

Reported Condom Use in Students Enrolled in a Personal
Health and Wellness Course

A thesis

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ABSTRACT

When used consistently and correctly, condoms can prevent against the spread of sexually transmitted diseases (STD's) and unplanned pregnancies. Condoms are a significant prevention method viable for all populations. This study was conducted using students at a Midwestern University who were enrolled in a personal health and wellness course and examined their reported use of condoms. This study involved voluntary participation of 275 personal health and wellness students. Results indicated that approximately 40% of the participants who reported being sexually active stated they did not use a condom during their last act of sex. The most common response for lack of condom use was "Trust in partners' monogamy." Females reported experiencing STD's and unplanned pregnancies at a higher rate than the male population

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CHAPTER 1

Introduction

Condom development has advanced throughout the years. Condoms have been traced back as far as 1000B.C. (Woolford, 2011). During this time it is stated that Ancient Egyptians used a linen sheath as a protection against diseases. Condoms today are used as a protective barrier against sexually transmitted diseases (STD's) which involve transmission through mucosal contact (Centers for Disease Control and Prevention (CDC), 2011). Some of these sexually transmitted diseases are: Gonorrhea, HIV, and Chlamydia. Condoms are also seen as a form of birth control (CDC, 2011).

Condoms can protect against sexually transmitted diseases and unplanned pregnancies if they are used correctly and consistently. The CDC states that inconsistent use of condoms can lead to the transmission of sexual diseases and also unplanned pregnancies (CDC, 2011). It is important to stress that even if a condom is used consistently if it is not used correctly, the individual puts their partner and themselves at risk.

Condoms come in two different forms, male and female condoms. They also come in different textures, sizes, and many different brands. Unlike sheep skin condoms, latex condoms have the ability to not only protect against pregnancy but also protect against the transmission of sexual diseases (AVERT, 2011). Polyurethane condoms also protect against STD's and

pregnancy but are made of a thinner layer of plastic (AVERT, 2011). Male condoms come in a variety of different sizes and textures designed to adequately fit the males' genital for the best protection. Female condoms are a design newly available which provides the female more power over her sexual decision (Planned Parenthood Federation of America, Inc. (PPFA), 2011) .The female condom is made out of a polyurethane sheath to be inserted into the female's vagina and used as a protective barrier against pregnancy and sexually transmitted diseases including HIV (AVERT, 2011).

Although there are many brands of condoms on the market which are readily available to the public there are still unsafe sex practices going on. College students are, and may have been, exposed to health prevention programs during their lifetime. There have been many studies that have researched the behavior trends of college students in America in relation to sexual behavior, pregnancy rates, and transmission of diseases. An example being the study: *Birth Control and Condom Usage among College Students* which discussed college student's behavior in regards to contraception (Murray, 2000). This study and similar studies have hinted at many mediating factors that relate to college students sexual behavior. However, it remains unclear if these certain factors have an impact on an individual's ease to use condoms as an effective barrier while engaging in sexual behavior.

Need for the Study

Nearly one million young women in the United States under the age of 20 are becoming pregnant each year (Planned Parenthood Federation of America (PPFA), 2011). The age range which is most affected by unplanned pregnancies and sexually transmitted disease (STD) transmission is similar to the average age of college students. Unplanned pregnancies do have a

long term effect on the lives of all those involved. Some results of unplanned pregnancies are the emotional strain on the parents, financial costs related to raising a child with low or no income, and barriers to continuing education (National Campaign to Prevent Teen and Unplanned Pregnancy (NCPTUP), 2008). Unplanned pregnancies do not only affect the parents involved, it also has a direct effect on their child.

Children born as results of unplanned pregnancies have lower cognitive scores compared to those of intended pregnancies (NCPTUP, 2008). It has also been reported that children born from unplanned pregnancies have lower grade point averages and lower college aspirations (NCPTUP, 2008).

The National Campaign to Prevent Teen and Unplanned Pregnancy reports that in 2001, 1 million of the 3 million U.S. pregnancies were to unmarried women in their early 20's (NCPTUP, 2008). Nearly 58% of unmarried Hispanic women in their 20's and 71% of African American unmarried pregnant women report having an unplanned pregnancy (NCPTUP, 2008).

