

The Intention Model of Using Condom among the Youth in the Communities of Thailand

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Abstract. The objectives of the cross-sectional research were to explain and investigate the factors affecting on the intention of using condom, and to formulate the intention model among youth in the communities of Thailand. Data were collected through a questionnaire of which reliability and validity from 800 samples of the youth, selected by multi-stage sampling, in 16 communities in 8 provinces under the Local Administration Organization from 4 regions of Thailand, and analyzed by using descriptive statistics and logistic regression. The results showed that the intention of using condom were 49.1%. The mean age of the intended group was 18.44 years old, higher than the non intended group. The result identifies nine independent variables significantly influencing the intention of using condom; self efficacy for the prevention of AIDS/STIs (p-value = 0.000), participation and, decision on, the prevention of AIDS (p-value = 0.000), learning and, access, to condom service (p-value = 0.000), age (p-value = 0.000), gender, (p-value = 0.000), learning AIDS in the family/community (p-value = 0.003), education (p-value = 0.011), residence (p-value = 0.026) and attitude on AIDS (p-value = 0.028). Those affecting factors were taken to construct the intention model of using condom and could predict model at 30.8 %. The intention of using condom model be equal to constant (0.123) + SEP (0.621) + ED (0.462) + LACD (0.326) + PDPA (0.263)+ AGE (0.139) – LAFC (0.237) – AT (0.437) – GEN(1.318)- RES (2.430). The study recommends that there should be; intervention of the youth, provision of the condom service and policy establishment to support the understanding of using condom among the youth.

Keywords: Model Intention, Condom, Youth, Community.

1. Introduction

World Health Organization (WHO) revealed that 15 to 24 years old accounted for an estimated 40% of all new HIV infections among adults worldwide in 2009. Every day, more than 2400 young people get infected and globally there are more than 5 million young people living with HIV/AIDS¹. Moreover, WHO showed 16 million adolescent girls give birth every year. The causes of that were several factors such as unsafe sex behavior, socio-economic and education². This includes the use of condoms to prevent sexual transmission infections (STIs) of the virus. Currently, only 36% of young men and 24% of young women have the comprehensive and correct knowledge of how to prevent HIV².

In the case of Thailand, the figure showed that 20% of the proportion of young people under 19 years old were newly infected with STIs cases, and it is increasing every year³. It means the numbers of new HIV infection in young people were increasing as well. Besides, the Bureau of Control Disease revealed the increasing trend of the adolescent pregnancy which is about 3.6 % per year or 700,000 adolescent pregnancy a year⁴. The causes of the increasing HIV and adolescent pregnancy were the same as WHO. Considering the study, it showed that the youth have sexual risk behavior and the female youth do not use condom is 70 % and 40% of male youth in their last sexual partner. Most, particularly females and older youth, also did not always use condom with their last sexual partner⁵.

As a result of not using condom, not only the youth get infected with HIV and STIs, but also lead to various problems such as maternal death from unsafe abortion and low birth weight which can have a long-term impact on their health and development², quality of life in infected newborn with HIV and the right of HIV children³. **These problems are the obstacles** causing problems in the development of human

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beings in the countries. The solution on the intention is a crucial study because it leads to habitual behavior⁶, especially intention of using condom. Thus, this study explains the intention of using condom, investigate affecting factors and construct intention model of using condom among the youth in the communities of Thailand.

2. Literature Review

2.1. Concepts Theories

Fishbein and Ajzen⁶ developed the theory of reasoned action and they believed that behavior is predicted by intention of behavior. Key elements of this theory includes behavior, intention, attitude toward performing behavior, subjective norms and external factors (demographics variables personality traits, attitudes toward target and other factors). The social cognitive theory and the self efficacy theory were constructed by Bandura^{7,8}. The key concept of the social cognitive theory included three elements which are related to each other such as human behavior factors, environmental factors and personal factors. Meanwhile, self efficacy theory consisted of self efficacy or expectation, outcome expectation and behavior. The assumption of this theory believed that behavior was determined by self efficacy or expectation determined through outcome expectation.

2.2. Literature Research

Kocken, et. al.⁹ studied about the relevance of cultural factors in predicting condom use intentions among immigrants from Netherlands Antilles. The study showed that 66.2 % of responders were intent on using condom, and also founded the primarily determined perceived subjective norms, the perceived taboo on discussing sex, machismo attitudes, gender, age and educational background. This study was similar to Buamanet, et. al.¹⁰ showed gender were associated with the intention of using condom while Shercliffe, et al.¹¹ founded the sample having sex at their later age got a higher score level of self-efficacy to use condom. Peltzer¹² studied about the prediction of the condom using intention among the South African university students revealed attitude, perception of obstacle and self efficacy predict condom using intention. This study was in line with Wulfert and Wan¹³'s finding showing perceive social support and self- efficacy related to safe sex and condom using intention.

