

LATE ADOLESCENTS' SELF REPORT OF  
COMMUNICATION AND CONTRACEPTIVE USE

by

Donna R. Kennedy

Thesis submitted to the Faculty of the  
Virginia Polytechnic Institute and State University  
in partial fulfillment of the requirements for the degree of

MASTER OF SCIENCE

in

Family and Child Development

APPROVED:

-----  
V. R. Fu, Chairperson

-----  
J. K. Sawyers

-----  
M. J. Sporakowski

-----  
M. J. Benson

May, 1988

Blacksburg, Virginia

LATE ADOLESCENTS' SELF REPORT OF  
COMMUNICATION AND CONTRACEPTIVE USE

By

Donna R. Kennedy

Committee Chairperson: Dr. Victoria Fu  
Family and Child Development

(ABSTRACT)

The purpose of this study was to better understand factors related to communication and contraceptive use among college students. Further, the study was undertaken to obtain a better understanding of what is meant by the word "communication" when it is used pertaining to contraceptive use. Aspects related to communication examined were, content of discussion, timing and closure of discussion and satisfaction related to discussion concerning contraceptive use.

The sample consisted of 245 subjects in late adolescence from a state university in Southwest Virginia. Subjects were divided into two categories: "Discussers", those who discussed the use of contraception with their last sexual partner; and, "Non-discussers", those who did not discuss the use of contraception with their last sexual partner. Discussers and Non-discussers were then divided into those subjects in casual relationships, and those

subjects in exclusive relationships. The data were collected using a pencil and paper questionnaire.

The results indicated a high usage of contraception among Discussers and Non-discussers in the sample. Results also indicate that relationship status appeared to have been a contributor to the use of contraception, (i.e., those in exclusive relationships were more likely to use contraception). It appears that in casual relationships communication may play an important role in the use of contraception in this group. Results indicate that casual Discussers may show some of the same characteristics (i.e., caring about partner) as those subjects in exclusive relationships.

## ACKNOWLEDGEMENTS

I would like to thank my committee chairperson Victoria Fu and committee members Janet Sawyers, Mike Sporakowski, and Mark Benson.

I would like to thank Dad and , I could not have finished this without all of your support, encouragement and help.

I would like to thank who always had a word of encouragement when I needed one the most and who I could never thank enough for all the encouragement and confidence he has given me.

I would also like to thank , , who were all great friends and who could always make me laugh.

## TABLE OF CONTENTS

CHAPTER	<u>PAGE</u>
I. INTRODUCTION AND REVIEW OF THE LITERATURE.....	1
Contraceptive Use As Influenced By Knowledge...	2
Contraceptive Use As Influenced By Development.	4
Contraceptive Use As Influenced by Parents and Peers.....	4
Contraceptive Use As Influenced by Partners....	7
Communication As Influenced By Development.....	9
Communication As Influenced By Partners.....	10
Communication Concerning Contraceptive Use As Influenced By Personal Characteristics Of Partners.....	13
Other Factors Influencing Contraceptive Use And Related Satisfaction.....	15
Summary.....	20
Purpose.....	21
Research Questions.....	22

TABLE OF CONTENTS (Cont.)

Research Question 2.....42

- Initiation of Discussion.....42
  - Casual relationships.....42
  - Exclusive relationships.....42
- Timing of Discussion.....44
  - Casual relationships.....44
  - Exclusive relationships.....46
- Closure of Discussion.....46
  - Casual relationships.....46
  - Exclusive relationships.....47
- Reasons For Initiating Discussion.....47
  - Casual relationships.....47
  - Exclusive relationships.....48
- Content of Discussion During  
Communication.....48
  - Casual relationships.....48
  - Exclusive relationships.....49

Research Question 3.....49

- Reasons for Not Initiation Discussion...49
  - Casual relationships.....49
  - Exclusive relationships.....51

TABLE OF CONTENTS (Cont.)

II. METHODOLOGY.....24

    Sample.....24

    Instrument.....25

    Procedures.....27

III. RESULTS.....28

    Research Question 1.....30

        Use/NonUse of Contraception During Last  
        Sexual Encounter.....30

            Casual relationships.....30

            Exclusive relationships.....32

        Reasons For Use Of Contraception.....33

            Casual relationships.....34

            Exclusive relationships.....36

        Reasons For Non-Use Of Contraception.....37

            Casual relationships.....37

        Kind of Contraception Used.....38

            Casual relationships.....38

            Exclusive relationships.....40

        Coercion Used.....40

            Casual relationships.....41

            Exclusive relationships.....41

TABLE OF CONTENTS (Cont.)

Research Question 4.....52

    Satisfaction With Overall sexual  
    Encounter.....52

        Total group discussers and  
        non-discussers between group  
        differences.....52

        Within group differences between  
        Discussers, discussers who used  
        contraception, Non-discussers and  
        Non-discussers who used  
        contraception.....54

Research Question 5.....57

    Satisfaction With Use/Non-Use of  
    Contraception.....57

        Between group differences between  
        Discussers and Non-discussers.....57

        Within group differences between  
        Discussers and Non-discussers.....57

    Research Question 6.....59

    Satisfaction With Amount of Discussion  
    Among Discussers.....59

TABLE OF CONTENTS (Cont.)

Within group differences between  
discussers, Discussers who used  
contraception and Non-discussers...59

Summary.....61

Discussion.....64

REFERENCES.....75

APPENDIX A: Tables.....79

APPENDIX B: Phase One Questions.....81

APPENDIX C: Final Questionnaire.....93

## CHAPTER I

### Introduction and Review of the Literature

Recently, many studies of contraceptive use among adolescents have dealt with one's sources of knowledge as well as parent, peer, and other influences on adolescent contraceptive use. For example, researchers investigating contraceptive use, examined the influence of parents and peers (Shah & Zelnik, 1981; Warren, & St. Pierre, 1973). Others, in addition to examining the influence of parents and peers included those of partners, (Thompson & Spanier, 1978; Spainer 1976), religion (McCormick, Izzo & Folcik, 1985; Daugherty & Buger, 1984), television and other media (Fabes & Strouse, 1987; Strouse & Fabes, 1985), as well as formal and informal sources of sex education on contraceptive use (Parcel & Luttmann, 1981; Spainer, 1976; Strouse & Fabes, 1985).

The issue of contraceptive use among adolescents is quite complex. Herold and McNamee (1982) attempted to incorporate a variety of variables in their study. They found that peer acceptance, parental acceptance, involvement with partner, partner influence, frequency of intercourse, number of sexual partners, guilt, and attitude toward contraceptive use all were in someway

Attention Patron:

Page 1 repeated in numbering

involved in influencing the use of contraceptives among adolescents. One limitation of their study was that it only included adolescents who were currently in a dating relationship. Thus, the model does not include more casual and one time relationships, as factors influencing contraceptive use.

Findings from recent literature on adolescent contraceptive use indicate that the influence of the partner was one of the strongest influences affecting the use of contraception (Herold & McNamee, 1982; Thompson & Spainer, 1978). Although many studies found communication to be an important factor, the specific aspects of communication which are important were not delineated. Because the partner poses perhaps the most important influence, it is important to examine what aspects of communication such as timing, content of discussion, and closure of discussion are important among partners and in what dating situations.

The purpose of the present study was to examine, among a sample of late adolescents, issues related to communication and use of contraceptives. This study examined sex differences and dating status in relation to communication and use of contraception. Issues of communication and contraception use examined include: timing of discussion, initiation of discussion, content of discussion, reasons for use,

ease of discussion, whether closure was achieved, and contraception used. In addition, the relationship of these factors and sexual satisfaction will also be explored. This study focused on the subjects' last sexual encounter.

### Contraceptive Use As Influenced By Knowledge

Strouse and Fabes (1985) reviewed the research which evaluated types of formal sex education (i.e., "impartial teaching of factual information, non-judgemental discussions and values clarification" p.251) with the intention of inducing responsible decision making. They found that most of these formal sex education programs have had little impact on actual sexual behavior. Parcel and Luttmann's (1981) study evaluated the effectiveness of a sex education course for adolescents and found that although the adolescents examined knowledge increased, the subjects continued to have concerns about their sexual behavior such as, adequacy, guilt, and decision making skills. In a study of formal and informal sex education as determinants of premarital sexual behavior, Spainer (1976) found that informal sex education (i.e., societal, peer influences) had significantly more impact than formal sex education (i.e., sex education taught in schools)

on premarital sexual behavior in college students. Fisher, Bryne, Edmunds, Miller, Kelley, and White (1979) suggested that sex education and societal influences (i.e., movies, commercials) need to link emotions of sexual behavior with efforts to use contraception. Fisher et al. (1979) cited an example of stressing more pleasurable aspects of condoms (i.e., "ribbed condoms for extra pleasure") in an effort to promote more use among adolescents by appealing to aspects of contraceptives that they can associate with.

Cvetkovich, Grote, Bjorseth and Sarkissian (1975) state that offering knowledge about contraception to adolescents is not enough because among many knowledgeable adolescents, contraceptive information goes unused. It appears that contraceptive knowledge is a good predictor of use only for steady couples (Foreit & Foreit, 1981). Fisher et al. (1979) examined a group of college women and found that although the sample was aware of university contraceptive clinics, and were "presumably affluent, well motivated and intelligent" (p.52), that more than half of these women did not use contraception. Fischer et al. (1979) conclude that even optimal conditions may not motivate contraceptive use.

### Contraceptive Use As Influenced By Development

Gruber and Chamber (1987) note the importance of cognitive development in contraceptive practices. Since birth control methods take time to plan and utilize, the adolescent must possess the cognitive processes to implement them. The concept of personal fable was also used to explain contraceptive risk taking in a study done by Cvetkovich et al. (1975). Cvetkovich et al. (1975) found that among adolescent women the non-use of contraceptives is associated with cognitive development. According to Cvetkovich et al. (1975) adolescents are being asked to make decisions about contraception use, and implementation of contraception use, when they may not be ready to think analytically about themselves.

### Contraceptive Use As Influenced By Parents And Peers

In a study examining parent and peer influences on sexual behaviors, contraceptive use, and the pregnancy experiences of young women, Shah and Zelnik (1981), found that women with views on premarital sex that were similar to their parent's tended to have low levels of premarital sexual experiences. In the same study, those influenced by peers had higher levels of premarital

sexual experience and little consistent use of contraceptives. Parents and subjects in late adolescents, according to Fisher (1976), who had high communication with each other had significantly correlated attitudes toward sexuality based on Fisher and Hall's (1975) Attitudes Toward Sexuality Scale (cited in Fisher, 1976). From other studies which examined the influence of parents on contraceptive use among adolescents, it appears parents have little influence. Parents were found to have little influence in the Thompson & Spanier (1978) study. Daugherty and Burger (1984) found that neither the attitudes of parents, peers nor the church were related to contraceptive behavior among adolescents. In a comprehensive review of 52 published studies concerning attitudes, knowledge and intentions in unmarried adolescents and young adults, Milan and Kilmann (1987) found that among parents, partners and peers, parental influence has the least influence on contraceptive use among adolescents.

Darling and Hicks (1982) examined positive and negative parental messages about sex and examined college students' sexual satisfaction. Although most of the sample indicated they were satisfied with their sex lives, negative and positive parental messages lead to more positive attitudes toward sexuality and greater

satisfaction for males. Although positive and negative parental messages about sex had no influence on females' level of sexual involvement, positive parental messages lowered females' perceived sexual satisfactions. Darling and Hicks suggested that this finding seemed to indicate that for females "more had been promised than was delivered" (p. 240). Thus females may have had greater expectations of sexual satisfaction than they actually experienced.

In examining peer influences on contraceptive use among single women, Herold and McNamee (1982) found that peer acceptance of premarital sex and intercourse frequency had the most significant relationship to guilt. Herold and McNamee (1982) found peer "legitimization" of premarital sex to be of great importance in reducing sexual guilt. Milan and Kilmann (1987) state there is little information available on males peer influence on contraceptive use. The information available indicates that peer discussion and encouragement for use of contraception is less frequent among males than among females. Thompson and Spainer (1978) also found that peers may have more influence on college females than college males. They found among males the single strongest factor contributing to contraceptive use was partner influence (i.e. commitment, communication and consensus dealing

with contraceptive matters, stability in the relationship). Among females, if they are in a "less involved" relationship with a sexual partner, friends tend to influence them concerning contraceptive matters. If the female subjects were in a "highly involved" relationship with their sexual partner, their partner tended to influence them concerning contraceptive use. Thus, depending on the level of involvement in the relationship either peers or the partner may have the greatest influence on contraceptive use.

#### Contraceptive Use As Influenced By Partners

The impact of relationship characteristics on contraceptive use in marital and non-marital couples has also been examined. Factors associated with contraceptive use in premarital pairs included: frequency of intercourse, power, couple communication about contraceptives, love, commitment, degree of involvement, seriousness of relationship, and length of relationship (Fisher et al., 1979; Foreit & Foreit, 1974; Jorgensen, King & Torrey, 1980; Thompson & Spanier, 1978). Reiss, Banwart and Foreman (1975) found that among college students high dyadic commitment lead to the likelihood of virgins and non-virgins to seek

contraceptive assistance. Herold and McNamee (1982) found that, in general, women in uncommitted relationships are less likely to use contraception yet women in uncommitted relationships who have had more sexual partners in the past are likely to be using effective contraception. Thus the authors stress the importance of examining past sexual experiences as well as current.

Partner support and encouragement in a relationship is a strong contributor to the use of birth control for both sexes (Thompson and Spainer, 1978). Milan and Kilmann (1987) report that, "individuals in stable, serious relationships of long duration who had frequent, predictable patterns of sexual activity were most likely to use contraception" (p 316). Seriousness of a relationship may lead to increased contraception use (Fisher et al., 1979). However, according to Fisher et al. (1979) researchers need to recognize the occurrence of casual sex encounters and that adolescents need to be prepared for such occasions. The meaning of the word, "commitment" varies among studies (Thompson, 1982). Being serious in a relationship could mean a variety of things, e.g., more communication, more frequent sexual encounter, or that the consequences of conception are not as severe (Thompson, 1982).

### Communication As Influenced By Development

In discussing interpersonal and communication skills among adolescents, Lowe and Radius (1987) and Gilchrist and Schinke (1983) agree that when using birth control, there needs to be some level of communication, however indirect. A certain level of skill and assertiveness is needed to counteract factors which may hinder the use of contraceptives. This is not to say there is no hope that adolescents will not use contraceptives due their cognitive capacities. Gruber and Chambers (1987) state, "effective communication, decision making, problem solving, and perspective taking can to some degree be modeled and successfully taught to high-risk populations" (p. 666). Gilchrist and Schinke (1983) also support this statement. Subjects in Gilchrist and Schinke's study received "cognitive-skills training" where abstract facts about contraception were applied to their own life experiences. Also subjects received "behavior-skills training" where problem solving was modeled, and where adolescents directly practiced problem solving and communication skills concerning contraception. Subjects who had treatment were "better able to raise and productively discuss the issues of birth control, better at developing plans to use contraception, less

anxious during discussion, and more inclined to think of themselves as able to handle sex and birth control discussions effectively when compared to the control group who had no training" (p. 386).

