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Sexual Communication and Contraceptive Use in Adolescent Dating Couples

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To the Graduate Council:

I am submitting herewith a thesis written by Laura M. Widman entitled "Sexual Communication and Contraceptive Use in Adolescent Dating Couples." I have examined the final electronic copy of this thesis for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Arts, with a major in Psychology.

Deborah P. Welsh, Major Professor

We have read this thesis and recommend its acceptance:

Derek R. Hopko, Kristina Coop Gordon

Accepted for the Council:

Dixie L. Thompson

Vice Provost and Dean of the Graduate School

(Original signatures are on file with official student records.)

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Anne Mayhew
Vice Chancellor and
Dean of Graduate Studies

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**SEXUAL COMMUNICATION AND CONTRACEPTIVE USE
IN ADOLESCENT DATING COUPLES**

A Thesis

Presented for the

Master of Arts

Degree

University of Tennessee, Knoxville

Laura M. Widman

August 2006

DEDICATION

This thesis is dedicated to my undergraduate and graduate research mentors, Drs. Kathleen Lustyk and Deborah Welsh, two of the strongest, smartest women I know.

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ABSTRACT

This study had two aims: first, to examine the relationship between general sexual communication and contraceptive use in sexually active adolescent romantic couples, and second, to explore predictors of open communication from characteristics of adolescent couples and individual adolescents. Data were drawn from 209 male-female couples dating a minimum of four weeks who participated in the Study of Tennessee Adolescent Romantic Relationships. Seventy-three adolescent dating couples (ages 14-21) that engaged in sexual intercourse and completed a sexual communication questionnaire were included in current analyses. Results indicated that nearly 30% of couples failed to use contraception at first intercourse and almost half of couples did not use contraception every time they had sex. Increased sexual communication from both male and female partners was associated with increased contraceptive use. Additionally, adolescents who were more satisfied in their relationships reported more open communication about sex, and adolescent females who self-silenced reported less open communication about sex. Finally, mediation analyses revealed that boys' and girls' relationship satisfaction and girls' self-silencing indirectly predicted contraceptive use through their effects on sexual communication. This is the first known study to address individual and dyadic components of sexual communication using reports from both members of established adolescent dating couples. Findings suggest that open sexual communication between intimate partners is important to sexual decision-making. The clinical implications of these findings are discussed.

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CHAPTER 1

INTRODUCTION

Sexual communication is an important component of intimate relationships. Open discussions of topics such as sexual preferences, sexual fantasies, and sexual behavior between sexual partners are associated with greater sexual satisfaction (Cupach & Comstock, 1990; Ferroni & Taffe, 1997) as well as better overall dyadic adjustment, cohesion, and relationship satisfaction (Cupach & Comstock, 1990; Cupach & Metts, 1995). However, sexual *miscommunication* appears to plague adolescent sexual relationships. In a study of over 1,000 adolescents, Guzman and colleagues (Guzman, Schlehofer-Sutton, Villanueva, Dello Stritto, Casad, & Feria, 2003) found that only 52% of youth felt comfortable talking with their current dating partners about sex. Similarly, as many as one third of the adolescents surveyed by Coleman and Ingham (1999) indicated it was difficult to talk with a new sexual partner about contraception, and only about half of these participants reported discussing contraception prior to engaging in intercourse. Finally, Polit-O'Hara and Hahn (1985) found that less than half of sexually active teen couples discussed birth control before engaging in first intercourse.

Though potentially difficult and uncomfortable, sexual communication may be important to the health of sexually active youth. Specifically, research shows that adolescents who are able to engage in contraceptive-specific sexual communication, such as discussing condoms or STDs, are more likely to use contraception (Catania et

al., 1989; Coleman & Ingham, 1999; DiClemente, 1991; Metts & Spitzberg, 1996; Polit-O'Hara & Hahn, 1985; Tschann & Adler, 1997), and positive attitudes toward discussing safe sex are related to the frequency of contraceptive use (Troth & Peterson, 2000). The health benefits of consistent contraceptive use include decreased risk of unintended pregnancies and decreased risk of HIV and sexually transmitted diseases when condoms are used (Stone, Timyan, & Thomas, 1999).

