

Summary

Factors Affecting Condom Use in Young People in the Frame of Health Belief Model

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AIDS (Acquired Immun Deficiency Syndrome) is an infectious disease caused by HIV (Human Immunodeficiency Virus) virus. Although HIV-infected individuals were reported for the first time in Turkey in 1985, it was reported in the report prepared by UNAIDS institution that the number of HIV-infected individuals was 3898 as of June 2009. Also, AIDS mostly affects younger age groups in Turkey as is almost anywhere in the world. It is known that half of the detected HIV-infected individuals are in 15-39 age range. The young population is seen in risk group in terms of being sexually active, being open to different experiences and unsafe behaviors along with sexually transmitted infections and AIDS (Ateş, 2005).

The importance of safe sexual behaviors in preventing the spread of the HIV virus is great. The health belief approach is one of the commonly used approaches in the investigation of safe sexual behavior and safe sexual life intentions. According to the Health Belief Approach, adolescents' possibility of exhibiting behaviors that provide safe sexuality is higher if they think that they can get HIV/AIDS (perceived susceptibility), they foresee that they will have very serious problems as a result of being infected (perceived seriousness), they think that they can prevent AIDS (perceived benefits) by using condom or having sexual relationship with a single partner, and they believe that obstacles related to condom use are less (perceived barriers) (Iriyama, 2006). In addition, the self-efficacy of the sub-components of the approach is regarded as one of the components ideally estimating the active condom use and condom use intention (Baelle, 2001). The fact that the individual performs the expected health behavior, in other words, wearing a condom properly and disposing it properly after the use, was reported to depend on the person's self-efficacy level (Alarape, 2008).

Health Belief Approach is closely associated with primary prevention (programs aiming at protection from

pregnancy, AIDS and sexually transmitted diseases by increasing condom use) and secondary prevention (programs aiming at early diagnosis and treatment of HIV and AIDS) target programs as it is based on the fact that it is necessary for people to be motivated for taking action (Omungo, 2008). Determining the young people's perceptions affecting the condom use was aimed in the study to be carried out. Accordingly, it is envisaged that the condom use frequency will increase as long as young people's perception regarding the benefits from condom use, the perception that serious consequences will arise in the case of being infected with AIDS, the perception that they can be infected with AIDS and their self-efficacy for AIDS prevention increase. Also, the condom use behavior is envisaged to be predicted by five sub-dimensions of health belief approach. The information to be obtained is considered to be guiding in the preparation of prevention programs and training programs under the theme of 'Prevention of AIDS and condom use' that will be created for the youngsters.

Method

Sample

The population of the research was composed of sexually active university students between 18-26 years of age because they were a significant risk group in terms of AIDS. Convenience sampling method was used while creating the sample of the research. The study was carried out with students continuing their education at 7 different universities in Izmir and Istanbul during 2010-2011 academic year. Participation in the research was based on a voluntary basis, and data were collected from a total of 418 students who agreed to participate in the research. Among these students; the questionnaires of those students without sexual experience (108) and those who left questionnaires incomplete (11) were excluded

from the research, and data obtained from a total of 299 students including only 207 males and 92 females with sexual experiences were assessed.

Materials

Demographic Information Form, Turkish Self-Efficacy Scale for AIDS Prevention (T-SEA-27) and AIDS Health Belief Scale (AHBS) were used in the research to collect data. The questionnaire form obtained with these scales consisted of 47 items.

Demographic Information Form. Consisting of four questions, this form questioned the participants' age, gender, sexual experiences and condom use frequency. People were asked to assess their states of condom use in sexual intercourses they had by choosing one of the options of 'each time, almost each time, rarely and never' to determine people's frequency of condom use. It was observed in similar studies carried out that three-month period was considered to be sufficient to reflect the general usage habit. Therefore, three-month period applied retrospectively from the implementation date of the scale was taken as a basis to determine the frequency of condom use.

Turkish Self-Efficacy Scale for AIDS Prevention (T-SEA-27). Self-Efficacy Scale for AIDS Prevention is 5-point Likert-type scale consisting of 27 questions. It consisted of a total of four subscales including being able to refuse to have sexual intercourse under different conditions, being able to ask questions to the potential partner, being able to use a condom properly under different conditions, and the family-related dimension.

