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Gender, Sexual Experience, and the Sexual Double Standard: Evaluations of Female Contraceptive Behavior

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ABSTRACT

The purpose of the present research was to compare men's and women's perceptions of female contraceptive behavior and investigate the relationship between sexual experience and these perceptions. One hundred forty-six predominantly Caucasian males ($n = 76$) and females ($n = 70$) were randomly assigned to one of three sexual scenarios in which a male provided the condom in a sexual encounter, a female provided the condom, or no condom was used. They were then asked to rate the female on several behavioral and personality measures and to complete a sexual experience scale. Results showed differences in the way men and women perceived the female target. A positive correlation was also found between sexual experience and more favorable perceptions of the sexually-prepared female.

Tradition holds that a sexual double standard exists for women in American society. This double standard prescribes that a woman's sexual behavior be more conservative than a man's (e.g., women must be in love to have intercourse and should have fewer sexual partners than men, Lamanna & Riedmann, 1997). Acknowledgment of the sexual double standard has been demonstrated even in interactions among adolescents (see Orenstein, 1994, for more detail).

One result of this unequal status for women is that they are at a greater disadvantage than men when trying to negotiate sexual encounters (Chen, Sepulveda Amor,&Segal as cited in Amaro, 1995). For example, traditional male and female roles do not advocate the sexual communication and negotiation associated with condom use for women (Cantania et al., 1992). Women are expected to exert negative control over sex by resisting or encouraging sexual advances (by men) but not initiating them (Basow, 1992). Such unequal sexual status and subservience to men makes negotiations about safe sex very difficult because open dialogue about sexual behavior is in direct contrast with women's social role (Holland, Ramazanoglu, Scott, Sharpe, & Thomson, 1990). Further, sexual scripts (societal standards that dictate what constitutes sexually appropriate behavior) are generally internalized to the extent that persons who violate "shared scripts" are evaluated more unfavorably than those who do not (Sprecher, McKinney, & Orbuch, 1991). Therefore, a sexually-assertive female is at greater risk of being perceived undesirably than a more traditional and sexually-conservative female.

Although there are inconsistencies in the literature on the sexual double standard (see Williams & Jacoby, 1989), there is evidence that it prevails in judgements of women who are not only sexually active, but also who are contraceptively prepared. For example, Hynie and Lydon (1995) had participants read one of three scenarios about a casual, sexual encounter by a female target person. The conditions varied whether a condom was provided by the female, her male partner, or whether no condom was provided for use during intercourse. They were then asked to rate the female target. The woman's behavior was rated more negatively and as more inappropriate when she provided the condom than when her male partner provided the condom. Women also believed that her partner felt less positive about the woman when she had the condom than in the other two scenarios (Hynie & Lydon, 1995).

Hynie and Lydon (1995) demonstrated that the sexual double standard exists when women judge a female target, but they did not include men as participants in their study. Although the women in the study predicted that men would rate the sexually-prepared target less positively, it remains to be seen whether men would evaluate her in this way. Caron and Halteman's research found differences in endorsement of the sexual double standard for men and women on actual condom-related behaviors (Caron & Halteman, 1993). They surveyed freshman college students in the beginning of their second semester and found that women were more likely to provide and suggest using a condom when they held less traditional attitudes toward the sexual double standard. Men's dispositions toward the sexual double standard did not predict their condom-related behavior (Caron&Halteman,

1993). In a related study, 63% of male college freshmen compared to 38% of female college freshmen believed that intercourse between two people who have not known each other for very long was acceptable (Astin, 1991). Finally, Oliver and Sedikides (1992) found that for both low-commitment and high-commitment relationships, males were more tolerant of past sexual permissiveness in a partner than were females.