However, sexual communication is not limited to discussions of contraception or STDs. Rather sexual communication may include discussions of a wide-variety of topics such as sexual histories, sexual likes and dislikes, or sexual fantasies. Research suggests adolescents who discuss contraception are more comfortable discussing sexual issues in general (Tschann & Adler, 1997). Accordingly, general sexual communication may account for at least some of the effects of contraceptive communication on contraceptive use.

With this possibility in mind, the current study had two aims. First, this study sought to examine whether general sexual communication predicts contraceptive use above and beyond contraceptive-specific communication. Second, this study sought to explore factors predicting open general sexual communication in adolescent dating couples.

General Sexual Communication and Contraceptive Use

The benefits of general sexual communication for adolescent contraceptive use, beyond the benefits of contraception-specific communication, are unclear. At least three studies have targeted adolescent populations to explore these benefits

(Catania et al., 1989; Tschann & Adler, 1997; Rickman et al., 1994), with mixed results. Two studies sampling only females demonstrated no significant effects of sexual communication on contraceptive use (Catania et al., 1989; Tschann & Adler, 1997), whereas a third study sampling predominantly males demonstrated that communicating about sexual histories predicted contraceptive use (Rickman et al., 1994). However, the ability of these studies to address questions regarding the impact of general sexual communication is limited in three ways. First, although findings from these studies suggest gender differences in the effects of general sexual communication, because none sampled equally from men and women, possible gender differences have yet to be tested. Second, the study that included males (Rickman et al., 1994) sampled only high-risk youth in a prison. Given the uniqueness of this sample, generalizations are limited. Finally, none of these studies demonstrated significant effects of sexual communication on contraceptive use while simultaneously controlling for contraception-specific communication. Thus, to test the first hypothesis that general sexual communication predicts contraceptive use above and beyond contraceptive-specific communication, this study examined both types of communication and contraceptive use in a normative sample of sexually active adolescent couples.

Predictors of Open General Sexual Communication

Although sexual communication may be important for adolescent health, it is clearly difficult for some adolescents (e.g., Guzman et al., 2003; Coleman & Ingham, 1999). Yet, little is known about the factors that account for this poor communication.

Whereas some attention has been devoted to understanding sexual communication between adolescents and their friends (e.g., DiIorio, Kelley, & Hockenberry-Eaton, 1999; Lefkowitz, Boone, & Shearer, 2004) or parents (e.g., Clawson & Reese-Weber, 2003; Lefkowitz, Boone, Sigman, & Kit-fong, 2002; Lehr, Demi, DiIorio, & Facticeau, 2005), a paucity of research exists that explores open communication between adolescent sexual partners themselves. Particularly sparse are studies of sexual communication between adolescents involved in established romantic relationships. Only one study could be located that examined sexual communication in adolescent dyads (Polit-O'Hara & Kahn, 1985), though the focus of this paper was on contraceptive use and these authors did not examine the correlates of open sexual communication. The lack of couple-focused research is a serious shortcoming as the majority of adolescents' sexual behavior occurs in the context of a romantic relationship (Manning, Longmore, & Giordano, 2000). Additionally, because sexual communication is a dyadic process, considering characteristics of adolescent romantic couples and the individuals that comprise these couples may provide a more complete understanding of this communication.