Communication Concerning Contraceptive Use As Influenced By Partners

The literature shows that one of the strongest influences on contraception use is the influence of the other partner before having intercourse. In a sample of female adolescents, Jorgensen et al.(1980) found that one partner's opposition to use of birth control is a factor that influences the other partner's decision of non-use of birth control. Frequent and more direct communication among partners is responsible for improved contraceptive use. The sample consisted of females attending a family planning clinic which may suggest different characteristics among this particular sample than a general sample of adolescents.

Polit-O'Hara and Kahn (1985) interviewed stable couples concerning content, frequency and timing of couple communication and what effect these factors had on contraceptive use. They found that communication about birth control prior to the couple's first intercourse experiences was not typical.

The findings of these studies repeatedly indicate that communication among partners leads to greater use of contraception. It is important to note the Polit-O'Hara and Kahn (1985) sample included only persons who had been dating for 2 months or longer and did not include more "casual" or one time sexual experiences. Cvetkovich and Grote (1981) found that those adolescents who had discussed birth control early in a relationship tended to use contraception fairly consistently, although very few in the total sample had discussed using contraception prior to first intercourse. Polit-O'Hara and Kahn (1985) stated that one needs to teach adolescents how to communicate with sexual partners. They stressed that it is not the amount of communication which is important but the kind of communication. In their study, respondents were asked a number of questions about couple communication on a range of topics. Communication was high in all the couples, although communication specifically about birth control was relatively low. Those couples which reported that they had discussed birth control were representative of 33.7% of the total sample. Among the couples who reported they had not discussed birth control, it was more common for the female to report she had not discussed contraception with her partner. This reflects different perceptions of the occurrence

of communication in the same situation. Those couples who took action and used birth control were those who felt there had been adequate interaction because there was closure and decisions made. Among couples who used birth control yet did not communicate effectively, it was usually the female who made the decision on her own to use birth control.

Hass (1974) stated that couple communication plays a part in decision-making on contraceptive use. Hass (1974) stated that if communication is going to lead to contraceptive use, cooperation is to be utilized among partners. Couples make decisions on methods used and effectiveness of methods, and according to Hass, even if a decision is made, ineffective use may be a result of interpersonal conflict between partners or internal conflict with one partner. Hass (1974) also found that communication about contraceptive use is related to whether the couple viewed the consequences of pregnancy as important to them, perceived the advantages and disadvantages of having a child and whether they perceived conception as subject to their control. It would seem important to examine if there are further considerations when planning to use contraception such as whether the couple views the consequences of sexually transmitted diseases as important to them.

Polit (1981) examined adolescent decision making

pertaining to contraceptive use. Ninety-five percent of the subjects had discussed contraception with their partners. Yet, in a third of the couples, no decisions were made, and in other couples decisions made were not followed. Polit (1981) found that single decisions by the female partner are common and overall level of communication about contraceptive use among partners is related to effective contraceptive use.

These studies focus primarily on more exclusive relationships. Although they noted the importance of communication, they fail to include casual or perhaps one time sexual encounters and what aspects of communication prevail.

#### Communication Concerning Contraceptive Use As Influenced By Personal Characteristics Of Partners

It is interesting to note that few studies examine interpersonal aspects related to birth control. After reviewing 52 studies which included factors related to contraception use such as, attitudes, practices, knowledge, and intentions among adolescents, Milan and Kilmann (1987) found, "no researchers explored interpersonal aspects of couples' birth control practices" (p.298).

Personal characteristics of individuals appear

important when examining decision making among partners (Beckman, 1982). And there is evidence that communication and power related to sexual and contraceptive matters influences contraceptive use. According to Beckman, individual intentions usually lead to joint decisions which are characterized by openness and communication. Thus, one partner's intentions to use contraception may be a powerful contributor to a joint decision and actual use of contraceptives. When disagreement is apparent partners' power in the relationship may affect the final contraceptive decision. Beckman also found that couples who communicated more openly and frequently were more likely to have reached a decision. Ineffective communication and interpersonal relationship barriers among adolescents are one explanation for the non-use of contraceptives (Jorgensen et al., 1980).

Studies address the importance of interpersonal characteristics in relationships (Jorgensen et al., 1980; Thompson & Spainer, 1978). Adolescents who are good communicators may more or less persuade their partner to use a method they have chosen thus the role of negotiation may be induced more by one partner (usually the female) who wants to avoid pregnancy (Polit-O'Hara & Kahn, 1985). Jorgensen et al. (1980)

found that women who indicated they had the last word about contraceptive decisions showed more effective contraceptive use. Thompson (1982) states that, "since women are more knowledgeable about contraception than men (Polit, 1981), this may translate into expert or informational power during joint decision making" (p.14). Adolescent and young adults most at risk for non-contraceptive use are those who communicate infrequently with others about contraception and those in situations of casual dating (Milan & Kilmann, 1987).

#### Other Factors Influencing Contraceptive Use And Related Satisfaction

Some studies have examined the patterns and motives for having sexual intercourse in casual or non-serious sexual experiences among non-clinical samples. When the relationship between dating partners may be casual, the likelihood of one partner making the decision to contracept rather than both is greater (Polit, 1981). Also casual dating partners may not possess the qualities such as mutual concern for partner, and mutual disclosure which is present in more "serious" relationships (Thompson, 1982). Foreit and Foreit (1978) found different factors influence contraceptive use in casual encounters as compared to

serious relationships. The single most important predictor for use in a casual encounter was the method used at first intercourse. Thus, if one used a condom during their first sexual encounter, the chances would be greater that they would again use a condom during a casual encounter. It may be important to assess how this first method is chosen according to Foreit and Foreit (1978).

A study of college students and the differences between male and female motives for engaging in sexual intercourse, indicated that men's reported motives were the need for fun, pleasure and other physical reasons while women's motives more often related to love, commitment, and emotion (Carroll, Volk & Hyde, 1985). Strouse (1987) in a study of college bars as sources of heterosexual contacts and social settings, found that an alcoholic setting was considered an important place for potential sexual encounters by a majority of the sample. Also, in these settings, men in the sample expressed a greater sexual interest than the women in the sample. In another study Klassen and Wilsnack (1986) examined sexual experience and drinking in women. They report that moderate and heavy drinkers exceeded lighter drinkers in rates of premarital intercourse. They speculated that the amount of drinking may be related to expectations and motives

such as enhancing sexual pleasure, reducing sexual inhibitions, and increasing interpersonal closeness.

Unmarried college students' strategies were surveyed for having and avoiding sexual intercourse (McCormick, 1979). McCormick (1979), found that both men and women held traditional views regarding attitudes for avoiding or having sex. The students indicated that they thought males were more likely to be the initiators of sex whereas female were thought to be more likely to use strategies to avoid having sex. Interestingly, McCormick (1979) found that when men and women had the same goals (either avoiding or encouraging sex), they both used similar personal strategies for influencing a sexual encounter. The males and females in the sample used more direct strategies for influencing a sexual encounter (i.e., seduction) and more indirect strategies (i.e., body language) to avoid having sex. In another study of university students and dating behaviors, Knox and Wilson (1981) found differences in male and female expectations. Most men expected more intimacy sooner in proportion to the number of dates than women. Almost half of the males stated that intercourse was appropriate by the fifth date whereas 25% of the women felt this way. Students also indicated that with their dating partners their relationship was the most

frequent topic of conversation, although sexual aspects of the relationship were discussed less than 5% of the time. Although students indicated ways they encourage and discourage sexual intimacy, neither Knox and Wilson (1981) or McCormick (1979) studied how partners encouraged or discouraged the use of contraceptives.

In a study about premarital guilt, Herold and Goodwin (1981) surveyed a sample of single women who attended a birth control center. The results of the study indicated that premarital sexual guilt was associated with reasons for non-use of contraception. Women experiencing sexual guilt were reluctant to plan ahead, embarrassed to buy contraceptives, afraid their parents would find out, felt guilty about using contraception, expected the partner to provide contraception, and showed a lack of knowledge about contraceptives. Herold and Goodwin (1981) noted the influence of the last sexual encounter as they suggested, "one's guilt about recent premarital intercourse would be a more important factor influencing contraceptive behavior than one's general personality disposition of sex guilt" (p. 252). Partner encouragement is also important as it was significantly related to guilt about intercourse according to Herold and McNamee (1982). According to Herold and McNamee among single college women, whose partners

encouraged them to use contraception had less guilt than those whose partners did not encourage them to use contraception.

Since drinking and bar situations are some of the things which may lead to casual sexual encounters, it is important to examine factors such as communication about contraception and actual contraceptive use in a casual sexual encounter since these partners may possess different intentions and motives than "serious" dating couples.

In light of the the relatively recent danger of Acquired Immunodeficiency Syndrome (AIDS) it appears important to expand and explore patterns of partner selection, communication and contraceptive use in casual dating relationships. According to the Center for Disease Control (1987) there had been a 5 year trend in decreasing incidence of syphilis in the United States. The Center for Disease Control (1987) states that there has been a 23% increase in the first three months of 1987 over the first three months of 1986 in the incidence of syphilis. This is of major concern, according to the Center for Disease Control, because a history of sexually transmitted disease is associated with increased risk for AIDS and HIV virus among homosexual and heterosexual populations. According to Center for Disease Control (1987) two recent Gallup

polls conducted in New York City found that awareness of AIDS is not the issue. It appears accurate knowledge, change in sexual behaviors and contraceptive use are the more important issues. It may be beneficial to examine whether knowledge of AIDS and AIDS transmission leads to a actual change in contraceptive use or sexual behaviors.

Since older adolescents are more likely to be sexually active, and in many cases have multiple partners, studies need to include more samples of older adolescents, and to examine patterns of contraceptive communication and use within different status of dating encounters (i.e., casual, friendship, serious).

### Summary

In summary, studies have examined, possible influences (i.e., parents, peers, partners, religion, formal and informal sex education) on adolescent contraceptive use. And it appears partners are one of the strongest influences on contraceptive use in couples. Other studies have examined motives for having sexual intercourse, sources of heterosexual contacts, partner selection, sexual experience and drinking behaviors, strategies for having and avoiding sex,

expectations concerning sexual encounters, sexual guilt as related to contraceptive use, and the dangers of AIDS. Although the literature noted communication as a factor leading to contraceptive use details on how communication influences contraceptive use are limited. Knox and Wilson (1981) reported that less than 5% of their sample of adolescents communicated about the sexual aspects of their relationship with their partners. Herold and McNamee (1982) did examine partner "encouragement" to use contraception, yet the content of the discussion was not reported. Influence from the partner to use contraception was measured by response to the single statement "my dating partner has encouraged my use of contraception" (p. 295).

### Purpose

The purpose of the present study was to examine among a sample of subjects in late adolescence issues related to communication and use of contraceptives. This study examined sex differences and dating status in relation to communication and use of contraception. Issues of communication about contraception examined included: timing of discussion, initiation of discussion, content of discussion, reasons for use, ease of discussion, whether closure was achieved, and

contraception used. In addition, the relationship of these factors and sexual satisfaction was also explored. This study focused on the subjects' last sexual encounter. Specifically pertaining to sex differences and dating status this study examined the following questions:

#### Research Questions

1. What are the characteristics of Discussers and Non-discussers in sex and dating status on: Use of contraception, form of contraception used, reasons for contraception use, reasons for non-use of contraception, and coercion?
2. What are the characteristics among Discussers in sex and dating status on: Initiation of discussion, reasons for initiation of discussion, timing of discussion, closure concerning discussion and actual things discussed?
3. What are the characteristics among Non-discussers in sex and dating status on: Reasons for not initiating discussion?

4. Are there differences among Discussers and Non-discussers in sex and dating status on: Satisfaction with overall sexual encounter and satisfaction with use/non-use of contraception?
  
5. Are there differences among Discussers in sex and dating status on: Satisfaction with discussion, satisfaction with use/non-use, and satisfaction with overall sexual encounter?
  
6. Are there differences among Non-discussers in sex and dating status on: Satisfaction with non-discussion, satisfaction with use/non-use of contraception, and satisfaction with overall sexual encounter?

## CHAPTER II

### METHOD

#### Sample

The sample consisted of 245 college students from a state university in Southwest Virginia. Participants were enrolled in a human sexuality course offered by the Department of Family and Child Development. The participants completed the questionnaire during a regular class period. There were approximately 600 students enrolled in the course in which the questionnaire was given. Approximately 300 were there on the day the questionnaire was to be completed. Of the 300 questionnaires collected, a total of 245 were used in the study. The rest were discarded due to incomplete data or because the subject had never had a sexual encounter. Participants ranged from 18 to 22 years of age. Subjects most frequently (54.4%, n=91) indicated that they were age 21. The majority of the subjects reported that they were heterosexual (99.2%, n=243). Two subjects reported that they were bisexual.

### Instrument

The development of the instrument consisted of two phases. The first phase was to identify and develop questions and stems to be used in the final questionnaire. Question stems needed in regard to context of discussion, reasons for use and non-use, reasons for discussion and non-discussion, and satisfaction items. A number of discussion questions based on readings and discussion with family and child development specialists were developed to gather data regarding discussion questions related to use and communication concerning contraceptive use. Discussion questions were given to approximately 80 college students who discussed the questions in small groups of three to four students. These students were enrolled in a University marriage and family course. The groups of students were asked to discuss the situations presented on the questionnaire and to think of as many different responses as possible to the given situations. (see Appendix B).

The second phase was the development of the final questionnaire. The questionnaire was developed based on the student responses collected in phase one. The final questionnaire included Three parts. Part I, which was answered by everyone participating in the study,

included questions concerning background information such as age and sex, and a series of questions pertaining to dating status, general sexual orientation and general use of contraception. Part II, which was answered by those who had ever had a sexual encounter, included questions pertaining to one's last sexual encounter. Part III, which consisted of three sections: Section A, answered by Discussers and included questions that pertain to discussion, use of contraception, coercion and satisfaction; Section B, answered by Non-discussers and included questions concerning non-discussion, use of contraception, coercion and satisfaction; Section C, answered by those who had never had a sexual encounter. This last section included questions concerning sexual attitudes. Section C was included to make sure none of the students would feel alienated and/or neglected during the time of data collection (see Appendix C).

After the questionnaire was developed it was given to a panel of judges including child development and family experts. This panel reviewed and edited the questionnaire items for relevance, clarity and validity of the questionnaire.

### Procedures

The questionnaire was administered to a class of undergraduates enrolled in a family and child development course as a pretest for clarity. The final, revised instrument was given to college students enrolled in a human sexuality course. Participants were informed through verbal and written instruction that participation was entirely voluntary, participation or nonparticipation would in no way have affected one's grade and that one's identity would be strictly confidential.

