

International Journal of Arts and Humanities (IJAH)

Ethiopia

Vol. 6 (3), S/No 22, July, 2017: 65-79

ISSN: 2225-8590 (Print) ISSN 2227-5452 (Online)

DOI: <http://dx.doi.org/10.4314/ijah.v6i3.7>

Determinants of Condom Use among Currently Married Men in Zambia

Thankian, Kusathan

Department of Gender Studies
School of Humanities and Social Sciences
University of Zambia, Zambia
Email: kusanth@yahoo.com
Phone: +260-977-794730

.....
Mwaba, S. O. C., Jere-Folotiya, J., Hapunda, G. & Menon, A. J.

Department of Psychology
School of Humanities and Social Sciences
University of Zambia, Zambia
.....

Abstract

HIV is one of the leading health threats and cause of morbidity and mortality in Zambia. Among many preventive measures, condom use is the most effective methods of preventing HIV. The aim of this study was to investigate factors associated with condom use among currently married men in Zambia. Secondary data from the 2013 Zambia Demographic Health Survey was used. Results from binary logistic regression analysis showed that condom use is associated with being young ($\beta = -0.71, p < 0.001$), being rich ($\beta = 0.25, p < 0.05$), paying for sex ($\beta = 0.42, p < 0.001$), perceiving risk of contracting HIV ($\beta = 0.38, p < 0.001$), and believing in the efficacy of condom use as a protective measure against HIV ($\beta = 0.24, p < 0.01$). Condom use in Zambia is associated with socio-demographic characteristics and habits of adult males. Therefore, prevention measures aimed at increased the use of male condoms should integrate social demographic characteristics and habits of adult males to be effective.

Key words: Condom use, married men, determinants, Zambia

Introduction

Zambia has a generalized HIV epidemic mainly driven by unprotected heterosexual activity where in almost one in five couples, either one or both people are HIV positive

(National AIDS Council, 2014). The key drivers of the HIV include behavioural, structural and biomedical factors including multiple and concurrent sex partners, low and inconsistent condom use, low levels of male circumcision, mobility and labour migration, sex workers and men who have sex with men, and mother to child transmission. It is estimated that 90% of adults who are infected are attributed to unprotected heterosexual activity either with a casual partner, a long-standing partner, or concurrent sexual partners (National AIDS Council, 2014).

Although consistent use of condoms may be the best way to prevent HIV and other sexually transmitted diseases, married men were more likely to have concurrent sexual partners than their non-married counterparts yet are the least likely to use a condom (Burrows, 2011). An early study carried out in Egypt (Zeid et al., 2004) identified obstacles to condom use and these included perceived lack of need, rejection by partner, and hazards of condoms. Although majority knew about HIV/AIDS, only a few felt at risks of STDs. The results also showed low knowledge levels regarding the appropriate use and efficacy of condoms, perceived unreliability was often cited as a problem, many other issues present greater barriers to overall acceptability of condoms.

However, in recent years, there has been many programs aimed at promoting condom use, still the use of condom among married men is a problem. For example, a recent study conducted in 13 sub-Saharan countries, suggested that to a larger degree, married men from the 13 countries reported using condoms with extramarital partners as frequently as did unmarried men using them with casual partners (Walque & Kline, 2011). Only 15% of married men reported consistent or occasional use of condoms in marriage. Factors that influenced the use of condom among married men include; perceived risk of infection of HIV, consequences of HIV infections, attitudes towards the use of condom and poor discussions between couples (Maharaj & Cleland, 2000).

Some studies have found that the use of condom among married men was higher than that of married women (Walque & Kline, 2011). Some factors that determine the use of condom include occupation, communication between spouses, traditional religion, perceived risk of contracting STI, knowledge of partner's HIV status, ever suggested condom use to partner, procreation and misconception about HIV transmission by supernatural means (Mahikeng, 2012). A recent study conducted in South Africa (Dube et al., 2017) found it challenging for women to negotiate for condom use with their husbands, due to a variety of reasons. Some of which included; financial dependency on men, therefore placed their husbands at very powerful positions and influence in terms of how their households were run.