Couple Factors

Research suggests three factors related to the romantic couple may predict sexual communication openness: relationship length, relationship satisfaction, and commitment. First, research on adolescents and adults suggests that explicit sexual communication is relatively unlikely in the early stages of a relationship (Metts & Spitzberg, 1996). Rather, avoidance of sexual topics and ambiguity in communication

are the norm. Accordingly, we hypothesize that adolescents who have recently started dating will report lower sexual communication openness than couples who have been together longer. Second, a connection between relationship satisfaction and sexual communication has been identified in young adults. Specifically, sexual communication was related to greater relationship satisfaction for heterosexual college students (Byers & Demmons, 1999) and adults (Cupach & Metts, 1995). We hypothesize that higher relationship satisfaction will also be related to sexual communication in adolescents. Finally, one study of college women found that commitment to a sexual partner predicted greater sexual disclosure (Herold & Way, 1988). We hypothesize this finding might extend to adolescents and predict highly committed adolescents will report greater sexual communication.

Individual Factors

Three individual factors may also be predictive of sexual communication: gender, age, and self-silencing. First, sexual script theory suggests males are socialized to be more directive and assertive about their sexual needs and the initiators of sexual intimacy, whereas females are expected to be sexually naïve (Metts & Spitzberg, 1996). These scripts may lead males to be more open in discussing sexual topics. Consistent with this possibility, adult married men have reported higher sexual communication than women (McCabe, 1999). We expect these findings will extend to adolescents, with adolescent males reporting greater sexual communication than females. Second, communication theorists suggest that establishing intimacy and learning to communicate effectively in a romantic

relationship is developmentally based (Wheeless, Wheeless, & Baus, 1984). Accordingly, we hypothesize that older adolescents will report more open sexual communication than younger adolescents. Finally, self-silencing is an individual characteristic whereby people avoid communicating their thoughts and feelings about issues that create conflict or discomfort in order to preserve their relationships (Jack & Dill, 1992). Because self-silencing has been associated with poor general communication patterns in adolescent couples (Harper & Welsh, in press), and because sexual communication is an uncomfortable topic for adolescents, we hypothesize it will be particularly difficult for those youth who use self-silencing strategies in their relationships.

CHAPTER 2

METHOD

Participants and Procedure

Data for this investigation come from the Study of Tennessee Adolescent Romantic Relationships (STARR). Participants in the STARR study were from a prior study of over 2,000 high school students who indicated interest in future research participation. Interested students were contacted by telephone and provided information regarding the purpose and procedures of the STARR study. Adolescents who were in a romantic relationship and met the age criteria were mailed consent forms and contacted one week later regarding their willingness to participate. Two hundred and nine male-female dating couples (102 middle adolescent couples aged 14-17 and 107 late adolescent couples aged 17-21) that were dating a minimum of four weeks participated. Couples were paid \$60.00 for their participation in approximately three hours of data collection. The University Institutional Review Board approved all procedures and informed consent was obtained from all participants and parents of participants under the age of 18.

From the original sample of 209 couples, only those who completed the sexual communication questionnaire ($n = 168$) were eligible for examination in this investigation. Of these 168 couples, 73 had engaged in sexual intercourse (43%). Therefore, our final sample consisted of 73 heterosexual adolescent dating couples. Age was used as a continuous variable in all analyses ($M = 17.7$; $SD = 1.7$). The final

sample was primarily Caucasian (91.1%), but also included African-American (7.5%), Hispanic (0.7%), and “Other” (0.7%) ethnicities. The median weeks couples had been dating was 42.5 (approximately 10 months) with a range of 4 to 260 weeks (approximately 5 years).

Measures

Demographics

A demographic questionnaire was used to gather information about gender, age, race, and length of relationship (measured in weeks).

General Sexual Communication

General sexual communication was assessed using the three sexual communication items from the 15-item Couples’ Communication Scale (CCS; Harper & Grello, under review). Participants responded to the statements: “I freely discuss sex with my partner”, “I communicate to my partner when I want to try something new sexually”, and “I tell my partner my sexual fantasies” on a scale from (1) strongly disagree to (6) strongly agree. Summed item values ranged from 3 to 18 with higher scores indicating more open sexual communication (females’ $\alpha = .76$, males’ $\alpha = .64$).

