

Condom Use Among Students: The Influence of Condom Self-Efficacy, Social Norms and Affective Attitude Towards Condom

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ABSTRACT The study examined the influence of condom self-efficacy, social norms and affective attitude towards condom on reported condom use among university students. A total of 183 students participated in the study. Their age ranged between 15 and 32 years (Mean = 24, SD= 2.8). One hundred and fifty-one were single while 32 were married. The study revealed that condom self-efficacy, social norms and affective attitude towards condom play a significant role in reported condom use among university students. The implications of the findings on students' sexual behaviour and condom use were discussed.

INTRODUCTION

One of the unfortunate consequences of the increase in sexual activity is the high rate of unwanted pregnancies and the contraction of sexually transmitted infections (STI's), including HIV/AIDS. Sunmola (2005) found that men and women reported that condoms hindered their sexual satisfaction, caused health problems for them and reduced their sexual interest. However, relevant information about the means of protecting and preventing themselves from contracting diseases as well as preventing unwanted pregnancies is lacking among sexually active groups. Many people do not seem to know that their sexual behaviour put them at risk nor do they seriously contemplate protecting themselves or abstaining from such behaviour. One way of preventing STI's is by abstaining from sexual relationship. Another approach that is more pragmatic is the use of condom. Contra-ception is the act of preventing conception; this is made possible with the use of birth control methods that allow the spacing of childbirth usually by artificial means and sometimes the prevention of STI's. Contraceptive technology has designed various barrier methods such as oral contraceptives, injectables, IUD, female sterilization, vasectomy, implants, and condoms. Condoms can serve the dual purpose of contraception and prevention of STI's/HIV/AIDS.

Winer (2006) reported that young women whose partners use condoms every time they have sex are 70% less likely to contract STI's than women whose partners use condom less than 5% of the time. Regarding condom as a form

of conception, the Planned Parenthood Federation of America (2006) reported that of 100 women whose partners use condoms, fifteen will become pregnant during the first year of typical use while two women will become pregnant with perfect use. The Federation added that condoms also protect from sexually transmitted infections and HIV. In an earlier study, Vincenzi (1993) indicated that using condoms every time prevented HIV transmission for all but two of 171 women who had male partners with HIV. However, eight out of ten women whose partners did not use condoms every time became infected.

Over the past several decades, psychologists have conducted numerous surveys of adolescents and young adults within the age brackets of 15 and 24 years to determine their sexual behaviour and beliefs. Although, the threat of AIDS and other sexually transmitted diseases as well as unwanted pregnancy has being on the upsurge, reports suggest that sexual intercourse during adolescence may be the norm (Earle and Parricone, 1986, Phillis and Gomko, 1985). In Nigeria, sexual activity amongst adolescents and young adults is quite high, the practice is now a common disturbing phenomenon.

Studies have suggested that people engage in unprotected sex with little or no regard for STI and unwanted pregnancies (Ekanem et al., 2005). In a National Survey conducted by Makinwa-Adebusoye (1992), it was discovered that of the 5,500 urban youths sampled, 41% have had unprotected sexual intercourse. Similarly, Jinadu and Odesanmi (1993) found in a study of male adolescents in South-Western Nigeria (aged

15-19) that 76% of their adolescents have had sex within the past 12 months. Of these, only 8% had used condom during intercourse, 50% had sex with multiple partners while 5% had sexual intercourse with commercial sex workers. People's choice and most especially that of adolescents, regarding whether to use condom or not is influenced by cultural and social norms, religion, traditional beliefs, social networks, and gender roles. These factors largely influenced adolescents' sexual behaviour (Earle and Parricone, 1986). For example, young adults often decide not to seek contraceptives because they do not want their parents or other adults to know that they are sexually active. Many fear ridicule, disapproval, and hostile attitudes from service providers and others. In Nigeria, sexual related matters are perceived to be strictly private, therefore public discussion of sexual behaviour is inhibited and open acknowledgement is difficult. The discussion of sexual related matters (considered exclusive to adults) with adolescent is regarded as a taboo.

