

An Assessment of University Students’ Knowledge, Attitudes, and Behaviors toward Sex

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ABSTRACT: Previous research provides varying results in the effects of sex education. While the goal of sex education is to educate and therefore protect oneself from high-risk sexual behaviors, research suggests support that knowledge and attitudes do not always comply with behavior. The purpose of this study is to test college students’ knowledge about sexual topics, their attitudes toward condom use, and compare these with the assessment of students’ sexual behaviors. Results from the study support the hypothesis that knowledge about sexual issues and attitudes toward condom use cannot predict sexual behavior. The study indicates that students’ knowledge about sexual issues is insufficient. Respondents most commonly indicated that unwanted pregnancy and STDs were less prevalent than facts actually indicate. Several gender differences were found pertaining to attitudes about condom use, which provide information to more specifically target attitudes that may lead to risky sexual behavior. Lastly, the study found several common risky sexual behaviors -- including sex without a condom due to drugs and/or alcohol, continuance of sexual activity after the breakage of a condom, and ceasing to use a condom -- increased when respondents became more comfortable in their relationships. In conclusion, the study found a lack of knowledge about pertinent sexual issues, gender differences in attitudes toward condom use, and several common risky sexual behaviors among the sample population. These findings provide support for the need for a broader range of issues that should be implemented into sex education.

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INTRODUCTION

Entry into a university can be overwhelming. Any freedoms restricted by parents are now a free-for-all. According to Caron and Halteman (1993), one-third of college freshmen have had sexual intercourse with at least two new partners since arriving at college. If this is a pattern that continues throughout students' college careers, at least one-third of college freshmen are at a high-risk for unwanted pregnancy and obtaining sexually transmitted infections (STIs). The purpose of this study is to test college students' general knowledge about sexual topics, to assess their attitudes about condom use, and to determine their sexual behavior. Do university students' knowledge and attitudes about sexual topics comply with their sexual behavior?

REVIEW OF LITERATURE

Students' sexual education background

Evaluating the effectiveness of sex education is important. If a goal of sex education is to promote safe sex practices, it can only be assumed that programs are having the desired effects without assessing actual knowledge, attitudes, and behaviors. Much previous research (Kyes, 1990; Moran, 1991; Kirby, 2002; Abdullah, Fielding, & Hedley, 2003) found that sex education guides students' attitudes toward promoting safer sex practices.

Sex education has been found to have a positive effect on attitudes toward condom use. However, this does not mean that people actually used condoms more, only that they had an increased willingness, or attitude adjustment, to do so. One study, for example, found that learning about sexuality in a sex education class had a very strong relationship to reports of increased condom use (Moran, 1991). Another study also found that there is a strong relationship in the use of condoms or other forms of contraceptives following sex and HIV education (Kirby, 2002). Furthermore, Kyes (1990) reports that viewing a safe-sex film does affect positive change in attitudes toward condoms and an increased willingness, in women, to have their partners use them.

Important to sex education is the relevance and content of the subject matter. Over the past decade, Abdullah, Fielding, and Hedley (2003) found an increase in the amount of content in which schools are educating their students about safe sex. For example, beginning in the mid-1990s, a widespread campaign for AIDS education in secondary schools promoted consistent condom use. Results from the AIDS awareness campaigns in schools concluded a positive impact in the rates of condom use,

as well as shaping negative attitudes toward casual sex (Abdullah, Fielding, & Hedley, 2003). As a result of integrating vital information that at one time was considered taboo into sex education, positive, safer outcomes for young people are now possible.

However, not all research has found a positive correlation between sex education, positive attitudes, and safe sex behaviors. Guthrie and Bates (2003) compared data collected in 1991 to data collected in 2000, and found that although students more frequently reported receiving sex education in 2000, their attitudes toward utilizing sexual precautions became more lax. How can sex education be viewed as beneficial if those receiving the education are developing attitudes that are in opposition to the goals of sex education? It is this example that provides support for the need for consistent assessment of the nature and needs of sex education.