Contraceptive Communication

The one contraceptive-specific communication item from the CCS (Harper & Grello, under review) was used to measure contraceptive communication.

Participants responded to the statement, “My partner and I never discuss contraception” on a scale from (1) strongly disagree to (6) strongly agree. Scores were reversed so that higher scores indicated more contraceptive communication.

Contraceptive Use

To estimate the extent to which sexually active couples used contraception during intercourse, a scale of general contraception use was created using two items: “The first time you and your current partner had sexual intercourse, did one of you use contraception?” and “When the two of you have sexual intercourse, how often do you or your current partner use some form of contraception?” (1 = “never/almost never,” 5 = “always/almost always”). Items were standardized and summed to form a single index of contraception use (females’ alpha = .56, males’ alpha = .75).

Relationship Satisfaction

The 5-item relationship satisfaction subscale from the Relationship Experiences Questionnaire (REQ; Levesque, 1993) was used to assess satisfaction in the context of adolescents’ romantic relationships. Participants responded to items such as: “Compared to other people’s relationships, ours is pretty good”, and “Our relationship has met my best expectations” on a scale from (1) strongly disagree to (6) strongly agree. Items were summed, with higher scores indicating greater relationship satisfaction (females’ alpha = .84, males’ alpha = .81).

Commitment

The commitment subscale of the REQ (Levesque, 1993) was used to evaluate adolescents' feelings of commitment towards their romantic partners. This subscale contains three items: "I want to spend my life with him/her," "I will always be loyal to him/her," "I expect to always love him/her". Items were summed, with higher scores indicating greater commitment to the romantic relationship (females' alpha = .76, males' alpha = .77).

Self-Silencing

The nine-item silencing the self subscale (STSS) of the Silencing the Self Scale (Jack & Dill, 1992) was used to measure adolescents' tendencies to silence their own wishes or desires in the context of their relationships. Items such as, "I think it's better to keep my feelings to myself when they conflict with my partner's" and "Instead of risking confrontations in an intimate relationship, I would rather not rock the boat" were rated on a scale from (1) strongly disagree to (5) strongly agree. The 9 items were summed, with higher scores indicating greater self-silencing (females' alpha = .81, males' alpha = .68).

CHAPTER 3

RESULTS

Sample Profile

Descriptive statistics are reported in Table A-1 and a correlation matrix of all variables included in the current project can be found in Table A-2. As shown in the descriptive table, both male and female adolescents in these established relationships appeared relatively satisfied and committed, and tended to engage in moderate levels of contraceptive communication (female mean = 5.1, male mean = 4.4; range 1-6) and general sexual communication (female mean = 14.1, male mean = 14.1; range 3-18). Paired sample t-tests reveal males were older than females, $t(72) = -4.8, p < .001$, and silenced themselves more in their relationships, $t(72) = -5.3, p < .001$; whereas females reported more open communication about contraception than males, $t(70) = 3.0, p < .01$.

With respect to contraceptive use, approximately 30% of the sample (20 females, 22 males) reported not using contraception the first time they had intercourse with their current partner. Additionally, only slightly over half of couples reported using contraception “always or almost always” when they engaged in intercourse with their partner (45 females, 41 males), and a sizeable minority of youth (10 females, 14 males) reported “never or almost never” using contraception during intercourse. Consistent with previous studies of adolescent sexual dyads (Polit-O’Hara & Kahn, 1985), partner reports of contraceptive use were not in perfect

agreement. In total, 85% of partners agreed in their reports of contraceptive use at first intercourse and partners' reported frequency of contraceptive use correlated at $r = .60, p < .001$.

Is General Sexual Communication Related to Contraception Use?