To a high degree the knowledge of sexual issues may influence the choice of contraceptive. Adolescents who have sex with more than one partner often prefer condoms because condom is about the only method that protects against HIV/AIDS and other STI's as well as pregnancy. Adolescents' use of condom and intention to use condom may be influenced by their efficacy belief in the use of condoms, sexual comfort, social norms within their friendship network, as well as their attitude towards condom. According to Bradford and Beck (1991), one of the reasons for inconsistent condom use is lack of personal efficacy, which is a person's belief that he or she can perform the behaviour in question.

Sex education for adolescents is needed because traditionally, sexual feelings are often not discussed at school or in the homes. This may contribute to sexual discomfort and the tendency of many adolescents in reporting that sexual activity just happened. The acceptance and discussion of sexual feelings would make such feelings more manageable. Sexual comfort is necessary before individuals can take the steps necessary for safer sex behaviour. That is, the acknowledgement that they might have sexual encounter, talking to a partner and bringing condom.

Therefore, an individual's perception of disability to perform recommended health

prospective behaviour, that is, feeling competent about wearing and disposal of condom is determined by his level of self-efficacy. An individual might be aware of dangers involved in an unsafe sex but because of certain misconceptions or certain circumstances which are beyond his human control (such as fear of rejection from his partner, lack of confidence to refuse unsafe sex or to suggest the use of condom), he/she may not be able to adopt healthy behaviour of protecting him/herself (Richard and Plith, 1991). Thus individual's condom use behaviour can be a function of environmental factors and behavioural factors. Therefore, the need arises to determine the extent to which these environmental and behavioural factors can be used to explain an individual's condom use behaviour.

RESEARCH QUESTIONS

Research findings and existing literature indicate the seriousness of the risk of contracting STI's through unprotected sexual intercourse. Courage to initiate condom use in sexual intercourse has been fingered as likely obstacles to effective use of condoms in sexual relationships in Nigeria. Considering adolescents, especially male adolescents as a high risk group, it becomes pertinent to examine the psychosocial factors likely to hinder or encourage condom use for prevention of STI's and HIV. To this end, this article addresses the following questions:

1. Will students' level of condom self-efficacy influence their condom use behaviour?
2. Will students' level of awareness of social norms regarding condoms within their social networks influence their condom use behaviour?
3. Will students' attitude towards condom influence their use of condoms in sexual relationship?

METHODS

Design: The study adopts the Ex-post facto design. The independent variables are self-efficacy (low vs high), social norms (low vs high) and affective attitude towards condom (negative vs positive). The dependent variable for this study is condom use.

Setting: The study was conducted in the University of Ibadan community. Accidental sampling technique was used to select male

undergraduate and postgraduate students who were approached to participate in the study. Participants came from Male Halls of Residence (Mellany Hall, Tedder Hall, Kuti Hall, Bello Hall, Azikiwe Hall, and Independence Hall).

Participants: The study was conducted specifically on the male undergraduate and postgraduate students of the University of Ibadan. The participants were one hundred and eighty-three (183) students, made up of one hundred and fifty-one (82.5%) singles and thirty-two (17.5%) married. A mean age of 24.8 was reported for the participants. Participants' ethnic backgrounds showed that 110 (60.1%) were Yoruba, 31 (16.1%) were Igbos, 17 (9.3%) were Hausas and 25 (13.7%) were from other tribes.

Instrument: The study employed the use of a structured questionnaire for data collection. The questionnaire consists of five (5) sections: Section A taps socio-demographic information, section B is the National Institute of Mental Health Multi-site condom use self-efficacy Scale (Dilorio et al., 1991), it is a 26 item scale in the yes or no format measuring condom use efficacy with a calculated Cronbach of 0.94.

Sections C, D, and E consist of condom use scale, social norms scale and attitude toward condom use scale (respectively) developed in the course of this research in Likert format. They have reliability coefficients of .62, .71, and .72 in that order.

Procedure: The participants were approached in their various halls of residence. The questionnaires were administered to only male university students. In all, a total of two hundred and ten (210) questionnaires were administered to the participants, 185 were returned by the participants and found useable for the study.

