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AN EXAMINATION OF THE EFFECTS OF THE SEXUAL DOUBLE STANDARD ON
COLLEGE STUDENTS' CONDOM USE

A Dissertation
presented in partial fulfillment of requirements
for the degree of Doctor of Philosophy
in the Department of Psychology
The University of Mississippi

by

CAHRYN ANDERSON

August 2012

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ABSTRACT

Men and women have historically been held to different standards regarding sexual behavior, known as the sexual double standard. Women have typically been judged more harshly than men for engaging in similar sexual behavior. Both genders report higher levels of sexual activity and more liberal attitudes since the 1940s. Males historically report engaging in more sexual activity than females. However, current studies indicate both genders are engaging in similar levels of sexual activity, although men continue to report slightly higher levels. It is unclear whether attitudes and judgments related to gender and sexuality have kept pace with reported behavior changes.

The documented increase in sexual activity for men and women has coincided with a dramatic increase in sexually transmitted diseases (STDs). Consistent condom use during all forms of sexual activity has been recommended as the most reliable method of pregnancy and STD prevention. However, many individuals report inconsistent condom use.

The purpose of the current study is to investigate the potential role the sexual double standard may play in the inconsistent use of condoms in college women. Undergraduate students were asked to read one of three vignettes (male provides condom, female provides condom, no condom was used) in which a casual sexual encounter was described. After reading the vignette, participants completed adjective ratings of the vignette actors, as well as measures of attitudes toward gender and sexuality, sexual history, and demographics.

Contrary to expectations, results indicated that females were judged to be more likeable when she provided the condom compared to when no condom was used and more diplomatic when she provided the condom when compared to when no condom was used or when the male provided the condom. Males were equally liked across all condom conditions, and were rated as more diplomatic when providing the condom versus when no condom was used. Unexpectedly, neither judgments of the vignette actors nor attitudes toward gender and sexuality were predictive of personal sexual history. These findings suggest that gender differences in sexual behavior may be quite small, and that standards for sexual behavior are more equal than has been previously documented.

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INTRODUCTION

Cultural norms prescribe that men and women are held to different standards regarding sexual behavior (Milhausen & Harold, 1999). The study of gender differences in sexual activity has a long history, dating back to the Kinsey Reports in the 1940s and 1950s which indicated that men reported significantly more sexual activity than women (Kinsey, Pomeroy, & Martin, 1948; Kinsey, Pomeroy, Martin, & Gebhard, 1953). Current research suggests that men and women are engaging in increasingly similar levels of sexual activity than in the past (Wells & Twenge, 2005).

While the sexual activity discrepancy between males and females has decreased, men consistently report greater sexual activity than women (Fischtein, Herold, & Desmarais, 2007). Moreover, questions remain regarding whether judgments and attitudes about the acceptability of sexual activity for men versus women have kept pace with these changes (Alexander & Fisher, 2003). It has been observed that it is socially less acceptable for women to engage in similar sexual behaviors as men. Social pressures dictate that when women engage in sexual activity that is similar to their male counterparts they are socially derogated where men are rewarded (Alexander & Fisher, 2003; Robinson, Ziss, Ganza, & Katz, 1991). The notion that women receive negative judgment for engaging in sexual activities for which men are judged positively is known as the sexual double standard (Petersen & Hyde, 2010).

The increase in sexual permissiveness has also coincided with a dramatic rise in the spread of sexually transmitted diseases (STDs). Nationwide statistics indicate that STD rates increased from 2007 to 2008, and that adolescents and young adults account for the largest

number of STDs, with females generally accounting for more STDs than males (Centers for Disease Control and Prevention, 2009). High rates of STD contraction have been linked to inconsistent condom use. Although regular use of condoms during all forms of sexual activity is recommended, many individuals report failure to use condoms with high frequency (Kanekar & Sharma, 2008).

Prior to the invention of the oral contraceptive in the 1960s, condoms were a popular method of pregnancy and disease prevention, and men often were encouraged to or assumed this responsibility. However, the invention of oral contraceptives offered sexually active women the opportunity to assume even greater responsibility for pregnancy prevention, and eliminated the need to convince her partner to use a condom during sex. Unfortunately, oral contraceptives do not address disease prevention, leaving sexually active couples open to the contraction of STDs (Critelli & Suire, 1998). New movements in sexual health are calling for males and females to share equal responsibility for disease prevention in the form of consistent condom use (CDC, 2009).

The purpose of the current study is to examine the potential role that the sexual double standard may play in women's inconsistent use of condoms. Following a review of the history of gender differences in sexual behavior, a discussion of sexual double standard attitudes, and inconsistent condom use will be provided.

GENDER DIFFERENCES IN SEXUAL ACTIVITY

Alfred Kinsey was the first to systematically research human sexuality. His interviews with nearly 11,000 individuals covered a broad number of sexual topics (e.g., age at first sexual intercourse, premarital sex, extramarital sex, oral sex, masturbation). Kinsey reported that men

(Kinsey, et al., 1948) and women (Kinsey, et al., 1953) were engaging in sexual activity at much higher rates than was thought. These data also suggested that males reported significantly greater sexual activity, earlier age of first intercourse, and greater incidence of masturbation and premarital sex than females.

Recent research suggests that men and women have become more sexually permissive since the early studies of human sexuality. For example, in 1954, 13% of females and 63% of males reported sexual activity. By the late 1990s, approximately half of both males and females reported engaging in sexual activity (Wells & Twenge, 2005).

Wells and Twenge (2005) conducted a meta-analysis of 530 studies examining sexual behaviors and attitudes that had been completed between 1943 and 1999. Results indicated that more recent studies reported both genders engaging in sexual intercourse at younger ages, higher frequency of sexual activity, more relaxed attitudes toward premarital sex, and higher frequency of oral sex. They noted that prior to 1970, females reported their first sexual intercourse at age 19; males at age 18. By the mid- to late-1990s, males and females both reported their first sexual intercourse to occur at age 15, demonstrating a larger shift for females.

Although the sexual behavior gender gap is narrowing, a number of differences remain. Fischtein, Herold, and Desmarais (2007) surveyed a large sample of Canadian adults to examine a variety of sexual variables, including thoughts related to sex, frequency of oral sex, number of lifetime sexual partners, age at first sexual intercourse, and intent to engage in casual sex. Results indicated that men expressed more permissive attitudes as well as more liberal sexual behaviors across all variables. Males reported initial sexual intercourse at a younger age, higher frequency of sexual thoughts, a greater number of sexual partners, greater oral sex experience, and more positive intentions to engage in casual sex in the future.

Oliver and Hyde (1993) conducted a meta-analysis of research on gender differences regarding sexual behaviors and attitudes. They reviewed 117 studies published between 1974 and 1990 on 21 variables (10 behaviors, 11 attitudes) related to sexual activity (e.g., premarital attitudes, sexual permissiveness, casual intercourse). Results indicated that males reported more permissive attitudes than did females, as well as greater rates of sexual activity in nearly all areas measured. Effect size measures ranged from small to moderate on most variables. Relative to women, men exhibited a higher likelihood of engaging in sexual activity at earlier ages, expressed greater acceptability of premarital sexual activity as well as extramarital affairs, and engaged in sexual activity (including oral sex) at higher rates.

Closer examination of Oliver and Hyde's data also revealed that, while gender differences were apparent on most variables, these differences appeared to decrease with participant age. That is, as participants aged, they were less likely to report significant differences in sexual behaviors and attitudes on many variables. However, "moderate gender differences remained even among respondents greater than 25 years of age" with regard to sexual permissiveness, extramarital sex attitudes, casual and committed intercourse (pg. 43). The authors noted that, although gender differences were found, these differences diminished not only with age of the participant, but with increasing year of publication as well.

Petersen and Hyde (2010) conducted a meta-analysis of 30 sexual behaviors for research conducted between 1993 and 2007. Results indicated that, while men continued to report greater incidence of sexual experience and generally more permissive attitudes than women, effect size measures fell in the small range, suggesting that the gap was significantly smaller than in Oliver and Hyde's (1993) review. The authors suggested that actual differences between men and

women might be minimal, though women continue to express more restricted attitudes and behaviors on most variables.

THE SEXUAL DOUBLE STANDARD

Men and women's level of sexual activity significantly differed in the 1950s and 1960s. Although the sexual behavior gap between men and women seems to be closing, it appears attitudes and judgments concerning male and female sexual freedom have not kept pace with these behavior changes. The sexual double standard has been defined as "the view that men are socially rewarded and women are socially derogated for sexual activity" (Marks & Fraley, 2005; pg. 175). Though researchers have altered this definition over the years, the message remains clear: men and women are held to different standards, with men being permitted to engage in a variety of sexual behaviors, the same for which women are socially punished.

Jackson and Cram (2003) analyzed the dialogue of six groups of young women between 16 and 18 years of age. Researchers used a semi-structured interview to guide the women in discussing a variety of topics about heterosexual relationships. Only dialogue related to sexual relationships with boyfriends was included in the analysis. Researchers employed discourse analysis to examine the transcripts. The women spoke openly about the positive terms used to describe men who are sexually active (e.g., "stud") and the negative terms to describe women who engage in similar behavior (e.g., "slut"). It was suggested that these sorts of attitudes affect the way women are able to interact in sexual situations, and reduces the control a female might have over her sexual relationships. The authors indicated that participants' expressions were consistent with a sexual double standard.

Sheeran, Spears, Abraham, and Abrams (1996) surveyed a sample of Scottish teenagers (N = 690) regarding the relationship between gender, religiosity, and attitudes toward sexual activity. Participants were asked two judgment questions. In the first question, male and female participants were asked, “How many people, if any, do you think most 20-year-old men/women will have had sex with?” (p. 26). The second question included an evaluation of a sexually active male or female, accomplished by asking participants to assign descriptors to four dimensions (two positive, two negative) in response to hearing a short statement about an individual who changes sexual partners “a number of times during the year” (p. 27). It was estimated by both male and female participants that men generally have more sexual partners than women. Female participants estimated that males and females both were engaged in sexual activity with fewer people than was estimated by male participants. Results also suggested that participants were more likely to negatively evaluate the female target for changing sexual partners at a greater rate than the male target. Participants suggested that this behavior was indicative of low self-respect.