In the case of Thailand, there were rare researches on the intention of using condom. A study in 1994 about the factors affecting the intention of using condom in men conscript showed that the intention of samples were at high level. This study did not only found that attitude on using condom and subject norm of group related to intention of using condom, but also predicted the intention of using condom at 11.76 %¹⁴. However, many studies in Thailand revealed the various results on the condom using behavior in the youth. Prasartwanakit¹⁵ found only 29.8 % of males and 35.2 % of females used a condom at their first sexual intercourse. It was incongruence with the study of Chaleekrua¹⁶ which revealed only 36.4 % of adolescents had using condom at the last 12 months and only 12 % of the youth using condom regulatory with their partners because of trust as claimed by the national report¹⁷.

As a summary of all the above studies and researches mentioned the conceptual framework of this study consist of 14 variables as follows; Dependent variables were gender, age, education, resident, AIDS activity, process of learning AIDS and sex education, learning and access to condom service, learning AIDs in the family/ community, participation and decision on the prevention of AIDS, participation with Local Administration Organization(LAO), attitude on AIDS, knowledge of AIDS and self efficacy for the prevention of AIDS/STIs. Independent variable was the intention of using condom.

3. Research Methodology

This samples in this cross-sectional research were 800 youth who were school leaves, age 14-24 years old and randomized by multi-stage sampling consists of 4 steps as follows; the first step was the division of regions of Thailand into 4; the north region, the south region, the central and west region and the east region, the second step province were chosen purposively from each region; one province was provincial Coordinating Mechanism(PCM) and Patient with HIV and AIDS Friendly Services (YPFS) and another was non PCM and YPFS. The third step, 2 communities undertaken by Local Administration Organization (LOA) from each province were selected; one was a community with LAO was a community with LAO

acting on AIDS activities, another was a community with non acting on AIDS activities. The last step, 50 youth was purposively chosen from 16 communities with the total of 800 samples.

The research instrument was a questionnaire, constructed by researchers and consists of 7 parts as follows; the first part was 7 items of demographics and social data. The second part were 22 items which consists of 3 items in process learning of AIDS and sex education, the 5 items in learning and access to condom service, 6 items in learning AIDS in the family/ community, 4 items in the participation and decision on the prevention of AIDS, 4 items in the participation with LAO. The third part was the 10 items of attitude. The fourth part was 3 items of knowledge on AIDS. The fifth part was the 7 items of self efficacy for the prevention of AIDS/STIs and last part was the intention of using condom.

Before conducted, the questionnaire was verified its in content validity by expert groups and researcher groups working on AIDS and STIs areas, and its reliability by using Kuder-Richardson-20 was 0.88 and , attitude on AIDS and self efficacy by Cronbach's Alpha coefficient were 0.81 and 0.74. Data were analyzed by using descriptive statistics and logistic regression.

Ethical research: This research was approved by the Ethical Committee of Ministry of Public Health Office of Thailand.

4. Results and Discussion

4.1. Results

Data showed that 50.8% of the gender was female; 72.6 % of age was 14-19 years and the mean age was 17.97 years old; 52.2 % of the samples had studied in high school and higher than high school. Almost all of the samples at 98.98 % live with their families and cousins and 59.8% participated with AIDS activity. The intention of using condom among the youth in the community showed that 50.8 % had no intention and 49.1% had intention. The distribution of condom-use intention revealed that 69.9 % of the gender was male; 51. % studied high school and higher than high school; 97.7% stay with their families and cousins and; 57 % have never participated with AIDS activity. The perception of AIDS information of respondents showed that 18.5% came from television and 4.5% from parents. The mean age of condom-use intention was 18.44 years whereas the mean age of non condom-use intention was 17.46 years.

The result of logistic regression of condom-use intention appeared in Table 1. Three models were examined and the results were as follows;

In Model 1, demographics and social data revealed that all variables were significant. These were age (p-value = 0.000) and gender (p-value = 0.000) , AIDS activity (p-value = 0.006) , education (p-value = 0.010), and residence (p-value = 0.026).

In Model 2, 5 variables were added such as the process of learning AIDS and sex education, learning and access to condom service, learning AIDS in the family/community, participation and decision on the prevention of AIDS, and participation with LOA. It revealed that 4 significant variables were strong such as the prevention of AIDS and participation with LOA (p-value = 0.000), learning of condom service (p-value = 0.000), age (p-value = 0.000) and gender(p-value = 0.000). Besides, the study showed 2 significant variables were likely strong, these were learning of social environment (p-value = 0.007) and education (p-value = 0.008).

Model 3 covered all variables, it showed that 5 significant variables were very strong such as self efficacy for the prevention of AIDS/STIs (p-value = 0.000), participation and decision on the prevention of AIDS (p-value = 0.000) , learning and access to condom service (p-value = 0.000), age (p-value = 0.000) and gender(p-value = 0.000). The study showed not only the strong and significant variables but also showed that learning AIDS in the family/community were likely strong and significant (p-value = 0.003) and 3 significant variables were significant such as education(p-value = 0.011), resident (p-value = 0.026) and attitude on AIDS (p-value = 0.028).

