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Understanding the role of predicted outcome value in the negotiation of condom use

Shawna Gwynne Harris
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UNDERSTANDING THE ROLE OF PREDICTED OUTCOME VALUE IN
THE NEGOTIATION OF CONDOM USE

by

Shawna Gwynne Harris

Bachelor of Science
Southern Utah University
2002

A thesis submitted in partial fulfillment
of the requirements for the

**Master of Arts Degree in Communication Studies
Department of Communication
Greespun College of Urban Affairs**

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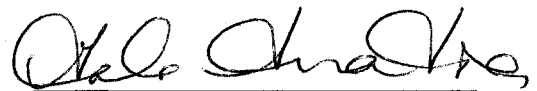
Understanding the Role of Predicted Outcome Value in the

Negotiation of Condom Use


is approved in partial fulfillment of the requirements for the degree of


Master of Arts Degree in Communication Studies


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ABSTRACT

Understanding the Role of Predicted Outcome Value in the Negotiation of Condom Use Among College Students

by

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This study is a quantitative analysis of influences on college students' willingness to persist with a request to use a condom. The participants consist of 129 undergraduate students enrolled in introductory and upper division courses at a large, southwestern university. The research design is a 2 x 2 x 2 factorial: prediction of cooperation (yes, no), prediction of future relationship (long-term, one-night stand), and gender (male, female). Four different instruments, each with a different hypothetical scenario manipulating the relationship status and cooperation independent variables, were randomly distributed to all participating students with request persistence and message directness as the dependent variables. Both of the dependent variables were measured using a seven-point Likert-type scale (1= Strongly Disagree; 4= Neutral; 7= Strongly Agree). Hypothesis and research question testing took place using a series of ANOVAs and revealed that college students do persist with the request to use a condom using both direct and indirect strategies.

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CHAPTER 1

INTRODUCTION

Communication is a particularly salient subject among individuals who have or intend on having sexual intercourse. College students are more sexually active today than twenty years ago (Netting & Burnett, 2004). The days of saving virginity until the wedding night have been replaced with multiple partners and occasional one-night stands. Today, in areas of Nevada, prostitution is legal and swingers' parties are common. Television airs programs such as "Sex and the City," "Dawson's Creek," and "One Tree Hill," where multiple sexual partners for the characters is customary. The days of "Leave it to Beaver" family styles and television shows have passed. With more individuals abandoning the idea of monogamy, sexually transmitted infections (STIs), and specifically, sexually transmitted Acquired Immune Deficiency Syndrome (AIDS), are more prevalent. Since there is no cure for AIDS and it kills thousands yearly, the need to practice safe sex and to understand how individuals communicatively negotiate condom use is more crucial now than ever.

AIDS was first diagnosed to 13 homosexual men and was quickly dubbed the "gay plague" in 1981 (Durham & Cohen, 1987). The numbers rose that year to reach 295 cases (Rushing, 1995). Since virtually all the cases were homosexual or bisexual men, the Centers for Disease Control (CDC) focused on studying homosexuals (Durham & Cohen, 1987). Later, a large number of intravenous drug users were diagnosed with Human

Immunodeficiency Virus (HIV) or AIDS, which stigmatized people who contracted the virus as primarily drug users or homosexuals (Durham & Cohen, 1987). By 1991, the 295 cases had expanded to almost 42,000 in the U.S. (Rushing, 1995). The prevalence of AIDS grew significantly the next year. In 1992, a little over 100,000 people were living in the U.S. with AIDS, and the number of heterosexuals diagnosed with AIDS had almost doubled since 1990 (Hayes, 1997).

Today, the number of individuals diagnosed each year in the U.S. with HIV/AIDS has decreased significantly from the height of the epidemic, but the decreasing numbers are starting to level. In 1998, over 43,000 cases of AIDS were diagnosed, but by 2002, the number had only dropped by 1,000 cases (CDC, 2004). In 1995, the high number of people diagnosed with HIV/AIDS was 140,000; therefore, numbers are significantly lower (Bernstein, 2004), but the U.S. is in a regression. Bernstein (2004) states

Complacency about HIV and AIDS – a willingness to take risks that would have been unthinkable at the epidemic’s height – is the unhappy product of the progress that doctors and public health officials have made in controlling the disease (p. 2).

The strides that medicine has taken in lessening the effects of AIDS have given people a false sense of security. Thus, there remains a need for individuals to communicate about safe sex.

Young adults, specifically those between the ages of 18 and 25, are at an elevated risk for STIs and sexually transmitted HIV/AIDS (Cline, Johnson, & Freeman, 1992). Heterosexual young adults are at a high risk of contracting STIs because of the lack of condom use and high numbers of sexual partners (de Visser & Smith, 2001). In fact, of

the 12 million Americans who contract an STI each year, more than 8 million are under the age of 25 (Wendt & Solomon, 1995). According to Troth and Peterson (2000), 25% of all new cases of STIs are estimated to be among those under the age of 20.

College students who engage in high-risk behavior, such as sexual permissiveness, multiple sexual partners, and drug and alcohol use, are particularly vulnerable. Despite the increased incidence of STIs and the sexual transmission of HIV/AIDS among college students, they do not seem to be as concerned as they perhaps should be. Edgar, Freimuth, Hammond, McDonald, and Fink (1992) speculate, “college students have not personalized the AIDS risk” (p. 100). Young adults often do not perceive HIV infection to be a threat because they feel that they are incapable of being infected (Weinstein, 1984).

The most effective means of protection is the use of condoms. Although studies have found an increase in condom use among college students (Civic, 2000; Netting & Burnett, 2004), many researchers have found that most sexually active young adults do not consistently use them (Cline et al., 1992; Edgar et al., 1992; Wendt & Solomon, 1995). Many college students do not intend on using condoms because of fear of embarrassment or ruining the mood (DeBro et al., 1994). Another problem is that they do not base judgments about partners’ risks of having HIV/AIDS on objective criteria; rather, judgments are based on trust and number of previous sexual partners (Civic, 2000). Furthermore, college students who consider themselves monogamists abandon condom use in a relationship and “rely on love, trust, and honesty...for protection” (Netting & Burnett, 2004, p. 35). For the purposes of the present study, condom use is

conceptually defined as the use of male condoms during vaginal intercourse as a barrier to sexually transmitted diseases and unwanted pregnancy.

In order to increase the amount of condom use among young adults, there needs to be intent to use condoms and willingness to discuss the topic. Several studies show that people's intentions to use condoms increase the likelihood of condom use (Boldero, Moore, & Rosenthal, 1992; Greene, Hale, & Rubin, 1997). Others argue, however, that intention is not enough, especially for young women (Galligan & Terry, 1993). Thus, young adults need to engage in increased communication about condom use with their partners (Coleman & Ingham, 1999; de Visser & Smith, 1999; Galligan & Terry, 1993).

When an individual is negotiating the use of condoms, one aspect that might affect the situation is the costs and benefits. Social exchange theory suggests that an individual will perceive an exchange to be positive if the benefits are high, and an individual who perceives costs to be high will react to that exchange negatively (McGehee & Andereck, 2004). Another theory with similar views is rational choice theory. This theory is based on the assumption that individuals try to optimize their outcomes. Rational choice theory "impose[s] the discipline of using optimization as a criterion at all points... its principle aim is... to show how actions that are reasonable or rational for actors can combine to produce social outcomes" (Coleman & Fararo, 1992, p. xi-xii). These two theories help to explain basic rational or reasonable choices made by people. This is central to the current study because the negotiation of condom use will be approached from the assumption that people make rational choices.

Overall, the goal of this research is to better understand what factors hinder communication about condom use with sexual partners among college students.

Although there has been extensive research on reasons for not approaching the subject of condom use with a potential sexual partner (e.g., Cline, Freeman, & Johnson, 1990; Edgar et al., 1992; Greene et al., 1997), no study has researched the negotiation of condom use from the predicted outcome value (POV) perspective. Similar to social exchange theory, POV is based on the assumption that people communicate in order to increase future rewards. The amount of communication in which people participate will depend on how positive or negative the predictions of the outcomes are (Sunnafrank, 1986). Sunnafrank (1986) argues that positive predicted outcomes will result in more communication, whereas negative predicted outcomes will decrease the amount of communication between individuals. In the context of the negotiation of condom use, this theory suggests that an individual's perception of how a sexual partner will react to the suggestion of using a condom determines the pursuit of communication about the topic. Because at times people will not use a condom even when they wish to (Edgar et al., 1992), understanding the effects of POV in the sexual negotiation realm may help to understand why this happens. This study will thus focus on the implications that POV has on negotiation of condom use through the contexts of potential relationship, message directness, and gender.

