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THE ROLE OF GENDER IDENTITY AND STEREOTYPE AWARENESS ON
SEXUAL NEGOTIATIONS STRATEGIES FOR WOMEN

A Dissertation

Presented in

Partial Fulfillment of the
Requirements for the Degree of
Doctor of Philosophy

By

OR'SHAUNDRA BENSON

August 2015

The Department of Psychology
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The author was born in Saint Louis Missouri on June 10, 1982. She graduated from Lindbergh High School and received her Bachelor of Arts degree from the University of Missouri- Saint Louis in 2007. She received her Masters of Arts from DePaul University in 2011.

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Abstract

The consequences of unsafe heterosexual sexual behaviors including unplanned pregnancies and sexually transmitted infections continue to create significant public health problems in the United States. Although research has demonstrated that young adults in general have higher rates of sexually transmitted infections compared to other age groups, young women are especially vulnerable to the ill-effects of unsafe sexual practices, as they must contend with the physicality of an unplanned pregnancy and larger incidences of asymptomatic infection transmissions. However, missing from the research and discourse regarding what specific factors may be contributing to high rates of risky behaviors in heterosexual women is an examination of the relationship between a young woman's group identity and her endorsement of gender-based stereotypes and sexual scripts relevant to that identity.

To date, most of the previous research exploring the antecedents or outcomes of risky sexual behaviors has largely focused on examining group based differences (e.g., the differences between men vs. women; young vs. old; or African Americans vs. Whites or other ethnic minority groups). Although between group comparisons provide an important understanding of risky sexual behaviors, they contribute very little to our understanding regarding within group differences or understanding the complex nature of many of these comparison groups. Moving beyond considering group identification as merely a categorical

variable, this research sought to explore the role of group identification on one's sexual self-concept and risky sexual behavior.

Guided by established theoretical and empirical perspectives on gender stereotypes, group identity, sexual scripts and stereotype awareness, this dissertation explored how identification with one's social group (gender), in conjunction with the awareness of the stereotypes ascribed to that group, may lead to negative or positive health outcomes for women. Using established quantitative and qualitative research methodologies and paradigms; women were surveyed regarding their perceptions of condom negotiations, condom self-efficacy, and gender identity.

Results indicated that in some cases gender identity was linked to the use of specific condom negotiation strategies for women. At times, one's affect towards and the importance of one's gender was uniquely linked to differential condom negotiation strategies. Being explicit or implicitly made aware of gender-based stereotypes inconsistently affected the types of condom negotiation strategies suggested by women. Results are discussed in terms of the importance of exploring how group identity, especially among heterosexual women, can affect risky sexual behaviors. Ultimately, findings from this research may have implications for public policies and programs promoting sexual health. These findings can inform public health strategies to better integrate interventions that are sensitive to identity concerns and empower people to reduce sexual risk behaviors while maintaining healthy group identities. This is especially important for women given that women make up more than half of all new cases of STI

infections each year in the United States and are directly impacted by the repercussions of unplanned pregnancies. Moreover, this research can contribute to the crucial need to better understand the role of group identification, beyond group level comparisons, on one's sexual self-concept.

Introduction

Risky sexual behaviors, behaviors that increase one's risk of negative outcomes such as contracting or transmitting a sexually transmitted infection (STIs) or the occurrence of an unwanted pregnancy, are an ongoing public health problem in the U.S. In fact, it is estimated that there are nearly 19 million new diagnoses of STIs [(e.g., gonorrhea, human immunodeficiency virus (HIV), syphilis)] each year (Center for Disease Control and Prevention: CDC, 2014). Approximately half of the 6.6 million pregnancies in the U.S. each year, which equates to roughly 3.4 million pregnancies, are unintended (Finer & Zolna, 2014). Moreover, the U.S.'s high rate of unintended pregnancies, compared to other industrialized nations, has not declined in the last 10 years (Singh, Sedgh, & Hussain, 2010). These high rates of STIs and unintended pregnancies are often a result of risky sexual activities including behaviors such as: having concurrent sexual partners, having multiple sexual partners, not using condoms when engaging in oral, vaginal, and anal sexual activities, using unreliable forms of contraceptives, or using contraceptives inappropriately.

Young heterosexual adults (e.g., 15-24 years of age) are often more likely to both practice risky sexual behaviors and bear the harsh consequences associated with risky sexual behaviors compared to those over thirty years of age (Weinstock, Berman, Cates, 2004). Young adults are more than three times more likely to be infected with an STI and be directly affected by an unintended pregnancy than any other age group (CDC, 2014; Finer, 2010). Moreover, current data suggest an even more sobering state for young women regarding unintended

pregnancies and STIs (Finer, 2010). Young adolescent women are less likely to have access to essential pregnancy and childcare resources and more likely to experience pressures from others on how to handle an unintended pregnancy (Kline, 2005). Even more sobering, it is estimated that roughly 1 in 4 adolescent women will contract a common STI such as human papillomavirus (HPV), chlamydia, herpes simplex virus, or trichomoniasis each year in the U.S. (CDC, 2008). These infections are often more asymptomatic and can cause more serious negative health effects (e.g., infertility, cancer, infections to newborns) in women than in men. Given these deleterious effects on women's health and well-being, exploring mitigating factors of risky sexual behaviors¹ among women is critical.

In an effort to explore factors that could mitigate the above negative consequences associated with risky sexual practices, research has focused on behaviors and attitudes that can/could lead to safer sex practices. To date, research has explored individual level factors such as examining a person's level of comfort with using and negotiating condom and contraception use (De Bro, Campbell, Campbell, & Peplau, 1994), how often he/she engages in other risky behaviors (Kotchick, Shaffer, & Forehand, 2001), and if he/she feels positively about themselves as sexual beings (Collins, 2005; DiClemente et al., 2004; Yee, Hammond, John, Wyatt, & Yung, 1995). Additionally, researchers have explored sociocultural predictors such as access to economic and health resources (Donvan, 1997; Weiche, Rosenman, Wang, Katz, & Fortenberry, 2011) and cultural

¹ While research has indicated that there are many situations in which risky sexual behaviors are a result of implicit and explicit coercion by one's partner, this research aims to explore mitigating factors that result from non-coercive and consensual interactions.

differences regarding the promotion and endorsement of safer sex strategies (Senn, Carey, Vanable, Urban, & Sliwinski, 2010).

While examining the above predictors of risky sexual behaviors are critical to our understanding of how and why these behaviors persist among women, it is likely that other, less-understood factors may also play a significant role in risky sexual behaviors. What has not yet been fully examined is the sociocultural relationship between the adherence to group-based norms and risky sexual behaviors. Given that many group-based norms are highly influenced by cultural stereotypes (Silverman, 2012), it is quite plausible that the root of these gender differences in sexual risk-taking behaviors may also be attributed to the sociocultural context of one's gender identity and endorsement of gender stereotypes and sexual scripts related to these identities.

Across the world, women are often expected to behave more passively and communally than men in most situations (Eagly, Wood, & Diekmann 2000; Ridgeway & Correll, 2004). This is especially true in sexual situations. While awareness and adherence to these cultural and group based norms may not be problematic in some situations, in sexual situations this can be quite costly for women if it interferes with their ability to negotiate and practice safer sex strategies. These costly consequences can include acquiring a STI, becoming unexpectedly pregnant, or feeling that one lacks agency in sexual situations. In this paper, I will examine the relationship between the awareness of cultural norms, stereotypes and group identity in connection to safer sex strategies. To this end, this paper will specifically address the following two research questions:

One, how does the awareness of cultural norms and gender stereotypes in conjunction with one's gender identity affect a woman's willingness to engage in safer sex strategies? Two, does the way in which a woman becomes aware of or is alerted to negative cultural norms and gender stereotypes lead to differential outcomes related to safer sex strategies?

Influences of Stereotypes and Scripts on Sexual Decision Making

To address the first research question, how does the awareness of cultural norms and gender stereotypes, in conjunction with one's gender identity, affect women's willingness to engage in safer sex strategies, we must first address and acknowledge the role that stereotypes play in our culture. Stereotypes, the cognitive qualities and representations we assign to social groups or individual members of social groups, are one of the most pervasive social constructs in the world. Stereotypes, both positive and negative, are so interwoven into many facets of our society that they often influence our thoughts and behaviors without us being consciously aware of their influence (see Bargh, 2013 and Bargh & Chartrand, 1999 for a review). For example, imagine the following scenario, you are walking down the street and come to an intersection where on one side of the street there is a group of young African American men and the other side of the street, a group of young White men. It is likely that given that there are many negative stereotypes attributed to young African American men, including that they are criminals and dangerous (Rome, 2004; Russell, 1998; Welch 2007), you may, without even thinking, decide that you will choose the side of the street with

the group of young White men and avoid the group of young African American men.

Alternatively, seemingly positive stereotypes can also lead to similar unconscious influences on our behavior towards, and perceptions of, certain social groups. For instance, positive stereotypes regarding the prowess of African American men in sports such as basketball and football often come with the negative perception that they will fail at other sports (e.g., hockey or soccer) (Abdel-Shehid, 2000, 2005; Carrington, 2010; Dugs, 2004; Harrison, Lawrence, & Bukstein, 2011), or the far worse perception that African American men can only excel in sports and not intellectual pursuits (Sailes, 1998; Stone, Sjomeling, Lynch, & Darley, 1999). These perceptions can lead to situations in which African American men are either excluded from participation in certain sports or are only encouraged to use their sports skills with little attention paid to skill development in other domains such as writing, reading, and math (Ford, Moore, & Scott, 2011; Guerrero, 2012; Steel, 1997; Steele & Aronson, 1995; Stone, 2012). For instance, one might decide to not invite Jamal, a young African American classmate who lives in the neighborhood, to a hockey birthday party because the perception is that Jamal will not know how to skate or play hockey. While positive or negative assumptions about an individual based on group membership can be problematic and harmful, gender-based stereotypes are particularly powerful. Stereotypes targeted towards one's gender can often lead to misperceptions about what qualities and characteristics each gender should possess and also how each should act based on these characteristics and qualities.

Gender Stereotypes: Content and Consequences

Gender stereotypes are one of the most frequent and prevalent ways in which people engage in stereotyping across the world (Eagly, Wood, & Diekmann, 2000; Fiske, Cuddy, Glick, & Xu, 2002). This is likely true given that one of the easiest and fastest ways to categorize someone is based on his or her perceived gender, and in almost every culture one's gender represents a specific hierarchical and power status (Blair & Banaji, 1996; Eagly, 2001; Wood & Eagly, 2002). Unfortunately in most cultures with strict binary gender classifications, women are assumed to have, and are treated as if they have, less power than men (Hausmann, Tyson, & Zahidi, 2008).

Gender stereotypes are slightly different from stereotypes regarding other social groups and categories given that they not only include descriptive assessments, as most stereotypes do, but also are likely to be more prescriptive than other group stereotypes (Glick & Fiske, 1999). Put simply, not only do gender stereotypes describe the "typical" attributes and qualities of men and women (based on the perception of one's biological sex), but also set norms for how men and women "should or ought to" behave, think, and feel. In the literature, the traits and qualities ascribed to men are often referred to as instrumental or agentic (e.g., independent, aggressive, rational, competitive, decisive), while the traits and qualities ascribed to women are often referred to as expressive or communal (e.g., expressive, warm, kind, helpful, and sympathetic) (Broverman, Vogel, Broverman, Clarkson, & Rosenkrantz, 1972; Eagly, 1987; Eagly & Karau, 2002; Eagly et al., 2000; Heilman, 2001). In many domains

especially those requiring a large amount of leadership and decision making, instrumental traits are often viewed more favorable than communal traits and are often attributed to men than to women (Eagly, Johannessen-Schmidt, van Engen, 2003). For instance, Embry and colleagues (2008) noted that even when the gender was ambiguous, participants were more likely to attribute decisive and competitive leadership styles to masculine leaders while more expressive and warm leadership strategies were more attributed to a female leader. Moreover, their results suggested that more than half (roughly 70 %) of their participants assumed that the person in the leadership role was a male, even though a gender was never given.

These differential descriptions of both male and female traits are likely due to the perceived stereotypes that we have regarding men and women in our society and how they should behave based on those perceptions. The judgments that men are more agentic and woman are more communal promotes the notion in many societies that men possess more competence to complete tasks that require rational and logical thinking, while women possess skills that are favored in relation tasks such as warmth and caring (Fiske & Glick, 2001; Fiske et al, 2002; Cuddy et al., 2009). Competence is often linked to traits of intelligence, independence, and competitiveness, while warmth is often linked to traits of tolerance, sincerity, and being good-natured (Cuddy, Fiske, & Glick, 2007). This sentiment is also echoed by the research findings from the stereotype-content model (SCM: Cuddy, et al., 2007; Fiske, et al, 2002). SCM would suggest that stereotypes regarding most people and social groups vary along two dimensions

(competence and warmth) and it is through these dimensions that stereotypes about social groups can be maintained. Thus, gender stereotypes are likely maintained because men and women are believed to possess varying and separate degrees of each these dimensions. Men are considered to be high in competence but low in warmth, while women are considered to be high in warmth but low in competence (Cuddy, et al., 2007; Fiske, et al, 2002).

These perceptions of distinct male versus female attributes highly influence the perceptions of acceptable behaviors for men and women. For example, it is quite common to view men as being more effective negotiators and leaders than women (Babcock & Laschever, 2007; Bowles & Flynn, 2010; Glick & Fiske, 2001). In fact, women who attempt to use strategies that are linked to being successful negotiators such as assertiveness and independence are often viewed more negatively than men who use those same strategies (Bowles, Babcock, & Lai, 2007; Costrich, Feinstein, Kidder, Marecek, & Pascale, 1975; Rudman & Fairchild, 2004).

People who act in accordance with societal roles are often treated more kindly and held in higher regard than those whose behaviors go against these norms. Individuals who behave in a nontraditional manner can be labeled as outcasts or deviants by their peers and society (Pasterski, Golombok, & Hines, 2011; Silverman, 2012), experience ostracization or rejection; and receive negative evaluations of work performance (Burgess & Borgida, 1999; Eagly, Mladinic, & Otto, 1991; Garcia-Retamero, & López-Zafra, 2009; Heilman, 2001). For instance, male nurses are often perceived as less competent and warm in their

professions than female nurses (Evans, 2002; Inoue & Chapman, 2006).

Concurrently, female managers are seen as less effective leaders than their male counterparts, especially when female managers use similar leadership strategies to their male counterparts (Eagly & Karau, 2002; Eagly, Makhijani, & Klonsky; 1992; Rudman & Fairchild, 2004). This is likely a result of the perception that affiliative traits and behaviors are best expressed and embodied by women, while agentic and assertive traits and behaviors are best expressed and embodied by men in our society (Leaper, 2000; Leaper & Smith, 2004). Therefore, the cultural expectations of one's gender can be perpetuated and rationalized by our society as they promote conformity of gender roles, expectations, and status differences (Eagly, 1987; Eagly & Karau, 2002; Wood & Eagly; 2002). These cultural expectations can influence our views about masculinity and femininity and how we perceive ourselves in accordance to these gender stereotypes.

The subliminal adherence to traditional "masculine" and "feminine" traits and roles can be seen in the U.S. employment data as well. Data suggest that in the U.S., most childcare workers, school teachers, administrative assistants, and nurses are women, while most construction workers, engineers, and lawyers are men (U.S. Department of Labor, 2010). This is congruent with social role theory (Eagly, 1987; Wood & Eagly, 2002) that would suggest that the gender-based division of labor is based on the distinct perception about the social roles, traits, and beliefs that men and women hold in a given society. In the case of the above listed careers, the former careers in the list often reflect characteristics that we expect women to encompass (e.g., taking care of others, being supportive), while

the latter careers in that list often coincide with characteristics that we expect men to possess (e.g., being competitive or assertive). In addition to showcasing our society's belief that certain careers are better suited for one gender than the other, the data illustrate that one will likely be more successful in careers that are more aligned with their perceived gender.

Gender Stereotypes: Developmental and Cultural Influences

Gender perceptions and behavioral norms are enforced and learned at a young age and are present in almost every facet of one's culture (e.g., parents, peers, media, etc.) through the combined influences of observational learning (e.g., social learning theory: c.f. Bandura, 1986) and gendered cognitive constructions (e.g., gender schema theories: c.f. Martin, 2000). One's introduction to differential gender roles can start soon after birth and is heavily influenced by parents, peers, and the society at large. In fact, parents, family members, and people in general treat young infants differently when they think that they are interacting with an infant boy versus an infant girl (Siderowicz & Lunney, 1980). Young boys are often described by others as being strong, big, or active, while young girls are often described as being quiet, gentle, or precious (Karraker, Vogel, & Lake, 1995). Furthermore, developmental evidence suggests that parental dialogue is more likely to contain content regarding approval of expressing emotions, the need to be sensitive to others' needs and the importance of family or the group when they are talking to their daughters than their sons (French 1989; Maccoby 1990; Madsons, 1998).

The above examples of differential treatment by parents towards their young sons and daughters is consistent with social learning and gender schema theories that posit that the socialization of gender-consistent behaviors is a result of environmental information that they receive about being male and female in a given society. Social learning theory would suggest that information about how one should act according to their gender is a result of observations and feedback that they receive from their parents, peers and other socializing agents (Bandura 1986, Bandura & Bussey, 1999; Leaper, 2002). For instance, if a young girl receives constant messages that math and science are not for girls via direct (e.g., parents or peers tell her that math and science clubs are for boys, not girls) or indirect (e.g., never sees women in positions that require a high aptitude for math or science) routes, she may be motivated to conform to gender norms by avoiding math as way of maintaining favorability with both her parents and peers.

These observations and negative feedback can illuminate how and why gender stereotypes and other false beliefs about gender are perpetuated in this society (Hoyenga & Hoyenga, 1993). Thus, gender stereotypes are likely to persist if young girls are consistently exposed to women that exhibit traditional gender roles and traits and only periodically exposed to women in positions of power and prestige. This may also explain why children as young as two years old are aware of gender stereotypes related to sex-typed activities and roles (Gelman, Taylor, & Nguyen, 2004) and why by the age of four, children will identify toys and occupations as being stereotypic of one gender versus another (Blakemore, Berenbaum, & Liben, 2009; Weinraub et al., 1984). For example,

young boys and girls are more likely to label toys and occupations such as dolls and nurses as being for girls/women, while cars/trucks and business persons were labeled as being more for boys/men (Weinraub et al., 1984).

What is even more intriguing is that there is evidence that young girls, but not boys, as young as 18 months of age are more likely to engage in the gender stereotyping of toys (Serbin, Poulin-Dobois, Colburne, Sen, & Eichstedt, 2001). This may suggest that young girls are more acutely aware of the gender stereotypes proscribed to them (Bem, 1989; Signorella, Bigler, & Liben, 1983; Wood, 2011), which can lead to more endorsement of gender stereotyped interests, activities, and behaviors among young girls than young boys. Furthermore, young children can become distressed when seeing a person engaged in stereotype-inconsistent behaviors than when that same person is engaged in stereotype-consistent behaviors (Gelman, Taylor, & Nguyen, 2004).

Similarly, gender schema theory (Bem, 1981; Martin, 2000; Ruble & Martin, 1998) would suggest that it is through our social experiences, such as observations and interacting with our environment, that we gain knowledge of how we should behave based on our gender. This gender-based knowledge, often referred to as gender schemas, can help an individual organize and interpret their behavior, thoughts, and feelings in relation to their gender in a given environment (Bem, 1981, 1983; Martin, 2000). Consequently, individuals are likely to use gender-based schemas to help evaluate their own behavior, thoughts, and feelings in terms of the appropriateness of these constructs for their ascribed gender (Arthur, Bigler, Liben, Gelman, & Ruble, 2008; Marin & Halverson, 1981).

