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# Attitudes towards Condom Usage among College-Going Women

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Attitudes towards Condom Usage among College-Going Women

A Senior Honors Thesis

Submitted in Partial Fulfillment of the Requirements for Graduation in the Honors College

By

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*Education use of this paper is permitted for the purpose of providing future students a model example of an Honors senior thesis project.*

## *Introduction*

STIs and HIV are serious issues of sexual health. The rates of these illnesses vary according to a number of factors. For the purposes of this study, which looks at differences in attitudes toward condom usage across ethnicities for college women, age and ethnicity were the most important determinants. In order to assess attitudes among study participants, it is important to explore the background of the sexual health of college-aged women and women of different ethnicities in the U.S. as a whole.

Rates of STIs and HIV in the United States vary across age and ethnicity. The three major STIs found in the US are Syphilis, Chlamydia, and Gonorrhea, in addition to HIV, which is spread both sexually and non-sexually. The national rate of Syphilis sits at 18.0 cases per 100,000 people, but rates for Caucasian, Hispanic, and Black women, .3, .8, and 4.5 per 100,000 respectively. There are 446.6 cases of Chlamydia per 100,000 people in the US, with cases among Caucasian women under the national average at 258.5 cases. Hispanic and Black women both experience rates much higher than the national average at 564.2 and 1491.7 cases per 100,000 respectively. Furthermore, while Caucasian (34.1) and Hispanic (60.8) women have rates lower than the national average of 106.1 cases of Gonorrhea per 100,000, Black women experience a rate of 409.2 cases per 100,00 (Centers for Disease Control and Prevention, 2014). Finally, the rates of HIV for Caucasian, Hispanic, and Black women are 1.8, 7.0, and 34.8 cases per 100,000, respectively. This places HIV rates among Hispanic women approximately four times higher than Caucasian women (Centers for Disease Control and Prevention, 2015).

This study looks not only at ethnic differences, but also age. In almost all STIs, the rates of illness among 15 to 24 year olds are higher than the national average, with the exclusion of Syphilis, with which 15 to 19 year olds are infected at a rate of 1.9 cases and 20 to 24 year olds at a rate of 3.9 cases per 100,000. Gonorrhea occurs at rates of 459.2 for 15 to 19 year olds and 541.6 for 20 to 24 year olds. Finally, rates of Chlamydia sit at 3043.3 cases per 100,000 for 15 to 19 year olds and 3621.1 cases per 100,000 among 20 to 24 year olds (Centers for Disease Control and Prevention, 2014).

There are a variety of factors which contribute to the status of sexual health. Among ethnic groups, these factors tend to be negatively amplified by institutional barriers and inequalities. Ethnic groups in particular are affected by poverty and language barriers. These determinants dramatically increase the chances of poor health among this population. Moreover, access to education can be particularly difficult in the low-income communities in which ethnic minorities tend to live. Appropriate education can help significantly in improving health outcomes. Finally, transportation can be a major issue for ethnic minorities, as they live in poor areas with poor public transportation and typically cannot afford cars. This prevents them from ever seeing a medical provider (U.S. Department of Health and Human Services, n.d.).

College students also experience significant health disparities. Although they do not experience the same socioeconomic and educational barriers as ethnic groups, students tend to have issues with transport, as well as with their age (U.S. Department of Health and Human Services, n.d.). Many students do not have a reliable form of transport, and so are unable to reach their doctor's office. Additionally, due to their age, they may fear a lack of confidentiality from the doctor's, believing their parents may still have access to their medical records. These factors contribute to health disparities among college students.

Condom use is largely considered the best and most effective way to prevent the spread of STIs and HIV. They are the only method of contraception which is both easily available and proven to reduce the risk of contracting STIs and HIV (American Sexual Health Association, 2015). With irregular use, they are approximately 84% effective, but with consistent and correct use, their effectiveness jumps up to 98% (American Sexual Health Association, 2013). By using condoms, people significantly decrease their chances of contracting an STI.

### Literature Review

The broad goal of this study is to explore the attitudes of college-age women regarding condom use. The Multidimensional Condom Attitudes scale, developed by researchers at UCLA was utilized in data collection. The scale makes use of several theories, including cognitive dissonance theory, the health belief model, and self-efficacy model, which provides a more nuanced view of the results. Researchers are able to look at individual determinants, deliberative decision making, belief systems, importance of health threats, and knowledge of disease processes and how these factors influence attitudes toward condom usage (Helweg-Larsen & Collins, 1994). With regards to this study, this framework is applied to female college students' attitudes.