A recent study conducted in South Africa (Dube et al., 2017) found it challenging for women to negotiate for condom use with their husbands, due to a variety of reasons. Some of these reasons included; financial dependency on men which placed their husbands at very powerful positions and influence in terms of how their households were run. Other factors were cultural norms such as the need to have children, polygamy, and negative attitudes toward condom use which were viewed as not being African and could promote promiscuity, thereby contributing to the inability to negotiate for condom use. When a woman is married, there are so many expectations from different people, especially from the family that she is married into. She is expected to bear children, and condom use is viewed as an obstacle that can hinder the fulfilment of her expected role of child-bearing. Therefore, it becomes nearly impossible for her to introduce the issue of condom during sexual intercourse.

In Zimbabwe, Muhwava (2004) indicated that overall condoms have been associated with a negative image, especially when used within marriages or stable relationships. According to Osuafor and Mturi (2014) “people often associate condoms with uncleanliness, illicit sex, infidelity and immoral behaviour”. In South Africa, condoms are for “back-pocket partners” results also showed that although women in married or stable relationships fear being infected by their husbands, whom they know is promiscuous, they feel they have no right or obligation to refuse sex or take preventative measures such as condom use.

Therefore, we find that there are numerous reasons why married men do not use condoms. The common belief that men’s resistance to condom use within stable relationships could not be overcome maybe exaggerated, HIV prevention programmes need to address the reproductive health needs of couples. Researchers concluded that there was need for intensive health education awareness on the dual risk and the need to use condoms in marriages. Print and electronic media specifically targeting men can be used to disseminate information on dual protection and reproductive health issues in general which specifically target men (Mutowo & Kasu, 2015). The aim of this study was to look at various determinants of condom use among currently married men in Zambia.

Methodology

The analysed data was taken from the latest Zambia Demographic Health Survey carried out by Central Statistical Office in 2013. The sample for the 2013 ZDHS was selected to provide the estimates of population and health indicators at the national and provincial level. The ZDHS used a two-stage stratified cluster sample consisting of selected primary sampling units (PSUs) or clusters, and secondly, selected households within PSUs. In this survey, all men aged 15-49 years were identified and considered eligible for individual interview. The household questionnaires collected information on the demographic and economic characteristics of all household members. The men’s module which was applied to all men between 15-49 years of age, included data on the marital status, education, employment, as well as their partner’s education and occupation. The analysis of this paper is based on 8,127 currently married men.

Data Analysis

In this paper, the data analysis was only restricted to currently married men. The analysis was carried out in two stages. Firstly, cross tabulations were used to examine the relationship between the independent variables (socio-economic and demographic) and dependent (condom use) variables. In addition, chi-square tests were conducted at the bivariate level for independent variables at $p < 0.01$ and $p < 0.05$ significant level. Secondly, Logistic Regression Analysis was used to identify factors influencing condom use by considering socio-economic and demographic variables separately for condom use at last sex and consistency in condom use. The results of the logistic regression models were converted into odds ratios, which represented the effect of a one-unit change in the explanatory variable on the indicator of using a condom. Odds ratios larger than one indicate a greater likelihood of using a condom than for the reference category; odds ratios smaller than one indicate a smaller likelihood compared to the reference category.

Findings and Discussion

The sample characteristics of the population reveal that a majority of respondents were from age ranges 30-39 and 40-49 (30-39; 38.2% and 40-49; 39.9%). With regard to religion, the majority of the respondents were Protestants while the minorities were Catholic (Protestants: 79% and 21% Catholic). The results also show that more than half of the sample were from urban areas (59.8%) while the rest were from rural (40.2%) areas. The distribution of respondents by wealth quintile showed that 41% were poor, followed by the rich (37.3%) and 21 % were the middle class. For working status, most of the respondents were working as compared to those who were not working (working; 91% and not-working 8.4%). The education characteristics of the respondents showed that over half (51.4) of the respondents had only reached primary education while 48.6% had acquired secondary education or higher.

The results further showed that a majority of respondents rarely read newspapers. Those who read less than once a week were 69.4% while the remaining 32% read newspapers at least once a week. More than half of the respondents listened to radio at least once a week (68%). On the other hand, only about 32% of the men listened to radio less than once a week. With regard to exposure to television 53% of the respondents watched television less than once a week while 46.5% watched television at least once a week. Generally, about slightly more than half of all the respondents watched television. On whether or not the respondents believed condoms always reduced the risk of HIV, 86% of the respondents agreed with the belief while the rest did not (13.5%). Moreover, there were more respondents who denied paying someone one in exchange for sex (85.3%) than those who agreed having paid someone (14.7%). Finally, with regards to the perception of risk of getting HIV, respondents were categorized in three groups and these were low or no risk, medium and high risk. About 61.3% perceived low or no risk, 21.1% perceived medium risk and 17.6 % of the respondents perceived to be at high risk (See Table 1).

