# Determinants of Condom Use: Results of the Canadian Community Health Survey 3.1

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## ABSTRACT

**Objectives:** To examine the independent effects of mood disorder, age, race/ethnicity, personal income, being a current student, having a regular medical doctor and substance use in relationship to condom use at last intercourse in a Canadian population stratified by sex.

**Methods:** We used Cycle 3.1 of the 2006 Canadian Community Health Survey (CCHS 3.1), a population-based, voluntary, cross-sectional survey of subjects ages 12-85 years. Data collection took place between January and December 2005. From the survey, a study sample of 20,975 people was drawn, consisting of individuals providing valid responses (yes/no) to mood disorder and last-time condom use. The question of sexual behaviours was asked only of those ages 15-49 years. Logistic regression was used to examine individual variables as potential determinants of last-time condom use stratified by sex.

**Results:** The relationship between mood disorder and condom use was non-significant in both males (AOR= 0.85, 95% CI=0.70-1.04) and females (AOR=0.90, 95% CI=0.78-1.03). Increasing age was found to be inversely associated with last-time condom use in both males and females. Male factors significantly associated with last-time condom use were being of white ethnicity (AOR=0.71, 95% CI=0.64-0.79) and being a current student (AOR=1.28, 95% CI=1.16-1.42). Female factors associated with last-time condom use were being of white ethnicity (AOR=0.71, 95% CI = 0.63-0.79) and being a former drinker (AOR=2.25, 95% CI=1.63-3.11).

**Conclusion:** Our results identify important determinants of last-time condom use in both males and females in the CCHS 3.1. These findings may have important implications for the devising and implementation of safe sex programs in a Canadian population ages 15-49 years.

**Key words:** Condom use; determinants; sexually transmitted infections; Canada

La traduction du résumé se trouve à la fin de l'article.    *Can J Public Health* 2009;100(4):299-303.

Over the past decade, increases have been reported in the incidence rates of chlamydia, gonorrhea and infectious syphilis, with HIV continuing to be an ongoing concern.[1] These increases are perceived to be secondary to risky sexual behaviour, such as unprotected sex. Condoms currently provide the most reliable barrier method for protection against sexually transmitted infections (STIs) and HIV.[2]

A limited number of studies have examined the relationship between mood disorders and condom use. Most recent studies have focused on African-Americans[3-6] and adolescents.[3,5,7,8] These studies have reported conflicting results. One study in a 21-year-old birth cohort found that mental health disorders such as depression and bipolar disorder were associated with an approximate twofold increase in condom non-use,[9] and another found that African-American teens with depressive symptoms who were enrolled in an HIV prevention trial were more likely than those without symptoms to be using condoms inconsistently.[5] By contrast, one study in South Africa found that persons with depression, post-traumatic stress disorder, or alcohol abuse combined with any mental illness were more likely to use condoms (AOR=2.07, 95% CI=1.32-3.25).[4] In sum, most recent studies report decreases in condom use among those with mood disorders, but at least one showed an increase in this relationship. A clear pattern has yet to be ascertained between the relationship, and the association has not been investigated using Canadian data.

Other factors that have been studied with respect to condom non-use are age, gender and substance use. A study of 15-19 year olds in Canada using the Canadian Community Health Survey Cycle 3.1 (CCHS 3.1) showed that condom use was more prevalent among those ages 15-17 than 18-19 years.[10] Another study in African-American adolescents found that age (19 or older vs. 18 or younger) (AOR=1.79, 95% CI=1.10-2.91) and female gender (AOR=3.57, 95% CI 2.18-5.86) were independent predictors of inconsistent condom use (<75% of the time).[5] A cross-sectional Australian study found that age as an independent factor did not predict condom use in a population of those ages 15-24 years attending a public mental health service in Australia, while male gender positively predicted condom use in this population (AOR=5.43, 95% CI=1.23-24.00).[11] In the same study, it was found that there was no statistically significant relationship between substance use (binge drinking, recent and lifetime marijuana use) and condom use. In another study in African-Americans ages 18 or over, it was found that a higher frequency of alcohol use (16-30 days in the past 30 days) was associated with non-use of condoms in the previous 30 days.[12]

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A previous study examined determinants of last-time condom use in those in an ongoing relationship ("anyone with whom you regularly have sex").[13] These variables were included in our model to further analyze the results that age (18-25 vs. 26-34 / ≥35), being a visible minority and having a lower income (<$20,000/unknown vs. ≥$20,000) were significantly associated with greater last-time condom use than not having these characteristics.