CHAPTER 2

LITERATURE REVIEW

The fact that condoms can be used as a precautionary device to fight against STIs and HIV/AIDS has led to a vast amount of research to help increase condom use. Studies have found that the most effective way to increase the use of condoms among young adults is to increase the willingness of partners to converse about the subject (Coleman & Ingham, 1999; de Visser & Smith, 1999; Edgar et al., 1992). Two individuals engaging in sexual intercourse need to agree upon the use of condoms. Negotiating condom use has intrinsic difficulties, which causes fewer young adults to practice safe sex (Edgar, Hammond, & Freimuth, 1989). Coleman and Ingham (1999) suggest that one way to increase communication about condoms is to provide people with the skills and confidence to prompt discussions about condom use with a potential partner before intercourse. This may help individuals discover that a request to use a condom is unlikely to have negative implications.

However, many people do fear that discussion of condom use will have negative results. Galligan and Terry (1993) discussed a number of misperceptions between males and females when discussing condom use. Men felt that if they had condoms available, they would be perceived as planning to have sex, whereas women noted that carrying a condom is a precautionary behavior (Galligan & Terry, 1993). However, Galligan and Terry (1993) did find some difficulties experienced among both men and women. Both

genders felt that negotiating condom use was similar to negotiating a business contract, which would ruin the moment (Galligan & Terry, 1993). In relationships, talk about condoms may be considered a violation of trust or misinterpreted as suspicion of infidelity in the relationship (Cline et al., 1990). According to Edgar et al. (1992), women reported not using a condom, even when they wanted to, for reasons such as embarrassment, discomfort about asking, fear of “ruining the moment,” and not being concerned because other forms of contraceptives were being used.

As de Visser and Smith (2001) point out, heterosexual young adults are more concerned with preventing unplanned pregnancy than STIs. Often when individuals are using another form of birth control, condoms are not even considered (Edgar et al., 1992). A study by de Visser and Smith (1999) reported that the number one reason for individuals to use a condom was preventing unwanted pregnancy. In fact, a study conducted by Bird, Harvey, Beckman, and Johnson (2001) reported that young adults find it easier to convince a partner to use a condom for prevention of pregnancy than as disease prevention. Participants perceived the unintended pregnancy as a “real” problem, whereas the risk of contracting a disease was perceived as low. Also, Bird et al. (2001) found that individuals were unafraid of negotiating condom use as birth control because preventing pregnancy does not rouse issues of trust, whereas condom use to prevent disease did awaken issues of trust between partners.

Other factors that influence condom use are attitudes and subjective norms. Greene et al. (1997) state, “the more a person believes that performing a behavior will lead to positive outcomes (or prevent negative outcomes), the more favorable his/her attitude will be” (p. 22). Coleman and Ingham (1999) suggest that young adults need to

be informed that broaching the subject of condom use with a sexual partner is unlikely to elicit a negative response from the partner. If young adults feel that their sexual partners will respond positively to the suggestion of using a condom, then they are more likely to discuss the topic of condom use.

Greene et al. (1997) suggest that “what valued others think about the behavior could influence a person’s behavior, but only if the person thought it was important to comply with these attitudes” (p. 23). Similarly, Edgar et al. (1992) found that individuals interested in their partners’ attitudes toward condoms tended to use them. These attitudes and intentions lie within the realm of the theory of reasoned action which suggests that “a person’s behavioral intent is determined jointly by two factors: the individual’s *attitude* toward the behavior and *subjective norm*” (Greene et al., 1997, p. 22). This theory was first introduced by Fishbein and Ajzen (1975), who argued that attitudes do not predict behavior, but rather intentions to perform a specific behavior predict actual behaviors. The intention-behavior relationship was reliant upon three factors: “the degree to which intention and behavior correspond in their levels of specificity; stability of the intention; and the degree to which carrying out the intention is completely under the person’s volitional control” (Fishbein & Ajzen, 1975, p. 369).

Greene et al. (1997) found that positive attitudes and positive subjective norms toward condom use is a strong indicator of behavioral intention and reducing the risk of the sexual transmission of HIV. To further the path to condom use, Greene et al. (1997) found that intention was positively correlated with condom use. If individuals intend on using condoms, then the likelihood of the discussion being brought up is higher. Boldero et al. (1992) also noted a correlation between intention and actual condom use but

suggest that other factors play a significant role in determining actual condom use. These factors are “communication with partners, sexual arousal, and condom availability” (Boldero et al., 1992, p. 1390). Because many factors play a role in condom use, researchers need to explore other theories that might help determine major influences on condom use. In every instance that a condom is used, two people are involved in the act. The theory of reasoned action relies upon the motives of only one individual in a dyad. The POV theoretical framework provides a *relational* frame for understanding condom use that acknowledges the impact of the relationship on the decision to use or not use condoms.

Alcohol or drug consumption is another factor that is common on college campuses that may influence condom use. According to LaBrie, Schiffman, and Earlywine (2002), college-aged men are less likely to use condoms if under the influence of alcohol than if sober. Men expected alcohol to impair condom use skills, which predicts lower intentions to use condoms while drinking alcohol. Santelli, Robin, Brener, and Lowry (2001) suggest that alcohol and other drug use has “disinhibitory effects” and can directly impair judgments. However, Poulin and Graham (2001) found that impaired judgment is not the only factor contributing to inconsistency of condom use while individuals are under the influence of alcohol or drugs. Unplanned sexual intercourse is also a risk factor for inconsistent use of condoms. In other words, individuals do not use condoms because condoms are not readily available at the time of intercourse (Poulin & Graham, 2001).

Another problem among young adults is the discussion of AIDS rather than safe sex. College-aged students are often encouraged to discuss AIDS, but Cline et al. (1990)

found that the discussion of AIDS does not help young adults to practice safe sex. Rather, Cline et al. (1992) suggest that AIDS talk hinders condom use among college students. Talking about AIDS may be used as a substitute for practicing safe sex.

Differences in the perceptions of condom use among males and females also present a barrier among young adults when negotiating condom use. In general, studies have shown that women have more positive attitudes toward the use of condoms than men (DeBro, Campbell, & Peplau, 1994; de Visser, 2004). de Visser (2004) suggests that men will avoid discussing condoms to reduce the likelihood of condom use. Women reported that men will do whatever is necessary to avoid condom use, whereas men were unaware that women felt pressure from men to not wear condoms (de Visser, 2004). Men suggested that women needed to bring up the topic of condom use if they wanted to use a condom during sexual intercourse (de Visser, 2004). These findings suggest that there are general gender differences in communicating about condom use because women are more likely to discuss condom use than men.

The above difficulties involved with communication about the negotiation of condom use are cause for much concern. A better understanding of the communication influences affecting condom use by young adults would help health communicators determine the most effective ways to reach this high-risk group. If individuals are concerned with how their partners will respond to the negotiation of condom use, then POV may help in the understanding of individuals' methods of negotiating condom use. Cooperation of condom use between sexual partners and relationship status may have an effect on the predicted outcomes in the context of negotiating condom use. In addition, differences in the message directness among males and females are relevant and should

be considered. Taken together, these aspects of sexual health will help determine the most efficacious methods for communicating condom use.

Predicted Outcome Value

According to Sunnafrank (1986), predicted outcome value (POV) theory posits that a primary goal of individuals conversing during initial interaction is to maximize future outcomes. This theory was presented as an alternative to uncertainty reduction theory (URT). Researchers developed URT on the basis that, in an initial interaction, individuals experience high levels of uncertainty and thus continue to communicate to decrease uncertainty (Berger & Calabrese, 1975). Grove and Werkman (1991) state that in POV, “information seeking is directly associated with both nonverbal affiliative expressiveness and amount of verbal communication, in contrast to the contending UR [T] position of an inverse association for both relationships” (p. 516). Whereas Honeycutt (1993) suggests that uncertainty reduction and predicting outcomes can occur simultaneously, these two theories differ because “uncertainty reduction is concerned with informational value of current information obtained during encounters, while predicted outcome value is concerned with future probabilities” (p. 465). In the context of the current project, URT would suggest that individuals who were uncertain about a partner’s willingness to use a condom would try to communicate more to reduce uncertainty. POV instead suggests that an individual would assess a partner’s verbal and nonverbal communication to try to predict a partner’s stance on condom use. These predictions would then determine whether or not the individual would pursue the topic of condom use.

Individuals limit interaction when behavioral uncertainty reduction produces negative tentative judgments (Sannafrank, 1986). Communication would continue if an individual believed there to be some reward or positive outcome (e.g., compliance). Sannafrank (1990) further proposes that this principle extends to relational decisions. POV proposes that one attempts to produce outcome maximization by utilizing initial impressions to guide future communication (Sannafrank, 1988). Uncertainty about behavior is relatively high upon first encounters, but if future contact is likely, people seek to reduce uncertainty in order to predict the value of the outcomes (Sannafrank, 1986).

