

Belief, Social Identity, and Sexually Transmitted Infection Risks Among UWEC Students



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Objectives

- Assess student knowledge of and social norms about the risks of various sexual practices.
- Find potential factors that can be used in the design of general and/or targeted intervention programs to reduce the risk level of sexual behaviors in the student population.

Theory

- The Health Belief Model assumes in part that the greater a person's knowledge about health issues the more healthy their behaviors will be.
- Social Identity Theory assumes in part that people's behaviors will conform to the expectations of the social groups to which they belong.

Hypotheses

- The greater the belief about the risks of sexual activity the lower the practice of those sexual activities.
- The greater the perceived negative reaction to a sexual activity from one's social group the lower the practice of those sexual activities.

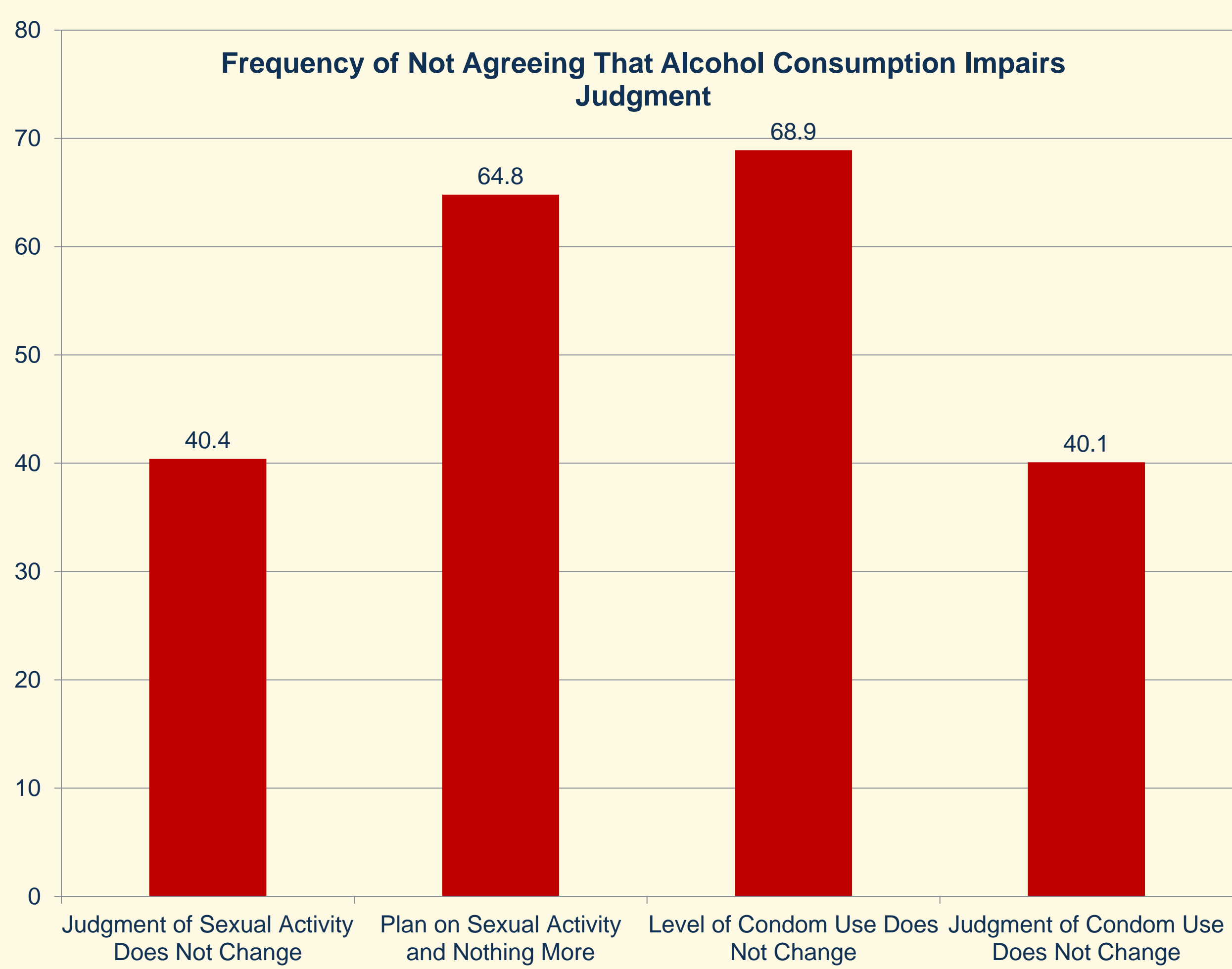
Methods

- A paper survey was administered to students through various classes in multiple disciplines and collected by the student researcher to assure anonymity.
- A snowball sample was also conducted to ensure representation of LGBTQ students.
- Basic demographic questions and questions regarding sexual history, knowledge, and belief of risk were asked to determine correlations between health beliefs and sexual activity as well as correlations between social identities and sexual behaviors and beliefs.
- Questions asked students to rank certain acts on degree of risk from 1-4 with 4 being the greatest amount of risk to test for accuracy in the estimation of risk among students.
- 193 students responded to the survey. 52.3% of respondents were first year students. 64.2% of the respondents were female, while males accounted for 35.2%.
- Dummy Variable Multiple Regression is used to test for significant effects.
- Simple frequencies are used to determine the number of students who engage in risky sexual behaviors.

Results

The results of many multiple regression analyses are summarized below. In general, these models explain between 9.4 percent and 20.5 percent of the variance in the dependent variables.

- Women perceive sexual risks to be higher than men ($<.01$), sexually active people are more knowledgeable about risks ($<.05$) while non-sexually active people overestimate risk ($<.10$), and those who perceive higher level of STI (sexually transmitted infection) risk are more likely to report always using condoms($<.01$).
- Heterosexuals are less likely than others to discuss sexual history before engaging in sex ($<.01$), have less regret over sexual encounters ($<.001$), less unanticipated sex ($<.001$), and fewer "friends with benefits" ($<.05$).
- People who expect strongly negative reactions from their friends should their friends find out they had sex without a condom or who discuss condom use with their friends engage in less risky behavior ($<.05$).