Although sex educators have made great strides toward improving the accuracy and thoroughness of the content of information covered, many pressing issues still are not discussed. For example, a study that assessed the sex education programs in multiple schools found that many important topics are not covered in schools (Kirby, 2002). Additional research has found that students had a common misunderstanding about the prevalence of STIs (Cohen & Bruce, 1997); they did not seem to understand that each disease is unique in transmission and prevalence rates. Perhaps topics such as these need to be consistently integrated into contemporary sex education.

Attitudes toward condom use

Being able to identify and understand attitudes toward condom use is important so that education can be geared to adjust attitudes that may predict high-risk behavior. Previous research has identified high-risk attitudes toward condoms that lead to risky sexual behavior. For example, Symons (1993) found that participants felt condoms reduced pleasure and intimacy in the relationship, and resulted in making safe-sex decisions more difficult.

Like many issues, attitudes toward condom use differ among males and females. Previous research finds that attitudes toward condoms are significantly related to gender (Campbell, Peplau, & DeBro, 1992); women were consistently more positive about using condoms than were men. Also, women with less traditional attitudes, that is, attitudes which did not adhere to the historical sexual double standard, were found to be more likely to

discuss, provide, and use a condom during sexual activity (Caron & Halteman, 1993). These differences between genders, as well as differences within genders, are important for sex educators in order to provide an all-encompassing education.

Norms surrounding condom use also play a significant role in predicting condom use and these norms also vary by gender. Mizuno, Kennedy, Seals, & Myllyluoma (2000) found that for female adolescents, the most powerful norm predicting condom use was the number of friends perceived to be using condoms. For male adolescents, the most powerful norm predicting condom use was the pressure exerted by parents, peers, or sexual partners to use condoms. These important findings provide support for norms that predict safe sex behavior.

Sexual behavior

In addition to creating safe-sex attitudes, another goal of sex education is to focus on ways to produce consistent safe-sex behaviors. One study found that among heterosexual college students, hooking up (i.e. any form of high-risk sexual behavior) has become normative behavior (Lambert, Kahn, & Apple, 2003). Therefore, if this norm continues, and sexual behaviors are not consistent with safe-sex attitudes, many college heterosexuals may be putting themselves at high risk for sexually transmitted infections or unwanted pregnancies. Furthermore, a study conducted among college students found that there are high estimates (65%) of sexual activity, sex without the use of a condom, and sex without a condom after drinking (LaBrie, 2000). The study pointed out the need to target more interventions for safe sex, especially when under the influence of alcohol. The ability to make safe-sex decisions has been difficult for many, whether under the influence of alcohol or not. Foreman (2003) found that there is a typical "override of cognition" when in the heat of the moment, and that until students realize that, their personal risk, high-risk sexual behaviors are unlikely to change. These high-risk behaviors among college students are largely due to students not recognizing any personal risk and due, in part, to the influence of alcohol when engaging in sexual activity.

Although some research has found increased safe-sex practices, students' knowledge about safe-sex practices and their attitudes about condom use do not always comply with their actual behavior. Baldwin and Whiteley (1990) found that a ten-week course on human sexuality did not predict actual condom use during sex, indicating

that knowledge is not a strong predictor of behavior. Research such as this indicates that knowledge about sexuality is not a single predictor of safe sex behavior.

PURPOSE AND HYPOTHESIS

Purpose

After reviewing the research, one could conclude that the effects of sex education vary. While the goal of sex education is to educate and therefore protect oneself from high-risk sexual behaviors, research has shown that knowledge and attitudes do not always comply with actual behavior. By testing college students' knowledge about sexual topics and their attitudes toward condom use, and comparing these with the assessments of students' sexual behaviors, one may reach some conclusions in regard to the broad range of sexual topics that should be implemented into sex education so that behavior might comply with knowledge and attitudes.

Research Question

The purpose of this research is to examine the relationships among the levels of knowledge about sexual issues, attitudes toward condom use, and sexual behavior.

Hypotheses

Hypothesis 1: Knowledge about sexual issues cannot be used to predict safe-sex behaviors.

Hypothesis 2: There are differences in attitudes among men and women toward condom use.