#### *Sexual habits of college students in the U.S..*

This research is relevant for a number of reasons. For example, according to the CDC, half of all new STIs occur in 15 to 24 years old persons, which is the age range of college students. Additionally, one in four sexually active college aged females have an STI. Ethnicity plays a particularly important role in women's sexual health as well; rates of STIs and teen pregnancy are much higher among Hispanic women than white women (Centers for Disease Control and Prevention, 2014). Condom use rates play a key role in these numbers, as the most

effective form of contraception for STI prevention, with correct use (American Sexual Health Association, 2013). Nearly 100% of sexually active women have used some contraceptive at some point (Guttmacher Institute, 2014). A majority of all reproductive age women, 62%, currently use some form of contraception, while 11% do not use any at all. The percentage of women who do not use any contraceptive shoots up to 18% among 15 to 19 year olds (Guttmacher Institute, 2014). Despite these relatively high rates of contraceptive use, condom use remains very low. Only 10.2% all of women use condoms, preferring hormonal methods, such the pill, particularly among college aged women (Guttmacher Institute, 2014). However, hormonal methods do not prevent the spread of STIs.

Additionally, there are differences in patterns of condom usage among men and women. In a study conducted by Bontempi and her colleagues (2009), females reported high sexual risk behaviors and low condom usage. Males in the study reported greater condom use at 92% of participants, while only 88.2% of women said they had used condoms at some point, although 85.7% of men compared to 78.4% of women reported having had totally unprotected sex. There are many disparities in condom usage across sexes and ethnicities.

The choice to engage in safe sexual health practices and the outcomes of these practices vary greatly depending on a woman's ethnicity. Regardless of ethnic identity, one in four young women are diagnosed with an STI each year (Pflieger, Cook, Niccolai, & Connell, 2013). According to a NCHS Data Brief using statistics collected in 2007, in the United States teen pregnancy rates were approximately three times higher among Hispanic women than among white women, with rates of 81.8 per 1000 versus 27.2 per 1000, respectively (Centers for Disease Control and Prevention, 2010). Additionally, rates of gonorrhea, chlamydia, and syphilis are all two to three times higher in the Hispanic population than the white population in the U.S.

(Centers for Disease Control and Prevention, 2014). Finally, rates of HIV/AIDS are a staggering five times higher among Hispanic women (Lee & Hahm, 2010). Several factors influence this difference between women of different ethnicities. According to Gómez and Marín (1996), white and Hispanic women typically have similar reasons for not using condoms, but actual usage rates differed drastically. The most influential factors for condom usage are family communication, cultural traditions, and partners' attitudes (Gómez & Marín, 1996).

#### *Trends in rates of Sexually Transmitted Infections (STIs) among Hispanic-Americans*

For the purposes of this study, the term "Hispanic" will be used to refer people whose families come from Spanish-speaking countries around the world. Although both Hispanic and Latino are used to refer to this population by the US government, Pew Research polls suggest that Hispanic is generally favored over Latino by the population itself, though generally Hispanic people prefer to be identified by their country of origin over both of these titles (Lopez, 2013).

According to the U.S. Census Bureau (2015), Hispanic people comprised 17.7% of the total US population in 2013. Today, Hispanic people make up 14% of all reproductive age women in the country (Lee & Hahm, 2010). Estimates indicate that Hispanic-Americans will make up 24.4% of the population by 2050 (Rojas-Guyler & King, 2007). The group represents a significant portion of the population even today, and thus are the subject of research studies in a variety of fields.

A number of sexual risk behaviors, such as having multiple partners, early age of sexual activity, and prophylactic usage, impact these statistics. Studies have found that 51% of Hispanic adolescents versus 43% of white adolescents are sexually active, and utilize condoms with less frequency than their white counterparts. Additionally, Hispanics have a higher number of sexual partners and have their sexual debuts at younger ages than other ethnic groups (Lee & Hahm,

2010). Finally, 7.3% of Hispanic children have sexual relations under the age of 13, as compared to 4% of white children (Rojas-Guyler & King, 2007). These behaviors have a direct correlation to increased rates of STIs and unplanned and unwanted pregnancies. Sexual risk behaviors are also linked to negative health outcomes in other areas. There is a strong link between sexual risk behavior, self-harm behaviors, and suicidal behaviors for people of all races (Lee & Hahn, 2010). Analyzing all factors which may contribute to, or result from, sexual risk behaviors allows for greater understanding of these behaviors and how it may be prevented.

