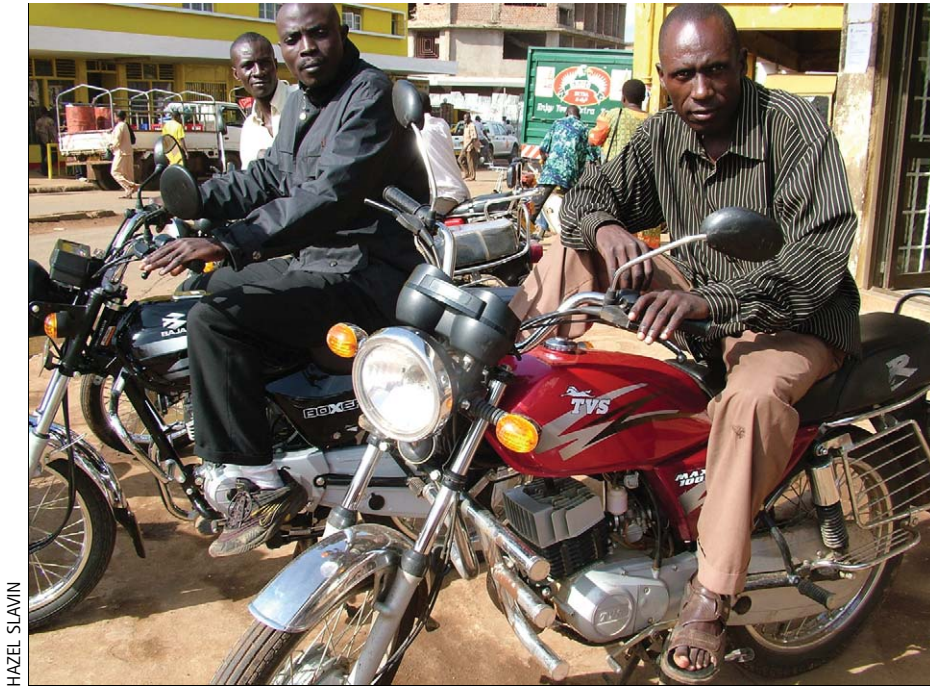
"He told me it was not easy to use the condom, but I continued persuading him until he accepted." (Couple 45, woman)

Some men required time to develop the motivation and confidence to use condoms.

Pregnancy prevention and deflection of distrust

A majority of the 78 respondents (30 women and 29 men) said that one of the reasons they used condoms was for family planning reasons or more specifically, to prevent pregnancy.

A few women justified condom use in terms of family planning as a strategy to deflect the issue of distrust. They mentioned that they had problems with other family planning methods and or mentioned the need to protect the children. In reviewing responses, it was sometimes difficult to distinguish whether the speaker had a genuine desire for spacing or limiting family size or was seeking to avoid the emotionally-charged



Kampala, Uganda, 2006

HIV/STI rationale for condoms. Regardless, it appeared to be a strategy that reduced conflict.

Partners' reactions to women suggesting condom use

Of the 30 women who said they suggested condom use to their partner, about half (14 of 30) reported that their male partner accepted the idea with little or no resistance. The remaining 16 reported that their male partner resisted the idea at first but eventually accepted condom use. However, nine of the 16 men said they had easily accepted the idea of condom use rather than resisted. For example, one woman (Couple 28) said her partner, "first refused but later accepted because I had already decided." Her partner said, "I told her that it is good we use them."

Acceptance with little or no resistance

Women's insistence on condom use did not upset their partners as much as the women expected, given that male dominance was commonly reported in their responses to questions about gender. In fact, for some, discussing condom use went smoothly and any negative expectations

were proven wrong. For example, one man said his wife continued to be surprised because:

"I did something another man cannot do, living and sleeping with her every day but continuing to use the condom." (Couple 28, man)