In one study where perceived difficulty of condom use was used as a proxy for actual use, it was found that in the previous three months for heterosexual contact, Hispanic men reported the greatest difficulty of condom use (38.2%) compared to African-American men (27.3%), Asian men (25.0%) and white men (19.4%).[14] The relationship between visiting a regular medical doctor and last-time condom use was also examined in our study, as physicians have a central role in discussing sexual matters and risk prevention for STIs/HIV with their patients.[15] These results underscore that the above factors should be examined using Canadian data.

In this study, we explore the relationship in males and females between the independent effects of mood disorder, age, race/ethnicity, personal income, being a student, having a regular medical doctor and type of drinker on last-time condom use in a Canadian population. We anticipate differences between males and females, as the latter are at higher risk of mood disorders,[16] and results have shown that males and females differ in condom use.[5,11]

## METHODS

Participants were respondents to the CCHS 3.1, a national study conducted by Statistics Canada of people ages 12-85 years. The CCHS collects information approximately every 2 years. The sampling method is a stratified multistage cluster design. The CCHS 3.1 was designed with a large sample size (n = 132,221) in order to provide reliable estimates at the regional level.[17] This sample size represented a total population size of 27,126,165, approximately 98% of the Canadian population aged 12 and over. Data collection for Cycle 3.1 took place between January and December 2005. Interviewers underwent extensive training; in addition, a system of monitoring and validation was in place to ensure quality data.[17] The CCHS Cycle 3.1 collected responses from those living in private occupied dwellings in 126 health regions covering all provinces and territories in Canada.[17] Excluded were individuals living on Indian reserves and on Crown lands, institutional residents, full-time members of the Canadian armed forces, and residents of certain remote regions. From the CCHS survey, a study sample of 20,975 people was drawn, consisting of individuals providing valid responses (yes/no) to mood disorders and last-time condom use.

### Outcome and explanatory variables

The presence of a mood disorder was assessed with the question, "Do you have a mood disorder such as depression, bipolar disorder, mania, or dysthymia?" and coded yes/no. The mood disorders were those diagnosed by a health professional.[18] The type of mood disorder was not differentiated in the CCHS. Last-time condom use was the outcome variable, and was a nested question for individuals who said yes to sexual intercourse in the last 12 months. Subjects were asked the question, "Did you use a condom the last time you had sexual intercourse?" and the response was coded as yes/no. The question on last-time condom use was asked only of respondents aged 15-49 years. The broad age group 15-49 years was cho-

sen in the present study in order to examine the relationship between age and last-time condom use in both adults and adolescents. Those who were married or common-law and had one partner were not asked the question on condom use.

Covariates associated with last-time condom use included age (measured categorically as 15-17, 18-19, 20-24, 25-29, 30-34, 35-39, 40-44, and 45-49 years), cultural/racial origin (white vs. visible minority), personal income from all sources (no income; < CAD $15,000; $15,000-$29,999; $30,000-$49,999; $50,000-$79,999; $80,000 or more), current student in a school, college or university (yes/no), having a regular medical doctor (yes/no), and type of drinker (never drank; occasional drinker; regular drinker; former drinker). The latter was based on the questions, "During the past 12 months, how often did you drink alcoholic beverages?" and "Have you ever had a drink?"[19] Occasional drinking was classified as less than once per month and regular drinking between the categories of once per month and every day. Former drinking was an answer of yes to "Have you ever had a drink?" and never drinking was an answer of no to "Have you ever had a drink?" The questions on illicit drug use were part of an optional module, and only residents of the Canadian province of New Brunswick participated in this module.[20] We therefore did not include illicit drug use in our analysis.

To examine the effect of marital status on last-time condom use as a potential confounder, we also performed an analysis with and without marital status in the unstratified adjusted model (Table 2).

### Statistical analysis

The SAS statistical software program 9.1 was used to analyze the data,[21] and all analyses included rescaled (probability) weights to accommodate the sampling scheme. This was achieved by dividing the sampling frequency weights provided by Statistics Canada by the mean weights so that the average weight was equal to one, with a sum equal to the sample size. However, because the stratification and clustering of the sample's design are not completely taken into account using this approach, the variance estimates may be underestimates.[17] The bootstrapping approach was not used, as access to bootstrapping weights was not available in this dataset.