#### *Barriers to condom use for college students*

There are a number of barriers to condom use, in addition to the general health barriers discussed in the introduction, such as access, availability, and transport, among others. Social support plays a particularly important role in condom use among college students. Students who perceive their classmates as engaging in sexual risk behaviors are more likely to engage in sexual behaviors themselves (Scholly, Katz, Gascoigne, & Holck, 2005). Health education programs that use scare tactics, otherwise known as health terrorism, make contribute to this phenomenon. These scare tactics may indicate higher rates of risk behaviors than actual exist, but because it is the only thing the student has learned, it becomes the accepted social norm (Scholly et al., 2005). This, in turn, makes risky behaviors, such as a lack of condom use, more acceptable. Scholly's study also suggested several other barriers to condom use and causes of students' generally negative attitudes towards condoms. Stigmatization of use, which connects condoms with high sexual activity, mistrust between partners, and promiscuity, can decrease usage rates.

Additionally, condom use attrition can result from a discussion between long-term partners who feel there is no need to use condoms in a monogamous relationship (Scholly et al., 2005).

Barriers to condom usage are also culturally specific.



## Theoretical Framework

This study applies the theory of reasoned action. The theory of reasoned action posits that intention is important in the implementation of behavior. That is, a person will perform a certain behavior, such as using a condom, if they intend to do so. Attitudes, both individual and social, influence this intent. If an individual has a positive attitude towards a certain behavior, they are most likely to implement. Additionally, if those in the individual's community feel positively towards a certain behavior, the community support will positively affect individual attitudes (Albarracín, Johnson, Fishbein, & Muellerleile, 2001). In the case of condom usage, this means that when both a person and their peers, in this study either their ethnic or age group, feel positively about condoms, the individual is much more likely to engage in the practice.

## Methods and Procedures

Permission to conduct research was obtained from the College at Brockport Institutional Review Board. The project proposal was initially submitted in April of 2014 and received institutional approval pending minor changes in May. These changes were finalized in September. Initially, the researcher intended to administer a 28 question survey regarding attitudes towards condom use, along with a demographic survey, to white and Hispanic women at the College at Brockport. According to the initial plan, data were to be collected from the membership of the Association of Latin American Students (ALAS), which comprised approximately 40 women. An equivalent number of surveys were administered to white women in various other campus clubs. Additionally, flyers were distributed in campus buildings, outlining the need for participants. The timeline projected data collection between September and November of 2014. However, despite various visits to ALAS meetings, and flyers posted around campus, participation in the study was very low. At the end of October 2014, the total

number of surveys collected was fewer than ten. Data would now be collected from intact groups of students enrolled in two classes, one of which was taught by the researcher's faculty advisor. The survey would be administered to only the female students in the classes.

The researcher submitted a modification to the IRB in November of 2014 to reflect this change in method of data collection. Approval was received in January 2015. Data collection was completed in April 2015 and 100 surveys were completed, with 76 Caucasian, 10 Hispanic students and remaining 14 comprised two other ethnicities.

Students were apprised of the voluntary nature of their participation in the study prior to completing the 25 question MCAS Multidimensional Condom Attitudes Scale, along with three questions to measure cultural influence written by the researcher and a demographic survey.

### *Measures*

The MCAS survey questions can be divided into five categories: perceived reliability and effectiveness of condoms, pleasure associated with condoms, stigma associated with condoms, embarrassment associated with negotiating condom use, and embarrassment associated with purchasing condoms. Each category was measured by answers to five questions. Some of these questions measured negative attitudes and were reverse coded. Ultimately, a composite score for each subscale of the MCAS was calculated to determine whether attitudes towards condom use were generally negative or positive.

The participants were instructed to respond, "strongly agree," to, "strongly disagree," to each statement on a 7-point Likert-type scale. A score of 1 was assigned to "strongly agree" and a score 7 was assigned to a response of "strongly disagree," except in items that were reverse coded. Examples of questions for each subscale included:

- It is really hard to bring up the issues of using condoms with my partner.

- Condoms are an effective method of preventing spread of AIDS and other sexually transmitted diseases.
- I always feel really uncomfortable when I buy condoms.
- Condoms ruin the sex act.
- A woman who suggests using a condom does not trust her partner.

Additionally, the three cultural questions were as follows:

- I believe men should be the head of household.
- Religion plays a strong role in my day to day decisions.
- My parents openly and positively discussed contraceptive use with me.

Demographic questions included:

- What is your age?
- What is your ethnicity?
- What is your current [student] status?
- What is your relationship status?
- How often do you use a condom during sexual intercourse?
- What is your living situation?

### *Research Questions*

The primary research questions that guided the study were:

- Is there a difference in attitudes towards condom usage among college-going Hispanic women and women of other ethnicities?