Table 1: Sample Distribution of currently married men in Zambia

	Characteristics	%	N
Age	15-29	21.9	1776
	30-39	38.2	3106
	40-49	39.9	3245
Religion	Catholic	21.0	1638
	Protestant	79.0	6396
Place of residence	Rural	40.2	3265
	Urban	59.8	4862
Wealth Index	Poor	41.0	3335
	Middle	21.7	1760
	Rich	37.3	3032
Work status	Not-working	8.4	686
	Working	91.6	7437
Educational level	Primary	51.4	4172
	Secondary or higher	48.6	3951

Reading newspaper at least once a week			
	Less than once a week		
	At least once a week	69.4	5629
		30.6	2482
Listening to radio at least once a week			
	Less than once a week		
	At least once a week	32.0	2600
		68.0	5519
Watching television at least once a week			
	Less than once a week		
	At least once a week	53.5	4344
		46.5	3781
Believe that using condom always reduce the risk of HIV			
	No	13.5	1092
	Yes	86.5	7018
Ever paid anyone in exchange for sex			
	No		
	Yes	85.3	6911
		14.7	1190
Perceived risk of getting HIV			
	Low or no risk	61.3	4975
	Medium risk	21.1	1714
	High risk	17.6	1425

The percentage of currently married men who reported to have used a condom with their partners during last sex is shown in Table 2. Overall, (21%) of the men reported to have used a condom at least to have sex with their partners. There was no significant difference between religious denominations on likelihood of using a condom at last sex. Moreover, respondents from rural areas were more likely to report using a condom at last sex (22.8%) than their counterparts from urban areas (19.3). The wealth index shows that respondents from rich backgrounds were more likely to have used a condom at last sex with their partners, followed by the middle class and then the poor (poor 18.1%, middle 21% and the rich 23.4%). Respondents who had acquired secondary education (22.6%) or higher were more likely to have used a condom at last sex with their partners as compared to those who had only acquired primary education (18.1%). Moreover, respondents who read newspapers less than once a week (19.6%) were less likely to have used condoms at last sex with their partners as compared to those who read newspapers at least once a week (23.3%).

With regards to listening to the radio, those who listened to the radio at least once a week were more likely to have used condoms at last sex with their partners (21.5%) as compared to those that listened to the radio less than once a week (19%). Respondents who watched television at least once a week reported to be more likely to have used a condom at last sex with their partners (23.3%) compared to those that watched television less than once a week (19.6%). Those who believed condoms always reduced the risk of HIV (21.3%) were more likely to have used a condom at last sex with their partners than those who did not believe (17.2%) using a condom always reduced the risk of HIV. Married men who had paid any one in exchange for sex before (28%) were more likely to have used a condom in last sex as compared to those that denied paying anyone before (19.4%). Respondents who perceived high risk of getting HIV (25.3%) were more likely to have used a condom at last sex with their partners compared to those that perceived medium risk (23.7) and those that perceived low risk (18.4%).

Table 2. Percentage of currently married men who reported having used condom with their partners

Characteristics	% used condom last time with partners	% used condom every time with partners	N
Age			
15-29	26.0**	15.3**	1776
30-39	23.3	13.7	3106
40-49	15.3	10.3	3245
Religion			
Catholic	20.6	12.8	1698
Protestant	20.7	12.7	6396
Place of residence			
Rural	22.8**	15.0**	3265
Urban	19.3	11.1	4862
Wealth Index			
Poor	18.1**	9.8**	3335
Middle	21.0	12.9	1760
Rich	23.4	15.8	3032
Work status			
Not-working	21.4	13.0	686
Working	20.6	12.7	7437
Educational level			
Primary	18.9**	10.7**	4172
Secondary or higher	22.6	14.8	3951
Reading newspaper at least once a week			
Less than once a week	19.6**	11.5**	5629
At least once a week	23.3	15.4	2482
Listening to radio at least once a week			
Less than once a week	19.0**	11.3**	2600
At least once a week	21.5	13.3	5519
Watching television at least once a week			
Less than once a week	18.9**	10.8**	5154
At least once a week	23.9	16.1	2968
Believe that using condom always reduce the risk of HIV			
No	17.2**	11.0*	1092
Yes	21.3	13.0	7018
Ever paid anyone in exchange for sex			
No	19.4**	11.5**	6911
Yes	28.3	19.5	1190
Perceived risk of getting HIV			
Low or no risk	18.4**	10.7**	4975
Medium risk	23.7	14.8	1714
High risk	25.3	17.1	1425
Total	20.7	12.7	8127