## CHAPTER III

### Results

The total sample consisted of 245 subjects (118 males and 127 females) in late adolescence who had at least one sexual encounter prior to the time the questionnaire was administered. Among the participants, 181 reported that they had discussed the use of contraception during their last sexual encounter this group will be called the Discussers. Sixty-four subjects stated that they had not discussed the use of contraception during their last sexual encounter. This group will be called the Non-discussers. Among the Discussers there were 86 males and 95 females, and among the Non-discussers there were 32 males and 32 females (see Table 1).

Seventy-one percent of the subjects reported that their last sexual encounter occurred within 1 to 4 weeks prior to the completion of the questionnaire. Relationship status with one's last sexual partner was classified as: "No relationship", "Friends", "Dating and dating others", "Dating exclusively", "Engaged" or "Married". Subjects indicated "No relationship" 4.8%, (n=8), "Friends" 13.8% (n=23), "Dating and dating others" 16.2% (n=27), "Dating exclusively" 54.5% (n=91), "Dating Exclusively" 9.6% (n=16) and "Engaged or Married" 1.2% (n=2). After examining the data, these

classifications were combined to form two categories, those in "Casual" and those in "Exclusive" relationships. The casual relationship group included those subjects whose relationships with their last partner did not have any elements of exclusive involvement and/or commitment; i.e., those who checked "No relationship" "Friends" or "Dating and dating others". The "Exclusive" relationship group included those who were involved in more exclusive and/or committed relationships, i.e., those who checked "Dating exclusively", " Engaged", or "Married".

Results will be reported in two parts. The first part will report descriptive data and nonparametric (i.e., Chi-square) results pertaining to research questions 1, 2, and 3. The second part will report Multivariate and Univariate analyses pertaining to research questions 4, 5, and 6.

### Research Question 1

#### Use/Non-Use of Contraception During Last Sexual Encounter

Chi-square analysis was conducted to examine the total sample of Discussers and Non-Discussers and differences in use of contraception. Significantly more Discussers reported the use of contraception than Non-discussers ( $\chi^2(1, N=245) = 12.04, p < 0.001$ ).

#### Casual relationships

Of the total 64 Discussers in casual relationships (32 males, 32 females), 90.6% (n=29) of the males and 90.6% (n=29) of the females indicated they had used contraception during their last sexual encounter. There was high usage of contraception among the entire sample (90.4%), yet of the total 64 Non-discussers, it appears those in casual relationships (52.9% males n=9, 76.9% females n=10) have reported lower use of contraception during their last sexual encounter than those in other relationships (see Table 1).

Non-use was low among the total sample (9.6%), yet there was an interesting difference in the frequency of reported use among Discussers and Non-discussers in

Table 1

Description of The Sample By Group, Sex, Dating status  
and Use of Contraception

	Use		Non-use		Total
	n	%	n	%	n
-----					
Discussers (n=181)					
Casual Relationship					
Males	29	90.6	3	9.4	32
Females	29	90.6	3	9.4	32
-----					
Exclusive Relationship					
Males	52	96.3	2	3.7	54
Females	61	96.8	2	3.2	63
-----					
Non-discussers (n=64)					
Casual Relationship					
Males	9	52.9	8	47.1	17
Females	10	76.9	3	23.1	13
-----					
Exclusive Relationship					
Males	14	93.3	1	6.7	15
Females	18	94.8	1	5.3	19
-----					

casual relationships. Among Discussers in the casual group, 9.4% of the males (n=3) and 9.4% of the females (n=3) did not use any form of contraception. Non-use of contraception was highest among Non-discussers in casual relationships. Among Non-discussers in this group 47.1% (n=8) of the males and 23.1% (n=3) of the females did not use any form of contraception (see Table 1).

For both groups, (Discussers and Non-discussers) those in casual relationships reported higher non-use than subjects in exclusive relationships although, Discussers had a lower frequency of reported non-use than those in the Non-discussers group. It appears that discussion of the use of contraception may play a role in the actual use of contraception among those in casual relationships.

#### Exclusive relationships

Among Discussers in exclusive relationships 96.3% of the males (n=52) and 96.8% of the females (n=61) indicated they had used some form of contraception during their last sexual encounter. Non-discussers in the exclusive group reported 93.3% of the males (n=14) and 94.8% of the females (n=18) used some form of contraception (see Table 1).

The data indicate that non-use of contraception was low for both Discussers and Non-discussers among the total sample, yet those in exclusive relationships were more likely to use contraception than those in casual relationships. Chi-square analysis conducted found a significant dating status difference ( $\chi^2(1, N=240) = 12.89, p < .001$ ). More participants reported use of contraception in exclusive relationships than in casual relationships. Among those in exclusive relationships, 3.7% of the males ( $n=2$ ) and 3.2% of the females ( $n=2$ ) in the Discusser group reported non-use of contraception. Non-discussers reported 6.7% of the males ( $n=1$ ), 5.3% of the females ( $n=1$ ) did not use contraception (see Table 1).

#### Reasons For Use Of Contraception

The total Discussers in casual relationships who used contraception were 29 males and 29 females. The total Non-discussers in casual relationships who used contraception were 9 males and 10 females. Reasons for use are reported below. Users in exclusive relationships discussed significantly more items than those in casual relationships ( $\chi^2(1, N=181) = 10.56, p < .001$ ).

### Casual relationships

Eighty-one and three tenths percent of the males (n=26) and 93.1% of the females (n=27) in the Discusser group reported that their use of contraception is mostly related to the avoidance of pregnancy. Other responses among this group indicated a concern for the partner and a concern about sexually transmitted disease. Thirty-eight percent of the males (n=11) indicated that, "Partner wanted me to use contraception" and "To avoid sexually transmitted diseases". The next most frequently indicated reasons for this group were to "To avoid AIDS" (34.5%, n=10) and "Did not know my partner well enough" (34.5%, n=10). For females in the Discussion group who were in casual relationships the next most frequent responses were, "To avoid STD's" and "To make sex more relaxed" both at 31.0% (n=9), and "To show I cared" (24.1%, n=7) (see Table 2).

Among the total Discussers in exclusive relationships who used contraception the number of males reported contraception use was 52 and females were 61. Among the total Non-discussers in exclusive relationships users were 14 males and 18 females.

Table 2

Reasons For Contraception Use By Sex of Subject and Dating StatusDiscussers

	<u>Casual</u>			<u>Exclusive</u>		
	Male n=29	Female n=29	Total n=58	Male n=52	Female n=61	Total n=113
Avoid pregnancy	89.6a (26)b	93.1 (27)	91.4 (27)	90.4 (47)	98.4 (60)	94.7 (107)
Partner want to	38.0 (11)	10.3 (3)	24.1 (14)	27.0 (14)	6.5 (4)	16.0 (18)
Avoid STD's	38.0 (11)	31.0 (9)	34.5 (20)	11.5 (6)	6.5 (4)	8.8 (10)
Avoid AIDS	34.5 (10)	20.6 (6)	27.6 (16)	3.8 (2)	6.5 (4)	5.1 (6)
Not know partner	34.5 (10)	3.1 (1)	19.0 (11)	-	-	-
Show I cared	27.6 (8)	24.1 (7)	25.9 (15)	34.6 (18)	46.0 (28)	40.7 (46)
Make sex relaxed	24.1 (7)	31.0 (9)	27.6 (16)	36.5 (19)	47.5 (29)	42.5 (48)
Continue rel.	3.4 (1)	17.2 (5)	10.3 (6)	19.2 (10)	23.0 (14)	21.2 (24)
One encounter	17.2 (5)	10.3 (3)	13.8 (8)	-	-	-
Free conscious	17.2 (5)	13.8 (4)	15.5 (9)	7.7 (4)	1.6 (1)	4.4 (5)

Non-discussers

	<u>Casual</u>			<u>Exclusive</u>		
	Male n=9	Female n=10	Total n=19	Male n=14	Female n=18	Total n=32
Avoid pregnancy	77.8a (7)b	90.0 (9)	84.2 (16)	85.7 (12)	88.9 (16)	87.5 (28)
Partner want to	-	10.0 (1)	5.2 (1)	-	-	-
Avoid STD's	55.5 (5)	-	26.3 (5)	-	-	-
Avoid AIDS	44.4 (4)	-	21.0 (4)	-	-	-
Not know partner	11.1 (1)	10.0 (1)	10.5 (2)	-	-	-
Show I cared	22.2 (2)	-	10.5 (2)	14.3 (2)	5.5 (1)	9.3 (3)
Make sex relaxed	22.2 (2)	20.0 (2)	21.0 (4)	43.0 (6)	50.0 (9)	46.8 (15)
Continue rel.	11.1 (1)	-	5.2 (1)	14.2 (2)	11.1 (2)	12.5 (4)
One encounter	-	30.0 (3)	15.8 (3)	-	-	-
Free conscious	11.1 (1)	-	5.2 (1)	7.1 (1)	-	3.1 (1)

a Figures indicate percentages for subjects.

b Figures indicate frequencies for subjects.

Exclusive relationships

Reasons for use were similar to the reasons the casual group reported. The most frequent responses given by male (87%, n=52) and female (95.2%, n=61) Discussers exclusive relationships was to "Avoid Pregnancy". For those in exclusive relationships the fear of sexually transmitted diseases were not prominent as in the casual group, yet in both groups those who used contraception reported a concern for their partner than those who did not use contraception. For both males and females in the this group "To make sex relaxed" (36.5% n=19 males, 47.5% n=29 females) and "To show I cared" (34.6% n=18 males, 46.0%, n=28 females) were the next most frequent reasons.

Non-discussers in exclusive relationships were similar to those in the Discusser group in reasons for contraceptive use. Non-discussers in exclusive relationships indicated "To avoid pregnancy" (85.7% n=12 males, 88.9% n=16 females), "To make sex relaxed" (43.0% n=6 males, 50.0% n=9 females), as the two most frequent reasons for use. Males indicated "Want relationship to continue" and "To show I cared" (both 14.2%, n=2) as third and females also reported "Want relationship to continue" (11.1%, n=2) as the third most reported reason for use of contraception (see

Table 2).

### Reasons For Non-Use Of Contraception

Although the total number of subjects who did not use contraception was low in all groups (9.6%, n=23), it is interesting to note the similarities among groups. Those in casual groups were similar in that there were a variety of factors involved whereas in both exclusive groups there were few responses reported. It appears unavailability of contraception was frequently reported as a reason for non-use in all groups except the Non-discussers in exclusive relationships.

#### Casual relationships

Some of the responses among to non-use male Discussers who did not use contraception were indicated that it "Was Unavailable", "I was drunk", "It was inconvenient" and "I trusted my partner would use it". Male Non-discussers indicated that "I was drunk" and "It was unavailable". The next most frequent response for this group was "It was inconvenient". Females reported "It was Unavailable".

### Kind of Contraception Used

There was little difference in kind of contraception used among groups. The most frequently used methods indicated by the total group were the pill (Discussers casual-36.2%, exclusive-47.8%; Non-discussers casual-57.9% , exclusive-87.5) and a condom (Discussers casual-63.8%, exclusive-59.3; Non-discussers casual-42.0%, exclusive-15.6%) (see Table 3).

#### Casual relationships

For those Discussers in casual relationships, 69.0% (n=20) of the males and 53.0% (n=17) of the females reported the use of a condom during their last encounter and 34.5% (n=10) of the males and 38.0% (n=11) of the females in this group reported the pill was the method they or their partner had used.

For Non-discussers in the casual group 66.7% (n=6) of the males indicated the use of a condom and 33.3% (n=3) indicated their partner used the pill. For females 70.0%, (n=10) reported the use of the pill and 20.0% (n=2) reported the use of a condom by their partner (see Table 3).

Table 3

Kinds of Contraception Used by Sex and Dating Status

<u>Discussers</u>						
	<u>Casual</u>			<u>Exclusive</u>		
	Male n=29	Female n=29	Total n=58	Male n=52	Female n=61	Total n=113
<u>The Male</u>						
Condom	68.9a (20)b	58.6 (17)	63.8 (37)	63.5 (33)	55.7 (34)	59.3 (67)
Withdrawal	10.3 (3)	3.4 (1)	6.9 (4)	3.8 (2)	21.3 (13)	13.3 (15)
<u>The Female</u>						
Rhythm	6.8 (2)	13.8 (4)	10.3 (6)	3.8 (2)	8.2 (5)	6.2 (7)
The Pill	34.5 (10)	37.9 (11)	36.2 (21)	50.0 (26)	46.0 (28)	47.8 (54)
Foam	10.3 (3)	-	5.2 (3)	3.8 (2)	3.2 (2)	3.5 (4)
Sponge	6.9 (1)	13.8 (4)	10.3 (3)	7.6 (4)	9.8 (6)	14.4 (16)
Spermicide	6.9 (1)	3.4 (1)	3.4 (2)	5.8 (3)	6.5 (4)	6.2 (7)
Diaphragm	-	-	1.7 (1)	1.9 (1)	8.1 (5)	5.2 (6)
<u>Non-discussers</u>						
	<u>Casual</u>			<u>Exclusive</u>		
	Male n=9	Female n=10	Total n=19	Male n=14	Female n=18	Total n=32
<u>The Male</u>						
Condom	35.3a (6)b	15.4 (2)	42.0 (8)	14.3 (2)	16.6 (3)	15.6 (5)
Withdrawal	-	7.7 (1)	5.2 (1)	7.1 (1)	-	5.2 (1)
<u>The Female</u>						
Rhythm	-	7.7 (1)	5.2 (1)	-	5.5 (1)	5.2 (1)
The Pill	17.7 (3)	53.8 (7)	57.9 (11)	85.7 (12)	88.9 (16)	87.5 (28)
Foam	-	-	-	14.3 (2)	-	6.2 (2)
Sponge	-	-	-	7.1 (1)	-	5.2 (1)
Spermicide	-	-	-	-	-	-
Diaphragm	-	-	-	-	-	-

a Figures indicate percentages for subjects.

b Figures indicate frequencies for subjects.

### Exclusive relationships

Among male Discussers, 63.5% (n=33) of indicated they used a condom, and 48% indicated their partners used the pill. Among females 55.7% (n=34) reported their partners used a condom, and the pill was used by 46.0% of the females (n=28) (see Table 2).

Non-discussers males indicated the pill was used by their partners (85.7%, n=12). Female Non-discussers (n=16), reported 88.9% use of the pill. Male Non-discussers reported a condom was used 14.3% (n=2) and females (n=3) reported their partners used a condom 16.6% (see Table 3).

### Coercion Used

Among the total group of Discussers and Non-discussers Chi-square analysis revealed no significant differences among males and females and reported partner coercion. Of the total group 22.9%, which was 28 males and 28 females reported that their partners did coerce them. There was a significant difference between males and females and reports of coercion by the subject ( $\chi^2(1,245)=11.7, p<.001$ ). Females were more likely to report that they did not coerce their partners than males were.