In a direct comparison between POV and URT, Grove and Werkman (1991) evaluated communication between able-bodied and visibly disabled strangers and discovered that individuals inquired less of people who were visibly disabled than able-bodied individuals. Grove and Werkman (1991) state, “able-bodied individuals asked significantly fewer questions of the visibly disabled partners and were significantly less aware of partners’ verbal and vocal characteristics and of the general range partners’ nonverbal behavior expressions” (p. 527). This study provided direct evidence that negative POVs are normative of initial interactions with visibly disabled strangers, which supports POV theory and the assumption that people pursue positive interactions while withdrawing from “unattractive interactions by curtailing information of some sort at higher rates” (p. 514). Thus, when one predicts negative outcomes, that person will not be likely to pursue further communication (Grove & Werkman, 1991).

POV in Established Relationships

In the initial test of the theory, Sunnafrank (1986) proposed that predicted outcome value theory applies to individuals in initial interactions who expect to be physically proximate to one another in the future. This proposal led to a study of 84 students enrolled in a skills-oriented small group communication course (Sunnafrank, 1988). The students were paired prior to the first class, allowed ten minutes to get acquainted, and filled out a questionnaire that measured how positive a future relationship would be with their partner. Results showed that POV was positively associated with verbal communication, intimacy of communication content, nonverbal affiliative expressiveness, liking, perceived attitude similarity, and perceived background similarity. From these results, Sunnafrank (1988) suggested that POV be tested in established relationships.

Another study recently illustrated POV in the context of established relationships (Bippus, Kearney, Plax, & Brooks, 2003). This study used POV to understand students' willingness to participate in out-of-class communication with teachers. Many schools require teachers to hold office hours to enable a student to receive additional help from the teacher. According to Bippus et al. (2003), studies have shown that students are not taking advantage of office hours. Bippus et al. (2003) demonstrated the significance of POV in determining students' willingness to approach a teacher during office hours. Bippus et al. (2003) stated "POV suggests that individuals attend to a range of available information when forming their impressions of the value of future interactions" (p. 262). This study found that students would assess teachers' accessibility and mentoring ability during class and would approach those teachers that they predicted to have the potential

to mentor them. Also, because the students had already established a relationship with their teacher and used this information to predict the outcome of visiting the teacher during office hours, this study conveyed the relevance of POV in established relationships.

In contrast, Bevan (2002) tested reactions to sexual resistance messages in established relationships using POV but found that POV levels did not differ according to relational context or message directness. This possibly resulted from the type of questionnaire presented in the study. She used hypothetical situations rather than actual events. Also, she states, “the theoretical concept of predicted outcome value may not be applicable to the study of one-time sexual resistance episodes in close relationships” (p. 24). Possibly the dyads had already established that they wanted to maintain their partnerships and that POV levels were not affected by a single instance.

Thus, there is still much research to be done using POV in the context of established relationships, but there is reason to believe that POV can be useful outside of initial interaction. Sunnafrank (1988) and Bippus et al. (2003) showed the significance that POV could play in established relationships, but Grove and Werkman (1991) and Sunnafrank (1986, 1988, 1990) also provided evidence of the usefulness of POV theory in the context of initial interactions. Specifically, Grove and Werkman (1991) exemplified that individuals will pursue further communication when positive outcomes are predicted. Thus, in the context of the present study, individuals should persist with communication about condom use if cooperation was expected. Consistent with these findings, hypothesis one was created:

H1: Individuals will be more likely to persist with the request to use a condom during vaginal sex when cooperation is predicted than when resistance is predicted.

Relationship Status

Beckman and Harvey (1996) characterize typical college romantic/sexual relationships as “serial monogamy,” in which students are involved with a steady stream of partners. According to de Visser and Smith (2001), individuals who participate in serial monogamy characterize their partners as “regular,” a view that leads to low levels of condom use. Thus, relational context is a particularly salient aspect of condom use because of the influence relationship status can have on the use of condoms.

Cline et al. (1992) discovered that failure to use condoms was associated with the brevity of a relationship; individuals did not feel that they knew their partners “well enough” to broach the subject of the sexual transmission of AIDS or condom use. Paradoxically, much of the research regarding relationship status and condom use finds that those in committed relationships are also unlikely to use condoms. In a study conducted by Wendt and Solomon (1995), both male and female respondents felt that the need to use condoms became less important as the length of a relationship increased. Researchers believe that once a relationship is considered “established” and a certain level of trust is in place, individuals perceive their partners as “safe.” Pilkington, Kern, and Indest (1994) refer to this as the “halo effect,” in which individuals perceive their partners as disease free. Furthermore, insistence on condom use in established relationships may suggest infidelity (Bull, Cohen, Ortiz, & Evans, 2002). In a similar study (Von Haefen, Fishbein, Kasprzyk, & Montano, 2000), researchers found that both

males and females were more apt to plan to use condoms for vaginal intercourse with casual partners than they were with primary partners. Once again, primary partners may be considered “safe,” whereas casual partners can be perceived as potentially high risk.

A study conducted by Fortenberry, Tu, Harezlak, Katz, and Orr (2002) sought to determine the length of time it took for a new relationship to evolve into an established one. According to their findings, the average length of time was 21 days; at that point, condom use generally decreased. They point out, however, that “condom use is discontinued in relationships before the duration of infection of most STIs has elapsed” (p. 212). Oral contraception is more commonly used in long-term relationships, the main function being to prevent pregnancy. However, oral contraception does not prevent the spread of STIs and sexual transmission of HIV/AIDS.

Another factor regarding relationship status is the potential of a relationship. In a study conducted by Edgar et al. (1992), college students were concerned about factors that predicted a partner’s relationship potential rather than the spread of STIs. Among the most common concerns about sexual partners were “the number of previous sex partners the potential partner had, when the partner last had a new sex partner, whether or not the potential partner currently was involved sexually with someone else, and the potential partner’s feelings about using condoms” (p. 97). Although all of these characteristics might insinuate a concern for disease transmission, they also present secondary concerns for the state of the relationship with the potential partner. Infection with the AIDS virus, anal sex, intravenous drug use, and AIDS symptoms were not among the top four concerns for either males or females. Edgar et al. (1992) states, “information about a partner’s past sexual relationships can increase one’s power to predict where the present

relationship is likely to fail” (p. 97). Individuals will use information obtained about the potential partner to predict the likelihood of a relationship. Therefore, those who predict a long-term relationship might be less likely than those who predict a one-night stand in an initial sexual encounter to negotiate condom use in order to illustrate trust. The second hypothesis thus predicts:

H2: Individuals who predict a long-term relationship with their partner will be less likely to persist with the request to use a condom than those who predict a one-night stand.

Message Directness

One prevalent approach to evaluating communication styles is message directness. Direct strategies are any strategy, either verbal or nonverbal, in which the partner is straightforward about the actions s/he desires from another (Edgar & Fitzpatrick, 1988). A direct method is the least manipulative and evaluative strategy (Edgar & Fitzpatrick, 1988). Some of these strategies when applied to condom use consist of threatening the partner if a condom is not used, pleading with a partner to use a condom, or opening a condom in view of the partner (Lam, Mak, Lindsay, & Russell, 2004).

An indirect method of communicating about condom use is not as candid as a direct method. Indirect methods hint toward the use of condoms, but do not directly approach the subject. Some methods of indirect communication about condom use would be hinting to a partner to use a condom, flattering a partner, or placing a condom within view of a partner (Lam et al., 2004). A study by Reel and Thompson (1994) suggests that a direct request for the use of condoms is the most efficient way of negotiating. Reel and

Thompson further posit that young adults should use nonaccusatory, nonblaming direct messages or use a direct message without offering a rationalization for using a condom. Young adults have an unspoken knowledge that there is a need for safer sex, and if the reasoning must be discussed, a “better safe than sorry” approach received the most positive response.