Alexander and Fisher (2003) examined gender differences in attitudes related to sexual norms, as well as the influence that societal pressures may have on males and females. College students were asked to complete measures of sexual attitudes and sexual behaviors in one of three testing conditions, each varying with regard to the degree of social desirability. In the first condition, the “bogus pipeline” condition, participants were attached to a non-functional machine resembling a polygraph, and were told researchers would be able to tell if they were being truthful in their responses to the measures. The second condition was an anonymous condition in which participants were assured that their identity would not be known. Participants in the third condition (exposure threat) were led to believe that the research assistant would have access to

their responses. A significant interaction indicated that gender differences were most significant in the exposure threat condition (when told research assistants could view responses) than in either of the remaining conditions. Regarding number of sexual partners, men expressed having more sexual partners than women in the exposure threat condition. This difference diminished in the anonymous condition, and reversed in the bogus pipeline condition, with women reporting significantly more sexual partners than men. The authors suggested that these results are indicative of the importance of salient social cues in gender-reported sexual attitudes and behaviors. When under conditions where adherence to gender roles was most salient (exposure threat), males and females were more likely to respond in socially expected ways. These findings indicated that females may feel more social pressure to conform if they feel threatened by social judgment concerning their sexual behaviors.

Earle, Perricome, Davidson, Moore, Harris, and Cotton (2007) surveyed a large sample (N = 1,545) of college students enrolled in a religiously-affiliated university over three time periods (1981, 1991, 2000). Measures of sexual history, sexual attitudes, religion, and family background were administered to examine between-group differences, and general attitude and behavior shifts over time. Between-group comparisons did not reveal a linear relationship regarding sexual behaviors and related attitudes. Regardless of gender, respondents in the 1991 sample were significantly more sexually active, and expressed more liberal attitudes toward sexuality than members of either of the other groups. The authors offered evidence that suggested that attitudes toward sexuality in the late 1980s had become more permissive than in the previous decade. They also cited that women in the 2000 sample expressed more devout beliefs and activity in religious events which likely reversed the sexually permissive trends found in the 1981 sample, leading to later age of first intercourse, and fewer sexual partners. Other

findings suggested that, relative to women, men reported more permissive attitudes related to sexual interaction in uncommitted relationships regardless of group membership. While men generally found it more acceptable to engage in sexual activity in uncommitted relationships than women, women's sexual attitudes had become increasingly liberal over time.

Milhausen and Herold (2001) surveyed a group of young men and women (N = 413) regarding their beliefs about the existence of the sexual double standard. Participants responded to two measures designed to examine participants' belief that people in the general public supported the existence of the double standard. The first item measured the individual's acceptance of the sexual double standard by indicating on a scale (1-10) their agreement with whether 1) women were judged more harshly than men for engaging in sexual activity with several partners, and 2) men were judged more harshly than women for similar behaviors. Results indicated that relative to males, females reported significantly more agreement that women were judged more harshly than males, though the effect size was small. The authors suggested that this was likely due to the fact that both men (79%) and women (89%) expressed belief that women would be judged more harshly than men for sexual activity with many partners. The second societal belief item measured sexual freedom. Results suggested that "twice as many women (67%) as men (35%) believed that men had greater sexual freedom than women" (pg. 73).

Milhausen and Herold (2001) also administered measures to examine participants' acceptance of a sexual double standard on a personal level. Results indicated that few reported personally holding this attitude. Most men and women in the sample were likely to express a single standard for both sexes. Furthermore, it was reported that men and women were equally likely to express a reverse double standard when asked if they would find it acceptable for a

friend of theirs to date someone of the opposite sex who was highly sexually experienced. That is, neither sex was comfortable with a friend dating someone who was perceived to have excessive sexual contact with others. These findings indicate that participants supported the notion that women are given less sexual freedom and are judged more harshly than males by people in the general public. However, participants did not judge males and females differently themselves, rather they judged both genders equally harshly for the same sexual behaviors. This study reflects the notion that, although individuals sometimes do not personally recognize the sexual double standard for themselves, they believe it is the social norm.

The National Longitudinal Study of Adolescent Health (Add Health) is a longitudinal study of a representative sample of adolescents (grades 7-12) in 1994-2001 in an effort to bring together a multidisciplinary team to address the health, social, and behavioral issues faced by this age group. Data collection occurred in four phases and included assessment of a broad spectrum of functioning (e.g., peer relations, physical well-being, economic status, behavioral events). Kreager and Staff (2009) employed this dataset to test hypotheses regarding the sexual double standard, peer acceptance, and social status. Results suggested that males and females were differentially rewarded via peer acceptance for sexual activity. While sexually experienced females were more likely to be rejected by their peers, males in the sample displaying the same behaviors were more likely to be accepted by peers. Girls who reported having zero sex partners were more accepted by peers than boys reporting having no sex partners. Similarly, boys reporting greater than eight sex partners were the most accepted by their peers; females in this group were most rejected by peers.

Recent research points to high levels of awareness regarding the presence of the sexual double standard among college students (Bogle, 2007). Bogle interviewed 51 current college

students and 25 recent graduates from two universities regarding their perceptions of sexual norms on college campuses. She examined student judgments regarding the college “hook up,” a contemporary development in young adult sexuality which implies some degree of sexual physical interaction without the expectation of a commitment or future contact. She employed a semi-structured interview framework, allowing interviewees the freedom to speak without restraint about their college experiences and attitudes toward sexuality. She recorded, coded, and analyzed all interviews. She observed that women were negatively labeled if they “hooked up too often, went too far during an initial hook up, (or) hooked up with guys that were friends or fraternity brothers during the same semester” (pg. 9). It was also reported that women who “conducted themselves in an overtly sexual manner (in terms of their style of dress, etc.) in social gatherings where hooking up is possible” (pg. 9) were likely to be viewed negatively. More importantly, it was suggested that males engaging in the same behaviors were not subjected to these negative evaluations. The author suggested that as a result of the sexual double standard, students were very aware of what was sexually socially acceptable for men versus women.

Several studies have failed to find evidence in support of a sexual double standard. Marks and Fraley (2005) surveyed two independent samples in search of the sexual double standard with regard to number of sexual partners. Researchers asked college students (N = 144) and Internet participants (N = 8,080) to respond to a fabricated set of responses from a public survey in which the sexual experience of the fictitious individual was described by the following statement: “I’ve had sex with [number] [guys/girls]. I don’t know really have much to say about it. It’s just sort of the way I’ve lived my life” (pg. 179). Six conditions were included for number of sexual partners: 0, 1, 3, 7, 12, 19). Afterwards, participants were asked to rate the target on 30 statements (e.g., likeability, intelligence, morality). Descriptors were factor

analyzed, and four factors emerged and were used as dependent variables in the analyses. Results indicated that males were rated positively while females were rated negatively on the dimensions of power/success with increasing partner number by the internet sample. As number of sexual partners increased males and females were evaluated negatively on all other dimensions (peer popularity, values, intelligence). Similarly, as the number of sexual partners increased, both genders were rated as less intelligent. However, this effect was stronger for females than for males. The authors suggested that, though their results accounted for minimal variance, the data offered some support for the double standard.

Sprecher (1989) surveyed 666 college students regarding their attitudes toward premarital sexual activity. Researchers created twenty versions of the *Premarital Sexual Permissiveness Scale*, with each version representing a slightly different target with respect to age, gender, and personal relevance. Participants were randomly assigned to respond to one version of the measure. Results failed to find support for a sexual double standard. However, participants expressed less permissive attitudes toward targets who were younger and those who were personally relevant to them (e.g., sibling). Further, both genders endorsed more permissive attitudes when evaluating a serious dating relationship when compared to a first date or casual relationship. These findings indicate that the relationship context likely plays a prominent role in the judgment of acceptable sexual activity. That is, the sexual double standard may be more salient when women are sexually active outside of committed relationships.

Feldman, Turner, and Araujo (1999) surveyed a sample (N = 452) of college students regarding their personal sexual history (i.e., personal timetables) as well as their beliefs about age-appropriate sexual activity for their peers (i.e., normative sexual timetables). Participants were randomly assigned to conditions and asked to describe age-appropriate norms for either

males or females. Participants were then presented with a list of sexual behaviors and prompted to report the age at which they initially engaged in each behavior. Results suggested that males and females reported engaging in their first sexual intercourse experience at similar ages, though males reported earlier onset of sexual activity leading up to intercourse (e.g., kissing, petting) than females. Contrary to expectations, significant gender differences were not found regarding attitudes toward sexual activity as a function of relationship status. That is, males and females were generally in agreement in their beliefs that sexual activity was more appropriate when in the context of a serious relationship. Both genders reported that sexual activity with a partner who was not well known was undesirable. These data suggest relationship context as a variable in influencing reports of the double standard.

The studies reviewed indicate that despite recently observed increasing similarity in levels of male and female sexual activity, differences in judgments of the acceptability of male versus female sexuality remain. Although there are some inconsistencies, considerable data exist suggesting that women are negatively evaluated for engaging in sexual behaviors that are similar to men. Given the role of relationship context, the double standard may be most applicable when examined in the context of sexually active women in uncommitted relationships.

INCONSISTENT CONDOM USE

The documented increase in sexual activity over the past 50 years has been paralleled by an increase in the transmission of sexually transmitted diseases (STDs). Recent data from the Centers for Disease Control and Prevention indicate that STDs continue to be a problem in the United States (CDC, 2009). The most recent national report summarizing data from 2008 reveals that chlamydia accounts for the largest number of STDs (1,210,523 cases), a 9.2%

increase from 2007. It was suggested that this may in part be due to better efforts screening for the infection, as well as more sensitive testing instruments. Although gonorrhea cases declined between the mid-1970s and mid-1990s, rates have since leveled off. The CDC reports that incidents of syphilis have increased each year since 2001. The 2008 data indicated an 18% increase in rates compared to 2007.

Data from the CDC supports the notion that college-aged students appear to be at a significantly higher risk for STD contraction than other age groups. Individuals aged 15-19 experienced the highest level of STD contraction, while those aged 20-24 ranked second. Of those in this age group, females appear to be overrepresented when compared to their male counterparts, outnumbering males in contraction of all STDs for those in the adolescent and young adult range (CDC, 2009).

Research suggests that college students are at elevated risk for contracting STDs due to a failure to use condoms consistently during sexual activity (Kanekar & Sharma, 2008; Patel, Gutnik, Yoskowitz, O'Sullivan, & Kaufman, 2006). Kanekar and Sharma (2008) surveyed a sample of college students (N = 720) on a number of variables, including relationship status, disease status, estimation of condom use and number of sexual partners by peers, alcohol and drug use in the past 30 days, number of sexual partners in the past 30 days and during the past 12 months, and condom use over the past 30 days. Responses indicated that approximately 50% failed to use a condom during vaginal intercourse over the last 30 days, while over half (54.6%) reported failure to use condoms during their last sexual experience.