The first aim of this study was to examine if general sexual communication predicted contraceptive use. First, simple regression analyses demonstrated general sexual communication positively predicted contraception use for females, $t(67) = 2.41, p < .01$, and males, $t(68) = 2.21, p < .05$. Next, results of a simultaneous regression model that included general sexual communication and contraceptive communication to predict contraceptive use found the positive relationship between general sexual communication and contraceptive use persisted after contraception communication was controlled for females, $t(66) = 2.32, p < .05$, and approached but did not reach significance for males, $t(67) = 1.70, p < .10$. Specific gender differences were not tested. These results suggest general sexual communication has benefits above and beyond the benefits of contraceptive-specific communication, at least for adolescent girls. See Tables A-3 and A-4 for results of regression analyses for females and males, respectively.

Because sexual communication is a dyadic process, the partner's level of communication may also play a role in shaping contraceptive use. To test this possibility, we examined partners' sexual communication scores and the absolute value of the difference between own and partners' scores in regression models to predict individual's reports of contraceptive use. Results revealed that neither

partner's communication (males, $t = 0.79$, $p > .4$; females, 0.87 , $p > .05$), nor the difference between partners (males, $t = 0.39$, $p > .5$; females, -1.4 , $p > .1$) accounted for additional variance in contraceptive use, suggesting that own comfort with sexual communication is the primary aspect of sexual communication important for increased contraceptive use.

What Predicts Sexual Communication?

The second aim of this study was to identify characteristics of adolescent couples and individuals that predict general sexual communication. All factors were estimated simultaneously using generalized estimating equations (Liang & Zeger, 1986) using hierarchical linear modeling (HLM; Raudenbush & Bryk, 2002) to control for the dependence between boyfriends' and girlfriends' data. Factors included in the HLM model were relationship length, satisfaction, commitment, age, gender, and self-silencing. Two significant factors emerged. First, analyses revealed adolescents who were more satisfied in their relationships reported higher sexual communication, $t(139) = 2.3$, $p < .05$. Second, a negative relationship existed between self-silencing and sexual communication, $t(139) = -2.4$, $p < .05$, such that adolescents who silenced themselves more in their relationship report lower sexual communication openness. See Table A-5 for HLM results.

To test whether these effects differed by gender, variables were centered and the appropriate interaction terms were added to the HLM model. A significant gender by self-silencing interaction emerged, $t(137) = -2.3$, $p < .05$, such that self silencing influenced the sexual communication of females more than that of males.

Specifically, as can be seen in Figure B-1, whereas self-silencing appeared to be unrelated to sexual communication for males, females who self-silenced more reported lower sexual communication than females who self-silenced less. The gender by relationship satisfaction interaction was not significant, $t(137) = .60, p > .1$.

Mediation Analyses

Finally, post-hoc Sobel tests (Sobel, 1982) were conducted to determine if sexual communication mediated the relationship between the significant predictors of communication (i.e., relationship satisfaction for boys and girls and self-silencing for girls) and contraceptive use. Because MacKinnon and colleagues (MacKinnon, Lockwood, Hoffman, West, & Sheets, 2002) reported Sobel tests using the z' critical value yield the most power while properly controlling Type I error rates, we used that test and the corresponding z' critical value. First, Sobel tests for relationship satisfaction were significant, indicating that relationship satisfaction indirectly predicted reports of contraceptive use through its effects on general sexual communication (boys $z' = 1.12, p < .05$; girls $z' = 1.95, p < .01$). Second, the Sobel test for self-silencing was significant, indicating girl's self-silencing indirectly predicted their reports of contraceptive use through its effects on general sexual communication ($z' = -2.02, p < .01$). In sum, these results demonstrated that adolescent boys and girls who reported more relationship satisfaction were more likely to report contraceptive use because they engaged in more open sexual communication with their partners, and adolescent girls who used less self-silencing

strategies reported being more likely to use contraception because they engaged in more open sexual communication.