Hynie and Lydon (1995) also failed to examine additional factors that might moderate attitudes toward female contraceptive behavior. One such factor that may have influenced Hynie and Lydon's participants was their own sexual experience. Research has shown that sexual experience affects both interpersonal judgements of sexually-active others and attitudes about contraceptives. For example, high levels of sexual experience are correlated with more positive attitudes towards condom usage (Kelley, 1979). Zuckerman, Tushup, and Finner (1976) administered questionnaires that included sex scales concerning parental attitudes and personal experience, personal attitude scales, religious attitude scales, and personality scales. They found that attitudes toward sexuality and sexual experience were highly related. The participants with more sexual experience tended to have more permissive sexual attitudes. Even though attitudes and sexual experience were more strongly correlated for females than males, there was still a correlation for both genders, which suggests that sexual experience may affect attitudes about a sexually-prepared target. Simpson and Gangestad (1991) have found that despite gender differences on sexual permissiveness, there are more differences within gender groups than between gender groups, indicating that gender alone may not be sufficient in determining sexual attitudes.

The purpose of the current study was to extend the findings of Hynie and Lydon (1995) by (1) including male participants and (2) investigating the possible influence of participants' own sexual experience. That is, the study compared men's and women's perceptions of female contraceptive behavior, as well as examined the relationships between sexual experience and these perceptions. Male and female college students were randomly assigned to one of three condom-provider conditions (female provider, male provider, or no provider). They then evaluated the behavior of the woman described. They also answered questions concerning their own sexual experience. It was predicted that Hynie and Lydon's results would be replicated for females (Hynie & Lydon, 1995). Therefore, Hypothesis I was that female participants would evaluate the target person the least favorably when she provided the condom and the most favorably when her male partner provided the condom. Because males' beliefs about the sexual double standard have not been shown to predict their condom-related behavior, Hypothesis II was that male participants' evaluations of the female target would be no different across the three condom-provider conditions. Similarly, Hypothesis III was that males, compared to females, would rate the target female more positively, and her behavior as more appropriate, *when she provided the condom*. Finally, Hypothesis IV was that those scoring higher on sexual experience would evaluate the target female more positively, and her behavior as more appropriate, than less sexually experienced people *when the female provided the condom*.

METHOD

Participants

One hundred forty-six male ($n = 76$) and female ($n = 70$) college students at a mid-sized southern university were recruited in undergraduate psychology courses by instructor announcements and sign-up sheets in the psychology department. Information regarding participant race/ethnicity was not directly assessed. However, campus demographic information published by the university admissions office reported that 95% of psychology students (for the academic year the study was completed) were Caucasian, 2% were African American, and 3% were Hispanic, Asian, or other race (Appalachian State University, 2000–2001). Further, although socioeconomic data on the sample was not available, the campus is primarily comprised of students from middle- to upper-class backgrounds. Each student was either paid \$5.00 or given a class credit for his or her participation.

Materials

Scenarios

Based on Hynie and Lydon's materials, two diary entries about a target female named Ann-Marie were utilized (Hynie & Lydon, 1995). The first entry described a problem with Ann Marie's roommate. See Hynie and Lydon (1995) for a description of this entry.

Target Entry

The target entry described an evening in which Ann-Marie had a *casual, sexual encounter* with a male college student (Eric) from one of her classes. Participants were randomly assigned to one of three conditions regarding who provided the condom in the sexual encounter; Ann-Marie provides the condom, the male college student provides the condom, or no condom was used. For all three condom-provider conditions, the diary entry detailed the same sexual encounter. However, the entry ended with one of the following statements depending on condition: "Thank god I just had my period, because we didn't have a condom!" (No condom provider), "Thank god I had that condom in my purse!" (female provider), or "Thank god he had a condom in his wallet!" (male provider), see Hynie and Lydon (1995) for a complete description of the diary entry.

Target Evaluations

A revised version of Hynie and Lydon's questionnaire was used to evaluate the female target (Hynie & Lydon, 1995). Four items assessed Ann-Marie's *behavior* using a 4-point rating scale: *How appropriate did Ann-Marie behave in the scenario?* (totally inappropriate, mildly inappropriate, mildly appropriate, totally appropriate), *How do you feel about Ann-Marie's*

behavior?, *How do you think Ann-Marie feels about her own behavior?*, and *How do you think Eric feels about Ann-Marie's behavior?* (very negative, mildly negative, mildly positive, very positive). An additional item assessed participants' willingness to meet Ann-Marie: *To what extent would you be interested in making Ann-Marie's acquaintance?* (not at all, probably not, probably so, definitely).