Patel and colleagues (2006) asked a sample of students to complete a daily sexual behavior diary over a two-week period, which was then followed by an interview regarding condom use and sexual history. Participants detailed sexual activities, whether a condom was

used, if they were under the influence of alcohol or drugs, and their history of sexual activity with that partner. Additionally, items measured relationship status with their partner, and if they initiated a discussion of HIV/sexually transmitted diseases with their sex partner. Results indicated that males reported approximately twice as many lifetime sexual partners compared to females (12.70 versus 6.13). Females were significantly more likely to report currently being in a monogamous relationship. Results regarding condom use produced four patterns (A, B, C, D). Overall, 35% reported consistent use of condoms during all stages of sexual history and forms of sexual encounters. The remaining 65% reported inconsistent condom use at some point during sexual activity. Pattern A (35%) accounted for those who reported consistently using condoms during all relationship stages and with all partners. Pattern B (35%) accounted for those who reported consistent use with new dating partners that transitioned to inconsistent use when the relationship became more serious; participants in this pattern also expressed consistent use with casual sex partners. Pattern C (13.3%) represented those who used condoms inconsistently until some distressing event occurred (e.g., pregnancy, abortion) and then transitioned into using condoms consistently. Pattern D (16.7%) consisted of respondents who reported inconsistent condom use through all relationship phases and with all partners (Patel et al., 2006).

Lewis and colleagues (2000) surveyed a sample of college women (N = 140) to examine factors related to condom use in African American women. Participants responded to items measuring age of first sexual intercourse, condom use, number of sexual partners, disease history, pregnancy history, condom use, perception of peer's condom use and disease status, substance use, and family conflict. Results indicated that, although a majority (76%) of the sample had some experience using condoms during sexual activity, only 24% indicated using

them on a regular basis. Regarding the perception of their peer's condom use, 11.9% estimated that a female friend used condoms during every sexual encounter.

In a similar study involving Latino college students, Gurman and Borzekowski (2004) observed that 55% of participants reported engaging in vaginal sex in the past 30 days. However, only 37.9% reported using a condom during their last sexual encounter. Considerable evidence exists pointing to the widespread inconsistent use of condoms among college students (Beckman, 1996; Patel et al., 2006; Prince, 1998; Tulloch, 2004; Wulfert & Wan, 1993).

Personal responsibility in sexual health decision making has become a focus of public health education campaigns. However, most programs have been met with little success. Krahe and colleagues (2005) created a condom promotion leaflet ("Safer sex . . . for sure") to address the cognitive aspects of condom use, including attitudes towards condoms, normative beliefs about condoms, self-efficacy regarding condom use, intentions to use condoms, pregnancy motivation, and perceived difficulty communicating with a partner about condom use. A group of high school students (N = 230) was randomly assigned to one of three conditions: control group (no leaflet), presentation of the leaflet, or presentation of the leaflet with motivation for thoughtful processing. Participants in the motivation-leaflet group were told that they would be entered in a drawing to win a prize if they could find the correct answers in the leaflet to a series of questions. Participants were surveyed two weeks prior to the intervention, immediately after the intervention, and four weeks post-intervention. Results indicated that participants in the leaflet-only design did not express significantly different condom-related cognitions when compared to the control group. While those in the motivation-leaflet group expressed more positive thoughts about condom use after the intervention, this effect weakened at follow-up. The authors pointed out that these results are particularly noteworthy given that most condom

interventions would practically involve a passive reading of information that would be similar to the presentation-only group, and much different from the motivation-leaflet group.

Recent sexual health efforts concerning promoting condom use in the UK targeted a sample (N = 404) of students aged 16-18 years (Hill & Abraham, 2008). Students were randomly assigned to either an intervention or control condition. All students completed measures of sexual history and attitudes toward condoms and sexual intercourse. Those in the intervention condition were given a pamphlet entitled “Wise up to Condoms” (pg. 46), while the control group was given a survey on school satisfaction. Intervention strategies focused on altering five cognitive aspects (attitudes toward condoms, intentions to use condoms, pregnancy avoidance, condom use self-efficacy, and perceptions of peer/family condom use), and three behavioral variables previously established as playing a role in condom use (carrying condoms, ensuring condoms are available, and communication with sexual partners about condoms variables). Results indicated that relative to controls, participants in the intervention group expressed significantly more positive attitudes toward condoms, greater self-efficacy, and increased intentions to use condoms. However, self-reported condom use did not increase.

The data suggest little correspondence between holding positive attitudes towards condom use and the consistent use of condoms by sexually active individuals (Valdiserri, Arena, Proctor, & Bonati, 1989; Wulfert & Wan, 1993). Condom intervention programs reporting success may consist of short-term behavioral and attitudinal changes that do not automatically yield long-term behavior modification. Moreover, statistically significant behavior change associated with some interventions appears to be of questionable practical value (Cohen et al., 1991). Although numerous variables related to condom use have been employed in condom

promotion intervention programs, such efforts have been largely unsuccessful (Cohen et al., 1991; Hill & Abraham, 2008; Krahe et al., 2005).

As noted above, men and women have become increasingly similar in their sexual behavior, but double standard attitudes concerning female sexuality still exist. For sexually active college women (in uncommitted relationships) a relatively unexplored issue is whether the double standard may lead to concerns that condom preparedness will be viewed as an indication of someone with a history of many sexual partners, a clear violation of the accepted social norm (Bogle, 2007).

In order to examine the role of the sexual double standard on condom preparedness in women, Caron, Davis, Halteman, and Stickle (1993) measured attitudes toward condom use, actual condom use, reasons for using condoms, and the sexual double standard in first-year college students (N = 330). Results revealed women were less likely than men to report agreement with traditional definitions and examples of the sexual double standard [e.g., “It is up to the man to initiate sex” (pg. 255)”. Women were also less likely than men to report behaving in accordance with the sexual double standard. Participants who expressed less agreement with the double standard were significantly more likely to have reported that they either provided condoms or suggested the use of condoms in their past sexual interactions.

Hynie and Lydon (1995) assigned a sample of female college students to read a fictitious diary entry in one of three conditions: male provided the condom, female provided the condom, no condom was used. After reading the diary entries, participants were asked to evaluate the female target’s behavior. Results suggested that the participants most disapproved of the woman's behavior when she provided the condom. Female participants expected both the

woman and the man involved in the sexual encounter to negatively evaluate the female character if she came with a condom in her possession.

In an examination of the double standard and college students' condom use, Kelly and Bazzini (2001) asked participants to read fictitious diary entries from a female writing about her experiences in a casual sexual encounter. Scenarios varied with either the male providing the condom, female providing the condom, or no condom was used. Participants then assigned the woman personality characteristics and estimated how acceptable/appropriate they found her behavior. Participants additionally completed a sexual history questionnaire. Results suggested that, while female participants judged the woman as most positive when she provided the condom, they also reported the woman would be most negatively judged by her date in this condition. Interestingly, male participants did not judge the female negatively when she provided the condom, but judged her more negatively when the male in the scenario provided the condom. These data suggest that although women may be influenced by perceptions of the double standard, their concerns about negative evaluations by their sex partner may be unnecessary. Interestingly, individuals who reported greater sexual experience were less likely to express negative judgment of the sexually-prepared female.

This review suggests that relative to women in committed relationships, young women in casual relationships appear to be affected by perceived social pressures outlining appropriate sexual behavior. That is, sexual activity within committed relationships may be seen as more acceptable for women than sexual activity occurring within the context of casual relationships. The sexual double standard may also influence women's condom use. Several studies have demonstrated that regardless of a woman's personal view of the sexual double standard, women perceive that sexually active women who provide a condom during a sexual encounter with a

casual partner will be viewed more negatively than women who engage in the sexually risky practice of unprotected sex. The current study will examine the sexual double standard in a casual relationship context. Although previous studies have researched the relationship between sexual experience (e.g., number of sexual partners) and attitudes toward the double standard, its relationship with self-reported personal condom use has yet to be examined.

The purpose of this study was to examine the relationship between condom use and the sexual double standard. College students were asked to read one of three vignettes describing a couple who recently met and are about to engage in sexual intercourse. The vignettes varied with either the female providing a condom, male providing a condom, or no condom was used. After reading the vignette, participants were asked to rate the males and females by responding to a 7-point Likert-type adjective inventory. Participants' sexual history (including condom use) was measured. It was expected that females would be rated the most negatively when she provides the condom compared to the male provides condom and no condom conditions, and that males would be rated most positively when he provides the condom when compared to the female provides condom and no condom conditions. It was also anticipated that, relative to male participants, female participants would rate the female actor more negatively than the male actor for being the condom provider.

Given the previously documented negative relationship between sexual experience and endorsement of the sexual double standard, it was anticipated that regardless of gender, participants' attitudes toward sexuality would be a significant predictor of self-reported condom use as well as judgment of the condom provider. It was also expected that participants' judgments of the condom provider would be a significant predictor of self-reported condom use.

METHOD

Participants

Participants included 115 male and female undergraduate students between 18-21 years of age attending a public university in the southeastern United States. They were recruited via the psychology department's online course credit system, Psychological Subject Participation Manager (PSPM). The sample reflected the demographics of the University; approximately 72% of the sample was Caucasian and 21% was African American. Demographic information was collected (age, gender, ethnicity, class) (Table 1). Participants were assigned one hour of class research credit for their participation.

Measures

Attitudes toward the Sexual Double Standard

The Personal Acceptance of the Double Standard Scale (PADS – Appendix B) is a 7-item self-report measure designed to assess attitudes toward gender and sexual behavior (Milhausen & Herold, 2001). The original measure consisted of 15 items, but was reduced to 7 items based on the recommendations of a panel of experts. Test-retest reliability over a two-week period and internal consistency appear to be adequate. Participants rated each item on a 5-point Likert-type scale (Strongly Agree to Strongly Disagree). Items consisted of statements designed to assess the participants' personal acceptance of sexual behavior as it relates to gender [e.g., "I question the character of a man/woman who has had a lot of sexual partners" (pg. 70)]. Items were summed to reflect a composite score, with higher scores indicating more permissive

attitudes. Participants' expressed attitudes regarding male and female sexual behavior were measured separately, therefore yielding separate male and female PADS scores.

