

Dual Protection: More Needed than Practised or Understood

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Unsafe sex is still the norm

- While contraceptive use has become highly prevalent in the past 100 years in all world regions, unprotected and unsafe sex in relation to sexually transmitted infection (STI), including HIV, remains the norm.



Dual protection

- **Dual protection - protection from both unwanted pregnancy and sexually transmitted infection (STI), including HIV - is a form of safer sex more needed than practised or understood.**



Dual protection is a women's issue , BUT...

- ❑ The contraceptive needs of women selling sex are more often than not ignored in STI/HIV prevention programmes.
- ❑ FP and antenatal services (for married women) mostly do not include STI/HIV prevention, and only sometimes PMTCT.
- ❑ Services of any kind for young women are more often called for than provided.



And for heterosexual men?

- Men who have sex with women in most parts of the world have left obtaining protection against unwanted pregnancy provided by non-barrier contraception almost entirely up to women.
- Using protection themselves – whether condoms or withdrawal – is both a very old and a very new proposition .



What's the problem?

- ❑ Accepted definitions of dual protection are so narrow that it is believed few people will practise it or practise it consistently.
- ❑ Sexual health clinicians are often not trained to promote contraception.
- ❑ Family planning providers often do not promote STI/HIV prevention because of the priority placed on contraceptive efficacy.



And at the UN?

- ❑ No one at WHO Geneva, either in the HIV, STI or Reproductive Health Departments, is focusing on condoms (except one inconclusive meeting..)
- ❑ No one at UNAIDS is focusing on condoms, in spite of the speech Peter Piot gave at the last AIDS conference.
- ❑ UNFPA is the UN agency responsible for condoms. They project that the cost of the number of condoms required to halt the AIDS epidemic will reach US \$590 million by 2015. In 2004 they bought 5.2 million gross of condoms for US\$15m.



Promoting dual protection

- ❑ The fact that people may not always use dual protection consistently and correctly is not a valid reason for not promoting it.
- ❑ Expanding the list of methods would create more options for those who need them.
- ❑ Passionate sex with dual protection (condoms) is possible with practice. Dual protection can remove much of the anxiety about STIs/HIV and unplanned pregnancy that often accompanies unprotected sex.



Literature review

- **A review I did of journals in the field 1998-2005 found that journals specialising in AIDS-related topics were more concerned with treatment, clinical, technical and research-related matters, or with analysing sexual practice and the barriers to safer sex than with promotion of dual protection in the context of sexual relations.**



Example: LWW website

- On the Lippincott, Williams & Wilkie website, which covers AIDS, Sexually Transmitted Diseases and several obstetrics and gynaecology journals, the keyword “dual protection” brought up only 13 articles from 1998 to 2005, and the keywords “condoms” and “emergency contraception” together brought up only two articles. There were 1,200 articles on that same site that mention condoms, of which about 20 in the first 150 citations also referred to contraception in the title.



Limited vision of family planning providers

- The need for use of an effective contraceptive is emphasised in most FP provision over the importance of consistent and correct condom use, and is considered more feasible.
- Condoms are primarily seen as a method of protection against infection and not primarily as a form of contraception, and their promotion to married or stable couples is considered too problematic to attempt.



Limited vision (2)

- ❑ **Withdrawal, with the use of condoms during unsafe days for preventing pregnancy, is not considered effective enough to mention or promote.**
- ❑ **The use of two barrier methods, such as the diaphragm or cervical cap with condoms, is considered to be out of date (except a bit of diaphragm research), when considered at all.**



Limited vision (3)

- **The diverse needs of specific population groups in need of dual protection are rarely focused on, and therefore the most appropriate forms of dual protection may not even be suggested.**

(e.g. condoms with hormonal patch, injectable or implant for sex workers).