Message Directness and Gender

There is an abundance of research regarding the relationship between gender and condom use; however, findings are generally inconsistent. Some research indicates that males and females follow a prescribed “script” in which gender-specific roles determine sexual behavior and condom use (Edgar et al., 1992). For example, Pleck, Sonenstein, and Ku (1993) found that men with a more traditional conception of manhood, compared to males with nontraditional attitudes, used condoms less consistently and viewed condoms as reducing sexual pleasure. The study used masculinity subscales (e.g., the Bem Sex Role Inventory and Spence and Helmreich’s Personal Attributes Questionnaire) to assess attitudes about male gender roles to determine traditional and nontraditional masculine behaviors. DeBro et al. (1994) found that college students stereotype men as condom avoiders and “sexually adventurous” whereas women support condom use and are “sexually cautious” (p. 178). There are other studies (e.g., Campbell, Peplau, & DeBro, 1992; Harvey, Bird, Galavotti, Duncan, & Greenberg, 2002) that find women are more likely than men to fall into the gender scripts that insists on the use of condoms, citing concerns for unwanted pregnancies and STIs. Campbell et al. (1992) found that females felt more positively about condom use than did males. They theorized that women are more cautious in their sexual relationships and less likely to take risks, and

therefore see condom use as an essential and positive aspect of sexual intercourse. In contrast, males feel condoms reduce sexual pleasure. A study by Harvey et al. (2002) sought to determine if females found it difficult to negotiate condom use with their partners. Their findings revealed that females are very much a part of the decision-making process when it comes to condom use. However, some research indicates that men are more comfortable using condoms than are women, perhaps because condoms are considered a “male” form of contraception (DeBro et al., 1994).

There are a number of studies that find no difference in the way males and females perceive the use of condoms; rather, differences lie in the communication strategies that they employ (DeBro et al., 1994; Edgar et al., 1992; Falbo & Peplau, 1980). For example, Edgar et al. (1992) found that men use nonverbal strategies, such as using a condom without discussing it with their partners, whereas women tend to use verbal strategies. DeBro et al. (1994) posit, “In general, strategies employed to persuade a partner to *use* a condom were linked to women, and strategies employed to *avoid* condom use were linked to men” (p. 178).

When researching the actual communicative strategies that males and females employ when negotiating condom use, there were several inconsistencies between the studies. Edgar et al. (1992) found that men and women who used condoms the last time that they had sexual intercourse were more likely to use direct strategies when negotiating condom use than individuals who did not use condoms in their last sexual encounter. Participants rated a direct method as more persuasive, and results showed that these overt attempts did largely lead to compliance. Similarly, Bird et al. (2001) found that both men and women used strategies that were “neither weak nor indirect” (p. 239).

On the other hand, there are numerous studies that indicate that women use indirect methods of persuasion more than men (Fablo & Peplau, 1980; Lam et al., 2004; Sagrestano, 1992). Fablo & Peplau (1980) found that women considered themselves to be in a weaker position than men and would use indirect strategies. Similarly, Lam et al. (2004) reported that women are significantly more likely than men to use nonverbal indirect strategies to negotiate the use of condoms in a sexual encounter. The same is true when discussing sexual transmission of AIDS. Cline et al. (1992) found that women were more likely to use indirect strategies when discussing AIDS than men. Men were more likely to just ask the question “Do you have AIDS?” whereas women would discuss hypothetical situations involving AIDS (Cline et al., 1992). The inconsistencies found in the communication process of males and females lead the current research to further explore whether there is a significant difference between males and females message directness strategies to negotiate condom use. The following research question was asked:

RQ1: What is the relationship between gender and condom use negotiation message directness?

Message Directness and POV

As mentioned previously, POV is an alternative to URT, so when establishing POV, Sunnafrank (1986) proposed alternative theorems to the seven axioms of URT. One of these propositions states:

High levels of uncertainty produce increased information-seeking behavior in beginning initial interactions. Decreased uncertainty, when associated with positive outcome values, produces increased information-

seeking behavior. When associated with negative predicted outcome values, reduced uncertainty produces decreased information-seeking behavior (p. 20).

Thus, when an individual first meets someone, the information seeking behavior is determined by the predicted outcome value. If an individual predicts positive outcome values, as s/he decreases uncertainty, s/he begins to participate in more information-seeking behaviors (e.g., asking direct questions). When decreased uncertainty is coupled with negative predicted outcome values, individuals decrease the amount of communication. Sunnafrank (1990) relates this concept to relationships in a later study, stating that “relationships forecasting positive outcome values produce communicative behaviors which would be compatible with the pursuit of those outcomes” (p. 98). In the context of this study, this statement suggests that individuals who predict compliance when negotiating condom use will be more likely to use information-seeking techniques that will result in the use of condoms than those who predict resistance. Previous research on techniques for negotiating condom use suggests that direct strategies are the most efficacious method (Edgar et al. 1992; Bird et al. 2001). This reasoning provoked the final hypothesis:

H3: When cooperation is predicted, an individual will be more likely to use direct strategies than when resistance is predicted.

Also, this rationale of POV would lead an individual to believe that when a long-term relationship is predicted, an individual would be more likely to use direct strategies. However, the research on relationship status and condom use suggests that in a long-term relationship issues of trust are aroused with the suggestion of condom use (Pilkington et

al., 1994). People have more difficulties requesting condom use in established relationships than with casual partners because it can arouse questions of infidelity (Bull et al., 2002). These inconsistencies within the research lead to the final research question:

RQ2: Are individuals more likely to use direct strategies when a one-night stand is predicted or when a long-term relationship is predicted as the potential relationship?

Summary

With the growing number of college-age students at risk for contracting STIs and sexually transmitted HIV/AIDS, it is increasingly important to determine communication problems involving the negotiation of condom use. A better understanding of the communication influences may lead to more young adults practicing safer sex. There is extensive research on college students' communication about condom use, but none that addresses the topic in the context of POV. Although POV is a fairly new approach to communication, it has proven itself as a useful theoretical framework for understanding communication. Thus, this study is designed to analyze the negotiation of condom use among potential relationships and casual partners through the POV perspective.

CHAPTER 3

METHOD

Participants and Procedure

The participants consisted of 257 undergraduate students enrolled in introductory and upper division communication courses at a large, southwestern university. Colleges typically have a homogenous population, but the particular university the data were collected from has a diverse population in terms of age and ethnicity. The average age was 21.65 ($SD = 4.20$) years, ranging from 18 to 47. The current study included both males ($n = 109$, 43%) and females ($n = 146$, 57%). Two individuals did not respond to the demographic questions. No minors or members of any vulnerable populations participated in the research.

Of the original sample, 128 individuals incorrectly answered at least one of the manipulation checks, so they were eliminated from the sample. The reasoning for such large numbers having to be eliminated will be further discussed later in the text. The final sample used for the study was thus 129. Of those, there were 76 females (58.9%) and 53 males (41.1%). Also, there was a manipulation check to identify how the participants interpreted the word sex in each scenario. The majority of the participants reported the word “sex” as vaginal sex ($n = 117$, 90.7%). Five (3.9%) individuals interpreted the word “sex” as anal sex and seven (5.4%) individuals reported “other,” which was always a combination of anal, oral, and vaginal sex. Because a condom can be used for all of these

acts, all forms of sex were kept for data analysis. Similarly, whether an individual reported being straight ($n = 117$, 90.7%), gay ($n = 6$, 4.7%), or bisexual ($n = 6$, 4.7%) did not play a role in eliminating any data.

The majority of participants reported being White ($n = 76$, 58.9%), 23 indicated being Asian (17.8%), 9 specified being Hispanic (7%), 5 reported being Black/African American (3.9%), and 14 specified that they were a part of the “other” category (10.9%). The final sample consisted of freshman ($n = 26$, 20.2%), sophomores ($n = 43$, 33.3%), juniors ($n = 37$, 28.7%), and seniors ($n = 22$, 17.1%). One person did not respond to this question (.8%). Also, participants identified themselves as single/not dating ($n = 35$, 27.1%), dating one person casually ($n = 18$, 14.0%), dating many individuals ($n = 21$, 16.3%), in a committed dating relationship ($n = 39$, 30.2%), engaged ($n = 7$, 5.4%), or married ($n = 9$, 7.0%). The average number of individuals in which a person had engaged in vaginal sex with was reported as 4.3 individuals, with 26 individuals who had never had vaginal sex.

Procedure

All protocol set forth by the Office for The Protection of Research Subjects was followed. The UNLV Institutional Review Board approved all materials prior to the administration of any questionnaires. The researcher arrived at the communication classes on the dates established by the researcher and instructor. The nature of the study was explained to students, and the researcher verbally described and distributed the consent forms. Students had the opportunity to review the consent forms and ask questions. Anyone who did not want to participate in the study was allowed to do so. The researcher asked students to take the surveys home with them to complete on their own

time and return the surveys the following class period. In order to increase anonymity, there was a waiver of informed consent signature; the consent form served as a record for the participants. The participants consented by submitting the survey. The researcher randomly distributed one of four different questionnaire versions to the participants, each with a different scenario.

After the students completed the questionnaires, they placed them face down in a box with the rest of the completed questionnaires (also face down). Then, participants received a written debriefing sheet and were thanked by the researcher. Once the survey was placed in the box and the participant left, the researcher was unable to determine whose survey belonged to whom; therefore, a student could not receive his or her survey later.