In 2009, Indiana State University had a minority population of 19.5% (Indiana State University (ISU), 2011). In 2009, ISU's Caucasian population was reported at 79.3%. (Indiana State University, 2011). Based on the data reported by the NCPTUP, 72% of U.S. unmarried white women in their 20's had unplanned pregnancies (NCPTUP, 2008).

As stated previously, condoms are not only used as a barrier to unplanned pregnancy but also against STD's. The age range that is increasing at the highest rate for STD's is 18 to 24 years old (Centers for Disease Control and Prevention (CDC), 2011). STD's are results of unprotected sexual behavior. This behavior can be through anal, vaginal, and/or oral sexual

contact. There are many long term consequences associated with STD's. Some results of STD's include: scarred uterine tissue, ectopic pregnancy, infertility, brain damage, and in some cases death. (AVERT, 2011)

College students whose traditional ages range from 18-24 are at an increased risk for the HIV infection. Based on the CDC's 2009 data on HIV, young adults age 20-24 account for the highest number of new HIV infections (CDC, 2011). Chlamydia and Gonorrhea are two of the most common STD's in the state of Indiana (CDC, 2011). It is reported that women 15-19 years old in the United States have the highest rates of gonorrhea and chlamydia transmission whereas women ages 20-24 fall closely behind with 11% and 9% (CDC, 2011). Indiana data indicates a dramatic increase in STD's from 2000 through 2009 (CDC, 2011). The high rates in this population demands even more interventions in the prevention and education of STD's.

Health education has been at the forefront of prevention efforts in many areas to combat health problems. There are many forms of health education starting in elementary school settings and continue in college. Health education focuses on mental health, environmental health, social health, and sexual health (ACHA, 2010). Schools set forth goals and objectives they wish students to reach by the end of the said course. Health education in college is designed to advance the health and lives of students and build socially adequate campuses (ACHA, 2010). Health education is an imperative factor in prevention and has been seen as greatly effective in many health areas.

The advancement of the lives of students lies heavily on practicing safer sex and having the tools to ensure safer sex practices. This study focuses on acquiring an understanding of a

health and wellness courses effect on student's sexual behavior and is important so that more effective sexual education lessons can be implemented. Addressing the educational needs of the students through effective health education will meet the college's mission for students to become future leaders of the community (ACHA, 2010). Effective sexual education in regards to condom use is a necessary prevention strategy to decrease STD incidence. The purpose of this study was to assess reported condom use in students who were enrolled in a Personal Health and Wellness course (Health111) during the Fall of 2011 at a Midwestern University.

Purpose of the Study

The purpose of this study was to assess reported condom use in students who were enrolled in a Personal Health and Wellness education course (Health111) during the Fall of 2011 at Indiana State University.

Research Questions

1. What is the reported rate of condom use among students enrolled in a Personal Health and Wellness education course (Health111) at Indiana State University at the end of the course?

Delimitations

1. The study will be delimited to students at Indiana State University enrolled in a Personal Health and Wellness course (Health 111).
2. Participants must be at least 18 years old.

Limitations

1. Participants will not be randomly selected.
2. The responses are limited based on the sensitivity of the instrument.

3. There will be no way to control the number of surveys completed and returned by participants.
4. The results of the survey will be self-reported.

Assumptions

1. It is assumed that all participants will read and comprehend the questions.
2. It is assumed that participants will provide open and truthful responses to the questions.

Operational Definitions:

1. Personal Health and Wellness (Health111) - Foundational studies course that acquaints students with scientific data on matters of health which affect the individual, family, and society, and introduces concepts for disease prevention, health maintenance, and health resources conservation for improving the quality of life. (INDSTATE.EDU, 2011)
2. Sex- the act of sex through vaginal, anal, and/or oral intercourse with or without the presence of ejaculation.