AIDS Health Belief Scale (AHBS). AIDS Health Belief Scale was developed by Zagumny and Brady (1998) to measure risky behaviors with regard to AIDS in terms of four components of the health belief approach. This 6-point Likert-type scale with a total of 16 questions consisted of four sub-dimensions in accordance with the health belief approach. These are as following: Perceived barriers to HIV prevention, perceived benefits of prevention methods, the perception of the seriousness of HIV transmission and perception related to the susceptibility to HIV transmission. Zagumny and Brady (1998) found the total internal consistency of the scale as .82 in their study.

The Turkish adaptation of the scale was performed in this study. In this study, firstly, the items of AIDS Health Scale were translated into Turkish by three academicians. The Turkish version of the scale was tested with a pilot study of 64 people. Upon the fact that questions were found to be comprehensible, the data forms of the subjects who fulfilled the requirement of "having sexual experience" among the data collected in the pilot study were also included in the study. The validity and reliability study of the scale was carried out on the basis

of the data collected. Internal consistency was found to be .62 in the reliability analysis performed by assuming that all items of the scale were positive. It was observed that the item total correlation of the questions of 13, 14, 15 and 16 of Perceived Barriers sub-dimension remained below .20; and the total scale reliability increased when the items of 13, 14 and 15 were removed. As a result of the item analysis performed, the questions of 13, 14, 15 and 16 of Perceived Barriers sub-dimension of the scale were decided to be excluded from the scale because of the fact that the item total correlation of them remained below .20, that they decreased the reliability of the scale and that they made no contribution to the scale. As a result of removing the Perceived Barriers sub-dimension from the scale, the overall reliability of the remaining total of 12 items was found to be .67.

Procedure

The research data were collected by going to the university campuses between the dates of September 2010 - June 2011. Participation in the research was based on a voluntary basis. To ensure privacy, participants were asked to throw the questionnaire forms filled out into a box created by the researcher that was closed from all sides with a space, through which only one questionnaire form could pass.

Results

In this study, 68.9% of those who participated in the study were male ($I = 299$). The average age of the participants was found to be 22.8 ± 2 . *In order to determine the participants' states of condom use and non-use*, those with condom use frequency of "Never" and "Rare" were classified as those who did not use condom, and those with condom use frequency of "Almost Each Time" and "Each Time" were classified as those who used condom. In conclusion, the condom usage rate among all participants was determined to be 54.5%. When analyzing the condom usage rate by gender; while condom usage rate was found to be 57% among women, this rate was found to be 53.7% among men.

It was observed in the study that the averages of total points of the perceived benefits from condom use, self-efficacy of being able to refuse sexual intercourse, self-efficacy of using condom and self-efficacy for AIDS prevention of people using a condom were significantly higher compared to those who did not use a condom ($p < .05$). When the points obtained from both scales were compared in terms of gender, while men's point averages of only being able to talk to their families about sexuality appeared higher than women's ($p = .04$); the point averages of women's perceived benefits, self-efficacy total point ($p = .00$), being able to refuse sexual intercourse

($p = .01$), being able to ask question to the partner ($p = .00$) and self-efficacy about using condom ($p = .00$) were found to be significantly higher than men's.

When analyzing the relationship between the sub-dimensions of AHBS and the sub-dimensions of T-SEA-27, it was observed that the ability to refuse sexual intercourse and condom use self-efficacy increased as the perception that condom use was useful increased ($p < .01$).

Multivariate logistic regression analysis was performed to observe whether the subscales of self-efficacy for AIDS prevention and AIDS health belief predicted the condom use. Accordingly, only a single self-efficacy of condom use among all variables was found to be a significant predictor in predicting condom use. Moreover, it was observed that the approach predicted the condom use correctly at the rate of 72.2%.

Discussion

The overall condom usage rate was found to be 54% among participants who participated in the research, which was carried out to determine the factors predicting the condom use. Accordingly, it could be said that sexually active university students did not protect themselves sufficiently against AIDS and other sexually transmitted diseases.

As a result of the research, it was observed that participants' frequencies of condom use increased when they believed that they would get more benefits by using a condom during sexual intercourse. The health belief approach foresees that people will perform preventive health behaviors such as condom use in cases where benefit, susceptibility and seriousness perceptions increase. However, only the perception of benefit was found to be associated with condom use behavior in this study.