Adjective Checklist

The Interpersonal Evaluation Inventory (IEI – Appendix C) is a self-report measure consisting of 24 adjectives related to interpersonal interactions and likeability (Kelly, Kern, Kirkley, Patterson, & Keane, 1980). The adjectives include: assertive, appropriate, tactful, inoffensive, truthful, educated, friendly, agreeable, pleasant, considerate, flexible, open-minded, sympathetic, good-natured, fair, kind, honest, likeable, intelligent, thoughtful, attractive, socially skilled, warm, and superior. All participants assessed both the male and female actors in the vignette on each characteristic on a 7-point Likert-type scale (1 = Extremely Untruthful to 7= Extremely Truthful). In order to reduce the potential for response bias, items were randomly arranged with some reflecting 7 as the most socially desirable, and others reflecting 1 as the most socially desirable. The IEI has been used in previous research to assess the relationship between assertive behavior and social likeability (Kelly et al., 1980; Kern, 1982). Doss and Gross (1994) employed the IEI in an examination of the relationship between African American language and interpersonal evaluations. The researchers conducted a factor analysis, concluding that items loaded on two factors, Likeability and Diplomacy. Items on the Likeability factor included friendly, agreeable, pleasant, considerate, open-minded, sympathetic, good-natured, fair, kind, likeable, intelligent, attractive, socially skilled, and warm. Items on the Diplomacy factor included assertive, tactful, truthful, and honest (Doss & Gross, 1994). For the current study, items were reverse-coded as appropriate and were summed to obtain a factor score, with higher

scores indicating a more positive evaluation of the target. Separate actor male and female ratings were retained.

Sexual History

The sexual history measure (Appendix D) is an 8-item survey designed for the current study. It measures relationship status, duration of current relationship, condom use, alternative forms of birth control, and lifetime number of sexual partners. Four items require yes/no answers (i.e., relationship status, condom use during last encounter, condom use during last sexual encounter with a new partner, alternative use of birth control). Four items require frequency/duration (i.e., length of relationship, condom use over past 60 days, condom use over past 60 days with new partners, number of lifetime sexual partners) and involve Likert-type responses.

Demographics

Participants completed a short demographic questionnaire which included age, class (freshman, sophomore, junior, senior, other), major/minor, gender, and race/ethnicity.

Stimulus Materials

Vignettes

The vignettes (Appendix A) depicted a male and female college student who recently met through a mutual friend. The couple meets the following night, has dinner, spends time with friends, and goes home together. While at home they engage in sexual activity. The vignettes are identical with the exception that in one vignette the male provides the condom, in one the

female provides the condom, and in the third vignette the couple does not use a condom during sex.

Procedure

All procedures were approved by and conducted according to the University of Mississippi's Institutional Review Board (IRB). Participants were recruited via the psychology department's online research credit system (PSPM). Measures were administered in a large classroom in a group setting. After arriving, the researcher administered an informed consent form and the measures used for the study. A brief set of instructions was read; opportunities to ask questions were provided. Measures were assembled prior to administration in the following order: demographic information, sexual history, vignette, IEI, PADS. Demographic information and sexual history were placed prior to the remaining measures to reduce order effects in reporting personal sexual information.

Participants were randomly assigned to one of the three vignette conditions (female provides condom, male provides condom, no condom is used). After reading the vignette, participants were prompted to assign separate adjective ratings (IEI) to the male and female actors in the vignette based on the participant's judgment of the actors' behavior; the IEI followed the presentation of the vignette. Finally, participants were asked to complete separate male and female measures of their attitudes toward gender and sexuality (PADS). Upon completion of the measures, participants returned the measures to the researcher. Extra credit was administered through the PSPM system.

RESULTS

Data Preparation

Prior to analyses, descriptive statistics were calculated on all variables. Examination of skew and kurtosis revealed that all variables were distributed normally. Tests for multivariate outliers were conducted using Mahalanobis distance. Responses for participants (N = 4) were removed based on $p < .001$ (value greater than 53.67). Responses for one participant were removed due to missing data. The final dataset consisted of 115 participants whose demographic information can be seen in Table 1. Participants' mean scores on primary measures are presented in Table 2, summary of sexual history can be found in Table 3, and correlations among these variables are presented in Table 4. Due to the calculation of multiple analyses, Bonferroni's adjustment was applied to the following regression analyses.

All IEI data were interpreted via the factor structure established by Doss and Gross (1994). Factor analysis concluded that IEI items loaded on two factors (Likeability and Diplomacy). Items on the Likeability factor included friendly, agreeable, pleasant, considerate, open-minded, sympathetic, good-natured, fair, kind, likeable, intelligent, attractive, socially skilled, and warm. Items on the Diplomacy factor included assertive, tactful, truthful, and honest (Doss & Gross, 1994). For the current study, items were reverse-coded as appropriate and summed to obtain a factor score with higher scores indicating a more positive evaluation of the target. Scores on the PADS were summed across items to obtain an overall score, with higher scores indicating more liberal attitudes regarding sexuality.

Influence of Participant Gender and Judgments

In order to examine differences in judgments across the three condom provider conditions, 2 (participant gender) x 3 (condom provider vignette) Multivariate Analyses of Variance (MANOVAS) were performed with IEI factor scores (Likeability and Diplomacy) serving as the dependent variables. Separate analyses were performed for the judgment of female and male actors. Regarding judgments related to female actors, a significant main effect was found for vignette condition (Wilks' Lamda = .793; $F(4, 216) = 6.646$, $p < .001$), indicating that females were judged differently based on condom provider condition. Main effects for participant gender or an interaction effect between participant gender and vignette were not found. Follow-up univariate tests with Likeability as the dependent variable (Figure 1) revealed a significant difference between female-provider and no condom conditions. No difference was found between female-provider and male-provider conditions, or between male-provider and no condom conditions. Follow-up univariate tests for Diplomacy (Figure 2) revealed that females were judged significantly more positively for providing the condom when compared to the male-provider and no condom conditions. No difference was found between the male-provider and no condom conditions.

In order to examine differences in judgments regarding male actors across the three condom provider conditions, 2 (participant gender) x 3 (condom provider vignette) Multivariate Analyses of Variance (MANOVAS) were performed with IEI factor scores (Likeability and Diplomacy) serving as the dependent variables. A significant main effect for vignette was found for male actors (Wilks' Lamda = .882; $F(4, 216) = 3.486$, $p < .01$), indicating that males were judged differently based on condom provider condition. Main effects for participant gender or an interaction effect between participant gender and vignette were not found, indicating that

participant gender did not appear to play a significant role in judgment of male sexual behavior. Follow-up univariate tests regarding Likeability (Figure 3) indicate that no significant differences were found between the three condom-provider conditions. Regarding Diplomacy (Figure 4), males were rated significantly more positively when he provided the condom in comparison to when no condom was used. No differences were found between the male-provider and female-provider conditions, or between the female-provider and no condom conditions.

Relationship between Self-Reported Condom Use and Judgments/Attitudes

A hierarchical regression analysis (Table 5) was performed to examine the degree of association between participants' judgment of the vignette actor (IEI factor scores) and self-reported condom use over the past 60 days. The first step included lifetime number of sexual partners, the second step included vignette, and the third step included IEI factor scores. The final model did not account for significant variance in the prediction of self-reported condom use. The prediction that participants' judgments of the vignette actors would play a significant role in their self-reported condom use over the past 60 days was not supported. When a similar analysis was performed examining reported condom use over the past 60 days with a new partner, the overall model was non-significant (Table 6).

A hierarchical regression analysis (Table 7) was also performed to examine the degree of association between participants' general attitudes toward sexuality (PADS scores) and self-reported condom use over the past 60 days. The first step included lifetime number of sexual partners, the second step included vignette, and the third step included PADS scores. The final model did not account for significant variance in the prediction of self-reported condom use. In

a similar analysis examining reported condom use over the past 60 days with a new partner, the overall model was also not significant (Table 8).

A logistic regression analysis (Table 9) was performed to examine the degree of association between participants' attitudes toward sexuality (PADS scores) and self-reported condom use during their last sexual encounter. The comparison variable was participants' response as having used or failed to use a condom during their last sexual encounter. Number of sexual partners, vignette, and male and female PADS scores were selected as predictors. The χ^2 value indicated an acceptable prediction model was not found, indicating that participants' self-reported condom use during last sexual encounter was not significantly related to their attitudes regarding sexuality. In a similar analysis examining reported condom use during last sexual encounter with a new partner, the overall model was not significant (Table 10).

A logistic regression analysis (Table 11) was performed to examine the degree of association between participants' judgments of the actors in the vignettes (IEI factors) and self-reported condom use during their last sexual encounter. The comparison variable was participants' response as either having used or failed to use a condom during their last sexual encounter. Number of sexual partners, vignette, and IEI factor scores were selected as predictors. The χ^2 value indicated that an acceptable prediction model was not found. Participants' self-reported condom use during the last sexual encounter was not significantly related to their judgments of the vignette actors. Similarly, when this analysis was performed examining reported condom use during the last sexual encounter with a new partner, the overall model was also found to be non-significant (Table 12).

DISCUSSION

Influence of Participant Gender and Judgments

Contrary to expectations, the female was most liked when providing the condom compared to when no condom was used. Females were judged as equally likable when the male provided the condom versus when no condom was used, and when the male provided versus the female provided. She was deemed more diplomatic when providing the condom relative to when no condom was used, or when he provided the condom. It was predicted that the male actor would be judged most positively when providing the condom. However, results suggested that there was no effect for condom condition on likeability. Men were rated higher on diplomacy when providing the condom relative to not using a condom.

It is possible that the sexual context of a casual encounter influenced judgments of the female actor. The casual relationship context possibly implies an expectation that she needs to be responsible for her sexual health. Higher diplomacy ratings reflect an individual's ability to negotiate a desired goal. Participants may have rated the female actor higher on diplomacy suggesting her perceived responsible decision making and ability to protect her sexual health. This pattern of positive judgment was not repeated in the determination of likeability, suggesting that although participants deemed her actions more diplomatic in this situation, providing a condom did not boost their liking of her. Previous research indicates that, while women's use of assertive communication is often considered a reflection of her capabilities, it is not consistently associated with greater likeability (Delamater & McNamara, 1986). Rather, male participants have been shown to deem women more respectable yet less likeable for behaving assertively

(Dodd, Giuliano, Boutell, & Moran, 2002), potentially leading women to reduced assertiveness in certain situations (Amanatullah & Morris, 2010).

A different pattern of results was observed regarding evaluations of the male actor. He was rated equally likeable regardless of whether he or she provided the condom, or if no condom was used. Diplomacy ratings indicated that he was deemed more diplomatic when providing the condom versus not using a condom, but no differently when she provided the condom. Research suggests that relative to females, there has been greater tolerance for a wide range of male sexual behavior.

College students' views regarding condoms also provide a potential explanation for the above finding. Research indicates that many students view condoms primarily as birth control rather than as a means of STD prevention (Anderson et al., 1999; Flood, 2003). Beckman (1996) reported that students frequently use oral contraceptives or condoms, but rarely report the combination of both methods. The relatively high use of oral contraceptives by college women may contribute to a bias for females to be viewed as responsible for pregnancy prevention. Males may have been judged higher in diplomacy when providing a condom because of the display of a behavior that may be largely seen as the responsibility of females. Similarly, likeability may not have been affected by condom use because pregnancy prevention has historically been associated more with female than male sexuality, as most contraceptive developments have focused on female use (e.g., oral contraceptives, IUDs).