Similar to Hynie and Lydon (1995), we utilized a revised version of McKinney, Sprecher, and Orbuch's method of assessing the target's personality characteristics (McKinney, Sprecher, & Orbuch, 1987). Specifically, eight bipolar choice items were used to measure participants' evaluations of Ann-Marie's maturity. The following traits were included: wise–foolish, responsible–irresponsible, not spontaneous–spontaneous, careful–not careful, cautious–adventurous, calculating–impulsive, rational–irrational, intelligent–unintelligent.

Sociosexual Orientation Scale

The last questionnaire of the packet was the Sociosexual Orientation Scale (Simpson&Gangestad, 1991). The Sociosexual Orientation Scale is an 11-item assessment of sexual experience. The questions consist of six openended items (e.g., "How many different partners have you had sex with in your lifetime?") and five 9-point Likert scales (e.g., "Sex without love is okay," 1 D *strongly disagree* and 9 D *strongly agree*).

Procedure

Participants first signed an informed consent briefly describing the experiment. A cover story was given so that the participants would not predict the hypothesis. The students were told that this was a study about problems that women face in college. Participants were then asked to write an essay about a problem faced by college women.²

Participants were then told they would choose from three stacks of diary entries presumably written by a female student named Ann-Marie. In actuality only one diary entry comprised the stacks. They were then asked to pick one diary entry from the three stacks of papers, which were turned upside down. This procedure was repeated for the second, target diary entry. The first diary entry described a problem that Ann-Marie had with her roommate and was followed by several questions evaluating Ann-Marie's personality. (This was included to enhance the believability of the cover story.)

The second diary entry described an evening during which Ann-Marie had a casual, sexual encounter with a male college student. Following the entry were questions again asking participants to evaluate Ann-Marie's personality and behavior. For the second entry, participants were randomly assigned to one of three condom-provider conditions (Ann-Marie provided the condom, her male partner provided the condom, and no condom was used).

Finally, participants filled out the Sociosexual Orientation Scale. After they completed this last task, they were debriefed on the nature and purpose of the study and either paid \$5.00 or given class credit for their participation.

RESULTS

Six dependent measures were used to assess perceptions of Ann-Marie. The first four were treated as a related set of measures assessing Ann-Marie's behavior and included ratings of the appropriateness of her behavior, how the participant felt about Ann-Marie's behavior, how Eric (her partner) felt about her behavior, and how Ann-Marie felt about her own behavior. The two other dependent measures were examined separately. These were the items that assessed participants' interest in making Ann-Marie's acquaintance and assessments of her maturity.

Hypothesis I: Females' Perceptions of Target

Hypothesis I stated that female participants would evaluate Ann-Marie least favorably when she provided the condom and most favorably when her male partner provided the condom. To test Hypothesis I, a one-way MANOVA was conducted on the four behavioral ratings across the three condom-provider conditions for female participants only. The MANOVA yielded a single, significant main effect for condition, $F(8, 128) = 3:13$, $p < .01$.

