Perceived Peer Norms, Health Beliefs, and Their Links to Sexual Risk Behavior Among College Students

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Among college campuses many college students are engaging in sexual risk behaviors (SRB)\(^\text{1,2}\). SRB can lead to negative social, psychological, and physical health outcomes\(^\text{1,2}\). College students misperceive sexual risk behavior as more normative (i.e., being more acceptable) than it really is reported\(^\text{3-5}\).

Two concepts have been used to explain SRB:
- Pluralistic Ignorance (PI)\(^\text{3}\).
- The idea of pluralistic ignorance accounts for public conformity to social norms, regardless of the lack of common private support\(^\text{4}\).

College students misperceive sexual risk behavior as more normative (i.e., being more acceptable) than it really is reported\(^\text{3-5}\).

Health Belief Model (HBM)\(^\text{10}\):
- The HBM systematically explains and predicts preventive health behavior by looking at perceived susceptibility, to a disease or illness, perceived severity to that disease or illness, and self-efficacy of taking preventive measures.

Study
- PI and HBM are used to explain college students SRB, yet these two theories provide conflicting explanations.
- According to PI, perception of peer norms drive their own engagement in SRB, regardless of their own beliefs.
- According to the HBM, an individual’s engagement in SRB depends only on personal health beliefs.
- Aims of study:
  - How personal beliefs and perceived norms interact to influence sexual risk behavior among college students.
- Under high levels of perceived peer acceptability, personal beliefs do not influence SRB.
- Under high levels of susceptibility, severity, or self-efficacy to an outcome, the influence of perceived peer acceptability may not influence SRB.

Hypotheses
- Consistent with PI, the perception of peer acceptability of sexual risk-taking will predict more self-risk-taking, regardless of one’s susceptibility of sexual risk behavior.
- Under high levels of perceived susceptibility, the relationship between peer acceptability and self-risk behavior will weaken, while the relationship between one’s acceptability and protective behaviors will strengthen.
- Under high levels of perceived severity, the relationship between peer acceptability and self-risk behavior will weaken, while the relationship between one’s acceptability and protective behaviors will strengthen.
- Under high levels of self-efficacy, the relationship between peer acceptability and self-risk behavior will weaken, while the relationship between one’s acceptability and protective behaviors will strengthen.

Method
- 159 undergraduates at the University of Dayton completed an online survey through SurveyMonkey.
- Multiple regression analyses were used to analyze data collected.
- Control variables included GPA, gender, year in school, and sexual orientation.
- Measures:
  - Sexual Norms Scale (Lambert, Kahn, & Apple, 2003) modified to include self, close peer, and average student perceptions.
  - Sexual Risk Survey (Turchik & Gorske, 2008) modified to include self, close peer, and average student perceptions.
  - Condom Use Scale (Grimley, Prochaska, Prochaska, Velicer, Galavotti, Cabral, & Lanksy, 1996)
  - Perceived Susceptibility and Severity (Levinson, Jaccard, & Bearman, 1995)
  - Balance Inventory of Desirable Responding (Paulhus, 1988).

Results
- See Table 1 for relevant means and standard deviations of the variables.
- Significant correlations were found between peer norms and participant SRB (\(r = .68, \ p < .01\)) and desirable responding and participant SRB (\(r = -.28, \ p < .01\)). No significant correlation was found between health belief variables and SRB.

<table>
<thead>
<tr>
<th>Variable</th>
<th>M</th>
<th>SD</th>
<th>(n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perceived Susceptibility and Severity</td>
<td>10.57</td>
<td>2.05</td>
<td>159</td>
</tr>
<tr>
<td>Perceived Self Efficacy of Condom Use</td>
<td>13.50</td>
<td>2.99</td>
<td>159</td>
</tr>
<tr>
<td>Attitudes Toward Sexual Risk Behavior</td>
<td>19.81</td>
<td>9.17</td>
<td>159</td>
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<tr>
<td>Perceived Peer Norms</td>
<td>24.10</td>
<td>10.35</td>
<td>159</td>
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<tr>
<td>Sexual Risk Behavior</td>
<td>17.73</td>
<td>13.99</td>
<td>159</td>
</tr>
<tr>
<td>Social Desirability</td>
<td>6.29</td>
<td>5.35</td>
<td>159</td>
</tr>
</tbody>
</table>

- Moderation and mediation were tested using the bootstrapping method. Desirable responding, age, gender, year in school, and GPA were included as covariates, and participants’ self-report of sexual risk behavior was the criterion variable.

- In the moderation model:
  - Main effects:
    - Health beliefs were not associated with SRB (PSS: \(b = -.07, \ p = .27\); CUS: \(b = -.09, \ p = .19\)).
    - Peer norms were significantly associated with participant SRB (\(b = 0.6, \ p < .0001\)).
  - Interaction:
    - Health beliefs did not moderate the association between peer norms and SRB (PSS: \(b = 0.00, \ p = .79\); CUS: \(b = -.01, \ p = .20\)).

- In the mediation model:
  - Main effects:
    - Health beliefs were not associated with SRB (PSS: \(b = -.07, \ p = .28\); CUS: \(b = -.09, \ p = .20\)).
    - Peer norms were significantly associated with participant SRB (\(b = .06, \ p = .0001\)).
  - Interaction:
    - Health beliefs did not mediate the association between peer norms and SRB (\(PSS.b = -.00, \ p = .95\); CUS: \(b = -.00, \ p = .95\); CUS: \(b = .0039, \ p = .0011\)).

Discussion
- Why didn’t health beliefs affect SRB?
  - Although past research suggested that the HBM model is associated with SRB, this study did not. It is possible that the measures did not detect a significant effect due to the limited number of items for the measures of health belief variables.
- Why did peer norms consistently predict SRB?
  - Previous research also found that peer norms predict SRB. These results indicate the importance of peer influence over one’s own behavior.
- It is possible that SRB leads individuals to over-estimate their peer’s engagement in or acceptance of SRB.

Limitations and Future Directions
- Limitation:
  - There is no standard measure of health beliefs.
  - Data was collected at a small, religious university.
- Future Directions:
  - Develop a reliable and valid standard measure of health beliefs for SRB.
  - Investigate if there is a difference in general health beliefs versus sexual health beliefs.
  - Implement research-based educational and prevention resources regarding the misconception of peer behavior that drives one’s behavior.

References
- Martens et al. (1996), Kegels (1952).