**SYNOPSIS OF PROPOSAL**

**REP** – Individual and Relationship Factors as Predictors of Contraceptive Use

1. This mixed-methods study will use an online survey to collect data from Texas State students and online interviews to elaborate on the survey findings. Our sample will include males and females, ages 18-24, who are single and in relationships in order to examine how gender and relationship status influence attitudes and sexual behaviors. To recruit students, we will email a random sample of 6,000 students stratified based on gender and classification. Those who complete the survey will be entered into a drawing for one of a limited number of incentives. We will then recruit 50 students from the survey respondents to participate in an individual interview via synchronous chat technology. Each of these students will also receive a monetary incentive.
2. To recruit our participants, the Office of Institutional Research (OIR) will provide the email addresses of the stratified random sample of 6,000 students. Yaowen Han from the Testing, Research Support and Evaluation Center will email those students inviting them to participate in our online survey. The e-mail will explain to students: the purpose of the study; that their participation is voluntary; that they have the right to withdraw at any time; the expected duration of their participation; that their information will be kept confidential; and that students who complete the survey will be entered into a drawing for one of a number of monetary incentives (10-$100, 10-$50) (Attachment A). Students who agree to participate in our study will have to acknowledge their consent by clicking on “I agree” before they are directed to our online survey (Attachment B). After completing the survey, participants who wish to be entered into the drawing will be directed to a separate survey where they will enter their name and contact information. They will also be asked if they are interested in participating in an individual interview via synchronous chat technology.

We will then recruit a subsample of 50 students from those who indicate their interest in participating in an online interview. Email accounts will be created through Google for all interview participants who schedule an interview time. These password-protected accounts will be void of any identifiable information about the participants. Project sites will also be created in TRACS for each individual participant. To complete the online interviews, participants will log into the TRACS chat rooms at their scheduled interview times with the usernames and passwords provided to them. Once logged in, the interviewer will greet the participants and post a consent form for their review (Attachment C). The consent form will explain: the purpose of the interview; that their participation is voluntary; that they have the right to withdraw at any time; the expected duration of their participation; that their information will be kept confidential; and that students who complete the online interview will be compensated with $25. Participants will be asked to type their agreement in place of their signatures for consent after they review the consent form.

A series of semi-structured questions will be utilized as the method of data collection because they allow the structure necessary to obtain the information of interest, and at the same time, the freedom to digress and explore issues raised during the interview (Attachment D). Because the study is exploratory in nature, we might add or modify questions based on our analysis of the survey responses.

1. This study entails minimal risk to participants as it focuses mainly on students’ knowledge, attitudes, and behaviors regarding contraception and the data will not include any identifying information. Additionally, participants will be reminded at various points of each phase of the study that they may choose not to answer any questions. The researchers will make themselves available by phone, email, or mail to the participants should they have further questions or issues after the completion of the study.
2. The survey data we receive from TREC will not include any identifying information. Contact information for the incentives will be sent as a separate file and will not be linked to participants’ survey responses. Data will be stored electronically on password protected computers. Any printed materials related to the project will be kept in locked storage units, accessed only by the researchers and graduate assistants. Individual interview participants will be identified on transcripts by the Google email account created specifically for this project. The password-protected file linking participants’ names with the Google email account will be stored electronically on the Principal Investigator’s personal, password-protected computer and will be permanently deleted as soon as all participants have been paid. Pseudonyms will be used in all published materials.
3. There are a number of potential benefits to the study. First, the survey data will allow the researchers and Texas State University personnel to better understand young adults’ intentions, behaviors, and decisions concerning sexual activity and contraception. Second, by examining students’ perspectives, we can identify factors young adults perceive as barriers to contraceptive use and highlight strategies for promoting the effective use of contraception.

If we are able to identify such strategies, the number of unplanned pregnancies and sexually transmitted infections among Texas State students could decrease.

1. The potential risks are minimal and comparable to the level of risk that one might encounter in daily life. As such, we believe that the potential benefits to the participants and to Texas State University personnel in terms of greater understanding regarding young adults’ intentions, behaviors, and decisions concerning sexual activity and contraception offset any potential risks that might be experienced by individual students.
2. N/A
3. N/A
4. N/A
5. No.
6. Ani Yazedjian, Michelle L. Toews, and graduate assistants.

