Beliefs about condoms in 12/13 and 16/17 year olds

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Beliefs about condoms
Abstract

The present study examined the beliefs and attitudes which surround condoms and their use. Qualitative data in the form of short essays was collected from 12/13 (n=148) and 16/17 (n=63) year olds. The results suggest that condoms are conceptualised in terms of a complex set of factual and evaluative factors such as feelings, responsibility and risk and that younger subjects hold more positive beliefs than the older subjects. The results are discussed in terms of models of preventive behaviour and the role of sex education at an early age.

beliefs    condoms    HIV    children

Introduction
Safer sex campaigns emphasise personal responsibility and choice in the use of condoms and they are presented as a simple way of preventing contraction of the HIV virus. This presentation is epitomised by Government Health Advertisement slogans such as 'You know the risks: the decision is yours'. However, Holland, Ramazanoglu and Scott (1990) have suggested that this presents condoms as neutral objects which can be used as the result of a rational decision making process. Further, such messages assume that condom use can easily be negotiated prior to a sexual encounter. They argue that this view ignores the complexities surrounding condom use and the power relations involved in heterosexual relationships. In other words, condoms should not be regarded as neutral objects and safe sex as a rational consequence of perceptions of risk.

The present study aimed to examine the beliefs and attitudes that 12/13 year olds and 16/17 year olds have towards condoms.

Methodology

Subjects

Three hundred and twenty seven subjects from a London Secondary School were involved in the study. Two age groups took part, 16/17 year olds and 12/13 year olds. Written permission was obtained from the parents of the younger age group. Subjects in both groups were allowed to abstain from the study if they wished. It was acknowledged that the subject population was not necessarily representative of the general population and were likely to be more highly motivated as compared to other samples from these age groups.

Design

All subjects were given an introductory talk which outlined the aims of the study and the
explained the structure of the questionnaire. The questionnaire was completed during a class
supervised by the form teacher.

**The Questionnaire**

The questionnaire for both age groups consisted of a quantitative section, which included data
on demographic characteristics and beliefs about condoms and, for the older age group, an
additional section on sexual experience (these results are not reported here), and a qualitative
section. For the latter, subjects were asked to give a free account of their knowledge of and
beliefs about condoms and their use. They were asked to 'try to imagine you are telling a friend,
of your own age, who doesn't know what condoms are or what they are used for' and were
asked to write as much as possible. The request for personal thoughts and attitudes was
emphasized. Subjects completed this section before the quantitative section to avoid
contaminating the results.

The qualitative data were analysed using content analysis and comparisons were made between
the different age groups.

**Results**

A total of 170 12/13 yr olds completed the questionnaire consisting of 79 males and 91
females. 19 students did not complete the questionnaire due either to being withdrawn by
their parents or being absent from school. 87 % (n=148) of the subjects in this age group
completed the free account of their thoughts about condoms. 157 16/17 yr olds completed the
questionnaire consisting of 85 males and 72 females. 26 students did not complete the
questionnaire. The 16/17 year old age group were categorized into virgins (n=87) and non
virgins (n=57), (13 subjects did not complete the sexual behaviour section). 39.8 % (n=63) subjects aged 16/17 yrs old completed the free account of their thoughts about condoms. Both sets of accounts included factual information and statements indicating beliefs about condoms.

Factual information

The factual information in the reports covered three themes: i) the function of condoms, ii) where they can be obtained, iii) how to use condoms. (see Table 1). In addition, some subjects also mentioned the Femidom which was described as 'inserted inside the woman's vagina and are supposed to be comfy' and 'like bags with a hole in the end'. One girl said 'Femidom are now available but I'd rather the man wear it'. The nature of the factual comments were similar for subjects in both age groups.

- Insert Table 1 about here -

Attitudinal comments

The attitudinal comments reflected descriptions of condoms, the advantages and disadvantages of condom use, behavioural intentions, responsibility and morality, the availability of condoms, and their relationship to risk.

The appearance and feel of condoms

Similar proportions of 11/12 year olds and 16/17 year olds commented on the appearance of condoms (70% and 63% respectively) and the feel of condoms (18% and 25% respectively). These reflected both negative and positive attitudes towards condoms. However, the younger subjects showed more positive than negative attitudes and the older group illustrated a more
evenly balanced perspective. Negative statements by the younger group included; 'They look really disgusting and feel disgusting', 'when taking a condom off they can be messy', and 'I know that you can get flavoured ones and I find the idea of this a bit sick'. The older group commented: condoms have a 'nasty rubbery smell', 'make sex not as good', 'can be a bit of a passion killer', 'look disgusting', 'spoil oral sex' and 'can, however, completely ruin sex. When you reach the height of passion and have to suddenly stop, hunt around for a condom, put it on and start again it can be a bit off putting'.