Summary

The advancement of the lives of students lies heavily on practicing safer sex and having the tools to ensure safer sex practices. A study which focuses on acquiring an understanding of a health and wellness courses effect on student's sexual behavior is important so that more effective and beneficial sexual education lessons can be implemented. Addressing the educational needs of the students through effective health education will meet the college's mission for students to become future leaders of the community (ACHA, 2010). Effective sexual education in regards to condom use is a necessary prevention method which can also increase the quality and quantity of life of students.

CHAPTER 2

Literature Review

Introduction

In order to have a clear understanding of what this research study should address it is important to review studies and data relevant to the purpose of this proposed study. Sexual behaviors in college have always been a topic of great discussion. The academic setting is the forefront for individuals heading into the workforce and society as a whole. Many researchers base many of their studies around this diverse population in hopes of having a strong comprehension of attitudes and behavior, so that behavioral and psychological questions can be answered.

Condoms

When discussing condoms it is important to outline the different available options. One of the most common forms is the male condom (AVERT, 2011). The male condom is the only form of contraception that a male can use.

Importance of Condom Use

Planned Parenthood states that 15 out of 100 women will become pregnant each year due to incorrect condom use (Planned Parenthood Federation of America, Inc., 2011) and a way to decrease this number is to combine condom usage with spermicides. Condoms come in different

brands and textures as well. Latex condoms and polyurethane condoms, however, are the only types which protect against HIV and Pregnancy (PPFA, 2011).

Using a barrier with a sexual partner will greatly reduce the risks of contracting a sexually transmitted disease. When the participants in the ACHA assessment were questioned however, only 6.2% of those who engaged in oral sex reported using a protective barrier, 54% who engaged in vaginal reported using a condom and/or barrier, and only 29.4% who engaged in anal sex reported use of a protective barrier (ACHA, 2010).

Consequences

Sexually transmitted diseases occur when unprotected sexual contact between two individuals takes place (PPFA, 2011). The most common forms of STD's are: Chlamydia, Gonorrhea, and HIV (PPFA, 2011). HIV compared to many other STD's, is not a curable disease. This disease along with Herpes, Hepatitis, and HPV are diseases that can be treated, however not cured (PPFA, 2011). The long-term effects of many STD's are: infertility, pelvic inflammatory disease, sterilization, and in some cases death (AVERT, 2011). It is estimated that one in four US college students has or has had an STD (Freeman M., 2007). This data is consistent with the Center for Disease Control and Prevention data that half of all new STD infections occur in the age group 15 to 24 (CDC, 2011).

Condom Use Instruction

School based sexuality education has been a fixture in school settings for many years. Sexual health education is composed of interventions designed to prevent or decrease unintended pregnancies and STD transmission through health education with or without a combination of counseling, contraception education, and skills building (Oringanje C, 2008). Sexual education

has transitioned from a state of in class biological analysis of birthing and reproduction to a full staple of sexual behavior and trends. Sexual education first made its step into the public school setting during the 1940's and 1950's where it was implemented in the context of family planning and sexual education (Freeman S. K., 2008).

A study investigated the usage of birth control and condoms among 105 college students at Rocky Mountain community. This study examined condom usage in relation to an introductory health course. There was a significant increase in the use of birth control following the introductory health course revealing the importance of the introductory health course of sexual behaviors in college students (Murray, 2000). The study suggested more research be done to outline what implications may play a part in this difference (Murray, 2000).

Barriers to Condom Use

A study assessed barriers benefits to condom use in young multi-ethnic college women. The study was done by surveying women of color at a Southern California University in hopes of retrieving data relevant to condom use barriers and benefits (Roberts, 2006). The results of the survey provided three main common barriers to condom use. One of the barriers was influence of sexual partner. Many of the participants reported lack of assertiveness when dealing with their partners views on condoms. Another barrier stated were monogamous relationships lessening the women's views of risk for infection and/or unintended pregnancy. Another barrier is lack of parental support. Many women reported having a poor relationship with parents which led to sexual behavior. Although there were many barriers, one common benefit reported for using condoms was protection against unplanned pregnancy. (Roberts, 2006)

Condom Use among College Students

Several reasons have been reported as to why college students either use or do not use condoms while engaging in sexual activity. Two hundred and ten college students were given a 40 question true and false survey in regards to attitudes and beliefs about AIDS and condom use. Fifty percent of respondents reported condom use within the first month of their relationship; however only 34% reported continued condom use after first month of relationship (Center for Health Studies (CHS), 2011). The participants who reported continued condom use stated condoms were used as a prevention method, whereas, those who did not report condom use stated long term commitment as reason for not using condoms (CHS, 2000).

