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ABSTRACT

This study tested the effect of varying levels of fearful information about sexually transmitted diseases (STDs) and self-efficacy of condom use on attitudes toward condom use and STD prevention. College students (N=118) from an introductory psychology class were exposed to audiotaped information about several STDs. Those in the high fear condition were simultaneously shown explicit photographic slides of the diseases being described. Those in low fear condition only heard the audiotape. Following the STD information subjects read information about the risk of contracting an STD and suggestions for avoiding STDs. Those in the low self-efficacy condition were informed only that if a partner refused to use a condom during sex they should not have sex with that partner. Those in high self-efficacy condition were also given suggestions on how to convince a partner to use a condom if the partner argued about it. Following all treatments subjects completed the Attitude Toward Condoms Scale. A control group who was not exposed to any manipulations simply filled out the questionnaires. The results suggested that exposure to explicit pho.ographs of diseased human genitalia resulted in a greater interest in taking steps to avoid STDs, as measured by the STD attitude scale. It is possible that self-efficacy manipulation did not produce a difference in groups because neither of the groups was discouraged from using condoms. (ABL)

The Effect of Fear-Inducing Stimuli Upon STD Attitudes

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Rogers' (1983) Protection motivation theory identified four components that play a role in fearful appeals to practice healthful behaviors (e.g., not smoking): 1) severity of the threat; 2) perceived susceptibility to the threat; 3) effectiveness of the recommended response (response efficacy); and 4) the individual's belief that he/she is capable of carrying out the adaptive response (self-efficacy). Rogers found that when response- and/or self-efficacy is high, then increases in severity or perceived threat lead to increased intention to perform the adaptive response. However, when efficacy levels are low, increases in threat and susceptibility either have no effect or backfire and result in increased intention to engage in a maladaptive behavior (e.g., smoking).

This study tested the effect of varying levels of fearful information about STDs and self-efficacy of condom use on attitudes toward condom use and STD prevention. We predicted that subjects who were given statements that enhance self-efficacy and had been exposed to stimuli that emphasized the severity of STDs would express the most positive attitudes toward using condoms and preventing STDs.

Method

Students from Wake Forest University Introductory Psychology classes (62 female, 56 male) were exposed to audio-taped information about several STDs (e.g., syphilis). Those in the high fear condition were simultaneously shown explicit

photographic slides of the diseases being described. Those in the low fear condition only heard the audio-tape. Following the STD information, the subjects read information about the risk of contracting an STD and suggestions for avoiding STDs. The material recommended the use of condoms for sexually active people. Those in the low efficacy condition were informed only that if a partner refused to use a condom during sex, then they should not have sex with that person. Those in the high efficacy condition were also given suggestions on how to convince a partner to use a condom if he/she argued against it.

Following the treatments, all subjects completed the Attitude Toward Condoms Scale (ATC; Brown, 1984), and STD Attitude Scale (STDAS; Yarber, Torabi & Veekner, 1988), and a background information sheet. A control group who was not exposed to any manipulations simply filled out the questionnaires. Several weeks prior to any treatments, all subjects had filled out the ATC and the STDAS in a mass-testing session attended by all Introductory Psychology students. Hence, all subjects completed pre- and post-treatment questionnaires.

Results

Dependent t-tests on the ATC and the STDAS revealed that the control group had significantly higher scores at the second testing than at the first testing, ATC: $t(18) = 2.64$, $p < .02$; STDAS: $t(18) = 4.31$, $p < .001$. Considering that all groups might have changed over time, but that some groups might have changed more than others, the ATC and the STDAS from the treated groups were analyzed using a 2 (sex of subject) by 2 (level of fear) by 2 (level of self-efficacy) by 2 (pre- vs. post-test) repeated measures analysis of variance. The results indicated only an effect for trial on the ATC.

However, the STDAS analysis revealed a fear by trial interaction, $F(1, 84) = 7.09$, $p < .009$. The tests for simple effects indicated that the high fear group changed over time, $t(46) = 5.1$, $p <. 001$, but the low fear group did not (See Table 1).

After examining the pre- and post-test means for the STDAS, an Analysis of Covariance was conducted on the post-STDAS using the pre-STDAS as the covariate. This was done to ensure that the fear by trial interaction found previously was not a result of regression toward the mean. The results showed a significant effect for fear, $F(1, 83) = 5.94$, $p = .017$ (See Table 2).

Conclusions

The results suggest that exposure to explicit photographs of diseased human genitalia resulted in a greater interest in taking steps to avoid STDs, as measured by the STD attitude scale.

It is possible that the self-efficacy manipulation did not produce a difference in groups because neither of the groups was discouraged from using condoms. In Rogers' (1983) studies, self-efficacy was either enhanced or discouraged. The lack of effect with the ATC may be due to the fact that the ATC has several items about the romantic aspects of condom use. We did not attempt to romanticize condom use with this sample. A replication of this study using a different condom attitude scale (Sacco, Levine, & Reed, 1989) is currently in progress.

References

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Table 1
Mean STDAS scores

MALES

	Fear Level	
	Low	High
Efficacy		
Low		
Pre	102.5	98.3
Post	104.7 (n = 11)	102.8 (N=9)
High		
Pre	104.2	103.3
Post	103.2 (N=12)	109.3 (N=9)
Control		
Pre	101.8	
Post	106.0 (N=11)	

FEMALES

	Fear Level	
	Low	High
Efficacy		
Low		
Pre	107.0	109.7
Post	107.2 (N=9)	113.9 (N=15)
High		
Pre	113.0	104.5
Post	115.1 (N=13)	109.7 (N=14)
Control		
Pre	106.5	
Post	110.5 (N=8)	

Table 2
Adjusted Mean STDAS scores

	MALES		FEMALES	
	Fear		Fear	
	Low	High	Low	High
Efficacy				
Low	107.2	108.8	105.8	110.1
High	104.2	111.0	108.4	110.4
Control	107.8		108.7	

Table 3
Sexual and safer sex behavior of non-virgin subsample

	Men	Women
Non-virgin (n)	39 (70%)	27 (44%)
Currently sexually active	71%	63%
Frequency of coitus (mode)		
-less than once/month	32%	46%
-more than once/month but less than once/week	30%	12%
-more than once/week but less than once/day	11%	31%
Ever used a contraceptive	90%	93%
Ever NOT used a contraceptive	66%	52%
Ever used a condom	91%	96%
Always use a condom	39%	48%
Ever had an STD	15%	15%
Contraceptive used at last intercourse		
-pill and condom	3%	15%
-pill alone	31%	31%
-condom alone	53%	42%
-withdrawal	3%	0%
-none	11%	12%