The consultation’s goal was to examine the evidence and develop recommendations on how best to position condoms for use by youth in low- and middle-income countries. Specifically, it focused on the social and emotional factors that influence youth’s condom use. Other objectives included:

• Sharing the evidence focused on the social and emotional factors influencing condom use among youth.
• Building consensus on how best to position condoms for youth.
• Outlining recommendations to the field on the framing of condom repositioning.
• Sharing lessons learned and recommendations for direction of condom-focused interventions.

Reviewing the Evidence
Prior to the consultation, a review of the peer-reviewed literature was conducted to gain a better understanding of what the social and emotional factors are that influence condom use among adolescents in low and middle-income countries. The results were synthesized into a document and reviewed on the first day of the consultation.

In total, 225 articles were included in the synthesis document and divided into the following five themes.

Partner-Level Factors
Overall, condom use is much higher among casual partners compared to serious or steady partners. A study in Brazil found that adolescent boys in steady relationships have a 39 percent lower likelihood of using a condom than adolescent boys in casual relationships. Four studies compared partners who are married to unmarried partners and found condom use to be much lower among married partners.

In many communities, using condoms is often thought of as an indication that one of the partners has been unfaithful or may have a disease, potentially leading to or increasing distrust in a relationship. Belief that condoms reduce pleasure was also found to be widespread—if either partner (but, particularly the male partner) believed condoms would reduce pleasure, they were less likely to use a condom.

Condom use was likely to be significantly lower if the male partner was older in a relationship. Three studies found that girls felt powerless to negotiate condom use and older men typically refused condoms. If their partner refused to use a condom, female respondents found it difficult to insist on it.

Other partner level factors found to have an impact on condom use were:

• Partner communication
• Power and equity in relationships
• Number of partners
• Perceptions of a partner’s attitude about condoms
• Duration of the relationship
• Frequency of sex
• Transactional sex
• Acceptability of condom use in married couples
• Residence of a partner, specifically whether they live in the same neighborhood or village
• Perception that a partner has other partners

Peer-Level Factors
The norms, pressure and support of peers can all influence condom decision-making. In the Eastern Caribbean and South Africa, studies found that if adolescents believed their friends were using condoms, they had higher odds of using condoms themselves. In South Africa, female adolescents with friends who felt either negative or indifferent about condom use were almost three times more likely to rarely use condoms compared to girls with friends who encouraged condom use. Adolescents who discuss condom use with their friends have also been found to be associated with actual use.

Peer pressure often inhibits adolescents’ condom use. Support from peers, however, encourages condom use. Friends’ support was found to be a significant factor for encouraging condom use in South Africa, and in Kenya, adolescents who use condoms felt more supported by peers overall. While peer education programs may support condom use, there isn’t enough rigor in some studies to make conclusive assertions about the effects of peer education programs.
Family-Level Factors
Communication between parents and adolescents on sexual health is limited. Of the 16 articles that were able to assess the link between parental conversations and adolescent condom use, eight found no relationship at all, while eight found a positive relationship. Factors that may influence these differences include the topics discussed (abstinence vs. contraception), as well as the adolescent's age at the time. What is important, however, is the timing of parent-adolescent conversations. One study found that having discussed sex with parents before sexual debut was associated with condom use during sexual debut, and importantly, was not associated with earlier age at first sexual intercourse.

Parental support and connectedness, parental monitoring and family importance have all been examined with mixed results. Family structure seems to have little relationship with adolescent condom use, and a family's socioeconomic status has shown mixed results. Negative family experiences, such as conflict, fear of punishment and parental substance abuse, all decreased condom use among adolescents.

Social-Level Factors
Social attitudes, perceptions and norms impact adolescents' condom use. In South Africa, positive attitudes toward condoms, measured through 13 items, were identified as a key factor impacting condom use among adolescents. Among males in the study, these attitudes were the most important determinant, demonstrating that perceived disadvantages of condoms may impede use. Membership in social groups within a community also is positively associated with condom use.

The stigma of obtaining and carrying condoms discourages condom use. In South Africa, those with stigma around condoms were more likely to refuse condoms than those who had no stigma. Two interventions succeeded in changing social norms among youth and increasing condom use. In a qualitative evaluation of the Stepping Stones program in South Africa, participants spoke of how they now advise friends to use condoms, and a number of men stated they now understood the need for condoms and felt comfortable negotiating use.

Exposure to mass media, such as billboards, TV, radio and festivals, increases the likelihood of condom use. In a review of mass media interventions, five of the 12 that examined condom use found significant differences between intervention and control groups. In Cameroon, the 100% Juene social marketing campaign increased condom use among casual partners—45 percent to 70 percent in males and 29 percent to 70 percent in females.

School programs produced mixed results on condom use, though most were positive. In a systematic review that included 14 studies measuring the impact of school based sex education on condom use, six studies showed an increase in condom use due to school sex education while the remaining eight found no change. With respect to religiosity, four studies found religiosity to be associated with lower condom use, two studies found no effect and one
a had a positive effect, with South African women active in church being twice as likely to report condom use than women who were not active.  

