

# Condom use among males (15–49 years) in Lower Egypt: knowledge, attitudes and patterns of use

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استخدام العازل لدى الذكور (15 – 49 عاماً) في صعيد مصر: المعارف والمواقف وأنماط الاستخدام  
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**الخلاصة:** أجرى الباحثون دراسة مستعرضة لعينة عشوائية قوامها 2304 من الذكور في عمر 15 – 49 عاماً في 4 محافظات في دلتا مصر، بهدف تقييم استخدامهم للعوازل ومعارفهم ومواقفهم إزاء استخدامها. وبيّنت الدراسة أن 60.5% من العينة يرون أن العوازل وسيلة فعّالة لمنع الحمل وأن 60% يرون أن العوازل تقي من العدوى المنقولة جنسياً. وبيّنت الدراسة كذلك أن 23.9% فقط سبق لهم استخدام العوازل، وذلك كوسيلة لمنع الحمل أساساً، وأن 26.8% سينظرون في استخدامها مستقبلاً. وأفاد ربع العينة عن معرفتهم بالطريقة الصحيحة لاستخدامها. أما العوامل التي تعوق استخدام العوازل فتشمل عدم الحاجة إليها (75.7%)، ورفض الشريك الجنسي (57.6%)، ومخاطر استخدامها (31.9%). وبيّنت الدراسة أن معظم أفراد العينة يعرفون معلومات عن مرض الإيدز والعدوى بفيروسه (90.8%)، وأن نسبة قليلة منهم يشعرون بمخاطر التعرّض للعدوى المنقولة جنسياً (11.2%) أو للعدوى بفيروس الإيدز (10.3%).

**ABSTRACT** We conducted a cross-sectional study on a randomly selected sample of 2304 males aged 15–49 years from 4 governorates in Lower Egypt to assess their condom use and knowledge and attitudes towards condom use. Condoms were considered an effective method of contraception and prevention of transmission of sexually transmitted infections (STIs) by 60.5% and 60.0% respectively. Only 23.9% had ever used condoms, mainly for contraception, but 26.8% would consider using them in the future. A quarter reported knowing how to use condoms properly. Obstacles to condom use included perceived lack of need (75.7%), rejection by partner (57.6%) and hazards of condoms (31.9%). The majority knew about HIV/AIDS (90.8%) but a few felt at risk of STIs (11.2%) or HIV infection (10.3%).

## L'usage du préservatif dans la population masculine (15-49 ans) de Basse-Égypte : connaissances, attitudes et profil des utilisateurs

**RÉSUMÉ** Nous avons mené une étude transversale sur un échantillon randomisé de 2304 sujets de sexe masculin, âgés de 15 à 49 ans et originaires de 4 gouvernorats de Basse Égypte, dans le but d'évaluer l'utilisation du préservatif masculin et les connaissances et attitudes à l'égard de ce dernier au sein de cette population. Le préservatif masculin est jugé efficace comme méthode contraceptive ou comme moyen de prévention contre les infections sexuellement transmissibles (IST) respectivement par 60,5 % et 60,0 % de l'échantillon. Seuls 23,9 % des participants avaient déjà utilisé un préservatif, principalement à des fins contraceptives, mais 26,8 % en envisageaient l'utilisation dans l'avenir. Vingt-cinq pour cent (25 %) des enquêtés déclaraient en connaître parfaitement le mode d'emploi. Les principaux obstacles à l'utilisation des préservatifs étaient la méconception de la nécessité (75,7 %), le rejet de la part du/de la partenaire (57,6%) et les risques propres au préservatif (31,9 %). La majorité des enquêtés (90,8 %) était informée de l'existence du VIH/sida, mais seul un petit nombre admettait le risque de contamination par IST (11,2 %) ou le VIH (10,3 %).

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## Introduction

Men play a powerful role in reproductive decisions. Their actions can have unhealthy and even dangerous results. Men's participation is a promising strategy for addressing some of the world's pressing reproductive health problems. With HIV infection now spreading faster among women than among men, the AIDS epidemic has focused attention on the health consequences of men's sexual behaviour. At the same time surveys, mostly in Africa, have found that a considerable per cent of men (about 70% in some countries) favour and are concerned about family planning. Such findings suggest that men's reproductive health behaviour is ready to change [1].

