

RUNNING HEAD: Adolescent Condom Use

## Adolescent Condom Use and the Theory of Planned Behavior

## Introduction

Adolescents in the United States practice sexually risky behaviors which put them at risk for unintended pregnancies and potentially deadly sexually transmitted infections. The male latex condom is a simple, effective, and financially reasonable means of protecting our next generations. Currently, condom usage among adolescents is less than optimal. With the use of the Theory of Planned Behavior (Ajzen, 1991), increasing adolescents' perceived control and intention to use condoms, would decrease the negative consequences from high risk sexual behavior.

## Condom Use in the Sexually Active Adolescent Population

The current state of unhealthy sexual behaviors in the adolescent population is catastrophic. According to a 2005 United States governmental survey, 47% of high school students reported being currently or previously sexually active and 14% of high school students had four or more sex partners during their life (Center for Disease Control [CDC], 2005b). In the same study, 34% of sexually active high school students did not use a condom the last time they had sex (CDC, 2005b). Even more alarming, the Youth Risk Behavior Surveillance System (2005a) found that in 2004, an estimated 4,883 young people aged 13-24 in the 33 states reporting to CDC were diagnosed with HIV/AIDS, representing about 13% of the total persons diagnosed that year. An additional, 9.5 million other new sexually transmitted infection [STI] diagnoses are made annually in people aged 15-24 (CDC, 2005b). STIs cost the U.S. \$17 billion annually (CDC, 2005). The Centers for Disease Control reports that use of male latex condoms is highly effective at preventing the transmission of human immunodeficiency virus and

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may reduce the risk of spreading gonorrhea, Chlamydia, and trichomoniasis (CDC).

Consistent condom use is also associated with lower rates of human papilloma virus related cervical cancer (CDC).

Adolescents who do not use condoms are also at increased risk of pregnancy. Contraceptive failure rate experts report an 85% chance of becoming pregnant with typical sexual activity without contraception and a 27% chance of becoming pregnant with coitus interruptus (Hatcher et al., 2004, foreword). With perfect condom use, adolescents would decrease their risk of pregnancy to two percent (Hatcher et al., 2004, foreword). It is not surprising, with current behavioral statistics, that over one million adolescent pregnancies are reported in the U.S. annually (U.S. Department of Health and Human Services [HHS], vol.I chap. 9). There are serious consequences associated with pregnancy in adolescent mothers. They are more likely to have “truncated education, lower paying jobs, higher levels of unemployment, larger families with close spacing of children, a higher likelihood of marital disruption, future out-of-wedlock pregnancies, and low birthweight babies (Commendador, 2007).

Clearly, high-risk sexual behaviors, including lack of condom use, are contributing to an increase in STIs and adolescent pregnancies. The United States has recognized the significance and financial implications of these issues. The Department of Health and Human Services has written Healthy People 2010, goals and initiatives aimed at promoting health.

Some critical Healthy People 2010 initiatives are focused on the health of adolescents. One fundamental initiative is to have 95% of the adolescent community abstaining from sex or correctly using condoms (HHS). Many additional Healthy People

2010 goals could be attained from increased condom use. These include a reduction in the number of adolescent pregnancies for 68 to 43 per 1,000 adolescent females and countless initiatives regarding the reduction of HIV and STI transmission (HHS). There are also countless initiatives regarding the reduction of HIV and sexually transmitted infection transmission that would benefit from condom use.