CHAPTER 4

DISCUSSION

The present study explored adolescent contraceptive use and sexual communication in the context of established romantic relationships. Findings revealed that a sizeable minority of sexually active adolescents involved in established romantic relationships failed to consistently use contraception. Specifically, almost 30% of adolescent couples failed to use contraception the first time they had sex and nearly half of these couples did not use contraception every time they had sex. These statistics are discouraging given the prevalence of AIDS, STDs, and unintended pregnancies among sexually active youth (Huszti, Hoff, & Johnson, 2003) and highlight the need for investigation into effective adolescent contraceptive practices.

Consistent with prior research (Guzman et al., 2003), not all sexually active adolescents in this study felt comfortable discussing sex with their partners. However, those adolescents who were more open sexual communicators were more likely to report using contraception, and this association persisted even after contraception communication was considered. As contraceptive use requires some planning (e.g., purchasing condoms, taking oral contraceptives in advance), it is likely that contraceptive-communication preceding intercourse allows adolescents to be more prepared for sexual interactions when they occur. However, because the effects of general sexual communication remain over and above the effects of contraceptive-

specific communication, it is also possible that an aspect of relationship quality influences this process. Specifically, the level of trust required to share one's feelings about sexual practices and fantasies may foster a sense of intimacy and investment in couples that allows them to commit to healthy sexual practices.

The second purpose of this study was to investigate which adolescents were more likely to communicate about sex in their relationships. Because communication is a dyadic process, we investigated not only characteristics of individuals, but also characteristics of romantic couples that might relate to sexual communication openness. Two significant predictors emerged. First, we found that both male and female adolescents who were more satisfied with their romantic relationships were more open in discussing sexual topics with their romantic partners, and that this association led to increased contraceptive use. It may be that the intimacy fostered by disclosure of sensitive sexual information is a salient bonding experience that contributes to the development of relationship satisfaction (Laurenceau, Barrett, & Pietromonaco, 1998). Alternatively, it is also possible that good sexual communication improves sexual satisfaction, which in turn enhances relationship satisfaction (Cupach & Comstock, 1990). At present, the directionality of this link is unclear and longitudinal research examining the development of communication and satisfaction in young couples would improve our understanding in this area. It is possible that the process of communication development looks very different in couples that have recently begun dating than in those that have been together for many years.

Additionally, we found that self-silencing and gender interacted to predict sexual communication. Specifically, adolescent girls, but not boys, who used more self-silencing strategies reported lower sexual communication, and this association led to reduced contraceptive use. As sexual communication has been shown to be difficult for adolescents, in part because they fear their partners will react negatively to these discussions (e.g., Coleman & Ingham, 1999), it is perhaps not surprising that adolescents who avoid conflict through self-silencing are particularly poor at communicating about sex. In particular, adolescent girls who self-silence may be more likely to adhere to traditional gender roles that prescribe women to be less assertive than men in sexual situations (Whitte & Sherman, 2002). The combination of being concerned about avoiding conflict and being sexually unassertive may explain why girls who self-silence have difficulty discussing sexual issues.

Limitations of the Current Findings

Results of this study are limited in several ways and thus may be best considered as preliminary. First, some of the measurements used in this study were not ideal. For example, the items measuring contraceptive use and contraceptive communication did not provide examples of what “contraception” could include. It is possible some participants misunderstood these questions. Likewise, it is possible that some of the girls were using contraceptives, such as hormonal contraceptives, that their boyfriends did not know about. These measurement issues may have contributed to the observed discrepancies in partner reports. Additionally, the two communication measures were limited in that contraceptive communication was measured with a