However, if one is only exposed to stereotypically-consistent behaviors, then their gender schemas are only likely to encompass behaviors and attitudes that align with these notions. For example, it has been noted that when individuals receive new information that runs counter to preexisting stereotyped messages/information that they may hold, they will likely re-categorize that information as a special instance, thus not violating the stereotype (Maurer, Park, & Rothbart, 1995; Richards & Hewstone, 2001), or recall the information in a stereotype-consistent way (Liben & Signorella, 1980). Let's say that one holds the belief that men are more effective negotiators than women. It would be expected then that being exposed to women in positions of power in which negotiation skills are vital would make one rethink their stereotypical beliefs about men and woman negotiators. However, research suggests that instead of invalidating this preexisting stereotype by incorporating this new information into preexisting schemas regarding male and female negotiators, one would likely just create a new category, albeit a special case, for representing female negotiators (Betz & Sekaquaptewa, 2012; Richards & Hewstone, 2001). This cognitive organization strategy is often referred to as subtyping in the stereotype literature (Brewer, Dull, & Lui, 1981; Crocker & Weber, 1983; Richards & Hewstone, 2001). In the case of the current example, the stereotype regarding female negotiators is likely to remain since effective female negotiators may be categorized as "exceptions to the stereotype" (Betz & Sekaquaptewa, 2012; Devine & Baker, 1991; Hewstone, Pendy, & Frankish, 1994; Richards & Hewstone, 2001). The practices of reorganizing and remembering stereotypical information will likely aid in the

continuation and influence of gender stereotypes in our society (Carnaghi & Yzerbyt, 2007; Johnston & Hewstone, 1992; Sherman, Stroessner, Conrey, & Azam, 2005; Schneider & Bos, 2013).

Furthermore, developmental evidence suggests that during adolescence, gender-typed behaviors and attitudes are often at their highest due to the constant feedback teens receive from their peers and the media regarding whether they are following the traditional norms and behaviors for their assigned gender categories (Arnett, 1995; Galambos, 2004). This is logical given that during this time, adolescents and young adults are spending more time with their peers than their family and are one of the biggest consumers of public media which is often riddled with scripts for behaviors and stereotypical information (Brown & Bobkowski, 2011; Levin-Zamir, Lemish, & Grofin, 2011). In addition to the messages that teens receive regarding how they should behave in everyday settings, teens also begin to notice and receive more messages regarding who they should be and how they should behave as sexual beings. This is likely the case given that during adolescence one begins to go through many developmental and physical changes related to becoming a sexual being.

In the current U.S. media culture, men are generally portrayed and expected to be in positions of power and assertive in sexual situations, while women are generally portrayed and expected to be the caretaker of her partner's needs or as the prize object of a man's sexual desire (Wallis, 2011). In fact, exposure to media that is saturated with these sexualized messages has been linked to the endorsement of these stereotypical sexualized attitudes (Ward &

Friedman, 2006). These messages can be quite problematic for young teens, particularly young women, as these messages often create unrealistic expectations of and for sexual scenarios and can provide inaccurate schemas and scripts as to how men and women should behave in sexual scenarios. These unrealistic expectations are often influenced by the perceived adherence to traditional gender roles and norms (Behm-Morawitz & Mastro, 2009). Given the high rates of STIs and unplanned pregnancies among adolescents and young adults, it is likely that the presence of these highly gendered and sexualized messages can be a contributing factor in the unsafe sexual behaviors in these groups. One way that these gendered messages are maintained and spread is through the scripts and schemas that are associated with sexual behaviors.

Sexual Scripts

Perceptions and proscriptions of sexual behaviors are maintained through sexual scripts. Scripts are cognitive schemas that help individuals organize the world around them and guide behaviors (Abelson, 1981; Markus & Zajonc, 1985). Scripts are ubiquitous in our society and are highly social in nature. Scripts not only shape our own behavior, but are responsible for how the behaviors of others are evaluated (Gagnon, 1986). We have scripts for almost, if not all, of the social interactions in our lives. We have scripts that guide how we should behave in public gatherings; how to respond when someone gives us a gift, even if we are not enthusiastic about it; how we should behave at work; and how we should behave in relationships.

Sexual scripts thus create norms regarding our sexual expectations and provide guidelines about which sexual behaviors are desirable and expected and which are not (Gagnon, 1990; Simon & Gagnon, 1984, 1987). Sexual scripts are employed and learned in the same manner as social scripts and schemas (Gagnon & Simon, 1973). Like most scripts, sexual scripts are highly influenced by cultural norms and appear to be gendered in nature (Kurth, Spiller, & Travis, 2000; Parker & Gagnon, 2013; Rose & Frieze, 1993; Weiderman, 2005). That is to say, in almost every culture sexual scripts are based on the stereotypical patterns of prescriptions as to how men and women should behave in sexual encounters. It has been posited that the reason the gendered nature of sexual scripts continues to be pervasive in our society is likely a result of the private nature of sexual activities (Storms, Stivers, Lambers, & Hill, 1981). Since we are not privy to what actually takes place during individual sexual encounters, we must rely on generalized stereotypes regarding men and women to construct schemas and scripts on how one should behave in sexual scenarios.

Given that the general expectation in our society is for men to behave more agentically and women to behave more communally, it should come as no surprise that these stereotypical views extend to sexual scripts as well. In the U.S., sexual scripts often reflect themes of dominance for men and passiveness for women (Adams, 2012; Wallis, 2011; Weiderman, 2005). Sexual scripts for men state that men should be in charge in sexual situations and should not express emotions such as compassion and tenderness (Weiderman, 2005). This should not be too surprising given that general scripts and expectations espouse that men

should be leaders who are confident, assertive, and aggressive. This sends the message to men that “real men” do not show tenderness and compassion in sexual situations nor do they need a woman to tell him what women like in these situations given that “real men” should already know what women want.

Many sexual scripts targeted towards women include internalized social messages of the inappropriateness of self-sexual exploration (e.g., masturbating or oral sex), voicing sexual concerns (e.g., negotiating condom use), labeling unwanted sexual activities (e.g., resisting sex and rape), passively accepting that their preferences not to have sex are ignored, and having multiple sexual partners (Edgar & Fitzpatrick, 1993; Gagnon & Simon, 1987; Muehlenhard & Hollabaugh, 1988; Travis & White, 2000; Weideman, 2005). For example, research has shown that parents, media, and society are less likely to mention autoerotic activities for women than men (Gagnon, 1985; Kim & Ward, 2007; Kunkel et al., 2007). Topics such as masturbation or other forms of self-pleasure are often seen as taboo and rarely mentioned to young daughters or explored without shame in the media (Hogarth & Ingham, 2009). Additionally, the media is ripe with representations of how token resistance (e.g., saying no to sexual activities even when you mean yes) may in fact be favorable and more beneficial for women when it comes to being perceived positively by men (Emmers-Sommer & Burns, 2005; Peter & Vakenburg, 2011). Token resistance likely maintains gender stereotypes and scripts by enabling men to maintain their roles as the initiator and dominator of sexual activities, while women maintain their role as the object of the conquest (Impett & Peplau, 2002; Muehlenhard, & Hollabaugh, 1988;

Muehlenhard & Rodgers, 1997; Sprecher et al., 1994). These scripts send the message to women that sex is something that is done by women as a service to men and that women should not talk about their sexual needs or wants with their partners since men presumably know what women want. Additionally the perception that women should not be allowed to explore themselves, and more harmfully, to say no and actually mean no, also maintains the false notion that women do not hold agency over their own bodies.

Gender Scripts and Negotiation

The notion that women should not and cannot be agentic is illustrated in sexual scripts related to how one should negotiate their wants and needs in sexual scenarios. Confidence to negotiate one's wants and needs, especially when it comes to safer sex strategies, is a crucial and important skill that can lead to positive healthy outcomes (Bird, Harvey, Beckman, & Johnson, 2001; Holland & French, 2012; Wingood & DiClemente, 1998, 2000). Ideally sexual negotiations equally involve the interaction of two partners regarding decisions about sex (Wolf, Blanc, & Gage, 2000). These can range from making decisions about when, where, and what sexual activities the couple will engage in, to issues regarding safer sex practices such as the use of condoms and other contraceptive methods.

Due to that fact that sexual negotiations within heterosexual couples usually involves one man and one woman, these pairings may actually lead to more gender-stereotyped negotiation strategies due to the saliency of gender. Saliency of gender can lead one to behave in a manner that is consistent with the

gendered scripts for that situation (Duex & Kite, 1987). This may be likely given that the saliency of gender may inadvertently activate gender stereotypes related to sexual scripts and negotiations. In the case of sexual negotiations, much like many negotiations that do not involve sexual decisions, this can lead to situations in which men are expected to lead, while women are not expected to negotiate at all or only to negotiate on the behalf of others' needs (Kray & Thompson, 2005). Research has noted that women are more likely to use less assertive and more cooperative communications and behaviors during negotiations than their male counterparts (Smeltzer & Watson, 1986; Walters, Stuhlmacher, & Meyer, 1998).

The above assumptions regarding gender and negotiations would also be directly in line with research that has demonstrated that when implicitly made aware of gender stereotypes, gender-consistent negotiations strategies are more likely to occur when women are negotiating against men than when negotiating against other women (Kray & Thompson, 2001). Negotiation practices that are congruent with gender-typed scripts are ones that suggest the most effective negotiators exhibit masculine traits such as willingness to take a stand for their own beliefs, be assertive, and be persistent in negotiations. Ineffective negotiators are believed to exhibit mostly feminine traits such as being too sympathetic and understanding, or too emotional (Bem, 1981; Eagly & Karau, 2002; Spence & Helmreich, 1978)

Safer sex negotiation strategies have primarily focused on the ability to negotiate condoms during sexual interactions (Bryan, Aiken, & West, 1997; Exavery et al., 2012, Holland & French, 2012; Shannon & Csete, 2010). When it

comes to negotiating decisions regarding such things as condoms or other contraceptives, women who stick to gender scripts regarding negotiations may put themselves at risk for contracting STIs. Women who feel that they can negotiate condom usage with their partners are less likely to contract an STI or become unexpectedly pregnant than those who feel that they cannot negotiate condom usage in their relationship (Exavery et al, 2012; Williams, Gardos, Ortiz-Torres, Tross, & Ehrhardt, 2001).

Women may use strategies that are congruent or incongruent with stereotyped sexual scripts. These can range from gender-consistent negotiations strategies that embody themes of caring and concern for the relationship to gender-inconsistent negotiations that embody themes of self-preservation, assertiveness, and agency (Altermatt, DeWall, Leskinen, 2003; Broaddus, Morris, & Bryan, 2010; Eagly et al., 2000). Gender-consistent strategies may be perceived as affiliative in nature and reflect statements that express the need for condoms as a way of maintaining physical health for both partners or the fact that you would be concerned about the negative consequences that not using a condom will have on the relationship. Conversely, gender inconsistent strategies may be perceived as agentic in nature and reflect statements that express the direct use of condoms or direct refusal of sex if condoms are not used.

It should be noted that while the negotiation of sexual needs and wants, especially ones involving safer sex practices, are quite beneficial for women, sexual negotiations for women can often be quite costly. For some, making a request for a partner to use a condom may be perceived as a lack of trust in the

partner or relationship (East, Jackson, O'Brien, & Peters, 2011) or may be construed as a signal of infidelity on the part of person requesting condom usage (Bralock & Koniak-Griffin 2007; Juarez & Castro Martin, 2006). Additionally, women who negotiate condom usage may be viewed negatively by both men and women as they may challenge gender stereotypes and men's role in the sexual relationship. Given the sexual scripts tied to men being the initiator and persistent in the face of a women's intransigence when it comes to sexual activities (Weiderman, 2005), woman taking on these duties may leave men feeling like "less of a male" or not living up to the ideals of how men should behave in sexual situations (Weiderman, 2005). These negative perceptions from their partners may make it more likely that a woman either does not negotiate condom usage or use strategies that are less threatening to her partner (e.g., less agentic) in order to be viewed positively in the relationship and maintain her relationship status (Gifford, Bakopanos, Dawson, & Yesiyyurtz, 1998; Reddy & Dunne, 2007).

Additionally, while some research would suggest the sexual double standard (the differential treatment and perceptions of sexual practices for men and women) is fading (Marks & Fraley, 2005; Milhausen & Harold, 2001), women are often still viewed less positively than men when it comes to using safer sex strategies that are more agentic in nature. These strategies can include either carrying condoms or being assertive about the use of condoms in sexual situations (Hynie, Lydon, & Taradash, 1997; Kelly & Bazzini, 2001). What is even more surprising is that while there appears to be more overall support for women using these strategies than in previous years, (Allen, Emmers-Sommer, &

Crowell, 2002; Broaddus et al., 2010) women are more likely than men to view women who use these more agentic strategies more negatively (Broaddus et al. 2010; Hynie & Lydon, 1995). Thus it appears that even though women are perceived to be the “gate keepers” of sexual activities (Frith, & Kitzinger, 2001; Weiderman, 2005), when women actually use methods to do so, they are met with harsh criticism from men and women alike. This may suggest that women and men are both responsible for the perpetuation of negative gender stereotypes, especially ones regarding sexual negotiations.

Consequences of Stereotype Awareness

Does the way in which a woman becomes aware, or is alerted to, negative cultural norms and gender stereotypes lead to differential outcomes related to safer sex strategies? To address the second research question we must explore the consequences of negative stereotypes in our society. Social science is ripe with literature that has explored consequences of negative stereotypes on a targeted social group. In fact, a considerable amount of research has been conducted to document the ill-effects of stereotypes on women and people of color. Negative consequences attributed to stereotypes have included poor task performance (Cole, Matheson, & Anisman, 2007; Good, Aronson, & Harder, 2008; Steele and Aronson, 1995); low self-esteem (Koch, Müller, & Sieverding, 2008); poor decision-making (Carr & Steele, 2010; Lee, Kim, & Vohs, 2011); and the unfair adherence to social norms proscribed to the target of the stereotype (Steele & Aronson 1995; Stone, 2002). Not surprisingly, the negative consequences of being exposed to stereotypes have been shown to last long after the individual has

been exposed to the stereotype (Steele, James, & Barnett, 2002). For instance, the cognitively arduous efforts of trying to overcome the negative consequences of stereotypes in one domain can lead to low self-control and poor decision making skills on other tasks (Inzlicht & Kang, 2010).

While a lot of attention has been paid to exploring the negative effects of stereotypes on targeted groups, less is known about how negative stereotypes can lead to positive outcomes. It is proposed here, that while the awareness of negative gender-based stereotypes regarding sexual negotiation can indeed lead to stereotypically-consistent negotiation strategies in sexual situations, the awareness of negative gender-based stereotypes may also lead to stereotypically-inconsistent negotiation strategies for some women in sexual situations.

Confirming Stereotypes

Perhaps one of the more recognized cases of the ill-effects of negative stereotypes is in the vast literature regarding stereotype threat. Stereotype threat (ST) was originally defined as “being at risk of confirming, as self-characteristic, a negative stereotype about one’s group” (Steele & Aronson, 1995; p. 797). That is, when a person encounters a situation where a stereotype about his/her group becomes obvious (either subtly or blatantly), this person becomes concerned about conclusions others will draw based on this stereotype and his or her performance. These concerns are more likely to lead to decreases in performances on a given task (Steele & Aronson, 1995). One of the most cited demonstration of this phenomenon first occurred when Steele & Aronson (1995) showcased across four experiments that when African American college students were told

that they would be taking a test that measured their intellectual abilities, they performed significantly worse compared to their White counterparts. However, this negative effect in performance did not emerge when the task was *not* framed as a measure of intellectual ability.² Thus for those African American college students, completing a task that is labeled as diagnostic of their intellectual abilities may have activated the stored information they had about negative stereotypes regarding the intellectual capabilities of African Americans. The awareness of the stereotype may have inadvertently caused precious cognitive resources to be devoted to making sure that others viewed them behaving in a manner that was consistent with the stereotype, instead of focusing on the task at hand (Inzlicht & Ben-Zeev, 2000; Sekaquaptewa, Waldman, & Thompson, 2007).

Over the years the conceptualization of ST has grown to include general feelings of apprehension (Aronson & Inzlicht, 2004), a concrete fear of being judged and treated poorly (Steele, Spencer, & Aronson, 2002) and concerns and anxiety over confirming the negative stereotype (Kray, Thompson, & Galinsky, 2001). While conceptual definitions of ST have varied among researchers, all definitions appear to share two common components: there needs to be an awareness of the negative stereotype by the participant in order for ST cues to affect performance and the information must be self-relevant (Cohen & Garcia, 2005; Owens & Massey, 2011). For example, White males who do not normally feel threatened by taking a math test (i.e., because stereotypes about White men performing poorly on math test do not exist) may still feel threatened when taking

² It should be noted that African Americans only performed comparably to White counterparts that were matched on ACT/SAT scores. Thus, there was still an overall main effect of race on performance, with Whites still outperforming African Americans on these tasks.

a math test in the presence of Asian American men because of the stereotype that Asian Americans are superior in math to Whites. This example highlights the theory that in order for stereotypes to have consequences for an individual's behavior, an individual must feel that the stereotype can be applied to him or her in a given situation. This is in line with additional research suggesting that given, certain negative stereotypes (e.g., females lack math and science skills compared to men or African-Americans are less intelligent than Whites) are relatively widespread (Devine, 1989), these negative stereotypes may become salient due to more subtle, automatic mechanisms and thus become more self-relevant (e.g., Schamder, 2002; Schmader & Johns, 2003; Steele & Aronson; 1995).

This notion may provide support for the idea that women will be negatively affected by the awareness of negative stereotypes regarding sexual negotiations. The intrinsic nature of sexual negotiations in heterosexual relationships, occurring between a woman and a man, may make negative stereotypes regarding this domain inherently self-relevant. Believing that stereotypes are self-relevant may lead women to inadvertently engage in sexual negotiation strategies that are consistent with these stereotypes (Inzlicht, McKay, & Aronson, 2006; Sekaquaptewa et al., 2007).

Even though the stereotyping literature has primarily explored the negative effects of stereotypes in relation to intellectual stereotypes such as math, creative, or cognitive abilities (e.g. Levy, 1996; Simon & Hamilton, 1994; Sinclair, Hardin, Lowery, & 2006), this literature can also shed light on how stereotypes can lead to detrimental outcomes in other domains such as safer sex

strategies. For instance, Levy (1996) demonstrated that older adults' memory capabilities were highly influenced by negative stereotypes. This research demonstrated that individuals who believed negative stereotypes regarding old age were self-relevant performed significantly worse on memory tasks than individuals who believed positive stereotypes regarding old age were self-relevant. This effect was more likely to occur in participants who highly identified with the social category of an older adult (people 60 and over) than those who did not (college students). This may suggest that how well one identifies with the stereotyped-domain will determine how much the stereotype will affect the individual. Moreover, evidence suggests that priming one's identity most connected with a negative stereotype would lead to detriments in performance while priming one's identity most connected to a positive stereotype did not lead to detriments in performance on the stereotyped task (Shih, Pittinsky, & Ambady, 1991). For example, when Asian American women were implicitly made aware of their gender on a math assessment, they performed significantly worse on the task than when implicitly made aware of their race (Shih et al., 1999). This is likely due to the fact that for Asian American women, there is a negative stereotype tied to their gender identity (e.g., "women are bad at math"), and a positive stereotype connected to their ethnic identity (e.g., "Asians are good at math"). It is argued here that reminding women of their gender may lead to subtle cues related to gender stereotypes regarding women's propensity to insist in using safer sex strategies and will lead to the use of gender stereotype-consistent behaviors in sexual negotiations.

Reacting Against Stereotypes

Although the awareness of negative stereotypes can often lead to harmful consequences producing stereotype-consistent behaviors, the awareness of negative stereotypes can also trigger protectionary measures that can produce stereotype inconsistent behaviors. Stereotype reactance is one way that this can occur. Stereotype reactance, similar to reactance theory, posits that people respond to threats to their freedom (i.e., the ability to engage in a desired behavior, thought, or feeling) by asserting their freedom more forcefully than they otherwise would (Brehm, 1966; Kray, Reb, Galinsky, & Thompson, 2004; Kray & Thompson, 2005; Kray, Thompson & Galinsky, 2001). This is most likely to occur when people become blatantly aware that freedoms are being taken away from them (Miller, Lane, Deatrck, Young, & Potts, 2007; Quick & Bates, 2010). Stereotype reactance is most likely seen after individuals are given blatant/explicit cues regarding negative group stereotypes that are more likely to lead people to engage in behaviors that are inconsistent to the proposed stereotype (Kray et al., 2001). For example, females engaged in the highly gender-stereotyped task of negotiation who were told explicitly that masculine traits were linked to more success in negotiations, performed significantly better in a paired negotiation task than women who were only subtly informed of these gender differences (Kray et al., 2001; 2004; von Hippel, Wiryakusuma, Bowden, & Shochet, 2011). Akin to the basic principles of reactance theory (Brehm, 1966), reactance based on a stereotype, is only likely to occur when an individual perceives that a freedom is being threatened and that they possess sufficient resources to react to the

perceived threat (Brehm & Brehm, 1981; von Hippel et al., 2011; Kray et al., 2001). Perceived threats (either behavioral or psychological) to one's freedoms can lead individuals to seek out ways to reestablish their sense of freedom (Miller et al., 2007).