*** Significant at P < 0.01; ** Significant at P < 0.05

The percentage of currently married men reported to have used a condom with their partners consistently is shown in Table 2. Overall, only 13% of respondents reported using a condom every time they had sex with their partners. Regarding place of

residence, respondents from rural areas were more likely to report using condom every time they had sex (15%) than their counterparts from urban areas (11.1%). The wealth index shows that respondents from rich backgrounds were found to be more likely to have used a condom every time they had sex with their partners, followed by the middle class and then the poor (poor 9.8%, middle 12.9% and the rich 15.8%). Those who had acquired secondary education (14.8%) were more likely to have used a condom every time they had sex with their partners as compared to those who had only acquired primary education (10.7%).

Married men who read newspapers less than once a week (11.5%) were less likely to have used a condom every time they had sex with their partners as compared to those who read newspapers at least once a week (15.4%). With regards to listening to the radio, those who listened to the radio at least once a week reported more likely to have used a condom at last sex with their partners (13.3%) as compared to those that listened to radio less than once a week (11.3%). Respondents who watched television at least once a week reported to have be more likely to have used a condom at last sex with their partners (16.1%) compared to those that watched television less than once a week (10.1%). Those who believed condoms always reduced the risk of HIV (13%) were more likely to use a condom every time with their partners than those who did not believe (11%) using condom always reduced the risk of HIV. Married men who had paid someone in exchange for sex before (19.5%) were more likely to have used a condom every time they had sex as compared to those that denied paying anyone before (11.5%). Nonetheless, those who perceived high risk of getting HIV (17.1%) were more likely to have used a condom every time they had sex with their partners compared to those that perceived medium risk (14.8) and those that perceived low risk (10.7%).

To understand the factors influencing condom use during last sex, Logistic Regression Analysis was carried out by considering socio-economic and demographic variables separately and condom use during last sex and consistency in condom use. The results of the logistic regression analysis are presented in Table 3.

The results of the logistic binary logistic regression show that age, paying for sex, socio-economic status, perceived risk of HIV, belief that condom always reduces risk of HIV all had significant influence on using a condom at last sex with partners among the married men. Binary logistic regression analysis showed that age range 30-39 and 40-49 were negatively associated with condom use at last sex compared to the age group 15-29. (Table 3 below)

Table 3. Logistic Regression Analysis data of socio-economic and demographic variables on condom use during last sex among currently married men

Variables	Beta (β)	Standard Error (SE)	Exp (β)	Significant level (P)
Age				
15-29				
30-39	-0.2077	0.0711	0.8124	0.0035
40-49	-0.7109	0.0757	0.4912	0.0000
Religion				
Catholic				
Protestant	-0.0234	0.0691	0.9769	0.7348
Place of residence				
Rural				
Urban	0.0431	0.0762	1.0441	0.5717
Wealth Index				
Poor				
Middle	0.1605	0.0814	1.1741	0.0487
Rich	0.2524	0.1024	1.2871	0.0137
Work status				
Not-working				
Working	-0.1605	0.1013	0.8517	0.1130
Educational level				
Primary				
Secondary or higher	0.0104	0.0658	1.0104	0.8745
Reading newspaper at least once a week				
Less than once a week				
At least once a week	0.0988	0.0704	1.1039	0.1603
Listening to radio at least once a week				
Less than once a week				
At least once a week	0.0798	0.0658	1.0831	0.2250
Watching television at least once a week				
Less than once a week				
At least once a week	0.1176	0.0783	1.1248	0.1329
Ever paid anyone in exchange for sex				
No				
Yes	0.4152	0.0733	1.5147	0.0000
Perceived risk of getting HIV				
Low or no risk				
Medium risk	0.3364	0.0690	1.3999	0.0000
High risk	0.3751	0.0736	1.4552	0.0000
Believe that using condom always reduce the risk of HIV				
No				
Yes	0.2355	0.0875	1.2655	0.0071