Bivariate analysis was used to examine the relationship between the independent variables and last-time condom use (Table 2). Statistically significant unadjusted odds ratios (unadjusted OR) were introduced into a multivariate logistic regression model to provide adjusted odds ratios (AOR) with 95% confidence intervals (Table 2). A stratified analysis was performed in order to see if the relationship between mood disorder and last-time condom use varied by sex (Table 3).

## RESULTS

Descriptive statistics are provided in Table 1. The sample was 51% male. The frequency of mood disorder was 4.3% in males and 10.5% in females. The majority of the sample was 20-24 years of age and white. The majority were also regular drinkers of alcohol, i.e., 83% of males and 74% of females.

With marital status in the model as a potential confounder, the relationship between mood disorder and last-time condom use became non-significant. We therefore excluded this variable from our final model. It should be noted that there was no covariate in the CCHS 3.1 on multiple partners (>1 partner).

**Table 1.** Descriptive Statistics for Valid Sample (n=20,975), Canadian Community Health Survey 3.1, 2005

| Characteristic | Males (n=10,670) % | Females (n=10,305) % |
|---|---|---|
| Mood disorder | 4.3 | 10.5 |
| Age (years) | | |
| 15-17 | 6.7 | 8.4 |
| 18-19 | 9.7 | 11.1 |
| 20-24 | 31.8 | 29.3 |
| 25-29 | 17.5 | 16.6 |
| 30-34 | 9.8 | 10.0 |
| 35-39 | 7.8 | 8.4 |
| 40-44 | 9.2 | 9.3 |
| 45-49 | 7.4 | 7.0 |
| Race/Ethnicity | | |
| White | 81.5 | 84.0 |
| Visible minority | 17.9 | 15.5 |
| Not stated | 0.6 | 0.5 |
| Personal income | | |
| No income | 2.5 | 2.8 |
| <$15,000 | 24.0 | 32.6 |
| $15,000-$29,999 | 21.1 | 22.5 |
| $30,000-$49,999 | 22.0 | 18.0 |
| $50,000-$79,999 | 13.2 | 9.1 |
| ≥$80,000 | 4.8 | 1.9 |
| Not stated | 12.5 | 13.1 |
| Current student | | |
| Yes | 31.0 | 38.2 |
| No | 68.6 | 61.6 |
| Don't know | 0.1 | 0.1 |
| Refusal | 0.2 | 0.1 |
| Not stated | 0.1 | 0.1 |
| Regular medical doctor | | |
| Yes | 70.6 | 82.0 |
| No | 29.1 | 18.0 |
| Don't know | 0.3 | 0.0 |
| Type of drinker | | |
| Never | 1.9 | 2.2 |
| Regular | 83.3 | 73.9 |
| Occasional | 9.7 | 18.2 |
| Former | 4.9 | 5.6 |
| Not stated | 0.2 | 0.1 |

Tables 2 and 3 provide unadjusted (OR) and adjusted odds ratios (AOR) with 95% confidence intervals (95% CI). In the stratified multivariate model, the relationship between mood disorder and last-time condom use was non-significant in both males (AOR=0.85, 95% CI=0.70-1.04) and females (AOR=0.90, 95% CI=0.78-1.03) (Table 3).

## DISCUSSION

Our study involved a very large sample size, and the results may therefore be superior to other studies. Recent studies were limited to certain ethnic groups (mainly African-Americans) and adolescents. By contrast, our study was performed in a largely white population, and a large number of age groups ranging from 15-49 years. Somewhat counterintuitively, we found that mood disorder was unrelated to last-time condom use, and therefore this relationship is worthy of additional study.

Last-time condom use decreased with age in both males and females. It is possible that older age groups may be in more stable relationships, and that women are using other types of contraception, such as oral contraception for single women and sterilization for married women.[2] In our analysis, females were less likely to use condoms than males, possibly due to power imbalances in relationships[3] or because of other choices available to women.[2] In a study in 18-year-old Swedish students, it was found that among males, the girl partner taking oral contraceptives was significantly associated with condom non-use (AOR=11.7, 95% CI=5.09-26.8).[7] Similarly, a female factor associated with condom non-use in male