From Model 1 to Model 3 Nagellkerke R Square increased, Model 3 was the fittest model for this study. Thus, the intention model in this study was constructed by 9 significant variables affecting the condom using intention such as self- efficacy for the prevention of AIDS/STIs, participation and decision on the prevention of AIDS, learning and access to condom service, age, gender, learning AIDS in the family/community, education, attitude on AIDS and residence. This Model 3 could be predicted at 30.8% and the statistical functions are as follows:

Intention model of using condom

$$= \text{Constant (0.123)} + \text{SEP(0.621)} + \text{ED (0.462)} + \text{LACD (0.326)} + \text{PDPA (0.263)} + \text{AGE (0.139)} - \text{LAFC (0.237)} - \text{AT (0.437)} - \text{GEN(1.318)} - \text{RES (2.430)}$$

Table 1: Logistic coefficients for regression of using condom.

\Variable	Model 1	Model 2	Model 3
	B (SE)	B (SE)	B (SE)
1. gender (GEN) [male/ female (ref.)]	-1.426 (.156)***	-1.355 (.165)***	-1.318 (.168)***
2. age (AGE)[high/ low (ref.)]	.168 (.031)***	.141(.032)***	.139 (.032)***
3. education(ED) [\geq high school /< high school (ref.)]	.444 (.172)**	.470 (.178)**	.462(.181)*
4. residence (RES)[dormitory/ family and cousins (ref.)]	-2.425 (1.801)*		-2.430 (1.092)*
5. AIDS activity(ACT) [yes/no (ref.)]	-.439 (.160)*		
6. process learning of AIDS and sex education (PLAIDS) [high/ low (ref.)]			
7. learning and access to condom service (LACD) [high/ low (ref.)]		.349 (.071)***	.326 (.073)***
8. learning AIDs in the family/community (LAFC) [high/ low (ref.)]		-.214 (.079)**	-.237 (.080)**
9. participation and decision on the prevention of AIDS (PDPA) [high/ low (ref.)]		.316 (.077)***	.263 (.078)***
10. participation with LAO (PLO)[high/ low (ref.)]			
11. attitude on AIDS (AT)[high/ low (ref.)]			-.437 (.102)*
12. knowledge of AIDS (K)[high/ low (ref.)]			
13. self efficacy for the prevention AIDS/STIs (SEP) [high/ low (ref.)]			.621 (.154)***
Constant	.159	-.123	.123
-2 log likelihood	967.201	918.024	898.686
Model Chi-Square	132.590***	190.766***	210.101***
Nagellkerke R Square	20.4	.283	.308

Wald test: * p-value < 0.05, ** p-value < 0.01, *** p-value < 0.001

4.2. Discussion

This study showed the intention of using condom was less than 50%. It was less than the study in Netherland¹⁰ and Thailand because the informants in this study were different ages from those previous studies.

The result identifies 7 independent variables; age, sex, residence, education, learning and access to condom service, and learning AIDs in the family/community were significantly affecting the **intention of using condom** among the youth which were conforming to the theory of reasoned action⁶ that claim demographic variables (age, sex, residence, and education), attitude toward targets and socialization affect to intention. As the study of Kocken, et. al⁹ showed that sex, age and educational background were intent on using condom. Besides, the results of this research were congruence with to the self- efficacy theory⁸, Shercliffe¹¹, et. al. and Peltzer¹². In addition, the result of this research also were consistent in the social cognitive theory⁷ that personal factors such as age, sex and education affected to covert behavior which is the intention of using condom.

Considering 3 models appear in Table 1, it showed that older females who stayed with their families/cousins and studied high school and higher had the intention of using condom. When 5 variables were added, the results of Model 2 revealed that older female who studied high school and higher had high score of learning and access to condom service and participation and decision on the prevention of AIDS affected to have intention of using condom. In contrast, Model 2 showed low scores of learning AIDs in the family/community affected to have intention of using condom, because of the culture of Thai people. It was in line with the study of Kocken, et. al.⁹. Model 3, covered all variables, found including residence. The fittest Model 3 showed the same characteristics as Model 1 and when added had high score of self efficacy for the prevention AIDS/STIs, learning and access to condom service and participation and decision on prevent AIDS affected to make the intention of using condom. Whereas high score of learning AIDs in the family/cousin and attitude on AIDS did not affect the intentions because Thai

youth might access to AIDS information from media rather than family or in community. As the statistical model, it showed that model related to Fishbein and Ajzen⁶ claimed that demographics variables and attitude affected the intention.

Recommendation of this research should take 3 actions on 3 issues as follows; Firstly, it should take action on the intervention of young female and male who study lower high school. Secondly, it should provide available condom services for youth. Lastly, it should set up policy to understand **for using condom in the youth.**

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