Independent Variables

Prediction of cooperation, prediction of the potential relationship, and gender are the independent variables (IVs) in the study. Cooperation is defined as whether the participant predicts the partner will cooperate with using a condom or if the participant predicts the partner will resist using a condom. Potential relationship is defined as whether the participant believes that the relationship will be a long-term relationship or a one-night stand. The research design is a 2 x 2 x 2 factorial: prediction of cooperation (cooperation, resistance) and prediction of future relationship (long-term, one-night stand), and gender (male, female). Four different instruments, each with a different hypothetical scenario, were randomly distributed to all participating students. Two manipulation check items were used to ensure that participants correctly perceived each experimental condition.

The items were measured based on responses to hypothetical scenarios adapted from Afifi and Lee (2000). Afifi and Lee (2000) used hypothetical situations to better understand resistance strategies toward continued unwanted sexual advances. Following the written narrative, Afifi and Lee (2000) asked a series of questions that measured the likelihood of the situation happening, the level of directness of the message used by participants, and the likelihood of using fifteen different resistance messages. In the context of this study, the following situations manipulated the prediction of cooperation and prediction of potential relationship independent variables:

One-night stand/Cooperation condition:

You are on a date with someone of the opposite sex and have not yet had sex. You and your partner will be having sex later in the evening. You know this will be a one-night stand. You would like to use a condom but have never discussed it with your date. You are confident that s/he will cooperate with your request to use a condom.

One-night stand/Resistance condition:

You are on a date with someone and have not yet had sex. You and your partner will be having sex later in the evening. You know this will be a one-night stand. You would like to use a condom but have never discussed it with your date. You are confident that s/he will resist your request to use a condom.

Long-term relationship/Cooperation condition:

You are in a dating relationship. Your relationship has been going well, and you feel that this will be a long-term relationship. You have not yet had sex, but you and your partner will be having sex tonight. You would like to use a condom but have never discussed it with your partner. You are confident that s/he will cooperate with your request to use a condom.

Long-term relationship/Resistance condition:

You are in a dating relationship. Your relationship has been going well, and you feel that this will be a long-term relationship. You have not yet had sex, but you and your partner will be having sex tonight. You would like to use a condom but have never discussed it with your partner. You are confident that s/he will resist your request to use a condom.

Dependent Variables

Request Persistence

Both of the dependent variables were measured using seven-point, Likert-type scales (1= Strongly Disagree; 4= Neutral; 7= Strongly Agree). The five items measuring request persistence were adapted from Ifert and Roloff (1996), and their reported internal consistency for the scale was acceptable ($\alpha = .92$). The current study measured participants' request persistence (e.g., Would you be inclined to persist in the request to use a condom until fulfillment of your request?; How likely would you be to ask your partner again to use a condom?). The current study's reliability was also acceptable ($\alpha = .94$, $M = 5.69$, $SD = 1.59$). The directions for this section read as follows:

When answering the following questions, please consider how you would respond to the previous scenario and rate the likelihood of you reacting each different way. Think about how you would feel if the scenario happened and how it would affect you.

Message Directness

Nine items that were adapted from Lam et al. (2004) were used to measure participants' condom use in response to message directness to the scenario. Specifically, participants were asked, "How likely would you be to use the following strategies when asking your partner to use a condom?" on a seven-point, Likert-type scale (1 = not at all likely, 7 = very likely). In their study, Lam et al. (2004) measured the likelihood of individuals using different strategies that were categorized as verbal-direct (e.g., "No condom, no sex"), verbal-indirect (e.g., "I heard so- and- so got pregnant"), nonverbal-direct (e.g., Opening a condom in front of your partner), and nonverbal-indirect (e.g., Placing a condom on the dresser or pillow). When Lam et al. (2004) had five trained undergraduates rate the degree to which the strategies were verbal and direct on a seven-point Likert scale, interrater reliability was .95. For the purpose of this study, the strategies were grouped into two categories: direct and indirect. The four direct items had a reliability of .69 ($M = 5.15$, $SD = 1.58$). The indirect items originally consisted of five items, but one item (e.g., I would place a safe sex pamphlet in view of my partner to persuade my partner to use a condom) had no face validity so it was excluded from the scale. The reliability of the remaining indirect items was acceptable ($\alpha = .73$, $M = 4.40$, $SD = 1.71$).

Scenario Realism, Frequency, and Likelihood of Ever Occurring

Eight items measured realism, frequency, and likelihood of ever occurring using seven-point, Likert-type scales obtained from Bevan (2004). Three items measured realism (e.g., How realistic do you think this situation is?; 1 = not at all realistic; 7 = very realistic). One item measured frequency (How often has this situation occurred in your own sexual experiences?; 1 = never; 7 = frequently). Two items measured if this situation had ever occurred (e.g., A similar situation has occurred at some point in my own sexual experiences; 1 = Strongly Disagree; 7 = Strongly Agree). Bevan (2004) determined that both the realism ($\alpha = .89$) and frequency ($\alpha = .86$) scales had internal consistency. The two items used to evaluate if the situation had ever occurred formed a reliable scale as well ($\alpha = .90$). The current study measured the reliability of the realism scale as .92 ($M = 5.55$, $SD = 1.59$) and the two items measuring the “ever occurred” variable also had acceptable scale reliability ($\alpha = .95$, $M = 3.66$, $SD = 2.57$). The directions for this portion of the survey (adapted from Bevan, 2004) read as follows:

Now we would like you to answer the following questions as if the situation you have just read has actually happened between you and your date/dating partner. Genuinely think about how you would feel if this scenario occurred between you and the individual in the scenario.

Sexual Experiences and Condom Use

Next, there were a series of questions inquiring about participants' current sexual experiences and condom use habits. Included within this section was a condom self-efficacy scale adapted from Crowell (2004). The directions for this section read as follows:

Answer the following questions regarding your most recent sexual experience. Please remember that your responses are completely anonymous.

The original condom self-efficacy scale consisted of 28 questions about an individual's ability to communicate about condoms, which was condensed to five items for the purpose of the current study to determine how confident individuals are with talking about condoms with their partners (e.g., I feel confident in my ability to discuss condom use with a potential sexual partner). The self-efficacy scale was reliable after one of the five items was deleted ($\alpha = .71$).

Also, there were questions asking if the participants have ever been pregnant or impregnated someone else. Thirteen (10.1%) individuals responded yes, 113 (87.6%) reported no, and three (2.3%) said they were unsure. Also, participants were asked if they had contracted any STIs, and eight (6.2%) responded yes, 118 (91.5%) reported no, and three (2.3%) individuals were not sure. Then, the questions consisted of number of sexual partners (I have engaged in vaginal sex with _____ people), sexual orientation (Concerning sexual orientation, I identify most as: gay, lesbian, bisexual, transgendered, straight, or other), and current relationship status (What best describes your relationship status?). The following questions were measured on seven-point, Likert-type scales: "how often do you use condoms during sex?" (1 = Never, 7 = Everytime, $M = 4.71$, $SD = 2.41$) and "if you bring up the topic of condom use, rate the level of directness for the message you use when discussing condom use" (1 = Not at all direct, 7 = Very direct, $M = 6.50$, $SD = 1.45$). There were three questions asking respondents to rate (0-100) the percentage rate they are at risk for contracting an STI, contracting HIV/AIDS, and

becoming pregnant or impregnating someone else. The average perceived percent risk for pregnancy (14.9%) was higher than STIs (10.2%) and HIV/AIDS (7.5%).

Manipulation Checks

Finally, there were manipulation checks to ensure that participants read each scenario correctly (In the scenario you just read, in what manner did you interpret the word sex?; In the scenario you just read, was cooperation or resistance predicted?). Of the 257 participants, 128 individuals correctly answered both manipulation checks (refer to the demographics above). The large number of people who missed the manipulation checks is likely due to the wording of the questions. 97 participants incorrectly answered the manipulation check measuring resistance and cooperation, with 84 missing the resistance scenario. The question did not specify that the question was asking about cooperation or resistance with the use of condoms. Also, the word “just” in both questions may have led the participants to believe that the question was asking about the previous question rather than the hypothetical situation at the beginning of the questionnaire. These factors may have played a role in the large number of participants who had to be eliminated from the final data set.

CHAPTER 4

RESULTS

Preliminary Analyses: Scenario Realism, Frequency, and Likelihood of Ever Occurring

A univariate analysis of variance with the scenario frequency item as the dependent variable and experimental condition (predicted one-night stand/cooperation, predicted one-night stand/resistance, predicted long-term relationship/cooperation, predicted long-term relationship/resistance) as the fixed factor determined a significant main effect for scenario frequency [$F(3, 125) = 6.91, p < .05, \text{partial } \eta^2 = .14$].