Hypothesis 3: There is a difference among men and women in the level of risky sexual behaviors.

METHODOLOGY

Participants in the study completed an anonymous group administered survey. First, the survey included questions regarding each participant's demographic characteristics. Second, to objectively assess college students' knowledge about general sexual issues, the study presented the participants with questions about sexual topics. Third, the survey contained items to test participants' attitudes about condom use. It concluded with questions about their sexual behavior.

Sample and Data Collection

The participants in the study were University of Central Florida undergraduates who were chosen by means of a convenience method. The method of selection depended on participating professors' permission to distribute the survey in their classes. Surveys were administered to one

class in the Sociology department, several business classes, and a marketing class. The number of participants is $N=266$.

The study was submitted and approved by IRB in Spring 2004. Participants in the study remained completely anonymous. Each survey was identical so that participants in the study could not be identified. Participants signed a consent form stating that they understood that their identity would remain undisclosed and that they would have a full understanding of the nature of the survey and research being conducted. A list of contacts was provided on the consent form in case a participant felt the need to contact someone about issues raised within the study. Contacts included UCF Victim Services and Planned Parenthood.

Measure of previous knowledge

This section of the survey asked participants to answer factual questions about sexual topics. This was used to assess the range of general knowledge that university students have about sex-related topics. Items were measured by participants choosing correct or incorrect answers with the number of correct answers determining the strength of knowledge. Measurement of the level of knowledge was graded using a standard academic grading scale. Upon completion of the survey, participants received a fact sheet validating the answers to the questions they were asked. An example question was “Is it possible to contract a sexually transmitted disease when using a condom during sexual intercourse?”

Measure of attitudes about condom use

This section of the survey contained 28 items to measure participants’ attitudes about condom use. Of the 28 items, 20 items were taken from a previous measure of a similar study (Campbell, Peplau, & DeBro, 1992). Eight additional items were added. The items were intended to measure attitudes about condom issues and to determine any gender differences. Items are measured on a 5-point Likert scale, with 5 indicating strong agreement and 1 indicating strong disagreement.

Measure of sexual behavior

This section of the survey asked participants to provide information about their sexual behavior. The object of this portion was to compare the participants’ knowledge and attitudes about condom use with their actual sexual behavior. Items in the survey asked participants about their frequency of condom use and other such scenarios about their personal sexual behavior. Items were measured

by categorizing participants’ responses into risky or non-risky behaviors.

Example scenarios:

- I use drugs and/or alcohol when engaging in sexual activity.
- Because of drug and/or alcohol use during sexual activity, I did not use a condom when otherwise I would have.

RESULTS

Demographics

The demographics of the sample consisted of gender, age, and school attended (public or private). Race/ethnicity was not accounted for in this study. Of the sampled population, 41.7% (111) were male and 58.3% (155) were female. The average age was 21 years, with a range from 18 to 28 years of age. Respondents who indicated they went to a public high school comprised 84% (223) of the sampled population. Of the total, 11% (30) went to a private high school with 5% (13) of the respondents indicating that they went to both a public and private high school. When asked if the respondents received sex education in high school, 75% said that they did receive sex education in high school.

A one-way ANOVA was conducted to calculate the relationship between the type of high school (public, private, or both) attended and the level of knowledge. A significant relationship was not found between the type of school a participant attended and the level of knowledge one had, $F(2,237)=1.05$, $p > .05$. Therefore, the sample did not provide support for the difference in education by type of school and level of knowledge.

Knowledge test

To determine if there was a relationship between levels of knowledge and levels of risky sexual behavior, a test of the respondents’ levels of knowledge was measured. The average score on the knowledge test was 64% or “D” as defined by most standard academic grading scales. The average was calculated by adding together the percent of respondents who indicated correct answers and dividing that by the total amount of points possible.

A fact to note when looking at the knowledge scales is that there were two types of questions asked. The first was a contraction question (i.e. “Is it possible to contract a sexually transmitted infection without sexual intercourse?”). The other type asked on the knowledge test pertained to the prevalence of sexually transmitted

infections and the prevalence of unwanted pregnancy (see Appendix, Table I).