Risk Behaviors of College Students

The American College Health Association (ACHA) has designed a national research survey titled The ACHA National College Health Assessment II, which was created to analyze the behaviors and habits of college students in hopes of providing beneficial information to college health care providers and administrators (American College Health Association (ACHA), 2010). The ACHA implemented the survey in 2008; it is one of the most widely used data resources for college campuses across the country. The ACHA Health Assessment II collects data on many behaviors and habits of college students, many of these in regards to sexual health.

Alcohol Use

The ACHA collected data in the Fall'2010 the results describe many risk behaviors college students participate in. Alcohol use was assessed in this survey. When questioned about the perception of college students drinking, 93.6% reported that college students used alcohol within the last 30 days. However, when surveyed about their own alcohol use only 59.8%

reported alcohol consumption within the last 30 days (ACHA, 2010). This component will be addressed in the survey administered to students at ISU enrolled in the Personal Health and Wellness course (Hlth111) to assess behavior trends in relation to condom use.

Illegal Substances

As far as illegal substances, when questioned about marijuana the surveyed students perceived that 79.4% of students used marijuana in the last 30 days, whereas the actual reporting was a mere 14.2% (ACHA, 2010). This outlines the difference in college students perception compared to the actual reported participation in risky behavior.

Alcohol and other legal and illegal substances can impair an individual's thinking and behavior and may even have an effect on their sexual decision making. When surveyed the 32.4% of college participants reported that they did something that they later regretted while under the influence of alcohol (ACHA, 2010). Around sixteen percent (16.1%) of students reported that they had unprotected sex while under the influence of alcohol, and 2.1% reported having sex without giving consent while being intoxicated (ACHA, 2010).

The more sexual partner's individuals have the higher the risk of an STD infection. The participants of the ACHA survey were asked to account for the number of sex partners they have had within a one year span. Although 41% reported only having one partner another 8% reported having 4 or more partners in the years' time (ACHA, 2010). Of those students who reported having vaginal sex, 2.2. % reported being in an unintended pregnancy within the last 12 months (ACHA, 2010). This question will also be addressed in the survey to assess risky behaviors. The emergency contraception pill was reported as being used by 15.8% of all those who reported being sexually active or their partners (ACHA, 2010). A condom barrier, although not 100%

effective, could greatly reduce that reported number if used correctly and consistently every time.

Summary

Having an understanding of past studies is significant in creating future useful research. It is the component of research that provides the groundwork of all ideas and theories. Upon review of related literature, it is found that more studies need to be implemented to gather more information on the college student population in regards to condom use.

CHAPTER 3

Methods

This study was approved by the Institutional Review Board in November 2011. The instrument used in the study was a questionnaire. Relevant items were selected and modified from the National College Students Health Risk Behavior Survey. The original instrument was tested and used among college student's to assess knowledge, attitudes, and beliefs and behavior. Questions were modified to be directed towards reported condom use in students enrolled in the Personal Health and Wellness course. Data was analyzed and reported into an excel sheet using a coding system which would eliminate much of the manual tasks related to analysis.

The questionnaire consisted of sexual history, substance use, and condom use. "Sex" was defined in the questionnaire as the act of vaginal, anal, and/or oral intercourse with or without the presence of ejaculation. Consistency of condom use was assessed by the question: "Which statement best describes your condom use in the last 30 days?" To assess condom consistency of those who did not have sex in the last 30 days participants were asked "The last time you engaged in sex did you or your partner use condoms?"