ATTACHMENT A

CONSENT FORM

You are invited to participate in an on-line research study funded by the Research Enhancement Program and conducted by Drs. Ani Yazedjian (ani@txstate.edu) and Michelle Toews (mtoews@txstate.edu), faculty members at Texas State University-San Marcos, Department of Family and Consumer Sciences. We hope that your participation in our study will provide us with valuable information regarding young adults’ sexual activity, even if you are not sexually active at this time. Your name was randomly selected because you are a Texas State student between the ages of 18-24. You will be one of approximately 6000 students chosen to participate in this study.

If you decide to participate, we will request that you click on the “I Agree” button at the bottom of the page and then complete the on-line survey. The survey takes approximately 30 minutes to complete and asks questions about your knowledge, attitudes, and decisions concerning sexual activity and contraception (birth control). Some example questions include: “A woman can get pregnant: a) A few minutes after sexual intercourse, b) A few hours after intercourse, c) A few days after intercourse, d) All of the above”; “Contraceptives are difficult to obtain: Strongly agree, Agree, Undecided, Disagree, Strongly Disagree”; and rating how comfortable you feel “Talking with friends about birth control.”

We realize that your time is valuable, but the information you can provide us is critical in identifying the needs and concerns of students at Texas State. In return for your completion of the survey, you will have an opportunity to enter your name into a drawing for one of a number of monetary incentives (10 people will be selected to receive $100 each and 10 people will receive $50 each).

Any information that is obtained in connection with this study will be anonymous. If you choose to enter your name into the drawing, you will be directed to a separate survey which will not be connected to your survey responses. Data will be stored electronically on password protected computers in the Department of Family and Consumer Sciences. Any printed materials related to the project will be kept in locked storage units, accessed only by the researchers and graduate assistants. In addition, the report of the research findings will be in summary form, reflecting the general responses of all students in the study.

The possible risk to your participation is psychological discomfort from past events and interactions that might have been negative. Agencies that might be helpful for you include (1) Texas State Counseling Center (512-245-2208), (2) Hays Caldwell Women’s Center (512-396-3404), and (3) SafePlace (512-267-SAFE). Services at these agencies are free, although the number of sessions allowed might be limited.

If you decide to take part in the survey, you are free to stop at any time. You can withdraw from the study without prejudice or jeopardy to your standing with Texas State University-San Marcos. You do not have to answer any question that makes you uncomfortable. We can send you a summary of the study or any resulting papers if you request. The Texas State Institutional Board (Approval # 2010A2105) has approved this study.

If you have any questions, please contact Dr. Ani Yazedjian at 512-245-2412 or Dr. Michelle Toews at 512-245-2405. If you have any additional questions about the research or your rights as a participant, you can contact the IRB chair, Dr. Jon Lasser (512-245-3413; lasser@txstate.edu), or Ms. Becky Northcut, Compliance Specialist (512-245-2314).

You are making a decision whether or not to participate in this study. By clicking on the “I Agree” button at the bottom of the page, you are indicating that you understand the information provided above and have decided to participate. We recommend that you print a copy of this consent form for your records.

Thanks in advance for your willingness to help us out on our project.

   

**ATTACHMENT B**

**MEASURES**

**Demographic Questions**

Are you:

* Male
* Female

How old are you? \_\_\_\_

Which of the following best describes you:

* White
* Black/African American
* Asian
* Hispanic/Latino
* Native American
* Multiracial
* Other

Where do you live?

* Dorms
* With parents/guardians
* Apartment/House in San Marcos
* Apartment/House outside of San Marcos
* Other

Are your parents: (select one)

* Married to each other and living together
* Divorced
* Separated
* Never married and living together
* Never married and not living together
* One parent is deceased
* Both parents are deceased

How much education did your mother complete?

* Less than high school
* High school graduate
* Some college, community college, or technical school
* College graduate (Bachelor’s)
* Graduate school, no degree
* Graduate or professional degree (MD, PhD, JD)

How much education did your father complete?

