

2012

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Degree Type

Open Access Senior Honors Thesis

Department

Health Sciences

First Advisor

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SEXUAL RISK TAKING BEHAVIORS OF EMU RESIDENTS

By

Jennifer Barker

A Senior Thesis Submitted to the

Eastern Michigan University

Honors College

in Partial Fulfillment of the Requirements for Graduation

with Honors in Health Administration

Approved at Ypsilanti, Michigan, on this date

May 15, 2012

Sexual Risk Taking Behaviors

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Jennifer Barker

Eastern Michigan University

Abstract

Teens and young adults are being infected with sexually transmitted diseases and experiencing unplanned pregnancy at an alarming rate. A survey of Eastern Michigan University students living in the residence halls identifies the sexual risk taking behaviors they are taking that lead to these consequences. This survey will allow Residence Life and other university staff to better educate the students with the knowledge needed to protect themselves against sexually transmitted infections and unplanned pregnancy.

Introduction

It is alarming how many young adults have had a sexually transmitted infection or disease (STI/ STD). According to Washtenaw County's website, Eastern Michigan University's campus has one of the highest rates of combined chlamydia and gonorrhea for teenagers, ages 13 to 18, compared to teens in surrounding areas. Washtenaw County's website also shows that in 2010, there were 20 new cases of the Human Immunodeficiency Virus, or HIV; 14 of which were from people ages 15 to 29. The following research will attempt to ascertain the sexual risk taking behaviors of students living on Eastern Michigan University's campus.

Literature Review

According to the 1995 National College Health Risk Behavior Survey, 86.1% of the surveyed college students reported that they have had sexual intercourse. Of those 86.1% of sexually active college students, less than a third reported using a condom during the last time they had sexual intercourse (Douglas et al., 1997). Similarly, in a study of unmarried college students, 28% of the sexually active women sampled reported that they did not use any form of contraceptive during the most recent time they had sexual intercourse (Foreit & Foreit, 1981). With a large percentage of the college student population being sexually active, it is not

unreasonable to expect high counts of pregnancy and STIs if these students are not protecting themselves.

Another predictor of STI risk is the number of sexual partners one has: The more sexual partners one has, the greater the risk of contracting an STI. The National College Health Risk Survey shows that 31.8% and 37.8% of women and men respectively have had more than six sexual partners in their lifetimes (Douglas et al., 1997). Homosexual men were also found to typically have a higher number of partners than any other sexual preference (Eisenberg, 2001).

Paul, McManus, and Hayes defined a hook up as, “A sexual encounter, usually lasting only one night, between two people who are strangers or brief acquaintances. Some physical sexual interaction is typical, but it may or may not include sexual intercourse” (2000). Over three quarters of the sample from their study had ever experienced a hook up. Parsons, Halkitis, Bimbi, and Borkowski explain that people who are in love and in a relationship are among the most likely to practice safer sex (2000). This suggests that people that engage in hook ups are less likely to practice safer sex and are therefore at greater risk of contracting and STI/STD and becoming pregnant.

There seems to be several reasons for young adults to be participating in risky sexual behaviors. Zaleski and Schiaffino’s study of students in a private Catholic university shows that the more religious a college student is, the less likely he or she is likely to be sexually active. But the same study also shows that if the student is sexually active, he or she is less likely to use condoms (2000).

Temptation also seemed to be a factor in determining risk taking behavior. Students may believe that not using condoms feels better when one is depressed, when one is in love with his or her partner, and when one is intoxicated (Parsons et al., 2000). Alcohol seems to play a

significant role when looking at sexual risk taking behaviors and temptation, too. If someone is intoxicated and hooking up, there is a greater likelihood that the hook up will involve more “sexual involvement,” and the intoxication makes, “attempts to stop short of sexual intercourse unlikely and ineffective” (Paul, McManus, & Hayes, 2000). The greater sexual involvement is a risk factor for contracting STIs or becoming pregnant.

It is possible that students are just not well informed about STIs and how they are contracted, and therefore do not know how to protect themselves from them. In a study that looked at people’s definition of sex, 60% said that oral sex was not real sex (Sanders & Reinisch, 1999). Several STIs can be contracted through oral sex, and if 60% do not consider oral sex real sex, they are left vulnerable. Research has also found that education regarding HIV and AIDS (Acquired Immune Deficiency Syndrome) is most popular, and other SDIs are no longer covered as much (Marek et al, 2011). This leads to people not knowing how to protect themselves from the less common diseases.