The research question was constructed with a broader goal of exploring two questions of practical application:

- If the researcher were to discover that the general attitude toward condom use were to be assessed at a low level across ethnicities, what could be done to improve attitudes towards condom use and frequency of condom use?
- Secondly, if there were to be a difference in attitudes toward condom use between ethnicities, what would be the cause of such a difference?

Descriptive statistics, frequencies and a one-way ANOVA test were run to answer the primary research questions.

## Results

### *Psychometrics*

The overall reliability coefficient for the 28-item MCAS indicated a high internal consistency reliability. The Cronbach's alpha coefficients for the individual subscales were measured at .780, .788, .238, .791, and .893 respectively.

### **Psychometrics**

<b>Subscale</b>	<b>Cronbach's alpha coefficient</b>
1. Reliability and Effectiveness of Condoms	.780
2. Pleasure Associated with Condoms	.788
3. Stigma Associated with Condoms	.238
4. Embarrassment about Negotiation and use of Condoms	.791

Demographically, the participants were mostly Caucasian (76%). The average age of the participants was 19.7 years (S.D=3.8). There was some variability in the ages, the oldest participant being 43 years old and the youngest 18 years old. The majority of participants were full-time students (99%) living on campus (72%), and slightly more than half were in a relationship of some kind (53%). Only 35% of students indicated they “always” used condoms.

*Research question 1: Is there a difference in attitudes towards condom usage among college-going Hispanic women and women of other ethnicities?*

As previously mentioned, a composite score for five subscales was used to determine whether attitudes towards condom usage were generally positive or negative. The composite variable indicated that, in this study, attitudes were overall positive in all subscales. The score ran from 4.00 to 61.00, with 4.00 being the most positive and 61.00 being the most negative attitude. Across all subscales and ethnicities, this score falls towards the positive end of this composite. The most negative attitudes were found in the subscales of pleasure and purchase embarrassment, indicating that students were less likely to think of condoms as pleasurable and more likely to feel embarrassment when purchasing them. However, despite being more negative than the other categories, these subscales were still generally positive.

**Table 1 MCAS subscale response descriptives**

		<b>N</b>	<b>Mean</b>	<b>Std. Deviation</b>
Reliability and Effectiveness of Condoms	Caucasian	71	8.9437	3.61302
	African	7	7.8571	3.13202
	American			

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	Hispanic	8	11.1250	7.23952
	Other	6	8.8333	3.18852
	Total	92	9.0435	3.97219
Pleasure associated with	Caucasian	72	18.2361	6.04092
condoms	African	7	16.5714	5.34968
	American			
	Hispanic	8	14.8750	4.15546
	Other	6	20.0000	5.29150
	Total	93	17.9355	5.84549
Stigma associated with	Caucasian	72	8.5556	6.98870
condoms	African	7	7.2857	2.62769
	American			
	Hispanic	8	7.3750	2.13391
	Other	6	9.0000	3.03315
	Total	93	8.3871	6.26244
Embarrassment about	Caucasian	72	8.5556	6.98870
Negotiation and use of	African	7	7.2857	2.62769
Condoms	American			
	Hispanic	8	7.3750	2.13391
	Other	6	9.0000	3.03315
	Total	93	8.3871	6.26244
Purchasing embarrassment	Caucasian	67	15.2687	7.10438

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African	6	16.3333	6.15359
American			
Hispanic	8	16.2500	7.47854
Other	6	14.6667	7.44759
Total	87	15.3908	6.99228

There were several survey questions with notable results.

**Table 2 How often do you use a condom during sexual intercourse?**

	<b>Frequency</b>	<b>Percent</b>	<b>Valid Percent</b>	<b>Cumulative Percent</b>
never	18	18.0	18.0	18.0
sometimes	23	23.0	23.0	41.0
almost always	18	18.0	18.0	59.0
always	35	35.0	35.0	94.0
other	6	6.0	6.0	100.0
Total	100	100.0	100.0	

**Table 3 Condoms are an effective method of preventing spread of AIDS and other sexually transmitted diseases.**

		<b>Frequency</b>	<b>Percent</b>	<b>Valid Percent</b>	<b>Cumulative Percent</b>
Valid	strongly agree	62	62.0	62.0	62.0
	agree	28	28.0	28.0	90.0
	slightly agree	5	5.0	5.0	95.0
	slightly disagree	1	1.0	1.0	96.0
	strongly disagree	4	4.0	4.0	100.0
	Total	100	100.0	100.0	