"The reason why we decided to use the condom is that when we sat and discussed it, we got scared of getting unwanted pregnancies on top of the children we already have. After that, we talked about the disease (HIV). My wife cautioned me about getting other women since I am a boda-boda rider (bicycle taxi driver) and spend some nights on the streets of Kampala. She developed this feeling I would be tempted to get another woman, use that woman and come back home then infect her. She then suggested we use the condom on the premise that our children would not be left alone if I were to die. I saw it as easy and continued using the condom." (Couple 25, man)

"It (using condoms) is like a song to her. In fact, she is the one that brought me into liking the condom, when she returned from the seminar and told me of how they had suggested we use the condom and that without it, we had to forego our sexual relationship." (Couple 27, man)

"I do not find it any difficulty [talking about condoms] since the life I am protecting is mine." (Couple 46, man)

For some couples, using condoms was something they both wanted to do but had not yet discussed. When they did, beginning to use condoms was relatively easy. This was especially true for couples where the male partner suggested condom use. Wives who had been too fearful to suggest condom use themselves were glad their husbands had raised the issue.

Resistance followed by acceptance

Other partners reacted negatively but later accepted condoms. Some initiators, mostly women, knew it was going to be a struggle and that suggesting condoms could cause conflict in their relationship. Negative reactions of resistant partners included accusing the other of being unfaithful, accusing him or her of distrust, refusing to talk to the partner, accusing him or her of no longer loving them, and in one case, leaving home for a few days. No respondent reported being physically abused for suggesting condom use or physically abusing a partner during condom negotiations although this has been reported elsewhere.³

One couple (29) had a disagreement that almost ended their relationship:

"It was me that talked about it first. I told him that I had taken a blood test and wanted him to do the same so that we would get to know his status but he refused. I told him that since he had refused, we had to use the condom. Then he told me it could not happen and how could he use the condom? Like I was not his wife? He said he would leave me and I told him, he had the freedom to take his own decision." (Couple 29, woman)

Her husband never did agree to have an HIV test, but eventually agreed to use condoms because she refused to have sex with him without them. He did not like using condoms and complained, but used them at her insistence.

Men's objections to condoms centred on the concern that condoms would reduce their sexual pleasure. Some wondered why they needed to use a condom since they were married and condom use was associated with prostitution and casual sex. Some men objected but did not give a reason. All these respondents reported that they

eventually realised their partner was right and agreed to use condoms. It was not clear how long it took most of them to change their minds. One man said they discussed the issue for three days. Several men describe the process as follows:

"At first I thought about what my partner meant with this kind of statement. Could she be suspect of me? It took me some time to really understand but when I did, the analysis of the spacing between the first and second born child, it being so small, I accepted to start using the condom." (Couple 13, man)

"As a man it first hurt me. I yapped but later ignored it after realising that the reason was to have us there to raise our children." (Couple 27, man)

One woman expressed the views of several respondents as to how attitudes toward condoms had changed over the past decade:

"There have been changes, because in the last ten years, the word 'condom' sounded vulgar if one said it. But now even children can say it. I hope you all understand me. This shows that people have less concern about what they say but are concerned about their lives." (Inconsistent couple 5, woman)

Men's strategies for getting their partners to use condoms

Among the six couples where both partners agreed that the man initiated condoms, most of the women did not need convincing and little or no negotiation was required.

"I was happy and welcomed his suggestion since I did not know whether he was infected with HIV or not. . . I was happy because some men do not want to use the condom." (Couple 26, woman)

However, in terms of how they brought up the topic, three of the men focused on the family planning benefits of condoms over STI protection when suggesting condoms to their partners. Exceptions were couples 3, 9 and 46. Couples 3 and 9 were not married, and in couple 46 the wife was aware that the husband had multiple partners. Among these three couples, the partners discussed their need for dual protection due to the fact the men had multiple partners; and in couple 3, the woman also had multiple partners.

Only two men (36 and 41) reported that their wives were resistant to the use of condoms. Both

men said they tried to convince their wives by focusing on their inability to afford more children. For couple 36, however, the woman reported that she was already using birth control pills and thus did not want to use condoms. She said she agreed only after she realised condoms were better than the pill, but she did not go into detail. Her partner admitted he had other partners but his wife thought he was faithful to her.