Since the 1930s, latex condoms have been available to prevent both pregnancy and sexually transmitted disease, but in most parts of the world they have never been widely used [2]. Estimated pregnancy rates during perfect use of condoms is 3% at 12 months [3]. Numerous studies have been conducted on the risk of sexually transmitted infections (STIs) in condom users. Virtually all clinical and epidemiological studies have found substantial reductions in the risk of disease among condom users [4,5]. A multi-country European collaborative study enrolled 378 seronegative regular partners of HIV-infected men or women. About one-half of the couples used condoms at every intercourse, and no seroconversions occurred among these couples. About 10% of the couples who used condoms inconsistently or not at all seroconverted with an incidence rate of 4.8% [6].

In Egypt, results of the 2003 Demographic and Health Survey showed that male methods of contraception are still less widely recognized than female methods [7]. In another study, it was found that 87% of Egyptian men were agreeable to using fam-

ily planning. However, few were using a condom although more than 18% of married men surveyed reported having used a male method of contraception in the past including condoms [8]. Another study on the male role in reproductive health in Egypt showed that 64.7% of husbands did not wish to use male contraceptives including condoms [9]. A study in Pakistan, a country in the same region, showed low knowledge levels regarding the appropriate use and efficacy of condoms even among contraceptive users [10].

While perceived unreliability is often a problem, many other issues present greater barriers to overall acceptability of condoms. Many people do not believe they are at risk of STIs/AIDS. Others do not like the feeling of condoms or worry about their partner's reactions to suggesting condom use. Some are embarrassed by the buying and using of condoms or lack the skills to add their use to sexual activity [11].

In the era of HIV/AIDS, it is essential to study the pattern of condom use which is now not only important for family planning and reducing fertility indices but is also a live saver by preventing HIV infection.

This study aimed to study:

- the pattern of condom use among adult Egyptian males in Lower Egypt;
- the pattern of risky behaviour of Egyptian adult males necessitating condom use as a protective measure;
- the knowledge and attitudes of Egyptian adult males towards condom use and barriers to use.

## Methods

### Study setting and subjects

This was a cross-sectional study conducted during 2004 in 4 governorates randomly

selected from the 13 governorates of lower Egypt. They were Gharbia, Damietta, Dakahlia and Menoufiya. Two randomly selected localities in each governorate (1 urban and 1 rural) were selected for data collection. The sampling frame for urban localities was based on the list of cities in each Governorate from which 1 city was chosen randomly. For the rural locality, a list of related villages to the chosen city was obtained from which 1 village was chosen randomly.

The target population of this study was adult males aged 15–49 years representing a sexually active group of the population. They were chosen from different educational levels and occupational groups; industrial workers, taxi and minibuses drivers, university and secondary school students and government employees.

### Sample size

Gharbia governorate, with a population of 3 735 700, lies in the centre of the Nile Delta. Damietta governorate, with a population of 1 005 243, lies on the northern coast. In Gharbia governorate, the population of males aged 15–49 years was 997 859 while that of Damietta was 270 198. The estimated sample size in these 2 governorates was 1270 individuals (1000 in Gharbia and 270 in Damietta).

Dakahlia governorate is located in the east of the Nile Delta and has a population of 4 825 882. Menoufiya is located in the south of the Nile Delta and has a population of 3 058 362. The population of males aged 15–49 years in the 2 governorates was estimated to be 2 275 493. The sample size represented 1/1000 of the target population based on the CAPMAS census 1996 and estimated increase by end of 2003 [12]. Thus the total sample size in this study was 2304.

The sample size was drawn proportionally from the different study groups accord-

ing to expected percentages of each in the community as estimated by the researchers because exact figures were not available.

### Sampling technique

Random sample selection was done from strata representing different educations and occupations. The identified strata included: government employees, taxi and minibuses drivers, industrial workers and university and secondary-school students.

Full lists of the available places of gathering of the target population of each stratum were obtained from the Governorate office and multiple places were chosen randomly. The total population of the chosen places were divided into clusters and 1 or 2 clusters were randomly chosen from each place to reach the required sample size. Clustering was based on the circumstances of each place; number of offices in governmental premises, different student sections in the faculties, workplace divisions. Drivers were all taken from the station of the chosen locality which was always one station for internal and another for external transportation (between governorates). Refusal rate to participate ranged between 2% (among students) and 7% (among drivers).