Some college students believe that their parents are knowledgeable when it comes to sexual related topics, and over half of the parents studied felt that they were a good resource for their children. This study showed that 40% of parents believe that using a condom could protect someone against getting the Human Papilloma Virus, or HPV, when in reality, condoms will not necessarily protect someone from contracting HPV (Marek et al., 2011). If parents believe that they are a good resource of information they could misinform their children about STIs which would lead to the children not knowing how to protect themselves against these STIs.

This literature review demonstrated that young adults are in fact participating in sexually risky behaviors, namely unprotected sex and having a high number of partners, which could lead to a high number of sexually transmitted infections and pregnancies. Some possible reasons for

participating in these sexually risky behaviors could stem from their religion, temptation, and not being well informed about sexually transmitted infections and how to protect themselves from them. The subsequent research will determine the sexual risk taking behaviors of students living on Eastern Michigan University's campus and some potential reasons for doing so.

Methods

Background research identified four specific areas that determine how risky one is being when engaging in sex. If a person has a high number of partners, does not use a barrier or birth control, or uses drugs and/or alcohol *before* engaging in sex, he or she is more likely to contract an STI or become pregnant. The purpose of this study was to determine what sexual risk taking behaviors Eastern Michigan University residents were participating in, and it examined why residents were making the choices that lead to those negative outcomes. A copy of the survey is located in Appendix B.

Participants

Three hundred and thirty-three residents of Eastern Michigan University self-selected into this study. Participants were between 18 and 31 years old. One hundred of the participants identified their gender as male, 228 identified as female, and one person identified as transgender. An overwhelming majority (86.5%) of the participants reported their sexual orientation as heterosexual. The remaining 13.5% of the sample included homosexual (gay and lesbian distinctions), bisexual, and questioning sexual orientations. The freshman class dominated the sample at 45%, and the remainder of the sample included 24.8% sophomores, 15.6% juniors, 12.8% seniors, and 1.8% graduate students. Respondents were not overly ethnically diverse as 78% of them were Caucasian, 18.5% were African American, and everyone

else reported an ethnicity of Hispanic, Native American, Asian, Pacific Islander, or other, which included multiple ethnicities. A wide variety of academic majors were reported.

Materials

The materials in this study consisted of an electronic survey that was created on SurveyMonkey.com. A copy of this survey is located in Appendix B. An electronic survey was chosen for several reasons. First, an electronic survey was the easiest, most reliable, and most cost effective way to reach the approximately 3,000 residents that live on Eastern Michigan University's campus. Second, since the content of the questionnaire was of a sexual nature, an electronic survey provided an anonymous format for residents to submit their honest answers without fear of being judged.

Survey Design

The survey instrument consisted of 20 questions. Of these, six questions asked about the resident's demographics, including age, gender, ethnicity, sexual orientation, education level, and academic major. The heart of the survey consisted of a mixture of questions. Some of them could be answered using a designated Likert scale, while others provided an open comment box. For example, the survey asked the respondents to rate how often they chose to use a barrier while engaging in sexual activity. The choices were as follows: Every time, Frequently, Sometimes, Rarely, Never, and N/A. A related question asked the participant why he or she chose to use or not use barriers while engaging in sexual activity and the participant was free to provide an explanation in the comment box.

The following definitions were provided throughout the survey so each participant had the same understanding of words that are commonly interpreted in different ways.

- Sexually Active- For the purposes of this study, someone was considered sexually active if he or she had ever participated in oral, vaginal, or anal sex.
- Barrier- A barrier includes a condom, female condom, or dental dam.
- Birth Control- This could be in the form of a condom, the pill, a vaginal ring, or IUD.

Procedure

After receiving approval from the College of Health and Human Services Human Subjects committee in mid-March of 2012, the survey instrument was distributed to all of the residents living in a residence hall via email by the Associate Director for Residential Services at Eastern Michigan University. Students residing in an on campus apartment were not included. A copy of the exact email is located in Appendix A. The informed consent was also a part of this email. If the participant felt comfortable answering questions about their sexual history, he or she was invited to open the survey link provided at the end of the email. Once the survey was opened, the participant was thanked for taking part in the survey, and also reminded that they could discontinue the survey at any time. The survey was left active for three days. If residents tried to access the survey after the survey had been closed, they were notified that the survey period had ended.