single item and general sexual communication was defined rather specifically as a willingness to openly discuss sex, a desire for new sexual activity, and one's sexual fantasies with a romantic partner. Future work could follow-up this study with multi-item measures that are more psychometrically sound and better define contraceptive use and communication. Second, as mentioned above, the cross-sectional nature of these data limits our ability to draw strong causal conclusions. For example, although open communication may predict contraceptive use, it may alternatively reflect contraceptive use. Longitudinal research that addresses sexual communication development between adolescent dating partners, both before and after they engage in intercourse, would make a significant contribution to our understanding in this area. Third, participants in this study were predominately Caucasian adolescents in heterosexual romantic relationships. Results, therefore, may not generalize to racial or sexual minority adolescents. Future work aimed at exploring sexual communication development using casual dating partners and youth of ethnic and sexual minority status is needed. Finally, the size of this sample was relatively small and may have limited our power to detect additional effects. Results of this study, therefore, should be viewed with caution until they can be replicated and extended in larger samples.

In this preliminary study, we tested only a few of the variables that potentially relate to adolescent contraceptive use. It is possible that other variables not included in our analyses could influence contraceptive use, such as availability of condoms or other forms of birth control, discussion of sexual topics between adolescents and their

friends or parents, or trust shared between romantic partners themselves. Future research would benefit by addressing such possibilities.

Implications and Conclusion

This is the first known study to address individual and dyadic components of sexual communication using reports from both members of adolescent dating couples. Findings suggest that helping young people understand the importance of effectively communicating about sexual issues may be critical to facilitating adolescents' ability to safely navigate sexual interactions. Primary health care providers and clinicians may apply this information in working with sexually active teens. Specifically, interventions such as skills training in communication assertiveness and healthy conflict management strategies may particularly benefit sexually active girls who silence themselves in relationships. Additionally, providing adolescents with a safe place to explore and articulate their thoughts about sexual desires, fantasies, and limits may give them a sense of competence and agency for discussing these issues openly with their sexual partners.

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APPENDICES

Table A-1

Descriptive Statistics

	Females		Males	
	M	SD	M	SD
Age	17.3 ^a	1.4	18.0 ^b	1.9
Self-Silencing	20.7 ^a	7.0	25.6 ^b	6.3
Weeks Dating	58.1	53.6	58.1	53.6
Relationship Satisfaction	25.6	4.6	25.5	4.4
Commitment	16.2	2.5	16.5	2.4
Contraception-Communication	5.1 ^a	1.3	4.4 ^b	1.7
General Sex-Communication	14.1	3.8	14.1	3.4

Note. n = 73 for all variables except contraception communication (n = 72).

Different superscripts within a row indicate significant differences, $p < .01$.

Table A-2

Correlation Matrix

	CC	GSC	Age	SS	WD	RS	CM
CC	0.24**	0.34**	0.30**	-0.14	0.26**	-0.00	0.31**
GSC	0.36**	0.31**	0.38**	-0.36**	0.24**	0.17*	0.27**
Age	0.19*	0.09	0.73**	-0.27**	0.38**	0.04	0.16*
SS	-0.19*	-0.05	-0.06	0.29**	-0.26**	-0.19*	-0.12
WD	0.19*	0.07	0.46**	-0.08	1.0**	0.07	0.22**
RS	-0.07	0.12	-0.18*	-0.01	-0.14	0.41**	0.46**
CM	0.05	0.27**	0.06	0.08	0.10	0.46**	0.47**

CC = Contraception Communication
 GSC = General Sexual Communication
 SS = Self-Silencing
 WD = Weeks Dating
 RS = Relationship Satisfaction
 CM = Commitment

Note. Girl's correlations are above the diagonal and boys' correlations are below the diagonal. Correlations between girls and boys appear in bold on the diagonal. * $p < .01$, ** $p < .05$, two tailed.

