Dual Method Use

Q.1. When should users be advised to use dual methods for increased contraceptive efficacy of their contraceptive method?

For some contraceptives, users are typically advised to use dual methods:

- Diaphragm: Current instructions recommend the use of the diaphragm with spermicide. Research indicates the spermicide improves the contraceptive effectiveness.
- Vasectomy: Men are advised to use condoms, or have their partners use a contraceptive method, for approximately three months (or 20 ejaculations) after the vasectomy to make sure no sperm are in the ejaculate. Where possible, men should have a semen analysis before having intercourse without a back-up method.
- Condoms: In some programs condom users are also advised to use a spermicide to increase effectiveness. Where possible, this idea has been incorporated into spermicidally lubricated condoms.

Some providers urge **pill users** to have supplies of condoms as a back-up in the case of missed pills or when the pill user has run out of pills. This is a reasonable approach and provides a good opportunity for counseling on correct pill use.

Lactational amenorrhea method (LAM) users and breastfeeding women should be provided with barrier methods or progestin-only pills (POPs) to start when they want or need to. Preferably POPs should not be used prior to six weeks postpartum by breastfeeding women. Among LAM users, POPs may be used while she is still relying on LAM as dual protection or when the LAM criteria no longer apply.

Another approach to using dual methods is to provide **emergency contraceptive pills (ECPs)** to users of barrier methods (condom, diaphragm, sponge, spermicide), oral contraceptive (OC) pills, or natural family planning (NFP). Providing ECPs means giving the correct number of pills for emergency contraception (EC), along with instructions for their use. Having EC readily available is likely to decrease the risk of unintended pregnancy in cases of slippage/breakage/non-use of barriers, multiple missed OC pills, failure to abstain when necessary when using NFP, or other causes of unprotected intercourse.

Q.2. When should women/couples be advised to use dual methods for protection against pregnancy and sexually transmitted diseases (STDs)?

Decisions about contraceptives should reflect both the need to prevent unplanned pregnancies and the need to prevent STDs. To date, the methods most effective at preventing STDs – especially condoms, but also other barrier methods – may not necessarily be the most effective contraceptives. Combining a barrier method with a more effective contraceptive can maximize the dual protective effect. Yet, dual method use is relatively new, and is not appropriate for all clients. Choosing when to promote dual method use can be difficult, especially since it requires more counseling, more supplies, and places greater demands on each client. Providers have a responsibility to help clients decide which method or methods to use in light of this dilemma between pregnancy prevention and disease prevention. Providers will have to evaluate the dual needs of each client to assist him or her in making a safe, appropriate, and practical decision.

- A risk assessment and local sexually transmitted disease/human immunodeficiency virus (STD/HIV) prevalence rates can help providers understand how much STD risk their clients generally face. A risk assessment can identify individuals at higher risk and STD surveillance studies can measure STD/HIV prevalence rates for a geographical area.

- Clients who consider themselves or their partners at high risk of HIV and other STDs are good candidates for dual method use. These clients may choose to use one method for the primary purpose of pregnancy protection and condoms (or other barrier methods) for STD protection.

- Some clients may be able to achieve protection against both STDs and pregnancy using a barrier method alone. Motivated clients might use male condoms alone, since condoms are effective for both disease and pregnancy prevention when used correctly and consistently.

- For women who cannot persuade their male partners to use a male condom and who are at risk of contracting STDs, spermicides, a female condom, or a diaphragm with spermicide can be used for both STD protection and contraception. However, although spermicides, and probably diaphragms, appear to be modestly protective against bacterial STDs (gonorrhea and chlamydia), their effectiveness at protecting against viral STDs, including HIV, has not been determined.

- A woman should be informed if the contraceptive method she is using does NOT protect her against STDs. She should also be made aware that some methods may protect against some STDs but not others and that only male latex condoms have been proven to be highly effective for HIV prevention. If she is ever in a situation where she suspects she may be at risk (e.g., she thinks her husband or partner may have other sex partners), she should immediately start using additional protection.

Considerations Concerning Dual Method Use

A difficult issue for reproductive health (RH) providers serving clients at risk of STDs/HIV is when and whether to encourage use of dual methods – one to prevent pregnancy and the other to prevent STDs/HIV. Clinicians promoting dual use must weigh factors such as cost and user compliance, as well as their relation to effective STD protection among particular client populations. Moreover, clients may attach differing priorities to preventing either pregnancies or infections, and these priorities may change over time and among various relationships.

Studies on dual method use are limited and have focused on the use of the male condom in combination with other methods of contraception. In general, based on preliminary evidence where participants were using primary methods of contraception in addition to condoms, the more effective the primary contraceptive method was at preventing pregnancy, the lower the level of consistent use of the male condom.

Several reasons can explain why concurrent condom use may decrease as perceived contraceptive effectiveness increases. First, many persons – even those with sexual behaviors putting them at risk of STD – see pregnancy as a greater immediate threat than STDs. Thus, having taken precautions against unintended pregnancy, they seem to be less motivated to undergo the extra effort and expense to use condoms. Second, this may represent differences in convenience of use between longer-term, coitally-independent methods and the coitally-dependent barrier methods. Without regular reminders of the need to protect against both pregnancy and STDs, individuals may be less likely to have condoms available when sexual intercourse occurs.

Clearly, more research is needed. Studies that examine the use of the female condom, diaphragm, and/or spermicides in conjunction with long-term methods will help clarify this issue. More research is also needed on the patterns of dual method use with different sex partners. For example, if an individual uses one method with a primary partner and adds condoms with other partners, this might reduce risk, even if dual method use is not consistent with the primary partner. Another important question is whether providers of temporary or less effective methods should routinely provide and counsel use of a second method, such as EC, as a back-up method.

Citations:

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