It is posited here that the awareness of gender-based stereotypes might also induce feelings of threats to one's personal freedoms of thought and behavior. This is largely due to the content and nature of gender stereotypes themselves. As noted earlier, gender stereotypes are not only descriptive, but often times prescriptive in nature. Given that gender stereotypes are often centered around how one *ought to* think and behave based on their assigned gender, encountering such a stereotype may be threatening and problematic for many individuals. This, in turn, may lead one to seek out ways to mitigate those personal threats to one's freedom. Here, it is argued that this will occur through stereotype reactance.

Based on findings from reactance and stereotype reactance research, explicit cues regarding women's performance in sexual negotiation and communication should lead to more stereotype inconsistent behaviors. Given that most gendered stereotypical messages that women receive about themselves are subtle in nature, receiving blatant gendered messages regarding their inability to complete a task may in fact lead women to protect themselves from these gender related threats. One way of protecting oneself from these threats to self-freedom is to behave in ways that may run counter to the stereotyped message as a way of reaffirming and protecting the self against these negative stereotypes

(Graupmann, Jonas, Meier, Hawelka, & Aichhorn, 2012; Miron & Brehm, 2006).

In terms of sexual negotiations, these behaviors can lead to positive outcomes such as the willingness to engage in sexual dialogue regarding condom use and safer sex strategies. It is posited here, that if a woman feels that gender stereotypes related to sexual negotiations represent a threat to her freedom to freely choose for herself and be agentic in sexual negotiations, then backlash or reactance should ensue. This will be most likely the case for women who feel they can act on these threats to freedoms and are highly confident in their ability to negotiate in sexual situations and who strongly identify with their gender.

The Role of Gender Identity in Stereotype Congruent and Incongruent Behaviors related to Sexual Negotiation

Few human characteristics define us more than our gender. One's gender identity is often viewed as a core part to one's identity and is important for helping us understand ourselves and others. This is likely the case given that the categorization of gender is highly engrained into our cultural psyche. One's gender identity is multidimensional in nature and not only represents how one identifies with a particular gender category, but also how well one feels that their attitudes and behaviors represent the typical member of that gender category (Egan & Perry, 2001). Put another way, gender identity represents how much a gender category is related to one's self-concept and how well one feels they represent the prototypical roles assigned to that gender category. As previous noted, in most cultures gender is largely seen as binary (e.g., male versus female) and thus gender roles embody representations of either masculinity or femininity.

Societal prescriptions for one's gender can be heavily tied into one's gender identity and self-concept. For example, women are likely to describe their identity and self-concept in terms of their relationship to others (showcasing their interconnectedness with others), while men are more likely to describe their identity and self-concept in terms of their individuality or independence (showcasing their independence or take-charge attitude) (Cross & Maddson, 1997; Foels & Tomcho, 2009). This effect has been demonstrated not only when individuals are asked to list attributes/adjectives that describe themselves (Maccoby & Jacklin, 1974), but also when individuals are asked to choose pictures that best represent their self-concept (Clancy & Dollinger, 1993). Thus for women who highly identify with their gender category and the roles that are prescribed to being a woman in their society, self-stereotyping or engaging in stereotype-congruent behaviors may be employed as a way to maintain positive self-identity.

While most individuals possess multiple and concurrent identities, the extent to which a particular social category/group is self-relevant is often dependent on the environment and the degree to which one's individual identity is connected with that social category or group (Brown, 1984; Ellemers, Spears, & Doosje, 2002; Foote, 1951; Roccas & Schwartz, 1993). When social groups or categories are made salient and are an important part of an individual's self-concept, the individual may begin to compare their own behaviors, attitudes, and self-concept to a prototypical member of a social group that they value (Hogg, 2006; Tajfel & Turner, 1986). This comparative process is often done as a way

for individuals to sustain their status in a group by enhancing their similarities with members of the desired group and differences between themselves and people in other social groups (Tajfel & Turner, 1986; Taylor & Moghaddam, 1994; Turner, 1975; Vignoles & Moncaster, 2007).

One way of insuring one's behaviors, attitudes, and self-concept closely match the prototypical representation of a desired social group or category is through self-stereotyping. Self-stereotyping requires that an individual be aware of the group norms ascribed to the desired social group and behave in a way that is consistent with those norms (Hogg & Terry, 2000; Spears Doosje, & Ellemers, 1997; Tuner, 1987). Self-stereotyping is believed to occur when we apply these cultural norms, beliefs, and stereotypes about one's in-group to our own self-concept (Sincliar, Hardin, & Lowery, 2006). This effect is likely to be more apparent when in-group versus out-group distinctions are made (Brewer, 2001; 2003). For example, the engagement of self-stereotyping based on one's gender or race is likely to occur when one is making comparisons between themselves and members of another race or gender versus making comparisons between themselves and other members of the same race or gender (Guimond, Chatard, Martinot, Crisp, & Redersdorff, 2006).

Given self-evaluations are heavily tied to in-group norms and values, an individual's decision to behave as a prototypical member of a social group they value would appear to be an intuitive and logical choice. However, what if that social group is considered stigmatized³ by a given society (e.g., women,

³ In the context of these paper, the use of the terms stigma/stigmatized follows the conceptualization presented by Crocker, Major and Steele (1998) who propose that stigma and

ethnic/racial, sexual, religious minorities, etc.)? If we consider that a stigmatized group's prototypical identity is often based on evaluations from individuals who are not a part of that social group and result from stereotyping by a majority culture, then endorsement of such prototypical behaviors could lead to negative consequences. This is especially true for women, a stigmatized social group in almost every society in the world, whose social representations of their group identity are often a result of negative gender stereotypes.

In the context of this research, an individual's gender identity and the endorsement of stereotypical sexual identities related to these social groups can be quite problematic, especially for women. For example, women who see themselves as highly feminine are more likely to accept and identify with social representations of sexuality prescribed by the traditional female role (Breakwell & Millward, 1997). This gender role identification is likely to lead to sexual behaviors that align with traditional female sexual scripts, such as being sexually passive or not negotiating sexual limitations (Belgrave, Van Oss Marin, & Chambers, 2000). These behaviors would be consistent with one's sexual self-concept related to their gender identity. Engaging in sexual behaviors such as sexual assertiveness or negotiations would likely run counter to this sexual self-concept and would be less likely to occur. Not engaging in sexual negotiations, especially those related to safer sex practices, can lead to negative consequences such as STI, unplanned pregnancies, emotional harm, and even sexual assault.

stigmatization are a result of beliefs that one possess or may possess a quality or characteristics that "conveys a social identity that is devalued in a particular social context" (p. 505).

The Role of Sexual Self-Efficacy in Stereotype Congruent and Incongruent Behaviors related to Sexual Negotiation

Previous research has indicated that self-efficacy is an important mediator for performance in a variety of domains from leadership skills, education, healthcare, to sexual situations (Bandura, 1997, 2001; Fedding & Rossi, 1999; Hoyt, 2053; Lee, Hwang, Hawkins, & Pingree, 2008). Akin to previous research that has linked sexual-self efficacy and the use of condoms, one of the most popular safer-sex strategies, it is proposed here that sexual self-efficacy will play an important role in explaining the relationship between gender identity, stereotype awareness, and sexual negotiation strategies. Thus, in the case of the present study, whether gender identity and stereotype activation result in more positive or negative negotiation strategies will be accounted for by the presence of sexual self-efficacy.

Self-efficacy is an individual's beliefs about their ability to perform a behavior in a given situation (Bandura, 1986, 2001). It includes not only the notion that a person can complete a task, but that he or she can do so with favorable outcomes. The perception that one can complete a task leading to favorable outcomes can be a great motivational force that has been linked to persistence and achievement (Wood & Bandura, 1989).

Sexual self-efficacy is an individual's beliefs about their abilities to perform tasks related to sexual behaviors (Fedding & Rossi, 1999). In the sexual risk-taking literature, sexual self-efficacy is often operationalized in terms of contraceptive efficacy, the ability to use condoms and other contraceptives

correctly in sexual situations, (Brafford, Kenneth, & Beck, 1991) or resistive efficacy, the ability to say no to unwanted sex or unsafe sex practices, (Cecil & Pinkerton, 1998; Rosenthal, Moore, & Flynn 1991). Having high sexual self-efficacy should be related to fewer sexual risk-taking behaviors. Indeed these conceptualizations of sexual self-efficacy have been shown to influence sexual risk-taking behaviors. Higher sexual self-efficacy is associated with condom and contraceptive usage (Bandura, 1990; Kalichman et al., 2002; Sieving, Bearinger, Resnick, Pettingell, & Skay, 2007) and having fewer sexual partners (Mitchell, Kaufman, & Beals, 2005; Rosenthal, Moore, & Flynn, 1991).

Unfortunately, current definitions and explorations of sexual self-efficacy largely ignore the relationship between one's group identity and one's sexual self-efficacy (See Bowleg, Belgrave & Reisen, 2000 for an exception). Given that a person's group membership is intrinsically connected to their sexual self-concept, it stands to reason that one's self-efficacy would also be influenced by their group membership. For example, if a person belongs to a group that does not endorse the use of condoms during sexual encounters, it stands to reason that this would have a direct effect on the person's ability to believe they could appropriately negotiate condom usage in future sexual interactions (Bowleg, Belgrave, & Reisen, 2000).

Thus, in the case of the present study, sexual self-efficacy might override any negative effects of gender identity and stereotype activation on condom negotiation strategies. This may be especially true when one is confronted with explicit stereotypes that may evoke feelings of psychological threat. As

previously noted, reactance can only occur when one feels that they have the tools and autonomy to do so. Sexual self-efficacy, particularly related to condom usage, can provide the much needed confidence and tools to override the ill-effects of gender stereotypes and expectations related to condom negotiation. Conversely, in terms of sexual negotiation, given that women are not taught to be active sexual negotiators or use sexual negotiation practices that are highly agentic (Fletcher et al., 2014) it may also be the case that women may not feel confident in sexual negotiations and thus may have low levels of sexual self-efficacy related to safer sex strategies, particularly condom self-efficacy.

Rationale

Risky sexual behaviors pose a serious health threat in the United States. Unsafe sexual practices often lead to high rates of unplanned pregnancies and new STI cases. Given the fact that many of the STIs are often asymptomatic, especially in women, their transmission is likely to increase if sexual risk-taking continues. The roles of gender identification and the influence of gender stereotype awareness on safer sex strategies have largely been ignored in this discussion. Although the construct of gender is often included as a variable in research investigating risky sexual behaviors, it is often only included to make group-level comparisons (Belgrave, Van Oss Marin, & Chambers, 2000). This is done by comparing the basic differences between sexual behaviors, communications and negotiation strategies of men versus women. These research strategies fail to address the multidimensional nature of gender, by oversimplifying this complex construct to make between- subject comparisons.

Exploring the connections between gender identity as a multidimensional construct and safer-sex strategies from a within-group comparison can provide insight and suggest intervention strategies for reducing the negative health consequences associated with risky sexual behaviors (Cauce, Cornando, & Watson, 1998).

Furthermore, this research could provide additional information as to how cues regarding gender stereotypes can lead to stereotype-consistent versus inconsistent behaviors for women who value their gender identity. Given that most of the pervasive messages that women receive about their gender in our society are covert in nature, providing women with more blatant and overt messages regarding gender stereotypes affecting their ability to engage in behaviors leading to safer sex may lead to more positive outcomes. These positive outcomes can include the use of more effective sexual communication and being more assertive regarding condom use and other safer-sex strategies. By further exploring the role of stereotype cues in relation to group identity, we can inform public health strategies as to how to better integrate interventions that are sensitive to identity concerns and empower people to reduce sexual risk taking behaviors while maintaining healthy group identities. This is especially important for women given that women make up more than half of all new cases of STI infections each year in the United States and are directly impacted by the repercussions of unplanned pregnancies (CDC, 2012).

Present Studies

The present studies will explore the role that gender identification and the awareness of stereotypes regarding one's gender may play in risk taking behaviors among women. Using the backdrop of sexual negotiation and communication, the following three studies will use experimental methods (Studies 1-2) and open-ended responses (Study 3) to address the following two research questions:

Question #1: Does gender identification play a role in a woman's ability to engage in safer sex practices such as sexual communication and condom negotiation?

Based on the theoretical perspectives presented above the following hypotheses are predicted:

H1: Gender identity and the rates of non-condom usage will be positively related. Higher gender identity will be associated with not negotiating condom usage.

H2: When condom negotiation strategies are used, gender identity will be related to condom negotiation strategies. High gender identity will be associated with condom negotiation strategies that are consistent with gender stereotypes (e.g., strategies that reflect communality and relationship orientation). Low gender identity will be associated with condom negotiation strategies that are inconsistent with gender stereotypes (e.g., strategies that exhibit assertiveness and independency).

Question #2: Does the awareness of negative stereotypes affect sexual communication and safer sex strategies differently for some women? Based on

the theoretical perspectives presented above, the following hypotheses are predicted based on the stereotype awareness manipulations:

H3. There will be an interaction between gender identity and the awareness of gender related stereotypes, on condom negotiation strategies.

When women are subtly made aware of gender stereotypes related to sexual negotiation, women with high gender identity will more likely use condom negotiation strategies that are more stereotype-consistent.

Conversely, women with low gender identity will more likely to use condom negotiation strategies that are more stereotype-inconsistent.

However, when women overtly made aware of gender stereotypes related to sexual negotiation, both high and low gender identified women will use condom negotiation strategies that are more stereotype-inconsistent.

Given the above research questions the following additional hypothesis are predicted:

H4: Sexual self-efficacy will mediate the relationship between gender identity and stereotype awareness on condom negotiation

Overview: Pretesting

A pretest study was conducted using online community data collection from Amazon's Mechanical Turk. MTurk is an online forum wherein users are paid small sums of money to complete tasks. It is acknowledged that MTurk participants are not completely representative in nature. However, it has shown that MTurk samples do offer an excellent opportunity to collect data using a more

representative sample than the traditional convenience sample of college students (Berinsky, Huber, & Lenz, 2012). The purpose of this study is twofold, one to test if condom negotiation strategies would be labeled as reflecting dimensions of agency and communality by men and women in our society. Secondly, the ratings of agency and communality for each condom negotiation strategy will be used in the subsequent studies as a way of categorizing the condom negotiation strategies as being gender inconsistent (high agency and low communality) or gender consistent (high communality and low agency) for women.

Method

Participants

A total of 254 participants were recruited for this study. Participants were largely female (N= 160) with 82 identifying as male, and the rest identifying as other or transgender. The majority of participants identified as being European American/ White (N= 120), with the rest identifying as Asian American (N= 98), Latino/a (N= 14), African American (N=11), Native American (N=5), Middle Eastern (N= 3) and Other (N=6). Participant's ages ranged from 18-74 years of age ($M= 32.60$, $SD= 10.73$). The majority of participants classified themselves as being heterosexual and married/cohabitating (90 % and 49 % respectively). Participants were recruited from MTurk, and were compensated 10 cents for completing the survey that took roughly 5-10 minutes to complete.

Design and Procedures

Under the pretense of taking part in a study involving their perception of condom negotiations, participants were presented with a survey that asked them to

rate to which degree they felt that the presented adjectives/ qualities were descriptive of each of the statements that were presented to them. Participants were randomly assigned to evaluate six statements that represented each of the six condom negotiation strategies. Demographics such as age, gender, sexual orientation, and relationship status were assessed as well. After the study completion, participants were debriefed, thanked, and provided study compensation. Please see Appendix A for the complete study instructions and materials.

Measures

Condom Negotiation Strategies. Twenty-four items adopted from the Condom Influence Strategy Questionnaire Short Scale (CISQ-S: Noar, Morokoff & Harlow, 2002). CISQ-S measures six separate condom negotiation strategies including direct request, refusal, relationship conceptualizing, deception, seduction, and risk information. The *direct request* strategy, which symbolizes whether an explicit or clear request to use condoms was given, was represented by four condom negotiation statements such as: “Make a direct request to use condoms.” and “Be clear that I would like us to use condoms.” The *refusal* strategy, which symbolizes whether sex would be withheld if condoms were not used, was represented by four condom negotiation statements such as: “Refuse to have sex with my partner unless condoms are used.” and “Make it clear that I will not have sex if condoms are not used.” The *relationship conceptualizing* strategy, which symbolizes whether condom request is framed as a way of signifying care for the relationship, was represented by four condom negotiation statements such

as: “Tell my partner that since we love and trust one another, that we should use condoms.” and “Tell my partner that using a condom would really show how he cares for me.” The *deception* strategy, which symbolizes whether condom request was framed as one reason but truly denoted another, was represented by four condom negotiation statements such as: “Make my partner think I always use condoms when I have sex, even though sometimes I do not.” and “Pretend that I am really concerned about pregnancy, when my real concern is STDs.” The *seduction* strategy, which symbolizes whether condom request involved getting one’s partner aroused, was represented by four condom negotiation statements such as: “Get my partner very sexually excited and then take out a condom.” and “Start “fooling” around and then pull out a condom when it was time.” The *risk information* strategy, symbolizes whether condom request was frames as aiding one’s health, was represented by four condom negotiation statements such as: “Let my partner know that there are so many sexual diseases out there that we should use condoms.” and “Tell my partner that we need to use condoms to protect ourselves from AIDS.”

Agency. In order to assess participant’s perceptions of how well each condom negotiation strategy represented agentic qualities, participants rated each condom negotiation strategy on the following five adjectives/qualities that are often associated with agency: decisive, masculine, confident, dominant, and assertive. These five items were averaged together to create a reliable agency scale (α 's= .77-.85) for each of the condom negotiation strategies. Ratings ranged

from 1(Not Descriptive of Quality/Characteristic) to 7(Very Descriptive of Quality/Characteristic), with higher numbers representing more agency.

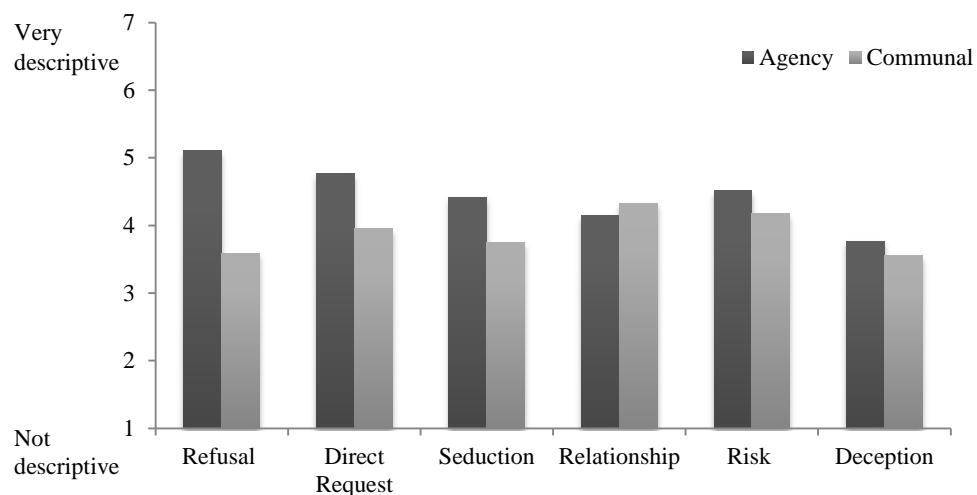
Communal. In order to assess participant's perceptions of how well each condom negotiation strategy represented communal qualities, participants rated each condom negotiation strategy on the following seven adjectives/qualities that are often associated with communality: considerate, seductive, deceptive, warm, nurturing, caring, and feminine. These seven items were averaged together to create a reliable communality scale (α 's = .80-.90) for each of the condom negotiation strategies. Ratings ranged from 1(Not Descriptive of Quality/Characteristic) to 7(Very Descriptive of Quality/Characteristic), with higher numbers representing more communality.