* Less than high school
* High school graduate
* Some college, community college, or technical school
* College graduate (Bachelor’s)
* Graduate school, no degree
* Graduate or professional degree (MD, PhD, JD)

Directions: Please read the following statements and select the ONE that best describes you.

* It is easy for me to become emotionally close to others. I am comfortable depending on others and having others depend on me. I don’t worry about being alone or having others not accept me.
* I am very comfortable without close emotional relationships. It is very important to me to feel independent and self-sufficient, and I prefer not to depend on others or have others depend on me.
* I want to be completely emotionally intimate with others, but I often find that others are reluctant to get as close to me as I would like. I am uncomfortable being without close relationships, but I sometimes worry that others don’t value as much as I value them.
* I am uncomfortable getting close to others. I want emotionally close relationships, but I find it difficult to trust others completely, or to depend on them. I worry that I will be hurt if I allow myself to become too close to others.

**Rosenberg SES**

For each of the following statements, please circle the number that best describes how you usually feel:

# 1= Strongly Disagree 2=Disagree 3=Agree 4=Strongly Agree

1. On the whole, I am satisfied with myself. 1 2 3 4

2. At times I think I am no good at all. 1 2 3 4

3. I feel that I have a number of good qualities. 1 2 3 4

4. I am able to do things as well as most other people. 1 2 3 4

5. I feel I do not have much to be proud of. 1 2 3 4

6. I certainly feel useless at times. 1 2 3 4

7. I feel that I am just as valuable as other people. 1 2 3 4

8. I wish I could have more respect for myself. 1 2 3 4

9. I feel that I am a failure a lot of the time. 1 2 3 4

10. I have a positive attitude toward myself. 1 2 3 4

Which of the following best describes your current relationship status:

* Single
* Casually dating one partner
* Casually dating multiple partners
* Involved in a committed relationship
* Engaged
* Married

Which of the following best describes your sexual orientation:

* Heterosexual
* Gay
* Lesbian
* Bisexual
* Transgendered

Please read the following statements and select the ONE that best describes you:

## I would only engage in sex if I was married

* I would only engage in sex if I was in a committed relationship
* I would engage in casual sex

Have you ever had sexual intercourse?

At what age did you become sexually active?

How many sexual partners have you had in your lifetime: \_\_\_\_\_\_\_

How many sexual partners have you had in the past 12 months: \_\_\_\_\_\_\_

Have you ever had a sexually transmitted disease (STD): Yes/No

If yes, choose all that apply.

* Chlamydia
* Gonorrhea
* Hepatitis
* Herpes
* HIV/AIDS
* Human Papillomavirus (HPV)
* Pubic lice/crabs
* Syphilis
* Other

What is your preferred method of contraception (birth control):

* None
* Birth control pills
* Condoms/Foam
* IUD
* Diaphragm
* Patch
* Ring
* Depo Provera
* Norplant
* Withdrawal
* Natural family planning (rhythm method)
* Emergency contraception (morning after pill)
* Other FILL IN

What method of contraceptive (birth control) did you use during your most recent sexual encounter?

Choose all that apply:

* None
* Birth control pills
* Condoms/Foam
* IUD
* Diaphragm
* Patch
* Ring
* Depo Provera
* Norplant
* Withdrawal
* Natural family planning (rhythm method)
* Emergency contraception (morning after pill)
* Can’t remember
* Other FILL IN

***Knowledge Survey***

Circle the correct response.