**Table 2.** Bivariate and Multivariate Logistic Regression Predicting Last-time Condom Use (n=20,975), Canadian Community Health Survey 3.1, 2005

| Variable | Unadjusted OR (95% CI) | AOR (95% CI) |
|---|---|---|
| Mood disorder | | |
| No | reference | reference |
| Yes | 0.68 (0.61-0.75) | 0.88 (0.78-0.99) |
| Age (years) | | |
| 15-17 | reference | reference |
| 18-19 | 0.52 (0.45-0.61) | 0.56 (0.46-0.68) |
| 20-24 | 0.35 (0.31-0.41) | 0.36 (0.31-0.43) |
| 25-29 | 0.24 (0.21-0.28) | 0.28 (0.23-0.33) |
| 30-34 | 0.19 (0.17-0.23) | 0.23 (0.19-0.28) |
| 35-39 | 0.18 (0.15-0.21) | 0.22 (0.18-0.27) |
| 40-44 | 0.14 (0.12-0.17) | 0.18 (0.15-0.22) |
| 45-49 | 0.12 (0.10-0.14) | 0.15(0.12-0.18) |
| Sex | | |
| Female | reference | reference |
| Male | 1.53 (1.46-1.62) | 1.67 (1.57-1.78) |
| Race/Ethnicity | | |
| Visible minority | reference | reference |
| White | 0.69 (0.64-0.75) | 0.73 (0.67-0.79) |
| Personal income* | | |
| No income | reference | reference |
| <$15,000 | 0.65 (0.54-0.79) | 0.99 (0.80-1.21) |
| $15,000-$29,999 | 0.48 (0.40-0.58) | 1.01 (0.82-1.25) |
| $30,000-$49,999 | 0.34 (0.28-0.41) | 0.81 (0.65-1.01) |
| $50,000-$79,999 | 0.32 (0.26-0.39) | 0.85 (0.67-1.06) |
| ≥$80,000 | 0.32 (0.25-0.40) | 0.89 (0.68-1.15) |
| Current student | | |
| No | reference | reference |
| Yes | 1.94 (1.83-2.06) | 1.15 (1.06-1.24) |
| Regular medical doctor | | |
| No | reference | |
| Yes | 1.02 (0.96-1.09) | |
| Type of drinker† | | |
| Never | reference | reference |
| Occasional | 0.97 (0.90-1.05) | 0.99 (0.91-1.09) |
| Regular | 0.86 (0.76-0.97) | 0.95 (0.83-1.09) |
| Former | 1.99 (1.61-2.46) | 1.45 (1.13-1.87) |

AOR, adjusted odds ratio; CI, confidence interval.
* Canadian dollars.
† Definitions provided in text.

**Table 3.** Multivariate Logistic Regression Model Predicting Last-time Condom Use among Males and Females (n=20,975), Canadian Community Health Survey 3.1, 2005

| Variable | Male AOR (95% CI) | Female AOR (95% CI) |
|---|---|---|
| Mood disorder | | |
| No | reference | reference |
| Yes | 0.85 (0.70-1.04) | 0.90 (0.78-1.03) |
| Age (years) | | |
| 15-17 | reference | reference |
| 18-19 | 0.48 (0.37-0.63) | 0.61 (0.50-0.75) |
| 20-24 | 0.31 (0.25-0.40) | 0.40 (0.33-0.48) |
| 25-29 | 0.22 (0.17-0.28) | 0.29 (0.23-0.35) |
| 30-34 | 0.19 (0.14-0.24) | 0.23 (0.19-0.29) |
| 35-39 | 0.19 (0.15-0.25) | 0.19 (0.15-0.24) |
| 40-44 | 0.17 (0.13-0.22) | 0.14 (0.11-0.18) |
| 45-49 | 0.12 (0.09-0.15) | 0.14 (0.12-0.18) |
| Race/Ethnicity | | |
| Visible minority | reference | reference |
| White | 0.71 (0.64-0.79) | 0.71 (0.63-0.79) |
| Current student | | |
| No | reference | reference |
| Yes | 1.28 (1.16-1.42) | 1.07 (0.97-1.19) |
| Type of drinker* | | |
| Never | reference | reference |
| Occasional | 1.11 (0.96-1.27) | 0.94 (0.84-1.05) |
| Regular | 1.04 (0.87-1.25) | 0.90 (0.75-1.08) |
| Former | 0.95 (0.69-1.31) | 2.25 (1.63-3.11) |

AOR, adjusted odds ratio; CI, confidence interval.
* Definitions provided in text.

sexual partners was the use of oral contraceptives (AOR=10.7, 95% CI=5.50-20.8).

Visible minorities had greater last-time condom use than those of white ethnicity in both males and females. In a recent study, it was shown that after adjustment for socio-demographic characteristics and health status, visible minorities were more likely than whites to have had contact with a general practitioner (AOR=1.28, 95% CI=1.14-1.42), and equally likely to have contact with a specialist physician (AOR=1.01, 95% CI=0.93-1.10).[22] However, they were less likely to have a Pap test; this may indicate that there may also be concerns in this population about stigma surrounding asking for contraception.