To assess consequences associated with no condom use participants were asked the following two questions: "Within the last year have you been diagnosed with a sexually

transmitted disease?” and “Within the last year have you or your partner experienced an unplanned pregnancy?” To properly assess risk factors related to non-use of condoms, participants were asked: “Did you engage in alcohol and/or drug use before or during last sex?” and “What statement best describes the reason you have engaged in sex without a condom?” In order to address accuracy of condom use, participants were also asked: “Have you been taught how to properly put a condom on?”

Participants

Indiana State University’s Health and Wellness course (Hlth111) is intended to be an introductory health course for first year students. The total enrollment for all the Personal Health and Wellness course for Fall 2011 was 526. There were 402 students enrolled in the on-campus sections. The distance education students were omitted from the study. This course is a part of the Foundational Studies curriculum.

Procedure

The questionnaire was administered to participants at the end of the semester during the beginning of the class period in their Personal Health and Wellness (Hlth111) course. Participation was voluntary. This study was administered by a graduate student from the Department of Applied Health Sciences. The Institutional Review Board approval was received prior to any data collection. An informed consent form was provided with the questionnaire

The survey was anonymous and no identifiable information was collected. The individual administering and collecting the questionnaires read the following script, which was also

provided in the consent and questionnaire form: *“This questionnaire is a sequence of questions about personal attitudes and behaviors in your life. Carefully review each question and statement and decide to what extent it describes you. There are not any correct or wrong answers. Please be honest and answer statements as who you really are, and not as who you would like to be. The questions are rather personal. We are making all efforts to protect your identity. The only way anyone could possibly link your responses to you, would be through an accidental identification through the amount of demographic data we are asking for. If you are concerned that you might be accidentally identified because of your demographic profile, please leave one or more of the demographic questions blank. Demographic questions are highlighted in grey.”*

Description of the Population

Table 1 shows the demographic characteristics of the participants. Approximately 300 (275) students chose to participate in this study. Approximately 46% (45.9%) of students surveyed were 20-21 years old, 41% were 18-19 years old, 8.1% were 22-23 years old, and 4.4% were 24 years old or older. The most frequently reported age ranges are reflective of the average undergraduate age range at the Midwestern University. Nearly 70% (69.1%) of all students surveyed were of Caucasian ethnicity, 20.7% were African American, 3.2% were Hispanic/Latino, 2.9% were Asian/Pacific Islander, 2.2% were Multi-Racial, and 1.5% reported other.

The demographic results showed that more females completed the survey than males. Females accounted for over 60% of submissions (N=169, 61.5%), while males accounted for

approximately 40% of submissions. (N=106, 38.5%). Majority of subjects (95%) reported being single. One student surveyed reported both being separated/divorced/or widowed, and 12 (4.3%) students reporting being married.

Condom Use

The purpose of the study was to assess reported condom use in students who were enrolled in a Personal Health and Wellness course. Table 2 details the survey responses on reported condom use and education on condom use. When participants were questioned on knowledge of putting on a condom properly, 85.8% stated that they had been taught how to put a condom on. Approximately 4% (3.8%) of male participants and 12.3% of females reported they were not taught how to put on a condom. Students were then asked where they were taught to put on a condom. The response receiving the highest choice was friends (25%), followed by Hlth111 with 21%. Students were also allowed to write in a response to this question under “other course”. Around 19% of respondents chose this as an answer. The most reported course used was “High School Health”.

Eighty one percent of students surveyed stated that they had engaged in sex at least once during the course of their lifetime. Of those males who engaged in sex, 8.3% engaged in sex with a male partner, 89.9% with a female partner, and 1.8% with both male and female partners. Of the females who engaged in sex, 86.5% engaged in sex with a male partner, 9.9% engaged in sex with a female partner, 3.6% engaged in sex with both male and female partners.

When surveyed about their condom use during their last sexual encounter 59.2% of males and 52.8% of females stated a condom was used. When those who reported being sexually active

was asked to describe their condom use within the last thirty days, 27.1% stated “Always used condoms”, and 23.7% stated “Never use condoms.”