### Theory of Planned Behavior

Effective interventions are necessary to reduce the negative consequences associated with high-risk sexual behavior. Adolescents need to use condoms correctly and more frequently when they are sexually active. Creating a sense of perceived control over their sexual behavior and intention to use condoms is critical. The theory of planned behavior [TPB] (Ajzen, 1991), is concerned with “individual motivational factors as determinants of the likelihood of performing a specific behavior” (Health Behaviors, 2002, p. 67). The theory was developed primarily from the theory of reasoned action and assumes that variables including demographics and environment operate independently of model constructs and have no impact on the performance of the specified behavior (Fishbein, 1967; Health Behaviors, 2002, p. 67). Meaning the TPB would benefit all adolescents regardless of socioeconomic circumstances or environmental pressures. The TPB was developed along with the theory for reasoned action because theorists found that “attitude toward a behavior is a much better predictor of behavior than attitude toward a target at which the behavior is directed” (Health Behaviors, 2002, p. 68) For example, promoting positive attitudes towards condom use will be more effective than marketing them as pregnancy and STI prevention. The TPB also suggests that a person is more likely to perform the specified behavior when his or her “perception of the behavior

control is high” (Health Behaviors, 2002, p. 74). Perception of the ease or difficulty in the behavioral performance will affect the behavioral intention. “A person who has strong beliefs about the existence of factors that facilitate the behavior will have high perceived control over the behavior”, meaning that adolescents who perceive few barriers or negative attitudes toward condom use are likely to use them (Health Behaviors, 2002, p.75). “Conversely, a person who holds strong control beliefs about the existence of factors that impede the behavior will have low perceived control over the behavior”, therefore, if peer pressure, lack of resources, or other barriers impede the use of condoms in adolescents, they are less likely to use them. They perceive less control over their ability to obtain and use condoms.

See Appendix A for conceptual map

#### Literature Review

A significant amount of research has been done regarding the usefulness of the TPB (Ajzen, 1991) in promoting healthy adolescents. Minimal research has been performed evaluating the usefulness of the TPB (Ajzen, 1991) as it relates to promoting condom use in adolescents of both genders.

One study compares the predictive value of the TPB in condom use among United States and South African college students. The study was prompted primarily by alarmingly high levels of HIV in these populations (Heeren, Jemmott, Mandeya & Tyler, 2007, p.2). The researchers argued the efficacy of interventions from previous similar studies to reduce risk was unknown because of their atheoretical base. They continued to suggest that “by measuring theory-based mediators of intervention-induced behavior change, a better conceptual understanding of risk behavior can emerge” (Heeren et al.,

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2007). Heeran et al. (2007) found that behavioral intention is the direct determinant of behavior. Intention to use condoms is determined by attitudes towards them, meaning if adolescents evaluate condom use positively, they will use them. Subjective norms and perceived control are two factors that positively correlate with intention to use condoms (Heeran et al., 2007, p.2,6). Subjective norms are an adolescent's perception of their peers and partners views on condom use; perceived control is an adolescent's perception of their ability to obtain and use a condom correctly while sexually satisfying themselves and their partner. Furthermore, positive "attitudes, subjective norms, and self-efficacy were strongly associated with firmer intention to use condoms...in the next three months", meaning that utilizing the TPB seems to suggest long-term health promoting behavior in this population (Heeran et al., 2007, p.8). The gap in knowledge this study elicits is that it was done on undergraduate students, not adolescents, and the implications for the age groups may not be the same because of developmental differences. Also, the data in this study is self-reported and may be unreliable. Due to the delicate nature of the data in the study, it most likely could not have been collected any other way.

Another informative study was done regarding adolescent females' attitudes, subjective norms, perceived behavioral control, and intention to use condoms. The study interviewed sexually active adolescent females who were clients at a sexually transmitted disease clinic (Rannie, 1997). Researchers found that "perceived behavioral control contributed to the highest proportion of variance" in female reported condom use. Limitations to this study are clear in that it did not include adolescent males. It is critical to include males in a theoretical based study of condom use because the condom is a male method. The National Institute of Health [NIH] reports that 72% of men report that they

obtained or purchased their condoms for sex, 61% of them report also donning the condom themselves (Spencer, Jeannin & Dubois-Arber, 2008). According the Spencer et al. (2008) the proposal to use condom use is shared equally by male and female; however if the condoms are not obtained, drugs or alcohol are involved, or there is any difficulty with self-control, condoms may not be used. Utilizing the TPB (Ajzen, 1991) for promoting condom use, health care providers could hope that adolescent males would be prepared with condoms for sexual activity and utilize them.