Positive statements from the younger group included; 'they are sexy', 'Just because they are used for sex doesn't mean they are disgusting', 'it is easy to use because you just slip them on and get going as usual', 'you can hardly notice when you're wearing one, they don't effect the amount of pleasure you get from sex', and 'when you buy them the person at the till just passes them as if they were toilet roll!'. 10 younger boys mentioned a fun aspect of condoms including 'can also be blown up like a balloon', 'they're great as water bombs'. The older group were less enthused: 'a really good idea', 'quite sexy', 'prevent young girls from getting cervical cancer' and 'people who practice safe sex are sensible'.

**Weighing up the advantages and disadvantages**

Many subjects in both age groups also mentioned negative and positive attitudes to condoms in the same sentence which suggested that they were weighing up the pros and cons of condoms and their use. Subjects in the younger group made statements such as; 'They are embarrassing to buy but a girl should carry one around', 'easy to obtain although I'd be really embarrassed to walk into a chemist and say "Can I have 2 packets of condoms please"', 'I feel that condoms may be annoying to put on just before having sexual intercourse but they are worth it in the
end’. Subjects in the older groups made statements such as: ‘they get in the way are annoying, rubbery and difficult. However they increase the chances of living’, ‘I feel they do detract a little from the sensations experienced but they do add some interest to things, especially if your partner puts it on’, ‘They are not really used for pleasure but for safety…. but can be fun too’ and ‘they do ruin a special moment though, but if you're with the right person it can be a nice part of foreplay’. Evidence of an ambivalent attitude to condoms was equally apparent in both age groups.

Behavioural intentions

Some subjects in both age groups described their intentions to use condoms in the future. Subjects in the younger group (13.5%, n=20) expressed intentions in terms of their personal behaviour such as; ‘I will use them in the future unless I want my partner to get pregnant and they feel that way too’, ‘I feel that the condom is a good thing to have around and if I had a choice I would use it’, ‘I say that in the future I will use a condom, but when the situation finally occur I do not know what will happen’. In addition, statements about intentions were sometimes expressed in terms of broad beliefs about condom use suggesting a perceived association between condom use and social responsibility; ‘I think condoms should be used by a lot more people in the world, it would make life a lot easier for some women who have been left by their boyfriends or husbands with loads of children to cope with’, ‘people should use condoms every time they have sex or they should not have sex at all. It's as simple as that’ and ‘people should use them all the time when having sex just for pleasure’. This pattern was also found in the older age group (24%, n=15) with some statements relating to their personal behaviour; ‘there is nothing wrong with condoms and I wouldn't be seen dead without one’, ‘I think they are great and will use them (when I become sexually active)’ and ‘I think I would be
worried about stopping using them even if I had been in a sexual relationship for ages - I find it
difficult to trust people - and my life is at stake'. In addition, intentions in the older group were
also expressed as general statements 'people should use them all the time for sex - safe sex,
especially on holiday or at a party', 'anybody who has sex without being totally sure that their
partner isn't infected should use one'. The statements by the older group were not as grandiose
as those used by the younger age group.

Responsibility and morality

Some subjects in both age groups discussed condoms in the context of responsibility and
morality. Two girls in the younger group mentioned the responsibility aspect of condoms 'it
forces the man to take some responsibility', 'some men may think that its not fair that they have
to be the one with the responsibility', and some subjects in both groups discussed the moral
aspects of sex and condoms. For example, three of the younger subjects made statements such
as; 'for people who have sex before marriage it is good for them' and 'I feel that they should be
harder to buy as many under-aged children can buy them without any problem' and four
subjects in the older group made statements such as condoms were; 'religiously wrong' and
'are too easy to buy and encourage promiscuity'. Two women in the older group also pointed
out the connotations involved in the use of condoms by women, 'people stare at you as if you're
a slag', 'I think women should be responsible for carrying condoms just as much as men, and it
doesn't necessarily mean she is a slag, or looking for sex'.