- Higher frequency of alcohol consumption leads to increased unanticipated sexual encounters ($<.01$).



- The graph immediately above shows a high number of students on campus **don't agree** that alcohol consumption impairs judgment or planning about sexual activities or condom use.
- The table to the right shows a high number of students underestimate the risk of various sexual activities, activities that have a high risk of STI transmission.

Underestimation of Risk	
Behavior	Underestimation Percentage
Vaginal Sex with Condom Monogamous Partner	28.0
Vaginal Sex with Condom Partner History Unknown	13.1
Vaginal Intercourse Without Condom	31.1
Vaginal Sex with Condom Man who has Sex With Men	27.3
Anal Sex with Condom Monogamous Partner	23.2
Anal Sex with Condom Partner History Unknown	15.2
Anal Intercourse Without Condom	28.6
Oral Sex with Fluid Exchange	57.9

Discussion and Conclusions

- The results show that the rate of various risky behaviors at UWEC is high, and students tend to underestimate level of risk associated with highest risk sexual activities. This is a dangerous combination.
- Those who report monogamous relationships perceive low risk, but many cases of STIs are contracted from a partner who was thought to be monogamous.
- Although individuals consuming alcohol may feel immune to its effects, there is a tendency to perceive sexual activities as less risky during the "heat of the moment" which in turn leads to a risky sexual decision, making this a dangerous belief.
- The results show that although there is a low prevalence of STIs at UWEC, the conditions exist for a relatively rapid spread of STIs in parts of the student population.
- Extrapolating the results to the current UWEC student population, 7,200 students would not agree that alcohol consumption impairs their judgment about condom use.
- In line with the Health Belief Model, the results show that those individuals with less knowledge about sexual activity are more likely to engage in risky sexual behavior.
- Interventions to create a lower level of STI and higher levels of accurate knowledge about risk on campus are needed. Individuals who expect their friends to "freak out" from lack of condom use are more likely to report using condoms every time they have sex, as predicted by the Social Identity Theory. Also in line with Social Identity Theory groups of students who discuss condom use with each other reinforce safer-sex norms.
- Social Identity Theory may point to a way to design a powerful public awareness campaign on campus based on social norms to increase the sexual health of campus as a whole, and reduce the risk of an STI outbreak. Given the inaccurate ideas students hold and the Health Belief Model, a campaign to educate students on campus on the facts of sexual health is critically needed.

Sources

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Acknowledgments

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