**Table 4 I think condoms are an excellent means of contraception.**

	<b>Frequency</b>	<b>Percent</b>	<b>Valid Percent</b>	<b>Cumulative Percent</b>
strongly agree	22	22.0	22.4	22.4
agree	35	35.0	35.7	58.2
slightly agree	20	20.0	20.4	78.6
neutral	10	10.0	10.2	88.8



slightly disagree	4	4.0	4.1	92.9
disagree	4	4.0	4.1	96.9
strongly disagree	3	3.0	3.1	100.0
Total	98	98.0	100.0	

ANOVA results indicated there was no statistically significant difference across ethnicities or within groups. Significance for Reliability and Effectiveness, Pleasure, Stigma, Negotiation Embarrassment and Purchasing Embarrassment were .416, .323, .914, .914, and .959. Despite the lack of statistical significance, the numbers indicated by the MCAS descriptives test suggest the possibility of differences within groups, which may have been significant in a larger population.

A breakdown of ANOVA results follows:

Subscale 1 (Reliability and effectiveness of condoms)  $F(3, 88) = .960, p = .416$

Subscale 2 (Pleasure associated with condoms)  $F(3, 89) = 1.178, p = .323$

Subscale 3 (Stigma associated with condoms)  $F(3, 89) = .174, p = .914$

Subscale 4 (Embarrassment about negotiation and use of condoms)  $F(3, 89) = .174, p = .914$

Subscale 5 (Purchasing embarrassment)  $F(3, 83) = .102, p = .959$

#### Interpretation

The ANOVA test determined that there was no statistically significant difference in attitudes towards condom usage in any of the five subscales between ethnic groups. Thus eliminating the question as to whether or not attitudes are culturally informed. Additionally, tests indicated that, although attitudes towards condom usage are generally positive, this did not appear to improve condom usage.

#### Conclusion

Unlike their white peers, Hispanic women also deal with the problem of acculturation, both in their daily lives and sexual development. Acculturation is a person's level of integration into another culture (Lee & Hahm, 2010). In this case, it deals with the integration of Hispanic and Hispanic-American women into the dominant culture of the United States. There are four stages of acculturation, and women at each distinct level have entirely different experiences from one another, particularly regarding their sexual development and education. Despite their varied backgrounds and experiences, both lowly acculturated, or those with a greater connection to their home country, and highly acculturated women, or those with a greater connection to the United States, engage in sexual risk behaviors. However, less acculturated women are less likely to use condoms than any other group, and more likely to submit to their partners' desires. On the other side, the more highly acculturated women generally have a higher number of sexual partners and begin having sexual relations at a younger age (Lee & Hahm, 2010). One study found that Latin American-born women who lived in English-speaking homes, which general indicates mid-level acculturation, engage in the greatest number of sexual risk behaviors of all groups (Lee & Hahm, 2010). This can likely be attributed to the cultural conflict within the home. These women tend to have more traditional beliefs, but also connect strongly to America's more sexually liberal cultural environment. Culture plays a significant role in sexual development and education.

Cultural influences on sexuality go beyond the stages of acculturation. In Hispanic culture, the most influential cultural factors for sexual development and education are inequality between women and men, imbalance of power, and lack of communication about sexual issues (Lee & Hahm, 2010). Many of the negative health outcomes among the Hispanic population are a result of the accepted gender relations dominant in Hispanic culture. There is a very strong double standard in what is expected of girls and boys. From childhood, girls are encouraged to

maintain their virginities in order to be pure for their husbands. By contrast, boys are encouraged to “sow their wild oats” while they are young (Rojas-Guyler & King, 2007). While this is generally not talked about, it remains a prevalent, if unspoken, expectation even in modern times. The idea that men should have sex with as many women as possible directly opposes to idea that those same women should remain pure and chaste. This conflict serves as the foundation of an important concept in discussing Latin American culture and sexuality: machismo.

Machismo assumes that men hold the position of highest power and importance in a relationship. Sexism is not exclusive to the Hispanic world; in reality, white women are exposed to this same power imbalance within their personal relationships. The perceived sexual power imbalance contributes to sexual risk behavior, and abuse, regardless of a women’s ethnicity. However, the difference is even more striking in the Hispanic community. One major problem with the prevalence of machismo is the difficulty associated with negotiating condom use (Gómez & Marín, 1996). Condom use is fundamental in preventing STIs and unwanted pregnancy, and furthermore, a very simple way to do so. The rules of machismo, in addition to the perceived weakness of women, increases risky behavior. Under a sexist system, men retain all the power, even to the point where they will choose the type and frequency of sexual contact, without input from their female partners. Despite having so little control over their sexual lives, women have full responsibility for their sexual safety. It is often the woman’s job to push for prophylactic use, which they will rarely do with a macho partner. Women are expected to take care of any birth control, but cannot discuss it, because to do so is to suggest promiscuity (Gómez & Marín, 1996). Women face almost insurmountable boundaries to protect themselves. To suggest using condoms, it can be necessary to ignore centuries of tradition.