The results further showed that those who had paid for sex had a strong likelihood of condom use at last sex with their partners among married men. Those that had paid for sex before were 1.5 times more likely to use condom at

last sex with their partners compared to those who denied paying anyone. Moreover, medium and high-risk perceivers of getting HIV also emerged as strong predictors of condom use at last sex with their partners. Those who perceived medium risk were 1.4 times more likely to have used a condom at last sex with their partners. Meanwhile, those that perceived high risk were 1.5 times more likely to use a condom at last sex with their partners.

High and middle social socio-economic status of the respondents were positively associated with condom use at last sex with their partners. 1.2 times and 1.3 times more likely to have used a condom at last sex were middle and rich status men respectively. Logistic regression analysis also revealed that belief that using a condom always reduced the risk of HIV was strongly associated with condom use at last sex with their partners. Those who believed that using a condom always reduced risk of HIV were 1.3 times more likely to use a condom at last sex with their partners. Nonetheless, religion, place of residence, educational level, listening to radio at least once a week, reading newspapers at least once a week, working status and watching television were not strongly associated with likelihood of married men using a condom at last sex with their partners. The influence of socio-economic and demographic variables in determining consistency in condom use among currently married men was examined using Logistic Regression and the results are presented in Table 4.

The results of the logistic regression showed that age, wealth index, paying for sex, perceived risk of HIV, believed that the use of condom always reduces risk of HIV had significant influence on using a condom consistently during sex with partners among the married men. Logistic regression analysis also showed that females of age range 30-39 and 40-49 were negatively associated with condom use at last sex with their partners compared to the age group 15-29. The wealth index classification by socio-economic status also showed a significantly strong likelihood of married men using a condom consistently with their partners. Rich people were found to be 1.4 times more likely to use a condom consistently during last sex with their partners as compared to those classified as middle or poor class. The results also showed that those who had paid for sex had a strong likelihood of using a condom every time they had sex with their partners among married men. Those that had paid for sex before were 1.7 times more likely to use a condom at last sex with their partners.

Table 4: Logistic Regression Analysis data of socio-economic and demographic variables on consistent condom use during last sex among currently married men

Variables	Beta (β)	Standard Error (SE)	Exp. (β)	Significant level (P)
Age				
15-29				
30-39	-0.1917	0.0872	0.8256	0.0279
40-49	-0.5016	0.0915	0.6056	0.0000
Religion				
Catholic				
Protestant	-0.0261	0.0835	0.9743	0.7549
Place of residence				
Rural				
Urban	0.0414	0.0917	1.0422	0.6518
Wealth Index				
Poor				
Middle	0.2301	0.1009	1.2587	0.0225
Rich	0.3434	0.1246	1.4097	0.0059
Work status				
Not-working				
Working	-0.1842	0.1234	0.8317	0.1355
Educational level				
Primary				
Secondary or higher	0.1061	0.0802	1.1120	0.1859
Reading newspaper at least once a week				
Less than once a week				
At least once a week	0.0974	0.0842	1.1023	0.2474
Listening to radio at least once a week				
Less than once a week				
At least once a week	0.0233	0.0809	1.0235	0.7737
Watching television at least once a week				
Less than once a week				
At least once a week	0.2069	0.0939	1.2299	0.0275
Ever paid anyone in exchange for sex				
No				
Yes	0.5200	0.0847	1.6821	0.0000
Perceived risk of getting HIV				
Low or no risk				
Medium risk	0.3724	0.0837	1.4512	0.0000
High risk	0.4654	0.0868	1.5926	0.0000
Believe that using condom always reduce the risk of HIV				
No				
Yes	0.1509	0.1055	1.1629	0.1525

Medium and high-risk perceivers of getting HIV also emerged as strong predictors of condom use every time they had sex with their partners. Those who perceived medium

risk were 1.5 times more likely to use a condom at last sex with their partners. Meanwhile, those that perceived high risk, were 1.6 times more likely to use a condom at last sex with their partners. The results in logistic regression analysis also showed that belief that using a condom always reduced the risk of HIV was strongly associated with condom use at last sex with their partners. Married men who believed that using condom always reduced risk of HIV were 1.2 times more likely to use a condom consistently during sex with their partners in comparison to those that did not believe. However, religion, place of residence, educational level, listening to radio at least once a week, reading newspapers at least once a week, working status and watching television were not strongly associated with likelihood of married men using a condom at last sex with their partners.