Of the seven men who claimed to initiate condom use and the three whose partners claimed the men initiated condom use, very few encountered resistance from their partners. Only two men (2 and 49) said that their wife initially resisted the idea of using condoms. The man in couple 2 asked his wife to use condoms because he had syphilis. She reacted negatively, so he then focused on their need for family planning and she ultimately agreed. In couple 49, the woman was initially resistant to the idea but the man said he did not do anything to change her mind. He said, "Perhaps God intervened. . . or she got sensitised in the study. I think it is because all those other family planning methods had done her bad." The woman said they started using condoms because the other contraceptive methods bothered her. In the other eight couples, the women reportedly accepted the idea easily.

Men took different approaches when introducing the topic. In several couples (2, 24, 25, 44, 49), men suggested condom use for dual protection purposes. Three men focused on their need for family planning alone (33, 35, 42). Two men were honest (5 and 26) with their partners about the risk of STIs. One man (26) who was not married to his partner reportedly told her he loved her, but he did not know her HIV status. Thus, they needed to use condoms. One man (5) told his wife he was afraid of giving her an STI because he had other partners.

Men's responses: more positive than anticipated

Most condom initiators expected a negative reaction from their partners. While some women actively feared their partners' reaction and felt it took courage to talk about condoms, most said they were not fearful. Some respondents, particularly women, expected their partners to accuse them of cheating or of distrusting them.

"I knew that when I told him about the condom, he would react in a bad way, and the questions

he would ask would have to contain insults about me cheating or me having seen him cheat. This is the reason he would give for me wanting to force him into using the condom, like I have started not to trust him. When you are living together with a man, it becomes difficult to tell him that 'today let us use the condom' as he will ask you about the problems you have found with him." (Couple 33, woman)

This woman's husband was initially resistant to the idea of using condoms but over time he came to accept them.

Reasons for using condoms became increasingly clear to the men in the study. They included concern about HIV infection, wanting to control fertility, wanting to maintain the sexual relationship with their wife and in some cases, not wanting to give up other sexual relationships. For some, condom use had become such a habit that it no longer affected sexual enjoyment and it was not necessary to discuss it any more:

"On my side, I made it very easy with my wife, because of the reason that we consider it like having salt in the home. Whether you are to have a romantic interval or not, the condoms have to be available. So since I made it a habit, it becomes very hard for me not to use it." (Man in FGD)

"When you get used to the condoms, you no longer feel it. It is just like you are having sex with someone without a condom." (Couple 5, man)

Discussion

Much previous research on condoms in Uganda has been at the national level, looking at trends in HIV prevalence compared to trends in abstinence, partner reduction and condom use. The condom use study was at the micro level. It found that while men may dislike condoms or had less than positive sexual experiences using them initially, this can change over time. Men's perceptions of condoms tended to improve as their comfort level increased, they got used to the feel of condoms, realised that condom use does not negatively affect sexual performance or experience and realised that this was a way to please their partner. Changes in the perspectives of men who initially resist the idea of condoms and whether they develop positive attitudes and experiences are likely to determine a couple's ability to sustain condom use.

In interpreting study results, the setting of the clinical trial must be kept in mind, as it provided information, support and condom supplies for couples to protect themselves from HIV infection and unintended pregnancy. For example, two men reported that because the doctor directed them to use condoms, it made it easy for the couple to discuss it. The women (and some of the men) had also had HIV tests. The unusual nature of the sample plus its small size means that these results should be considered suggestive. In addition, especially given the disagreements in some cases, there could be recall error and interpretation of the past in light of recent events. In any future study, to address couple disagreement, couples could be interviewed separately and then together to see whether their differing reports can be reconciled or at least better understood.

Nonetheless, we can learn much from these couples. The study suggests that some couples in long-term relationships in a country with a serious HIV problem and very high fertility perceive a need and good reasons to use condoms. Given that a quarter of study participants had multiple partners in the past year, they were concerned about contracting HIV and protecting their children from becoming orphans. They were concerned about their partner's (or their own) sexual fidelity. Fertility control was also an issue for some, and some appreciated the dual protection value of condoms.