Another problem created by machismo is fear. For many women, request the use of condoms is to imply a lack of trust in their partners (Gómez & Marín, 1996). Many people view it as a suggestion of infidelity, from either partner. In both cases, women may fear a violent reaction or the end of their relationship. Fear can motivate a woman to engage in risky behavior.

Male influence is not necessarily violent or aggressive. Men can inadvertently affect their female partners. The rate of teen pregnancy among Hispanic is 56.9 per 1,000, four times higher rate than among white (Schwartz, Brindis, Ralph, & Biggs, 2011). The most influential factors in the rate of teen pregnancy is the idea that fatherhood is inevitable. While children are highly valued and paternal support for children of unwed parents is higher than in any other ethnic or racial community, mothers do not always receive the same care (Schwartz, Brindis, Ralph, & Biggs, 2011). One group of researchers interviewed a group of pregnant teens to explore their reasons for failure to use condoms. The primary factors included a lack of knowledge of how contraception works, age difference between partners, and the desire to keep their relationships. Several men said that contraception does not work and could cause infertility in the future. One man said, "a guy will not use a condom if you do not ask," affirming the idea that women are responsible for prophylactic and contraception use (Schwartz, Brindis, Ralph, & Biggs, 2011). In the group interviewed, the age differences of romantic partners varied between zero and 15 years. In many cases, the difference was the result of the difference between a teenage girl and an adult man (Schwartz, Brindis, Ralph, & Biggs, 2011). Because of this difference, couples in several cases were in very different stages of life. A grown man may be ready to have a child while his young girlfriend is still in school. In some cases, both partners were still students. Finally, many young women believed that a child could save a failing romantic partnership

(Schwartz, Brindis, Ralph, & Biggs, 2011). Many women believe that a child would tie their partner to them.

The idea of stability is a strong motivator for many young women. Women not only want to maintain their relationship, but to establish a life. For Hispanic immigrants or first generation children born in the United States, stability can seem an almost impossible dream. In the Schwartz study, many women came from a life of immigration, family separation, abuse, and fear (Schwartz, Brindis, Ralph, & Biggs, 2011). Teenage pregnancy is seen as an opportunity to create a quiet, stable life. In fact, many US-born male partners encouraged women to complete their education while he provided financial and emotional (Schwartz, Brindis, Ralph, & Biggs, 2011). This stability and support is perhaps as influential in all cultures; the cause of many unplanned, if not unwanted, pregnancies is that in a stable relationship, use of condoms becomes inconsistent as partners gain trust in each other (Schwartz, Brindis, Ralph, & Biggs, 2011). Finally, partner communication is important in condom use.

Communication is imperative in reducing the rate of STIs and unwanted pregnancies. Open and honest discussion is the most effective way to combat ignorance and stigma regarding sexuality in any community. Studies suggest that couples with unwanted pregnancies are less likely to talk about condom use (Schwartz, Brindis, Ralph, & Biggs, 2011). Children who can talk to their parents about sexuality have fewer sexual partners, start having sex later in life, and use condoms more frequently than children who do not receive support from their family (Rojas-Guyler & King, 2007). Unfortunately, many parents feel shame discussing sexuality topics, besides having insufficient education in the area for themselves (Rojas-Guyler & King, 2007). In an ideal system, parents would function as the main source of sex education, with the help of schools. In actuality, parents do little very discussing on the topic. Particularly for Hispanic

women, the education system has failed in this regard. Hispanic women say that personal experience, friends and the media are the sources most used in sex education (Rojas-Guyler & King, 2007). Sex education systems must work harder to compensate for these deficiencies.

Many factors influence sexual development. These factors are also important in sexual education and encouraging safe sexual health practices. Understanding the specific needs of a group of people allows for more effective sex education programming.