Casual relationships

Most subjects reported no coercion among all groups in the total sample. Seventy-seven percent of the males Discussers in this group indicated that they were not coerced by their partners, and 78.1% said that they did not coerce their partner. Among females 66.7% indicated that they were not coerced by their partners and 93.3% did not coerce their partners.

Exclusive relationships

Those Discussers in exclusive relationships reported 90.7% of the males and 92.2% of the females were not coerced by their partners. Males reported 81.5% and females reported 90.5% of them did not coerce their partners. Coercion appeared more prevalent for those in the casual group of Non-discussers 47.1% of the males and 46.2% of the females indicated they were coerced, and 35.3% of the males and 15.4% of the females said that they coerced their partners. Those in the Non-discusser exclusive group indicated that 20% of the males and 15.0% of the females had coerced their partners into having intercourse. Thirty-three and three tenths percent of the males and 5.3% females

stated that they coerced their partners.

### Research Question 2

#### Initiation of Discussion

##### Casual relationships

There was little difference in sex of subject and dating status on reported initiation of discussion concerning the use of contraception. For those males and females in casual relationships, 81% (n=26) of the males and 59.4% (n=45) of the females reported that they were the ones who initiated discussion with their partner concerning contraception (see Table 4).

##### Exclusive relationships

For those indicating they were in an exclusive relationship, 61.1% (n=33) of the males reported that they had initiated discussion concerning contraceptive use. Among the females 61.9% (n=39) reported that they had initiated discussion

Table 4

Initiation of Discussion, Reasons for Initiation of Discussion, Timing of Discussion Among Communicators By Sex and Dating Status

	-----Discussers-----					
	Casual			Exclusive		
	Male n=32	Female n=32	Total n=64	Male n=54	Female n=63	Total n=117
<u>Initiation</u>						
You	81.3a (26)b	59.4 (19)	70.3 (45)	61.1 (33)	61.9 (39)	61.5 (72)
Your Partner	18.3 (6)	40.6 (13)	29.7 (19)	38.9 (21)	38.1 (24)	22.2 (26)
<u>Timing</u>						
Before	81.3 (26)	67.7 (21)	73.4 (47)	83.3 (45)	69.4 (43)	75.2 (88)
During	18.8 (6)	32.3 (10)	25.0 (16)	9.3 (5)	12.9 (8)	11.1 (13)
After	-	-	-	-	17.7 (11)	12.8 (15)
<u>Reasons</u>						
Protection	31.3 (10)	31.3 (10)	31.2 (20)	25.2 (12)	30.2 (19)	26.5 (31)
Lead to sex	25.0 (8)	18.8 (6)	22.0 (14)	24.1 (13)	36.5 (23)	30.8 (36)
Avoid Pregnancy	18.8 (6)	31.3 (10)	25.0 (16)	31.5 (17)	34.9 (22)	33.3 (39)
Responsibility	15.6 (5)	3.1 (1)	9.3 (6)	-	-	-
Rel. won't last	12.5 (4)	3.1 (1)	7.8 (5)	-	-	-
Already using	12.5 (4)	6.3 (2)	9.3 (6)	-	-	-
Avoid STD/AIDS	9.4 (3)	12.5 (4)	10.9 (7)	11.1 (6)	12.7 (8)	12.0 (14)
Future relation	6.3 (2)	8.3 (4)	9.3 (6)	9.3 (5)	14.3 (9)	12.0 (14)
Not know if partner protected	9.4 (3)	12.5 (6)	14.1 (9)	12.5 (6)	9.5 (6)	10.2 (12)

a Figures indicate percentages for subjects.

b Figures indicate frequencies for subjects.

concerning contraception (see Table 5). It appears casual and exclusive groups are similar in percentages except that females in casual groups tend to initiate communication more frequently.

#### Timing of discussion

##### Casual relationships

It appears that among those in casual relationships there were slightly higher reported frequencies of discussion during the sexual encounter than those in exclusive relationships. Eighty-one percent of the males (n=26) in the casual group reported that discussion concerning contraception occurred before the sexual encounter. Eighteen and eight tenths percent (n=6) of the males reported that discussion occurred during the encounter and none indicated discussion occurred after the encounter. For females in this group, 67.6% (n=21) indicated that the discussion occurred before the encounter, 32.3% (n=10) during the encounter while none reported that discussion occurred after the sexual encounter.

Table 5

Content of Discussion and Closure Concerning Discussion  
Among Communicators by Sex and Dating Status

	<u>Discussers</u>					
	<u>Casual</u>			<u>Exclusive</u>		
	Male n=32	Female n=32	Total n=64	Male n=54	Female n=63	Total n=117
<u>Closure</u>						
Yes	73.2 <sup>a</sup> (23) <sup>b</sup>	81.4 (26)	76.5 (49)	90.7 (49)	93.7 (59)	92.3 (108)
No	22.6 (7)	12.5 (4)	17.2 (11)	9.3 (5)	6.3 (4)	7.7 (9)
<u>Content</u>						
Method Safety	18.8 (6)	15.6 (5)	17.2 (11)	44.4 (24)	39.7 (25)	41.9 (49)
Which method	43.8 (14)	46.9 (15)	45.0 (29)	55.6 (30)	66.7 (42)	61.5 (72)
Combination	15.2 (5)	3.1 (1)	9.3 (6)	25.9 (14)	22.2 (14)	24.0 (28)
Side effects	9.4 (3)	18.8 (6)	14.0 (9)	42.6 (23)	38.1 (24)	40.2 (47)
Who will use	31.3 (10)	28.1 (9)	29.7 (19)	40.7 (22)	38.1 (24)	39.3 (46)
Importance use	34.3 (11)	37.5 (12)	36.0 (23)	46.3 (25)	47.6 (30)	47.0 (55)
Effectiveness	9.4 (3)	21.9 (7)	15.6 (10)	57.4 (31)	42.9 (27)	49.6 (58)
What I prefer	25.0 (8)	15.6 (5)	20.3 (13)	33.3 (18)	39.7 (25)	36.7 (43)
Partner prefer	21.9 (7)	12.5 (4)	17.3 (11)	35.2 (19)	36.5 (23)	36.9 (42)
Cost	12.5 (4)	12.5 (4)	12.5 (8)	31.5 (17)	31.7 (20)	31.6 (37)
Pleasure aspect	15.6 (5)	21.9 (7)	20.0 (13)	38.9 (21)	36.5 (23)	37.6 (44)
Spontaneity	18.8 (6)	12.5 (4)	15.6 (10)	22.2 (12)	22.2 (14)	22.2 (26)
Already using	21.9 (7)	28.1 (9)	25.0 (16)	11.1 (6)	23.8 (15)	18.0 (21)
Pregnancy	9.1 (3)	31.3 (10)	20.3 (13)	44.4 (24)	46.0 (29)	45.3 (53)
STD's	12.5 (4)	6.3 (2)	9.3 (6)	13.0 (7)	3.3 (2)	7.7 (9)
Future relation	9.4 (3)	15.6 (5)	12.5 (8)	25.9 (14)	25.4 (16)	25.6 (30)
Previous use	6.3 (2)	6.3 (2)	6.4 (4)	22.2 (12)	7.9 (5)	14.6 (17)
Religion	3.1 (1)	6.3 (2)	4.7 (3)	1.9 (1)	6.3 (4)	4.3 (5)
Sexual history (subject)	12.5 (4)	21.9 (7)	17.2 (11)	20.4 (11)	23.8 (15)	22.0 (26)
Sexual history (partner)	12.5 (4)	21.9 (7)	17.2 (11)	20.4 (11)	27.0 (17)	24.0 (28)
Attending class	3.1 (1)	3.1 (1)	3.1 (2)	-	7.9 (5)	4.3 (5)
See a doctor	3.1 (1)	9.4 (3)	6.2 (4)	7.4 (4)	20.6 (13)	14.5 (17)

a Figures indicate percentages for subjects.

b Figures indicate frequencies for subjects.

### Exclusive relationships

For those in exclusive relationships, 83.3% (n=45) of the males, and 69.4% (n=43) of the females reported that discussion took place before the sexual encounter. Reports that the discussion took place during the encounter were 9.3% (n=5) of the males and 12.9% (n=8) of the females. Reports of discussion after the encounter were 7.4% (n=4) of the males, and 17.7% (n=11) of the females. (see Table 4).

### Closure of Discussion

#### Causal relationships

Closure of discussion was high among the total sample yet those in casual relationships reported the highest frequency of non-closure than any other group. Among those in casual relationships, 22.6% (n=7) of the males and 12.5% (n=4) of the females reported that there was no closure concerning the contraception discussion.

### Exclusive relationships

Among those subjects in exclusive relationships 9.3% (n=5) of the males reported no closure of discussion. Females reported 6.3% (n=4) non-closure of discussion concerning contraceptive use (see Table 5).

### Reasons For Initiating Discussion

#### Casual relationships

For those subjects in casual relationships 31.3% of the males (n=32) and 31.3% of the females (n=32) most frequently reported "Protection" as a reason for initiating discussion. In descending order the next most frequent responses for males were "I felt it would lead to sex" (25.0%, n=8) and "To avoid pregnancy" (18.8%, n=6). Among females they reported "To avoid pregnancy" (31.3%, n=10) just as frequently as "Protection", and the next most frequent reason was "I felt it would lead to sex" (18.8%, n=6) (see Table 4).

### Exclusive relationships

Those males in exclusive relationships reported "To avoid pregnancy" (31.5%, n=17), "Protection" (25.2%, n=12), and "I felt it would lead to sex" (24.1%, n=13). Females reported "I felt it would lead to sex" (36.5%, n=23), "To avoid pregnancy" (34.9%, n=22), and "Protection" (30.3%, n=19).

### Content of Discussion During Communication

#### Casual relationships

Concerning things discussed during discussion, it appears that those in exclusive relationships talk about a larger variety of subjects than those in the casual relationship group. Females in both groups also expressed a greater concern on what to do if pregnancy occurs.

Among males 43.4% (n=14) reported "Which method to use". The next most frequent responses were "Importance of use" (34.4%, n=11), and "Who will use contraception" (31.3%, n=10). For females the most frequent responses were "Which method to use" (46.9%, n=15), "Importance of use" (37.5%, n=12) and "What to do if pregnancy occurs" (31.3%, n=10).

### Exclusive Relationships

For males in this group, the most frequently reported reasons for discussion were "Effectiveness of method" (57.4%, n=31), "Which method to use" (55.6%, n=30), and "Method safety" (44.4%, n=24). There seems to be more caring elements for one's partner among males in this group. For females, the three most frequent responses were, "Which method to use" (66.7%, n=42), "Importance of use" (47.6%, n=30), and "What to do if pregnancy occurs" (46.0%, n=29) (see Table 5).

### Research Question 3

#### Reasons for Not Initiating Discussion

##### Casual relationships

Non-discussers in casual relationships during their last sexual encounter were only 17 of the males and 13 Females in the sample. Non-discussers in exclusive relationships were only 15 males and 19 females in the sample (see Table 6).

Table 6

Reasons For Not Initiating Discussion Among  
Non-discussers by Sex and Dating Status

Reasons	Discussers					
	Casual			Exclusive		
	Male n=17	Female n=13	Total n=30	Male n=15	Female n=19	Total n=34
Happened quick	35.3a (6)b	15.4 (2)	26.6 (8)	-	-	-
I was drunk	35.3 (6)	7.7 (1)	23.3 (7)	-	-	-
Not want to	35.3 (6)	23.1 (3)	30.0 (9)	18.2 (2)	-	5.9 (2)
Unavailable	17.6 (3)	7.7 (1)	13.3 (4)	-	-	-
Inconvenient	17.6 (3)	7.7 (1)	13.3 (4)	-	-	-
Did not think	17.6 (3)	15.4 (2)	16.7 (5)	-	-	-
Already taken care of	17.3 (3)	53.8 (7)	33.3 (10)	46.7 (7)	84.2 (16)	67.6 (23)
Partner taken care of	23.5 (4)	23.1 (3)	23.3 (7)	86.7 (13)	59.9 (11)	70.6 (24)
Ruined moment	11.8 (2)	15.4 (2)	13.3 (4)	-	-	-
Not know when to bring up	11.8 (2)	7.7 (1)	10.0 (3)	-	-	-
Safe time	11.8 (2)	7.7 (1)	10.0 (3)	-	-	-
Once not matter	5.9 (1)	-	3.3 (1)	-	-	-
Embarassed/Shy	5.9 (1)	23.1 (3)	13.3 (4)	-	-	-
No money	5.9 (1)	-	3.3 (1)	-	-	-
Not sure of partner response	5.9 (1)	7.7 (1)	6.6 (2)	-	-	-
Trust partner would use it	-	15.0 (2)	6.6 (2)	-	-	-

a Figures indicate percentages for subjects.

b Figures indicate frequencies for subjects.

It appears that in casual relationships the female tended to not discuss contraception use due to precautions taken e.g., I had already taken care of contraception use. The males however, appeared less pre-planned e.g., The episode happened too quickly, or I was drunk (see Table 6).

#### Exclusive relationships

Those in exclusive relationships differed from those in the casual group in that for males and females, the only reasons indicated were , "I had already taken care of use", " My partner had already taken care of use", and for males "I did not want to discuss use" (see Table 6).

Communication and Contraceptive Use Among Late Adolescents: Multivariate and Univariate Tests

Factorial analyses of variance were conducted using the General Linear Models procedures (SAS, 1982). Test statistics for ANOVAs reported are Rao's approximate  $F$ , which was used to convert Wilk's Lambda to  $F$  statistics. Tukey's Multiple Comparison Tests were performed to determine which differences between the various classification of means were statistically significant. Test of Homogeneity revealed that the groups were not homogeneous. However due to the exploratory nature of this study significant scores will be reported in order to examine differences between groups.

Research Question 4

Satisfaction With Overall Sexual Encounter

Total group Discussers and Non-discussers between group differences

A 2x2x2 ANOVA (sex x dating status x group) was performed on the overall satisfaction scores for the sexual encounter. A status effect  $F(1,210)=14.94$ ,  $p<.0002$  was found. Those in exclusive relationships

were more satisfied ( $M=5.62$ ) than those in casual relationships ( $M=5.19$ ). There were no significant sex, group or interaction effects found.

A 2X2 ANOVA (dating status x use of contraception) was performed. A significant use effect  $F(1,210)=5.23$ ,  $p<.023$  was found. Those who used contraception ( $M=5.51$ ) were more satisfied with the overall sexual encounter than those who did not use contraception ( $M=5.06$ ). There were no significant interaction effect found.

Within group differences between Discussers, Discussers who used contraception, Non-discussers and Non-discussers who used contraception (see Table 8).