**Gender-Related Factors**

Gender roles and power dynamics have the potential to decrease condom use among adolescents. In South Africa, girls who followed more traditional gender norms were less likely to have used a condom with their partner; in areas with high gender equity, though, girls were more likely to consistently use condoms. Two studies found women feared if they were to use condoms, they would lose their partners to others, while other women feared abuse if they discussed condoms with their partners. Many men believe condoms decrease their sexual performance and associate using a condom with “eating a sweet with a wrapper on,” discouraging use.

In the majority of studies, condoms are the antithesis of the idea of masculine behavior. Adolescent girls had mixed feelings on the ease of negotiating condom use in intergenerational relationships. In Mozambique, condom negotiation was easier with older men when girls’ roles were clearly defined, which was echoed in other studies. In other studies, however, some feared violence and felt powerless to negotiate. Two studies found conflicting results regarding condom use and transactional sex as well—one finding that insistence on condom use would be considered rude, the other finding that girls felt it was easier to negotiate condom use in transactional sex scenarios.

**Gaps**

After the evidence was presented, the participants identified a number of gaps in the research, including:

- Trust and pleasure are portrayed as negative impacts on condom use, yet little explores how they can be used as positive influences.
- Community gatekeepers need a larger role in research and programs must be acceptable to them.
- Healthy relationships and being a sexual being is largely ignored in research.
- Evidence around positive deviance and what currently works in getting adolescents to use condoms is lacking.

**Building on the Evidence**

Along with identifying the gaps, participants debated which elements are most likely to have an impact on adolescent condom use, including the following.

- It is essential to create opportunities to reach youth before sexual debut.
- Understanding the different reasons adolescent boys do not use condoms compared with those for adolescent girls is critical.
- Removing the association of condoms with disease and decreased pleasure may be important in reframing them in a positive way to increase acceptability.
- Discussion around condoms and sex should be normalized in communities and reflected in popular culture to reduce stigma.
- Challenging notions of masculinity and examining gender equity is critical. Rather than waiting for a partner to suggest condom use, one needs to feel they can insist on it without fear.
- Peer norms must support condoms as a lifestyle and part of any relationship.
- Mass media, clubs and social media may all be harnessed to engage women and girls, men and boys in meaningful ways to encourage condom use.
- Repackaging of condoms should be considered so those targeting youth are more attractive and/or designed by youth.
- Condom use among adolescents must be addressed from multiple angles and at multiple levels.

**Recommendations to the Field**

On the second day, participants discussed how best to strategically influence social and emotional factors that impact adolescent condom use as outlined below.

**Pleasure**

Pleasure is an often-overlooked area in regard to condom use. Discussion of pleasure and the role it plays in healthy relationships, as well as condom use, can be uncomfortable for many people, so is often avoided. Bringing pleasure into the discussion—talking about how to give your partner pleasure, safer sex acts that are pleasurable and finding ways to make condoms sexy—are all potential strategies. Media plays a large role in shaping adolescent views of pleasure. Condoms need to be portrayed in a positive way through various media channels to change norms.

**Trust**

There is a strong recommendation to conduct research that better understands trust and explores mistrust, what trust means to adolescents and how it influences when some adolescents decide to stop using condoms, among other issues. Looking at examples of positive deviance where both trust and condom use exists can shape future campaigns focused on condom use with both casual and regular partners. Using positive messages about trust in relationships and condom use may help to reposition condom use as a given—protecting partners in a relationship.
**Advocacy**
Shifting norms and policies so that they are more supportive of adolescent condom use and move away from the unsubstantiated claim that condoms increase promiscuity is dependent on advocacy. Engagement with Ministries of Education, governments and UN agencies is a recommended step to developing and implementing comprehensive youth sexuality education, as well as making a stronger effort to keep girls in school. Adolescents’ access to condoms must also be included in policies both for HIV prevention and contraceptive use. Key influential gatekeepers, such as traditional leadership, churches, parliamentarians and foundations, should advocate these changes. The media can also be used to spark a social movement and generate discussion about norms and policies with consistent themes and messages.

**Youth Participation**
Youth must be involved at all levels of planning design and program implementation. It is not enough to simply have youth participation; strategies aimed at influencing adolescent condom use must be truly youth-driven. Working with youth-led organizations and building their capacity to speak up for themselves and speak out will lead to far larger gains than doing so without them. Youth membership on boards and advisory groups is important to consider for any youth-focused program or research.

**Media**
Sensitizing journalists to the importance of condom use and its different influencing factors may help to normalize use. Improving advertisements to appeal to youth and encouraging condoms as part of a healthy sex life are also recommended. Incorporating condoms into popular media and TV shows may also be a strategy to begin to change the societal views of condoms and portray them in a more positive light.

**Future Research Questions**
The consultation concluded with a discussion on next steps and potential research questions that remain outstanding. Some of the most salient research questions participants proposed are presented below.

- How can we better understand the influence of trust in adolescent condom use?
- When do adolescents stop using condoms and why?
- Would a pleasure approach be more effective than a public health one?
- What goes into the decision making related to adolescent condom use? Is it primarily used for contraception or HIV prevention and how does this differ depending on the type of relationship?
- What influences girls and boys to have sex?
- What goes into partner communication and how can it best be encouraged?
- What role do gatekeepers play in influencing adolescent condom use?
- What is the entry point for discussions between parents and their children and what is an appropriate age to have these conversations?
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