## Works Cited

- Albarracín, D., Johnson, B. T., Fishbein, M., & Muellerleile, P. A. (2001). Theories of reasoned action and planned behavior as models of condom use: A meta-analysis. *Psychological Bulletin*, *127*(1), 142–161. <http://doi.org/10.1037/0033-2909.127.1.142>
- American Sexual Health Association. (2013). Birth control method comparison sheet. Retrieved from <http://www.ashasexualhealth.org/pdfs/ContraceptiveOptions.pdf>
- American Sexual Health Association. (2015). Condoms. Retrieved from <http://www.ashasexualhealth.org/sexual-health/all-about-condoms/>
- Bontempi, J. B., Mugno, R., Bulmer, S. M., Danvers, K., & Vancour, M. L. (2009). Exploring gender differences in the relationship between HIV/STD testing and condom use among undergraduate college students. *American Journal of Health Education*, *40*(2), 97–105.
- Centers for Disease Control and Prevention. (2010, October). State disparities in teenage birth rates in the United States. Retrieved May 10, 2015, from <http://www.cdc.gov/nchs/data/databriefs/db46.htm>
- Centers for Disease Control and Prevention. (2014). *Sexually transmitted disease surveillance 2013*. Centers for Disease Control and Prevention. Retrieved from <http://www.cdc.gov/std/stats13/surv2013-print.pdf>
- Centers for Disease Control and Prevention. (2015, March 12). HIV in the United States: At a glance. Retrieved from <http://www.cdc.gov/hiv/statistics/basics/ataglance.html>
- Fisher, T. D., Davis, C. M., Yarber, W. L., & Davis, S. L. (Eds.). (2010). *Handbook of sexuality-related measures* (3rd ed.). Routledge.
- Gómez, C. A., & Marín, B. V. (1996). Gender, culture, and power: Barriers to HIV-prevention strategies for women. *Journal of Sex Research*, *33*(4), 355–362.

- Guttmacher Institute. (2014). *Contraceptive use in the United States*. Guttmacher Institute.
- Helweg-Larsen, M., & Collins, B. E. (1994). The UCLA Multidimensional Condom Attitudes Scale: Documenting the complex determinants of condom use in college students. *Health Psychology: Official Journal of the Division of Health Psychology, American Psychological Association*, *13*(3), 224–237.
- Lee, J., & Hahm, H. C. (2010). Acculturation and sexual risk behaviors among Latina adolescents transitioning to young adulthood. *Journal of Youth & Adolescence*, *39*(4), 414–427. <http://doi.org/10.1007/s10964-009-9495-8>
- Lopez, M. H. (2013, October 28). Hispanic or Latino? Many don't care, except in Texas. Retrieved from <http://www.pewresearch.org/fact-tank/2013/10/28/in-texas-its-hispanic-or-favor/>
- Pflieger, J. C., Cook, E. C., Niccolai, L. M., & Connell, C. M. (2013). Racial/ethnic differences in patterns of sexual risk behavior and rates of sexually transmitted infections among female young adults. *American Journal of Public Health*, *103*(5), 903–909. <http://doi.org/10.2105/AJPH.2012.301005>
- Rojas-Guyler, L., & King, K. A. (2007). Sexuality education among Latinas: Experiences, preferences, attitudes and risk behavior. *American Journal of Sexuality Education*, *2*(4), 25–41. <http://doi.org/10.1300/J455v02n04-03>
- Scholly, K., Katz, A. R., Gascoigne, J., & Holck, P. S. (2005). Using social norms theory to explain perceptions and sexual health behaviors of undergraduate college students: An exploratory study. *Journal of American College Health*, *53*(4), 159.
- Schwartz, S. L., Brindis, C. D., Ralph, L. J., & Biggs, M. A. (2011). Latina adolescents' perceptions of their male partners' influences on childbearing: findings from a qualitative



study in California. *Culture, Health & Sexuality*, 13(8), 873–886.

<http://doi.org/10.1080/13691058.2011.585405>

United States Census Bureau. (2015). *USA quickfacts*. Retrieved from

<http://quickfacts.census.gov/qfd/states/00000.html>

U.S. Department of Health and Human Services. (n.d.). Determinants of health. Retrieved from

[www.healthypeople.gov/2020/about/foundation-health-measures/Determinants-of-Health](http://www.healthypeople.gov/2020/about/foundation-health-measures/Determinants-of-Health)

## Appendix A

### *Survey Questions*

#### Section I: Demographic Questionnaire

PLEASE DO NOT PLACE YOUR NAME OR ANY IDENTIFIABLE INFORMATION ON THE SURVEY

1. What is your age? \_\_\_\_\_ years
  
2. What is your ethnicity?
  - Caucasian
  - African American
  - Hispanic
  - Asian
  - Native American
  - Other, Specify: \_\_\_\_\_
  
3. What is your current status? (please pick one)
  - Full-time student
  - Part-time student
  - Other (please specify): \_\_\_\_\_
  
4. What is your relationship status? Are you currently (please pick one)
  - In a relationship
  - Not in a relationship
  - Married
  - Other (please specify): \_\_\_\_\_
  
5. How often do you use a condom during sexual intercourse?
  - Never
  - Sometimes
  - Almost always
  - Always
  - Other (please specify): \_\_\_\_\_
  
6. What is your living situation? Do you live:
  - In the dorms.
  - Off campus with girlfriend/boyfriend
  - Off campus with roommates
  - At home

Other (please specify): \_\_\_\_\_

Please respond to all the questions even if you are not sexually active or have never used (or had a partner who used) condoms. In such cases, indicate how you think you would feel in such a situation. Place a  in the response that best represents your opinion in the blank space next to the questions. Please do not put your name on the survey.

