

## **“Protection or contraception? Acceptability of Condom Use within Marriage”**

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### Extended abstract

The main task of this research study is to explore the type of messages received through interpersonal communication that induce to positive attitudes towards condom use in marital relations. The twofold function of condom use –contraception and STD protection- should be taken into account when understanding attitudes towards its use. The emphasis in the interpretation of condom use as a protective practice conflicts with the grounds of marriage. Crucial social norms that regulate marital unions refer to fidelity and trust (Chimbiri 2007; Smith and Watkins 2005; Tavory and Swidler 2009; Watkins 2004). To suggest condom use to the spouse is likely to be very costly when the couple lives in a social context where condoms are considered a barrier against HIV infection and, at the same time, unfaithfulness is socially disapproved. Such suggestion would be interpreted as either an admission that one has been unfaithful or that one believes that the other has not been faithful. In any case, the couple would face a serious problem of distrust. The association of condom use exclusively with protection from infection is thus self-defeating because to propose its use necessitates the breaking of one of the norms of marriage.

However, the alternative interpretation of condom use as a contraceptive method may be less problematic, since the acceptance of family planning has dramatically increased. It is obvious that such interpretation would not solve the whole problem of the high rates of infection in serodiscordant couples (Dunkle et al. 2008), since condom use would only take place in older couples that want to stop having children or in couples that want to space births. Nonetheless, it could facilitate the negotiation of condom use in marital sex –which would reduce the likelihood of infection- and also in other sexual contexts such as long-term extramarital relations.

The individual interpretation of condom use is thought to be strongly dependent on the dominant meaning of condom use in the society and the social approval of family planning and condom use. In this work we examine whether the personal attitude towards condom use is affected by the dominant attitude and behavior in the respondent’s social network, and to what extent the positive attitude towards family planning in the network especially favors condom use. We hypothesize that the social consensus on understanding condom use as an HIV-preventive practice does not induce to positive attitudes towards this practice within marriage, while the social acceptance of modern contraception has the opposite effect.

### DATA

The empirical analysis is based on a quantitative study, using datasets that come from the *Malawi Diffusion and Ideational Change Project* (MDICP) and the *Kenya Diffusion and Ideational*

*Change Project* (KDICP). These projects provide longitudinal household surveys that have been conducted in the rural districts of South Nyanza, in Kenya, and Rumphi, Mchinji, and Balaka, each in one of the three regions in which Malawi is divided. We use the data from two of the waves in each country: 1998 and 2001 datasets in Malawi, and 1996 and 1999 datasets, in Kenya. We have not focused on the most recent waves, because the former are the ones that offer information about communication networks on both family planning and AIDS.

The two dependent variables that we attempt to explain refer to the attitude towards condom use in marriage. The first one is the answer to the question “*would you feel comfortable suggesting to your wife that you and she use condoms?*”. The second question that we use for constructing a dependent variable is: “*Do you think it is acceptable to use a condom with a spouse to protect against AIDS?*”. The latter states specifically the purpose of the use of condoms, while the former is neutral in this sense. This dissimilarity may help us to observe if the factors that influence the attitude towards condom use within marriage vary depending on the meaning/purpose of this practice that becomes salient. Unfortunately, only one of these questions is available for each country, so the comparability is limited.

The factors in which we are especially interested are the dominant attitudes and behaviors in the individual’s social network in relation to modern contraception and HIV-preventive sexual practices. For that purpose, the main explanatory variables are the proportion of network partners that use modern contraceptive methods, more specifically condoms, and the proportion of network partners that consider the use of condoms as one of the best strategies against HIV infection, both according to the respondent.

## METHODS

We make both a cross-sectional and a longitudinal analysis of the data. The estimation of the influence of social interactions on individual behavior is challenging since a problem of endogeneity is likely to take place. Individuals tend to select their interlocutors systematically, usually resulting in groups that share certain characteristics, attitudes, and preferences. A panel analysis with fixed effects can be used to estimate causal effects by controlling for the observed and unobserved characteristics that make individuals more prone to interact with specific persons.