A 2X2 ANOVA was conducted to examine sex and dating status differences among Discussers on satisfaction with the overall encounter. Although there were no significant sex or interaction effects, a significant status effect  $F(1,167)=22.94$ ,  $p<.0001$  was found. Those in exclusive relationships were more satisfied ( $M=5.56$ ) than those in casual relationships ( $M=4.65$ ).

Table 8

Significant Effects for ANOVA Satisfaction Scores  
Satisfaction With Overall Encounter

Group	Sex	Dating Status	SxD	Within
<b>Discussers</b>				
MS	.339	33.0	.00	1.44
F	.34	22.9*	.00	
<b>Discussers/Users</b>				
MS	.365	26.2	.03	1.32
F	.27	19.35*	.22	
<b>Non-discussers</b>				
MS	1.04	.31.8	.15	1.53
F	.68	20.85*	.10	
<b>Non-discussers/Users</b>				
MS	.001	20.2	.05	1.42
F	.00	14.25*	.04	
<b>Discussers/Non-discussers/Users</b>				
	Status	Use	SxU	
MS	9.04	3.15	.00	.602
F	15.0	5.23*	.00	
<b>Discussers/Non-discussers</b>				
	Sex	Status	Group	SxSxG
MS	.46	23.1	.25	1.44
F	.30	14.94*	.16	.93

\*p &lt; .05

A 2x2 ANOVA was conducted to examine sex and dating status differences among Discussers who used contraception on satisfaction with the overall sexual encounter. A significant status effect  $F(1,157)=19.35$ ,  $p<.0001$  was found. Those subjects in exclusive relationships were more satisfied ( $M=5.56$ ) than those in casual relationships ( $M=4.72$ ). There were no significant sex or interaction effects found.

A 2x2 ANOVA was conducted to examine sex and dating status differences among Non-discussers on satisfaction with overall encounter. Although there were no significant sex or interaction effects, a significant status effect  $F(1,57)=20.85$ ,  $p<.001$  was found. Those subjects in exclusive relationships were more satisfied ( $M=5.69$ ) than those in casual relationships ( $M=4.25$ ).

A 2x2 ANOVA was conducted to examine sex and dating status difference among Non-discussers who used contraception on satisfaction with overall sexual encounter. Significant status effects  $F(1,46)=14.25$ ,  $p<.0005$  were found. Those subjects in exclusive relationships ( $M=5.68$ ) were more satisfied than those in casual relationships ( $M=4.37$ ). Again there were no significant sex or interaction effects found.

Research Question 5Satisfaction With Use/Non-Use of Contraception

(see Table 9).

Between group differences between Discussers and Non-discussers

A 2x2x2 ANOVA (sex x status x group) was conducted to examine differences in satisfaction with use. Significant group effects  $F(1,210)=4.23, p<.04$  were found. Non-discussers were more satisfied with use ( $M=5.7$ ) than Discussers ( $M=5.43$ ). There were no significant interaction, sex or status effects found for this group.

There were no significant differences found between groups and satisfaction with non-use.

Within group difference between Discussers and Non-discussers.

A 2x2 ANOVA (sex x dating status) was conducted to examine differences in satisfaction with use among Discussers. A significant status effect  $F(1,162)=8.26, p<.0046$  was found. Those in exclusive relationships were more satisfied with use ( $M=5.45$ ) than those in casual relationships ( $M=4.99$ ). Although there were no significant sex effects, analysis found

Table 9

Significant Effects for ANOVA Satisfaction Scores  
Satisfaction With Use/Non-Use of Contraception

Group	Sex	Dating Status	SxD	Within	
<b>Discussers/Users</b>					
MS	1.7	8.16	.03	.99	
F	.27	8.26*	10.14*		
<b>Non-discussers/Users</b>					
MS	.007	3.65	.99	.564	
F	.01	6.48*	1.75		
<b>Discussers/Non-discussers</b>					
MS	Sex .01	Status 6.5	Group .91	SxSxG 1.73	1.55
F	.06	4.23*	.59	1.11	

\*p &lt; .05

an interaction effect between sex and dating status  $F(1,162)=10.14, p<.0017$ . Although both males and females appear satisfied with casual relationships in general Males tend to be significantly less satisfied ( $M=4.56$ ) with use in casual relationships than females ( $M=5.43$ ).

A 2X2 ANOVA (sex x dating status) found a significant status effect  $F(1,44)=6.48, p<.014$ . Those in exclusive relationships were more satisfied with use ( $M=5.83$ ) than those in casual relationships ( $M=5.27$ ). No significant sex or interaction effects were found.

#### Research Question 6

Satisfaction With Amount of Discussion /Non-Discussion Among Discussers and Non-discussers  
(see Table 10).

Within group differences between Discussers, Discussers who used contraception, and Non-discussers.

A 2x2 ANOVA was conducted to examine differences in sex and dating status on satisfaction with discussion. Significant status effects  $F(1,171)=16.38, p<.0001$ . Those subjects in exclusive relationships were more satisfied with discussion ( $M=5.53$ ) than those in

casual relationships ( $M=4.94$ ). No other significant effects were found.

A 2x2 ANOVA (sex x dating status) was conducted to examine differences among contraceptive users who discussed the use of contraception and satisfaction with amount of discussion. A Significant dating status effect  $F(1,161)=12.28$ ,  $p<.0006$  was found. Those subjects in exclusive relationships ( $M=5.6$ ) were more satisfied with discussion than those in casual relationships ( $M=5.00$ ). No significant sex or interaction effects were found.

A 2x2 ANOVA (sex x dating status) was conducted to examine differences among Non-discussers and satisfaction with non-discussion. Significant dating status effects  $F(1,55)=7.86$ ,  $p<.007$  were found. Those subjects in exclusive relationships ( $M=5.7$ ) were more satisfied with non-discussion than those in casual relationships ( $M=4.87$ ). There were no other significant effects found for this group.

Table 10

Significant Effects for ANOVA Satisfaction Scores  
Satisfaction With Amount of Discussion/Non-discussion

Group	Sex	Dating Status	SxD	Within
<b>Discussers</b>				
MS	.315	14.04	.73	.857
F	.37	16.38*	.85	
<b>Discussers/Users</b>				
MS	1.7	10.39	.47	.846
F	.20	12.28*	.56	
<b>Non-discussers</b>				
MS	2.99	10.35	.29	1.32
F	2.27	7.86*	.22	
p < .05				

## Summary

Overall, the results indicated that respondents in exclusive relationships tended to be more satisfied with aspects of their last sexual encounter than those subjects in casual relationships. Significant satisfaction differences for those in exclusive relationships either Discussers or Non-discussers being more satisfied than those in casual relationship were found on: Satisfaction with overall sexual encounter, Satisfaction with use of contraception, Satisfaction with amount of discussion, and Satisfaction with Non-discussion. It appears that use of contraception played a role in greater satisfaction with the sexual encounter. Also pertaining to use of contraception those in exclusive relationships tended to be more satisfied with use of method chosen. Interestingly those in the Non-discussers group were found to be more satisfied with use of contraception than those in the Discussion group.

Overall descriptive results indicated high usage of contraception among the total sample, with the most frequently used methods being the pill and a condom. Lowest reported use of contraception was found in Casual relationships especially among Non-discussers. Although it is interesting to note that use was higher

for Discussers in casual relationships which may reflect the importance of discussion pertaining to use especially in casual relationships. Among the total sample use was the highest among those subjects in exclusive relationships. Overall those subjects in exclusive relationship discussed more items pertaining to actual discussion of contraception, perhaps because of unfamiliarity with one's partner, those in this group reported such items as "who will use" and what "which method to use" whereas those in exclusive relationships perhaps have already chosen a method and are free to discuss such things as "preference" , and "what to do if pregnancy occurs".

Reasons for contraceptive use were similar in most groups in that avoidance of pregnancy was frequently reported among all groups in the sample. Those in casual relationships showed a greater concern over sexually transmitted diseases and those in exclusive relationships tended to show greater concern for partner by more frequently choosing items such as "Show I cared" and "Want relationship to continue". Non-use of contraception was low among all groups although "highest" in casual groups. Reasons for non-use indicated unavailability and alcohol as possible factors contributing to the non-use of contraception.

Reasons for initiation of discussion included to

"Avoid pregnancy" and "Protection" in most groups. Another frequent response for groups was that they felt discussion would lead to sexual intercourse. Reasons for non-discussion were similar among groups. Reasons for non-communication often included the influence of alcohol. Among those in casual relationships who did not communicate there appeared to be an element of being unprepared or lack of caring, in that items included, "Episode happened too quick", "It was inconvenient", "I did not want to discuss it" especially among males. Females were less likely to mark these items and more often stated that they had already taken care of contraception use.

## Discussion

This study was essentially exploratory in nature in examining issues related to communication and contraceptive use. It was designed to examine patterns of communication among partners during their last sexual encounter i.e. content of discussion, timing of discussion, initiation of discussion, how discussion relates to use/non-use of contraception, and closure of discussion. This study also examined factors that are related to subjects ratings of satisfaction regarding various aspects of the sexual encounter. Although the issue of communication is rather vague in much of the literature reviewed the present study attempts to gain greater meaning of the word "communication" pertaining to contraceptive use.

Contraceptive use in general and closure of discussion were high among the total group of subjects. These results tend to be higher than other studies examining college students. Foreit and Foreit (1987) had higher non-use of contraception in their sample of college students as 28% of their sample had not used a form of contraception during their last sexual encounter. The majority of subjects in the present study indicated that both they and their partner agreed on a method to use together is consistent with the

literature (Hass 1974), in that high agreement among couples would lead to less interpersonal conflict and more use of contraception. Present findings were consistent with Foreit and Foreit (1987) who also examined college students and found few "risk-takers" among college students. All of their subjects perceived the risk of pregnancy from unprotected intercourse as high. The present findings are consistent with Foreit and Foreit (1987) in that most subjects reported they used contraception to avoid pregnancy. For most subjects in the present study they had made a decision to use contraception with their partners, they discussed use before the sexual encounter, and they followed through on contraception use. Also, pertaining to use of contraception, the present study indicates that dating status played a role in use. Consistent with Polit (1981) this study consistently found that those in exclusive relationships whether Discussers or Non-discussers were more likely to use contraception. In casual relationships males were less satisfied with use than females. Perhaps this is due to the idea that in this sample those in casual relationships used more cumbersome and less spontaneous methods such as a condom than those in exclusive relationships who were more likely to use the pill.

In examining those couples who discussed use of contraception yet the discussion did not lead to use of contraception, the literature speculated that some possible reasons why subjects did not follow through with use may be because the overall level of communication was low (Polit, 1981), or that there was some type of interpersonal conflict involved (Hass, 1974). The present study seemed to indicate in addition to the overall level of communication the content of the discussion might be of greater importance in contraceptive use. When comparing the total Discussers who used contraception i.e., casual and exclusive relationships, there was high use of contraception in both groups although the exclusive relationship subjects discussed a larger number of topics than those in casual relationships. Those in casual relationships appeared to get more to the point of the actual use (i.e., what to use, who will use, importance of use). Perhaps those in exclusive relationships have past the decision of what to use and are free to discuss items such as those indicated in the present study; cost of method, preference, what to do if pregnancy occurs as they become more involved with their partners. Polit (1981) hypothesized that casual dating partners may not possess qualities such as mutual concern for partner, and mutual disclosure which may influence contraceptive

use. The present study is consistent with this idea in that those in exclusive relationships showed more "caring" elements when they expressed reasons for use of contraception and reasons for discussion of contraceptive use (i.e., Show I cared, Wanted relationship to continue) than those in casual relationships. Yet it appears that Discussers in casual relationships may possess some similar caring elements in their reasons for use. For those in exclusive relationships in the Discussion group "Show partner I cared" was indicated 40.7% and for Discussers in casual relationships it was reported 27.6% of the time. Percentages were lower for Non-discussers in casual and exclusive relationships (9.3% exclusive, 10.5% casual). Thus it may not be the status of the relationship that entails the caring element but the communication aspects that possesses the element of caring (i.e., I care enough about my partner to discuss contraceptive use with them).

Polit-O'Hara and Kahn (1981) and Jorgensen (1980) both found that in situations of non-communication, contraception use depended mostly on the female who typically made the decision on her own. The present study is consistent with these findings in that when subjects were asked why they did not initiate discussion concerning contraceptive use 53.8% of

females in casual relationship and 84.2% of females in exclusive relationships indicated most frequently that they had already taken care of contraceptive use. Males in exclusive relationship tended to give less "responsible" reasons for not initiating discussion (i.e., I was drunk, The episode happened too quickly, and I did not want to) Thus, it appears that especially in casual relationships where partners did not discuss the use of contraception it is usually the female who played a greater role in use of contraception primarily because of her solitary decision to use contraception.

Another point of interest in the present study is that it examined self-reports concerning contraceptive use among adolescents. This is of great interest in light of the relatively recent danger of Acquired Immunodeficiency Syndrome (AIDS) and current questions and issues concerning AIDS in society today. The present study perhaps indicates some positive changes in awareness as well as behaviors among later adolescents. Recent reports by the Center for Disease Control (1987) suggest that sexually transmitted diseases may actually be on the increase, suggesting a possible lack of concern over acquiring the AIDS virus. The data indicates that although the most frequent reason for contraceptive use among those in casual relationships was "To avoid pregnancy" (91.4%

Discussers, 84.2% Non-discussers) to "Avoid AIDS" was the third most frequent response for both groups (27.6% Discussers, 21.0% Non-discussers). And it was also interesting to note that the second most frequent response for both casual groups when asked why they used contraception was "To avoid Sexually transmitted diseases". Although these percentages are in no way high, they may show a trend toward behavior changes (i.e., use of contraception) and some concern among students in casual encounters who may be at higher risk than those in exclusive relationships. The concern over acquiring sexually transmitted disease in general is also positive in that the Center for Disease Control indicated that a history of STD's is associated with and increased risk for AIDS and HIV virus among heterosexual populations. Discussers in casual relationships were most likely to respond that due to the recent danger of AIDS they are 1. More likely to discuss the use of contraception and 2. More likely to use contraception. Perhaps the group of most concern then are the Non-discussers in casual relationships who most often stated 1. There is no in change amount of discussion and 2. There is no change in use of contraception. This finding is important because it indicates some change in pattern of use and discussion, at least among this sample, of a subset of subjects.

This finding may indicate the importance of discussion in influencing actual use of contraception especially among those subjects in casual relationships. Future researchers may want to target casual relationships and examine factors related to discussion and use of contraception.