Attitudes, Behaviors, and Risks

In regards to condom use, there were questions which outlined students enrolled in a Personal Health and Wellness course overall condom usage. Questions were added to outline consistent condom use, barriers to condom use, and risks associated with lack of condom use. Table 3 outlines these questions and the results.

When surveyed about the risks associated with no condom use, approximately 5% (4.9%) of those who were sexually active stated that they had either experienced an unplanned pregnancy or sexually transmitted disease. Of those who reported experiencing or having a partner who experienced an unplanned pregnancy, 2.3% of male participants and 6.8% of female participants reported this explanation. There were 2.2% of male participants and 6.4% of the female participants who reported experiencing an STD. Over 80% of those students who reported being sexually active stated they did not use drugs or alcohol while they engaged in their last act of sex.

The most reported reason for not using a condom was “Trust in partner’s monogamy” with 38.1%. “Always use a condom” followed with 26.6%. There was also a fill in the blank option for this question. Approximately 16% (15.6%) chose “Other Reason.” Of the many “Other Reasons” that were chosen, “Discomfort” and “Other Birth Control Method” were the most frequent responses.

Discussion

Strengths and Limitations

Strengths of this study include use of a standardized instrument and data collection methods that allowed participants to answer sensitive questions with confidence that their information would be anonymous. Limitations include self-reporting of responses, and having no control over the number of returned surveys. Despite the stated limitations, the survey results have helped produce meaningful questions such gathering information on intimate relationships in regards to condom use. These questions will merit further research on this topic. Forthcoming studies should explore more deeply into attitudes towards condom use in regards to relationships.

Results Discussion

Based on the data, more males reported using condoms consistently as well as being taught to put a condom on compared to females. On one end this result could merit the idea that with knowledge of putting on a condom, individuals will be more likely to wear a condom while engaging in sex. However further research comparing the two should be done to eliminate any predisposing factors which would decrease the high risks associated.

Few students reported peer pressure, alcohol, and drug use as barriers to condom use. However, lack of condom availability, other birth control options, and lack of comfort represented a higher response rate and were write in responses. Having the option of writing in personal barriers reflects the idea that many barriers are individualized and not common across the board. Based on this concept, interventions should be tailored to meet individual needs.

The results showed that students who were enrolled in the course voiced “Trust in partner’s monogamy” as the main reason condoms are not worn during the act of sex (38.1%).

Females reported this reason most frequently at 55.9%. “Trust in partner’s monogamy” has been seen as a common barrier to condom use through this study based on survey responses. However 5% of students who reported being sexually active in this study also reported experiencing an unplanned pregnancy and/or a sexually transmitted disease, which shines light on the constant risk unprotected sex presents (PPFA, 2011).

Condoms are only effective for those engaging in the act of sex, when used correctly and consistently. With approximately 17% (16.7%) of all participants surveyed saying they were not taught how to put a condom on, the effectiveness of using a condom is decreased by approximately half. It would be very beneficial to use the course as a prevention tool and way to overcome identifiable barriers. If used to its full capability the Personal Health and Wellness course would be an effective platform in educating on the benefits of condom use.

Conclusion

The main purpose of this study was to assess reported condom use in students who were enrolled in a Personal Health and Wellness education course (Hlth111) during the Fall of 2011 at a Midwestern University. Results of the study indicate that more resources should be set in place to overcome the stated barriers which will increase the use of condoms.

In addressing the barrier of availability there should be resources set in place where individuals can have ease of purchasing it. An example of this would be instituting dispensing machines in campus restrooms. This will create a larger availability market for students as well as still ensuring some privacy in purchasing. Although a small percentage (1.3%) of students surveyed reported lack of funds being a barrier, by making the condoms in the dispensers cost effective for the general student population this may increase use.

Many of the participants selected other reasons as barriers and wrote in “other birth control” as the reason for not using a condom. A way to address this barrier is to implement educational tools which will teach effective STD and pregnancy protection. This can be implemented through campus organizations which focus on health, promotional items (fliers, displays, etc.), and also general education courses which must be completed by all students. By consistently instilling education regarding condom use there may be a decrease in reported barriers.