Relationship between Self-Reported Condom Use and Judgments/Attitudes

Contrary to predictions, neither judgments nor attitudes regarding sexuality were predictive of participant self-reported condom use. Previous research has suggested that the

decision to use a condom in sexual encounters is based on a complex set of environmental variables. Embarrassment when purchasing condoms, concerns about decreased pleasure or spontaneity, discomfort using condoms during sexual encounters, the use of alternative methods of birth control (e.g., oral contraceptives), negative attitudes toward sexuality and condom use, low self-efficacy regarding condom use, and alcohol use have been related to decreased condom use (Campbell, Peplau, & DeBro, 1992; Czopp, Monteith, Zimmerman, & Lynam, 2004; Gordon & Carey, 1996; Kennedy, Nolen, Applewhite, Pan, Shamblen, & Vanderhoff, 2007; Libbus, 1995; Moore, Dahl, Gorn, & Weinberg, 2006; Small, Weinman, Buzi, & Smith, 2009; Wulfert & Wan, 1993). Relational variables such as relationship status, relationship length, and the perception of one's partner being disease-free have also been related to inconsistent condom use (Anderson, Wilson, Doll, Jones, & Barker, 1999; Civic, 2000; Prince, 1998; Siegel & Gibson, 1988). It is likely that these variables are better predictors of condom use than attitudes and judgments related to sexuality.

Gross (1987) suggested that problems in adherence to health management behaviors may best be viewed as problems in self-management. Decisions to engage in healthy versus high-risk behaviors are largely based on attending to immediate versus long-term consequences of the associated responses. Consequences for sex with no condom are associated with immediate small rewards (e.g., physical pleasure), as well as potential delayed large aversive events (e.g., pregnancy, STDs). Safer sex condom use is associated with small immediate aversive consequences (e.g., decreased pleasure, embarrassment), and potential delayed large positive consequences (e.g., sexual health). Unfortunately, sexual arousal frequently leads to a focus on immediate reinforcers rather than attending to potential long-term negative consequences of unprotected sexual activity (e.g., STDs, unplanned pregnancies). The focus on short-term

reinforcers could account for the differences in expressed attitudes regarding sexuality and self-reported sexual activity.

LIMITATIONS AND FUTURE DIRECTIONS

The current study utilized a sample of college students from the Southeastern United States. It would be useful to examine these variables in a larger community sample in order to determine the generalizability of the findings. This study employed the IEI to assess judgments related to sexual behavior. Although this measure has been used in judgment-related research, it is possible that using an alternative measure to assess judgments would provide clearer information on this topic. Issues related to self-reported sexual behavior could potentially have had an effect on the participants' reported condom use. Research on the reliability of self-reported condom use as it relates to a variety of factors (e.g., social desirability, accurate recall of past events) would be useful in this area. Finally, it is unclear whether this pattern of results would be found in the examination of condom use in longer-term monogamous relationships.

Research has indicated that women are typically judged more harshly than men for engaging in similar sexual behaviors (Jackson & Cram, 2003; Milhausen & Herold, 2001). This study found that evaluations were generally similar. A recent meta-analysis indicates that while both genders have reported greater involvement in sexual activity over time, this change has been significantly greater for women than it has been for men (Wells & Twenge, 2005). Petersen and Hyde's (2010) review supports the notion that gender differences in sexual behavior may be quite small. The present data are consistent with the notion that standards for sexual behavior are more equal than has been previously documented.

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LIST OF APPENDICES

Appendix A

Vignette A: Male provides condom

Brian and Kim recently met at a mutual friend's house at a party. The following day Brian called Kim and asked her to go out that evening. The two met at a local restaurant and had dinner. They later joined a group of friends to hang out. At the end of the night, they went home together. Shortly after getting in bed they started kissing, which led to sexual activity. Before having sex, Brian leaned over and got a condom out of the pocket of his pants.

Vignette B: Female provides condom

Brian and Kim recently met at a mutual friend's house at a party. The following day Brian called Kim and asked her to go out that evening. The two met at a local restaurant and had dinner. They later joined a group of friends to hang out. At the end of the night, they went home together. Shortly after getting in bed they started kissing, which led to sexual activity. Before having sex, Kim leaned over and got a condom out of the pocket of her purse.

Vignette C: No condom is used

Brian and Kim recently met at a mutual friend's house at a party. The following day Brian called Kim and asked her to go out that evening. The two met at a local restaurant and had dinner. They later joined a group of friends to hang out. At the end of the night, they went home together. Shortly after getting in bed they started kissing, which led to sexual activity. The couple did not use a condom.

Appendix B

Appendix C

Directions

You have just read a vignette about a couple. Although the description of these people has been brief, you probably have some “first impressions” of what they are like. Think carefully about the narrative you have just read and try to decide what the FEMALE is like. We realize that it might be hard to evaluate her since you’ve only just read a very brief description. However, we are interested in your first impression, and based on what you read, your best “hunch” of what SHE is like. Be sure to evaluate only the female in the vignette.

Listed below are a number of personality descriptions. Each description consists of two extremes and a number of points in between them. For example:

Extremely happy 1 2 3 4 5 6 7 Extremely unhappy

If you thought this person was extremely happy, you would circle the “1.” If you thought she was extremely unhappy, you would circle the “7.” If you thought she was quite happy (but not extremely so), you might circle the “2.” A “4” always represents the midpoint between the two extremes. Circle a “4” only when the person falls exactly between the two extremes.

Please read each set of descriptions carefully. Be sure to note that in some cases the more positive response is on the left, and in other cases, it is on the right end of the range. Then, for each item, circle the number (1 to 7) which most closely represents your impression of the person. **Please do not skip any.**

We realize there may be times when you may feel you don’t have enough information to be able to answer the question, but please answer it anyway according to your best “hunch” about what she is like.

Extremely assertive	1	2	3	4	5	6	7	Extremely unassertive
Extremely inappropriate	1	2	3	4	5	6	7	Extremely appropriate
Extremely untactful	1	2	3	4	5	6	7	Extremely tactful
Extremely inoffensive	1	2	3	4	5	6	7	Extremely offensive
Extremely truthful	1	2	3	4	5	6	7	Extremely untruthful
Extremely uneducated	1	2	3	4	5	6	7	Extremely educated
Extremely friendly	1	2	3	4	5	6	7	Extremely unfriendly
Extremely disagreeable	1	2	3	4	5	6	7	Extremely agreeable

Extremely unpleasant	1	2	3	4	5	6	7	Extremely pleasant
Extremely considerable	1	2	3	4	5	6	7	Extremely inconsiderable
Extremely flexible	1	2	3	4	5	6	7	Extremely inflexible
Extremely open-minded	1	2	3	4	5	6	7	Extremely closed-minded
Extremely sympathetic	1	2	3	4	5	6	7	Extremely unsympathetic
Extremely bad-natured	1	2	3	4	5	6	7	Extremely good-natured
Extremely fair	1	2	3	4	5	6	7	Extremely unfair
Extremely kind	1	2	3	4	5	6	7	Extremely unkind
Extremely dishonest	1	2	3	4	5	6	7	Extremely honest
Extremely unlikeable	1	2	3	4	5	6	7	Extremely likeable
Extremely intelligent	1	2	3	4	5	6	7	Extremely unintelligent
Extremely thoughtless	1	2	3	4	5	6	7	Extremely thoughtful
Extremely attractive	1	2	3	4	5	6	7	Extremely unattractive
Extremely socially-skilled	1	2	3	4	5	6	7	Extremely socially-unskilled
Extremely warm	1	2	3	4	5	6	7	Extremely cold
Extremely superior	1	2	3	4	5	6	7	Extremely inferior

Directions

You have just read a vignette about a couple. Although the description of these people has been brief, you probably have some “first impressions” of what they are like. Think carefully about the narrative you have just read and try to decide what the MALE is like. We realize that it might be hard to evaluate him since you’ve only just read a very brief description. However, we are interested in your first impression, and based on what you read, your best “hunch” of what HE is like. Be sure to evaluate only the male in the vignette.

Listed below are a number of personality descriptions. Each description consists of two extremes and a number of points in between them. For example:

Extremely happy 1 2 3 4 5 6 7 Extremely unhappy

If you thought this person was extremely happy, you would circle the “1.” If you thought he was extremely unhappy, you would circle the “7.” If you thought he was quite happy (but not extremely so), you might circle the “2.” A “4” always represents the midpoint between the two extremes. Circle a “4” only when the person falls exactly between the two extremes.

Please read each set of descriptions carefully. Be sure to note that in some cases the more positive response is on the left, and in other cases, it is on the right end of the range. Then, for each item, circle the number (1 to 7) which most closely represents your impression of the person. **Please do not skip any.**

We realize there may be times when you may feel you don’t have enough information to be able to answer the question, but please answer it anyway according to your best “hunch” about what he is like.

Extremely assertive	1	2	3	4	5	6	7	Extremely unassertive
Extremely inappropriate	1	2	3	4	5	6	7	Extremely appropriate
Extremely untactful	1	2	3	4	5	6	7	Extremely tactful
Extremely inoffensive	1	2	3	4	5	6	7	Extremely offensive
Extremely truthful	1	2	3	4	5	6	7	Extremely untruthful
Extremely uneducated	1	2	3	4	5	6	7	Extremely educated
Extremely friendly	1	2	3	4	5	6	7	Extremely unfriendly
Extremely disagreeable	1	2	3	4	5	6	7	Extremely agreeable

Extremely unpleasant	1	2	3	4	5	6	7	Extremely pleasant
Extremely considerable	1	2	3	4	5	6	7	Extremely inconsiderable
Extremely flexible	1	2	3	4	5	6	7	Extremely inflexible
Extremely open-minded	1	2	3	4	5	6	7	Extremely closed-minded
Extremely sympathetic	1	2	3	4	5	6	7	Extremely unsympathetic
Extremely bad-natured	1	2	3	4	5	6	7	Extremely good-natured
Extremely fair	1	2	3	4	5	6	7	Extremely unfair
Extremely kind	1	2	3	4	5	6	7	Extremely unkind
Extremely dishonest	1	2	3	4	5	6	7	Extremely honest
Extremely unlikeable	1	2	3	4	5	6	7	Extremely likeable
Extremely intelligent	1	2	3	4	5	6	7	Extremely unintelligent
Extremely thoughtless	1	2	3	4	5	6	7	Extremely thoughtful
Extremely attractive	1	2	3	4	5	6	7	Extremely unattractive
Extremely socially-skilled	1	2	3	4	5	6	7	Extremely socially-unskilled
Extremely warm	1	2	3	4	5	6	7	Extremely cold
Extremely superior	1	2	3	4	5	6	7	Extremely inferior

Appendix D

Directions: Please read each item carefully and circle *one* response per item unless otherwise indicated.