Other factors which may be influencing contraceptive use among this specific sample are that because they are later adolescents they may be less egocentric due to cognitive capacities. Gruber & Chambers (1987) found that young adults must possess certain cognitive skills to successfully, plan, acquire, and utilize contraceptive use. Also according to Schinke's (1983) study if abstract facts concerning contraception can be related to the individuals own life they will be better able to plan and utilize the use of contraception. Thus perhaps use was higher among this population due to the fact that the subjects had just completed a class on human sexuality and been more exposed to the consequences of sexual behavior than had they not taken the class. Hass (1974) indicated that communication about contraceptive use may be related to whether the couple viewed the consequences of pregnancy as important to them. The present study is consistent in that those in exclusive relationships and casual relationships frequently reported they initiated

discussion to avoid pregnancy. Although among this sample there appeared to be other important consequences in initiating discussion. For example a frequent responses among all groups was that the subjects felt discussion would lead to sexual intercourse. Another frequent response with may indicate importance of a consequence was the item "To avoid STDs/AIDS".

Although overall contraceptive use was high in all groups generally this study was consistent with the literature in that those in more stable relationships were more likely to use contraception. Herold and McNamee (1982) stated that involvement with the partner may influence contraceptive use. Foreit and Foreit (1981) found that length of sexual relationship was associated with use of birth control in that those in longer relationships were more likely to use birth control. Hass (1974) speculated that those adolescents who pass the early stages of a sexual relationships and expect and accept regular and frequent intercourse may be more likely to see themselves as susceptible to pregnancy. In addition to relationship stability it was found that in more casual relationships communication may play an important role in the use of contraception. The lowest frequencies of reported use were found among those Non-discussers in casual relationships.

In the present study stability of relationships did appear to play an important role in the satisfaction with the sexual encounter. Most of the significant satisfaction difference were found in that those in exclusive dating relationships were more satisfied with the overall sexual relationship, with use or non-use of contraception, and with the amount of discussion or non-discussion. Fisher et al. (1979) proposed that contraceptive users have more positive attitudes regarding contraception and more serious relationships. Furthermore, those in serious relationships have more positive attitudes and normative beliefs concerning contraception. Thus the present sample was consistent in that those in exclusive relationships were more positive or satisfied with aspects of contraceptive use and also communication about use.

One interesting finding was that those subjects who were Non-discussers reported greater levels of satisfaction with contraceptive method chosen than did the Discussers. This may indicate that because Non-discussers had used the pill more often than Discussers, they may be more satisfied because they used less cumbersome methods during their last sexual encounter. Consistent with the literature (Cvetkovich & Grote (1981) contraceptive users had less negative

attitudes and were more likely to have discussed the use of contraception with their partners prior to their initial sexual encounter. Jorgensen et al. (1980) found that relationship satisfaction was a significant predictor of contraceptive use. One may note that much of the current literature on contraceptive practices includes women only. The present study included males as well as females and found few differences between males and females and sexual satisfaction. The only significant difference found was that males in casual relationships tended to be slightly less satisfied with choice of method than females. More research needs to be done including more males and male attitudes to assess similarities or differences between populations.

The present study had some possible limitations. As mentioned before the sample may have been biased due to the human sexuality course they were enrolled in. Future research needs to included a more general sample of late adolescents. One may include subjects in late adolescents who are not enrolled in Colleges or Universities or included Colleges or Universities in other geographical locations due to the notion that those in the South may be more "conservative" in their ideas. Another possible limitation of the study was the low number of Nonusers of contraception. Results of nonusers need to be examined with caution due to the

low sample size. Future research needs to include more nonusers of contraception in the sample and examine patterns and reasons for use/non-use and discussion/non-discussion. The present study also focused on a large number of subjects when examining communication and contraceptive use. Future researchers may want to focus on fewer topics in order to gain more specific information and more clarity concerning communication and contraceptive use. The present study examined casual relationships and found some factors which may be related to use of contraception in these relationships (i.e., communication, caring for partner, concern over STD's). Cvetkovich & Grote (1981) found that among women how they perceived the psychosocial costs of method use (i.e., pregnancy) is a determinant of method use and what method is chosen. Lowe & Radius (1987) indicate that a certain level of communication skills and assertiveness was required in an individual to counteract other factors associated with non-use of contraception. Future researchers may want to target those adolescents in casual relationships and examine personality skill which may be associated with use or non-use of contraception in these relationships.

## References

- Beckman, L. J. (1982). Measuring the process of fertility decision making. In G. L. Fox (Ed.), The childbearing decision. Beverly Hills: Sage.
- Carroll, J. L., Volk, K.D., & Hyde, J. S. (1985). Differences between males and females in motives for engaging in sexual intercourse. Archives of Sexual Behavior, 14, 131-139.
- Centers for Disease Control (1987). Increase in incidence of primary and secondary syphilis in the United States. Morbidity and Mortality Weekly Report, 36, 1-3.
- Cvetkovich, G., & Grote, B. (1981). Psychosocial maturity and teenage contraceptive use: An investigation of decision-making and communication skills. Population and Environment, 4, 211-226.
- Cvetkovich, G., Grote, B., Bjorseth, A., & Sarkissian, J. (1975). On the psychology of adolescents' use of contraceptives. The Journal of Sex Research, 11, 256-270.
- Darling C. A., & Hicks, M. W. (1982). Parental influence on adolescent sexuality: Implications for parents as educators. Journal of Youth and Adolescence, 11 (3), 231-245.
- Daugherty, L. R., & Burger, J. M. (1984). The influence of parents, church, and peers on the sexual attitudes and behaviors of college students. Archives of Sexual Behavior, 13, 351-359.
- Fabes, R. A., & Strouse, J. (1987). Perceptions of responsible and irresponsible models of sexuality: A correlational study. The Journal of Sex Research, 23, 70-84.
- Fisher, W. A., Byrne, D., Edmunds, M., Miller, C.T., Kelley, K., & White, L. A. (1979). Psychological and situation-specific correlates of contraceptive behavior among university women. The Journal of Sex Research, 15, 38-55.
- Foreit, J.R., & Foreit, G. (1981). Risk - taking and contraceptive behavior among unmarried college students. Population and Environment, 4(3), 174-188.

- Gilchrist, L.D., & Schinke, S.P. (1983). Coping with contraception: Cognitive and behavioral methods with adolescents. Cognitive Therapy and Research, 7, (5), 379-380.
- Gruber, E., & Chambers, C. V. (1987). Adolescent contraception: Integrating theory and practice. Adolescence, 22, 661-670.
- Hass, P.H., (1974). Wanted and unwanted pregnancies: A fertility decision making model. Journal of Social Issues, 39, (4), 125-165.
- Herold, E.S., & Goodwin, (1981). Premarital sexual guilt and contraceptive attitudes and behavior. Family Relations, 30, 247-253.
- Herold, E.S. & McNamee, J.E. (1982). An explanatory model of contraceptive use among young single women. The Journal of Sex Research, 18(4), 289-304.
- Jorgensen, S., King, S., & Torrey, B. (1980). Social network influences on adolescent exposure to pregnancy risk. Journal of Marriage and the Family, 42,(1), 141-155.
- Klassen, A. D., & Wilsnack, S.C. (1986). Sexual experience and drinking among women in a U.S. National survey. Archives of Sexual Behavior, 15 (5), 363-391.
- Knox, D., & Wilson, K. (1981). Dating behaviors of university students. Family Relations, 30, 255-258.
- Lowe, C.S., & Radius, S. M. (1987). Young adults' contraceptive practices: An investigation of influences. Adolescence, 22, 291-304.
- McCormick, N.B. (1979). Come-ons and Put-offs: Unmarried students' strategies for having and avoiding sexual intercourse. Psychology of Women Quarterly, 4 (2), 194-211.
- McCormick, N., Izzo, A., & Folcik, J. (1985). Adolescents' values, sexuality, and contraception in a rural New York county. Adolescence, 20, 385-395.

- Milan, R.J., & Kilmann, P. R. (1987). Interpersonal Factors in premarital contraception. The Journal of Sex Research, 23, 289-321.
- Parcel, G.S., & Luttmann, D. (1981). Evaluation of a sex education course for young adolescents. Family Relations, 30, 55-60.
- Polit, D. (1981). Contraceptive decision making in adolescent couples. Final report to Center for Population Research NICHD (NV1-HD-928JS) by the American Institutes for Research, Cambridge, Massachusetts.
- Polit- O'Hara, D, & Kahn, J. R. (1985). Communication and contraceptive practices in adolescent couples. Adolescence, 20, 33-43.
- Reiss, I.L., Banwart, A., & Forman, H. (1975). Premarital contraceptive usage: A study and some theoretical explorations. Journal of Marriage and the Family, 37, 619-629.
- Reiss, I. L. (1967). The social context of premarital sexual permissiveness. New York: Holt, Rienhart and Winston.
- Shah, F. & , Zelnik, M. (1981). Parent and peer influence of sexual behavior, contraceptive use, and pregnancy experience of young women. Journal of Marriage and the Family, 42, 339-348.
- Spainer, G. (1976). Formal and informal sex education as determinants of premarital sexual behavior. Archives of Sexual Behavior, 5,(1), 39-65.
- Strouse, J. S. (1987). College bars as social settings for heterosexual contacts. Journal of sex research, 23, 374-381.
- Strouse, J. & Fabes, R. A. (1985). Formal versus informal sources of sex education: Competing forces in the sexual socialization of adolescents, Adolescence, 20, 251-262.
- Thompson, L. (1982). Model for contraceptive decision making in dating couples. Paper presented at preconference workshop on theory construction and research methodology, National Council on Family Relations, Washington, D.C., 1982.

Thompson, L. & Spanier, G. B. (1978). Influence of Parents, peers, and partners on the contraceptive use of college men and women. Journal of Marriage and the Family, 39, 481-492.

Warren C. L., & St. Pierre, R. (1973). Sources and accuracy of college students' sex knowledge. The Journal of School Health, 43, 588-590.

APPENDIX A

TABLES

Table 7

Means and Standard Deviations for Satisfaction Scores  
Pertaining to Use/Non-use, Overall Encounter,  
Discussion and Non-discussion.

	<u>Discussers</u>					<u>Non-discussers</u>				
	<u>Casual</u>		<u>Exclusive</u>		<u>Total</u>	<u>Casual</u>		<u>Exclusive</u>		<u>Total</u>
	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>		<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	
-----										
<u>Satisfaction with use</u>										
<u>N</u>	29	28	52	61	170	9	10	13	16	47
<u>M</u>	4.6	4.5	5.5	5.4	5.3	5.5	5.1	5.7	5.9	5.7
<u>SD</u>	1.6	.74	.75	.84	1.04	.72	1.4	.48	.25	.79
-----										
<u>Satisfaction with Non-use</u>										
<u>N</u>	4	3	1	1	9	6	3	1	1	11
<u>M</u>	3.5	2.0	6.0	3.0	3.2	2.7	4.4	6.0	4.0	3.6
<u>SD</u>	2.1	1.0	-	-	1.8	1.6	1.1	-	-	1.7
-----										
<u>Satisfaction with overall sexual encounter</u>										
<u>N</u>	31	31	54	60	174	16	13	15	17	61
<u>M</u>	4.6	4.7	5.5	5.6	5.2	4.1	4.5	5.7	5.7	5.0
<u>SD</u>	1.8	1.5	.85	.82	1.3	1.7	1.5	.46	.78	1.4
-----										
<u>Satisfaction with discussion (Discussers) or non-discussion (non-discussers)</u>										
<u>N</u>	31	32	54	61	178	16	13	14	16	54
<u>M</u>	4.8	5.1	5.5	5.5	5.3	4.6	5.2	5.6	5.8	5.3
<u>SD</u>	1.3	.84	.74	.84	.96	1.6	1.1	.84	.77	1.2

APPENDIX B  
PHASE ONE QUESTIONS

Directions

Please read the situation carefully. Discuss with your group each of the questions following the situation. Try to think of all the different reasons, ideas and/or factors that may contribute to each partner's attitude or decision. Take into consideration your own feelings and attitudes, your friends' attitudes, and other peoples experiences, behaviors and attitudes in your discussions. Please write down all the ideas and factors generated in your group for each question. Remember to think of as many different reasons, ideas and/or factors as you can. There are no right or wrong answers. Thank you for your participation.

**Situation # 1 \***

Two people your age, Mary and John, have just met in a bar. They leave together, go to one person's apartment and have sexual intercourse. This is the first time they have ever met.

**Situation # 2**

Two people your age, Mary and John, who have known each other for a few months and consider themselves friends have just met in a bar. They leave together, go to one person's apartment and have sexual intercourse. This is the first time they have had intercourse with each other.

**Situation # 3**

Two people your age, Mary and John, who consider themselves dating steadily went out to the bar. They leave together and go to one person's apartment and have sexual intercourse. They have had intercourse before.

\* Each group discussed one of the above situations.

1. A. Do you think Mary would be more likely to initiate discussion about using contraception?

B. Assuming Mary would be more likely to initiate discussion, what might some of her reasons be for initiating discussion about using contraception?

C. Assuming Mary would not be likely to initiate discussion, what might some of her reasons be for not initiating discussion about using contraception?

Mary-

1. D. Do you think John would be more likely to initiate discussion about using contraception?

E. Assuming John would be more likely to initiate discussion, what might some of her reasons be for initiating discussion about using contraception?

F. Assuming John would not be likely to initiate discussion, what might some of her reasons be for not initiating discussion about using contraception?

John-

2. What are some reasons why Mary and John should discuss contraception?

Mary----

John--

3. If Mary and John do discuss contraception, what are some of the things they might discuss, ask, or bring up?

Mary--

John--

4. What are some reasons Mary and John may not have used contraception?

Mary--

John---

5. If Mary and John had gone home and talked about having intercourse and decided not to. what are some things they may have discussed or considered to reach this decision?

Mary--

John--

6. A. If Mary did not want to have sexual intercourse at first, how might John have coerced her into having sexual intercourse?

B. If John did not want to have sexual intercourse at first, how might Mary have coerced him into having sexual intercourse?

7. What are some reasons either partner might be satisfied or dissatisfied with this sexual encounter?

Mary--

John--

8. If you did not discuss fear of AIDS in any earlier discussions, do you think fear of AIDS would play a part in discussing contraception and contraception use in this situation?

APPENDIX C  
FINAL QUESTIONNAIRE

The purpose of this study is to better understand contraceptive use among college students. Your responses and identities will be strictly confidential. To insure confidentiality please do not write your name on this instrument. Participation is entirely voluntary. Participation or non-participation will in no way affect you grade. However, we sincerely hope that you will participate in this study. The success of this study depends on your participation. There are no right or wrong answers. Please read the following questions carefully. Thank you for your participation in this study.

#### Instructions

The following questionnaire consists of 3 parts. Part I, Part II, and Part III.

#### Part I on page 1

This will be answered by everyone participating in the study.

#### Part II beginning on page 2

If you have ever had a sexual encounter please answer the questions under this section.

#### Part III Section A beginning on page 4

If you did discuss the use of contraception with your partner during your last sexual encounter, please answer the questions under this section.

#### Part III Section B Beginning on page 12

If you did not discuss the use of contraception with your partner during your last sexual encounter, please answer the questions under this section.