Results

Figure 1 illustrates, the mean ratings for the agency and communality scales that were computed for each of the six condom negotiation strategies. The majority of the mean ratings fell between 3.5 and 5.1. Additionally pair-wise comparisons were computed to determine if the agency and communality scales for each condom negotiation strategy was significantly different from one another. Results indicated that for each condom negotiation strategy, the agency and communality scales were rated significantly different from one another (p 's ranged were all $\leq .001$). Furthermore, independent t-test revealed no significant gender differences in the ratings of each of the strategies (p 's ranged from .80-2.1).

Figure 1. Mean Ratings of Agency and Communal Scales Condom Negotiation

Strategies



After computing each of the scales it was determined that the agency and communal scales would be categorized as low (mean scores below 4) or high (mean scores above 4) on each of the agency and communal scales (Table 1). These categorizations would allow for a more concrete comparison and categorization between each of the condom negotiation strategies that would allow for comparisons of each condom negotiation strategies in the latter studies. Based on the following results the following gender category labels were used for the purpose of categorizing each of the condom strategies for the latter studies: gender inconsistent (high levels of agency and low communality), gender inconsistent (high levels of agency and low levels of communality), gender neutral (high levels of both agency and communality), non-gendered (low levels of both strategies).

Table 1. Agency and Communal Ratings of Condom Negotiation Strategies

Condom Negotiation Strategies	Agency	Communal	Gender Category
Refusal	High	Low	Gender Inconsistent
Direct Request	High	Low	Gender Inconsistent
Seduction	High	Low	Gender Inconsistent
Relationship Conceptualizing	High	High	Gender Neutral
Risk	High	High	Gender Neutral
Deception	Low	Low	Non- Gendered

Discussion: Pretest

The purpose of the pretest study was to explore whether men and women in our society would use adjectives and characteristics that reflect agency and communality to describe different condom negotiation strategies. Data suggest that condom negotiation strategies appeared to reflected unique dimensions of agency and communality. This appeared to be true even when averages between the two dimensions appeared to quite similar (e.g., relationship conceptualizing strategy agency versus communality scores). Secondly, differential ratings of the condom negotiation strategies were not noted for men and women. That is, men and women rated the different condom negotiation strategies very similar. Thirdly, while it did appear that each strategy did represent unique dimensions of agency and communality, none of the strategies were rated as being exclusively high in communality. Thus, none of the condom negotiation strategies were categorized as representing gender-consistent condom negotiation strategies. Moreover, strategies that one would expect to be more associated with more communal traits than agentic ones were rated as being both equally communal and agentic. For instance, the acts of being concerned about one's health and that

of a loved one or even reframing topics as relationship concerns is often more attributed to women than men in our society.

Overview: Study 1 and Study 2

While research has noted the role of gender stereotypes on sexual behaviors and negotiation strategies in women, scant research has focused on the effects of one's gender self-concept on these behaviors as well. Additionally, research has yet to employ experimental methods to test how the activation of gender stereotypes can influence the perceptions of sexual negotiation practices in women. The ultimate goal of this research was to explore the relationship between gender identity and the awareness of negative gender stereotypes on sexual negotiation strategies among women.

This goal was explored via two experimental research studies that examined women's perceptions of sexual negotiation strategies after being exposed to either a subtle or blatant message regarding gender differences in negotiations. Study 1 explored this goal using a convenience sample of young undergraduate women and Study 2 explored these same relationships with a more diverse sample of women using an online community data collection.

Study 1 and Study 2

Method

Participants

Study1. Participants were 98 female undergraduate students from a private Midwestern University. Participants ranged in age from 18-44 ($M=20.80$; $SD=3.17$) years of age and primarily identified ethnically/racially as

White/European American (51 %) followed by 25 % as Black/African American, 11% as Latina, 5% as Middle Eastern, 3% as Asian American, 3% not identifying a race/ or ethnicity and 2% Multiracial. While the majority of participants identified as straight/heterosexual (92 %), relationship status was more mixed with 31% classifying their dating status as not dating, 38 % as causally dating, 22 % steady relationship, and 8 % as married or living together. Participants were recruited from a pool of students enrolled in introductory psychology courses and were compensated with credit towards a course requirement.

Study 2. Participants were 180 female women recruited from MTurk currently residing within the United States. Participants ranged in age from 18-68 ($M= 32.47$, $SD= 12.26$) primarily identified as being primarily identified ethnically/racially as White/European American (70 %) followed by 11% Asian American, 8 % as Black/African American, 5% as Latina, 2% as Native American, and 1% Multiracial. While the majority of participants identified as straight/heterosexual (84 %), relationship status was more mixed with 42% classifying themselves as married or cohabiting, 28% not dating, 19 % steady relationship, and 11 % as causally dating. Participants were compensated 25 cents for study participation.

Design and Procedures

This study employed a 2 (Stereotype Activation: Implicit vs. Explicit) X gender identity experimental design. Under the pretense of taking part in a study involving their perception of worldviews regarding negotiation, participants were surveyed about their perceptions of negotiation practices, in particular sexual

negotiation. Participants were randomly assigned to one of two stereotype activation conditions in which participants were either subtly or explicitly exposed to negative gender stereotypes related to negotiation. After being exposed to the gender stereotypes, participants were presented with a vignette depicting a young heterosexual couple who are getting ready to engage in sexual intercourse. After viewing the vignette, participants were instructed to imagine themselves in the scenario (i.e., that they were Jennifer) and then were surveyed about their attitudes regarding sexual negotiation in the vignette, their personal sexual negotiation self-efficacy, and their self-concept related to their gender. Additionally, participants' feelings toward forming and maintaining enduring interpersonal attachments, were also assessed and controlled for. This allowed for the control of relationship rejection as a reason for not engaging in sexual negotiation strategies. Demographics such as age, gender, sexual orientation, and relationship status were assessed as well. In Study 1, demographic information was collected at the end of each of the questionnaires, while in Study 2 this information was collected at the beginning of the study in order to screen candidates for gender. A complete copy of study items is provided in Appendix B. After the study completion, participants were debriefed, thanked, and provided study compensation.

Measures

Experimental manipulation: Stereotype Activation Prime. To prime gender stereotypes related to sexual negotiation, participants were randomly assigned to read study instructions that varied in their degree of making participants aware of

gender differences related to sexual negotiations. Instruction wording was adopted from Kray and colleagues (2001) and is presented below:

Implicit Condition: We are interested in examining the personal factors that affect people's ability to perform in important negotiations such as sexual negotiations. For example, previous research has shown that the most effective sexual negotiators are rational and assertive and demonstrate a regard for their own interest throughout the negotiation, rather than being emotional and passive. Please take a moment to read the following scenario that is an example of this type of negotiation and then answer the following questions about the scenario.

Explicit Condition: We are interested in examining the personal factors that affect people's ability to perform in important negotiations such as sexual negotiations. For example, previous research has shown that the most effective sexual negotiators are rational and assertive and demonstrate a regard for their own interest throughout the negotiation, rather than being emotional and passive. Because these characteristics tend to be different for men and women, male and female students have been shown to differ in their performance on this task. Please take a moment to read the following scenario that is an example of this type of negotiation and then answer the following questions about the scenario.

After receiving these instructions participants were presented with the following vignette (adopted from Broaddus et al., 2010) that depicts a young couple getting ready to engage in sexual intercourse where decisions regarding safer sex need to be made.

Matt and Jennifer sit next to each other in their psychology class.

They started talking after class one day, and they have gone out on a few dates and found that they have a lot of similar interests. On their most recent date, they made out for a long time and it was clear that they are both very attracted to each other. Tonight Jennifer has come over to Matt's apartment to study for a test later in the week. They finish studying and are just hanging out, listening to music and talking. They get closer and closer until eventually they start making out and taking off their clothes. Both are very aroused. Although Jennifer has been taking birth control pills since last year, she is wondering to herself if they should use a condom given that this would be their first time having sex.

Manipulation Checks. To assess participant's comprehension of the vignette, participants were asked questions covering the topics of how the couple is acquainted with one another and why they were getting together that evening. Responses were worded and formatted so that participants were required to check the answer response that they feel best reflects the situation. Sample questions will include, "How do Jennifer and Matt know each other?" and "Why is Jennifer over at Matt's house?"

Non-Use of Condoms. Before assessing condom negotiation strategies, participants' general perceptions about safer sex in the context of the vignette were measured. Eight items assessed the likelihood that if the participants were in the scenario, they would not mention condom usage or engage in sexual relations without a condom. Participants were given the following prompt: "Now we would like you to imagine yourself in the above scenario (e.g. imagine that you are Jennifer). Please answer the following questions based on how likely *you* would be to engage in each of the following behaviors." Following the question prompt, participants answered items such as "Not worry about using a condom because you trust Matt." or "Not mention using a condom in this sexual situation." Responses were rated on a 1 (very unlikely) to 7 (very likely) scale. Items were averaged together to create a reliable scale (Study 1 $\alpha=.88$; Study 2 $\alpha=.86$) such that higher numbers will indicate more willingness to not use or mention condoms.

Condom Negotiation Strategies. The same twenty-four items adopted from the Condom Influence Strategy Questionnaire Short Scale (CISQ-S: Noar, Morokoff & Harlow, 2002) used in pretesting were used in this study to measure the likelihood that participants would use different condom negotiation strategies if they were in the scenario (e.g., imagine that you are Jennifer in the scenario). Responses were rated on a 1 (very unlikely) to 7 (very likely) scale. Each subscale was averaged together to create a reliable scale (α 's across both studies ranged from .81 to .92) such that higher numbers indicated greater likelihood of endorsement of each particular strategy. Based on pretesting information direct

request, refusal, and seduction were rated as being more agentic condom negotiation strategies (gender inconsistent strategy). Relationship conceptualizing and risk were rated as being equally agentic and communal (gender neutral strategy). Deception was rated low in both agency and communality (non-gendered strategy).

Sexual Self-Efficacy. Four items were used to measure participants' perceptions of their self-efficacy (irrespective of the vignette) regarding negotiating safer sex strategies such as condom use or other safer sexual alternatives (Bryan et al., 1997, Noar et al., 2002; Reddy & Rossi, 1999). Sample items included: "I feel confident I could persuade my partner to use a condom if I wanted to", "I am confident I could get my partner to use a dental dam for oral sex" and "I am confident that I could use a condom when I really want sex." Responses were rated on a 1 (not confident) to 7 (very confident) scale. All items were averaged together to create a reliable scale (Study 1 $\alpha=.96$; Study 2 $\alpha=.95$) such that higher numbers indicated more self-efficacy in safer sex negotiation practices.

Gender Identity. Participants' perception of their gender being an integral and central component of their self-esteem was measured by two subscales taken from the *Collective Self-Esteem Scale (CSE)*: Luhtanen & Crocker 1992). The *CSE* is a multidimensional measure of one's self-esteem connected to one's social group and includes measurements of four distinct types of self-esteem related to one's social identity (e.g., private and public self-esteem, importance of the identity, and membership belonging). For the purpose of this study, only the

dimensions that measure how important one's gender is to their self-concept (*Importance to Identity: ITI*) and how positively one feels regarding their gender was measured (*Private Collective Self-Esteem: PCE*). These two subscales were chosen, because they most assess gender identity related to one's self-concept. The *ITI scale* (Study 1 α =.89; Study 2 α =.86) included 4 items such as "In general, being a woman is an important part of my self-image." and "Being a woman is unimportant to my sense of what kind of a person I am (reverse scored)." The *PCE scale* (Study 1 α =.87; Study 2 α =.79) included 4 items such as "I often regret that I am a woman (reverse scored)." and "In general, I'm glad to be a woman." For each of the subscales, all items were scored on a 1 (strongly disagree) to 7 (strongly agree) scale. Appropriate items were reversed scored. Items were averaged together to create reliable scales such that higher numbers on each scale indicated a greater sense that one's gender is an important part of their identity (*ITI scale*) or more positive feelings about their gender (*PCE scale*).

The Need to Belong. Participant's desire to maintain and form interpersonal relationships was measured by the 10-item *Need to Belong Scale* (*NTB*: Leary, Kelly, Cottrell, & Schreindorfer, 2005). Participants were asked about their agreement with sample items such as: "I try hard not to do things that will make other people avoid or reject me.", "I want other people to accept me." and "My feelings are easily hurt when I feel that others do not accept me." All items will be scored on a 1 (strongly disagree) to 5 (strongly agree) scale. Appropriate items were reversed scored and averaged together to create a reliable scale (Study α =.89; Study

2 α =.86) such that higher numbers indicating more desire and need to maintain interpersonal relationships.

Results: Study 1

Preliminary Analyses

Manipulation checks. Two items were used to assess participant's comprehension of the study vignette. No participants were eliminated for failing to correctly answer these questions.

Correlational Analysis. A bivariate correlational analysis was conducted to investigate the relationships between the primary variables of interest including condom negotiation strategies, gender identity, stereotype activation manipulation, condom self- efficacy, and the need to belong (Table 2). It was predicted that the need to belong would be uniquely related to key study variables (e.g., gender identity, condom-self efficacy, and the condom negotiations). Given that this was not the case (Table 2), it was not used as a control variable in any of the study analyses.

Primary analyses

Relationship between gender identity and the non-use of condoms. Given that the correlational analysis indicated that the two gender identity scales were only slightly correlated ($r(97) = .24, p=.02$) and appeared to have differential relationships with the other variables, the decision was made not to combine these two items for further analysis. Therefore, two separate correlational analyses were conducted to test the hypothesis that there will be a positive relationship between gender identity (measured by *Private Collective Self-Esteem (PCE)* and

Importance to Identity (ITI) dimensions) and the non-use of condoms (Hypothesis 1). Hypothesis 1 was partially supported. Results indicated a significant positive relationship between gender identity (*ITI*) and the non-use of condoms. These findings suggest that the more a woman feels that her gender identity is an important part of her self-concept the more likely she would not worry about using or mentioning the use of condoms if she were in the scenario. However, the results that indicated that there was not a relationship between one's positive feelings about one's gender (PCE) and the non-use of condoms (Table 2).

Table 2. Correlations for Study 1 Variables

Mean (SD)	Stereo Prime	ITI	PCE	Refuse	DR	Sed	Rel	Risk	Dec	Need	CE
ITI 5.04(1.28)	-.27**										
PCE 6.02(1.17)	-0.02	.24*									
Refuse 5.17(1.56)	0.12	-0.08	0.07								
DR 5.48(1.56)	0.1	-0.18	0.15	.81***							
Seduction 4.44(1.43)	-0.03	-0.07	.26**	.58***	.62***						
Relation 4.82(1.56)	-0.08	0.14	0.13	.53***	.43***	.44***					
Risk 4.74(1.59)	0.09	0.01	-0.1	.48***	.31***	.29***	.45***				
Deception 3.37(1.68)	-0.15	.26*	.24**	-.25**	-0.07	-0.1	0.07	-0.08			
Belonging 3.87(.58)	0	0.11	0.07	0.13	0.06	0.11	0.16	0.05	0.17		
ConEff 6.26(.91)	-0.1	-0.05	.43***	0.20	.39***	.32**	.25*	-0.08	0.17	-0.04	
NoCon 2.81(1.29)	-0.12	.24*	-0.17	-.74***	-.77***	-.53***	-.36***	-.34**	0.18	0.01	-.40***

Note: * = significant at $p < .05$, ** = significant at $p < .01$, *** = significant at $p < .001$, Stereotype prime was coded as 0= implicit stereotype and 1= explicit stereotype.

Predictive Factors of Sexual Negotiation Strategies.

A series six separate multiple hierarchical linear regressions were conducted to test whether gender identity (importance and positivity of gender to self-identity), gender stereotype activation (implicit vs. explicit), were predictive of sexual negotiation strategies (refusal, direct request, risk, relationship conceptualization, risk information, seduction, and deception) in women (Hypotheses 2 and 3). In each of these regressions, main effects and interaction terms were computed and tested to see which variables were significant predictors of condom negotiation strategies in women. All continuous variables and interaction terms were centered, according to Aiken and West's (1991) recommendations in order to protect against multicollinearity. For example, in each regression analysis the first step of the model included the centered main effect terms for a measure of group identity (PCE and ITI) and type of gender stereotype activation (implicit or explicit). Gender stereotype activation was dummy coded so that implicit activation of gender stereotypes was coded as 0 and the explicit activation of gender stereotypes was coded as 1. In the second step of the model, the interaction terms between group identity and activation of gender stereotypes were entered into the model. For ease of interpretation and to limit redundancy, the only results that will be discussed here in text will be that of any significant main effects or significant interactions (Table 3).

Table 3. Regression Coefficients for Gender Identity and Stereotype Prime Predicting Condom Negotiation Strategies

<i>Strategy</i>	<i>Step</i>	<i>Adj. R²</i>	<i>Stereotype Prime</i> β	<i>PCE</i> β	<i>ITI</i> β	<i>Prime* PCE</i> β	<i>Prime* ITI</i> β
Refusal	1	-.01	.10	.09	-.07	-	-
	2	.01	.10	.21	-.24	-.67	.74
Direct Request	1	.04	.05	.20	-.21	-	-
	2	..12**	-.65	.28	-.51***	-.18	.45***
Seduction	1	.06	-.07	.30***	-.16	-	-
	2	.08	-.55	.34*	-.35*	-.33	.80
Relationship	1	.000	-.05	.11	.10	-	-
	2	.01	.05	-.06	.003	.21	.12
Risk	1	-.01	.11	-.11	.07	-	-
	2	.10	.12	.09	.22	-.22	-.19
Deception	1	.13	-.10	.30	.16	-	-
	2	.25**	-.11	-.13	.25	.59***	-.20

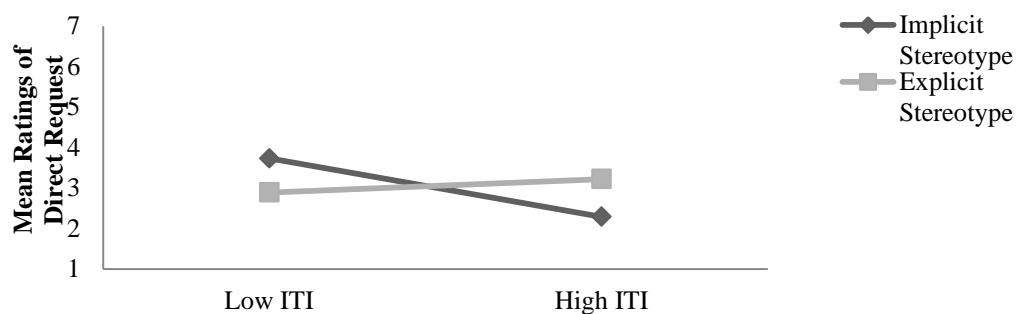
Note: * = significant at $p < .05$, ** = significant at $p < .01$, *** = significant at $p < .001$, Stereotype Prime was coded as 0= implicit and 1= explicit.

Refusal. No significant main effects or interactions were found for the refusal condom negotiation strategy.

Direct Request. Results indicated that the *ITI* dimension of gender identification was a significant predictor of the direct request condom negotiation strategy. The more women felt that their gender identity was an important part of their self-concept the less likely they would be to endorse statements that represented direct request condom negotiation strategies. Additionally results suggested that the interaction between *ITI* and stereotype activation was also a significant predictor of the direct request condom negotiation strategy. Simple

slopes ($t(96) = 4.85, p < .001$) for the association between the stereotype activation prime and direct request-based condom negotiation strategies were tested for low (-1 SD below) and high (+1 SD above) levels of *ITI*. The use of the direct request strategy was more likely to occur for women who felt that their gender identity was not an important part of their self-concept when they were implicitly reminded of the stereotypes regarding negotiations than those who felt that their gender identity was an important part of their self-concept. Being explicitly reminded of stereotypes regarding women and negotiation did not appear to alter the use of the direct request strategy for women (Figure 2).