Data

As expected from the background research, only about 80% of the respondents reported being sexually active. More than half of the sample reported having “the sex talk with a trusted parent or other adult. Almost 5% reported having been diagnosed with a sexually transmitted disease or infection.

Number of Partners

The questionnaire asked two questions about the number of sexual partners the respondents had. First they were asked how many partners they had in their lifetime followed by how many partners they had since September 2011, or the beginning of the current school year. Comparing these two data sets showed that 108 residents had not been sexually active before September of 2011. Also since September of 2011, 55 residents reported have three or more (up to nine) sexual partners, which at the time the survey was distributed made the time frame just over six months.

Barrier Use

Twenty-eight percent of the sample reported that they “always” used a barrier while engaging in sexual activity. Since this question did not apply to roughly 20% of the sample, this means that about 50% of respondents did not use condoms every time they participated in a sexual activity. Over one-third of the sample reported using a barrier “frequently,” “sometimes,” or rarely. About 14% reported never using a barrier while engaging in sexual activity.

In an open ended question format, residents were asked why they chose to use or not use a barrier when engaging in sexual activity. The participants who used a barrier wrote comments acknowledging that barriers prevent the transmission of disease and pregnancy. Some respondents said that they could not afford to take care of a baby right now or that they wanted to finish college before having children. Participants also commented on the reasons they chose not to use a barrier when engaging in sexual activity. These responses included the following:

- Having sex wasn't planned and we didn't have any condoms. It was just spur of the moment.
- It is inconvenient to find a barrier or they're too expensive.
- I don't need to use a barrier for oral sex.

- I can perform longer when not using a barrier.
- Sex feels better without a barrier. “It’s like numbing your taste buds and then eating cake.”
- My partner and I have both been tested for STIs, and since we trust each other, we don’t need to use one.

Birth Control Use

Due to an error in wording on the questionnaire, the results about the use of birth control come from question 10. Almost half (48.1%) of the sample reported using a form of birth control every time they engaged in sexual activity, which leaves the other half of the sample that use birth control less than always. Particularly, 7.8% of the participants reported never using birth control while engaging in sexual activity.

Residents were also asked to comment on why they chose to use or not use a form of birth control while engaging in sexual activity. People who chose to use birth control commented on the obvious: they were using it in order to avoid becoming pregnant. Many respondents commented on the expense of caring for a child being more than they were able to afford at that time. Reasons for not using birth control included:

- Having sex wasn’t planned and we didn’t have any birth control.
- We forget to take it.
- We can’t afford birth control.
- Don’t want to deal with the side effects of the pill or the interactions of the pill with other medications.
- Don’t want to talk to parents about using it.

- Pro life personal beliefs.

Drug and Alcohol Use

Only 41.6% of the survey participants reported never using drugs or alcohol before engaging in sexual activity, and 23.3% rarely use drugs or alcohol before engaging in sexual activity, which leaves over one-third of residents who sometimes, frequently, or always use drugs or alcohol before engaging in sexual activity. A fair number of students acknowledged in the comment box that they didn't want to use drugs or alcohol before engaging in sexual activity because they wanted the sexual encounter to be more intimate, and they wanted to remember and cherish that experience with their partner. When asked why they chose to use drugs or alcohol before engaging in sexual activity, an overwhelming majority of respondents explained that they didn't plan on drinking and then having sex, the sex "just happened." "It's now like I choose to drink and then have sex. I go out drinking and end up going home with someone." Some people also reported that using a substance before having sex enhances the pleasure received from that activity.

Discussion

It is clear from the data above that residents of Eastern Michigan University are participating in some risky sexual behaviors. Some residents reported a high number of partners which makes them more at risk for acquiring or spreading sexually transmitted infections. These residents are also not in the habit of always practicing safe sex either. A significant number of survey respondents do not always use a barrier or birth control. Of particular interest in this

study was how many residents were not using condoms or birth control. A filter was used to only looking at residents who responded that they fit the following criteria:

- 1- The resident was sexually active and
- 2- The resident answered “never” when asked how often he or she used a barrier

Results showed that 25% of the respondents that met the previously mentioned criteria also never used birth control. A significant number of participants also reported using drugs or alcohol before engaging in sexual activity. While under the influence, one is much less likely to remember to use a barrier or birth control, which also puts him or her at a much higher risk for contracting or spreading a sexually transmitted infection.