A Tukey HSD post hoc test determined that long-term relationship/cooperation scenario occurred most often in participants' past sexual experiences ($M = 3.64, SD = 2.32$). This significantly differed from both one-night stand/resistance ($M = 1.60, SD = 1.47$) and long-term relationship/resistance ($M = 1.88, SD = 1.71$), but was not significantly more frequent than the one-night stand cooperation condition ($M = 2.60, SD = 1.95$).

A univariate ANOVA examining the realism composite item conveyed that there was a significant main effect [$F(3, 219) = 5.07, p < .01, \text{partial } \eta^2 = .07$]. However, Tukey HSD post hoc analyses did not find significant realism differences between the four different scenarios: predicted one-night stand/resistance ($M = 5.04, SD = .311$), predicted one-night stand cooperation ($M = 5.29, SD = .237$), predicted long-term

relationship/resistance ($M = 5.54$, $SD = .389$), and predicted long-term relationship/cooperation ($M = 6.08$, $SD = .232$).

Finally, a univariate analysis revealed that the “ever occurred” variable did have a significant main effect [$F(3,125) = 7.64$, $p < .05$, *partial* $\eta^2 = .16$]. The Tukey post hoc test revealed three subsets for the variable. The long-term relationship/cooperation hypothetical situation was significantly more likely to have occurred at least once ($M = 4.71$, $SD = 2.29$) compared to the one-night stand/ resistance condition ($M = 2.14$, $SD = 2.12$) and long-term relationship/resistance condition ($M = 2.50$, $SD = 2.51$). The test did not reveal a significant difference between the long-term relationship/cooperation condition and the one-night stand/cooperation condition ($M = 3.88$, $SD = 2.58$).

Because of these unanticipated differences, the frequency item and the “ever occurred” composite item were each entered as covariates in all analyses that involved differences across hypothetical situations. However, the realism composite item was not used as a covariate during data analysis. Only significant covariates are reported for tests of the hypotheses and research questions.

Analysis Plan

Hypothesis and research question testing took place using a series of univariate ANOVAs. For hypothesis one, amount of persistence was the dependent variable and prediction of cooperation was the fixed factor with the following variables used as covariates: the likelihood of the situation ever occurring, frequency of the situation occurring, frequency of condom use, number of sexual partners, and condom self-efficacy. These covariates were chosen for different reasons. Frequency of condom use and the condom self-efficacy scale were used because of intuition. Whether a person feels

confident in his or her ability to negotiate condom use and if he or she actually uses condoms could possibly play a role in an individual's ability to negotiate condom use. Number of sexual partners was used because this was a significant covariate for Bevan (2002) during her analysis of sexual resistance. These covariates stayed consistent throughout the hypothesis testing with the exception of the first research question.

Hypothesis two used the same univariate ANOVA with level of persistence as the dependent variable and prediction of future relationship as the fixed factor. All of the covariates were the same as the ones used in hypothesis one.

Again, hypothesis three was analyzed using a univariate ANOVA. Hypothesis three had message directness as the dependent factor and prediction of cooperation as the fixed variable. Two tests were run for the hypothesis: one measuring the use of direct strategies and one measuring the significance of indirect strategies. Both analyses had the same covariates as hypotheses one and two.

Finally, research questions one and two were analyzed using univariate ANOVAs. Similar to hypothesis three, each research question employed two tests for both direct strategies and indirect strategies. Research question one had message directness as the dependent variable and gender as the fixed factor. Because the question did not directly deal with the hypothetical situation, "ever occurred" and frequency of occurring were not used as covariates. Research question two had message directness as the dependent variable and prediction of relationship as the fixed factor. The covariates were the same as in the previous hypotheses, including "ever occurred" and frequency of occurring.

Hypothesis One

The first hypothesis predicted that an individual would be more likely to persist with the request to use a condom when cooperation from the partner is predicted rather than resistance. ANOVA results found no significant difference between the prediction of cooperation and prediction of resistance conditions [$F(1, 105) = .212, p = .15, power = .30$]. However, the covariate analysis did show a significant effect for self-efficacy [$F(1, 105) = 13.88, p < .001, partial \eta^2 = .12$] and condom frequency [$F(1, 105) = 8.98, p < .01, partial \eta^2 = .08$]. Thus, H1 was not consistent with the data.

Hypothesis Two

Hypothesis two predicted that individuals would be more likely to persist with the request to use a condom if a one-night stand is predicted rather than a long-term relationship. The data revealed that individuals are likely to persist whether a one-night stand or long-term relationship is predicted; therefore, there is no significant main effect [$F(1, 105) = 1.79, p = .18, power = .26$]. The frequency of condom use covariate had a significant effect [$F(1, 105) = 7.75, p < .01, partial \eta^2 = .07$]. Also, condom self-efficacy as a covariate showed a significant effect [$F(1, 105) = 12.57, p < .01, partial \eta^2 = .11$]. H2 was therefore not consistent with the data.

Hypothesis Three

The third hypothesis predicted that when an individual predicts cooperation from a partner to use a condom, he or she would use more direct strategies than when resistance is predicted. Two univariate ANOVAs displayed a significant effect for both the direct strategies [$F(1, 105) = 5.02, p < .05, partial \eta^2 = .05$], and the indirect strategies [$F(1, 105) = 9.04, p < .01, partial \eta^2 = .08$]. Within the direct strategies testing,

the condom self-efficacy covariate also showed a significant effect [$F(1, 105) = 9.19, p < .01, \text{partial } \eta^2 = .08$]. Within the indirect testing, both number of vaginal sex partners [$F(1, 105) = 4.00, p < .05, \text{partial } \eta^2 = .04$] and the “ever occurred” [$F(1, 105) = 5.25, p < .05, \text{partial } \eta^2 = .05$] covariates showed a significant effect. As predicted in the hypothesis and shown in Table 1, individuals were more likely to use indirect strategies if resistance was predicted ($M = 4.86, SD = 1.56$) than when cooperation was predicted ($M = 4.12, SD = 1.75$). Similarly, in the direct tests, when resistance was predicted ($M = 5.50, SD = 1.61$), individuals were more likely to use direct strategies than when cooperation was predicted ($M = 4.89, SD = 1.53$). Because of the contradictions between the two sets of analyses, hypothesis three was partially supported.

Table 1

Means and Standard Deviations for Prediction of Cooperation

Dependent Variable	Cooperation	Resistance
	Mean/SD	Mean/SD
Persistence	5.55 ^a /1.64	5.76 ^a /1.55
Direct Strategies	4.89 ^a /1.53	5.50 ^b /1.61
Indirect Strategies	4.12 ^a /1.75	4.86 ^b /1.56

Note. $n = 106$. Within rows, means with a shared superscript letter do not significantly differ for the relationship status variable. There were no significant differences at $p < .05$ for the cooperation variable. Values ranged from 1 to 7. Higher values indicate a higher likelihood to persist, use direct strategies, and use indirect strategies.

Research Questions One and Two

Previous research was unclear as to whether males or females used more direct strategies when asking a partner to use a condom; therefore, research question one asked if males or females are more direct. A univariate ANOVA revealed a significant main effect when the direct strategies were analyzed [$F(1, 107) = 4.30, p < .05, \text{partial } \eta^2 = .04$]. As shown in Table 2, results revealed that females ($M = 5.40, SD = 1.31$) are more likely to be direct than males ($M = 4.65, SD = 1.79$). Also, the self-efficacy covariate showed a significant effect [$F(1, 107) = 6.17, p < .05, \text{partial } \eta^2 = .06$]. The results of the indirect ANOVA test showed no significant main effect [$F(1, 107) = .39, p = .53, \text{power} = .10$]. Thus, in response to research question one, females are more likely to be direct when requesting condom use than males.

Research question two asked what effects predicted long-term relationship and predicted one-night stand had on the directness of the condom use request. The testing of the direct strategies revealed a significant main effect [$F(1, 105) = 6.32, p < .05, \text{partial } \eta^2 = .06$]. As shown in Table 3, when a one-night stand ($M = 5.47, SD = 1.41$) is predicted, college students will use more direct strategies than when a long-term relationship ($M = 4.62, SD = 1.64$) is predicted. Also, the self-efficacy covariate showed a significant effect [$F(1, 105) = 7.58, p < .01, \text{partial } \eta^2 = .07$].

The indirect testing for RQ2 showed a significant main effect [$F(1, 105) = 4.70, p < .05, \text{partial } \eta^2 = .04$], with individuals more likely to use indirect strategies when a one-night stand ($M = 4.61, SD = 1.62$) is predicted than when a long-term relationship ($M = 4.05, SD = 1.80$) is predicted. Finally, number of vaginal sex partners showed a significant effect [$F(1, 105) = 4.86, p < .05, \text{partial } \eta^2 = .04$] when used as a covariate in

the analysis. Thus, in response to RQ2, individuals predicting a one-night stand are more likely to use direct and indirect condom use strategies compared with those predicting a long-term relationship.