### Data collection

A pre-designed questionnaire sheet (available on request from the corresponding author) was used for data collection. This questionnaire included the following data:

- Sociodemographic data (name not included)
- Perception of condoms as a method of protection against STIs and as a contraceptive method
- Pattern of condom use and barriers to use
- Practice of risky behaviours necessitating condom use as a protective measure against STIs.

Content validity of the questionnaire was tested by 3 experts. A pilot study including 30 individuals, not included in the study sample, was performed to ensure the suitability of the questionnaire for data collection relevant to the study design and objectives. Results of the pilot study showed that direct enquiry about sexual behaviour was not acceptable to respondents. Therefore, the questions related to personal sexual activity were replaced by questions enquiring about friends with extramarital relations. This was found to be more acceptable and allowed projection of the prevalence of unsafe sexual relations in the studied community. Test-retest reliability was conducted to ensure intra-rater reliability. Inter-rater bias was not likely because the questionnaire was designed to be self-administered. Only those who could hardly read were helped in completing the questionnaire by the interviewers (about 5%–7% depending on the locality).

Data collection was done through direct interviewing by members of the research team who were trained on communication interviewing skills by senior experts in a 2-day workshop before starting data collection activities. Group interviewing was arranged with the study subjects before distribution of the study questionnaire to explain the importance of proper and complete filling of the questionnaire. Only fully completed sheets of those aged 15–49 years were included in the study (6%–7% were excluded of the total distributed).

#### **Data management and statistical analysis**

The collected data were organized and statistically analysed using *SPSS*, version 12. The number and per cent distribution were calculated and the chi-squared test was used for statistical analysis. The 5% level of significance was used for interpretation of the chi-squared results.

## **Results**

Table 1 shows the characteristics of the 4 occupation groups. The study included 2304 males aged 15–49 years. These comprised 590 industrial workers (25.6%), 382 drivers (16.6%), 627 government employees (27.2%) and 705 students (30.6%). The majority of industrial workers and drivers had received primary and secondary education (98.0% and 95.0% respectively) while 45.1% of government employees had received a higher education. Regarding students, 12.9% were secondary-school students while 87.1% were university students. Of the entire sample, 44.1% were urban residents and 42.2% were unmarried. The majority of industrial workers, drivers and employees were married (79.0%, 67.8% and 84.1% respectively) while the majority of students were single (98.2%).

Table 2 presents the knowledge and attitude of the sample towards condom use. In all, 60.5% perceived condoms as an effective method of contraception. The highest percentage was reported by industrial workers and drivers (63.6% and 63.1% respectively) while the lowest percentage was that of government employees (56.5%). Condoms were reported as an effective measure for prevention of sexually transmitted infections (STIs) by 60.0% of the respondents; drivers (61.8%) and industrial workers (65.8%) reported the highest percentage.

About 27% accepted the possibility of using condoms in the future with the highest percentage reported by drivers (34.0%) and the lowest by employees (22.2%). Regarding knowledge about the proper use of condoms 25.3% claimed to have this with the highest percentage being industrial workers (32.7%). About 32% thought that condom use may be associated with harmful effects and about 58% believed that the partner might possibly reject condom use.

Table 1 Characteristics of the participants

Characteristic	Industrial workers		Drivers		Government employees		Students		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
<i>Governorate</i>										
Gharbia	305	30.0	160	15.7	220	21.6	333	32.7	1018	100.0
Dakahlia	87	17.7	108	21.9	141	28.7	156	31.7	492	100.0
Menoufiya	113	22.3	50	9.9	178	35.1	166	32.7	507	100.0
Damietta	85	29.6	64	22.3	88	30.7	50	17.4	287	100.0
Total	590	25.6	382	16.6	627	27.2	705	30.6	2304	100.0
<i>Residence</i>										
Urban	187	31.7	110	28.8	377	60.1	343	48.7	1017	44.1
Rural	403	68.3	272	71.2	250	39.9	362	51.3	1287	55.9
<i>Education</i>										
Primary	286	48.5	124	32.5	0	0.0	0	0.0	410	17.8
Secondary	292	49.5	239	62.6	344	54.9	91	12.9	966	41.9
Higher	12	2.0	19	5.0	283	45.1	614	87.1	928	40.3
<i>Marital status</i>										
Single	98	16.6	104	27.2	78	12.4	692	98.2	972	42.2
Married	466	79.0	259	67.8	527	84.1	12	1.7	1264	54.9
Widowed	10	1.7	9	2.4	6	1.0	0	0.0	25	1.1
Divorced	16	2.7	10	2.6	16	2.6	1	0.1	43	1.9
<i>Age (years)</i>										
Range	16–49		17–49		18–49		15–24		15–49	
Mean (SD)	35.00 (8.42)		31.91 (7.81)		36.69 (7.21)		19.27 (1.74)		30.14 (9.89)	

More than two-thirds of the sample (69.6%) reported availability of condoms in their neighbourhood; 53.1% reported that they would be embarrassed to buy condoms in the presence of somebody known to them. There were statistically significant differences between the 4 groups in their attitudes and knowledge (Table 2).