RESULTS

The t-test for independent measures was used in this study. The summary of the analysis is presented in Table 1.

As shown in Table 1, the first hypothesis that stated that there will be a significant difference between students with high and low condom self-efficacy on condom use was supported by the result of the t-test. In other words, there was a significant difference between students with high self-efficacy and low self-efficacy on condom use, $t(181) = 5.35, P < .05$. Students with high self-efficacy reported using condom ($x=3.85$) more than those with low self-efficacy.

Furthermore, Table 1 shows that there was a significant difference between students with high social norms and student with low social norms on condom use, $t(181)=4.74, P < .05$. Therefore, the second hypothesis was also supported by the result. Students with high social norms reported using condom ($x=4.00$) more than those with low social norms.

The result in Table 1 also show that the third hypothesis which stated that there will be a significant difference between students with high and low affective attitude towards condom use was supported by the result of the study, $t(181)=2.52, P < .05$. This implies that there was a significant difference between students with low and high levels of affective attitude towards condom on condom use. Students with high affective attitude reported using condom ($x=4.08$) more than those with low affective attitude.

DISCUSSION

Several studies have been carried out on adolescents and young adults' sexual behaviour, its implication and their condom usage. Some have dwelt on certain behavioural and environmental factors that are related to sexual behaviour (Vincenzi, 1993; PPFA, 2006; Winer, 2006). In accordance with the authors' expectation, the study's finding showed that there was a significant influence of condom self-efficacy of students on condom use. Students with high condom self-efficacy reported using condoms

Table 1: t-Test for Independent measures showing the influence of Self-efficacy, social norms and affective attitude towards condom on reported condom use.

Variables	Group	N	X	SD	df	T	P
Condom Self-efficacy	Low	97	4.65	1.01	181	5.35	<.05
	High	86	3.85	1.01			
Social norms	Low	67	4.75	1.03	181	4.74	<.05
	High	116	4.00	1.03			
Affective attitude	Low	87	4.48	1.09	181	2.52	<.05
	High	96	4.08	1.04			

more than students with low condom self-efficacy. This therefore implies that students who could use condom conveniently without fear of rejection used condoms more than students who cannot make use of condom conveniently.

The result of this study also confirms that there was a significant influence of social norms on condom use among male students. This therefore means that students with higher knowledge of social norms experienced lower knowledge of social norms. This further means that students who were exposed to sex education at an early age and who were also enlightened on the disadvantages of observing some traditional rules (such as nonchalant attitude towards safer sex and also that it is against their culture to use condom in their sexual activity because it does not portray them as men) will use condom more than students who were not exposed to such sex education and enlightenment. This is in line with the report of the Planned Parenthood Federation of America PPFA, (2006) that knowledge about the use and effectiveness of condoms in sexual intercourse will enhance usage and acceptability. It was reported that some people have confirmed that using condoms makes them focus better on their sexual pleasure without distractions about unintended pregnancy and sexually transmitted infections.

The findings revealed further that there was a significant influence of affective attitude towards condom on condom use. This suggests that students with positive affective attitude towards condom reported using condom more than students with negative affective attitude towards condom. This affective attitude could have been influenced by existing knowledge about condom which could be either religious sentiments or cultural beliefs. According to Richard and Plith (1991), PPFA (2006) there are many widely held notions about condom that are wrong, yet these notions affect people's perception and consequent usage of condoms in sexual relationships. For instance, some men and women believe that condom dulls sensation, others become frustrated and lose some of their sexual excitement. Some believe that condom put pressure on the man to ejaculate. However, research has shown that when handled correctly condoms are capable of enhancing sexual excitement.

In view of the above findings, it is evident that there was a significant influence of condom self-efficacy on condom use. There was also a

significant influence of social norms on condoms use; and lastly a significant influence of affective attitude towards condom use was found on reported condom use. It is therefore recommended that the possible ways for intervention to increase condom use in sexual activities among male university students include an increased vulnerability in understanding sexually transmitted diseases, increased awareness of possible sexual comfort/pleasure with the use of condom, increased condom self-efficacy, comfort of social norms and ensuring positive affective attitude towards condom use.

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