

EPIDEMIOLOGY & RISK FACTORS

Factors Associated With Condom Use Among Sexually Active US Adults, National Survey of Family Growth, 2006–2010 and 2011–2013



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ABSTRACT

Background: Condom-less sex can increase the risk of acquiring or transmitting HIV.

Aim: To characterize the prevalence of condom use at the most recent sex act and identify factors associated with use of a condom at the most recent sex act in adults in the United States.

Methods: Data from the cross-sectional National Survey of Family Growth from cycles 2006 through 2010 and 2011 through 2013 were analyzed for sexually active men and women 18 to 44 years old who reported having sex (vaginal, anal, or oral) with an opposite-sex partner in the past 12 months. HIV-related sexual risk behaviors (SRBs) in the past 12 months included sex with at least four opposite-sex partners; exchanging sex for money or drugs; sex with an injection drug user; sex with an HIV-positive person; sex with a man who previously had sex with a man (women only); sex with a man (men only); or sex with a partner who had sex with other partners.

Outcomes: The outcome for this analysis was condom use at the most recent anal or vaginal sex act.

Results: Overall prevalence of condom use was 24.8%; only 33.8% of adults with at least one SRB reported the use of a condom. Only 46.4% of unmarried or single men (vs 14.7% married or cohabitating men) and 32.3% unmarried or single women (vs 14.1% married or cohabitating women) with SRBs reported using a condom at the most recent sexual encounter and were less likely to use a condom at the most recent sexual encounter compared with those who did not report SRBs. We did not find a significant relation between using a condom and SRBs in married or cohabitating men and women.

Strengths and Limitations: Our analysis adds to the literature on how condom use varies by marital status. We measured the use of condoms at the most recent sexual act, which might not reflect an individual's previous behavior of condom use. Nonetheless, condom use at the most recent sexual act has been documented in previous studies as a valid proxy of condom use over time.

Conclusion: Continued efforts are needed to promote condom use in heterosexual adults in the United States, particularly those at high risk for HIV, namely individuals engaging in anal sexual acts and with multiple sex partners. **Nasrullah M, Oraka E, Chavez PR, et al. Factors Associated With Condom Use Among Sexually Active US Adults, National Survey of Family Growth, 2006–2010 and 2011–2013. J Sex Med 2017;14:541–550.**

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INTRODUCTION

Consistent and correct use of condoms during sex has been shown to be an effective way to prevent sexually transmitted infections (STIs), including HIV.^{1–3} The Centers for Disease Control and Prevention promotes condom distribution as a cost-effective component of high-impact HIV prevention.⁴ However, it has been estimated that only 17% of sexually active

heterosexual adults in the United States with multiple sexual partners and 12.6% of those with risky sexual partners used condoms consistently during sexual encounters in the past 6 months.⁵ Different factors could be associated with the use of or failure to use condoms, including sex and marital status.⁶ Reports from the 1996 National Household Survey of Drug Abuse⁷ and the General Social Survey from 1996, 1998, and 2000⁸ estimated that the prevalence of condom use during the most recent sexual encounter in adults (≥ 18 years old) in the United States ranged from 18.3% to 21.0%. In those reports, condom use was higher in unmarried adults compared with married adults.^{7,8} Data from the National Survey of Sexual Health and Behavior showed that, in 2009, 24.7% of men and 21.8% of women 18 to 94 years old reported condom use during their most recent vaginal intercourse, with relatively high condom use in unmarried adults (46.7%) compared with married adults (11.1%).⁹

Many heterosexual couples might choose not to use condoms for different reasons, including perceived or actual low risk of HIV, intent to have children, replacement of condoms with other forms of birth control, or to increase trust and intimacy with their partners.¹⁰ Whatever the reasons heterosexuals do not use condoms, their non-use can increase the risk of acquiring or transmitting HIV, particularly for those at increased risk of HIV. Nonetheless, consistent and correct use of condoms remains an important method for HIV prevention. Monitoring patterns of condom use in different subpopulations continues to be important for understanding prevention program reach and newer prevention tools such as pre-exposure prophylaxis (PrEP). Data from the National Survey of Family Growth (NSFG) provide a baseline measurement of condom use from which to measure changes over time. The aim of this study was to use a nationally representative cross-sectional health survey to estimate the prevalence of condom use at the most recent sexual act in sexually active men and women 18 to 44 years old and to determine the factors associated with use of a condom at the most recent sexual act.

METHODS

Data Source and Study Population

The NSFG is a cross-sectional health survey representative of the civilian, non-institutionalized population of the United States 15 to 44 years old. A representative sample of households and non-institutional quarters is selected by multistage probability sampling. Interviews are administered by trained interviewers to one randomly selected resident from each household.¹¹ A total of 15,218 men and 17,880 women completed the interview in the 2006 through 2010 and the 2011 through 2013 NSFG continuous cycles, with corresponding response rates of 77% and 72.8%, respectively. Details of the NSFG sample design, weighting methodology, and variance estimation are described elsewhere.^{11,12} Information on HIV-related sexual risk behaviors was collected using audio computer-assisted self-interviewing to give respondents greater privacy when reporting this sensitive

information. To capture all heterosexually active respondents, we included all respondents 18 to 44 years old who reported having any sex (vaginal, anal, or oral) with a partner of the opposite sex in the past 12 months from the date of interview (13,588 women and 10,904 men). Because the question included those who only had oral sex, we excluded those participants by limiting the outcome variable to those who had vaginal or anal sex. The analysis was stratified by marital and cohabitation status (married or cohabiting vs unmarried or single respondents) to describe condom use in the context of relationship type because public health messages can vary substantially when condom use occurs within steady, ongoing relationships compared with casual sexual encounters in which the partners might not know each other well.

Ethical Approval

This study involved secondary data analysis of a publically available dataset; therefore, ethical approval from our respective institutions was not required.

Measurements

Outcome Variables

The outcome for this analysis, condom use at the most recent anal or vaginal sex act, was measured by the questions, “Was a condom used the last time you had vaginal intercourse with a male/female? (yes/no)” and “Was a condom used the last time you had anal sex with a male/female? (yes/no).” Participants were considered to have used a condom at the most recent sex act if they used a condom at the most recent vaginal sex act and if they had used a condom at the most recent anal sex act. Participants having vaginal and anal sex and reporting condom use for one but not the other were considered to not have used a condom at the most recent sex act because the NSFG does not provide information on the order in which each type of sex occurred. Condom use at the most recent sex act has been used in other nationally representative surveys^{8,13} and has been documented as a valid proxy of condom use over time.¹⁴

Independent Variables

Additional demographic and health-related covariates included race and ethnicity (non-Hispanic white, non-Hispanic black, other non-Hispanic race, and Hispanic); age range (18–24, 25–34, and 35–44 years); marital status (married or cohabiting respondents were married or not married but living together with a partner of the opposite sex and unmarried or single respondents were those who were never married or were currently separated, divorced, or widowed); education (less than a high school diploma, high school graduate, some college, or at least 4 years of college); income classified according to the Federal Poverty Guidelines (below or above poverty level)¹⁵; residence (central city of a metropolitan statistical area, other metropolitan or suburban area, or rural or small town); self-reported sexual orientation (heterosexual, homosexual, or bisexual); binge drinking in the past 30 days (yes or no); and HIV-related sexual

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