Only 23.9% had ever used condoms with the highest percentage reported by industrial workers (33.9%) and the lowest by students (10.4%). Among single males 11.6% reported using condoms while 32.9% of married males had used condoms. Among the 552 participants who reported using condoms, the main reasons for condom use were for contraception (56.2%) and for prevention of STIs (35.0%); 5.6% used

them for both contraception and prevention of STIs. Only 3.3% reported using condom during menses. The main reasons for not using condom were: no need being single or married but wanting children (75.7%) and condoms decrease sexual pleasure (18.3%) (Table 3). There were statistically significant differences between the groups.

The majority of the studied population reported having knowledge about HIV/AIDS (90.8%). Less than one-fifth reported that their behaviour put them at risk for STIs and HIV infection (11.2% and 10.3% respectively). On the other hand, 28.9% reported having friends who engaged in extramarital sexual relations; drivers and students reported the highest percentages (33.2% and 37.7% respectively). Differences

Table 2 Distribution of the participants in relation to knowledge of and attitude towards condom use

Studied items	Industrial workers (n = 590)		Drivers (n = 382)		Employees (n = 627)		Students (n = 705)		Total (n = 2304)		$\chi^2$	P-value
	No.	%	No.	%	No.	%	No.	%	No.	%		
Condoms are an effective method of contraception	375	63.6	241	63.1	354	56.5	425	60.3	1395	60.5	7.681	0.053
Condoms are effective for prevention of STIs	388	65.8	236	61.8	370	59.0	389	55.2	1383	60.0	15.759	0.001
I might use condoms in the future	183	31.0	130	34.0	139	22.2	165	23.4	617	26.8	26.541	0.001
I have enough knowledge about proper condom use	193	32.7	90	23.6	169	26.9	131	18.6	583	25.3	33.325	0.001
I need more information about the proper use of condoms	277	38.5	183	47.9	308	49.1	455	64.5	1223	53.1	54.123	0.001
Condom use has some harmful effects	178	30.2	65	17.0	196	31.3	295	41.8	734	31.9	72.027	0.001
Use of condoms could be rejected by partner	340	57.6	161	42.1	322	51.4	504	71.5	1327	57.6	103.050	0.001
I would feel embarrassed when buying condoms	317	53.7	168	44.0	295	47.0	444	63.0	1224	53.1	49.700	0.001
Condoms are available in the neighbourhood	467	79.2	226	59.2	507	80.9	403	57.2	1603	69.6	134.170	0.001

P < 0.05 was considered significant.

STIs = sexually transmitted infections.

Table 3 Distribution of the participants in relation to reasons for using or not using condoms

Condom use	Industrial workers (n = 590)		Drivers (n = 382)		Employees (n = 627)		Students (n = 705)		Total (n = 2304)		$\chi^2$	P-value
	No.	%	No.	%	No.	%	No.	%	No.	%		
Total users <sup>a</sup>	200	33.9	106	27.7	173	27.6	73	10.4	552	23.9	111.167	0.001
<i>Reasons for use</i>												
Prevention of STIs	57	28.5	49	46.2	44	25.4	43	58.9	193	35.0	44.335 <sup>b</sup>	0.001
Birth control	126	63.0	47	44.3	118	68.2	19	26.0	310	56.2		
Both	15	7.5	7	6.6	6	3.5	3	4.1	31	5.6		
During menses	2	1.0	3	2.8	5	2.9	8	11.0	18	3.3		
Total non-users	390	66.1	276	72.3	454	72.4	632	89.6	1752	76.1		
<i>Reasons for non-use<sup>c</sup></i>												
No need	298	76.4	218	79.0	308	67.8	502	79.4	1326	75.7	21.740	0.001
<i>Decreases sexual pleasure</i>												
Not comfortable	80	20.5	43	15.6	109	24.0	89	14.1	321	18.3	20.040	0.002
Not effective	52	13.3	25	9.1	56	12.3	43	6.8	176	10.0	14.946	0.002
Difficult to use	40	10.3	13	4.7	30	6.6	38	6.0	121	6.9	9.726	0.021
Religious reasons	18	4.6	9	3.3	32	7.0	19	3.0	78	4.4	11.245	0.011
	0	0.0	6	2.2	8	1.8	26	4.1	66	1.5	19.175	0.001

<sup>a</sup>Those who ever used condom were 11.6% of single men and 32.9% of married ones.