After separating the two types of questions, the respondents' average score for the contraction questions was 77%. For each of the individual contraction questions, the percentage of correct answers was at 85% or above, with the exception of one of the contraction questions that scored a low 31% (weighing down the overall percentage of correct contraction questions). This question asked what is the most common sexually transmitted infection is (HPV, human papilloma virus).

When looking at the prevalence questions, the average score was 49%. The range of percentages for the number of correct answers for prevalence questions was between 30% and 62%. One may conclude that respondents most frequently missed prevalence questions dealing with unwanted pregnancies and sexually transmitted infections. Correct responses to the contraction questions remained fairly high with the single exception of the question asking about the most common sexually transmitted infection. However, the overall total average score on the knowledge test was a low 64%.

To compare the mean scores between gender and level of knowledge, an independent t-test was conducted. No significant difference was found, $t(238)=.937$, $p > .05$. Therefore, gender did not differentiate the levels of knowledge participants had. The mean number of correct responses from males (Mean=5.8, $sd=1.3$) was not significantly different from the mean number of correct responses from females (Mean=5.9, $sd=1.4$).

Attitudes toward condom use

To measure the attitudes of respondents toward condom use (Hypothesis 2), a Likert Scale (strongly agree to strongly disagree) was used. In the statement, "I expect my partner to provide the condom," 41% of all respondents indicated that they agreed or strongly agreed. When this is broken down by gender, it should be noted that over one-third (37%) of females indicated that they expect their partner to provide the condom, compared to 11% of males (see Appendix, Tables III and IV).

In the statement, "If there is not a condom available, I feel embarrassed to disengage from sexual activity," 12% of the total respondents indicated that they agreed or strongly agreed. When looking at the differences in gender, significant differences exist (see Appendix, Tables V and VI). Over one-fifth (21%) of males indicated that

they agreed or strongly agreed that they are embarrassed to disengage from sexual activity, compared to only 6% of females. This finding provides support for focusing sex education efforts by targeting gender differences.

In response to the statement, "I feel comfortable providing a condom if my partner does not have one," 76% of respondents agreed or strongly agreed that they felt comfortable providing a condom (see Appendix, Table VII). This statistic coincides with the results prompted by the following statement, "I consider myself irresponsible when it comes to practicing safe sex." Nearly one out of every four (24%) of respondents consider themselves irresponsible when it comes to practicing safe sex. Therefore, the statistics from independent variables match up remarkably well: 76% are comfortable providing a condom while 24% consider themselves irresponsible in practicing safe sex.

Sexual behavior

The possibility of risky sexual behaviors was assessed by respondents choosing true or false to a number of statements (see Appendix, Table II). A number of particularly risky sexual behaviors were evident within the statements. The results conclude that over a quarter (27%) of the respondents did not use a condom due to the use of drugs and/or alcohol when otherwise they would have. Furthermore, nearly a third (31%) of respondents continued sexual activity even after the condom broke. Additionally, over half (56%) of respondents stated that in the beginning of their relationships, they practiced safe sex. However, the more comfortable they became, the less they protected themselves. Finally, nearly a quarter (24%) of respondents considered themselves irresponsible when it comes to practicing safe sex. These results showed that risky behaviors are evident, and the results mirror the statistics in existing literature (UCF Reach, 2003; Campbell, Peplau, & DeBro, 1992; Caron & Halteman, 1993) concluding that a portion of respondents would be considered at a high risk for unwanted pregnancies or for contracting an STI.

A Pearson Correlation Coefficient was calculated for the relationship between respondent's level of knowledge and level of risky behavior (Hypothesis 1). A weak correlation was found ($r=.112$), indicating a weak relationship between respondents' levels of knowledge and respondents' levels of risky behavior. That is, higher levels of knowledge were not a good indicator of the level of risky behavior. This provides support for Hypothesis 1:

behavior cannot be predicted by level of knowledge.

