I. INTRODUCTION

The condom has found it difficult to pave its way through among other methods though initially conceived for contraceptive ends. The advent of AIDS has opened a new pathway for the promotion of condoms, presenting it as one of the best ways of prevention of AIDS pandemic. In spite of two decades of prevention, HIV/AIDS epidemic continues to develop at an increasing rate. According to UNAIDS, 40 million people are presently HIV/AIDS carriers, with sub-Saharan Africa far being the most affected region in the world, harboring 26.6 million people living with this virus. AIDS is presently the main cause of deaths in sub-Saharan Africa and stands fourth line world-wide among killer diseases (UNAIDS/WHO: 2003)

In spite of a relatively weak prevalence rate compared to countries of southern Africa such as Botswana (38.8%) for example, Cameroon experienced an increase in the number of HIV cases and latter a decrease in 2007. From 0.5% in 1987, the sero-prevalence of HIV/AIDS moved to 7.7% by the end of the year 1999 and to 11.8% in 2002, with a multiplication by 23 within 15 years (UNAIDS/WHO: 2003). The evaluations made on the same basis by UNAIDS/WHO in 2008 revealed that its prevalence in the population between the ages 15-19 years is estimated at 5.1% with 543 294 infected people. The propagation of AIDS in this country is essentially heterosexual. Its epidemiology is associated with an intense early and less protected sexuality.

In the absence of an effective and accessible therapy, the only means left to fight against this pandemic is prevention. This report also holds for other sexually transmitted infections (STIs). This fight goes along with abstinence, being faithful to one sexual partner and a systematic use of condom during[1] sexual intercourse. Condoms have the advantage of being used not only for family planning but most importantly for protection against STIs.

Meanwhile, in spite of the sero-prevalence among the Cameroonian population and after many years of promotion of condoms among the sexually active population through the National Committee for the Fight Against AIDS (NCFA) and other Non Governmental Organizations (NGOs), the use of condoms still remains below expectations. Nevertheless, we still find a gap between knowledge and the use of condoms. According to data collected by Demographic and Health Survey of Cameroon ((DHSC-III, 2004:210), though nine out of ten men know about condoms, only 8% of men used it during the last sexual intercourse, no matter the reason, no matter the type of[3] partner. Men generally[4] use condoms more frequently with a regular partner (26%) or occasionally (29%) than with their wives (5%).

The use of condoms is faced with several types of obstacles: psychosocial obstacles, obstacles linked to the inherent property of the product, cultural obstacles, demographic obstacles and situational or accidental obstacles (Akoto et al., 2002). But, the frequency of these different obstacles is subject to a social variability. In other words, there exist social categories whose obstacles have a higher prevalence rate to the average of the studied population. Thus, social characteristics such as age, education, religion, occupation amongst others, have a significant power of discrimination over the non-use of condoms.

In the African context, the society generally extols the virtues of fidelity, in the framework of procreation by excellence. The obstacles to the use of condoms are more frequently inevitable, where condoms usually appear to be in the minds of individuals as an obstacle in procreation of the couple and leads to an incentive or sexual permissiveness. The strategies for the promotion of condoms have to target most particularly, the men's milieu, which contributes in a greater extent to accentuation or to a permanent obstacle to the use of condoms in the general population. For this, we need a better knowledge of the determinants of the non-use of condoms in this stratum of the population and particularly with associated obstacles. Our studies propose to bring a contribution in this sense.

From then on, we started asking our selves the following questions:

- **Generally, do men have a different behavior towards condoms based on their social stratification?**
- **What are the levels and the social variability of the non-use of condoms among married men?**

This study has as principal aim to supply necessary information, for the setting up and orientation of prevention programs against HIV/AIDS. More specifically we are making reference to:

- Determine the level of the non-use of condoms;
- To identify at the individual level, the explanatory factors of the non use of the condom among men in union.

II. CONCEPTUAL FRAMEWORK

In this section, we first need to present the hypotheses, latter the conceptual framework, which will be prior to the definition of our concepts.

II. 1- Hypotheses

a) Fundamental Hypothesis

This hypothesis announces itself thus: social stratification in Cameroon differentiates men when talking about the non-use of condoms.

b) Derived hypothesis

The specific hypotheses that these studies target to verify are:

1st Hypothesis:

Urbanization exercises a significant influence over the non-use of condoms by men. We then expect prevalence in this phenomenon in the urban areas than the rural areas.

2nd Hypothesis:

Ethnic cultural membership more precisely determines in different ways the non-use of condoms by men through attitudes and perceptions together with the practices it leads and confers.

3rd Hypothesis:

The degree at which the individual is exposed to the knowledge of HIV/AIDS and condoms usually influences the failures of the non-use of condoms among men.

4th Hypothesis:

The individual perception concerning the risks of contracting an STI/AIDS generally influences the non-use of condoms among men.