Although a smaller percentage of participants selected “peer pressure from sexual partner,” and “alcohol and drug use,” as barriers to using condoms, this topic should and can be addressed. Pressure to not use condoms during the act of sex can result in life long consequences for all parties involved. An effective way to address this issue is by offering an outreach system for the pressured individual. This outreach system can be put into play by an organization on the college campus which may already deal with domestic and sexual abuse, as sexual pressure is a sublet of both. This will allow the victim to gain useful knowledge and support in hopes of applying it to their situation. Support groups which can allow multiple individuals to speak openly about issues related to peer-pressure and have a support system they can rely on may be beneficial as well.

As discussed earlier in this article, alcohol and drug use play a large role in high risk situations on college campuses. An effective way in addressing this barrier is to constantly instill the risks associated with alcohol and drug abuse. Health education activities can and should be promoted on college campuses during weeks known to be associated with high alcohol consumption. An example of an activity would be a dry night out during homecoming which not

only outlines the benefits of sober living but also the sexual risks associated with alcohol/drug abuse.

The most reported barrier to condom use was “trust in partner’s monogamy.” A way to address this barrier is by offering health promotion programs which are geared towards couples. By addressing condom use in a couples setting, participants may be more apt to apply safer sex practices within the relationship. Condom use is necessary to prevent both STD’s and pregnancy. However, by applying risk reduction techniques this may also decrease the risk presented by not using a condom. One risk reduction technique is the monogamy agreements; where partners get tested for STD’s before engaging in sex and remaining monogamous throughout the relationship and also implementing a birth control method to prevent pregnancy.

In conclusion, this study was beneficial in outlining common barriers to condom use in the college population so that effective interventions can be implemented. Based on the most common barrier of “trust in partners’ monogamy”, further research should be conducted to study underlying factors that may contribute to this barrier, such as family history and self-esteem.

It is important to address the fact that it only takes one time to have unprotected sex to result in an unplanned pregnancy or sexually transmitted disease. AIDS is a fatal condition, and individuals must constantly be reminded that condoms are the only form of birth control that if worn accurately and consistently prevent against both pregnancy and STD’s. It is also important to keep in mind that although condoms are an excellent barrier, abstinence is the only 100% effective barrier in unplanned pregnancy and STD’s.

Table 1

Participants Age

Age	*N=272	%
18-19	113	41.5%
20-21	125	46%
22-23	22	8.1%
24-25	4	1.5%
26 or older	8	2.9%

Table 2

Participants Ethnicity

Ethnicity	*N=275	%
Caucasian	190	69.1%
African American	57	20.7%
Hispanic/Latino	9	3.2%
Asian/Pacific Islander	8	2.9%
Middle Eastern	1	.4%
Multi-Racial	6	2.2%
Other	4	1.5%

Table 3

Participants Sex

Sex	*N=275	%
Female	169	61.5%
Male	106	38.5%

Table 4

Marital Status

Marital Status	*N=274	%
Single	261	95.3%
Married	12	4.3%
Separated/Divorced/Widowed	1	.4%

Table 5

Participants Major

What college is your major located in?	*N=248	%
College of Technology	27	10.9%
College of Nursing, Health & Human Perf.	60	24.2%
College of Arts & Sciences	85	34.3%
College of Performing Arts	4	1.6%
College of Education	30	12.1%
College of Business	35	14.1%
Undecided/Not Declared	7	2.8%

Table 6

Condom Instruction

Have you been taught how to put a condom on?	N=275	Total %	Male %	Female %
Yes	236	85.8%	96.2%	87.7%
No	39	14.2%	3.8%	12.3%

Table 7

Condom Instruction Location

Where were you taught how to put on a condom?	*N=240	%
Hlth111	59	24.6%
Friends	69	28.8%
Parents	20	8.3%
Other Course	52	21.7%
I was not taught.	40	16.7%