#### Part III Section C beginning on page 20

If you have never had a sexual encounter before please answer the questions under this section.

1

Place an "X" before each answer if it applies to you.

1. What is your sex?

----- Male  
 ----- Female

2. What is your age?

----- 18  
 ----- 19  
 ----- 20  
 ----- 21  
 ----- 22  
 ----- 23 or more

3. What is your general sexual orientation?

----- Homosexual  
 ----- Heterosexual  
 ----- Bisexual

4. If you are a female do you presently use (always use) one of the contraceptive devices listed below during every sexual encounter? Place an "X" before all that apply.

----- Rhythm  
 ----- Pill  
 ----- IUD  
 ----- Foam  
 ----- Sponge  
 ----- Spermicide  
 ----- Diaphragm  
 ----- None  
 ----- Other -----

5. If you are a male do you presently use (always use) one of the contraceptive devices listed below during every sexual encounter? Place an "X" before all that apply.

----- Condom  
 ----- Withdrawal  
 ----- None  
 ----- Other -----

=====

IF YOU HAVE NEVER HAD A SEXUAL ENCOUNTER, PLEASE SKIP TO PART III SECTION C

=====

AND BEGIN ON PAGE 20 AND CONTINUE.

=====

Directions: Part II

As you answer the following questions we want you to focus on your interactions with your last sexual encounter. Please read each question carefully and remember to only think of interactions referring to your last sexual encounter. Again, thank you for your participation.



Part II  
SECTION A

DISCUSSED THE USE OF CONTRACEPTION

5

10. When did you or your partner bring up contraceptive use?

- Before the sexual encounter  
 ----- During the sexual encounter  
 ----- After the sexual encounter

11. Who initiated communication about the use of contraception during your last sexual encounter?

- You  
 ----- Your partner

12. If it was you who initiated discussion about contraception sometime during your last sexual encounter, what were your reasons for initiating discussion? If it was your partner who initiated discussion what do you think his/her reasons were? Place an "X" before all that apply.

If you initiated discussion

- Responsibility/obligation  
 ----- Avoid disease/AIDS  
 ----- To avoid pregnancy  
 ----- I felt it would lead to sex  
 ----- Not knowing if he/she was protected  
 ----- I had access to contraception  
 ----- To tell him/her I was already using contraception  
 ----- I did not know my partner  
 ----- I cared about partner  
 ----- I wanted a future relationship  
 ----- I did not think the relationship would last  
 ----- I wanted to be protected  
 ----- Other -----

If your partner initiated discussion

- Responsibility/obligation  
 ----- Avoid disease/AIDS  
 ----- To avoid pregnancy  
 ----- He/she felt it would lead to sex  
 ----- Not knowing if I was protected  
 ----- He/She had access to contraception  
 ----- To tell me he/she was using contraception  
 ----- He/she did not know me  
 ----- He/she cared about me  
 ----- He/she wanted a future relationship  
 ----- He/she did not think the relationship would last  
 ----- He/she wanted to be protected  
 ----- Other -----

13. What were the actual things you and/or your partner discussed about contraception? Place an "X" before all that apply.

- Method safety  
 ----- Which method to use  
 ----- Combining methods  
 ----- Side effects of methods  
 ----- Who will use the method  
 ----- Importance of use  
 ----- Effectiveness of methods  
 ----- What methods I prefer  
 ----- method he/she prefers  
 ----- Cost of method  
 ----- Pleasure aspects of method  
 ----- Spontaneity of method  
 ----- If I or He/she was already using  
 ----- What to do if pregnancy occurs  
 ----- If my partner or I had any STD's  
 ----- The future of the relationship  
 ----- If one has used method before  
 ----- If one believes in using contraception /religious reasons  
 ----- My sexual history  
 ----- His/her sexual history  
 ----- Should we attend classes concerning  
 ----- contraception use  
 ----- Should I or my partner see a Doctor  
 ----- Other -----





8

22. What were your reasons for not using contraception? What do you think your partner's reasons were for not using contraception?

<u>you</u>	<u>Your Partner</u>
----- It was not available	----- It was not available
----- Had no money	----- Had no money
----- It was inconvenient	----- It was inconvenient
----- My partner did not want me to use it	----- I did not want him/her to use it
----- I did not want to use it	----- He/she did not want to use it
----- I was too embarrassed/shy	----- He/she was too embarrassed/shy
----- I did not care about partner	----- He/she did not care about me
----- It was not my responsibility	----- Not his/her responsibility
----- I trusted my partner would use it	----- He/she thought I was using it
----- It would have ruined the moment /not pleasurable	----- It would have ruined the moment/not pleasurable
----- I was drunk	----- He/she was drunk
----- Against my religious beliefs	----- Against religious beliefs
----- Not cool/not natural	----- Not cool /not natural
----- I did not know when to bring it up	----- He/she did not know when to bring it up
----- I did not think about it	----- He/she did not think about it
----- The episode happened too quickly	----- The episode happened to quickly
----- I wanted to get pregnant or get my partner pregnant	----- Wanted to get pregnant or get partner pregnant
----- I thought it was a safe time	----- He/she thought it was a safe time
----- I thought once wouldn't matter	----- He/she thought once wouldn't matter
----- Could not decide on a method	----- He/she could not decide on a method
----- Other -----	----- Other -----

23. Were you satisfied with not using contraceptives?

----- Very Satisfied  
 ----- Somewhat Satisfied  
 ----- Slightly Satisfied  
 ----- Slightly Unsatisfied  
 ----- Somewhat Unsatisfied  
 ----- Very Unsatisfied

9

24. Did your partner do any of the following to you?  
Place an "X" before all that apply.

Lied to you  
 Pressured you  
 Forced you  
 Through the use of drugs  
 Through the use of alcohol  
 He/she promised to call  
 He/she promised a future relationship/commitment  
 He/she begged me  
 He/she cried  
 He/she physically pressured me/petting/caressing  
 He/she said he/she would use contraception  
 He/she said I was special/sweet talked me  
 He/she said he/she loved me  
 He/she flirted with me  
 He/she told me I would enjoy it  
 He/she seduced me  
 He/she said I owed them  
 He/she promised me a future date  
 He/she raped me  
 He/she embarrassed me  
 He/she talked sexy to me  
 He/she threatened to see others  
 He/she made me feel guilty  
 He/she said I must be gay  
 He/she said there would be no strings attached  
 He/she bought me things, took me to dinner etc..  
 He/she threatened me  
 He/she told me everybody does it (has intercourse)  
 He/she gave me an ultimatum  
 He/she said it would help the relationship  
 He/she threw themselves at me  
 He/she threatened to leave me  
 Other

25. Do you feel you were coerced by you partner into having intercourse?

Very Coerced  
 Somewhat Coerced  
 Slightly Coerced  
 Not at all coerced

26. Did you do any of the following to your partner?  
Place an "X" before all that apply.

Lied to him/her  
 Pressured him/her  
 Forced him/her  
 Through the use of drugs  
 Through the use of alcohol  
 I promised to call  
 I promised a future relationship/commitment  
 I begged him/her  
 I cried  
 I physically pressured him/her /petting/caressing  
 I said I would use contraception  
 I said my partner was special to me/ sweet talked him/her  
 I told my partner I loved him/her  
 I flirted with him/her  
 I told him/ her he/she would enjoy it/have fun  
 I seduced him/her  
 I said he/she owed me  
 I promised him/her a future date  
 I raped him/her  
 I embarrassed him/her  
 I talked sexy to him/her  
 I threatened to see others  
 I made him/her feel guilty  
 I said he/she must be gay  
 I said there would be no strings attached  
 I bought him/her things, took them to dinner etc..  
 I threatened him/her  
 I told him/her everybody does it (has intercourse)  
 I gave him/her an ultimatum  
 I said it would help the relationship  
 I threw myself at him/her  
 I threatened to leave him/her  
 Other

10

27. Do you feel you coerced your last partner into having sex?

- Coerced him/her very much
- Somewhat Coerced him/her
- Slightly Coerced him/her
- Did not coerce him/her

28. Were you satisfied with your last sexual encounter?

- Very Satisfied
- Somewhat Satisfied
- Slightly Satisfied
- Slightly Unsatisfied
- Somewhat Unsatisfied
- Very Unsatisfied

29. If you feel you were satisfied with your encounter why were you satisfied? Place an "X" before all that apply. (Skip if you feel you were dissatisfied with you encounter).

- We used contraception
- We did not use contraception
- I did not contract of sexually transmitted disease/ AIDS
- I am not afraid of contracting a sexually transmitted disease/AIDS
- I did not get pregnant
- I am not afraid of getting pregnant
- It was a pleasurable experience/felt good/ fun
- I had an orgasm
- My partner had an orgasm
- It lasted a long time
- I really liked my partner
- My partner really liked me
- I expect a future relationship/ expect the relationship to continue
- I can brag to my friends
- I trust my partner
- I experienced no guilt / comfortable situation
- It helped me get over another
- I wanted a baby
- I know I will never see them again
- There were no emotional ties
- Other -----

30. If you feel you were dissatisfied with you encounter why were you dissatisfied? Place an "X" before all that apply. (Skip if you were satisfied).

- I am afraid of getting AIDS
- I am afraid of getting a Sexually transmitted disease
- I am afraid of getting pregnant or getting partner pregnant
- I did get a sexually transmitted disease
- I did get AIDS
- I did get pregnant
- I feel guilty
- I feel used/cheap/ embarrassed
- I regret the experience
- It was only a one night stand/ expected the other to call/future relationship
- My partner lied to me
- I lied to my partner
- I found out partner had another relationship
- It was not a good/pleasurable experience/ painful
- We did not use contraception
- We did use contraception
- I am afraid of ruining my reputation
- It was my first experience
- I did not achieve orgasm
- My partner did not achieve orgasm
- I was drunk
- My partner was drunk
- I do not remember the experience
- My partner does not remember the experience
- We were interrupted
- There were no emotional ties/ Partner played with my emotions
- I was forced to have sexual intercourse
- I forced my partner into having sexual intercourse
- Other -----

11

31. Do you plan to have a sexual encounter with this person in the future?

- Yes  
 No  
 Do not know  
 Do not know but would like to

32. How many sexual partners have you had in the last six months?

- |                              |                                     |
|------------------------------|-------------------------------------|
| <input type="checkbox"/> 0   | <input type="checkbox"/> 9-10       |
| <input type="checkbox"/> 1   | <input type="checkbox"/> 11-15      |
| <input type="checkbox"/> 2   | <input type="checkbox"/> 16-20      |
| <input type="checkbox"/> 3-4 | <input type="checkbox"/> 20-25      |
| <input type="checkbox"/> 5-6 | <input type="checkbox"/> 25 or more |
| <input type="checkbox"/> 7-8 |                                     |

33. In the past if you had decided not to have sexual intercourse with a partner what were your reasons? Place an "X" before all that apply.

- I felt it would have ruined the relationship  
 I did not want to rush the relationship  
 I cared about the other  
 My partner cared about me  
 Contraception was not available at the time  
 I was waiting until marriage  
 I had a sexually transmitted disease  
 My partner had a sexually transmitted disease  
 I was afraid of getting a sexually transmitted disease  
 I was afraid of getting AIDS  
 My partner was promiscuous  
 I changed my mind  
 My partner changed his/her mind  
 I did not want to risk pregnancy  
 I was waiting to know the other better  
 I did not want to have intercourse  
 I did not like my partners attitude  
 My partner was gay/bisexual  
 I did not want to cheat on my girlfriend/boyfriend/fiancee  
 I or my partner was too intoxicated  
 Because of my religious beliefs  
 Because I sobered up  
 I just wanted to be friends  
 I felt it would ruin our friendship  
 My roommates showed up/ we were interrupted  
 My partner or I was impotent  
 I or my partner was menstruating  
 I or my partner was too tired  
 I was not in love

34. Has fear of AIDS changed your pattern of contraceptive use and discussion about contraception? Place an "X" before all that apply.

- More likely to discuss the use of contraception  
 More likely to use contraception  
 Less likely to discuss the use of contraception  
 Less likely to use contraception  
 No change in pattern of discussion  
 No change in pattern of use

Part III  
SECTION B

DID NOT DISCUSS THE USE OF CONTRACEPTION

12

35. What were YOUR reasons for not initiating discussion? What do you think your partner's reasons were for not initiating discussion about using contraception? Place an "X" before all that apply.

Your reasonsYour Partner's reasons

----- Did not want to discuss it	----- He/She did not want to
----- It was not available	----- It was not available
----- Had no money	----- Had no money
----- It was inconvenient	----- It was inconvenient
----- My partner did not want me to	----- I did not want him/her to
----- I was too embarrassed/shy	----- He/she was to embarrassed/
----- not comfortable talking about	----- shy/not comfortable talking
----- contraception	----- about contraception
----- I did not care about partner	----- He/she did not care about me
----- /would never see them again	----- /never see me again
----- It was not my responsibility	----- Not his/her responsibility
----- I trusted my partner would use	----- He/she thought I would use it
----- it would have ruined the moment	----- It would have ruined the
----- /not pleasurable	----- moment/not pleasurable
----- Not sure how partner would respond	----- He/ she not sure how I would
----- I was drunk	----- respond
----- Against my religious beliefs	----- He/she was drunk
----- Not cool/not natural	----- Against religious beliefs
----- I did not know when to bring it up	----- Not cool /not natural
----- I did not think about it	----- He/she did not know when to
----- The episode happened too quickly	----- bring it up
----- I wanted to get pregnant or get	----- He/she did not think about it
----- partner pregnant	----- The episode happened to
----- I thought it was a safe time	----- quickly
----- I thought once wouldn't matter	----- Wanted to get pregnant or get
----- I had already taken care of it	----- partner pregnant
----- Other-----	----- He/she thought it was a safe
	----- time
	----- He/she thought once wouldn't
	----- matter
	----- He/she had already taken care
	----- of it
	----- Other-----

36. Were you satisfied with not discussing contraceptive use?

----- Very Satisfied  
 ----- Somewhat Satisfied  
 ----- Slightly Satisfied  
 ----- Slightly Unsatisfied  
 ----- Somewhat Unsatisfied  
 ----- Very Unsatisfied

37. Did you and your encounter use a form of contraception?

----- Yes  
 ----- No

13

IF YOU ANSWERED "YES" TO QUESTION 37 CONTINUE TO ANSWER 38-40 AND SKIP QUESTIONS 41 AND 42. IF YOU ANSWERED "NO" TO QUESTION 37 SKIP TO QUESTION 41 AND CONTINUE.