1. Are you currently involved in a monogamous relationship (i.e., committed exclusively to a single person)? (1) Yes (2) No

2. What is the length of this relationship? (please circle one)
 - (1) Not currently involved in a monogamous relationship
 - (2) Less than 1 month
 - (3) 1-3 months
 - (4) 4-6 months
 - (5) 7-12 months
 - (6) Longer than 12 months

3. Over the past 60 days, how often have you used a condom when engaging in sexual intercourse?
 - (1) I have not engaged in sexual intercourse over the past 60 days
 - (2) Never
 - (3) Sometimes
 - (4) Usually
 - (5) Always

4. Over the past 60 days, how often have you used a condom with a new partner when engaging in sexual intercourse?
 - (1) I have not engaged in sexual intercourse with a new partner over the past 60 days
 - (2) Never
 - (3) Sometimes
 - (4) Usually
 - (5) Always

5. When you last engaged in sexual intercourse, did you use a condom?
 - (1) Yes (2) No (3) I am not sexually active

6. When you last engaged in sexual intercourse with a new partner, did you use a condom?
 - (1) Yes (2) No (3) I am not sexually active

7. When you last engaged in sexual intercourse, did you or your partner use other forms of birth control besides a condom (e.g., “the pill”)?
 - (1) Yes (2) No (3) I am not sexually active

8. How many people have you had sexual contact (i.e., contact past kissing) with during your lifetime?
 - 0 1-3 4-7 8-10 Greater than 10

Appendix E

Table 1. Demographic Information

Mean Age (SD)	18.77 (0.77)	
Educational Status	N	%
Freshman	82	71.3
Sophomore	25	21.7
Junior	5	4.3
Senior	3	2.6
Gender		
Male	61	53
Female	54	47
Ethnicity		
Caucasian	83	72.2
African American	24	20.9
Asian/Pacific Islander	3	2.6
Hispanic	2	1.7
Multi-racial	2	1.7
Other	1	0.9

Table 2. Descriptive Statistics

Variable	Mean	Standard Deviation
IEI Likeability – F	66.61	10.82
IEI Diplomacy – F	17.21	3.86
IEI Likeability – M	62.70	13.06
IEI Diplomacy – M	17.26	3.19
PADS – F	17.84	7.19
PADS – M	21.79	8.09

Table 3. Descriptive Statistics – Sexual History - #1

Relationship Status

Monogamous Relationship	N	%
Yes	47	35.7
No	74	64.3

Relationship Length

	N	%
No relationship	74	64.3
Less than 1 month	2	1.7
1-3 months	10	8.7
3-6 months	9	7.8
6-12 months	6	5.2
Longer than 12 months	14	12.2

Condom Use — 60 Days

	N	%
Never	11	9.6
Sometimes	17	14.8
Usually	15	13
Always	26	22.6
Not sexually active in past 60 days	46	40

Descriptive Statistics – Sexual History - #2

Condom Use – New Partner in Past 60 Days

	N	%
Never	6	5.2
Sometimes	6	5.2
Usually	8	7
Always	24	20.9
Not sexually active with new partner in past 60 days	71	61.7

Condom Use — Last Sexual Encounter

	N	%
Yes	48	41.7
No	39	33.9
Not sexually active	28	24.3

Condom Use – Last Sexual Encounter with a New Partner

	N	%
Yes	63	54.8
No	20	17.4
Not sexually active	29	25.2
Missing	3	2.6

Descriptive Statistics – Sexual History - #3

Alternative Use of Birth Control during Last Sexual Encounter

	N	%
Yes	50	43.5
No	37	32.2
Not sexually active	28	24.3

Lifetime Number of Sexual Partners

	N	%
0	15	13
1-3	44	38.3
4-7	28	24.3
8-10	13	11.3
Greater than 10	15	13

Table 4. Correlation Matrix of Measures - #1

	Relationship Status	Relationship Length	Condom 60	New Partner Condom 60	Condom Last	New Partner Condom Last	Alternative Birth Control
Relationship Status	1	-.906**	-.256**	.057	.203*	.311**	.276**
Relationship Length	-.906**	1	.182	-.154	-.125	-.228*	-.251**
Condom 60	-.256**	.182	1	-.720**	-.670**	-.641**	-.501**
New Partner Condom 60	.057	-.154	.720**	1	-.479**	-.486**	-.342**
Condom Last	.203*	-.125	-.670**	-.479**	1	-.899**	-.672**
New Partner Condom Last	.311**	-.228	-.641**	-.486**	.899**	1	.727**
Alternative Birth Control	.276**	-.251**	-.501**	-.342**	-.672**	.727**	1
Partners	-.076	.033	.422**	.397**	-.383**	-.409**	-.474**
IEI Likeability – F	-.064	.032	.067	.126	-.196*	-.180	-.119
IEI Diplomacy– F	-.045	.019	.200*	.212*	-.190*	-.175	-.114
IEI Likeability – M	-.110	.089	.012	-.060	-.099	-.131	-.089
IEI Diplomacy– M	-.110	.065	.146	.121	-.203*	-.203*	-.138
PADS – F	-.024	.022	.164	.125	-.106	-.121	-.205*
PADS - M	-.015	.053	.201*	.208*	-.158	-.178	-.246**

Note: * = p<.05, ** = p<.01

Correlation Matrix of Measures - #2

	Partners	IEI Likeability – F	IEI Diplomacy– F	IEI Likeability – M	IEI Diplomacy– M	PADS – F	PADS – M
Relationship Status	-.076	-.064	-.045	-.110	-.110	-.024	-.015
Relationship Length	.033	.032	.019	.089	.065	.022	.053
Condom 60	.422**	.067	.200*	.012	.146	.164	.201*
New Partner Condom 60	.397**	.126	.212*	-.060	.121	.125	.208*
Condom Last	-.383**	-.196*	-.190*	-.099	-.203*	-.106	-.158
New Partner Condom Last	-.409**	-.180	-.175	-.131	-.203*	-.121	-.178
Alternative Birth Control	-.474**	-.119	-.114	-.089	-.138	-.205*	-.246**
Partners	1	.166	.064	.152	.116	.374**	.483**
IEI Likeability – F	.166	1	.496**	.636**	.346**	.091	.091
IEI Diplomacy– F	.064	.496**	1	.375**	.296**	.147	.033
IEI Likeability – M	.152	.636**	.375**	1	.432**	.163	.172
IEI Diplomacy– M	.116	.346**	.296**	.432**	1	.045	.126
PADS – F	.374**	.091	.147	.163	.045	1	.765**
PADS – M	.483**	.091	.033	.172	.126	.765**	1

Note: * = p<.05, ** = p<.01

Table 5. Hierarchical Regression Analysis of IEI Factors and Self-Reported Condom Use during the Last Sixty Days

Variable	<u>B</u>	<u>SE B</u>	<u>B</u>	<u>R²</u>	<i>p</i>
Step 1					
Partners	-.127	.123	-.125	.016	.305
Step 2					
Vignette	-5.14E-02	.165	-.038	.017	.565
Step 3					
IEI – F1	-8.09E-03	.016	-.080	.053	.743
IEI – F2	3.821E-02	.042	.133		
IEI – M1	-1.45E-02	.014	-.167		
IEI – M2	2.935E-02	.056	.076		

Table 6. Hierarchical Regression Analysis of IEI Factors and Self-Reported Condom Use during the Last Sixty Days with a New Partner

Variable	<u>B</u>	<u>SE B</u>	<u>B</u>	<u>R²</u>	<i>P</i>
Step 1					
Partners	-2.05	.151	-2.05	.042	.183
Step 2					
Vignette	-3.09E-02	.205	-.023	.042	.411
Step 3					
IEI – F1	3.485E-02	.018	.361	.259	.070
IEI – F2	4.996E-02	.052	.178		
IEI – M1	-3.60E-02	.018	-.393		
IEI – M2	6.534E-02	.070	.170		

Table 7. Hierarchical Regression Analysis of PADS and Self-Reported Condom Use during the Last Sixty Days

Variable	<u>B</u>	<u>SE B</u>	<u>B</u>	<u>R²</u>	<i>p</i>
Step 1					
Partners	-.127	.123	-.125	.016	.305
Step 2					
Vignette	-5.14E-02	.165	-.038	.017	.565
Step 3					
PADS – F	-1.87E-02	.028	-.115	.042	.595
PADS – M	-1.14E-02	.027	-.075		

Table 8. Hierarchical Regression Analysis of PADS and Self-Reported Condom Use during the Last Sixty Days with a New Partner

Variable	<u>B</u>	<u>SE B</u>	<u>B</u>	<u>R²</u>	<i>p</i>
Step 1					
Partners	-.205	.151	-.205	.042	.183
Step 2					
Vignette	-3.09E-02	.205	-.023	.042	.411
Step 3					
PADS – F	-7.91E-02	.044	-.475	.117	.292
PADS – M	3.719E-02	.035	.262		

Table 9. Logistic Regression Analysis of Self-Reported Condom Use during the Last Sexual Encounter and PADS scores

Predictor	χ^2	B	Wald	OR
Step 1	1.58			
Partners		0.25	1.56	1.281
Step 2	0.02			
Vignette		0.04	0.02	1.042
Step 3	1.69			
PADS – F		0.02	0.05	1.022
PADS – M		0.03	0.04	1.028

Table 10. Logistic Regression Analysis of Self-Reported Condom Use during the Last Sexual Encounter with a New Partner and PADS scores

Predictor	χ^2	B	Wald	OR
Step 1	4.59			
Partners		0.49	4.47	1.635
Step 2	2.52			
Vignette		-0.53	2.39	.586
Step 3	3.12			
PADS – F		-0.01	0.01	.994
PADS – M		0.09	2.12	1.085

Table 11. Logistic Regression Analysis of Self-Reported Condom Use during the Last Sexual Encounter and IEI Factors

Predictor	χ^2	B	Wald	OR
Step 1	1.58			
Partners		0.25	1.56	1.281
Step 2	0.02			
Vignette		0.04	0.02	1.042
Step 3	8.81			
IEI – F1		-0.02	0.55	.979
IEI – F2		-0.01	0.03	.988
IEI – M1		0.44	3.07	1.045
IEI – M2		-0.25	6.37	.781

Table 12. Logistic Regression Analysis of Self-Reported Condom Use during the Last Sexual Encounter with a New Partner and IEI Factors