Follow-up univariate analyses revealed a significant main effect for three out of the four behavioral assessments of the target, $F(2, 67) = 3:93$, $p < .05$ for appropriateness of the target's behavior, $F(2, 67) = 4:49$, $p < .05$ for participants' feelings about the target's behavior, and $F(2, 67) = 6:39$, $p < .01$ for how the participants predicted the male in the scenario would feel about the target's behavior (see Table I). Post hoc Duncan's analyses showed that females rated the target's behavior as more appropriate when she provided the condom ($M = 2:39$, $SD = 0:78$) compared to when no condom was used ($M = 1:74$, $SD = 0:54$). The ratings of the appropriateness of the target's behavior when the male in the scenario presented the condom was similar to the other two conditions ($M = 2:08$, $SD = 0:97$). Post hoc analyses also revealed that females felt most positive about the target when she provided the condom ($M = 2:30$, $SD = 0:70$) compared to when no condom was used ($M = 1:70$, $SD = 0:70$) and when the male provided the condom ($M = 1:83$, $SD = 0:76$). Female participants also thought that the male in the scenario would think most negatively about the target when she provided the condom ($M = 2:83$, $SD = 0:89$) compared to when no condom was used ($M = 3:39$, $SD = 0:72$) and when the male provided the condom ($M = 3:54$, $SD = 0:51$).

For female participants' reports of how interested they would be to make Ann-Marie's acquaintance, a one-way ANOVA demonstrated a main effect for condom-provider condition, $F(2, 66) = 3:17$, $p < .05$. As can be seen in Table I, follow-up Duncan's analyses revealed that females expressed

the least amount of interest in making Ann-Marie's acquaintance when no condom was used ($M = 2.26$, $SD = 0.69$) as compared to when she provided the condom ($M = 2.68$, $SD = 0.65$) and when her partner provided the condom ($M = 2.63$, $SD = 0.49$).

Table I. Evaluations of the Female Target Across Condom-Provider Conditions by Female Participants

Item	Condom-provider condition		
	Male provider	Female provider	No condom
Appropriateness of behavior	2.08 _{ab}	2.39 _b	1.74 _a
Participants' feeling towards target's behavior	1.83 _c	2.30 _d	1.70 _c
Assumptions of sexual partner's feelings toward target's behavior	3.54 _f	2.83 _e	3.39 _f
Interest in making target's acquaintance	2.63 _h	2.68 _h	2.26 _g
Maturity	3.67 _j	3.87 _j	1.04 _i

Note. Means that share a subscript are not statistically different.

For assessments of Ann-Marie's maturity, a one-way ANOVA also revealed a significant main effect for condition, $F(2, 67) = 17.28$, $p < .001$.

Post hoc Duncan's analyses revealed that females rated the target as least mature when she did not use a condom ($M = 1.04$, $SD = 0.98$). However, no difference in maturity rating was found when the target provided the condom ($M = 3.87$, $SD = 2.01$) and when the male partner provided the condom ($M = 3.67$, $SD = 2.22$).

Hypothesis II: Males' Perceptions of the Target

To test Hypothesis II that stated that male participants' evaluations of Ann-Marie would be no different across the condom-provider conditions, a one-way MANOVA was conducted for males across the three condom-provider conditions. For behavioral assessments of the target, the MANOVA revealed a significant main effect for condition, $F(8, 140) = 2.25$, $p < .05$. No other significant effects emerged, all F s < 2 , ns. Follow-up univariate analyses revealed a single main effect for predictions of how the target felt about her own behavior, $F(2, 73) = 4.52$, $p < .01$. Post hoc Duncan's analyses showed that males believed that the target would feel more positive about herself when she provided the condom ($M = 3.23$, $SD = 0.65$) compared to when her partner provided the condom ($M = 2.64$, $SD = 0.76$). Both ratings were similar to those in which no condom was used ($M = 3.00$, $SD = 0.71$), see Table II.

Table II. Evaluations of the Female Target Across Condom-Provider Conditions by Male Participants

Item	Condom-provider condition		
	Male provider	Female provider	No condom
Perception of how target would feel about self	2.64 _k	3.23 _j	3.00 _{kl}
Interest in making target's acquaintance	2.48 _m	3.00 _n	2.92 _n
Maturity	2.60 _o	3.96 _p	2.36 _o

Note. Means that share a subscript are not statistically different.

For male participants' reports of interest in making Ann-Marie's acquaintance, a one-way ANOVA yielded a main effect for condom-provider condition, $F(2, 71) = 5.24, p < .01$. As can be seen in Table II, males reported the least interest in making Ann-Marie's acquaintance when her male partner provided the condom ($M = 2.48, SD = 0.67$) as compared to when she provided the condom ($M = 3.00, SD = 0.57$) or when no condom was used ($M = 2.92, SD = 0.57$).