Discussion

The age characteristics of the married men in this study indicate that the majority are over 30 years of age. Mid to late twenties and above is generally the time when most Zambian men get married. This is usually the time when most men are financially stable and are able to provide for their families. In some instances, the age is much lower, especially in the rural areas. The wealth index indicates that the participants were mostly from poor socio-economic status. Zambia's population living under the poverty line 2016 was 60.5% (CIA world fact book, 2016). The majority of the participants in the study were in informal employment, which is to be expected given that formal jobs are extremely scarce in Zambia and therefore most able-bodied men and women normally tend to work for themselves or are in the informal sector (Zambia Labour Market Profile, 2014).

The frequency of newspaper reading is relatively low given that all the participants in the study had basic reading skills. These findings could speak to the low reading culture that exists in the country (Walugembe, 2008). Most people choose to either watch television or listen to the radio as is evident by the more than half of the participants in the study who indicated that they listened to the radio at least once a week (68%). Although the percentage of individuals who reported watching television at least once a week (46.5%) was less than those who reported listening to the radio once a week (69.4%), it was much higher than those who reported reading a newspaper at least once a week (30.6%). The percentage of participants who were circumcised in the study was only 21.7%. This is relatively low given the medical benefits of circumcision that have been publicized using various media. These benefits include reduced risk of contracting sexually transmitted infections (STIs). The Government and many other Non-Governmental Organisations have been conducting sensitization on the importance of male circumcision. This has been done through different media such as print media, television and radio.

The percentage of individuals in the study that had ever solicited for paid sex was 14.7% in comparison to 85.3% who indicated that they had never paid for sex. With regard to perceived risk of getting HIV, 61.3% of the participants indicated that they thought they had low or no risk of getting HIV. Some plausible explanations for this perceived low risk could include being faithful to their partners and also the belief that their partners were being faithful to them, practicing of safe sex with their partners, practicing safe sex when they had relationships outside their marital home or they just believed that HIV was something that could happen to others but not them. Those who perceived high levels of risk (21.1%) could attribute this to their lifestyles, which might

include having sex with multiple partners, having unprotected sex when they had sex outside the marital home or thinking that their spouses were being unfaithful to them.

A large proportion of married men in the study (79.9%) indicated that they did not use condoms with their partners in their last sexual encounter. The reason for this could be because they are married and therefore feel safe being with their spouses. It is generally believed that married couples do not need to use condoms as both partners are expected to be faithful to each other. Married couples will use condoms for contraceptive reasons, protection from HIV and STI (especially if one partner has been unfaithful or is HIV positive). Usually, it is the man who determines whether or not condoms are used in the marriage. Generally, it is believed that women have very little influence in this decision, including decisions related to their own personal use of contraceptives. It is very worrying that married men were found not to use a condom in their last sexual encounter. This is because in Zambia many married men have been found to have concurrent partners while still married to their wives (Zambia Country Report, National AIDS Council, 2014). This in essence meant that the spouses of such men face the risk of contracting HIV when in the institution of marriage where they are supposed to feel safe and protected. Furthermore, the concurrent partners and the wives of such married men may also have their own partners where they might be having unprotected sex and so the cycle becomes even more vicious and fertile to the increased spread of HIV. In such a scenario, it goes without saying that the infected mothers may pass the virus onto their new born babies thereby endangering the lives of the next generation. It therefore becomes important for all stakeholders including the Government through the Ministries of Gender, Sport, Youth and Community Development, NGOs such as the Young Women's Christian Association (YWCA), Young Men's Christian Association (YMCA), Churches Health Association of Zambia (CHAZ) etc to increase their efforts on sensitising the communities especially men to stick to one partner and to use a condom when they are having concurrent partners. Such efforts are likely to reduce the spread of HIV.