Table 2

Means and Standard Deviations for Gender

Dependent Variable	Male	Female
	Mean/SD	Mean/SD
Direct Strategies	4.65 ^a /1.79	5.40 ^b /1.31
Indirect Strategies	4.21 ^a /1.74	4.45 ^a /1.71

Note. $n = 108$. Within rows, means with a shared superscript letter do not significantly differ for the gender variable. There were no significant differences at $p < .05$ for the gender variable. Values ranged from 1 to 7. Higher values indicate a higher likelihood to use direct strategies and to use indirect strategies.

Table 3

Means and Standard Deviations for Prediction of Relationship Status

<u>Stand</u> Dependent Variable	<u>Long-term Relationship</u>	<u>One-night</u>
	Mean/SD	Mean/SD
Persistence	5.86 ^a /1.55	5.31 ^a /1.65
Direct Strategies	5.47 ^a /1.41	4.62 ^b /1.64
Indirect Strategies	4.61 ^a /1.62	4.05 ^b /1.80

Note. $n = 106$. Within rows, means that share a superscript letter do not significantly differ for the relationship status variable. There were no significant differences at $p < .05$ for the relationship status variable. Values ranged from 1 to 7. Higher values indicate a higher likelihood to persist, use direct strategies, and use indirect strategies.

CHAPTER 5

DISCUSSION

This research was an attempt to better understand why college students have reservations about discussing condom use with their partners. Because college students do not consistently use condoms (Wendt & Solomon, 1995) and there is an increased risk for individuals to contract STIs or HIV/AIDS through sexual activities, the topic of condom use is a vital subject. The current study had three objectives: a) to determine the effect that predicted cooperation versus predicted resistance had on persistence with the request to use a condom and message directness of the request to use a condom; b) to determine the effect that predicted relationship outcome (e.g., long-term relationship vs. one-night stand) had on persistence with the request to use a condom and message directness of the request to use a condom; and c) to determine the effect gender had on message directness of the request to use a condom. The research was based on predicted outcome value theory (Sannafrank, 1986), which posits that when individuals predict more positive outcomes, they will be more likely to continue to communicate than when negative outcomes are predicted. A study was conducted using hypothetical scenarios to assess the proposed relationships.

Overall, the predicted outcome value theoretical framework was not a reliable tool for understanding the negotiation of condom use in dating relationships. Persistence was not affected by either prediction of cooperation/resistance or the potential relationship.

However, message directness was affected by prediction of cooperation, potential relationship, and gender. The final section of this thesis discusses the implications of these findings, proposes limitations to the study, suggests ideas for future research, and presents general conclusions about the negotiation of condom use.

Request Persistence

According to H1, an individual would be more likely to persist with the request to use a condom if cooperation from a partner was predicted rather than resistance. This hypothesis was based on the POV theoretical framework. When the analysis was conducted using several different covariates, there was no significant main effect. Thus, H1 was not supported. However, there is a significant effect for the condom frequency and self-efficacy covariates.

These findings are not consistent with previous POV research, which suggests that individuals will communicate more if there is a positive predicted outcome than when there is a negative predicted outcome (Sunnafrank, 1986). The current study suggests that individuals would persist with negotiating the use of condoms regardless of the predicted outcome. However, the significant covariates indicate that prediction of outcomes do play a role, but in a much more complex manner. Similar to Boldero et al. (1992), who suggested that other factors play a role in actual condom use, the current study found that multiple factors seem to be related to communicating about condom use.

H2 predicted that an individual who predicted a one-night stand would be more likely to persist with the request to use a condom than a person who predicted a long-term relationship. This hypothesis is vague as to whether it coincides with the POV theory or goes against it because POV is based on positive and negative outcomes, and whether a

one-night stand or long-term relationship is a positive or negative outcome is strictly up to the people involved. However, research showed that individuals who are involved in a long-term relationship are less likely to insist on the use of a condom so not to suggest infidelity on either partner's part (Bull et al., 2002). Once again, several covariates were factored into the analysis, and the current study revealed that the potential relationship did not play a role on the persistence except for the condom frequency and self-efficacy covariates. Participants reported that whether a one-night stand or long-term relationship was predicted, they would persist with the request to use a condom. Thus, H2 was not supported.

H2 was proposed under the context of previous research on relationship status and condom use. This research suggested that issues of trust and infidelity are aroused with the topic of condom use among dyads that are in an established relationship (Bull et al., 2002; Pilkington et al., 1994). Also, individuals are more likely to use condoms with casual partners than with primary partners (Von Haefen et al., 2000). The natural progression from these statements would be that if an individual felt that a long-term relationship would arise from a sexual encounter, then s/he would be less likely to persist with the request to use a condom than when a one-night stand was predicted. However, Fortenberry et al. (2002) discovered that after 21 days, a relationship is considered to be established, and it is at that point in time when condom use decreases. Therefore, the current findings would be consistent with Fortneberry et al. (2002). In the current study, the relationship had not been established; therefore, the concerns mentioned previously about established relationships might not be an issue within these circumstances.

Another problem in H1 and H2 might have been the manner that persistence was measured. The scale was adapted from Ifert and Roloff (1996), who continually found partial support for the hypotheses tested in a study of persistence of rejected requests. Because the hypotheses were only partially supported and the current study was not supported, there may be a measurement issue within the scale which caused the lack of support.

Message Directness

The third hypothesis predicted that individuals who predict cooperation with the request to use a condom will be more likely to use direct strategies than those who predict resistance. H3 was partially supported because analyses concluded that individuals who predict cooperation would be more likely to use direct strategies when requesting that a partner use a condom than individuals who predict resistance. However, the analyses also concluded that when cooperation is predicted, individuals would be more likely to use indirect strategies than those who predict resistance. These contradicting findings are the cause of the partial support in the current study and with previous research. Sunnafrank (1990) proposed that individuals who predict compliance would use the most effective method for producing those outcomes. Also, Sunnafrank (1986) suggested that information seeking behaviors would be reduced if negative outcomes were predicted. Edgar et al. (1992) suggested that using direct messages is the best method for persuading a partner to use a condom. Therefore, the current study does partially support Sunnafrank's (1986) assumption that information seeking behavior is decreased when a negative outcome is predicted.

This leads to the need for more testing on the subject of message directness and predicted outcomes. Additional research may need to look into the different methods that are utilized for negotiating condom use. Also, previous testing of H1 and H2 showed that individuals are willing to persist with the request to use a condom, meaning that more than one method may be used during a quest to have a partner comply with the request to use a condom.

Research question one explored the relationship between gender and message directness because previous research was inconsistent as to whether males or females were more direct. Findings for RQ1 indicate that women are more likely to be direct than men when asking partners to use condoms, which is inconsistent with previous research. Also, the self-efficacy covariate had a significant effect for RQ1.

The fact that women were more likely to use direct strategies than men was an intriguing result. Although researchers have said that women have more positive attitudes toward using condoms (DeBro et al., 1994; de Visser, 2004), this goes against most previous work that has been done. Some theorists say that both women and men use direct strategies (Bird et al., 2001). Others (Lam et al., 2004) reported that women are more likely than men to use nonverbal indirect strategies when negotiating condom use. Continued research needs to be done to determine who uses more direct strategies; however, if women do have more positive attitudes than men toward the use of condoms and are likely to use strategies that insist on the use of condoms (Campbell et al., 1992; deBro et al., 1994; Harvey, et al., 2002), it makes sense for women to use more direct strategies than men. Also, the stereotype of women communicating in a more submissive manner might be changing and add to the reasoning for the likelihood of women being

more direct than men when negotiating condom use. Another factor is that women may be concerned with condom use because of the high risk of contracting Human Papillomavirus (HPV). There is a link between certain types of HPV and cervical cancer; although men are at risk for anal and penile cancer, the link is not as common as in women (ASHA, 2005). More research needs to focus on gender and message directness for the negotiation of condom use and perhaps look at gender scripts as a factor and reasoning behind the use of different strategies.

Another important issue to address when discussing the significance of this finding is the fact that the analysis only tested for direct or indirect strategies for the use of condoms. Previous research has suggested that men are considered to be linked with persuasive techniques to avoid condom use and women have more positive attitudes toward using condoms (de Visser, 2004). Future research may analyze the differences between the genders in message directness for both using condoms and not using condoms.