A similar pattern was found when testing the relationship between gender and levels of risky behavior (Hypothesis 3). No significant difference was found, $t(235)=-.338, p > .05$, between gender and level of risky behavior. The mean number of risky behaviors from males (Mean=3.1, $sd=1.9$) was not significantly different from the mean number of risky behaviors from females (Mean=3.1, $sd=1.9$). Results therefore offer the conclusion that gender is not a predictor of the level of risky sexual behaviors in which one might engage.

CONCLUSIONS

This study examined the level of sexual knowledge, attitudes toward condom use, and sexual behaviors of university students. Results from the study support the first hypothesis that knowledge about sexual issues cannot predict sexual behavior. High levels of knowledge about sexual issues did not provide a positive correlation with low levels of risky sexual behavior. This provides support for the need to consistently monitor the content, relevance, and effectiveness of sex education.

The study also indicates that students' knowledge about sexual issues is insufficient. The most commonly missed questions were those pertaining to the prevalence of unwanted pregnancies and the prevalence of contracting sexually transmitted infections. Respondents most commonly indicated that unwanted pregnancies and STIs were less prevalent than survey results actually indicate (UCF Reach, 2003). Knowing how prevalent unwanted pregnancies are and how prevalent STIs are is crucial to students realizing their personal risks.

A point of importance is that the most commonly missed question on the knowledge test was, "What is the most common sexually transmitted infection?" The answer to this question is HPV (human papilloma virus). This is of particular importance due to the fact that even while protecting oneself by using a condom, HPV can still be contracted.

The study revealed several gender differences in attitudes toward condom use. These differences provide further support to the existing literature that attitudes toward condom use vary according to gender. Specific differences in attitudes were found in this study. For example, females more often than males rely on their partners to provide the condom (37% v. 11%). Furthermore, males were more likely than females to state that they were embarrassed to

disengage from sexual activity if a condom was not available (21% v. 6%), thus providing information for sex educators to specifically target typical male and female attitudes that may lead to risky sexual behavior.

Last, and most notable, nearly one-fourth (24%) of the respondents considered themselves irresponsible when it comes to practicing safe sex. Moreover, due to the use of drugs and/or alcohol during sexual activity, more than one out of every four of the respondents (27%) did not use a condom when otherwise they would have. These statistics indicate, as well as support existing literature, that risky sexual behavior among college students is evident.

An overall conclusion from the results from this study indicates that there is a need for improvement and/or continuance of sex education. Considering that there has been a movement toward abstinence-only sex education in secondary schools and that comprehensive sex education is rare (Mabray & Labauve, 2002), the results from this study suggest a need for a more comprehensive approach to sex education. Furthermore, abstinence-only education restricts the access to information needed by those who are sexually active and to those who will someday become sexually active, making it more difficult to make informed decisions about sexual behavior.

In summary, the results of the study acknowledge that there is a lack of knowledge about the prevalence of unwanted pregnancies and STIs. Attitudes toward condom use vary by gender, and high levels of knowledge about sex cannot predict actual sexual behavior. Perhaps a broader range of issues should be implemented into sex education, including issues pertaining to the different attitudes toward condom use by gender, how to disengage from risky sexual behavior, and last, concerning premeditated self-control when "in the heat of the moment," especially under the influence of drugs and/or alcohol.

LIMITATIONS AND STRENGTHS

Several factors should be included if this study were to be replicated or if a similar study were to follow. First, a demographic question should be added to indicate if the respondent is married or not. While conducting the study, the researcher noticed that married couples are not worried about condom use. Married respondents most likely did not answer statements that did not apply, or perhaps picked neutral, skewing the results.

Next, the questions should be made more neutral in regards to sexual orientation. The questions were worded toward heterosexuals, without taking into account other sexual orientations. If the questions were neutral, perhaps all sexual orientations could more accurately respond.

Further, race/ethnicity was not accounted for in this study. This is a limitation considering research suggests that there are racial differences in the prevalence rates of premarital sex, sexually transmitted infections, and teen pregnancy. Taking race/ethnicity into account would have resulted in a more comprehensive and well-rounded study on the issue at hand.

Last, the survey was too long. Many of the questions were not needed to test the hypothesis and therefore should be omitted. The complete survey consisted of 54 questions. Students usually became aggravated, bored, or frustrated with the lack of time to complete the survey. A shorter survey would have been much more efficient and just as effective.