Since almost half of this sample was made up of freshman, it could be interpreted that it is a lot of the freshman class that are participating in these sexually risky behaviors. Through off-the-record discussions with other student, staff, and faculty, hypotheses have been made that since the freshman are no longer at home and under the control of their parents, it is easier for them to explore their sexual freedom.

It is apparent that residents of Eastern Michigan University’s campus have many needs toward their sexual health, mostly in the form of education. It is possible that these residents don’t have the knowledge on how to practice safe sex or the consequences of not practicing safe sex; however, it is much more likely that they lack the resources necessary to practice safe sex. Many of the respondents commented that barriers and birth control were not affordable or available. Since free condoms are provided at the University Health Services office, the resident’s either don’t know they’re available, or it is too inconvenient to retrieve them.

Recommendations

A presentation of this research was given at the 2012 Undergraduate Symposium and for two Winter 2012 sections of the Lifetime Wellness and Fitness course. During these presentations, viewers were asked for their suggestions of ways to make an impact and change sexual risk taking behaviors. The following paragraphs will discuss the most common recommendations that were made by the presentation viewers.

The most popular recommendation was to post graphic pictures of what sexually transmitted infections look like around the residence halls in order to persuade residents to use protection. Coming from someone who has worked in the residence halls, this may be an effective way to discourage residents from partaking in risky behaviors; however there are some potentially negative consequences. Some residents may find the images very disturbing, which does not provide an atmosphere conducive to learning and education.

Another recommendation was to provide condoms in the residence halls either for free or at a low cost. There was much discussion about where the best place to have the “condom station” would be, and it was ultimately decided that a condom dispenser should be placed in the women’s and men’s public restrooms in each hall. Residents would have a convenient yet discrete way to acquire condoms and protect themselves against sexually transmitted infections and unwanted pregnancy.

One final recommendation that was provided by a student of the Lifetime Wellness and Fitness class was to require freshman to take a mandatory educational course after they moved into their residence hall but before classes started for the semester. This course would teach residence about sexual health and safe sex practices, as well as about alcohol and drug awareness. Residents would have to pass a final, just like in a regular university course, in order

to remain eligible to reside on campus. The student who recommended this said that she had to take part in a similar course at the first university she attended.

As a member of the Residence Life staff, I believe the best recommendation would include aspects of the two previously recommended actions. I think that if condoms were more easily accessible that more residents would use them, and I believe that almost every freshman would benefit from a sex, drug, and alcohol awareness course. I also know that it is the role of the Resident Advisor to plan programs around the needs of his or her floor community. I believe the research from this study shows a clear need for sexual health programs in the residence halls.

Future Work

Future work on this study would include performing more inferential statistics to answer some of the following questions:

- Did residents who started having sex at an earlier age participate in more or less risky behavior?
- Does an additional level or year of education impact the amount of risky behaviors residents are partaking in?
- Does sexual orientation impact the amount of risky behaviors residents are partaking in?
- Does the choice of academic major impact the amount of risky behavior residents are partaking in? For example: Is a resident with a health focused major less likely to participate in risky sexual behaviors?
- For those who reported only engaging in oral sex, how often are they using a barrier?

A future questionnaire could include questions about resident's religious beliefs to determine if they impact sexual risk taking behavior, as the literature review suggests it would. Also, it

would have been helpful to ask which residence hall the participants resided in so a detailed description of each hall's specific needs could be provided.

Acknowledgements

I would like to thank Dr. Colleen Croxall, Brian Fitzgerald, Dr. James Thornton, EMU Residence Life and Residential Services Staff, and the Honors College for their support and assistance with my Senior Thesis. Dr. Croxall was a great faculty advisor and mentor, and this project would not have been possible without her support. Brian Fitzgerald played an essential role in distributing my survey and I sincerely appreciate Dr. Thornton's guidance in the analysis and understanding of my results. Residential Life and Residential Services Staff have provided continued support, for which I'm very grateful. This survey was also made possible through funding by the Honors College.

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Appendix A: Email from Associate Director for Residential Services/ Informed Consent

This is the email that was sent out by the Associate Director for Residential Services at Eastern Michigan University and it was titled: Quick Survey for an Honors Student.

I am sending out this survey on behalf of a student seeking help on an honors thesis. It should only take a few minutes and will help someone with her academic pursuits.

My name is Jen Barker and I am a senior in the Health Administration program. I am completing my Honors Thesis this semester about residents at Eastern Michigan University and their sexual behaviors. I would like to ask you to take part in this short survey. The survey should take roughly 5 minutes to complete.