38. What form of contraception did you and your partner use? Place an "X" before all that apply.

<u>You</u>	<u>Your Partner</u>
----- Rhythm	----- Rhythm
----- Pill	----- Pill
----- IUD	----- IUD
----- Condom	----- Condom
----- Foam	----- Foam
----- Sponge	----- Sponge
----- Withdrawal	----- Withdrawal
----- Spermicide	----- Spermicide
----- Diaphragm	----- Diaphragm
----- Other	----- Other

39. Were you satisfied with this (these) choice(s) of contraception?

----- Very Satisfied  
 ----- Somewhat Satisfied  
 ----- Slightly Satisfied  
 ----- Slightly Unsatisfied  
 ----- Somewhat Unsatisfied  
 ----- Very Unsatisfied

40. What were your reasons for using contraception? What do you think your partner's reasons were? Place an "X" before all that apply.

Your reasons

----- My partner wanted me to  
 ----- To avoid pregnancy  
 ----- To avoid Sexually transmitted diseases  
 ----- To avoid AIDS  
 ----- I did not know my partner enough  
 ----- I do not want to be responsible for my partner  
 ----- I wanted to show the other I cared/ was responsible  
 ----- I wanted to make sex more relaxed / pleasurable/ uninhibited  
 ----- I wanted our relationship to continue  
 ----- I am sleeping with another and wanted to protect them  
 ----- It was only a one time encounter  
 ----- I wanted a free conscious/no guilt  
 ----- Other

Your Partner's reasons

----- He/She knew I wanted to use contraception  
 ----- To avoid pregnancy  
 ----- To avoid Sexually transmitted diseases  
 ----- To avoid AIDS  
 ----- He/she did not know me enough  
 ----- He/she does not want to be responsible for me  
 ----- He/She wanted to show me he/she cared/ was responsible  
 ----- He/she wanted to make sex more relaxed / pleasurable/ uninhibited  
 ----- He/she wanted our relationship to continue  
 ----- He/she was sleeping with another and wanted to protect them  
 ----- It was only a one time encounter  
 ----- He/she wanted a free conscious/no guilt  
 ----- Other

14

Please answer questions 41-42 only if you answered "no" to question 37 and you did not use a form of contraception.

41. What were your reasons for not using contraception? What do you think your partner's reasons were for not using contraception?

<u>Your reasons</u>	<u>Your partner's reasons</u>
----- It was not available	----- It was not available
----- Had no money	----- Had no money
----- It was inconvenient	----- It was inconvenient
----- My partner did not want me to use it	----- I did not want him/her to use it
----- I was too embarrassed/shy	----- He/she was too embarrassed/shy
----- I did not want to use it	----- He/she did not want to use it
----- I did not care about partner	----- He/she did not care about me
----- It was not my responsibility	----- Not his/her responsibility
----- I trusted my partner would use it	----- He/she thought I was using it
----- It would have ruined the moment /not pleasurable	----- It would have ruined the moment/not pleasurable
----- I was drunk	----- He/she was drunk
----- Against my religious beliefs	----- Against religious beliefs
----- Not cool/not natural	----- Not cool /not natural
----- I did not know when to bring it up	----- He/she did not know when to bring it up
----- I did not think about it	----- He/she did not think about it
----- The episode happened too quickly	----- The episode happened too quickly
----- I wanted to get pregnant/get my partner pregnant	----- Wanted to get pregnant/ get partner pregnant
----- I thought it was a safe time	----- He/she thought it was a safe time
----- I thought once wouldn't matter	----- He/she thought once wouldn't matter
----- Could not decide on a method	----- He/she could not decide on a method
----- Other -----	----- Other -----

42. Were you satisfied with not using contraceptives?

----- Very Satisfied  
 ----- Somewhat Satisfied  
 ----- Slightly Satisfied  
 ----- Slightly Unsatisfied  
 ----- Somewhat Unsatisfied  
 ----- Very Unsatisfied

15

43. Did your partner do any of the following to you?  
Place an "X" before all that apply.

-----Lied to you  
 -----Pressured you  
 -----Forced you  
 -----Used drugs  
 -----Used alcohol  
 -----He/she promised to call  
 -----He/she promised a future relationship/commitment  
 -----He/she begged me  
 -----He/she cried  
 -----He/she physically coerced me/petting/caressing  
 -----He/she said he/she would use contraception  
 -----He/she said I was special/sweet talked me  
 -----He/she said he/she loved me  
 -----He/she flirted with me  
 -----He/she told me I would enjoy it  
 -----He/she seduced me  
 -----He/she said I owed them  
 -----He/she promised me a future date  
 -----He/she raped me  
 -----He/she embarrassed me  
 -----He/she talked sexy to me  
 -----He/she threatened to see others  
 -----He/she made me feel guilty  
 -----He/she said I must be gay  
 -----He/she said there would be no strings attached  
 -----He/she bought me things, took me to dinner etc..  
 -----He/she threatened me  
 -----He/she told me everybody does it (has intercourse)  
 -----He/she gave me an ultimatum  
 -----He/she said it would help the relationship  
 -----He/she threw themselves at me  
 -----He/she threatened to leave me  
 -----Other -----

44. Do you feel you were coerced by your partner into having intercourse?

-----Very Coerced  
 -----Somewhat Coerced  
 -----Slightly Coerced  
 -----Not at all coerced

16

45. Did you do any of the following to your partner? Place an "X" before all that apply.

Lied to him/her  
 Pressured him/her  
 Forced him/her  
 Used drugs  
 Used alcohol  
 I promised to call  
 I promised a future relationship/commitment  
 I begged him/her  
 I cried  
 I physically pressured him/her /petting/caressing  
 I said I would use contraception  
 I said my partner was special to me/ sweet talked him/her  
 I told my partner I loved him/her  
 I flirted with him/her  
 I told him/ her he/she would enjoy it/have fun  
 I seduced him/her  
 I said he/she owed me  
 I promised him/her a future date  
 I raped him/her  
 I embarrassed him/her  
 I talked sexy to him/her  
 I threatened to see others  
 I made him/her feel guilty  
 I said he/she must be gay  
 I said there would be no strings attached  
 I bought him/her things, took him/her to dinner etc..  
 I threatened him/her  
 I told him/her everybody does it (has intercourse)  
 I gave him/her an ultimatum  
 I said it would help the relationship  
 I threw myself at him/her  
 I threatened to leave him/her  
 Other \_\_\_\_\_

46. Do you feel you coerced your last sexual partner into having intercourse?

Coerced him/her very much  
 Somewhat coerced him/her  
 Slightly coerced him/her  
 Did not coerce him/her

47. Were you satisfied with your last sexual encounter?

Very Satisfied  
 Somewhat Satisfied  
 Slightly Satisfied  
 Slightly Unsatisfied  
 Somewhat Unsatisfied  
 Very Unsatisfied

48. If you feel you were satisfied with your last sexual encounter, why were you satisfied? Place an "X" before all that apply. (Skip if you were dissatisfied).

We used contraception  
 We did not use contraception  
 I did not contract of sexually transmitted disease/ AIDS  
 I am not afraid of contracting a sexually transmitted disease/AIDS  
 I did not get pregnant  
 I am not afraid of getting pregnant  
 It was a pleasurable experience/felt good/ fun  
 I had an orgasm  
 My partner had an orgasm  
 It lasted a long time  
 I really liked my partner  
 My partner really liked me  
 I expect a future relationship/ expect the relationship to continue  
 I can brag to my friends  
 I trust my partner  
 I experienced no guilt / comfortable situation  
 It helped me get over another  
 I wanted a baby  
 I know I will never see him/her again  
 There were no emotional ties  
 Other \_\_\_\_\_

17

49. If you feel you were dissatisfied with your last sexual encounter, why were you dissatisfied?  
Place an "X" before all that apply. (Skip if you were satisfied).

I am afraid of getting AIDS  
 I am afraid of getting a Sexually transmitted disease  
 I am afraid of getting pregnant or getting partner pregnant  
 I did get a sexually transmitted disease  
 I did get AIDS  
 I did get pregnant  
 I feel guilty  
 I feel used/cheap/ embarrassed  
 I regret the experience  
 It was only a one night stand/ expected the other to call/future relationship  
 My partner lied to me  
 I lied to my partner  
 I found out partner had another relationship  
 It was not a good/pleasurable experience/ painful  
 We did not use contraception  
 We did use contraception  
 I am afraid of ruining my reputation  
 It was my first experience  
 I did not achieve orgasm  
 My partner did not achieve orgasm  
 I was drunk  
 My partner was drunk  
 I do not remember the experience  
 My partner does not remember the experience  
 We were interrupted  
 There were no emotional ties/ partner played with my emotions  
 I was forced to have sexual intercourse  
 I forced my partner into having sexual intercourse  
 Other

50. Do you plan to have a sexual encounter with this person in the future?

Yes  
 No  
 Do not know  
 Do not know but would like to

51. How many sexual partners have you had in the last six months?

<input type="checkbox"/> 0	<input type="checkbox"/> 9-10
<input type="checkbox"/> 1	<input type="checkbox"/> 11-15
<input type="checkbox"/> 2	<input type="checkbox"/> 16-20
<input type="checkbox"/> 3-4	<input type="checkbox"/> 20-25
<input type="checkbox"/> 5-6	<input type="checkbox"/> 25 or more
<input type="checkbox"/> 7-8	

18

52. In the past if you had decided not to have sexual intercourse with a partner what were your reasons? Place an "X" before all that apply.

----- I felt it would have ruined the relationship  
 ----- I did not want to rush the relationship  
 ----- I cared about the other  
 ----- My partner cared about me  
 ----- Contraception was not available at the time  
 ----- I was waiting until marriage  
 ----- I had a sexually transmitted disease  
 ----- My partner had a sexually transmitted disease  
 ----- I was afraid of getting a sexually transmitted disease  
 ----- I was afraid of getting AIDS  
 ----- My partner was promiscuous  
 ----- I changed my mind  
 ----- My partner changed his/her mind  
 ----- I did not want to risk pregnancy  
 ----- I was waiting to know the other better  
 ----- I did not want to have intercourse  
 ----- I did not like my partners attitude  
 ----- My partner was gay/bisexual  
 ----- I did not want to cheat on my girlfriend/boyfriend/fiancee  
 ----- I or my partner was too intoxicated  
 ----- Because of my religious beliefs  
 ----- Because I sobered up  
 ----- I just wanted to be friends  
 ----- I felt it would ruin our friendship  
 ----- My roommates showed up/ we were interrupted  
 ----- My partner or I was impotent  
 ----- I / my partner was menstruating  
 ----- I or my partner was too tired  
 ----- I was not in love  
 ----- Other -----

53. Has fear of AIDS change your pattern of contraceptive use and discussion about contraception?

----- More likely to discuss the use of contraception  
 ----- More likely to use contraception  
 ----- Less likely to discuss the use of contraception  
 ----- Less likely to use contraception  
 ----- No change in pattern of discussion  
 ----- No change in pattern of use

THANK YOU FOR YOUR PARTICIPATION IN THIS STUDY.

Part III  
SECTION C

TO BE COMPLETED BY THOSE WHO HAVE NEVER HAD A SEXUAL ENCOUNTER

Part III  
SECTION C

TO BE COMPLETED BY THOSE WHO HAVE NEVER HAD A SEXUAL ENCOUNTER

## SECTION C.

The following is a list of attitudes held by people. You are requested to read each attitude and to place a check mark under the proper column only if it applies to the person(s) rated. When responding you are asked to do so assuming the following frames of reference:

Under column labeled "Actual Self", you will respond in accordance to the way you really are.

Under column labeled "Your Mother", you will respond as you believe you mother would.

Under column labeled "Ideal Self", you will respond in a manner which represents your best self. Otherwise stated, in accordance with your highest moral standards.

Under column labeled "Your Father", you will respond as you believe your father would.

Under column labeled "Peer Group", you will respond in a manner which you believe represents the concensus (majority view) of your associates the same age as yourself.

	Actual Self	Your Mother	Ideal Self	Your Father	Peer Group
3.11 Could get pleasure by thinking about having sexual relations with another.					
3.12 Would engage in pre-marital kissing without having affection for the person.					
3.13 Would find it improper for females to ever be sexually aggressive.					

	Actual Self	Your Mother	Ideal Self	Your Father	Peer Group
3.14 Would not ever be offended by slang sex terminology.					
3.15 Would at times purpose- ly dress to be sexually provocative.					
3.16 Believe healthy sexual behavior is free of guilt.					
3.17 Would not object to having a known homo- sexual (of the same sex) as a friend.					
3.18 Believe virginity has some advantages.					
3.19 Believe petting to orgasm is a reasonable sexual outlet for high school teenagers.					
3.20 Would engage in pre- marital kissing and petting without being in love or engaged to the person.					
3.21 Believe birth control information should be available to anyone who wants it.					
3.22 Believe homosexuals, holding hands in public, should not be targets for ridicule and harassment.					
3.23 Believe group sex can be positive for some who choose to practice it.					

	Actual Self	Your Mother	Ideal Self	Your Father	Peer Group
3.24 Believe individuals who are bisexual (engage in sex with either men or women) are sick.					
3.25 Believe, if sexual behavior was free of all restrictions, it would be a social improvement.					
3.26 Would not rule out dating a person I liked who was known to be bisexual.					
3.27 Believe extramarital sex should be condemned.					
3.28 Believe American sexual behavior is not too permissive.					
3.29 Would engage in pre-marital kissing and petting without having strong affection for the person.					
3.30 Believe a legitimate reason for sexual intercourse is pleasure.					
3.31 Believe masturbation is appropriately described as self-abuse.					
3.32 Believe censorship of erotic magazines and movies should be supported.					
3.33 Believe prostitution should be legal in every state.					
3.34 Believe bathing beaches should have swim areas <u>allowing</u> nudity.					

	Actual Self	Your Mother	Ideal Self	Your Father	Peer Group
3.35 Believe the church should regulate the sex lives of people.					
3.36 Believe transsexuals (persons who have undergone sex change operations) are unacceptable dating partners, regardless of their positive human qualities.					
3.37 Believe today's youth should not be restricted by the sex values of their parent's generation.					
3.38 Would engage in premarital sexual intercourse <u>without</u> having strong affection for your partner.					
3.39 Believe sexual experimentation during adolescence is unwise.					
3.40 Would support abortion on demand as sound policy.					
3.41 Would never engage in group sex.					
3.42 Would not rule out engaging in extramarital sex, while happily married.					
3.43 Believe homosexuality enriches society.					
3.44 Would engage in premarital sexual intercourse <u>without</u> having any affection for my partner.					

	Actual Self	Your Mother	Ideal Self	Your Father	Peer Group
3.45 Would not rule out dating a person I liked who was a known transsexual.					
3.46 Believe the major purpose for marital sex is reproduction.					
3.47 Would not have guilt feelings related to masturbation.					
3.48 Believe nontraditional forms of sexual activity (such as oral and anal sex) between consenting adults is acceptable.					
3.49 Believe any sexual behavior is acceptable as long as no one forces or injures another.					
3.50 Would not rule out extramarital sex while unhappily married.					

**The two page vita has been  
removed from the scanned  
document. Page 1 of 2**

**The two page vita has been  
removed from the scanned  
document. Page 2 of 2**