influence the associations between the other covariates and dual method use. For qualitative analysis, interviews were sorted by gender and by condom and contraceptive practices, and then individually coded and grouped into themes.

**RESULTS**

The respondents’ mean age was 26 years (range 14–63), and 43% were women (Table 1). About half the participants (51%) reported having used a condom during their most recent sexual encounter, and 34% reported having used a contraceptive other than a condom. Of that 34%, the vast majority (94%) reported having used the pill or the injectable. The 189 participants who had used a contraceptive (with or without a condom) at last intercourse were slightly less likely to have used a condom during that episode than were the 365 participants who had used only a condom or no method (47% vs. 53%); the difference between the two groups, however, was not statistically significant (p=.09). Eighty-eight sexually active participants (16%) had used both a condom and another method of contraception during their last sexual encounter. In a logistic regression model adjusted for age and gender, dual method use at most recent sexual encounter was associated with increased schooling (odds ratio of 1.1 for each additional year; 95% confidence interval, 1.1–1.2) and previous instruction on condom use from health care providers (1.7; 95% confidence interval, 1.1–2.8).

Three hundred and eighty-four (69%) of those surveyed at baseline also completed the qualitative interviews. Respondents who were successfully followed up were more likely to be male and were more likely than those lost to follow-up to report having used a condom during their last sexual encounter before the study. In follow-up interviews, male and female participants agreed that the primary function of condoms was to protect against HIV and other STIs, but were less comfortable with the use of condoms as contraceptives.

Although the protection condoms provide against HIV and other STIs benefits both partners equally, study participants perceived condoms primarily as a means of protecting men from infection by their female partners. Although many female respondents had an opinion on condom use, both males and females felt that the final decision on whether to use condoms as STI prophylaxis was the man’s. Conversely, men and women concurred that although men usually expressed a preference about the use of methods to prevent pregnancy in their relationship, the decision was ultimately up to the female partner. These and other qualitative findings from participants across all sites suggest a framework in which decisions about condoms and other contraceptives are considered the domain of either the male or the female partner, but not of both. Dual method use, rather than being a consensual choice, generally occurs only when a man’s aim of protecting himself from STIs coincides with his female partner’s goal of preventing unwanted pregnancy.

**DISCUSSION**

To our knowledge, this is the first study of dual method use in South Africa. Although most previous dual method use research has focused on female family planning clients, this study interviewed both men and women who had obtained condoms about their condom and contraceptive use. Despite differences in study populations and locations, our finding of a low level of dual method use is broadly consistent with previous studies, which have found levels of dual method use ranging from 13% among family planning clients in Kenya to 17–20% in various U.S. populations.

All of the participants in this study had access to primary health care facilities; dual method use may be lower in the general population. Although further research is needed to evaluate the levels of, and barriers to, dual method use in different South African populations, the next step in national and local policy-making is to develop concrete guidelines for the promotion of dual protection as part of primary care services. Such guidelines could focus on the integration of family planning and STI services (which remain separate in many South African health care settings), and seek to implement strategies for primary care providers to provide individuals with risk assessment and counseling on HIV and other STIs as well as on unwanted pregnancy.

This research has highlighted the gender-specific nature of existing contraceptive and prophylactic options. New reproductive health choices, such as the female condom, vaginal microbicides and male hormonal contraception,