Figure 2. *ITI* and Stereotype Prime Interaction Predicting Direct Request



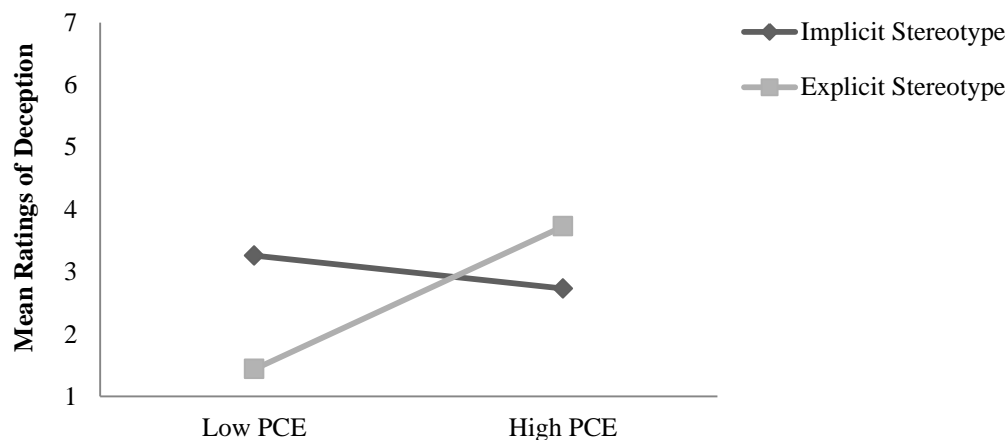
Seduction. Results indicated a main effect for the gender identity (both *ITI* and *PCE*) on the use of the seduction condom negotiation strategy. For the *ITI*, the less a woman felt that gender identity was an important part of her self-concept the more likely she would use the seduction condom negotiation strategy. However, the opposite appeared to be true for the *PCE* dimension of gender identity. The more positive feelings one had about being a woman the more likely that she would use the seduction condom negotiation strategy.

Relationship Conceptualizing. There were no main effects or interactions noted for the relationship conceptualizing condom negotiation strategy.

Risk Information. There were no main effects or interactions noted for the risk information condom negotiation strategy.

Deception. Results indicated an interaction between the *PCE* dimension of gender identity and the stereotype activation prime on use of deception- orientated condom negotiation. Simple slopes ($t(96) = 5.40, p < .001$) for the association between stereotype activation prime and deception condom negotiation strategy was tested for low (-1 SD below) and (+1 SD above) levels of *PCE*. Results suggested that women who do not feel positively about their gender will more likely use the deception condom negotiation strategies when they are implicitly reminded of gender negotiation stereotypes than when they are explicitly reminded of these stereotypes. However, for women who have positive feelings about their gender, they will more likely use the deception condom strategy after being explicitly reminded of gender stereotypes than when they are implicitly reminded about gender negotiation stereotypes (Figure 3).

Figure 3. PCE and Stereotype Prime Interaction Predicting Deception



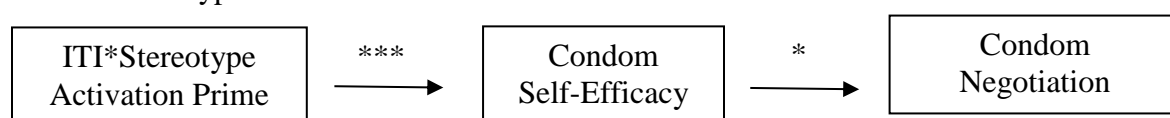
Role of Condom Self- Efficacy

Separate mediational analyses were conducted to test the predictions that the relationships of gender identity and gender stereotype activation on condom negotiation strategies was influenced by an individual's self-efficacy regarding safer sex negotiation strategies (Hypothesis 4). Mediational analyses were conducted by using the statistical program INDIRECT (Preacher & Hayes, 2008) and the statistical tests of the mediational relationship was guided by procedures noted in Hayes (2009). These suggestions allow for a more tangible approach in examining all the distinct relationships (e.g., even in the presence of a non-significant direct relationship between the independent and dependent variables) that may occur when examining mediational relationship. Thus unlike the traditional Baron and Kenny (1986) method that requires a significant direct relationship between the independent and dependent variables in order to test a mediational relationship, the procedures recommended by Hayes (2009), does not require this direct relationship to occur in order to explore any mediational influences. This method can be quite beneficial when exploring multifaceted relationships. Significance of the indirect effect was tested using bootstrapping procedures. Unstandardized indirect effects were computed for each of 10,000 bootstrapped samples, and the 95% confidence interval was computed by determining the indirect effects at the 2.5th and 97.5th percentiles. For ease of interpretation and to limit redundancy, the only results that will be discussed in text will be that of any significant indirect paths. Please see Figure 4a and 4b for the graphical representation of the mediational analysis and Table 4 for the

complete list of unstandardized betas for path a (relationship between IV and the mediator), path b (relationship between the mediator and the DV), and the indirect path (relationship of path a*b). The independent variable in the meditational analyses is represented by the interaction between gender identity and the stereotype activation prime.

Figure 4. Role of Condom Self-Efficacy

A. ITI*Stereotype Activation Prime



B. PCE*Stereotype Activation Prime



Note: For ITI: Path A was consistently significant at the $p < .001$, Path B was significant at the $p < .05$ and $p < .001$ level for all but 2 of the condom negotiation strategies (risk and deception). For PCE: Path B was significant at the $p < .05$ and $p < .001$ level for all but 2 of the condom negotiation strategies (risk and deception).

Table 4. Test of Indirect Effects of Condom Self-Efficacy

Strategy	ITI* Stereotype Prime			PCE* Stereotype Prime		
	Path A b (SE)	Path B b (SE)	Indirect b (CI)	Path A b (SE)	Path B b (SE)	Indirect b (CI)
Refusal	.41(.15)***	.28(.19)*	.12(.003, .34)	.19(.15)	.40(.20)*	.08(-.04, .32)
Direct Request	.41(.15)***	.47(.15)***	.20(.05, .42)	.18 (.15)	.64(.16)***	.12(-.09, .38)
Seduction	.41(.15)***	.42(.16)*	.17(.04, .41)	.18(.15)	.41(.18)*	.08(-.05, .23)
Relationship	.43(.15)***	.37(.18)*	.16(.02, .41)	.21(.15)	.34(.20)*	.07(-.03, .28)
Risk	.41(.15)***	-.08 (.16)	-.03(-.22, .10)	.11(.16)	-.04(.21)	-.01(-.13, .04)
Deception	.41(.15)***	.37(.19)	.15(.01, .45)	.19(.15)	-.07(.19)	-.01(-.19, .06)

Note: bolded items= significant indirect effects, * = significant at $p < .05$, ** = significant at $p < .01$, *** = significant at $p < .001$

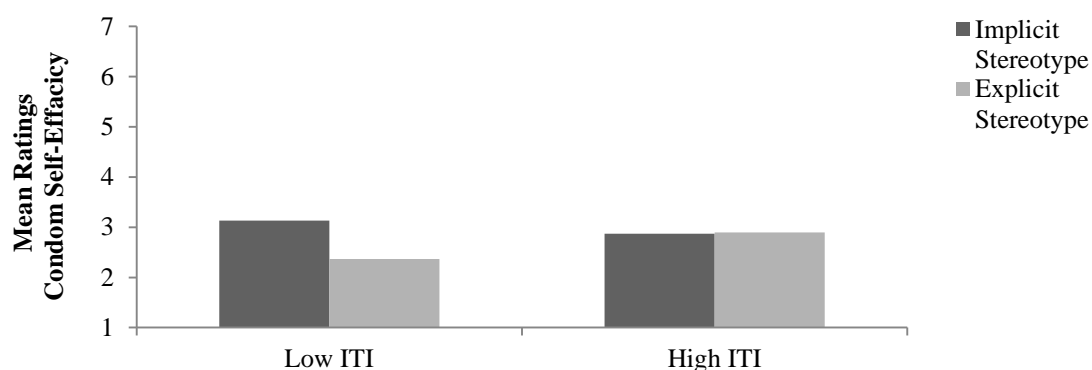
The prediction that condom self-efficacy would influence the relationship between the interaction of gender identity and the stereotype activation prime was

partially supported. When examining the interaction between gender identity (ITI) and the stereotype activation prime on condom negotiation strategies results indicated that the indirect effects of condom self-efficacy was largely significant. This was the case for all of the condom negotiation strategies except for the risk-orientated condom negotiation strategy. The bootstrapped unstandardized indirect effect for the gender identity ranged from .12 to .20, with the 95% confidence intervals ranging from .003 (Low Limits) to .45 (Upper Limits). These same significant effects of condom self-efficacy were not noted for the PCE dimension of gender identity. When examining the interaction between gender identity (PCE) and the stereotype activation prime on condom negotiation strategies results indicated that the indirect effects of condom self-efficacy were not significant.

Although not linked to a specific hypothesis, Table 4 also illustrates a consistent significant relationship between condom self-efficacy and the use of condom negotiation strategies. Higher condom self-efficacy was a positive predictor of many of the condom negotiation strategies across both dimensions of identity (e.g., all except for risk and deception across both identity measures). Also illustrated was a significant relationship between gender identity (ITI) and the stereotype activation prime on condom self-efficacy. A follow up regression analysis revealed a main effect of ITI predicting condom self-efficacy ($\beta = -.37$, $p = .01$) indicating women with lower ITI would be more likely to say that they could convince their partner to use condoms than women with higher ITI. However, this effect was qualified by the interaction between the stereotype

activation prime, $\beta = .40, p = .007$. Women who did not think that gender was an important part of their identity were more likely to feel that they could convince their partner to use a condom when implicitly reminded about gender-based stereotypes than when explicitly being reminded these stereotypes (Figure 5). Higher identified women were not affected by the stereotype activation prime.

Figure 5. ITI* Stereotype Prime Predicting Condom Self-Efficacy.



Results: Study 2

Preliminary Analyses

Manipulation checks. Two items were used to assess participant's comprehension of the study vignette. Two participants were excluded from the analysis for failing to accurately answer the question: "How do Jennifer and Matt know each other?", while one participant was excluded from further analysis for failing to accurately answer the following question: "Why is Jennifer over at Matt's house?"

Correlational Analysis. A bivariate correlational analysis was conducted to investigate the relationships between the primary variables of interest including condom negotiation strategies, gender identity, stereotype activation manipulation, condom self-efficacy, and the need to belong (Table 5).

Primary analyses

Relationship between gender identity and the non-use of sexual negotiation strategies. Given that correlational analysis indicated that the two gender identity items appeared to have differential relationships with other study variables, the decision was made not to combine these two items for further analysis. Therefore, two separate correlational analyses were conducted to test the hypothesis that there will be a positive relationship between gender identity (measured by *Private Collective Self-Esteem (PCE)* and *Importance to Identity (ITI)* dimensions) and the non-use of condoms (Hypotheses 1). Results indicated a non-significant relationship between gender identity (both dimensions) and the non-use of condoms (Table 5).

Table 5. Correlations for Study 2 Variables

Mean (SD)	Stereo Prime	ITI	PCE	Refuse	DR	Sed	Rel	Risk	Dec	Need	CE
ITI 4.72 (1.62)	.42**										
PCE 6.18 (1.08)	-.14	-.06									
Refuse 5.71(1.83)	.10	.02	-.12								
DR 5.95(1.57)	.11	.06	-.15*	.89**							
Sed 4.57(1.65)	.10	-.004	-.12	.388**	.50**						
Rel 4.29(1.97)	-.004	.02	.04	.43**	.51**	.44**					
Risk 4.13(1.94)	-.01	-.01	.02	.33**	.34**	.30**	.60**				
Dec 3.38(1.67)	-.07	.02	.06	.03	.09	.20*	.23**	.05			
Need 3.60(.80)	.07	.04	.15	-.16*	-.13	-.05	.003	-.10	.24**		
ConEff 6.32(1.11)	.20**	.12	-.12	.45**	.50**	.25**	.21**	.12	-.05	-.18*	
NoCon 2.46(1.31)	-.12	-.08	.03	-.81**	-.79**	-.37**	-.40**	-.40**	.08	.22**	-.43**

Note: * = significant at $p < .05$, ** = significant at $p < .01$, *** = significant at $p < .001$, Stereotype Prime is coded as 0= implicit and 1= explicit

Predictive Factors of Sexual Negotiation Strategies. A series six separate multiple hierarchical linear regressions were conducted to test whether gender identity (importance and positivity of gender to self-identity), and gender stereotype activation (implicit vs. explicit), were predictive of sexual negotiation strategies (refusal, direct request, risk, relationship conceptualization, risk information, seduction, and deception) in women (Hypotheses 2 and 3). In each of these regressions, main effects and interaction terms were computed and tested to see if any were significant predictors of sexual negotiation strategies in women.

All continuous variables and interaction terms were centered, according to Aiken and West's (1991) recommendations in order to protect against multicollinearity. For example, in each regression analysis the first step of the model included the centered term for the control variable, need to belong⁴. The second step in the model included the centered main effect terms for a measure of group identity (PCE and ITE) and type of gender stereotype activation (implicit or explicit). Gender stereotype activation was dummy-coded so that implicit activation of gender stereotypes was coded as 0 and the explicit activation of gender stereotypes was coded as 1. In the third step of the model, the interaction terms between group identity and activation of gender stereotypes were entered into the model. As indicated, none of the predictions were supported as none of the main effects or interactions were significant predictors of the various condom negotiation strategies. Please see Table 6 for the complete list of standardized betas for each predictor across all six-condom negotiation strategies.

⁴ Unlike Study 1, the need belong was related to two of the key study variables and thus was entered into the model as a control variable.

Table 6. Regression Coefficients for Gender Identity and Stereotype Prime
Predicting Condom Negotiation Strategies

<i>Strategy</i>	<i>Step</i>	<i>Adj. R²</i>	<i>Need</i> β	<i>Prime</i> β	<i>PCE</i> β	<i>ITI</i> β	<i>Prime*</i> <i>PCE</i> β	<i>Prime*</i> <i>ITI</i> β
Refusal	1	.01	-.13*	-	-	-	-	-
	2	.005	-.14	.04	.10	.003	-	-
	3	-.002	-.14	.04	.10	.08	.000	-.11
Direct Request	1	.002	-.09	-	-	-	-	-
	2	.004	-.09	-.08	.07	.06	-	-
	3	-.003	-.09	.03	.15	.04	-.12	-
Seduction	1	-.01	-.03	-	-	-	-	-
	2	-.01	-.03	-.08	.10	-.04	-	-
	3	-.02	-.03	-.08	.12	-.02	-.03	-.03
Relationship	1	-.01	.02	-	-	-	-	-
	2	-.02	.01	.06	.01	.03	-	-
	3	-.01	.01	.06	-.07	.21	.10	-.24
Risk	1	.001	-.09	-	-	-	-	-
	2	-.02	-.09	.04	.02	-.002	-	-
	3	-.02	-.10	.03	-.07	.11	.11	-.16
Deception	1	.05	.23**	-	-	-	-	-
	2	.04	.23**	.01	.10	.06	-	-
	3	.03	.23**	.01	-.19	.16	.11	-.13

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

Role of Condom Self- Efficacy

Separate mediational analyses were conducted to test the predictions that the relationships of gender identity and gender stereotype activation on condom negotiation strategies, was influenced by an individual's self-efficacy regarding safer sex negotiation strategies, while controlling for the need to belong (Hypothesis 4). As with Study 1, mediational analyses were conducted by using the statistical program INDIRECT (Preacher & Hayes, 2008) and tests of

significance were guided by procedures noted in Hayes (2009). Significance of the indirect effect was tested using bootstrapping procedures. Unstandardized indirect effects were computed for each of 10,000 bootstrapped samples, and the 95% confidence interval was computed by determining the indirect effects at the 2.5th and 97.5th percentiles. The prediction that condom self-efficacy would have an influencing role was not supported. None of the indirect effects were found to be significant, indicating that condom self-efficacy was not a mediating factor in the relationship between gender identity and stereotype activation on condom negotiation strategies (Table 7).

Although not linked to a specific hypothesis and similar to Study 1, Table 8 illustrates a consistent significant relationship between condom self-efficacy and the use of condom negotiation strategies. Higher condom self-efficacy was a positive predictor of many of the condom negotiation strategies across both dimensions of identity (e.g., all except for risk and deception across both identity measures). However, unlike Study 1, the interaction between gender identity and the stereotype activation was not significant.

Table 7. Test of Indirect Effects of Condom Self-Efficacy

Strategy	ITI* Stereotype Prime			PCE* Stereotype Prime		
	Path A b (SE)	Path B b (SE)	Indirect b (CI)	Path A b (SE)	Path B b (SE)	Indirect b (CI)
Refusal	-.11(.10)	.69(.13)***	-.07(-.20, .03)	-.05(.14)	.64(.14)***	-.03(-.25,.19)
Direct Request	-.10(.10)	.68(.12)***	-.07(- .20,.32)	-.06 (.15)	.31(.13)*	-.03(-.25, .19)
Seduction	-.11(.10)	.38(.14)**	-.04(- .13,.004)	-.06(.15)	.32 (.14)*	-.02(-.15, .08)
Relationship	-.12(.10)	.34(.16)*	-.04(- .15,.003)	-.07(.15)	.35(.17)*	-.02(-.18, .08)
Risk	-.11(.10)	.30(.16)	-.03(- .13,.01)	-.05(.15)	.27(.16)	-.01(-.15, .07)
Deception	-.11(.09)	.004(.14)	-.001(-.05, .03)	-.08(.15)	.05(.14)	-.004(-.10, .03)

Note: * = significant at $p < .05$, ** = significant at $p < .01$, *** = significant at $p < .001$

Discussion: Study 1 and Study 2

Using an experimental paradigm, the goal of these studies was to explore the multidimensional relationship of gender identity, gender stereotypes, condom self-efficacy, and condom negotiation strategies among women. It was predicted that gender identity would be related to the non-use of condoms. Also predicted, that when condoms were used, levels of gender identity would predict specific condom negotiation strategies. Furthermore, the way a woman was alerted to gender-based stereotypes regarding sexual negotiations was expected to influence the relationship between gender identity and specific condom negotiation strategies. The above relationships were expected to be heavily influenced by the degree to which women felt confident that they could get their partner to use a condom during sexual situations. Predictions were partially supported, with Study 1 providing sole evidence of any significant and supported predictions.

One of the most interesting and disheartening findings gleaned from this study was that, as predicted, gender identity was positively related to the non-use of condoms for some women. Findings noted that the more women felt that their gender was an important part of their sense of self; the more likely they were to not worry about using a condom if they were the woman depicted in the experimental vignette. Stronger gender identity appeared to be linked to the endorsement of gendered sexual scripts that could lead to detrimental outcomes. Women who felt that their gender was central to their core self-concept were more likely to indicate that they would not worry about using a condom, not explicitly mention condom use, or not use a condom if they were the woman depicted in the experimental vignette.

The above finding was a little more mixed when examining the use of specific condom negotiation strategies. How much a woman felt that her gender identity was an important part of her sense of self and identity was a significant predictor of the use of several condom negotiation strategies. For instance, women with lower gender identity, as measured by the importance of one's gender self-concept, were more likely to use highly agentic condom negotiation strategies such as direct request and seduction than those with higher gender identity. This would be congruent with study hypotheses that state that higher identity would be linked to more gender-stereotyped strategies (e.g., less agentic and dependent strategies) while lower identity would be linked to less gender-stereotyped strategies (e.g., more agentic and independent strategies). Interestingly, results indicated that this was especially the case for women who

were only implicitly reminded of gender stereotypes when examining the direct request condom negotiation strategy. It also appears that in this case, for low gender identifiers, being implicitly reminded of stereotypes may enhance one's dominant response to behave in a gender stereotyped consistent way.

Curiously, positive feelings about one's gender were more linked to the endorsement of both high and low agentic strategies. For example, women who had more positive feelings about their gender were more likely to use the seduction condom negotiation strategy (rated as high in agency and low in communality) than those holding less positive feelings regarding their gender. Perhaps it is the case that having positive feelings regarding one's gender are more linked to strategies that may appear to be on the surface more gender-stereotyped. While the seduction strategy was rated in pretesting as being high in agency and low in communality, suggesting a more agentic (gender-inconsistent strategy), the strategy itself may be considered highly feminine. This is likely due to the fact that this strategy calls for indirectly bringing up condom usage by getting your partner sexually aroused. This may indeed play into the sexual scripts ascribed to women as the sexual arousers and pleasers in the heterosexual sexual situations.

Findings also suggested that those who had positive feelings were more likely to say that they would use the deception strategy (a non-gendered strategy: ranked low in agency and communality) when they were explicitly reminded of the gender-based stereotypes regarding negotiations, than when they were implicitly reminded of gender-based stereotypes. However, those who held less

positive feelings about their gender were more likely to use the deception strategy when implicitly reminded of gender-based negotiation stereotypes than when explicitly reminded. This may suggest that for low identifiers the subtly of message itself may in fact serve as activation of one's dominant response when reminded that gender differences in negotiation may occur.