II.2- Unit of analysis

The Demographic and Health Survey of Cameroon (DHSC) constitutes the source of figures of these studies. Our sample consists of men aged between 15-59 years and having in common the fact of living (at least with one woman), Wither the union be consecrated or not by any agreement (juridical, civil, customary or any other). It represents at least half of the 2562 men investigated, either 1310 men "married".

II.3- analytic framework of studies

The diagram below shows a possibility of linking different variables, and to understand the major variables for the non-use of condoms. This diagram is made up of several explanatory independent variables and one dependent variable. It is important to stress on the fact that the available data does not provide information on the socio-economic dimension and the availability of condoms. The variables referred to here will not be found in the analytic plan.

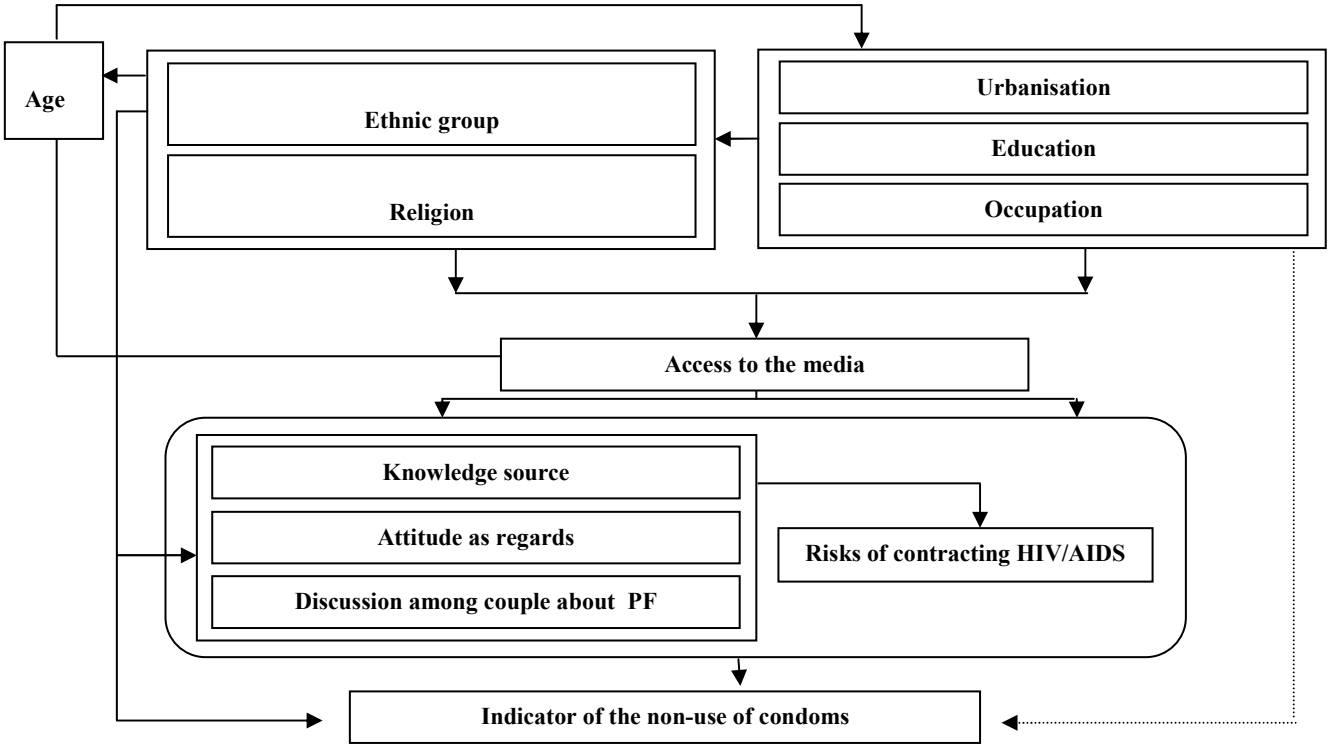

Figure 1: Analytic framework of studies

Thus, as mentioned above, social stratification in Cameroon is in such a way that the diverse behaviors among men as regard the non-use of condoms can be understood through the following procedures:

Factors of modernization interact with one's culture of origin on the non-use of condoms, directly or indirectly, through ones level of knowledge concerning HIV/condoms. Moreover, cultural characteristics influence the non-use of condoms. On the other hand, the exposure to knowledge concerning HIV and condoms will influence the use of preservatives through the attitude and the perception of risk of contracting AIDS. Finally, the effects of attitudes and individual perception concerning condoms and the risks of contracting HIV over the non-use of condoms will be mediatized by the geographic and economic accessibility of the latter.

