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Pattern, challenges and correlates of condom use among Nigerians living with HIV infection.

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PEER REVIEW

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Comments

This is a well performed study in which the authors identified several aspects of the use/non-use of condom among HIV positive in a metropolitan area in Nigeria. The results are interesting and useful for improvement and/or development of new strategies for an effective prevention program.
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ABSTRACT

Objective: To determine the pattern, challenges and correlates of condom use among Nigerians living with HIV Infection.
Methods: A cross sectional questionnaire study among HIV positive adults attending an HIV treatment centre in Lagos, Nigeria. Data entry and analysis were done with Epi-info version 3.5.1.
Results: The mean age of respondents was 35 (SD=7.7; range: 17-58 years) and mean age at sexual debut was 20 years old (range: 7-37 years). Majority were women (66.6%), had at least secondary school education(91.1%), married (68.2%)), on ART (50.7%) and knew their partners HIV status(60.9%). The rate of condom use at last sex act was 65.9%, but only 48.8% used condom consistently. Factors associated with condom use were male gender (OR=2.43, *CI*=1.35-4.33, *P*=0.002), less than secondary school education (OR=3.12, *CI*=1.04-9.28, *P*=0.05) and Not knowing partner's HIV status (OR=1.90, *CI*=1.04-3.80, *P*=0.04). Refusal to use condom (28.4%) were as a result of pregnancy intention, undesirability of condom in marriage and decreased sexual pleasure.
Conclusion: There is low consistent condom use rate of 48.8% among this cohort despite their exposure to behavioural change messages. A review of the present counselling strategy and combination prevention is therefore advocated.

KEYWORDS
Condom use, HIV, Nigeria, Positive prevention

1. Introduction

HIV/AIDS remains a significant public health challenge globally. Nigeria with a high burden of the disease has the second highest number of people living with HIV in Sub-Saharan Africa[1]. Recent Nigerian prevalence study revealed that the national median HIV prevalence from antenatal sentinel survey was 4.1% with the estimated number of people living with HIV/AIDS at 3.1 million. Also, new infection continue to occur mainly through heterosexual contact[2].

Traditionally, efforts at prevention of new HIV infection were focused on protecting the uninfected individuals from acquiring the virus particularly through the promotion of condom use. However, with the increased access to antiretroviral therapy, persons infected with HIV can live longer[3] and with high desire to live a normal life which includes increase desire to have children with occasional engagement in risky sexual behavior[3,4]. It

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then follows that there is a need to promote HIV prevention among persons infected with HIV especially those in sero-discordant relationships as a means of protecting their uninfected partners. And also, there is a need to prevent the transmission of resistant HIV strains and super-infection among sero-concordant couples. This is due to the documented evidence that persistent genital HIV-1 shedding can still occur in some men and women despite undetectable plasma HIV-1 viral RNA[5,6].

It follows from the above that the concept of "prevention with positive" is very relevant particularly in an era of prolonged use of antiretroviral drugs and reduction in the incidence of opportunistic infection. The aim of prevention with positive is to increase the self-esteem, confidence and ability of persons living with HIV/AIDS to protect and maintain personal good health while doing all that is necessary to eliminate the possibility of infecting others. Therefore, it must be implemented under adequate ethical covering which will provide the respects of the rights and needs for people living with HIV to enjoy sexual relationships, have reproductive choices and live a full and healthy life[7].

Therefore, in order to break the chain of HIV transmission, the novel approach will be to target prevention efforts at HIV positive individuals. However, to introduce effective prevention program among this group will require a detailed understanding of their sexual behavior. Previous published works have reported risky sexual behavior among people living with HIV and proposed some methods for risk reduction in this group which includes consistent condom use, reducing number of sexual partners, abstinence, sero-status disclosure, and clean injection equipment[8,9]. Many studies particularly in southern Africa has reported significant rate of unprotected heterosexual intercourse among individuals infected with HIV/AIDS[10,11]. Unfortunately only few studies in our environment have examined in detail the sexual behavior of persons living with HIV infection, especially the condom use[12]. Our study therefore aims at determining the pattern of condom use among HIV infected individuals as well as the challenges and correlates of condom use.

2. Methods

2.1. Study setting

This is a cross-sectional questionnaire study at a large treatment centre, Nigerian Institute of Medical Research, Lagos, Nigeria among adults living with HIV infection. The centre was one of the 25 centers that commenced HIV treatment in the country in 2002. In 2004, it was supported by Harvard School of Public Health, Boston, USA through the PEPFAR grant and later by the AIDS Prevention Initiative of Nigeria. The centre currently provides free comprehensive HIV care services to over 19 000 clients. Patients enrolled into care at the centre were regularly given group counselling on HIV secondary prevention messages and were encouraged to collect free male and female condoms during their routine clinic visits. The centre provides ambulatory care to patients from Monday to Friday every week which includes clinician review, drug pick up appointments and laboratory follow up visits. At each of the visit group, counseling on secondary prevention and importance of condom use is done by trained counselors. The major counseling challenge is the inability to address individual patient's concerns about condom use because of the patient's load at the clinic which only allow for general discussion around condom use.

2.2. Study participants

The study participants were consecutive adult attending their follow up clinic or drug pick-up visit over a period of 8 weeks in 2011. Only patients aged 18 years and above and in care for over 3 months were eligible to participate. Very ill patients and those unable to communicate or declined consent were excluded from the study. Eligible patients who meet the study criteria were recruited at an average of ten participants per each of the four clinic days weekly over a period of eight weeks.

The sample size expression [$n=Z^2P(1-P)/E^2$] was used to determine the minimum number of subjects to be enrolled into the study; where n means required sample size, Z means reliability coefficient at 95% confidence interval (standard value of 1.96), P means expected prevalence of consistent condom use among HIV positive of 25% (Adih and Alexander, 1999)[13], E means margin of error at 5%. A sample size of 288 was determined. We increased the sample size by 5% in anticipation of non-response or withdrawal of consent. A final minimum sample size of 302 obtained.

2.3. Data collection

Pre-tested self administered and semi-structured questionnaires were used to collect information from respondents. However, low literate participants were assisted by trained adherence counselors of assisted reproductive technology (ART). The main outcome variable for the study was "condom use during the last sex act". The independent variables were socio-demographic characteristics including age, sex, ethnicity, education, religion, marital status and occupation. Sexual and reproductive health history: the age of sexual debut, number of sexual partners, relationship type, type of sexual practices and discussion on condom use. Other independent variables included medically related factors like the duration of HIV diagnosis, duration of use of ART and contraceptive history. Behavioral issues about partners status disclosure, alcohol and drug use information as well as motivation factors for condom use were also elicited.