When it came to examining the role of condom self-efficacy on the relationship between gender identity, gender stereotype awareness and condom negotiation strategy results suggest that condom self-efficacy was a contributing influencer of the relationship between the stereotype activation prime and gender identity (ITI dimension). Not only was the interaction between gender identity and the stereotype activation prime a consistent predictor of condom self-efficacy; condom self-efficacy was a consistent predictor of the various condom negotiation strategies. Furthermore, in all but two cases (refusal and risk), condom self-efficacy appeared to have a significant influence in how the interaction between gender identity and the stereotype activation primes were related to each of the condom negotiation strategies. This aligns with research that suggests that condom self-efficacy is a highly influential component of the use of safer sex strategies (Bowleg, Belgrave, & Reisen, 2000).

Additional evidence of the role of condom self-efficacy can also be elucidated by examining the individual relationship between gender identity and the stereotype activation prime predicting condom self-efficacy and the relationship of condom self-efficacy predicting the different condom negotiation strategies. Results revealed that the interaction between how important one's

gender was to their self-concept and the stereotype activation prime was a significant predictor of the use of condom self-efficacy. Follow up results indicated that when implicitly reminded of gender-based stereotypes regarding negotiations, women who felt that gender was not an important aspect of their identity were more likely to say that they could convince their partner to use a condom, than when they were explicitly reminded about gender-based stereotypes. However, these effects were not noted for women who believed that gender was an important part of their identity, as they were equally likely to say that they could get their partner to use a condom regardless of how they were reminding about gender-based stereotypes. Moreover, not surprisingly, when evaluating the relationship between condom self-efficacy and different condom negotiation strategies, results suggested that across both dimensions of gender identity condom self-efficacy was a consistent predictor of several condom negotiations strategies. Thus the more one felt that they could convince their partner to use condoms the more likely they were to use many condom negotiation strategies.

Despite the lack of replication of many of the results from Study 1, Study 2 did provide some very interesting insights regarding the intersectionality of gender identity, stereotype awareness, condom self-efficacy, and condom negotiation strategies among women. For starters, Study 2 was conducted for the sole purpose of trying to see if the intersections of gender identity, stereotype activation, condom self-efficacy, and condom negotiations could also be examined with a more demographically representative sample of women. Results

indicated gender identity, stereotype awareness and condom self-efficacy were not influencing factors on condom negotiations for this sample. However, given that Study 2 was largely comprised of women who classified themselves as married and/ or cohabitating, condom negotiations may not be relevant or of concern to them. Thus, if the practice of condom negotiations is not a part of their sexual scripts, the strength of one's gender identity and the awareness of stereotypes may not have an effect on the use of condom negotiation strategies.⁵ However, given that research has noted that married and cohobating women are more likely to be sexually active and use some form of contraceptive than their non-married counterparts (Jones, Mosher, & Daniels, 2012), it would stand to reason that condom negotiations should also be relevant for these women as well. Future research should be conducted to explore if condom negotiation strategy is a concern for older, non-college attending women.

Alternatively, given the way that MTurk users get compensated, it is often more advantageous for them to try to complete as many tasks in a shortest amount of time as possible. Although this may normally be a good strategy if one was just taking a survey regarding household goods, this is likely to hinder performance on experimental surveys that may have sensitive primes and manipulations embedded in them. These primes usually require that the participant be actively engaged in the material. If a participant is not highly engaged in the task, one may

⁵ Additional analyses were conducted excluding married and cohabitating women. However, key study results remained the same. This could indicate that results may have been more influenced by the study design itself. However, given that almost half of the participants noted that they were married/cohabitating, excluding them significantly reduced the sample and therefore affected the power to adequately interpret results.

not pick up on the subtleties of the primes themselves, thus making them ineffective.

Overview: Study 3

The purpose of Study 3 was to expand on the information gained from Study 1 and 2 by providing a more naturalistic assessment of how participants may respond to the covert and overt cues regarding gender stereotypes related to negotiation, particularly sexual negotiation. As with Studies 1 and 2, it was expected that both gender identification and type of stereotype awareness would influence sexual negotiation strategies in women, and that this effect would be accounted for by the presence of sexual-self-efficacy. Using qualitative methods in conjunction with quantitative methods would allow the researcher to freely capture participants' perspectives on safer sex and condom negotiation strategies. This was achieved by allowing participants to dispense advice to others who are seeking guidance regarding sexual negotiation. This method would not only allow participants the opportunity to organically generate strategies, but also potentially generate strategies that research has yet to capture. Both of these methods will provide a better look into safer sex and condom negotiation strategies among women.

Methods

Participants

Participants were 115 female students from a local private Midwestern University. Participants ranged in age from 18-32 ($M=23.25$, $SD=3.57$) years of age. Participants primarily identified as straight/ heterosexual (90%) with 10 %

identifying their sexual orientation as other. Participant relationship status and ethnic/ racial identity were a bit more diverse. When it came to relationship status: 45 % classified their relationship status as in a steady relationship, 37 % as not dating, 8 % casual dating, 7 % as married and 2 % as other. When it came to racial/ ethnic classifications: 53 % classified themselves as White/ European American, 14 % as Latina, 10% as Asian American, 10% as Black/ African American, 9% as Multiracial, and 3% as Middle Eastern. Participants were recruited from a pool of students enrolled in introductory psychology courses and were compensated with partial course credit.

Design and Procedure

This study employed a 2(Stereotype Activation: Implicit vs. Explicit) X gender identification mix-methods research design. Under the guise of writing an advice column, participants were lead to believe that they were participating in a research study evaluating how people dispense effective advice. Embedded in the instructions for how to write an advice column, participants were randomly presented with either implicit or explicit information regarding gender stereotypes relating to negotiation. After reading these instructions, participants were provided a sample letter in which advice is requested pertaining to an issue related to a sexual relationship. Participants were asked to respond to that letter as if they were dispensing advice as an advice columnist. After writing a brief response to the reader, participants' attitudes assessing their own sexual negotiation self-efficacy, and attitudes about their gender identity were assessed. Additionally, similar to Studies 2, participant's feelings toward forming and maintaining

enduring interpersonal attachments was also assessed. Demographics such as age, gender, sexual orientation, and relationship status were also collected. A complete copy of study items is provided in Appendix C. After the study was complete, participants were debriefed and thanked for their time.

Measures

Experimental manipulation: Stereotype Activation Prime. To prime gender stereotypes related to sexual negotiation, participants were randomly assigned to read study instructions that varied in the degree of making participants aware of gender differences related to sexual negotiations. Instructions have been adopted from Kray and colleagues (2001) and are presented below:

Implicit Condition: People often turn to advice columns seeking advice about intimate relationships. The majority of the advice given deals with how to effectively negotiate matters in relationships. Please take a moment to read the following letter sent in to an advice column. The letter reflects an example of the type of intimate relationship content advice columnists are often asked to respond to. We found that advice givers suggest different strategies for how to handle relationship concerns. Some columnists suggest that the letter writers focus on taking care of their own needs, be more assertive in the relationship, and take charge of the situation. Other columnists suggest that the letter writer focus on taking care of the relationship, be more accommodating in the relationship, and follow their partner's lead.

You will now read an actual letter sent into an advice column.

After reading the letter, please take a few moments to respond to the reader as if you were the advice columnist.

Explicit Condition: People often turn to advice columns seeking advice about intimate relationships. The majority of the advice given deals with how to effectively negotiate matters in relationships. Please take a moment to read the following letter sent in to an advice column. The letter reflects an example of the type of intimate relationship content advice columnists are often asked to respond to. We found that advice givers suggest different strategies for how to handle care of their own needs, be more assertive in the relationship, and take charge of the situation. Other columnists suggest that the letter writer focus on taking care of the relationship, be more accommodating in the relationship, and follow their partner's lead. Because preference for these advice strategies varies between men and women, male and female columnists have been shown to differ in their performance on this task. You will now read an actual letter sent into an advice column. After reading the letter, please take a few moments to respond to the reader as if you were the advice columnist.

After receiving these instructions participants were presented the following letter from a young woman who is seeking advice regarding her sexual relationship:

Dear Editor,

I'm a young woman in college and I've been seeing a great guy for about a month and things are going really well so far. We've fooled around a little bit but haven't had sex yet. I'm wondering if and when I should bring up using condoms or other contraceptives. Although I am taking the pill, I am still wondering if I should bring up condom use or other things like dental dams. We talk all the time, but never really about serious topics--mainly teasing, stories from work, etc. I don't want my guy to think I don't trust him or to ruin the mood. What do you suggest I do?

Sincerely,

Bring a raincoat?

Manipulation Checks. To assess participant's comprehension of the letter, participants were asked questions covering the topics of how long the couple has been dating and if they have engaged in sexual intercourse. Sample questions included: "How long does the letter writer indicate that she and her partner have been together?" and "Have the letter writer and her partner had sex?" Responses were worded and formatted so that participants were required to check the answer response that they feel best reflects the situation.

Condom Negotiation Strategies. Participants' advice column responses were coded based on two factors 1) presence of safer sex strategy and 2) type of safer sex negotiation strategy. Presence of condom strategies was conceptualized

as whether participants mentioned that the letter writer should or should not mention using condoms to her partner. Participants failing to advise the reader to bring up the topic of condoms/or other safer sex alternatives with their partner were classified as safer sex strategy “not present”. Participants advising the reader to bring up the topic of condom/or safer sex alternatives with their partner were classified as safer sex strategy “present”.

Using the CISQ-S scale (Noar, Morokoff & Harlow, 2002) as a guide, types of safer sex negotiation strategies (same as used in pretesting, Study 1 and Study 2) was conceptualized as whether condom strategies reflect gender-consistent or gender- consistent strategies. As noted earlier, and based on pretesting information, direct request, refusal, and seduction were rated as being more agentic condom negotiation strategies. Relationship conceptualizing and risk were rated as being equally agentic and communal while deception was rated low in both agency and communality.

Coders were given the instructions to read each advice letters and code each written response for whether the advice given contained any of the six condom negotiation strategies used in the previous studies (refusal, direct request, seduction, relationship conceptualizing, risk, and deception). To aid in their coding of responses, coders were given two sample statements from each of the strategies (e.g., same as those used in the pretesting, study 1 and study 2) as guides to help determine whether a strategy was present. Additionally, given that advice given could contain multiple strategies, coders were given the instructions to code for any strategy they felt was present. Additionally coders were given the

instructions that an advice letter may in fact not contain any of the expected six condom negotiation strategies represented by the *CISQ* scale. This instruction was given so that coders did not feel that had to force advice letters into any single category.

Measures of *Sexual Self-Efficacy* ($\alpha=.90$), *Need to Belong* ($\alpha=.79$), and *Gender Identity* (*ITI*: $\alpha=.72$; *PCE*: $\alpha=.79$) will be assessed with the same measures that were used in Study 1 and Study 2.

Results: Study 3

Preliminary Analyses

Manipulation checks. Two items were used to assess participants' comprehension of the study vignette. No participants were eliminated for failing to correctly answer these questions.

Primary Analyses

Coding. Participant's advice responses were coded to explore the relationship between gender identity and how the participants reacted to the stereotype manipulations. The advice responses were blind coded (i.e., coders did not know which responses belonged to each stereotype activation prime) independently by two different coders and reliability will be assessed using Cohen's kappa (Cohen, 1968). The Cohen's kappa ranges from -1 to $+1$ with the following scores representing low agreement ($<.20$) moderate agreement (.41-.70) or high agreement (.81- 1.00) among raters (Altman, 1991). In the current study inter-rater reliability indicated a high agreement (.98) between the two raters for whether condoms or other contraception's were suggested. However inter-rater reliability indicated a moderate agreement (.75) when examining the

coding for the different condom negotiation strategies. Any questions or disputes between coders were settled via discussion.

Participant's responses were first coded for whether the advice writer mentioned condom or contraception use to the letter writer. The overwhelming response was yes, with all but 2 advice responses noted that the letter writer should bring up the topic of condom and/or contraception use with their partner. After this initial coding for the mentioning of safer sex strategies, participant responses were coded for whether the six specific condom negotiation strategies (refusal, direct request, seduction, relationship conceptualizing, relationship, risk, and deception) were present. Presence of a condom negotiation strategy was coded either as a 0 (not giving advice about negotiation of the specific condom negotiation strategies) or a 1 (giving advice about negotiation of the specific condom negotiation strategies). Please see Figure 6 for a map of coding decision tree. Results suggested that across all responses all the strategies were suggested to the advice seeker, with the exception of the deception condom negotiation strategy. Because deception was not found to be a suggested strategy, it was removed from further analysis. Additionally, results suggested that about 70% of the advice responses contained 1 of the 6 specific strategies with 30% of the advice letters containing strategies other than the 6 study designated strategies. Please also see Table 8 for sample advice given and how they were coded.

Figure 6. Coding Decision Tree.

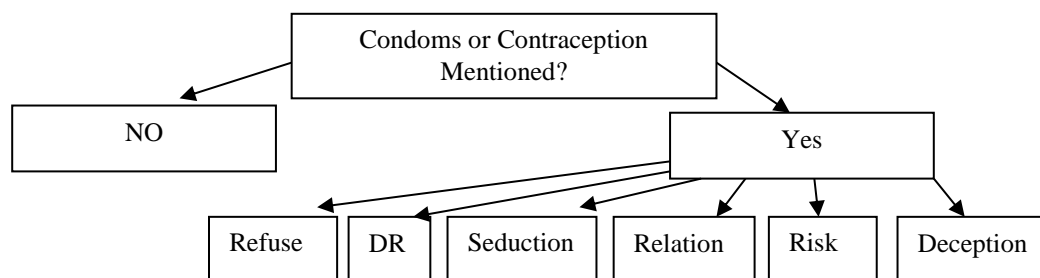


Table 8. Sample Letter Writer Responses and Coding

Sample Responses	Condom Negotiation Strategy
“Condoms are a must even though you are on the pill STD's can still happen, a condom is your best bet. I honestly don't think if you tell a guy you are ready to have sex as long as he wears condom he will turn you down. “	Risk and Refusal
“Just try to find the right time to bring it up, maybe when you are getting hot and bothered that way you have his full attention”	Seduction
“Don't be afraid to bring up the matter of contraceptives. Just because it is a serious matter does not mean that he will be turned off by the conversation. If he truly does respect you and the relationship, he will respect your wishes to use contraceptives.”	Relationship Conceptualizing
“If you want to engage in sexual activity condoms are a necessity. Talk to him. It is not about who trusts who but what is the smarter choice.”	Direct Request
“Since it is so soon in your relationship I do not suggest engaging in sexual activities. You should wait a little longer so that you can get to know him better.”	Not Coded for a Specific Condom Negotiation Strategy
“Well she should have a coat on”	Not Coded for a Specific Condom Negotiation Strategy

Correlational Analysis. Bivariate and point-biserial correlational analyses was conducted to investigate the relationships between the primary variables of interest including condom negotiation strategies, gender identity, stereotype activation manipulation, condom self-efficacy, and the need to belong. Please see Table 10 for the complete examination of the correlational relationships of all study related variables. Additionally, means and standard deviation were also provided in Table 9 for all continuous variables. Many of the study variables were not related to one another, with the exception of 4 relationships, which will now be discussed. It should be first noted that contrary to predictions gender identity (both ITI and PCE) was not correlated to any of the condom negotiation strategies. Results also indicated a significant negative relationship between stereotype activation prime and seduction ($r = -.27, p = .004$). Given the coding of stereotype activation this indicates that women who received the implicit stereotype activation prime were more likely to use the seduction condom negotiation strategy. When it came to the relationships between the different condom negotiation strategies results suggested a few significant relationships. The seduction condom negotiation strategy was positively related to the refusal ($r = .19, p = .04$), while being negatively related to the risk condom negotiation strategy ($r = -.20, p = .04$). Condom negotiation strategy was negatively related to both the direct request ($r = -.34, p < .001$) and the seduction negotiation strategy ($r = -.21, p = .03$).

Table 9. *Correlations and Means for Study 3 Variables*

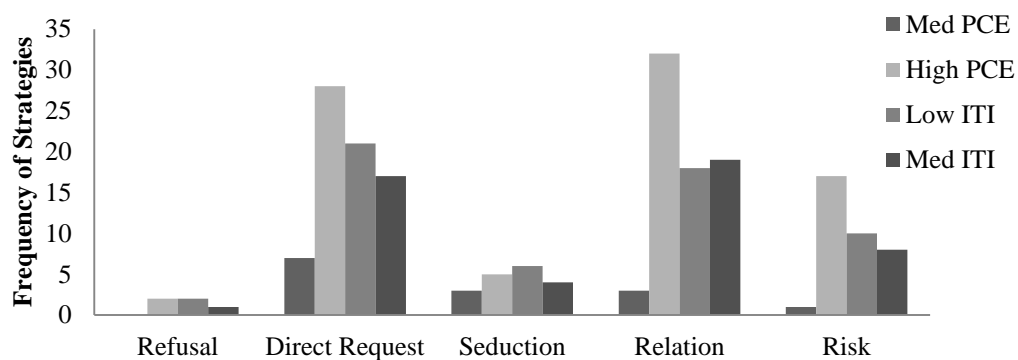
	Mean (SD)	Stereo Prime	ITI	PCE	Refuse	DR	Sed	Rel	Risk	Need
ITI	4.54 (1.31)	.17								
PCE	6.18 (.99)	.10	.11							
Refuse		-.04	.06	.08						
DR		.08	-.01	-.10	.10					
Sed		-.27***	.09	-.06	.19*	-.08				
Rel		-.03	-.16	.11	-.05	-.34***	-.21*			
Risk		.14	-.07	.04	-.15	.05	-.20*	-.03		
Need	3.87 (.62)	-.17	.06	-.14	.02	.14	-.03	-.04	-.01	
CE	6.51 (.82)	-.02	-.07	.02	.02	-.15	.04	.04	-.01	-.13

Note: Stereotype Prime is coded as 0= implicit stereotype and 1= explicit stereotype, DR= direct request, Rel= relationship conceptualizing, Need= Need to belong, CE= condom self-efficacy, *= significant at $p < .05$, ** = significant at $p < .01$, *** = significant at $p < .001$

Role of Gender Identity. In order to test the relationship of gender identity and condom negotiation strategies using chi-square analysis, gender identity was converted into a categorical variable. Based on the means and distributions of each of the gender variables, the decision was made to categorize gender into low (means ≤ 3), medium (means > 3 to 5) and high (means > 5) categories. This categorization resulted in PCE being largely represented by medium and high categories, while ITI was largely represented by low and medium categories. Several chi-square tests were conducted to assess whether there was a relationship between the presence of the six condom negotiation strategies and

gender identity (both dimensions). Results indicated that there was no relationship between the gender identity (both dimensions) and the use of each of the condom negotiation strategies. Chi-Square test statistics for the PCE dimension of identity ranged from $\chi^2 (1, N=115) = .33$ to 2.03 with significant levels ranging from $p = .10$ to $.56$. Chi-Square test statistics for the ITI dimension of identity ranged from $\chi^2 (1, N=115) = .003$ to 1.00 with significant levels ranging from $p = .30$ to $.66$ (Figure 7).

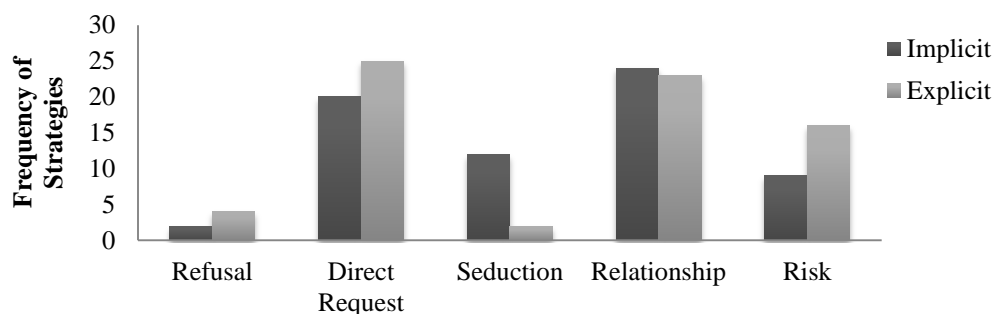
Figure 7. Frequency of Strategies Based on Gender Identity



Role of Stereotype Awareness Prime. Several chi-square tests were conducted to assess whether there was a relationship between the presence of the six condom negotiation strategies and the stereotype awareness prime. Results largely indicated that there was no relationship between the stereotype awareness condition and the use of each of the condom negotiation strategies (refusal: $\chi^2 (1, N=115) = 3.02, p=.08$; direct request: $\chi^2 (1, N=115) = 1.26, p=.26$; relationship: $\chi^2 (1, N=115) = .07, p=.79$; risk: $\chi^2 (1, N=115) = .97, p=.32$). However, there was a significant relationship found between the stereotype activation prime and the seduction condom negotiation strategy, $\chi^2 (1, N=115) = 4.06, p=.04$, indicating

those in the implicit activation condition (80%) were more likely to provide a seduction strategy than those in the explicit condition (20%) (Figure 8).