Table A-3

Regression Models Predicting Contraceptive Use for Females

	R ²	β	SE	F	Sig.
Model 1	.08			5.80	.02*
General Sex Com		.12	.05		.02*
Model 2	.09			3.36	.04*
General Sex Com		.12	.05		.02*
Contraceptive Com		.14	.15		.35
Model 3	.19			2.02	.07
General Sex Com		.14	.06		.02*
Contraceptive Com		.27	.16		.09
Age		-.06	.15		.75
Self-Silencing		.02	.03		.51
Relationship Length		-.00	.00		.36
Satisfaction		.07	.05		.15
Commitment		-.18	.09		.05

Model 1: Simple regression with sexual communication

Model 2: Multiple regression with sexual communication and gender

Model 3: Multiple regression with all variables

* $p < .05$

Table A-4

Regression Models Predicting Contraceptive Use for Males

	R ²	β	SE	F	Sig.
Model 1	.07			4.90	.03*
General Sex Com		.14	.06		.03*
Model 2	.19			4.52	.01*
General Sex Com		.11	.06		.09
Contraceptive Com		.25	.13		.05
Model 3	.23			2.36	.02*
General Sex Com		.09	.06		.16
Contraceptive Com		.23	.13		.09
Age		-.19	.12		.11
Self-Silencing		-.05	.04		.16
Relationship Length		-.00	.00		.89
Satisfaction		-.05	.06		.42
Commitment		.22	.10		.04*

Model 1: Simple regression with sexual communication

Model 2: Multiple regression with sexual communication and gender

Model 3: Multiple regression with all variables

* $p < .05$

Table A-5

HLM Analysis Predicting Individuals' General Sexual Communication

	General Sexual Communication	
	Coefficient	<i>t</i>
Intercept	14.07	47.88**
<i>Individual Factors</i>		
Gender	-0.01	-0.71
Age	0.10	0.57
Self-Silencing	-0.10	-2.42*
<i>Couple Factors</i>		
Relationship Length	-0.01	-0.67
Relationship Satisfaction	0.19	2.69**
Commitment	0.08	0.61

Note. * $p < .05$, ** $p < .01$. Results are from one simultaneous HLM model. For a detailed description of using HLM with couples' data, see Campbell and Kashy (2002).

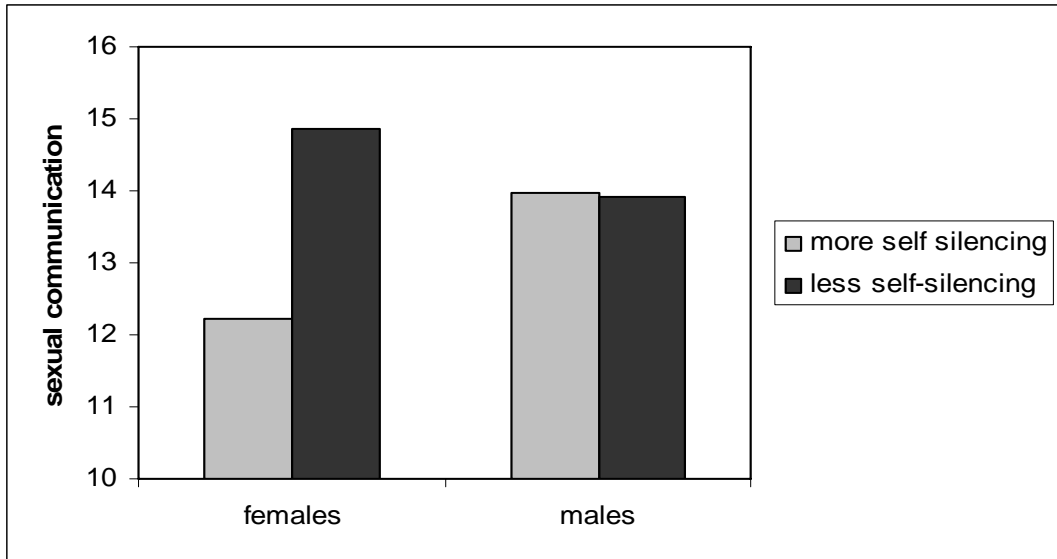


Figure B-1

Interactive Effects of Gender and Self-Silencing
on General Sexual Communication

VITA

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