Limited vision (4)

- Biases of every possible ilk against condoms are constantly being expressed, particularly as regards condom use alone, even though the absence of condom use where there is a risk of HIV/STI and/or unwanted pregnancy is obviously far more risky.
- Christopher Tietze vision ($c+a=fp$) 1979



Confusion with dual method use

- ❑ Many people/articles confuse dual protection with dual method use, linguistically and conceptually, primarily because they believe there is only one acceptable form of dual protection, i.e. the simultaneous use of condoms and the pill.
- ❑ In fact, safer sex (and dual protection) can be achieved using no method per se, or one or two methods or even three or four methods, not necessarily simultaneously.



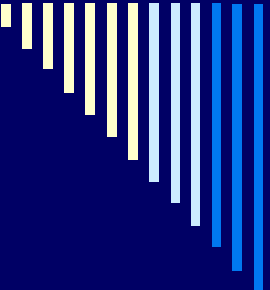
Confusion (2)

- Furthermore, dual method use may not achieve dual protection, because although two methods may be used, they may not be used every time there is intercourse, e.g. taking the contraceptive pill and periodically using condoms to cover for missed pills. This is dual method use but only for contraceptive purposes.



Confusion (3)

- **The problem with defining dual protection primarily or only from a family planning point of view is that safer heterosexual sex is more than protected vaginal–penile intercourse.**



Dual protection for safer heterosexual sex

- Abstaining from sex altogether.
- Abstaining from intercourse or having less frequent penetrative sex.
- Having fewer partners.
- Masturbation, mutual masturbation and other forms of non-penetrative sex.
- Mutual monogamy between partners with no pre-existing infection, with the use of an effective contraceptive method.



Dual protection (2)

- **Between partners with no pre-existing infection, the use of an effective contraceptive method, and with partners outside this relationship the use of dual protection.**
- **Use of male and/or female condoms alone.**
- **Use of male or female condoms plus a diaphragm or cervical cap.**



Dual protection (3)

- Use of male or female condoms plus a non-barrier contraceptive, i.e. the pill, implant, injectable, patch, or IUD (in the absence of any STIs) or male or female sterilisation.
- Male or female condoms with the back-up of emergency contraception.
- Male or female condoms with the back-up of induced abortion.



Dual protection (4)

- Breastfeeding on demand with condoms for the first months post-partum.
- Withdrawal alone.
- Withdrawal plus male or female condoms during the ovulation (unsafe) period.
- Withdrawal with the back-up of emergency contraception.
- Withdrawal with the back-up of induced abortion.



Microbicides

- **Microbicides will join this list if and when one or more comes onto the market.**
- **However, to put efforts only on microbicide promotion, when a whole range of perfectly good dual protection methods is available, is highly problematic.**



Young people

- Young people in many countries appear increasingly to be using condoms with the back-up of emergency contraception and have always used abortion, safe or otherwise.
- If both condoms + EC could be obtained (together) from pharmacies or through social marketing outlets, it would allow young people to bypass family planning clinics that do not welcome their attendance for contraception.



Young people:research

- **The extent of dual protection use can be obscured by asking only what an individual respondent has used, or by asking only about contraception or anti-STI/HIV protection, rather than what each partner in the couple have used, and for both purposes. Two studies that specifically asked young men both about their own condom use and whether their female partner was also using a contraceptive method...**



Young people (3)

□ ...found that:

“Condoms were accessed by both sexes, but girls also requested emergency contraception.”

“Experience with emergency contraception is associated with an increased probability of condom use.”



Young people (4)

- Another recent study in a family planning clinic in Italy found that 64% of 500 young women seeking emergency contraception who had used a contraceptive method had used condoms and a further 15% had used oral pills and condoms.
- Some young women are initiating condom use, this trend must be encouraged.



Promoting condoms + EC

Two ways of packaging and promoting them:

- In clinics, advance provision of emergency contraception along with condoms.**
- Social marketing: packaging and selling them together, e.g. a three-month supply of condoms together with three (?) doses of emergency contraception.**



The crux remains...

- **Condoms are the mainstay of safer sex and dual protection.**
- **Too many people in positions to make a difference think they have good reason(s) not to promote condoms. We need to change their minds and their behaviour.**