## RESULTS

Although the study will analyze the Malawian and Kenyan cases for both men and women, we just include in this extended abstract the provisional results of longitudinal analysis of Kenyan men feeling comfortable suggesting condom use to the spouse. Models 1, 2 and 3 in Table 1 are similarly specified, but they differ in the indicator with which the social acceptance of contraceptive function is

measured. Alternative measures of the dominant attitude and behavior in the network towards modern contraceptive methods are used in order to test the robustness of the results. Both linear probability (LP) estimates and logit estimates are provided for each model. The panel logit analysis with fixed effects has an important limitation. The sample is reduced to those individuals who have experienced a shift in the dependent variable from one wave to the other. However, the estimation process of a linear fixed-effects model does not require restricting the sample. For that reason, linear probability estimates are shown together with the logit estimates for comparison. The longitudinal analysis supports the main hypothesis in this research, at least for men. According to Models 1, 2 and 3 in Table 1, the social acceptance of modern contraception, and specifically the use of condoms for this purpose, increases the likelihood that a husband reports feeling comfortable suggesting condom use to his wife. On the other hand, the social consensus on the benefits of condoms for HIV prevention does not affect the respondent's attitude. The linear probability models and the logit models provide similar results in this regard.

Table 1. (Men) Panel analysis (linear probability and logit models) with fixed effects of feeling comfortable suggesting condom use (CU) to the spouse, Kenya 1996-1999.

	Model 1		Model 2		Model 3	
	LPM	Logit M	LPM	Logit M	LPM	Logit M
<i>Monogamous marriage</i>	-0.012 (0.072)	-0.480 (0.582)	0.005 (0.072)	0.042 (0.547)	0.013 (0.071)	-0.228 (0.575)
<i>Suspects of infidelity</i>	0.134** (0.063)	1.048** (0.510)	0.132** (0.064)	0.977** (0.467)	0.130** (0.063)	0.762 (0.480)
<i>Wants no more children</i>	-0.014 (0.055)	0.078 (0.426)	-0.001 (0.056)	0.005 (0.394)	-0.038 (0.056)	-0.133 (0.418)
<i>Uses other modern contraceptive methods now</i>	-0.123* (0.065)	-1.191** (0.538)	-0.045 (0.064)	-0.457 (0.479)	-0.098 (0.063)	-0.703 (0.488)
<i>Acceptable that a woman divorce an unfaithful man</i>	0.066 (0.043)	0.350 (0.369)	0.076* (0.044)	0.591* (0.351)	0.06 (0.043)	0.455 (0.366)
<i>Proportion of NP who support CU for HIV prevention</i>						
Half or less (ref)	-	-	-	-	-	-
More than half	0.043 (0.071)	0.003 (0.525)	0.020 (0.073)	-0.149 (0.506)	0.039 (0.072)	-0.106 (0.522)
Has no AIDS network	0.004 (0.069)	0.339 (0.607)	0.002 (0.070)	0.327 (0.595)	-0.005 (0.069)	0.163 (0.615)
<i>Proportion of NP who use modern contraception</i>						
Half or less (ref)	-	-				
More than half	0.209*** (0.049)	1.589*** (0.456)				
Has no Family-Planning network	-0.065 (0.057)	-0.804 (0.571)				
<i>Proportion of NP who use condoms for contraception</i>						
Less than half (ref)			-	-		
Half or more			0.216*** (0.080)	1.180* (0.613)		
Has no Family-Planning network			-0.094 (0.057)	-1.070** (0.536)		
<i>Proportion of NP who accept modern contraception</i>						
Half or less (ref)					-	-
More than half					0.203*** (0.047)	1.233*** (0.379)
Has no Family-Planning network					-0.014 (0.061)	-0.550 (0.588)
<i>Year</i>	0.000 (0.010)	-0.025 (0.080)	-0.005 (0.010)	-0.049 (0.075)	-0.013 (0.009)	-0.121 (0.078)
<i>N</i>	812	230	818	234	818	234

\* significant at 10%; \*\* significant at 5%; \*\*\* significant at 1%

Standard errors in parentheses

## SOME BIBLIOGRAPHY

- Chimbiri, A.M. 2007. "The Condom is an 'Intruder' in Marriage: Evidence from Rural Malawi" *Social Science & Medicine* 64: 1102-1115.
- Dunkle, K., R. Stephenson, E. Karita, E. Chomba, K. Kayitenkore, C. Vwalika, L. Greenberg and S. Allen (2008) "New Heterosexually Transmitted HIV in Married or Cohabiting Couples in Urban Zambia and Rwanda: An Analysis of Survey and Clinical Data", *Lancet* 371: 2183-2191.
- Smith, K.P. and S.C. Watkins. 2005. "Perceptions of Risk and Strategies for Prevention: Responses to HIV/AIDS in Rural Malawi". *Social Science & Medicine* 60: 649-660.
- Tavory, I. and A. Swidler. 2009. "Condom Semiotics: Meaning and Condom Use in Rural Malawi" *American Sociological Review* 74(2): 171-189.
- Watkins, S.C. 2004. "Navigating the AIDS Epidemic in Rural Malawi" *Population and Development Review* 30(4): 673-705.