The finding in this study that married men from rural areas (22.8%) were more likely to report using condoms at last sex was consistent with the findings that they are also more likely to consistently use condoms. These are interesting findings, given that men in the rural areas generally tend to be more traditionalists and are less likely to use condoms as a contraceptive or HIV prevention tool. On the other hand, it is expected that married men in urban areas are more likely to have reported use of condom at last sex because they are better informed about the importance of condom use as this information is much more readily available to them. This finding meant that men in the rural areas regard the NGOs who disseminate information as authority 'figures' and therefore adhere and respect the message of condom use that emanated from such NGOs without any question or reservation about the accuracy and validity of the information. The NGOs should be commended for their efforts in the rural areas and the positive impact that they are generating on the rural communities. On the other hand, married men from urban areas may not regard the NGOs or any other sources of information as 'authority' figures because they may have several alternative sources of information and are bound to be more critical of the information they receive from the NGOs or from Government.

Furthermore, results from the wealth index showed that respondents from rich background were more likely to report using a condom at last sex. They also reported

consistently using condoms than respondents from middle and poor backgrounds. Most individuals from rich backgrounds live in urban areas and wealth is unequally distributed between the rich and the poor (Mubila, 2012). The percentage of poor likely to report that they used condoms at last sex was only 18.1%. These two contradictory findings may require further investigation.

The more educated married men in the study (secondary education and higher) were more likely to have used condom at last sex with their partners. They also reported consistently using condoms with their partners. This finding is consistent with studies that have been conducted in Zambia and other parts of Africa that show that increased education levels are associated with safer sexual behaviour (World bank, 2002), especially for those who complete secondary school (Kelly, 2000). This is because the more educated the individual is the more likely he or she is to use the knowledge related to HIV/AIDS to protect themselves, acquire the necessary skills to do this and also help others protect themselves (Kelly, 2000). Education changes the way an individual think and perceives the world thereby increasing the chances of better educated people protecting their health. It is also possible that better educated individuals have greater access to information related to their health. The cost of condoms could be a barrier for condom use for the poor respondents.

The finding related to reading of newspapers is tied to the above finding on education. Those who read newspapers at least once a week were more likely to report using condoms for their last sex. They also reported that they consistently used condoms with their partners than those who did not read newspapers. This finding relates to access of information and education. The educated are more likely to access newspapers at their places of work and they can afford to buy them. This means they are more likely to be exposed to information about condom use promotion and other issues related to HIV/AIDS. This information can then influence the decisions they make about their health. The finding that respondents who listened to the radio and those who watched television at least once a week were more likely to have used a condom than those who watched television and listened to the radio less than once a week is related to access to information just as in the case of newspaper reading. There are various radio and television programmes related to condom use, HIV/AIDS, negotiating of safe sex between couples, and many others that can help inform decisions individuals make about whether or not to use condoms.

The respondents in the study who believed that condoms reduce the risk of HIV were more likely to use condoms at last sex. Theories of behaviour change postulate that an individual's evaluation or believe can influence their behaviour (Bandura, 1986). The belief about the effectiveness of condom use in relation to the expected benefit (protection and reduced risk of HIV infection) can act as a motivating factor to use condoms. In this case it therefore becomes important for more intervention in order to propagate information to both men and women on the benefits of condom use in the reduction of HIV and STIs. Married men who had once paid for sex before were more likely to use a condom in last sex as compared to those who had not paid for sex before. The perceived danger of contracting HIV based on past behaviour could be a motivating factor for such a group to use condoms. This explanation holds for those who perceived high risk of getting HIV and were likely to use condoms at last sex.

In this study, the factors identified as influencing use of a condom during last sex were age, paying for sex, socio economic status, perceived risk of HIV and belief that

condom use reduces risk of HIV. Consistent with other studies, the older age groups in the study (above 30) were less likely to use condoms than the younger married men (Anglewicz & Clark, 2013). Socio-economic status (high and middle), belief that using a condom always reduced the risk of HIV, religion, place of residence, educational level, listening to the radio at least once a week and reading the paper at least once a week influenced the use of a condom at last sex. These results are consistent with other studies conducted on this topic.