Figure 8. Frequencies of Strategies by Condition



Role of Condom Self-Efficacy. Given that data is largely frequency based meditational analyses could not be conducted to test the predictions that the relationships between gender identity and the gender stereotype activation prime on condom negotiation advice was influenced by an individual's self-efficacy regarding safer sex negotiation strategies (Hypothesis 4). However, by viewing the correlational relationships between condom self-efficacy and condom negotiation strategies we can see that condom self-efficacy was not related to any of the condom negotiation strategies (Table 9).

Study 3: Discussion

Study 3 was conducted to explore the influencing roles of gender identity, stereotype activation, and condom self-efficacy on particular condom negotiation strategies in order to establish more mundane realism in the experimental design. This was intended to provide a test of the research hypotheses in an environment that would mimic situations one may encounter on a daily basis (e.g., giving relationship advice to a friend). The hope was to gather qualitative data that

replicated the results of Study 1. Unfortunately, while interesting qualitative insights were gained, the results did not replicate Study 1 findings.

The importance of and positive feelings of one's gender was not predictive of the use/suggestion of any of the condom negotiation strategies. Additionally being subtly or overtly reminded about the gender stereotypes regarding gender negotiations had no effect on the types of strategies that were suggested to the letter writers. The only exception to this result appeared when examining the seduction condom negotiation strategy. Results appeared to suggest that this strategy was more likely given as advice after being subtly made aware of gender differences in negotiation. Given that the seduction strategy was rated as high in agency and low in communality, it would be expected that this condom negotiation strategy be given as advice after a more overt awareness of gender-based stereotypes than a more subtle delivery of the gender-based stereotype as it would represent more gender stereotype inconsistent behaviors. However, as noted earlier perhaps it is the case that the seduction strategy might actually be considered a highly gendered strategy in practice given that it requires that one get their partner sexually aroused, an activity that is consistent with gender stereotypes and scripts for women. Furthermore, the relationships between gender identity and the stereotype activation prime were not associated to any specific condom negotiation strategies. This was also the case for condom self-efficacy.

Although results were not replicated from Study 1, Study 3 does provide an interesting look at the multifaceted nature of the relationship between identity, gender stereotypes and condom self-efficacy. For example, in writing the

responses all but 2 participants suggested that letter writer should most certainly bring up condom or contraception use with their partner. If we assume that the advice given is a proxy for how one would behave if they were in the same situation, then results suggest that women are becoming more active agents in their sexual health and sexual negotiation practices.

Also noted was the frequency of use between the different condom negotiation strategies. While no differences were discovered based on gender stereotypes, findings did indicate that the most common advice given were ones that involved a direct request or framing the request as a relationship concern. As noted from the pretest, direct request strategy was considered gender-inconsistent as it was rated as being high in agency and low in communality. Relationship conceptualizing was considered gender-neutral as it was rated as being high in both agency and communality. This data also supports the idea that women are taking a more active and direct role in their in their sexual health.

While the results of Study 3 illuminated different findings than Studies 1 and 2, that this may be due to an important mitigating factor, the study task itself. It could be argued that given that the task was novel (while one may often give advice to someone else, one usually does not have to give written advice to another person), it may have prevented participants from noticing the stereotype awareness manipulation. Competing attention-based resources (focusing very a novel task) may have made the gender-based stereotype activation primes ineffective as less attentive resources were given to that portion of the information. Future studies should be conducted to evaluate the intricate

relationship of gender identity, stereotype awareness, condom self-efficacy, and condom negotiation strategies using a task that strikes the right balance between experimental and mundane realism. For example, having women give the advice via a face to face interaction with a confederate or even voice recording their advice responses, after receiving messages regarding gender-based stereotypes may influence participants responses in a differential way than which occurred in the current study.

Additionally given that the coders were only looking for six specific condom negotiation strategies, it is likely that the same responses may have been coded for different condom negotiation strategies that may be more representative of the various condom negotiation strategies that women use. For instance, a few of the responses reflected statements that suggest that one should do something nice for their partner first, before bringing up their own needs. This strategy, if coded for, may have likely represented a unique condom negotiation dimension that was originally unaccounted for. Alternatively, additional statements reflected the fact that the advice givers felt that if the writer did not feel comfortable in discussing the issues of condoms or safer sex with their partner, then they were probably not ready to have sex with their partner. This suggestion could also offer an additional condom negotiation strategy that might provide an insight into perhaps what a more communal strategy may represent. More research should be conducted using additional condom negotiation strategies that may provide a better classification of the condom negotiation strategies that are more often used among women.

General Discussion

The purpose of these studies was to illuminate the intersections between the role of gender identity and gender stereotype awareness on condom negotiation strategies by exploring the following two research questions. First, how does the awareness of cultural norms and gender stereotypes in conjunction with one's gender identity relate to a woman's willingness to engage in safer sex strategies? Secondly, does the way in which a woman becomes aware of the negative cultural norms and gender stereotypes lead to differential outcomes related to safer sex strategies? While the three studies produced mixed findings when examining these questions, taken holistically these studies elucidated on some very promising and interesting results regarding the intersections of gender identity, stereotype awareness, condom self-efficacy and condom negotiation strategies.

Of important note is the fact that condom negotiation strategies did appear to encompass dimensions of agency and communality and thus denoting that even condom negotiation strategies may represent stereotype dimensions. This is of interest given that the research on the content of stereotypes has largely focused on various social groups that stereotypes are applied (Fiske et al., 2002), not to the behaviors themselves. In the case of the current research this could provide fruitful information regarding what we view as being stereotypical behaviors and strategies when it comes to women and sexual negotiation. If men and women feel that certain strategies are more agentic and masculine and in fact women are using/suggesting these strategies to others, then it is likely that these more direct

and agentic strategies may become part of the sexual scripts for women in terms of navigating condom negotiations. This is likely to lead to more direct and successful usages of condom negotiation strategies.

Along a similar vein, noted in this research was that different condom negotiation strategies encompassed very interesting levels of agency and communality. For instance while it was expected that refusal and direct request would be labeled as being highly agentic, the fact that none of the strategies were labeled as being more communal than agentic was a bit surprising and yet promising. This could signal a shift in thinking, namely that participants believe that there are few gender differences in the use of condom negotiation strategies and that everyone should be an active participant. This can be showcased by the majority of the condom negotiation strategies were labeled as gender neutral (high in both agency and communality) and non-gendered (low in both agency and communality). Future research should be to disentangle the root of the above noted differences. For example, if the mere act of negotiation is seen as more agentic than communal, sexual negotiations may inherently be linked to more agentic than communal traits. Thus more investigations should be conducted to explore if the above results are an artifact of perceptions of negotiations in general or if there is something specific about sexual negotiations that may be driving the above results. Additionally research should be conducted to see if there are perceived gender differences in which people view specific strategies as being typically used by men and women in our society. This line of research could help

illuminate the role of the stereotype content of behaviors in terms of condom negotiation strategies.

In answering the research questions: Does the awareness of cultural norms and gender stereotypes in conjunction with one's gender identity affect a woman's willingness to engage in safer sex strategies and does this awareness lead to differential outcomes, the answer appears to be yes, in some cases for some women. For instance, as predicted, feelings that gender was of little importance to one's overall self-worth was related to the use of a more gender-inconsistent condom negotiation strategy such as direct request. This was especially the case for these women when they were implicitly alerted to gender-based stereotypes regarding negotiations. However, gender identity appeared to function differentially for the seduction-based condom negotiation strategy. More positive feelings about one's gender were a significant predictor of this strategy. On the other hand, lack of importance of one's gender was a significant predictor significant of this strategy as well. These findings shed light on the fact that gender identity may be a multifaceted in nature, indicating that affect towards and the importance of one's gender may not function in similar ways. Although seduction was labeled as a gender-inconsistent strategy, the differential findings of the two identity dimensions may point to the complex nature of the strategy and gender identity itself. The lack of importance being related to the use of the seduction strategy replicates the expectation that low identity would be related to more gender-inconsistent behaviors. Additionally the affect towards one's gender identity could support study predictions given that in actual use, the seduction

strategy may indeed be a highly feminized strategy as it appears on the surface to reflect gender scripts related to arousing one's partner. Thus higher gender identity in this case may make women more comfortable in using a strategy that appears to reflect a sexual script.

The above explanation can be used to partially address the findings that positive feelings are more associated with the deception strategy. Women with lower affect toward their gender would be more likely to use a gender-inconsistent strategy, especially in situations where they were implicitly reminded of gender-based stereotypes. While the labeling from the pretest study indicates that deception would be categorized as a non-gendered strategy, one could argue that in essence, a non-gendered strategy could, in fact, be considered a gender-inconsistent strategy. This is due to the fact that non-gendered strategies do not endorse or represent gender-consistent behavior. If this is the case this would also explain why women with more positive affect towards their gender would be more likely to use a gender-consistent strategy when they were explicitly reminded of gender-based stereotypes than when they were implicitly reminded of these stereotypes. This may provide some preliminary evidence for making someone explicitly aware of stereotypes that can lead to an initial sense of reactance causing them to behave in a counter-stereotypical way (Kray et al, 2004).

Also illuminated by the research was the role of condom self-efficacy. Results consistently demonstrated that condom self-efficacy was an important influence on the relationship between gender identity (importance dimension) and

stereotype activation prime. This finding aligns with study predictions that condom self-efficacy may act as an important tool for combating against the ill-effects of gender-based stereotypes and the internalization of socialized scripts. Furthermore, results indicated that when one's gender was not central to their self-identity, she was more likely to feel that she could convince her partner to use condoms, especially when she was implicitly reminded about gender-based stereotypes. This effect was not seen for women who held their gender in high importance to the rest of their self-concept. This again endorses the prediction that lower gender identity may be related to gender-inconsistent behaviors.

One of the most surprising results was the role that the stereotype activation prime for women who did not feel that their gender was an integral part of the self-concept. For these women, it appeared that being implicitly reminded of gender stereotypes was connected to their use of specific condom negotiation strategies, mainly ones that would be classified as being gender-inconsistent. This result is contrary to study hypothesis that would suggest that these women would not be affected by the stereotype activation primes in the same manner as highly identified individuals given that gender is not central to their self-identity. In fact given that they were not highly identified with their gender, it was expected that gender-based stereotypes would not alter their use of specific condom negotiation strategies. However, results revealed that implicitly being reminded of gender-based stereotypes activated reactance for these women, as they were more likely to use highly agentic strategies than when explicitly reminded about gender stereotypes. Given that most research on stereotype threat, internalization, and

reactance mostly focuses on explaining how these mechanisms work for highly identified individuals, this finding can shed a little light on how these processes may work for non-identified individuals. Perhaps illustrating that labeling low identifiers as being “non-identifiers” or “neutral identifiers” would be a misnomer given that lower gender identification was uniquely linked to specific condom negotiation strategies under specific stereotype awareness conditions.

As mentioned in Studies 2 and 3, the experimental manipulations may have played a role in the study finding, albeit for different reasons, in each of the studies. In Study 2, the stereotype prime may not have been effective given the audience and the subtlety of the prime itself. Almost half of the women in Study 2 were married or cohabitating. Additionally they may have been motivated to complete the survey as fast as possible, thus missing the primes themselves, in order to receive payment via MTurk. In Study 3, the novelty of the task may have caused participants to focus too much on the task of giving advice that they may have and completely missed the subtlety of the primes as well.

It should also be noted that all three of the studies may have been inadvertently affected by the delivery of all the study materials—an online platform. Research done on negotiations done via an online platform may not mimic those done in person, especially for women. Conducting a meta-analysis on the gender differences between men and women in virtual negotiation, Stuhlmacher and colleagues (2007) found that women tended to be more hostile in virtual negotiations than those that were conducted face to face. They attributed these findings to the fact that women could ignore the social cues and pressures of

being more kind and relationship-orientated in virtual environments, leading women to adapt more strategies that may be considered more advantageous when negotiating. In the present studies it could be the case that since women completed the study online, most likely in the privacy of their own homes, they may have felt less pressure to act in gender-consistent. In this case, the automatic scripts for successful negotiations may be ones that use more associated agentic and independent strategies (Stuhlmacher et al., 2007). Additional lab studies or other face to face studies should be conducted in order to explore if face to face interactions would alter the condom negotiation strategies suggested or used by women.

Future Directions for Research and Interventions

While the present research offers some insights as to how gender identity and stereotype awareness could affect condom negotiations for women, it does not adequately address how these concepts relate to a more ethnically/culturally group of women. For instance, given that the social representations and scripts that guide sexual behaviors for the African American community are predominately negative (Collins, 2004; Dade & Sloan, 2000; Davis & Cross, 1979), especially for African American women, exploring whether there is an relationship between one's gender and ethnic/racial identification and condom negotiation strategies could be very informative for providing more culturally-relevant safer sex preventions and interventions for this community.

Moreover additional research should be conducted to explore whether study findings would replicate for other forms of contraceptives and HIV

prevention items (e.g., the internal/female condom and microbicides). This is an important line of research to pursue given the nature of these other contraceptive and HIV prevention aids. It can be argued that since the traditional condom (male/external) are worn by another person that inherently one *must* effectively negotiate with one's partner in order for usage to take place at all. However, given that items such as the female/internal condom or microbicides can theoretically⁶ be used without negotiation with one's partner, perhaps negotiation strategies might differ. Moreover, given the differences in the theoretical need to negotiate between various safer sex methods (e.g., "male" versus "female" condoms), additional research should be conducted to investigate if there would be differential ratings of agency and communality based on forms of safer sex. It could be speculated that negotiations of "male" condoms may be seen as more agentic given that the primary users are men. In contrast, negotiations involving the "female" condom may be seen as more communal given that the primary users of are women.

Conclusion

Taken together, these three studies can provide researchers with valuable information regarding how gender identity can be linked to gender-stereotyped behaviors regarding condom and safer sex negotiations practices, how the awareness of stereotypes can effective these behaviors, and how condom self-efficacy can contribute to the understanding of these relationships. In all, the studies provide evidence and shed light on the various mechanisms that can

⁶ Although these items can theoretically be used without consent and negotiation from one's partner, relationship and gender-based scripts might highlight that negotiations are still required for their use of these items.

influence safer sex strategies among women. By knowing that one's gender identity and how one may internalize the messages regarding their gender can be related to the use of specific condom negotiation, researchers, interventionist, and policy makers can begin to use and incorporate these items into their research and policy decisions. By doing so, we can begin to have a clearer picture regarding the mechanisms that might influence safer sex strategies in women, with ultimately leading to the end goal of lowering the practices of risky sexual behaviors in women.

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APPENDIX A
Pretesting Survey

Perceptions of Safer Sex

You will be presented with six statements about condom use and negotiation and a set of qualities or characteristics. How much does each of these qualities/characteristics describe the statement. Please use the following 1 to 7 scale to rate the statement on each of the qualities/characteristics. For example, if you think the statement is very decisive, you might give "Decisive" a rating of 6 or 7. If you think it is not very decisive, you might give a rating of 1 or 2. Please feel free to use the entire scale for your ratings by providing a rating for all of the qualities/characteristics per statement.

[Note to IRB: Participants will be randomly assigned to evaluate one statement from the following 6 groups on the following qualities/characteristics.]

Group 1

"Tell my partner that I will not have sex with him or her if we do not use condoms."

"Make it clear that I will not have sex if condoms are not used.

"Let my partner know that no condoms means no sex."

"Refuse to have sex with my partner unless condoms are used."

1.Decisive

Not at all Descriptive 1-----2-----3-----4-----5-----6-----7 Very Descriptive

2.Considerate

Not at all Descriptive 1-----2-----3-----4-----5-----6-----7 Very Descriptive

3.Seductive

Not at all Descriptive 1-----2-----3-----4-----5-----6-----7 Very Descriptive

4.Caring

Not at all Descriptive 1-----2-----3-----4-----5-----6-----7 Very Descriptive

5.Masculine

Not at all Descriptive 1-----2-----3-----4-----5-----6-----7 Very Descriptive

6.Feminine

Not at all Descriptive 1-----2-----3-----4-----5-----6-----7 Very Descriptive

7.Deceptive

Not at all Descriptive 1-----2-----3-----4-----5-----6-----7 Very Descriptive

8.Confident

Not at all Descriptive 1-----2-----3-----4-----5-----6-----7 Very Descriptive

9.Dominant

Not at all Descriptive 1-----2-----3-----4-----5-----6-----7 Very Descriptive

10.Warm

Not at all Descriptive 1-----2-----3-----4-----5-----6-----7 Very Descriptive

11.Assertive

Not at all Descriptive 1-----2-----3-----4-----5-----6-----7 Very Descriptive

12. Nurturing

Not at all Descriptive 1-----2-----3-----4-----5-----6-----7 Very Descriptive

Group 2

“Ask that we use condoms during sex.”

“Make a direct request to use condoms.”

“Be clear that I would like us to use condoms.”

“Say that since we are going to have sex, I would like to use condoms.”

1.Decisive

Not at all Descriptive 1-----2-----3-----4-----5-----6-----7 Very Descriptive

2.Considerate

Not at all Descriptive 1-----2-----3-----4-----5-----6-----7 Very Descriptive

3.Seductive

Not at all Descriptive 1-----2-----3-----4-----5-----6-----7 Very Descriptive

4.Caring

Not at all Descriptive 1-----2-----3-----4-----5-----6-----7 Very Descriptive

5.Masculine

Not at all Descriptive 1-----2-----3-----4-----5-----6-----7 Very Descriptive

6.Feminine

Not at all Descriptive 1-----2-----3-----4-----5-----6-----7 Very Descriptive

7.Deceptive

Not at all Descriptive 1-----2-----3-----4-----5-----6-----7 Very Descriptive

8.Confident

Not at all Descriptive 1-----2-----3-----4-----5-----6-----7 Very Descriptive

9.Dominant

Not at all Descriptive 1-----2-----3-----4-----5-----6-----7 Very Descriptive

10.Warm

Not at all Descriptive 1-----2-----3-----4-----5-----6-----7 Very Descriptive

11.Assertive

Not at all Descriptive 1-----2-----3-----4-----5-----6-----7 Very Descriptive

12. Nurturing

Not at all Descriptive 1-----2-----3-----4-----5-----6-----7 Very Descriptive

Group 3

“Start “fooling around” and then pull out a condom when it was time.”

“Take out a condom to use without saying a word.”

“Get my partner very sexually excited and then take out a condom.”

“In the heat of the moment, I would take a condom out to use.”

1.Decisive

Not at all Descriptive 1-----2-----3-----4-----5-----6-----7 Very Descriptive

2.Considerate

Not at all Descriptive 1-----2-----3-----4-----5-----6-----7 Very Descriptive

3.Seductive

Not at all Descriptive 1-----2-----3-----4-----5-----6-----7 Very Descriptive

4.Caring

Not at all Descriptive 1-----2-----3-----4-----5-----6-----7 Very Descriptive

5.Masculine

Not at all Descriptive 1-----2-----3-----4-----5-----6-----7 Very Descriptive

6.Feminine

Not at all Descriptive 1-----2-----3-----4-----5-----6-----7 Very Descriptive

7.Deceptive

Not at all Descriptive 1-----2-----3-----4-----5-----6-----7 Very Descriptive

8.Confident

Not at all Descriptive 1-----2-----3-----4-----5-----6-----7 Very Descriptive

9.Dominant

Not at all Descriptive 1-----2-----3-----4-----5-----6-----7 Very Descriptive

10.Warm

Not at all Descriptive 1-----2-----3-----4-----5-----6-----7 Very Descriptive

11.Assertive

Not at all Descriptive 1-----2-----3-----4-----5-----6-----7 Very Descriptive

12. Nurturing

Not at all Descriptive 1-----2-----3-----4-----5-----6-----7 Very Descriptive

Group 4

“Tell my partner that since we love and trust one another, that we should use condoms.”