For males' assessments of the target's maturity, a one-way ANOVA across levels of condom-provider condition produced a main effect, $F(2, 73) = 4.80, p < .01$. Post hoc Duncan's analyses revealed that male participants rated the target most mature when she provided the condom ($M = 3.96, SD = 2.05$), but no differences were found in the ratings of maturity when the male provided the condom ($M = 2.60, SD = 1.94$) and when no condom was used ($M = 2.36, SD = 2.00$), see Table II.

Hypothesis III: Comparison of Male and Female Evaluations of Target

Hypothesis III stated that males, compared to females, would rate the target female more positively, and her behavior as more appropriate when she provided the condom. In order to test this hypothesis, a one-way MANOVA was conducted across gender *for only those participants who read the female condom provider diary entry*. The MANOVA revealed a significant gender difference for all four behavioral assessments of the target, $F(4, 44) = 4.21, p < .01$. Follow-up univariate ANOVAs yielded two significant main effects for gender. When Ann-Marie provided the condom, male participants predicted that she would feel better about herself ($M = 3.23, SD = 0.65$) as compared to female participants ($M = 2.65, SD = 0.65$), $F(1, 47) = 9.68, p < .01$. Male participants also thought that the male in the scenario would feel better about Ann-Marie ($M = 3.50, SD = 0.71$) when she provided the condom than did female participants ($M = 2.83, SD = 0.89$), $F(1, 47) = 8.74, p < .01$. No differences emerged between males and females on ratings of the appropriateness of the target's behavior or how the participant felt about the target's behavior personally, all $F_s < 1, ns$.

For both reports of participants' interest in making Ann-Marie's acquaintance and evaluations of her maturity, one-way ANOVAs across gender demonstrated no significant effects, all F s < 3.5, ns.

Hypothesis IV: Sexual Experience and Evaluations of Target

Hypothesis IV stated that those scoring higher on sexual experience would evaluate the target female more positively, and her behavior as more appropriate, than individuals who were less sexually experienced when the female provided the condom. To test this hypothesis, first a z-score transformation was done on the following variables assessing sexual experience: number of partners in the past year, number of partners foreseen in the future, number of one-night stands, the frequency of sexual fantasy, and attitudes towards engaging in casual sex.³ The z scores were then summed to form a composite sexual experience score. A Pearson's Product-Moment Correctional analysis was then conducted to determine the relationship between sexual experience and perceptions of Ann-Marie as measured by the behavioral ratings, making her acquaintance, and maturity ratings. Strong positive correlations were found between sexual experience and ratings of the appropriateness of her behavior, $r(46) = .40, p < .01$, reports of how the participant felt personally about her behavior, $r(46) = .46, p < .01$, and reports of participants' interest in making Ann-Marie's acquaintance, $r(46) = .35, p < .05$. A positive correlation was also found between sexual experience and assessments of Ann-Marie's maturity, $r(46) = .29, p < .05$.

For exploratory purposes, a median split of the sexual experience composite score was then conducted such that individuals were categorized as "high" or "low" in sexual experience. A 2 (Sexual Experience) x 2 (Gender) between-subjects ANOVA was then conducted to determine whether the findings that emerged for sexual experience were true of both male and female respondents. As can be seen in Table III, the results were consistent with those found for the correlational analysis such that a main effect for Sexual Experience emerged for three of the four dependent measures. (The item assessing interest in making Ann Marie's acquaintance approached significance.) Specifically, individuals high on sexual experience rated Ann Marie's behavior as more appropriate, felt more positively toward her behavior, and believed Ann Marie to be more mature than those low on sexual experience. Interestingly, the main effects were not qualified by a Gender x Sexual Experience interaction.