Please understand that this survey is confidential and does not collect any identifying information. While there should not be a risk to you in participating in this study, there is the possibility that as you respond to the questions you may feel some distress through identifying painful experiences from your own past. If you feel any such discomfort, you have the right to stop at any time and seek assistance. The number for Counseling and Psychological services is 734.487.1118.

There will be no repercussions for ending the survey, no matter the circumstance. This research protocol and informed consent document has been reviewed and approved by the Eastern Michigan University Human Subjects Review Committee for use from today through the end of this semester.

If you have any questions regarding the consent agreement and research protocol approval procedures please contact chair of the CHHS Human Subjects Review committee, Dr. Gretchen Reeves, 305 Marshall, 734-487-0077, greeves@emich.edu.

Results from this study may be published on the Honors College website. If you have any other questions, please contact me at jbarker5@emich.edu, or my faculty sponsor, Colleen Croxall, at ccroxall@emich.edu.

Please click on the link to take the survey (or cut and paste it into a browser window):

<https://www.surveymonkey.com/s/PQBHJRW>

Thank you!

Sincerely,

Jennifer Barker

Appendix B: Electronic Questionnaire

Hello. Thank you for your participation in this survey! Please answer all questions to the best of your ability. If you feel uncomfortable at any time, feel free to end the survey.

1. Have you ever been sexually active? For the purposes of this survey, sexually active is defined as having had oral, vaginal, or anal sex.

- Have you ever been sexually active? For the purposes of this survey, sexually active is defined as having had oral, vaginal, or anal sex. Yes
- No

2. At what age did you become sexually active?

At what age did you become sexually active?

3. Did you have "the sex talk" with a parent or trusted adult?

- Did you have "the sex talk" with a parent or trusted adult? Yes
- No

Other (please specify)

4. What type of sexual activity have you engaged in? Check all that apply.

- What type of sexual activity have you engaged in? Check all that apply. Oral Sex
- Vaginal Sex
- Anal Sex

5. How many sexual partners have you had in your lifetime?

How many sexual partners have you had in your lifetime?

6. How many sexual partners have you had since September 2011?

How many sexual partners have you had since September 2011?

7. How often do you and/or your partner use a barrier, such as a condom, female condom, or dental dam while having oral, vaginal, and anal sex?

How often do you and/or your partner use a barrier, such as a condom, female condom, or dental dam while having oral, vaginal, and anal sex? Every time

Frequently

Sometimes

Rarely

Never

N/A

8. How often do you use a form of birth control when you engage in vaginal sex? Birth control can include condoms, pills, vaginal ring, and IUDs.

How often do you use a form of birth control when you engage in vaginal sex? Birth control can include condoms, pills, vaginal ring, and IUDs. Always

Frequently

Sometimes

Rarely

Never

N/A

9. Why do you choose to use or not use a barrier?

Why do you choose to use or not use a barrier?

10. How often do you and/or your partner use a form of birth control when you engage in vaginal sex? Birth control can include condoms, pills, vaginal rings, or an IUD.

- How often do you and/or your partner use a form of birth control when you engage in vaginal sex? Birth control can include condoms, pills, vaginal rings, or an IUD. Every time
- Frequently
- Sometimes
- Rarely
- Never
- N/A

11. Why do you choose to use or not use birth control?

Why do you choose to use or not use birth control?

12. How often do you use drugs or alcohol before engaging in sexual activity?

- How often do you use drugs or alcohol before engaging in sexual activity? Every time
- Frequently
- Sometimes
- Rarely
- Never

N/A

13. Why do you choose or not choose to use drugs or alcohol before engaging in sexual activity?

Why do you choose or not choose to use drugs or alcohol before engaging in sexual activity?

14. Have you ever been diagnosed with a sexually transmitted disease or infection?

- Have you ever been diagnosed with a sexually transmitted disease or infection? Yes
- No

The following questions are for demographic purposes only.

15. What is your age?

What is your age?

16. What is your class standing?

- What is your class standing? Freshman
- Sophomore
- Junior
- Senior
- Graduate Level

17. What is your gender?

- What is your gender? Male
- Female

Other (please specify)

18. What is your sexual orientation?

- What is your sexual orientation? Straight
- Gay
- Lesbian
- Bisexual
- Questioning

Other (please specify)

19. What is your race?

- What is your race? Caucasian
- African American
- Hispanic
- Native American
- Asian
- Pacific Islander

Other (please specify)

20. What is your major?