<sup>b</sup>Comparing prevention of STIs and birth control between different jobs

<sup>c</sup>More than 1 reason was reported for non-use of condoms.

P < 0.05 was considered significant.

STIs = sexually transmitted infections.

between the 4 groups were statistically significant in relation to risk perception for STIs and HIV infection and having friends engaging in extramarital sexual relations. The participants reported that these unsafe sexual relations of their friends happened frequently (44.5%) and with multiple partners (66.6%). Regarding condom use in the extramarital relations of their friends, 53.5% said condoms were never used while 18.4% said condoms were always used. The majority of the respondents who had friends engaged in extramarital relations (73.1%) believed their friends were at risk for HIV/AIDS (Table 4).

## Discussion

Men play a powerful and even dominant role in reproductive decisions sometimes regardless of their partner's wishes or the health consequences to themselves or their partners. For these reasons, it is important to direct the action of health programmes to healthy male sexual behaviour [13]

This study shows that slightly about 60% of the studied sample believed in the effectiveness of condom as a contraceptive method and for the prevention of STIs. Government employees had the lowest level of confidence in condoms in this regard. Properly used, male condoms are a proven and effective means of family planning and for preventing transmission of HIV/AIDS and other STIs [14]. Laboratory tests showed that no STI organism, including HIV, can pass through an intact synthetic condom. In fact, a condom protects against any STI that is transmitted through bodily fluids [15].

Many people, especially young men, may not be adequately informed about the protective effect of condoms against STIs and AIDS. In some countries, only a minority of never married men who had heard of AIDS knew that the use of condoms could

prevent infection with HIV. In addition, some are too embarrassed by their lack of skills to add condom use to sexual activity [15]. Therefore, with more information and encouragement more men would be willing to use condoms [16].

Although condoms were reported by the majority of the participants in the present study to be easily available, only around a quarter had ever used condoms and or said they might be potential users in the future. Among all married persons only a third had ever used condoms. This figure is different from that reported by the Egypt Demographic and Health Survey (3.2%) which gave the per cent of married couples using condoms only for family planning. Our study included all those in the community as a whole who had ever used condoms for any reason [2].

The low level of condom use in this study should be considered in relation to the observation that only about a quarter of the studied population reported having enough information about proper condom use and that just over half were in need of more information. The main reasons for not using condoms in the present study were: not needing it (being single or married but wanting children) and decreased sensation during sexual relations. In addition, about 30% believed that there may be harmful effects associated with condom use. Rejection by partner was another reason for non-use.

Despite the importance of condoms for protection against both pregnancy and STIs and HIV/AIDS, use of male condoms for family planning is rare, especially in developing countries [17]. While perceived unreliability is often a problem, many other issues present greater barriers to overall acceptability of condoms and may explain this wide gap between awareness and use. Insufficient knowledge about the proper method of condom use and the places to obtain

Table 4 Distribution of the participants in relation to risky behaviours necessitating condom use

Studied item	Industrial workers (n = 590)		Drivers (n = 382)		Employees (n = 627)		Students (n = 705)		Total (n = 2304)		$\chi^2$	P-value
	No.	%	No.	%	No.	%	No.	%	No.	%		
Have ever heard about HIV/AIDS	538	91.2	292	76.4	590	94.1	673	95.5	2093	90.8	121.40	0.001
Engage in risky behaviours for STIs	81	13.7	32	8.4	34	5.4	111	15.7	258	11.2	42.545	0.001
Engage in risky behaviours for HIV/AIDS	73	12.4	43	11.3	38	6.1	83	11.8	237	10.3	16.994	0.001
Have friends engaged in extramarital sexual relations	158	26.8	127	33.2	114	18.2	266	37.7	665	28.9	66.660	0.001
Reported frequency of sexual relations of friends												
Only once	25	15.8	17	13.4	25	21.9	73	27.4	140	20.1	17.897	0.007
Occasional	52	32.9	51	40.2	46	40.4	80	30.1	229	34.4		
Frequent	81	51.3	59	46.4	43	37.7	113	42.5	296	44.5		
Number of sexual partners												
Single	66	41.8	35	27.6	40	35.1	81	30.5	222	33.4	8.114	0.044
Multiple	92	58.2	92	72.4	74	64.9	185	69.5	443	66.6		
Using condoms												
Never	96	60.8	59	46.4	67	58.8	134	50.4	356	53.5	57.466	0.001
Sometimes	47	29.7	55	43.3	23	20.2	50	18.8	175	26.3		
Always	15	9.5	8	6.4	24	21.1	75	28.2	122	18.4		
Don't know	0	0.0	5	3.9	0	0.0	7	2.6	12	1.8		
Risk perception for HIV/AIDS	119	75.3	102	80.3	77	67.5	188	70.7	486	73.1	6.338	0.096