Table III. Mean Evaluations of Female Target, Standard Errors, *F*-Values, and *p*-Values for Low and High Sexually-Experienced Participants Exposed to the Female-Provider Diary Entry

Item	Sexual experience		<i>F</i>	<i>p</i>
	Low (<i>SD</i>)	High (<i>SD</i>)		
Appropriateness of behavior	2.17 (0.14)	2.77 (0.15)	8.65	.005
Participants' feelings towards target's behavior	2.04 (0.13)	2.72 (0.13)	13.74	.001
Interest in making target's acquaintance	2.73 (0.12)	3.04 (0.12)	3.34	.07
Maturity	3.20 (0.38)	4.84 (0.39)	8.94	.005

Note. All *dfs* = 1, 43.

DISCUSSION

Hynie and Lydon's research, which found that college females rated a female target's behavior more negatively and as more inappropriate when she provided the condom than when her male partner provided the condom, was not replicated (Hynie & Lydon, 1995). Contrary to what past research would suggest, female participants in the current study rated the female target most positively when she provided the condom and most negatively when no condom was used on four assessments (appropriateness of her behavior, participants' feelings about her behavior, maturity, and interest in becoming acquainted with her). One reason for the change in attitudes could be that Hynie and Lydon's research was published 7 years ago. Condom use among women increased overall between 1982 and 1990 from 12 to 18% (among only unmarried women the increase was 12–30%, Kaiser Family Foundation, 1996) and from 15 to 20% between 1988 and 1995 (among only unmarried women the increase was 20–30%, Kaiser Family Foundation, 1997). One could argue that the trend continued to increase between 1995 and 2002. The increase in condom usage suggests a more accepting view of contraceptives and those who use them.

Despite more liberal attitudes of females in the sample, they believed that the male in the scenario would feel more negatively about the target's behavior if she was the condom provider. This is particularly noteworthy when we consider the fact that men in our sample *did not* berate the sexually-prepared female. Indeed, in Hypothesis II we predicted that men would not differ in evaluations of the target across condom-provider conditions. We found partial support for this prediction. However, contrary to expectation, what did emerge on two measures was a tendency toward more unfavorable ratings of Ann-Marie *when her partner* provided the condom as compared to *when she did*. Males also rated her as *most* mature when she provided the condom, and were *least* interested in making her acquaintance when the male in the encounter provided the condom. This is consistent with the finding that about 80% of college males reject the idea that men should always be the sexual initiators (Carroll, Volk, & Hyde, 1985). Indeed, men may feel burdened by the social expectation that they should lead and control sexual interactions (Carlson, as cited in Basow, 1992), which may account for why males showed more negative evaluations of Ann-Marie when she was presented in this more traditional role.

With regards to differences across gender, partial support was found for Hypothesis III in that male participants predicted that Ann-Marie and her partner would feel better about her behavior compared to female participants when she provided the condom. Thus, despite a movement toward more egalitarian sexual scripts (see also Sprecher et al., 1991) and the fact that women in our sample seem to be more liberal than those in previous research, the men in the sample were still more accepting of a woman who asserted herself sexually.

Hypothesis IV was supported. Our participants' own sexual experience was highly, positively correlated with ratings of the appropriateness of Ann-Marie's behavior and how the participants personally felt about her when she provided the condom. These findings were not dependent upon respondents' gender, suggesting that sexual attitudes may be more a function of a person's past sexual behavior than a function of gender (see also Simpson & Gangestad, 1991). The results also extend the research of Kelley (1979) who found a positive correlation between sexual experience and favorable attitudes toward condom usage to the more specific realm of sexual preparedness on the part of a female. One reason for this finding may be what Sprecher et al. (1991) called the operation of a "similarity effect." That is, the target's sexual standard may appear to be a reflection of the participant's own sexual standards resulting in greater identification with the behavior of the target. It is also possible that individuals (particularly women) who are more sexually active may become aware that traditional sexual roles have little utility in insuring protection against sexually transmitted diseases and pregnancy. This may be another reason why they are more accepting of a female violating sexual scripts and taking the initiative to provide a condom.