1.     It is really hard to bring up the issue of using condoms with my partner.
2.     Use of a condom is an interruption of foreplay.
3.     Women think men who use condoms are jerks.
4.     Condoms are an effective method of preventing spread of AIDS and other sexually transmitted diseases.
5.     I always feel really uncomfortable when I buy condoms.
6.     Condoms are unreliable.
7.     When I suggest using a condom I am almost always embarrassed.
8.     Condoms ruin the sex act.
9.     I think condoms are an excellent means of contraception.
10.    I don't think buying condoms is awkward.
11.    It is very embarrassing to buy condoms.
12.    It is easy to suggest to my partner that we use a condom.
13.    If a couple is about to have sex and the man suggests using a condom, it is less likely that they will have sex.
14.    Condoms do not offer reliable protection.
15.    Condoms are a lot of fun.
16.    I never know what to say when my partner and I need to talk about condoms and other protection.
17.    It would be embarrassing to be seen buying condoms in a store.
18.    People who suggest condom use are a little bit geeky.

19. The use of condoms can make sex more stimulating.
20. Condoms are an effective method of birth control.
21. I'm comfortable talking about condoms with my partner.
22. Men who suggest using a condom are really boring.
23. When I need condoms, I often dread having to get them.
24. A woman who suggests using a condom does not trust her partner.
25. Condoms are uncomfortable for both parties.

### *Cultural Influences*

1. I believe men should be the head of household.
2. Religion plays a strong role in my day to day decisions.
3. My parents openly and positively discussed contraceptive use with me.

## **Appendix B**

### *IRB Approval Letter*

Hi, Caitlyn—

I received your revisions, and they seem to be in order. Your project, “Attitudes toward condom usage among Latina and White women 18 and older in the Brockport college community” has been approved, and you may begin working on it any time.

I will send you a hard copy letter in the mail this week for your files.

Cheers,

**Julie Wilkens**  
Grants Development  
IRB Coordinator

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Hi, Caitlyn—

The modifications you requested for your proposal, “Attitudes towards Condom Usage among Latina and White Women 18 and Older in the Brockport College Community,” have been approved. An official letter of approval will go out within in the next few days.

Cheers,

Julie

**Julie Wilkens**

Grants Development

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**Appendix C**

*Statement of Informed Consent*

The purpose of this research project is to examine attitudes towards condom usage among Latina and white women, 18 years and older. This study will address feelings towards buying condoms, using condoms, and discussing use of condoms with a partner. This research project is also being conducted in order for me to complete my undergraduate thesis for the Honors College at the College at Brockport, SUNY.

In order to participate in this study, your informed consent is required. You are being asked to make a decision whether or not to participate in the project. If you agree with the statements below, please begin the attached survey. You may change your mind at any time and leave the study without penalty, even after the study has begun.

I understand that:

1. My participation is voluntary and I have the right to refuse to answer any questions.
2. I am aware participants are selected based upon ethnicity.

3. My confidentiality is protected. My name will not be written on the survey. There will be no way to connect me to my written survey. If any publication results from this research, I would not be identified by name.
4. There will be no benefits because of my participation in this project. While personal risk is not anticipated, due to the personal and sensitive nature of the questions in the survey, if you experience any unwelcome feelings or thoughts, please contact the Counseling Center at 585-395-2207, counselingcenterquestions@brockport.edu.
5. My participation involves reading a written survey of 34 questions and answering those questions in writing. It is estimated that it will take 15 of minutes to complete the survey.
6. Approximately 200 college females will take part in this study. The results will be used for the completion of an undergraduate thesis by the primary researcher.
7. Data will be kept in a locked filing cabinet in the primary researcher's faculty advisor's office. Data and consent forms will be destroyed by shredding when the research has been accepted and approved. All computer files associated with the data will be destroyed after the research is completed.

I am 18 years of age or older. I have read and understand the above statements. All my questions about my participation in this study have been answered to my satisfaction. I agree to participate in the study realizing I may withdraw without penalty at any time during the survey process. Returning the survey indicates my consent to participate.

If you have any questions you may contact:

Primary researcher	Faculty Advisor
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