RQ2 asked about the relationship between potential relationship and message directness. There is not much research on potential relationship and message directness nor could a hypothesis be made based on POV because it is unknown as to whether a one-night stand or a long-term relationship would be considered a positive outcome. A significant main effect was found both for direct and indirect messages. People who predicted a one-night stand were more likely to use both direct and indirect strategies than those who predicted a long-term relationship. This is consistent with previous research (Bull et al., 2002; Von Haeften et al., 2000) in the fact that individuals who predict a one-night stand are more likely to discuss condom use than individuals in

established relationships. Individuals are more likely to plan to use condoms for vaginal intercourse with a casual partner than a partner who is considered to be in an established relationship because a one-night stand can be perceived as a potentially high-risk partner (Von Haeften et al., 2000).

The inconsistency between indirect and direct strategies in H3 and RQ2 may be in the scales that were utilized. To measure message directness, two scales were adapted from Lam et al. (2004): one with direct requests to use a condom and one with indirect requests to use a condom. This allowed participants to choose more than one method when normally they might have only chosen one method. Another factor that may have been a problem is that Lam et al. (2004) originally used the scale to measure verbal and nonverbal messages as well as message directness, whereas I only focused on the directness dimension. Also, as deTurck (1985) discussed, when individuals are trying to persuade others, various factors play a role in message strategies and message strategies may vary. For example, deTurck (1985) explained that individuals initially did not prefer threat as a persuasive technique until after resistance to persuasion was detected. Then, individuals were much more likely to respond with threat. This would explain in the current study why individuals would report that they would be likely to use both indirect and direct strategies. For example, initially an individual might lay a condom in view of the partner but when the partner resists, the strategies might become progressively more direct.

Predicted Outcome Value

The lack of support for H1 and H2 and partial support for H3 may be due to the use of POV as the base theory for the assumptions. The results for the hypotheses

indicate that prediction of cooperation/resistance or relationship status does not affect levels of persistence or levels of message directness. These outcomes were surprising considering previous POV research (Bippus et al., 2003; Sunnafrank, 1986, 1990). However, these results were consistent with Bevan's (2002) findings.

Only a few studies have used POV (Bevan, 2002; Bippus et al., 2003) as a theoretical framework for research on established relationships. Most research using POV is on initial interactions. Although the type of relationship in the current study is not clear, the hypothetical scenarios state that it is either a date or a dating relationship and, therefore, not an initial interaction. Thus, the current study provides evidence that prediction of outcomes may not affect persistence and moderately affects message directness in sexual relationships.

Bevan (2002) explained some of the possibilities for the lack of support in her study of sexual resistance in cross-sex friendships and dating relationships. One was that use of hypothetical situations did not allow the influence of predicted outcome value to emerge. However, in the current study, all of the situations were considered realistic and did not differ from one another. Also, hypothetical scenarios allow the participant to place themselves into a specific situation with certain predictions taking place whereas recalling minute details of an actual event could be a daunting task that is subject to perceptual biases. Thus, using hypothetical scenarios seems appropriate considering that an individual might have difficulties remembering what s/he predicted in a past sexual episode.

However, a problem that may have contributed to the lack of support of the hypotheses is the fact that the theoretical concept of predicted outcome value may not be

applicable during the first vaginal sex experience with a new partner because a condom might initially be expected. Given only the details within the scenarios, most individuals might expect the use of a condom, hence the high levels of persistence. The importance of predicted outcome values may lie within additional details of the situation such as use of birth control. Vaginal sex is a highly complex and intimate situation. Although potential relationship status and prediction of cooperation or resistance are important, these must be factored in with other knowledge. Without the knowledge of whether other contraceptives are used or exact details of the relationship or their partners, the participants consistently persisted for the use of condoms and were willing to use both direct and indirect strategies.

Limitations and Suggestions For Future Research

These findings add to previous research regarding the relationship between gender, potential relationship, and prediction of cooperation and message directness. Furthermore, the implications of the current study can have far-reaching effects on sexual health communication. The results of this study can be generalized across various groups; however, a number of limitations must be addressed.

One limitation, that is inherent in studies of sexuality, is the reliance on self-report behavior. As Seal (1997) points out, "Unlike many scientifically studied phenomena, most human sexual behavior is neither ethically nor pragmatically amenable to direct observation, given the highly private nature of this behavior" (p. 39). Consequently, participants' answers to researchers' questions may reflect how they feel they should behave, rather than how they would actually behave.

Also, questionnaires have inherent difficulties with biases that may be present in the wording of the questions. This would be biases that are present because of the researcher's own experiences, whether because of gender, culture, or some other factor. Cecil and Zimet (1998) believe that biases can be present in study questionnaires, which can lead to misunderstandings or different interpretations. If this is the case, future researchers may want to consider more closely the various ethnic, cultural, and socioeconomic factors present in participant groups.

Additionally, although the specific aim of the current study is to further understand different factors into why college students do not negotiate condom use, all sexually active individuals are at risk for STIs and HIV/AIDS. Thus, future research may want to focus on middle and high school students, as well as on middle-aged and older adults. Williams and Donnelly (2002) state that older adults are often overlooked or completely disregarded altogether as a target audience for prevention programs. With the divorce rate soaring, the number of single, sexually active middle-aged adults is increasing. Because sexual health education was most likely not available to them when they were in school, they may not be aware of the risks they face.

Environment is another factor researchers need to take into consideration. The current study took place at a large southwestern university within a city and state that has a known sex industry. The students that live within this city may have been exposed to more safe sex campaigns than students who live in a smaller college town with a lesser-known sex industry; therefore, these city students may be particularly aware of STIs and HIV/AIDS. Because of the exposure to safe sex campaigns, individuals may be

particularly likely to answer questions based on what they should do rather than what they would do in a situation.

Some other concerns that should be addressed in future research are the level of education, sexual orientation, use of birth control, perceived risk and the physiological impact of emotion. As was stated previously, when other covariates were factored into the analyses, significant effects were present that were not in the main effects. This shows the complexity of the situation when two people are negotiating condom use. The use of multiple regression analyses in future research may help to factor in these other variables and determine which is the most significant in predicting outcomes.

Finally, a major concern within the current study was the manipulation check responses. Half of the questionnaires that were distributed had at least one of the manipulation checks wrong or incomplete. The majority of individuals ($n=97$, 76%) missed the manipulation check about cooperation and resistance. The question read, “In the scenario you just read, was cooperation or resistance predicted?” and did not specify that it was asking if cooperation or resistance was from the partner to use a condom. Individuals may have thought the item was asking if partners would cooperate to have sex, which would explain the high number of individuals who answered cooperation. Also, the word “just” may have led the participant to believe that the item was asking about the previous question rather than the scenario at the beginning of the survey. The other manipulation check also had the word “just” included, which could have been the factor for students answering this manipulation check item wrong. For future research, the manipulation checks need to be clearer so that the participant completely understands

the question and a formal pretest should be conducted to ensure understandability of the scenarios.

Another factor to be noted is the manner in which the Office for the Protection of Research Subjects (OPRS) handled the survey that was administered. After being approved, every page of the survey was stamped which made it impossible to make any minor (e.g., spelling or words transposed) corrections before administering the survey. This was a new policy for the OPRS that was implemented during the review process and I was not notified of this change. Also, the survey had a full board review three times before approval. Each time there were changes that had to be made that could have been addressed after the first review. This caused a minimal amount of time to administer surveys much less send in modification requests. This process made administering surveys incredibly difficult.

Conclusions

College students are communicating about condom use with their partners. They are not afraid to persist with the request to use a condom. Neither prediction of relationship status nor prediction of cooperation/resistance affects the fact that a college student will persist with the request to use a condom with a dating partner. Individuals are willing to use direct strategies when requesting the use of a condom, but women more than men are more likely to use direct strategies. Interestingly, these findings are not consistent with previous research or with POV.

The current findings are important because they show that college students are willing to request the use of a condom from their sexual partners and be direct about that message. Because hypothetical situations were used, there is a possibility that individuals

responded with what they should do, but also, this means that there is awareness about the need to use condoms. Sexual health communicators can use these findings to help counsel young adults who are sexually active. They can use the knowledge to help make condom use a more consistent practice. This research shows that individuals are willing to communicate about condom use. Now health communicators can focus more on how people should communicate and endorse the idea of not giving in to resistance. Also, health communicators can encourage the use of different methods for communicating condom use. Media campaigns can do the same and focus the importance of effectively communicating the need to use a condom.

Also, the current study exemplifies the complexity involved with negotiating condom use. When covariates (e.g., self-efficacy, number of vaginal sex partners, and condom frequency) beyond prediction of the outcome were factored into the situation, there were significant effects. Although POV was not particularly useful in the study of the negotiation of condom use, there is still much research that needs to be done on the subject.

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