Predictor	χ^2	B	Wald	OR
Step 1	4.59			
Partners		0.49	4.47	1.635
Step 2	2.52			
Vignette		-0.53	2.39	.568
Step 3	6.49			
IEI – F1		0.00	0.00	1.000
IEI – F2		-0.04	0.24	.906
IEI – M1		0.03	1.41	1.035
IEI – M2		-0.26	5.45	.775

Appendix F

Figure 1. Condom Provider Condition by Participant Gender MANOVA for Female IEI Likeability Factor

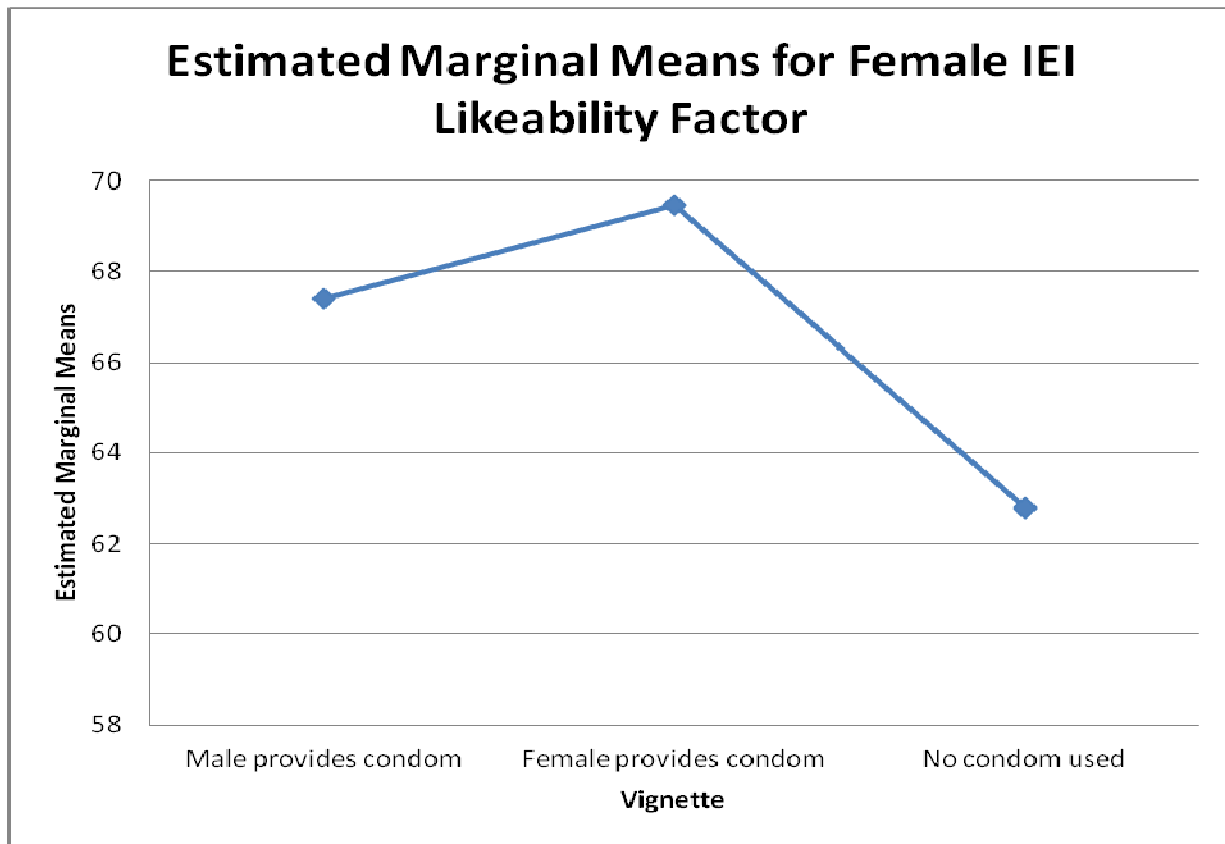


Figure 2. Condom Provider Condition by Participant Gender MANOVA for Female IEI Diplomacy Factor

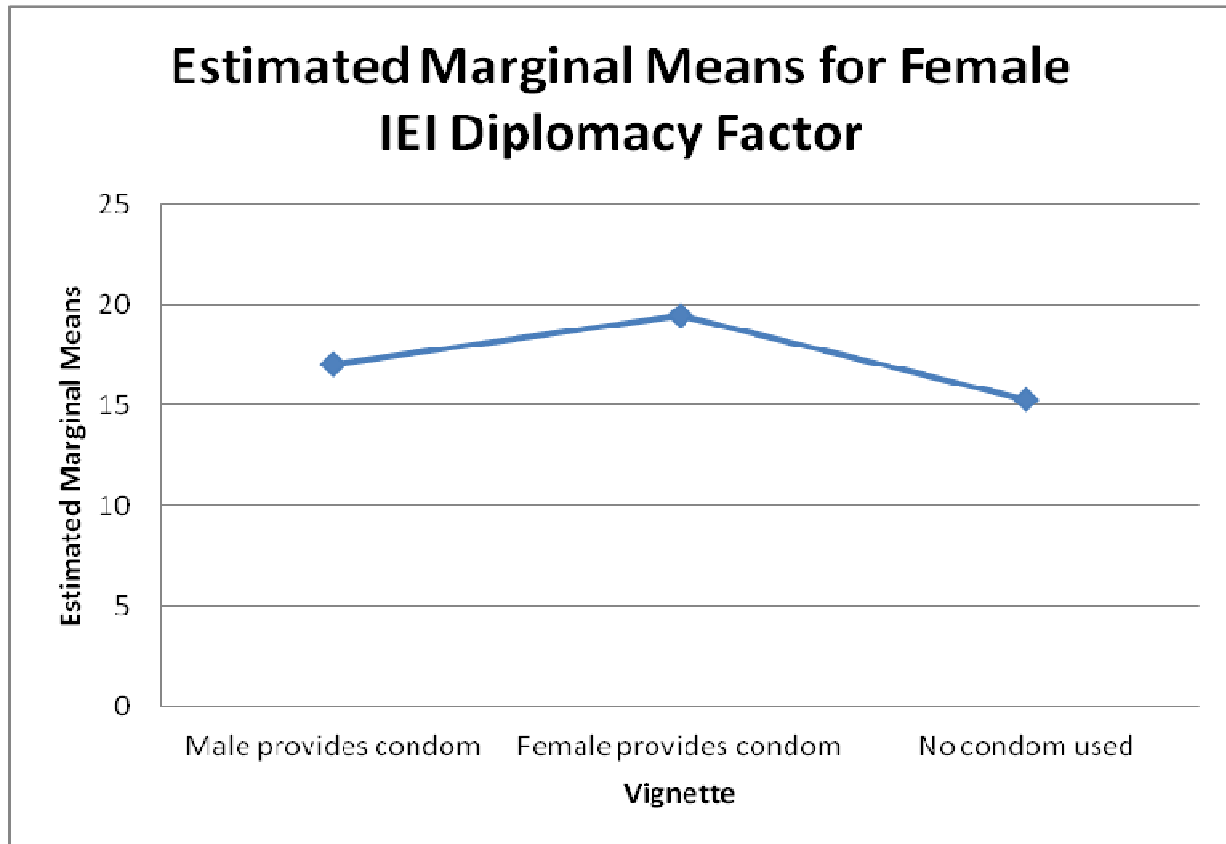


Figure 3. Condom Provider Condition by Participant Gender MANOVA for Male IEI Likeability Factor