Regular drinking of alcohol was unrelated to last-time condom use in both sexes. This is in contrast to a study by Morrison et al. (1998), who found that frequent alcohol use (consumption of alcohol on 16 to 30 days in the past 30 days) in those ages 18 years or older was positively related to condom non-use in the past 30 days (AOR=1.40, 95% CI=1.07-1.83).[12] However, the study was in African-Americans, while ours was in a predominantly white population.

There are a number of limitations in our study. The CCHS is an interview-based survey, so some reported behaviours may be affected by social desirability. For example, although mood disorders were diagnosed by a health professional, the answers pertaining to this were a self-report of the diagnosis. Results may also be affected by recall bias due to the self-report nature of the questionnaire. As well, condom use was examined in married and common-law individuals with multiple partners only (>1 partner). Although these people would be at higher risk of STIs/HIV than those with one partner, people without multiple partners would also be at risk if their partners are not monogamous.

A further limitation is that it is possible that people in the lowest and highest income brackets did not report their personal income. The population who responded "not stated" to the question on personal income comprised approximately 12.5% of the sample in males and 13.1% of the sample in females. In addition, there was no information on the volume or type of alcohol consumed,[12] or any option on binge drinking. Finally, last-time condom use may not be equivalent to consistency of use.[11]

In conclusion, our results show differences in males and females with respect to last-time condom use. The result that people of white ethnicity had less condom use than visible minorites in both males and females is important as other types of contraception do not provide protection against STIs/HIV.[13] In general, our findings have implications for the devising and implementation of safe sex programs in those with lesser condom use in a Canadian population. An exception is that those in a higher age group may use condoms less than in a lower age group due to more stability of relationships. These results target the populations that should be counseled with respect to their safe sexual behaviour in order to prevent the spread of STIs and HIV among these populations.

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## RÉSUMÉ

**Objectifs :** Examiner les effets indépendants du trouble de l'humeur, de l'âge, de la race/ethnie, du revenu personnel, du fait d'être étudiant, d'avoir un médecin régulier et de la toxicomanie en relation avec l'utilisation du condom au cours de la dernière relation sexuelle dans la population canadienne stratifiée selon le sexe.

**Méthodes :** Nous avons utilisé le Cycle 3.1 de l'Enquête sur la santé dans les collectivités canadiennes (ESCC 3.1) 2006, une enquête ponctuelle volontaire, fondée sur la population, réalisée auprès de sujets âgés entre 12 et 85 ans. Nous avons effectué la collecte de données entre janvier et décembre 2005. À partir de l'enquête, un échantillon d'étude de 20 975 personnes a été établi, lequel était composé de personnes ayant fourni des réponses valides (oui/non) en ce qui a trait au trouble de l'humeur et à la dernière utilisation du condom. La question des comportements sexuels a été posée seulement aux personnes âgées de 15 à 49 ans. Nous avons utilisé la régression logistique afin d'examiner les

variables individuelles comme déterminants potentiels de la dernière utilisation du condom, ainsi qu'une stratification selon le sexe.

**Résultats :** La relation entre le trouble de l'humeur et l'utilisation du condom n'était pas significative, tant chez l'homme (AOR= 0,85, IC 95%=0,70-1,04) que chez la femme (AOR=0,90, IC 95%=0,78-1,03). L'augmentation de l'âge est par ailleurs inversement associée à la dernière utilisation du condom pour les deux groupes. Chez l'homme, les facteurs principalement associés à la dernière utilisation du condom sont la race blanche (AOR=0,71, IC 95%=0,64-0,79) et le fait d'être étudiant (AOR=1,28, IC 95%=1,16-1,42). Chez la femme, les facteurs associés à la dernière utilisation du condom sont la race blanche (AOR=0,71, IC 95%=0,63-0,79) le fait d'être une ancienne alcoolique (AOR=2,25, IC 95%=1,63-3,11).

**Conclusion :** Nos résultats ont permis de cerner dans l'ESCC 3.1 des déterminants importants sur la dernière utilisation du condom, tant chez l'homme que chez la femme. Ces découvertes peuvent avoir des répercussions importantes sur l'élaboration et la mise en œuvre de programmes sur les pratiques sexuelles sans risque chez la population âgée de 15 à 49 ans.

**Mots clés :** utilisation du condom, déterminants, infections transmises sexuellement, Canada