P &lt; 0.05 was considered significant.

STIs = sexually transmitted infections.

them has also been reported to be a cause for under-utilization [15,18]. Among other obstacles are social disapproval that stigmatizes condom buying and use, difficulties in obtaining condoms due to restricted availability, high price, and lack of privacy at the point of sale or distribution. Fear, lack of trust in their partners, personal reluctance due to decreased sensitivity and unpleasant odour, inhibition of sexual gratification and the possible irritation of the partner's sexual organs that may interfere with intercourse are other reasons for non-use of condoms [19,20]. In a study among adolescents, barriers to condom use among adolescents engaged in risky behaviour were: suddenness of the sexual event (21%), lack of awareness of the nature of the risk and the role of condoms as a protective method (16%), reduction in pleasure (15%), not knowing how to use (8%), partner is married and it is her responsibility, too shy to buy (6%), condoms not available (5%), partner's insistence not to use (2%), and no response (23%) [21]. Furthermore, many people do not believe they are at risk of STIs or AIDS and may think they do not need protection.

Among the 4 groups in our study, industrial workers and drivers were the group with the highest confidence in condom use and the highest frequency of ever use. They were also the groups that were most willing to consider using condoms in the future and were the least likely to believe that condom use has harmful effects (30.2% and 17.0% respectively). However, fewer drivers (59.2%) reported knowing where to obtain condoms than the other groups. These observations should be considered on trials to encourage condom use among these groups.

Sexual behaviour patterns vary widely between countries and there may be large differences in the sexual norms and prac-

tices between different groups [22]. Risky sexual behaviour includes unprotected sex, irregular use of condoms, multiple partners and relationships, and particular sexual initiation rituals [23]. Risky sexual behaviour is accompanied by increased risk of contracting STIs especially HIV [24]. Despite the AIDS epidemic, and even when men know that unprotected sex is risky, many still take the risk and engage in risky sexual behaviour [15].

The majority of the sample (90.8%) knew about HIV/AIDS. While the participants were not asked about their own sexual behaviour, their knowledge of friends engaged in extramarital relations clearly shows that unsafe, risky behaviour is present in the population. Furthermore, in spite of the low condom use observed by this study, 11.6% of single males had previous experience with condom use, suggesting they had extramarital sexual relations. Again among students, only 2.1% were married but 10.4% reported previous experience with condoms. While 73.1% of those with friends engaging in unsafe sex believed that these friends were at risk of contracting HIV/AIDS, the perception of the respondents of their own risk of STIs and HIV infection was low (11.2% and 10.3% respectively).

## Conclusion and recommendations

Condom use is still low among Egyptians. Reasons for non-use include low confidence, low perception of risk, lack of information, perceived harmful effects, decreased sensation during intercourse and social stigma of buying condoms. The presence of unsafe sexual behaviour necessitates increasing the level of condom use in Egypt through:

- Family planning, communication and social marketing campaigns to promote

the dual role of condoms in preventing pregnancy and transmission of STIs.

- Sexual education with more information about condoms to encourage more men to play a positive role in reproductive health. Sex education for unmarried young people should stress on sexual abstinence before marriage and use of condoms for protection from STIs and HIV/AIDS.
- Voluntary counselling and testing to explore unsafe behaviours associated with STIs including HIV/AIDS, to promote condom use and to disseminate more information concerning their proper use.
- Cooperation of governmental sectors, the commercial sector and nongovern-

mental organizations. This will help meet condom needs and disseminate information about condom use.

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