

RISKY SEXUAL BEHAVIORS IN STUDENTS: SEXUAL COMMUNICATION, DEPRESSION, AND CONDOM USE

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The college environment creates an array of new freedoms and choices for students. Of these new opportunities, choices relating to sexual behavior often seem important. Within such an environment, students may have an increased opportunity to engage in sexual behavior. Of those who are sexually active, the potential to engage in risky sexual behaviors is elevated. Risky sexual behaviors encompass a variety of psychosocial and behavioral issues; condom use, sexual negotiation, number of partners, non-disclosure of sexual history, and substance-use in the situational context of sex.

By nature, risky sexual behaviors put an individual at increased risk for unwanted pregnancy and for contracting sexually transmitted diseases, including HIV. Desiderato & Crawford (1995) found a third of undergraduates in their study reported more than one sexual partner and three quarters reported inconsistent or no condom use. Recent studies report associations between risky sexual behavior and various psychosocial variables. In multiple studies within college populations, risky sexual behaviors (i.e. unprotected sex, lack of condom use, sex with unsafe or drug using partners) were associated with higher levels of perceived stress and higher levels of depressive symptoms (Jackson, 2005; Mazzaferro, Murray, Ness, Bass, Tyus, & Cook, 2006). In a 2004 study, attitudes about condom use were associated with intention to engage in risky sexual behaviors (Maisto, Carey, Carey, Gordon, Schum, & Lynch, 2004). Additionally, students in this study who consumed alcohol prior to sex had poorer sexual negotiation skills and were associated with greater risk of engaging in risky sex. In a separate study, negative condom-related attitudes and relationship status were associated with a greater frequency of risky sexual behaviors (Sterk, Klein, & Elifson, 2004). Recent research suggests that condom embarrassment was associated with less condom use and increased sexual risk behavior (Schuster, 1998). A review of the literature is unclear as to whether these psychosocial factors are a cause or consequence of engaging in risky sexual behaviors, however the question merits further examination. The present study investigates the relationships between risky sexual behavior and a combination of psychosocial factors (depressive symptoms, health protective sexual communication, and condom embarrassment). We hypothesized that health protective sexual communication, depression, and facets of condom embarrassment would explain a significant portion of the variance in the level of risky sexual behavior in college students.

The current study uses a diverse sample (n=643, 70% female, 21% African American, 61% Caucasian, 8% Hispanic, 4% Asian American, 6% other ethnic background, aged 18 to 49) recruited from a state college located in a major southern metropolitan area to examine variables that are associated with levels of self-reported risky sexual behavior in college students. Based upon our literature review we measured several correlates of risky sexual behavior that included health protective sexual communication (HPSC; Catania, 1998), level of depressive symptoms (CES-D; Radloff, 1977), and three dimensions of condom use embarrassment; condom expectancy, self-consciousness, and psychological discomfort with condom use (CES; Vail-Smith, Durham, & Howard, 1998). An elevated score on the HPSC indicates a higher level of health protective sexual communication. A high score on the CES indicates more condom embarrassment. We created the Self-report Risky Sexual Behaviors Scale (SRSBS), which is a 20-item measure of standardized sexual risk behaviors; self-reported unprotected sex, condom usage, substance use in the context of sex, and sexual negotiation. A higher score indicates greater reported incidence of risky sexual behaviors and, conversely, a lower score indicates lower reported incidence. In our sample, Cronbach's alpha was found to be .79.

We constructed a model to explore which variables would account for the variance in risky sexual behaviors in our sample. After controlling for demographics, an exploratory hierarchical linear regression analysis was able to explain 37% of the variance in risky sexual behaviors [adjusted $R^2 = .37$, $F(15,643) = 26.91$, $p < .001$]. Two of our variables of interest, health protective sexual communication ($t = -12.31$, $p < .001$) and depression ($t = 4.28$, $p < .001$), significantly predicted higher incidence of self-reported risky sexual behavior. Unexpectedly, two of the three condom embarrassment sub-scales, condom expectancy ($t = -6.35$, $p < .001$) and self-consciousness ($t = -4.57$, $p < .001$) were significantly negatively associated with higher levels of risky sexual behavior. Opposite to those relationships, the third condom embarrassment sub-scale, psychological discomfort with condom use ($t = 6.34$, $p < .001$), was positively associated with higher levels risky sexual behavior. In addition, several of our demographic variables were predictors of higher levels of self-reported risky sexual behavior; these included being in a romantic relationship ($t = 4.34$, $p < .001$), working a full-time job ($t = 1.48$, $p < .05$), and reporting a lower cumulative GPA ($t = -2.84$, $p < .01$) predicted higher levels of self-reported risky sexual behaviors.

Our results present a complex picture of risky sexual behaviors in college students and are important because they identify psychosocial factors that may play a role in a student's choice to engage in risky sexual behavior. As predictors of risky sexual behavior, these psychosocial factors may be beneficially relevant to prevention strategies or as components of interventions that aim to reduce risky sexual behaviors. Clinicians who work with students who are depressed should address attitudes toward condom use and sexual communication issues. Outreach programs on campus to at-risk populations (i.e. fraternities/sororities, sports teams and freshmen) that include information about sexual communication strategies and condom use attitudes may help to reduce risky sexual behaviors.

Additionally, our findings that being in a romantic relationship and working full-time are important factors in the life of college students are clinically relevant. They suggest that stress management skills and perhaps relationship groups would be helpful in uncovering factors that may be related to engaging in risky sexual behaviors.

Due to our study's cross-sectional, correlational design, we cannot infer causality from our results. However, we recommend that future research employ a longitudinal design that will help to determine the direction of the relationships for these variables of interest.