Most women felt that introducing condoms into a long-term relationship was delicate since they did not know how their partner would respond, and they expected resistance. They frequently mentioned the support of the clinical trial staff, hearing about condoms in the media, seminars, the availability of condom supplies and HIV testing as factors leading to better communication and giving them the courage to initiate condom use.

This study's broader purpose was to inform HIV prevention and sexual and reproductive health programmes trying to increase condom use. Our findings indicate that condom use will be taken up by some stable couples if they have the support they need and that stable couples should not be ignored in condom promotion programmes. We recommend that programmes should:

- Promote condoms with and to couples in marital and long-term relationships, e.g. portraying them in radio and TV spots and billboards, and offer them voluntary counselling and testing as couples.
- Not assume that men in stable relationships will resist condom use or have only negative attitudes toward condoms.
- Promote the dual protection nature of condoms. For example, even for HIV prevention, promoting the condom as a family planning method may be more acceptable to stable couples since it does not imply distrust.

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Résumé

Vingt-cinq ans après le début de l'épidémie de VIH/SIDA, l'utilisation des préservatifs par les couples mariés/stables demeure faible et suscite peu de recherches dans les pays en développement, même avec une forte prévalence du VIH. Introduire les préservatifs dans une relation durable peut être délicat. Nous avons réalisé une étude qualitative à Kampala, Ouganda, auprès de 39 couples ayant notifié une utilisation à 100% de préservatifs les trois mois précédents. Les femmes ont été recrutées parmi les femmes d'un essai clinique qui utilisaient des préservatifs et dont les partenaires avaient accepté de participer. Vingt-deux femmes et six hommes ont indiqué avoir pris l'initiative de proposer un préservatif ; les autres couples ne savaient pas qui avait soulevé la question en premier. Les femmes faisaient preuve d'insistance ou de persuasion, refusaient d'avoir des rapports, invoquaient la planification familiale ou la protection des enfants, ce qui aidait à endormir la méfiance et à obtenir le consentement du partenaire. Certains hommes commençaient par résister, mais leurs réactions étaient souvent plus positives que prévu. Les hommes acceptaient le préservatif pour faire plaisir à leur partenaire, la protéger du VIH, protéger leurs enfants, se protéger et, dans certains cas, continuer d'avoir d'autres partenaires. L'utilisation de préservatifs est un comportement de couple, mais un environnement encourageant et la disponibilité de préservatifs sont des facteurs essentiels pour relever l'utilisation de préservatifs par les couples dans des pays comme l'Ouganda.

Resumen

Tras 25 años de epidemia del VIH/SIDA, el uso del condón entre las parejas casadas/estables continúa siendo bajo y subinvestigado en los países en desarrollo, incluso en los países con alta prevalencia de VIH. Probablemente resulte difícil asimilar el uso del condón en una antigua relación, pese al riesgo de contraer VIH. Realizamos un estudio cualitativo en Kampala, Uganda, con 39 parejas que informaron utilizar el condón el 100% durante los tres meses anteriores. Las mujeres fueron reclutadas de entre mujeres en un ensayo clínico quienes usaban condones y cuyas parejas también acordaron participar. Veintidós de las mujeres y seis de los hombres informaron haber tomado la iniciativa de sugerir el uso del condón; las otras parejas discreparon en cuanto a quién fue el primero en plantear el tema. Las mujeres utilizaron insistencia, denegación de sexo, persuasión y condones para la planificación familiar o para proteger a los niños, lo cual ayudó a desviar la desconfianza y lograr que su pareja estuviera de acuerdo. Algunos hombres se resistieron inicialmente pero sus reacciones a menudo fueron más positivas que lo esperado. Los motivos de los hombres para aceptar el uso del condón fueron: complacer a su pareja, protegerla del VIH, proteger a sus hijos, protegerse a sí mismos y, en algunos casos, continuar teniendo otras parejas. Aunque el uso del condón es un comportamiento de pareja, un ambiente de apoyo y la disponibilidad del condón son fundamentales para incrementar su uso en lugares como Uganda.