III. EXPLANATORY FACTORS OF THE NON-USE OF CONDOMS AMONG MEN.

The search for explanatory factors for the non-use of condoms among men will be done in two phases. In the first stage, we would examine the social determinants and the non-use of condoms. At this stage, the link between the non-use of condoms among men and each of the independent variables will be studied with the help of a simple logistic drop at a double varied level. In a second phase, it will help us to carry out a more detailed analysis in order to emanate the intrinsic effects on the different characteristics of men on the obstacles over the use of condoms. It is at the end of this that one would be able to know if the hypotheses formulated from the beginning are invalidated or asserted.

It springs forth a double varied analysis that not all independent variables maintain a significant association with the phenomenon to be explained. Thus, the dependent relationships of the following variables with the non-use of condoms have not been well known at the level of 10%: the age and risk of contracting HIV/AIDS. All the other variables kept for these studies have associated in a significant way to the studied phenomenon.

Now, it is important to evaluate the intrinsic effects of each of the independent variables over each of the studied phenomenon by appealing to the most performing statistical method. We intend therefore to identify and explain the real portion of the influence of each of the characteristics of men on the obstacles to the use of condoms through the determination of the contribution of the principal factors and of multi-varied analyses.

Table: The clear effects of the non-use of condoms among men

VARIABLES	Related risks of not using condoms associated to each modality										
	Brut	**M 1**	**M 2**	**M 3**	**M 4**	**M 5**	**M 6**	**M 7**	**M 8**	**M 9**	**M 10**
Place of abode											
Urban	0.32***	0.43***	0.43**	0.50**	0.51**	0.47**	0.51**	0.52**	0.57**	0.46**	**0.49****
Rural	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref	**Ref**
Ethnic group											
The Ethnic Groups of N. Cameroon	9.04***	7.28***	6.70***	6.41***	3.97***	4.60**	4.50***	4.47***	3.72**	3.23**	**3.02****
Coastals and Bassa/Bakoko	1.39ns	1.36ns	1.41ns	1.46ns	1.64ns	1.55ns	1.64ns	1.63ns	1.62ns	1.55ns	**1.52ns**
Beti/Boulou/Fang and Yambassa	2.07**	1.81*	1.89*	1.97**	2.23**	2.35***	2.50***	2.48***	2.51**	1.92*	**1.95***
Maka/Kaka/Pygmies	6.80**	5.28*	5.45*	5.66**	6.45**	7.97**	8.20**	7.81**	6.37**	4.31ns	**3.65ns**
Foreigners	1.72ns	1.22ns	1.24ns	1.21	1.26ns	1.27ns	1.38ns	1.45ns	1.47ns	1.54ns	**1.46ns**
Bamileke and Anglophones	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref	**Ref**
Religion											
Christians	0.54ns	0,83ns	0,82ns	0,92ns	0,91ns	0,88ns	0,92ns	0,93ns	0,99ns	1,05ns	**1,11ns**
Non-Christians	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref	**Ref**
Occupation											
Jobless	0.58ns			0,52ns	0,49ns	0,55ns	0,53ns	0,54ns	0,44ns	0,47ns	**0,41ns**
Traditional sector	2.49***			1,17ns	0,95ns	0,96ns	0,87ns	0,88ns	0,82ns	0,76ns	**0,69ns**
Formal sector	Ref			Ref	Ref	Ref	Ref	Ref	Ref	Ref	**Ref**
Education											
Illiterate	13.83***				6,29ns*	4,86**	3,61ns	3,70ns	3,12ns	2,69ns	**2,41ns**
Primary	1.76**				1,40ns	1,35ns	1,24ns	1,20ns	1,15ns	1,04ns	**0,96ns**
Secondary and above	Ref				Ref	Ref	Ref	Ref	Ref	Ref	**Ref**
Age											
25-34 years	1.36ns					2.12*	2.29**	2.33**	2.32**	2.59**	**2.76*****
35-44 years	1.33ns					2.04*	2.19**	2.25**	2.08*	2.31**	**2.43****
45-59 years	2.36ns					2.72**	2.8**	2.93**	2.32*	2.33*	**2.34***
15-24 years	Ref					Ref	Ref	Ref	Ref	Ref	**Ref**
Access to information											
Exposed	0.32***						0.59*	0.59*	0.67ns	0.72ns	**0.70ns**
Unexposed	Ref						Ref	Ref	Ref	Ref	**Ref**
Risk of contracting HIV/AIDS											
No risks	1.49ns							1.36ns	1.32ns	1.24ns	**1.26ns**
Important	1.16ns							1.40ns	1.42ns	1.43ns	**1.34ns**
Weak	Ref							Ref	Ref	Ref	**Ref**

Non classic sources of supply of knowledge											
No knowledge	6.88***								3.40ns	2.82ns	**2.84*** **
Knowledge	Ref								Ref	Ref	**Ref**
Attitude towards contraception											
Disapprove	10.43***									6.53***	**5.52*** **
Do not know	3.43***									2.08ns	**1.74ns**
Approve	Ref									Ref	**Ref**
Discussion among couples about FP											
Discuss less	0.42**										**0.78ns**
Discuss often	0.19***										**0.45*** **
Do not discuss at all	Ref										**Ref**
Pseudo r²	**-**	09%	09%	09%	10%	11%	11%	12%	14%	17%	**19%**

Note: Significance at the level of 10%;** 5%;*** from 1%; not significant
(Ref) indicates the group of reference

The results of the drop in table 20 show the variable levels of non-use according to retained indicator.