Availability of condoms

Only subjects in the younger group described the variety of condoms available; 'you can get
them in a number of colours, flavours and sizes. One to suit just about everyone's taste!' and
'They come in different sizes. The biggest is the Black Jack (nearly a foot long)'. Subjects also described the condoms in terms of similar objects; 'like surgical gloves without the fingers' and 'like long thin balloons but you don't tie the end'.

The use of metaphor

The tone of many of the statements by the younger group was lighthearted and humorous with many of the above statements made by this group illustrating the use of simile and metaphor, with several subjects drawing cartoons to illustrate their ideas. The older subjects approached the issue of condoms with a far more serious perspective, making very few humorous comments and using only a few metaphors.

Discussion

The results of the present study suggest that subjects in both age groups had a good understanding of the factual aspects of condoms in terms of their function, where to buy them and their use. This may reflect suggestions that sex education in schools is impersonal, mechanistic and at the level of biology (Holland et al, 1990). Interestingly, the most commonly cited function was to prevent pregnancy which provides some support for research indicating high levels of perceived invulnerability for HIV in the general population (Woodcock, Stenner, Ingham, 1992). The results also provide insights into the positive and negative beliefs held about condoms and indicate age differences in attitude with more positive attitudes reported by the younger subjects. This was further supported by the use of humour and metaphor and the tone of the reports in the younger subjects which suggested that these subjects conceptualised condoms as more fun and humorous. This may either reflect their lack of personal experience (see Clift, Stears, Legg, Memon and Ryan, 1989), or it may be an
indication of a change of social attitude which has been incorporated into the belief systems of the younger subjects.

However, the reports suggest that attitudes to condoms are far more complex than a dichotomous positive or negative view. Many subjects illustrated holding conflicting beliefs with statements showing both positive and negative beliefs about condoms. This suggests beliefs are complex and dynamic, with individuals constantly assessing and holding both points of view. The results also suggest that there are many other dimensions to the way individuals conceptualise condoms including evaluations in terms of feelings about condoms, their relation to risk, responsibility and morality. Several younger subjects also made grandiose statements about who and why people should use condoms suggesting that condoms were conceptualised in terms of their social role.

The results from the present study indicate that 12/13 year olds and 16/17 year olds hold complex and dynamic beliefs about condoms. It suggests that they conceptualise condoms in terms of a wide range of factual and evaluative factors. This has implications for models of preventive behaviour such as the Health Belief Model, the Protection Motivation Theory, the Theory of Reasoned Action and the Health Action Process Approach which regard the object of safe sex (the condom) as a neutral object, and its use as a consequence of the individual’s perception of personal risk (eg. Ajzen and Fishbein, 1970., Becker, 1974., Rogers, 1983., Schwarzer, 1992). The results also have implications for sex education in schools as such programmes may assume that they are imposing beliefs, attitudes and behavioural intentions on a relatively clean slate. The results from the present study are particularly relevant in the light of the Department of Educations new guidance for schools on sex education as the results
suggest that children as young as twelve are not ignorant of sex related issues and already have extremely complex belief systems which should be taken into account when promoting safe sex.

References


Table 1  Factual information in the reports

<table>
<thead>
<tr>
<th>Percentages and numbers of subjects making statements on:</th>
<th>12/13 yrs</th>
<th>16/17 yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>i) function of condoms to prevent:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>pregnancy</td>
<td>71% n=105</td>
<td>67% n=42</td>
</tr>
<tr>
<td>the transmission of HIV</td>
<td>45% n=67</td>
<td>49% n=30</td>
</tr>
<tr>
<td>the transmission of STDs</td>
<td>40% n=59</td>
<td>33% n=21</td>
</tr>
<tr>
<td>ii) condoms can be obtained from:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>family planning clinics</td>
<td>2% n=3</td>
<td>11% n=7</td>
</tr>
<tr>
<td>pubs</td>
<td>1% n=2</td>
<td>16% n=10</td>
</tr>
<tr>
<td>toilets</td>
<td>34% n=50</td>
<td>30% n=19</td>
</tr>
<tr>
<td>chemists</td>
<td>55% n=81</td>
<td>51% n=32</td>
</tr>
<tr>
<td>from supermarkets</td>
<td>16% n=23</td>
<td>18% n=11</td>
</tr>
<tr>
<td>iii) how to use condoms</td>
<td>65% n=96</td>
<td>48% n=30</td>
</tr>
</tbody>
</table>