No relationship was found between the self-efficacy of being able to ask a question to the partner and the condom use in the study performed. However, O'Leary et al. (1992) determined in their study that the self-efficacy of being able to ask a question to the partner was associated with the condom use, and the possibility of using a condom of the students with high self-efficacy of talking to the partner was higher. The relationship between relational factors affecting the culture-specific factors and the condom use behaviors may lie at the bottom of this difference observed in the results. Although sexual activity means confidence, intimacy, and loyalty for young women, it usually means physical pleasure for young men. While viewing from this aspect, safe sex, and condom use are prevented in romantic love affairs because condom may mean lack of confidence, and unprotected sex is generally seen as the expression of one's love (Kirkman et al., 1998). Therefore, the general im-

age of the condom in a close relationship is not something that has a positive effect on the relationship; on the contrary, it is something that symbolically dishonors it. In a study focused on the emotional and social needs promised by relationships, it was observed that condom use did not comply with the ideals of relationship such as confidence, loyalty, and intimacy (Corbet et al., 2009). Condoms are a symbol of extramarital activity for many people. The message given to the opposite side is "You are not the only person with whom I have had sexual intercourse" when it is used. People usually don't want to be reminded about this due to the painful questions that come to mind and the unmentioned thoughts after this situation. The biggest barrier in front of condom use is the desire to avoid feelings to be created by these thoughts (Worth, 1989). These factors in question may affect the condom use between partners even if they talk about using a condom.

Sexual behaviors and attitudes were compared in terms of health beliefs of both genders as they might differ by gender. Consequently, it was observed that women believed they would get more benefits by using a condom during sexual intercourse compared to men. Accordingly, the belief about being able to do the necessary for AIDS prevention can be said to be higher among women. However, the situation referred to women as prevention by using a condom is not sexually transmitted diseases; it may be pregnancy. Likewise, women's perceptions of being able to use a condom properly under different conditions and the self-efficacy of being able to ask questions to the potential partner were also found to be higher than men's. Women may pay more attention and care about being able to use condoms in sexual intercourses they have in different situations and with different people, being able to ask questions to the partner and the proper use of condom as they don't want to become pregnant as a result of extramarital sexual intercourses.

Nevertheless, women's self-efficacy of refusing sexual intercourse was observed to be higher than men's. Considering the communal socio-cultural structure will be useful while assessing this difference seen between genders in terms of self-efficacy of being able to refuse sexual intercourse. In Turkish society, although women are expected to refuse sexual intercourse, men are not expected to refuse sexual intercourse because of the fact that while women are not supported to have premarital sexual intercourses; men are supported to have premarital sexual intercourses (Pinar et al., 2009). It should be considered that these social expectations and gender roles could have affected the answers of the participants.

When genders were compared in terms of the family-related dimension from the sub-dimensions of self-efficacy for AIDS prevention, it was observed that male students could mostly talk with their families about

sexuality. Women are nearly prohibited from experiencing premarital sexual intercourse, and talking with the family about these issues is almost a taboo due to the Turkish society's socio-cultural structure we also mentioned previously (Giray & Kılıç, 2004). In this respect, the fact that the self-efficacy of being able to talk with the family about sexuality issues is higher among men than women is an expected result.

As a result of this study carried out to determine the health beliefs of university students, who are in a risk group for AIDS, affecting the condom use behaviors, trainings to provide to develop behavioral change are considered to be prepared separately for male and female students. It is believed that providing female students with trainings including the need and importance of protecting from sexually transmitted diseases as well as birth control, and providing training and consultancy services that will meet the information need of these

young people stating that they cannot talk to their families about sexuality issues are necessary. It was observed in the study that the increase in the perception of benefit from condom use and the perception that AIDS was a serious disease increased the frequency of condom use, and it was associated with the increase in self-efficacy for AIDS prevention. Based on this, it is believed that providing trainings to male students about the ways of AIDS transmission and the consequences of it could be effective about increasing the self-efficacy due to the fact that males' self-efficacy for AIDS prevention is less than women's. The fact that the self-efficacy of condom use was found to be the only variable predicting the condom use behavior gave rise to the thought that the studies which are aiming to increase the beliefs of self-efficacy of university students who are in the risk group, should be carried out to adopt them safer sexual behaviors.