“Let my partner know that using a condom would show respect for my feelings.”

“Tell my partner that it would really mean a lot to our relationship if he/she would use a condom.”

“Tell my partner that using a condom would really show how he/she cares for me.”

1.Decisive

Not at all Descriptive 1-----2-----3-----4-----5-----6-----7 Very Descriptive

2.Considerate

Not at all Descriptive 1-----2-----3-----4-----5-----6-----7 Very Descriptive

3.Seductive

Not at all Descriptive 1-----2-----3-----4-----5-----6-----7 Very Descriptive

4.Caring

Not at all Descriptive 1-----2-----3-----4-----5-----6-----7 Very Descriptive

5.Masculine

Not at all Descriptive 1-----2-----3-----4-----5-----6-----7 Very Descriptive

6.Feminine

Not at all Descriptive 1-----2-----3-----4-----5-----6-----7 Very Descriptive

7.Deceptive

Not at all Descriptive 1-----2-----3-----4-----5-----6-----7 Very Descriptive

8.Confident

Not at all Descriptive 1-----2-----3-----4-----5-----6-----7 Very Descriptive

9.Dominant

Not at all Descriptive 1-----2-----3-----4-----5-----6-----7 Very Descriptive

10. Warm

Not at all Descriptive 1-----2-----3-----4-----5-----6-----7 Very Descriptive

11. Assertive

Not at all Descriptive 1-----2-----3-----4-----5-----6-----7 Very Descriptive

12. Nurturing

Not at all Descriptive 1-----2-----3-----4-----5-----6-----7 Very Descriptive

Group 5

“Tell my partner that if we do not use condoms, then one of us could end up with a STD.”

“Let my partner know that there are so many sexual diseases out there that we should use condoms.”

“Tell my partner that using a condom will protect us from STDs.”

“Tell my partner that using a condom will protect us from AIDs.”

1. Decisive

Not at all Descriptive 1-----2-----3-----4-----5-----6-----7 Very Descriptive

2. Considerate

Not at all Descriptive 1-----2-----3-----4-----5-----6-----7 Very Descriptive

3. Seductive

Not at all Descriptive 1-----2-----3-----4-----5-----6-----7 Very Descriptive

4. Caring

Not at all Descriptive 1-----2-----3-----4-----5-----6-----7 Very Descriptive

5. Masculine

Not at all Descriptive 1-----2-----3-----4-----5-----6-----7 Very Descriptive

6. Feminine

Not at all Descriptive 1-----2-----3-----4-----5-----6-----7 Very Descriptive

7. Deceptive

Not at all Descriptive 1-----2-----3-----4-----5-----6-----7 Very Descriptive

8. Confident

Not at all Descriptive 1-----2-----3-----4-----5-----6-----7 Very Descriptive

9. Dominant

Not at all Descriptive 1-----2-----3-----4-----5-----6-----7 Very Descriptive

10. Warm

Not at all Descriptive 1-----2-----3-----4-----5-----6-----7 Very Descriptive

11. Assertive

Not at all Descriptive 1-----2-----3-----4-----5-----6-----7 Very Descriptive

12. Nurturing

Not at all Descriptive 1-----2-----3-----4-----5-----6-----7 Very Descriptive

Group 6

“Make up a reason why I want him or her to use a condom, even though my real reason is to protect myself against diseases.”

“Tell my partner I only have sex with condoms, even though sometimes I do not.”

“Make my partner think I always use condoms when I have sex, even though sometimes I do not”.

“Pretend that I am really concerned about pregnancy, when my real concern is STDs.”

Please answer the following questions about yourself by indicating the most appropriate answer. All responses provided in this survey will be kept confidential.

1. Gender:
 1. Male
 2. Female
 3. Transgender
 4. Other
2. What is your ethnicity?

1. Black/ African American
2. Middle Eastern
3. Asian or Pacific Islander
4. White/ Caucasian
5. Latino/a
6. Native American
7. Other (Please specify)_____

3. What is your age? _____

4. How would you classify your sexual orientation?

1. Straight/Heterosexual
2. Gay/Lesbian
3. Bisexual
4. Other (Please specify)_____

5. What is your relationship status?

1. Not dating
2. Casually dating
3. Steady Relationship
4. Living together or married
5. Other (Please specify) _____

6. Have you ever engaged in sexual intercourse (this includes penile-vaginal, anal, or oral intercourse)?

1. Yes
2. No

APPENDIX B
Study 1 and 2 survey

Instructions:

We are interested in examining the personal factors that affect people's ability to perform in important negotiations such as sexual negotiations. For example, previous research has shown that the most effective sexual negotiators are rational and assertive and demonstrate a regard for their own interest throughout the negotiation, rather than being emotional and passive. Please take a moment to read the following scenario that is an example of this type of negotiation and then answer following questions about the scenario. (Implicit Condition)

We are interested in examining the personal factors that affect people's ability to perform in important negotiations such as sexual negotiations. For example, previous research has shown that the most effective sexual negotiators are rational and assertive and demonstrate a regard for their own interest throughout the negotiation, rather than being emotional and passive. Because these personality characteristics tend to be different for each gender, male and female students have been shown to differ in their performance on this task. Please take a moment to read the following scenario that is an example of this type of negotiation and then answer the following questions about the scenario. (Explicit Condition)

Please read the following scenario. After reading the scenario, please answer the questions about the person or persons in the scenario.

Matt and Jennifer sit next to each other in their Psychology class. They started talking after class one day and they have gone out on a few dates and found that they have a lot of similar interests. On their last date, they made out for a long time and it was clear that they are both very attracted to each other. Tonight Jennifer has come over to Matt's apartment to study for a test later in the week. They finish studying and are just hanging out, listening to music and talking. They get closer and closer until eventually they start making out and taking off their clothes. Both are very aroused. Although Jennifer has been taking birth control pills since last year, she is wondering to herself if they should use a condom given that this would be their first time having sex.

1. How do Jennifer and Matt know each other ?

- Biology Class
 Marketing Class
 Psychology Class
 Unsure of how they know each other

2. Why is Jennifer over at Matt's house?

- They are getting ready to go to a movie
 They are studying for an exam
 They are working on a work-related project
 Unsure

How comfortable do you think that Matt and Jennifer are with each other?

Not at all Comfortable 1-----2-----3-----4-----5-----6-----7 Very Comfortable

Now we would like you to imagine yourself in the above scenario (e.g. imagine that you are Jennifer). Please answer the following questions based on how likely *you* would be to engage in the each behavior.

Not mention using a condom in this sexual situation.

Very Unlikely 1-----2-----3-----4-----5-----6-----7 Very Likely

Not worry about using a condom because I am taking the pill

Very Unlikely 1-----2-----3-----4-----5-----6-----7 Very Likely

Not worry about using a condom because I trust Matt

Very Unlikely 1-----2-----3-----4-----5-----6-----7 Very Likely

Not worry about using a condom because Matt is in college and is not likely to have a sexually transmitted infection (STI).

Very Unlikely 1-----2-----3-----4-----5-----6-----7 Very Likely

Engage in oral sex without using a condom.

Very Unlikely 1-----2-----3-----4-----5-----6-----7 Very Likely

Engage in sexual intercourse (penile / vaginal) without using a condom.

Very Unlikely 1-----2-----3-----4-----5-----6-----7 Very Likely

Wait for my partner to mention using a condom before I bring up the topic.

Very Unlikely 1-----2-----3-----4-----5-----6-----7 Very Likely

Make a direct request to use condoms.

Very Unlikely 1-----2-----3-----4-----5-----6-----7 Very Likely

Tell my partner that I will not have sex with him/her if we do not use a condom.

Very Unlikely 1-----2-----3-----4-----5-----6-----7 Very Likely

Start fooling around and then pull out a condom when it is time.

Very Unlikely 1-----2-----3-----4-----5-----6-----7 Very Likely

Ask that we use condoms before sex.

Very Unlikely 1-----2-----3-----4-----5-----6-----7 Very Likely

Tell my partner that using a condom would really show he cares for me.

Very Unlikely 1-----2-----3-----4-----5-----6-----7 Very Likely

Make it clear that I will not have sex if condoms are not used.

Very Unlikely 1-----2-----3-----4-----5-----6-----7 Very Likely

Take out a condom to use without saying a word.

Very Unlikely 1-----2-----3-----4-----5-----6-----7 Very Likely

Be clear that I would like to use a condom.

Very Unlikely 1-----2-----3-----4-----5-----6-----7 Very Likely

Tell my partner that since we love and trust one another, that we should use condoms.

Very Unlikely 1-----2-----3-----4-----5-----6-----7 Very Likely

Let my partner know that no condom means no sex.

Very Unlikely 1-----2-----3-----4-----5-----6-----7 Very Likely

Get my partner very sexually excited and then take out a condom.

Very Unlikely 1-----2-----3-----4-----5-----6-----7 Very Likely

Let my partner know that using a condom would show respect for my feelings.

Very Unlikely 1-----2-----3-----4-----5-----6-----7 Very Likely

Say that since we are going to have sex, I would like to use a condom.

Very Unlikely 1-----2-----3-----4-----5-----6-----7 Very Likely

Refuse to have sex with my partner unless a condom is used.

Very Unlikely 1-----2-----3-----4-----5-----6-----7 Very Likely

In the heat of the moment, I would take a condom out to use.

Very Unlikely 1-----2-----3-----4-----5-----6-----7 Very Likely

Tell my partner that it would really mean a lot to our relationship if he would use a condom.

Very Unlikely 1-----2-----3-----4-----5-----6-----7 Very Likely

Make up a reason why I want him or her to use a condom, even though my real reason is to protect myself against diseases.

Very Unlikely 1-----2-----3-----4-----5-----6-----7 Very Likely

Tell my partner I only have sex with condoms, even though sometimes I do not.

Very Unlikely 1-----2-----3-----4-----5-----6-----7 Very Likely

Make my partner think I always use condoms when I have sex, even though sometimes I do not.

Very Unlikely 1-----2-----3-----4-----5-----6-----7 Very Likely

Pretend that I am really concerned about pregnancy, when my real concern is STDs.

Very Unlikely 1-----2-----3-----4-----5-----6-----7 Very Likely

Of the condom negotiation strategies listed below please choose the ONE that you would likely use if you are Jennifer in this scenario:

Refuse to have sex with my partner unless a condom is used.

Start fooling around and then pull out a condom when it is time.

Tell my partner that it would really mean a lot to our relationship if he would use a condom.

Ask that we use condoms during sex. .

We would now like to ask you a few questions about yourself. Please indicate your level of agreement with the following questions using the following 1 to 7 scale.

In general, I believe that I could convince my partner to agree to use condoms during sex

Strongly Disagree 1-----2-----3-----4-----5-----6-----7 Strongly Agree

I feel confident in my ability to suggest using condoms with my partner

Strongly Disagree 1-----2-----3-----4-----5-----6-----7 Strongly Agree

I feel confident that I could persuade my partner to use a condom if I wanted to

Strongly Disagree 1-----2-----3-----4-----5-----6-----7 Strongly Agree

I am sure that I could get my partner to use a condom during sex if I wanted to

Strongly Disagree 1-----2-----3-----4-----5-----6-----7 Strongly Agree

We would now like to ask you about characteristics that may or may not be attributable to you.

We are all members of different social groups or social categories. We would like you to consider how you feel about your **gender** (e.g. being a woman) in responding to the following statements. There are no right or wrong answers to any of these statements; we are interested in your honest reactions and opinions. Please read each statement carefully, and respond by using the following 1 to 7 scale.

I often regret that I am a woman.

Strongly Disagree 1-----2-----3-----4-----5-----6-----7 Strongly Agree

In general, I'm glad to be a woman.

Strongly Disagree 1-----2-----3-----4-----5-----6-----7 Strongly Agree

Overall, I often feel that being a woman is not worthwhile.

Strongly Disagree 1-----2-----3-----4-----5-----6-----7 Strongly Agree

I feel good about being a woman.

Strongly Disagree 1-----2-----3-----4-----5-----6-----7 Strongly Agree

Overall, being a woman has very little to do with how I feel about myself.

Strongly Disagree 1-----2-----3-----4-----5-----6-----7 Strongly Agree

Being a woman is an important reflection of who I am.

Strongly Disagree 1-----2-----3-----4-----5-----6-----7 Strongly Agree

Being a woman is unimportant to my sense of what kind of a person I am.

Strongly Disagree 1-----2-----3-----4-----5-----6-----7 Strongly Agree

In general, being a woman is an important part of my self-image.

Strongly Disagree 1-----2-----3-----4-----5-----6-----7 Strongly Agree

Please answer the following questions about yourself by indicating the most appropriate answer. All responses provided in this survey will be kept confidential.

1. Gender: Male Female

2. What is your ethnicity?

8. Black/ African American

9. Middle Eastern

10. Asian or Pacific Islander

11. White/ Caucasian

12. Latino/a

13. Native American

14. Other (Please specify)_____

3. What is your age? _____

4. How would you classify your sexual orientation?

1. Straight/Heterosexual

2. Gay/Lesbian

3. Bisexual

4. Other (Please specify)_____

5. How would you classify your relationship status?

1. Single

2. Dating

3. Married

4. Other

Now, for each of the statements below, indicate the degree to which you agree or disagree with the statement by writing a number in the space beside the question using the scale below:

- 1 = Strongly disagree
- 2 = Moderately disagree
- 3 = Neither agree nor disagree
- 4 = Moderately agree
- 5 = Strongly agree

- _____ 1. If other people don't seem to accept me, I don't let it bother me.
- _____ 2. I try hard not to do things that will make other people avoid or reject me.
- _____ 3. I seldom worry about whether other people care about me.
- _____ 4. I need to feel that there are people I can turn to in times of need.
- _____ 5. I want other people to accept me.
- _____ 6. I do not like being alone.
- _____ 7. Being apart from my friends for long periods of time does not bother me.
- _____ 8. I have a strong need to belong.
- _____ 9. It bothers me a great deal when I am not included in other people's plans.
- _____ 10. My feelings are easily hurt when I feel that others do not accept me.

APPENDIX B
Study 3 Materials

Instructions:

Implicit Condition: People often turn to advice columns seeking advice about intimate relationships. The majority of the advice given deals with how to effectively negotiate matters in relationships. Please take a moment to read the following letter sent in to an advice column. The letter reflects an example of the type of intimate relationship content advice columnists are often asked to respond to. We found that advice givers suggest different strategies for how to handle relationship concerns. Some columnists suggest that the letter writers focus on taking care of their own needs, be more assertive in the relationship, and take charge of the situation. Other columnists suggest that the letter writer focus on taking care of the relationship, be more accommodating in the relationship, and follow their partner's lead. You will now read an actual letter sent into an advice column. After reading the letter, please take a few moments to respond to the reader as if you were the advice columnist.

Explicit Condition: People often turn to advice columns seeking advice about intimate relationships. The majority of the advice given deals with how to effectively negotiate matters in relationships. Please take a moment to read the following letter sent in to an advice column. The letter reflects an example of the type of intimate relationship content advice columnists are often asked to respond to. We found that advice givers suggest different strategies for how to handle care of their own needs, be more assertive in the relationship, and take charge of the situation. Other columnists suggest that the letter writer focus on taking care of the relationship, be more accommodating in the relationship, and follow their partner's lead. Because preference for these advice strategies varies between men and women, male and female columnists have been shown to differ in their performance on this task. You will now read an actual letter sent into an advice column. After reading the letter, please take a few moments to respond to the reader as if you were the advice columnist.

Now please take a moment to read the letter presented below using the above instructions. After reading the scenario, please answer the questions about the person or persons in the scenario.

Dear Editor,

I'm a young woman in college and I've been seeing a great guy for about a month and things are going really well so far. We've fooled around a little bit but haven't had sex yet. I'm wondering if and when I should bring up using condoms or other contraceptives. Although I am taking the pill, I am still wondering if I should bring up condom use or other things like dental dams. We talk all the time, but never really about serious topics--mainly teasing, stories from work, etc. I don't want my guy to think I don't trust him or to ruin the mood.

Sincerely,

Bring a raincoat?

Now please take a few moments to respond, to the reader “ Bring A Raincoat” as if you were the advice columnist.

1. How long does the letter writer indicate that she and her partner have been?

approximately 1-2 weeks

approximately 1 month

several months

a year or more

Has the couple engaged in sexual intercourse?

Yes

No

We would now like to ask you a few questions about yourself. Please indicate your level of agreement with the following questions using the following 1 to 7 scale.

In general, I believe that I could convince my partner to agree to use condoms during sex

Strongly Disagree 1-----2-----3-----4-----5-----6-----7 Strongly Agree

I feel confident in my ability to suggest using condoms with my partner

Strongly Disagree 1-----2-----3-----4-----5-----6-----7 Strongly Agree

I feel confident that I could persuade my partner to use a condom if I wanted to

Strongly Disagree 1-----2-----3-----4-----5-----6-----7 Strongly Agree

I am sure that I could get my partner to use a condom during sex if I wanted to

Strongly Disagree 1-----2-----3-----4-----5-----6-----7 Strongly Agree

We would now like to ask you about characteristics that may or may not be attributable to you.

We are all members of different social groups or social categories. We would like you to consider how you feel about your **gender** (e.g. being a woman) in responding to the following statements. There are no right or wrong answers to any of these statements; we are interested in your honest reactions and opinions. Please read each statement carefully, and respond by using the following 1 to 7 scale.

I often regret that I am a woman.

Strongly Disagree 1-----2-----3-----4-----5-----6-----7 Strongly Agree

In general, I'm glad to be a woman.

Strongly Disagree 1-----2-----3-----4-----5-----6-----7 Strongly Agree

Overall, I often feel that being a woman is not worthwhile.

Strongly Disagree 1-----2-----3-----4-----5-----6-----7 Strongly Agree

I feel good about being a woman.

Strongly Disagree 1-----2-----3-----4-----5-----6-----7 Strongly Agree

Overall, being a woman has very little to do with how I feel about myself.

Strongly Disagree 1-----2-----3-----4-----5-----6-----7 Strongly Agree

Being a woman is an important reflection of who I am.

Strongly Disagree 1-----2-----3-----4-----5-----6-----7 Strongly Agree

Being a woman is unimportant to my sense of what kind of a person I am.

Strongly Disagree 1-----2-----3-----4-----5-----6-----7 Strongly Agree

In general, being a woman is an important part of my self-image.

Strongly Disagree 1-----2-----3-----4-----5-----6-----7 Strongly Agree

Please answer the following questions about yourself by indicating the most appropriate answer. All responses provided in this survey will be kept confidential.

1. Gender: Male Female

2. What is your ethnicity?

15. Black/ African American

16. Middle Eastern

17. Asian or Pacific Islander

18. White/ Caucasian

19. Latino/a

20. Native American

21. Other (Please specify)_____

3. What is your age? _____

4. How would you classify your sexual orientation?

1. Straight/Heterosexual

2. Gay/Lesbian

3. Bisexual

4. Other (Please specify)_____

5. How would you classify your relationship status?

1. Single

2. Dating

3. Married

4. Other

Now, for each of the statements below, indicate the degree to which you agree or disagree with the statement by writing a number in the space beside the question using the scale below:

1 = Strongly disagree

- 2 = Moderately disagree
- 3 = Neither agree nor disagree
- 4 = Moderately agree
- 5 = Strongly agree

- _____ 1. If other people don't seem to accept me, I don't let it bother me.
- _____ 2. I try hard not to do things that will make other people avoid or reject me.
- _____ 3. I seldom worry about whether other people care about me.
- _____ 4. I need to feel that there are people I can turn to in times of need.
- _____ 5. I want other people to accept me.
- _____ 6. I do not like being alone.
- _____ 7. Being apart from my friends for long periods of time does not bother me.
- _____ 8. I have a strong need to belong.
- _____ 9. It bothers me a great deal when I am not included in other people's plans.
- _____ 10. My feelings are easily hurt when I feel that others do not accept me.