One limitation of this study was that the behavior of the male in the scenario was not rated. The fact that neither males nor females in the sample evaluated the sexually-prepared female more harshly relative to the other two experimental conditions may reflect a movement away from the traditional sexual double standard. However, without a comparison of how the male in the sexual scenarios would be evaluated the generalizability of our conclusions is limited. In order to more fully examine the presence of a sexual double standard for female contraceptive behavior, future research should examine male and female participants' evaluations of a male target's behavior across similar comparison groups.

It is also important to note that our sample was primarily comprised of middle- to upper-class Caucasian college students, which may have impacted the types of inferences made about the target female. Although information about the race and ethnic background of the target, Ann Marie, was left ambiguous, it's difficult to know what assumptions were made about her (e.g., was a same-race assumption made). Research has demonstrated that cultural differences do impact attitudes toward gender roles (Basow, 1992). With regard to sexuality in particular, Hispanic cultures (as compared to White and Black American) tend to emphasize more traditional feminine and masculine roles such as sexual purity for women and sexual prowess and dominance for men (Unger & Crawford, 1992). For example, Castaneda

and Collins (1998) compared low and high acculturated Mexican American and White, urban university students on evaluations of a male or female "condom introducer" involved in a steady dating relationship. They found that low-acculturated Mexican Americans rated a female condom introducer as more promiscuous than a male condom introducer. However, no significant differences in ratings of the male or female target emerged among Whites or high acculturated Mexican Americans.

Expanding this study regarding perceptions of a contraceptively-prepared female to a broader sample of individuals is also important in constructing educational communications designed to reduce the spread of sexually-transmitted diseases like HIV. Recent research indicates that although HIV infection is present on U.S. university campuses, the rates for male college students (0.5%) and female college students (0.2%) appears to be lower than that of populations known to be at high risk for the disease such as intravenous drug users (Gayle et al., 1990). Inclusion of populations that are more culturally, socially, and demographically diverse would enhance the utility of this research for sexually-transmitted disease prevention (and unplanned pregnancy) programs.

Our findings are also specific to a casual, and seemingly unplanned, sexual interaction, unlike Castaneda and Collins who's sexual scenario involved a couple who had been "dating steadily for 3 months." In terms of actual practice of condom use, relationship context has been found to be an important predictor. For example, Reisen and Poppen (1995) found that women who were in relationships of longer duration were less likely to use condoms than were those whose relationships were of shorter duration. This is consistent with the notion that there are some factors such as implied infidelity if a partner introduces a condom that may work against condom use in a committed, close relationship (Castaneda & Collins, 1998). Consequently, relationship context (e.g., casual vs. committed and exclusive) may be another factor that warrants study in examining attitudes toward female contraceptive behaviors.

CONCLUSION

Ironically, the "limitation" of our sample's demographic does make it comparable to most studies of the sexual double standard. That is, the majority of research on gender roles has used White, North American, middle-class participants (Basow, 1992). Given that we were interested in comparing our findings to that of Hynie and Lydon (1995)⁴ (who did use college females), our sample provides an appropriate comparison group. Even though this study did not fully replicate past research, its findings are promising for the status of the sexual double standard for women. Women now view a sexually-prepared female more positively than those in Hynie and Lydon's study 7 years ago (Hynie & Lydon, 1995). Women's fear of how a sexually-assertive female will be perceived by a male partner still appears to be an obstacle in sexual decision-making about condom usage, although this fear is unfounded when we look at the actual self-reports of our male participants.

Unfortunately, this fear may play a critical role in women's unwillingness to provide a condom during sexual interactions. Accurate information regarding the sexual attitudes and perceptions of males and females should be included in sex education. This could reduce women's anticipation of negative social judgment by a male sexual partner and increase the probability of them providing contraception if they are going to be sexually active. If increasing awareness of sexual risks and increasing safer, sexual practice is the goal of sex education, this information could prove to be useful.

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