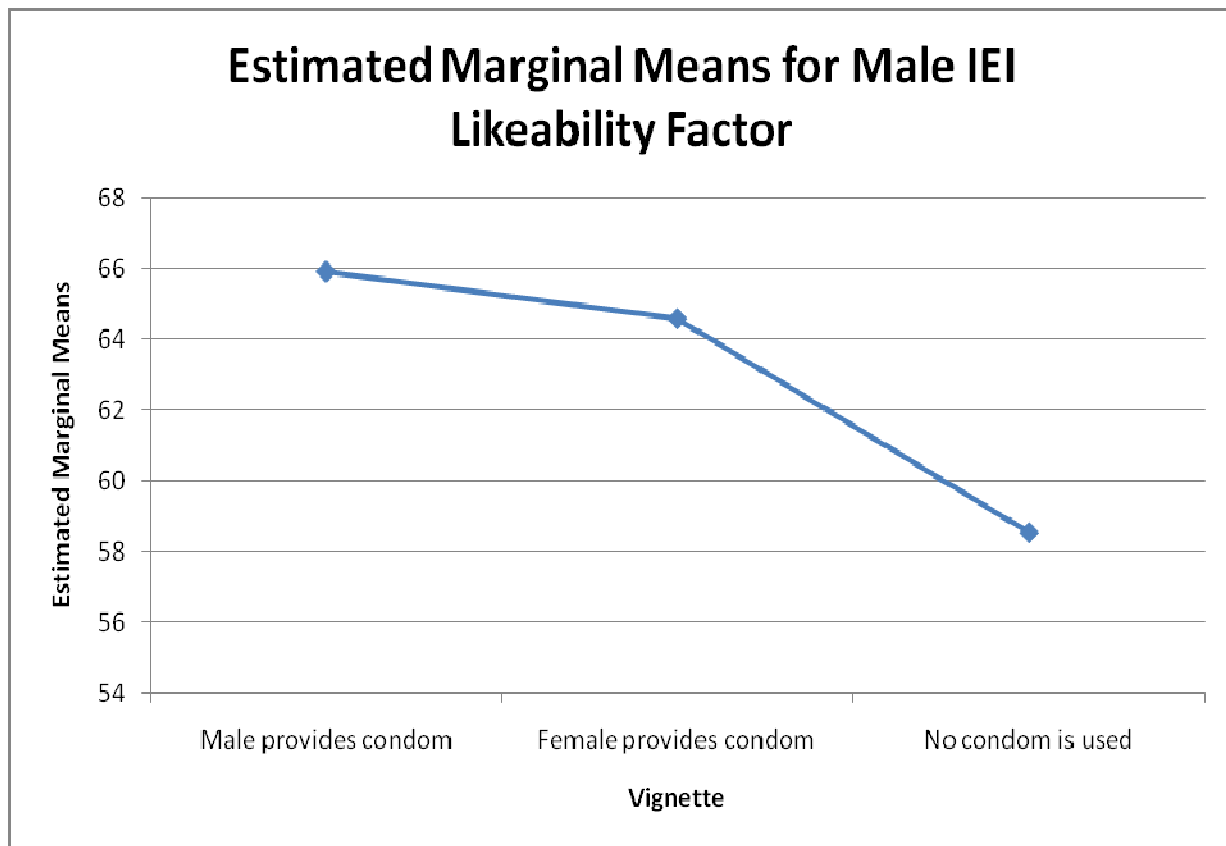
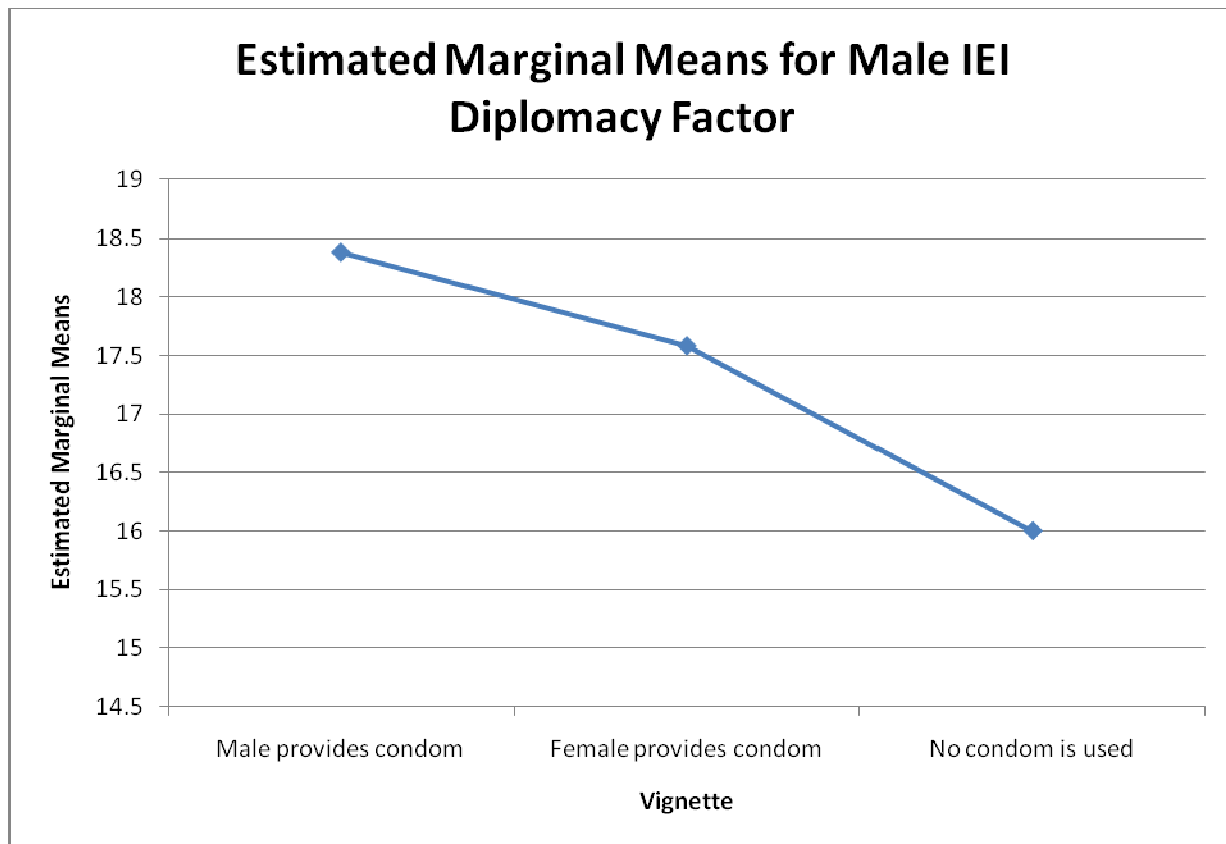


Figure 4. Condom Provider Condition by Participant Gender MANOVA for Male IEI Diplomacy Factor



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EDUCATION

Doctor of Philosophy in Clinical Psychology

University of Mississippi, *Oxford, MS* (APA-Accredited)

Dissertation: An examination of the effects of the sexual double standard on college students' condom use

Major Professor: Alan M. Gross, Ph.D.

Expected: August 2012

Master of Arts in Clinical Psychology

University of Mississippi, *Oxford, MS* (APA-Accredited)

Thesis: An examination of condom use and meaning in life in college students (Completed October 2009)

Major Professor: Alan M. Gross, Ph.D.

December 2009

Bachelor of Arts in Psychology

University of Mississippi, *Oxford, MS*

Cum Laude

May 2004

HONOR SOCIETIES AND AWARDS

Gamma Beta Phi Honor Society, 2004

Golden Key International Honour Society, 2004

Cum Laude, Bachelor of Arts in Psychology, University of Mississippi, 2004

Who's Who Among Students in American Colleges and Universities, 2003-2004

Dean's Honor Roll, University of Mississippi, Spring 2001, Fall 2002, and Spring 2004

Chancellor's Honor Roll, University of Mississippi, Spring 2002, Spring and Fall 2003

PREDOCTORAL CLINICAL INTERNSHIP

Captain James A. Lovell Federal Health Care Center September 2011-present
U.S. Department of Veterans Affairs
U.S. Department of Defense
North Chicago, IL
Clinical Psychology Track (APA Accredited)
Training Director – Thomas Martin, Psy.D.

GRADUATE CLINICAL EXPERIENCE

Mental Health Therapist, Communicare Region II Community Mental Health, Pittsboro, MS, Oxford, MS, July 2010-present. Responsibilities: triage, emergency, and intake procedures; conducting individual, family, couples, and group therapy sessions; development of written intake reports and comprehensive treatment plans; consultation with case managers and psychiatrists; TB/HIV assessment and education; hospital consultation; pre-evaluation screenings for Mississippi involuntary commitment procedures; on-call emergency duty; contact with diverse clients including pre-school age to adults, low-income families, patients with disabilities, serious mental illness, and alcohol and drug treatment. Supervisors: Elizabeth Dillon, Ph.D., Dixie Church, M.A.

Therapist, Psychological Services Center, University of Mississippi, August 2006-present. Responsibilities: completing screening and intake procedures, conducting therapy sessions, development of treatment goals, writing progress notes, managing emergency situations. Supervisors: Alan M. Gross, Ph.D., John Young, Ph.D., Thomas W. Lombardo, Ph.D., Karen Christoff, Ph.D.

Graduate Student Intern/Therapist, North Mississippi Medical Center — Behavioral Health Center, June 2008-June 2009. Responsibilities: conducted therapy through Employee Assistance Program (EAP) for individuals, couples, families, and children with a focus on diversity issues; performed psychosocial intakes and individual and group therapy sessions for inpatients on Acute, Stabilization, Geriatric, and Chemical Dependency Units. Supervisors: Mike Oliver, Ph.D., Sandra Holmes, Ph.D.

Neuropsychology Intern, The Center for Pediatric Neuropsychology, Le Bonheur Children's Medical Center, June 2007-July 2008. Responsibilities: Administered and scored full assessment batteries to individuals of all ages in both outpatient and inpatient (Epilepsy Monitoring Unit) settings. Assessments covered measures of intelligence, academic achievement, verbal and nonverbal memory, language, visual processing, motor, executive functioning, behavior, and personality. Additionally reviewed history and medical records, interpreted test results, designed appropriate recommendations, assigned diagnostic labels, and synthesized all information into official report. Supervisor: V.R. Brewer, Ph.D., ABPP-CN.

Behavior Specialist, DeSoto County, Mississippi School System, July 2006-July 2007. Responsibilities: primary population consisted of children with Autism Spectrum Disorders, emotional disturbances, and behavioral problems. Conducted social skills training within group and individual settings, created behavior modification plans, developed and implemented early intervention techniques, composed functional behavior analysis reports. Supervisor: Sheila Williamson, Ph.D.

RESEARCH EXPERIENCE

Research Team, University of Mississippi, Department of Psychology, August 2005-present. Responsibilities: weekly lab meetings, assisting in the development of research proposals, problem-solving research projects, data collection, professional conference presentations. Supervisor: Alan M. Gross, Ph.D.

Research Team, University of Mississippi, Department of Psychology, January 2004-present. Responsibilities: data collection and entry, attending team meetings, attending professional conferences, development of presentations and papers. Supervisor: Stefan E. Schulenberg, Ph.D.

Research Team, University of Mississippi, Department of Psychology and North Mississippi Regional Center, August 2004-August 2005. Responsibilities: test administration, submitted and proofread study proposals to Institutional Review Board. Supervisor: Paul Deal, Ph.D.

Data Collection Assistant, University of Mississippi, Department of Psychology, October 2001. Responsibilities: administered and recorded results of measures given to elementary-age students designed to investigate interpretation of facial expressions. Supervisor: Paul Deal, Ph.D.

TEACHING EXPERIENCE

Instructor of Record, University of Mississippi

Psychology of Learning	Summer 2007, Summer 2008, Fall 2008, Spring 2008, Summer 2009
Social Psychology	Fall 2009, Spring 2010, Summer 2010
General Psychology	Fall 2009, Spring 2010

Teaching Assistant, University of Mississippi. Graduate-level cognitive and personality assessment courses for Stefan E. Schulenberg, Ph.D. Responsibilities: observed, evaluated, and provided feedback regarding performance during practice assessments for first-year graduate students; consulted on assessment and exam performance; assisted in training students standardized testing and report writing procedures.

SPECIALIZED TRAINING/LICENSURE

Civil Commitment Pre-Evaluation Screening, Department of Mental Health, State of Mississippi, September 2010.

Provisionally Certified Mental Health Therapist (PCMHT), Department of Mental Health, State of Mississippi, August 2010.

American Red Cross, Psychological First Aid Course, Northeast Mississippi Regional Chapter, February 2010.

PROFESSIONAL AFFILIATIONS

American Psychological Association (APA)—student member

Association for Behavioral and Cognitive Therapies (ABCT)—student member

PRESENTATIONS AND PUBLICATIONS

Anderson, C., Gross, A. M., Schulenberg, S. E., & Prins, N. (2010, June). *An examination of condom use and meaning in life in college students*. Poster presentation at the World Congress of Behavioral and Cognitive Therapies, Boston, Massachusetts.

Anderson, C. (2010, February). *High-risk sexual behavior: Factors related to the inconsistent use of condoms in a sample of college women*. Presentation at the Tenth Annual Gender Conference, University of Mississippi. Oxford, MS.

Hirschel, M. J., Wood, S., & Anderson, C. (2009, June). *Working with diverse populations: Multicultural issues in mental healthcare*. Presentation at the Medical Ethics Committee meeting at North Mississippi Medical Center, Tupelo, MS.

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Anderson, C., & Wood, S. (2009, January). *Adjusting to life after a stroke*. Presentation at the Stroke Support Group meeting at North Mississippi Medical Center, Tupelo, MS.

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