On another dimension, men, not having classical sources of knowledge have 2.8 times more risk of not using condoms. This risk is at 2.5 when the husband has "an unfavorable behavior over contraception". On anther, when he "discusses more often with his partner about FP" the risk is reduced to 55%. We realize that there is a variation in the level of non-use of condoms according to ethic membership. The level of failure of its use is three times higher among ethic groups of Northern Cameroon than among the Anglophone-Bamilekes. On the contrary the Beti-Boulou-Fang have 95% are at higher risk of not using condoms. In other words, the variations in the levels of the non-use of condoms are equally important according to age. The level of non-use is more raised from 25 years and above. In fact, they are 2.8 times at risk of not using condoms than those between 15-24 years. In revenge, men between 35-44 and 45-59 years have 2.4 and 2.3 higher risks respectively of behaving thus. Finally, indicators of modernization reduce in a significant way the risks of the non-use of condoms among men. For example, this risk is reduced to 51% for the city-dwellers and to 59% for the jobless.

The second objective was to **identify the explanatory factors to the non-use of condoms among men at the individual level.** Ethnic groups, age, attitudes towards condom and the knowledge of non-classic sources are prior to the explanation for the non-use of condoms. We realize therefore that the non-use of condoms in Cameroon highlights the role played by the influence of the following factors: culture through ethnic membership; factors of modernization through urbanization and access to employment, knowledge of non-classical sources, his attitude towards contraception and discussions with his wife on FP. These characteristics have revealed major factors in the explanation of the studied phenomenon, yet the opinion of the husband on contraception dominates over every consideration, for it is the most influential variable.

The final conclusion of our studies may not be new. Nevertheless, it brings a complimentary precision as regards the social categories on which we can act, in order to reduce the obstacles to the use of condoms among men.

IV. REFERENCE

AGHA Sohail, 1998, « Activité sexuelle et utilisation du préservatif à Lusaka, Zambie » *International Family Planning Perspectives*– volume 30, numéro 1 New York, p. 32-37.

Akinrinola B et Susheela S, 1998, « Fécondité des couples et décisions contraceptives dans le monde en voie de développement : Entendre la voix de l'homme » in *Perspectives Internationales sur le Planning Familial*, Alan Guttmacher Institute Numéro spécial, New-york, PP4-13.

Akoto E. et Kamdem E., 1998, « Etude comparative des déterminants de la pratique contraceptive moderne en Afrique » in Gendreau (Dir) Communication présentée à la 3e *Journée du Réseau Démographie sur le thème Les Transitions Démographiques des pays du sud, 9-12 Décembre 1998, AUPELF-UREF, 18 p.*

Akoto E ;Beninguisse G ; Tambashe O ; Kamdem H ; Djangone R, 2002, *Barrières à l'utilisation du condom : perceptions et vécu des personnes sexuellement actives en milieu urbain Camerounais*. Rapport final, IFORD, Yaoundé, 93 p.

Barbara Barnett, 1999, **«** Les nouveaux utilisateurs de contraceptifs **»** in *Network en français*, été 1999, Vol 19, N°4, 20p.

Ela, J-M, 1995, « Fécondité, structures sociales et fonctions dynamiques de l'imaginaire en Afrique Noire » in Gerard H et Piché V *La sociologie des populations*, P.U.M, Montréal, PP 189-215.

Evina A. et Ngoy K., 1998, « L'utilisation des méthodes contraceptives en Afrique : de l'espacement à la limitation des naissances ? » in Gendreau (Dir), *Les transitions démographiques des pays du Sud*, Estem, Paris, PP.253-268.

Fotso Médard, Ndonou Réné, Libite Paul Roger, 1999, *Enquête Démographique et de Santé du Cameroun*, DHS, Macro International, BUCREP/MINPAT, Calverton, Maryland, 238 p.

Gubry, P, 1988, « Cameroun : d'un natalisme nuancé vers un anti-natalisme modéré ? », CEPED, Dossiers n°2, Paris, 25 P.

Kim Best, 2002**,** « Santé sexuelle »,in *Network en français*, FHI, vol 21 N°4, North Carolina, PP 19-27

Kouton Folabi E., 1992, *Evaluation et recherche des facteurs de la fécondité précoce au Bénin,* les cahiers de l'IFORD.