Conclusion

In view of the results of this study, the paper recommended that organisations involved in the fight against HIV and STIs such as NGOs and Government ministries should target married men in their sensitisation campaigns on the benefits of the use of condoms, as they also should encourage the men to have one partner rather than having concurrent partners, so that the vicious cycle of HIV transmission can be curtailed. Efforts promoting condom's use should be directed at urban married men perhaps much more than their rural counterparts because married men from urban areas are more resistant to accepting the disseminated information than rural married men. The paper also suggested that the information on condom use could be disseminated in more innovative ways such as empowering women for assertive sex negotiating skills in their homes. Finally, propagation of condom use, and other HIV preventive skills should be introduced in school curriculum as early as grade one so that children are empowered with appropriate skills from early age. This paper has helped to demystify many wrong beliefs and perceptions about the usage of condom.

References

- Anglewicz, P. & Clark, S. (2013). The effect of marriage and HIV risks on condom use acceptability in rural Malawi. *Social Science & Medicine*, 97, 29-40.
- Burrows, O. (2016). Married men likely to have many partners, least condom use. Retrieved from <http://www.capitalfm.co.ke/news/2016/01/married-men-likely-to-have-many-partners> on June 19, 2017.
- Bauni, E. & Jarabi, B. O. (2003). The low acceptability and use of condoms within marriage: Evidence from Nakuru district, Kenya. *African Population Studies*, 18 (1):51-65.
- Blanc, A. K. (2000). *The relationship between sexual behaviour and level of education in developing countries*. Geneva, Switzerland: UNAIDS.
- CIA, World Factbook, (2016). Retrieved from <http://www.theodora.com/wfbcurrent/zambia/index.html> on May 3, 2017.
- De Walque, D., & Kline, R. (2011). Variations in condom use by type of partner in 13 Sub-Saharan African Countries. *Studies in Family Planning*, 42(1), 1-10.
- Dube, N., Nkomo, T. S., & Khosa, P. (2017). Condom usage negotiation among customarily married women in Katlehong, Johannesburg. *SAGE Open*, 7(1), 2158244016687345.
- Kelly, M. J. (2000). *The encounter between HIV/AIDS and Education*, Lusaka: University of Zambia.

- Kabbash, I. A., El-Sayed, M., Al-Nawawy, A. M., Shady, I. K. & Zeid, A. M. S. (2007). Condom use among males (15-49 years) in Lower Egypt: Knowledge, attitude and patterns of use, *Eastern Mediterranean Health Journal*, 13 (6), 1405-1416.
- Maharaj, P. & Cleland, J. (2014). Condom use within marital and cohabiting partnerships in KwaZulu-Natal, South Africa. *Studies in Family Planning*. 35(2):116–124.
- National AIDS Council, (2014). *Zambia Country Report*, Ministry of Health, Lusaka.
- Mubila, M. (2012). Briefing notes for AfDB's long-term strategy. *African Development Bank Group*, 2-3.
- Maharaj, P. & Cleland, J. (2005). Risk perception and condom use among married or cohabiting couples in KwaZulu-Natal, South Africa. *International Family Planning Perspectives*. 31(1):24–29.
- Mutowo, J. & Kasu, C. M. (2015). Barriers to use of dual protection among married women in a Suburban setting. *IOSR Journal of Nursing and Health Science*, 4 (2), 51-57.
- Muhwava, W. (2004). Condom use within marriage and consensual unions in the era of HIV/AIDS in Zimbabwe. *African population studies*, 19 (1), 119-141.
- Osuafor, G. N., & Mturi, A. J. (2014). Attitude towards sexual control among women in conjugal union in the era of the HIV/AIDS epidemic in Mahikeng, South Africa. *Etude de la Population Africaine*, 28(1), 538.
- Muhwava, W. (2004). The low acceptability and use of condoms within marriage: Evidence from Nakuru district, Kenya. *African Population Studies*. 18(1):119–141.
- Walugembe, D. R., (2008). Contribution of NGOs in the promotion of the reading culture in Uganda: Case study of EUPEK project. Retrieved from [www.observer.ug/index.php?option=article&id=1443:it-pays-to-readbooks &catid=37:guest-writers&itemid=66](http://www.observer.ug/index.php?option=article&id=1443:it-pays-to-readbooks&catid=37:guest-writers&itemid=66) on May 3, 2017.
- World Bank, (2002). *Education and HIV/AIDS: A window of hope*. Washington, D.C.: USA.
- Zambia Labour Market Profile, (2014). Retrieved from http://www.ulandssekreteriatte.dk/sites/zambia_2014 on May 4, 2017.