Table 8

Engaging in Sex

Have you engaged in sex during your life?	*N=274	%
Yes	222	81.0%
No	52	19%

Table 9

Sexual Orientation

Sexual Orientation	Sex with males	Sex with females	Sex with both males and females	Total
Males	9	98	2	109
Females	96	11	4	111
Total	105	109	6	220

Table 10

Condom Use Over Time

The last time you engaged in sex did you or your partner use condoms?	Yes	No	Total
Males	52	41	93
Females	69	63	132
Total	120	104	224

Table 11

30 Day Condom Use

Which statement best describes you or your partners condom use in the last 30 days?	*N=221	%
Always used condoms	60	27.1%
Almost always used condoms	32	14.4%
Almost never used condoms	30	13.7%
Never used condoms	53	24%
Did not have sex in the last 30 days	46	20.8%

Table 12

Alcohol and/or drugs

The last time you engaged in sex, did you use alcohol and/or drugs	*N=226	%
Yes	44	19.5%
No	182	80.5%

Table 13

Sexually transmitted disease?

Within the last year have you been diagnosed with a sexually transmitted disease?	Yes	No	Total
Males	3	89	92
Females	8	125	133
Total	11	214	225

Table 14

Unplanned pregnancy?

Within the last year have you or your partner experienced an unplanned pregnancy?	Yes	No	Total
Males	2	90	92
Females	9	123	132
Total	11	213	224

Table 15

Barriers to condom use

What statement best describes the main reason you have engaged in sex without a condom?	*N=218	%
Peer pressure from sexual partner	8	3.7%
Under the influence of alcohol and/or drug	15	6.9%
Lack of funds to purchase condoms	3	1.3%
Lack of condom availability	17	7.8%
Trust in partners' monogamy	83	38.1%
Always used condom	58	26.6%
Other Reason	34	15.6%

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APPENDIX A: IRB CONSENT FORM

October 20, 2011

Reported Condom Use in Students Currently Enrolled in a Personal Health and Wellness Course

You are being invited to participate in a research study about reported condom use among students currently enrolled in a Personal Health and Wellness course (Hlth111). This study is being conducted by Candace Florence, a Candidate for Masters of Science-Public Health and Dr. Yasenka Peterson from the Department of Applied Health Sciences at Indiana State University. The study is being conducted as part of a thesis.

You were selected as a possible participant in this study. The study is aimed at researching the reported condom use in students at Indiana State University who are currently enrolled in a Personal Health and Wellness Course (hlth 111) during the Fall of 2011.

The questions are rather personal. We are making all efforts to protect your identity. The only way anyone could possibly link your responses to you, would be through an accidental identification through the amount of demographic data we are asking for. If you are concerned that you might be accidentally identified because of your demographic profile, please leave one or more of the demographic questions blank. There are no costs to you for participating in the study. The questionnaire will take about approximate 10-15 minutes to complete. The

information collected may not benefit you directly, but the information learned in this study should provide more general benefits.

This survey is anonymous. Do not enter your name on the survey. Anonymity will be provided by not collecting any identifiable markers. No one will be able to identify you or your answers, and no one will know whether or not you participated in the study. Individuals from the Institutional Review Board may inspect these records. Should the data be published, no individual information will be disclosed.

Your participation in this study is voluntary. By completing and returning the survey you are voluntarily agreeing to participate.

If you have any questions about the study, please contact Candace Florence cflorence@sycamores.indstate.edu 812- 237-9029 (Yasenka Peterson, Applied Health Science Dept. Chair Yasenka.Peterson@indstate.edu).

If you have any questions about your rights as a research subject or if you feel you've been placed at risk, you may contact the Indiana State University Institutional Review Board (IRB) by mail at Indiana State University, Office of Sponsored Programs, Terre Haute, IN, 47809, by phone at (812) 237-8217, or by e-mail at irb@indstate.edu.

If during the completion of this survey any uncomfortable feelings are triggered and you would like to seek supportive counseling to address this matter or any health and wellness matter please feel free to contact Indiana State University's Student Counseling Center at the following:

3rd Floor, Student Services Building

567 North 5th Street

Indiana State University

Terre Haute, IN 47809

(812)237-3939