A different study evaluated the protective role of health value on adolescents' future intention to use condoms. It was also a quantitative study that recruited participants from a municipal STI clinic (Rosengard, Adler, Gurvey, Dunlop, Tschann, Millstein & Ellen 2001). It assessed on a Likert scale their value of their health and their likeliness to use condoms (Rosengard et al., 2001). The study found a strong positive correlation between health value and intention to use condoms (Rosengard et al, 2001). The limitation of this study is clear in that, because of the STI status of the adolescents, it is likely that they did not use condoms in the past. Evaluating the health values of adolescents may not be the most effective mean of determining their likeliness to use condoms. As stated by Ajzen (1991), perceived control and attitude toward the behavior directly correlate with the action of the desired behavior. The reason the TPB was developed was due to the fact that Fishbein (1967) and Ajzen (1991) recognized that "attitude toward a behavior is a much better predictor of that behavior than attitude toward a target". As previously mentioned, proper utilization of the TPB (Ajzen, 1991) would assume that adolescents are more or less likely to use condoms based on their attitude towards them (condoms), not the consequences of not using them (sexually

transmitted infections, pregnancy). Therefore, health value would not have as strong of a predictive value in the use of condoms as attitude towards the condoms. This study appears to have improper interpretation of the TPB.

Knowledge gaps exist in the evaluation of TPB as a useful tool for promoting condom use in adolescents. Research should be done involving adolescent males and females attitudes and subjective norms, and perceived control regarding condom use. If correctly evaluated, these aspects could help establish effective interventions for condom use in the adolescent community. Also, research should not be done primarily in a STI clinic, which may skew the data. Intention to use condoms should be evaluated in currently sexually active adolescents, as well as adolescents who are not currently sexually active and/or do not have an STI. This may help provide data regarding future risk (or improvement) in condom use. It may also help identify positive subjective norms that could be instilled and methods in which adolescents overcome or developed perceived control regarding condom use.

#### Current Public Knowledge

To some extent, there seems to be public knowledge regarding preparing adolescents to have safe sex or abstain from it. Television commercials regarding “talking to your kids” and “talk to your teen” about sex and drugs are frequently seen. There seems to be general knowledge that parents should talk to their teens about sex, but a consensus that it is a difficult task. U.S News and World Report has made the task even more difficult by suggesting that one conversation is not enough. Researchers found that when “teens and their parents had more conversations - repetition - teens reported feeling closer to their parents and felt they could talk more openly with their parents about sex



and other topics” (Gordon, 2008). Evidence encourages that promoting healthy behavior, for example intention to use condoms, is best communicated by a open, relaxed, natural atmosphere between parent and teen when they can frequently discuss safe sex with special attention to barriers or concerns they may have about it (Gordon, 2008). This article does not explicitly state, but they are promoting planned behavior, positive attitude, and therefore intention to use condoms.

Public policy also seems to have a positive effect on limiting the perceived control of condom use adolescents may have. Title X, a governmental family planning program created by Congress in 1970 funds contraception and STI preventive services and provides confidential services to all clients including adolescents (Center for reproductive rights, 2004). Clients can access free or very low cost condoms at health care centers funded by Title X, and be educated on how to use them (Center for reproductive rights, 2004). This availability, without hassle or expense, is very positive in promoting the perceived control that adolescents need for intention to use condoms.

#### Future Potential of Theory of Planned Behavior

Extensive research in the TPB and condom use may help explain phenomena that dictate whether adolescents use condoms. Utilization of the theory with adolescents and pre-adolescents may help identify areas where perceived control is lacking and attitudes are unsupportive of safe sex. Identifying these areas of educational need will help develop interventions for adolescent health that will successfully promote intention of condom use.

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