However, most importantly the study was useful in identifying several important issues that should be taken into consideration when assessing sexual behaviors and/or the effectiveness of sex education. One strength of the study was that it identified gender differences and norms important to producing a more effective sex education curriculum. Another strength of the study was the examination of current knowledge, attitudes, and related sexual behaviors, which also provided insight to more accurately guide the future content of sex education.

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APPENDIX

Table 1: Contraction and Prevalence Questions

	Correct	Incorrect
Contraction Questions		
Is it possible to contract a sexually transmitted infection without sexual intercourse? <i>Yes</i>	95%	5%
Is it possible for a woman to become pregnant if she engages in unprotected sex during menstruation? <i>Yes</i>	85%	15%
If ejaculation occurs on or near the labia (female genitals), the sperm [can or cannot] make their way to the uterus and impregnate the woman without penetration <i>Can</i>	87%	13%
The risk for a woman getting a sexually transmitted infection is [less than or greater than] a man's risk of getting a sexually transmitted infection. <i>Greater than</i>	86%	14%
In the US, ____ is considered to be the most common sexually transmitted disease. <i>HPV (human papilloma virus)</i>	31%	69%
Prevalence Questions		
About 45 million people in the US, ages 12 and older, or 1 out of ____ of the total adolescent population are infected with HSV-2 (Herpes Simplex Virus-2). <i>5</i>	43%	57%
Among couples who have intercourse without contraception, ____% of women become pregnant after one year. <i>80%</i>	30%	70%
About 1 in ____ sexually experienced teens, acquire a sexually transmitted disease. <i>4</i>	62%	38%
In a single act of unprotected sex with an infected partner, a teenage woman has a ____% chance of contracting gonorrhea. <i>50%</i>	59%	41%

**Correct answers are provided in italics following the question.*

Table 2: Behavior Questions

	Correct	Incorrect
I have used drugs and/or alcohol when engaging in sexual activity.	66%	34%
Because of the use of drugs and/or alcohol during sexual activity, I did not use a condom when otherwise I would have.		
I have had sex with my partner without a condom only because we did not have a condom to use at the time of intercourse.	41%	59%
*When engaging in sexual activity, my partner and I stopped the sexual act because the condom broke.	39%	61%
When engaging in sexual activity, my partner and I continued the sexual act even after the condom broke.	31%	69%
At the beginning of the relationship my partner and I practice safe sex, but the more comfortable we become, the less we protect ourselves.	56%	44%
I consider myself irresponsible when it comes to practicing safe sex.	24%	76%

**Note: The This is the only question that a true response does not indicate risky behavior; for all other questions, true pertains to risky behavior.*

Table 3: Measurements of Attitudes Toward Condom Use

I expect my partner to provide the condom.	%
Strongly agree or agree.	41
Neutral	32
Strongly disagree or disagree.	27

Table 4: Measurements of Attitudes Toward Condom Use: By Gender

I expect my partner to provide the condom.	% Male	% Female
Strongly agree or agree.	11	37
Neutral	28	35
Strongly disagree or disagree.	61	28

Table 5: Measurements of Attitudes Toward Condom Use

If there is not a condom available, I feel embarrassed to disengage from sexual activity.	%
Strongly agree or agree.	12
Neutral	30
Strongly disagree or disagree.	58

Table 6: Measurements of Attitudes Toward Condom Use: By Gender

If there is not a condom available, I feel embarrassed to disengage from sexual activity.	% Male	% Female
Strongly agree or agree.	21	6
Neutral	36	25
Strongly disagree or disagree.	43	69

Table 7: I feel comfortable providing the condom if my partner does not have one.

If there is not a condom available, I feel embarrassed to disengage from sexual activity.	%
Strongly agree or agree.	76
Neutral	16
Strongly disagree or disagree.	8

Table 8: Measurements of Attitudes Toward Condom Use

I expect my partner to comply with my attitudes about condom use.	%
Strongly agree or agree.	82
Neutral	15
Strongly disagree or disagree.	3