1. The pill:
   1. Prevents ovulation
   2. Keeps cervical mucus very thin
   3. Changes the lining of the uterus to make implantation unlikely.
   4. Both a and c
   5. All of the above
2. According to the most accepted current thought, the IUDs effectiveness is due to:
   1. Changing levels of hormones
   2. Changed functioning of the fallopian tubes
   3. Preventing implantation of the fertilized egg
   4. Preventing ovulation
   5. All of the above
3. A diaphragm should be used:
   1. Without any cream or jelly
   2. With any type of lubricant
   3. With spermicidal jelly or cream inside it
   4. Either with or without spermicidal jelly
4. Contraceptive foam is most effective in preventing pregnancy when inserted inside the vagina:
   1. Right before intercourse
   2. 2-4 hours before intercourse
   3. Right after intercourse
   4. All of the above
5. The use of a condom when having sexual intercourse is recommended because:
   1. If used right, it usually prevents getting or giving gonorrhea
   2. It can be bought in a drug store by both men and women
   3. It does not have dangerous side effects
   4. All of the above
6. A woman can get pregnant:
   1. A few minutes after sexual intercourse
   2. A few hours after intercourse
   3. A few days after intercourse
   4. All of the above
   5. A and b
7. Over a one-year period, what is the likelihood that a sexually active woman who uses no birth control will become pregnant?
   1. 1 in 10
   2. 5 in 10
   3. 7 in 10
   4. 9 in 10
8. A woman is most likely to become pregnant (no matter how long or short her menstrual cycle) if she has sexual intercourse about:
   1. 1 week before menstruation begins
   2. 2 weeks after menstruation begins
   3. 2 weeks before menstruation begins
   4. 1 week after menstruation begins
9. Some warning signs that may signal the onset of problems related to hormonal methods of birth control (pill, patch, ring) are:
   1. Chest pain
   2. Yellowing of the skin
   3. Pain in the calf of the leg
   4. All of the above
   5. None of the above
10. Medical conditions that make it dangerous for a woman to use hormonal methods of birth control are:
    1. High blood pressure
    2. Heavy smoking
    3. Diabetes
    4. Both a and b
    5. All of the above
11. Present evidence indicates that the most serious side effect of hormonal methods of birth control is:
    1. Cancer
    2. Blood clotting problems
    3. Chloasma
    4. Nausea
    5. Creating permanent sterility
12. Which of the following group of women has the highest risk of side effects if they use hormonal methods of birth control?
    1. Women who have never had children
    2. Women over 40 who smoke
    3. Women who have severe menstrual cramps and are 10-20 lbs. overweight
    4. Women who have been on the pill for more than 5 years
13. Serious side effect(s) of the IUD include:
    1. Perforation of the uterus
    2. Uterine infection
    3. Tubal infection
    4. Both a and b
    5. All of the above
14. The IUD is not recommended for:
    1. Women with severe menstrual cramping
    2. Teenagers
    3. Women who have had pelvic infections
    4. All of the above
    5. None of the above
15. Once an IUD is inserted, it is important to check periodically for the string because:
    1. If it *can* be felt, it indicates the IUD is out of place
    2. If it *cannot* be felt, it indicates the IUD may be out of place.
    3. If it *can* be felt, it indicates it should be removed immediately
    4. If it *can* be felt, it will interfere with sexual intercourse
    5. None of the above
16. A drawback of using an IUD is:
    1. It may be expelled by the body without the woman’s knowledge
    2. It may interfere with orgasm by making uterus contractions painful
    3. Its effectiveness is dependent on the age and pregnancy history of the user
    4. None of the above.
17. After intercourse, a diaphragm:
    1. Should be removed immediately to prevent infection
    2. Can be taken out after 2 hours
    3. Must be left in place for at least 8 hours
    4. Must be left in place for at least 12 hours
18. A problem that may result from using a diaphragm is:
    1. Increased pelvic infection
    2. Increased cervical infection
    3. Increased urinary tract infection
    4. All of the above
    5. None of the above
19. When a diaphragm is properly in place:
    1. The woman *will not* be able to feel it
    2. The woman *will* be able to feel it
    3. Both partners will be able to feel it
    4. Both b and c
20. A diaphragm must be fitted by a health professional because:
    1. The risk of complication is high
    2. It must fit properly over the cervix
    3. It is a difficult and risky medical procedure
    4. All of the above
    5. Both a and b
21. The actual user effectiveness rate of foam and condoms is equal to or better than the actual user rates of:
    1. An IUD
    2. A diaphragm
    3. The pill
    4. All of the above
    5. None of the above
22. To use a condom correctly, a person must:
    1. Leave some space at the tip for the sperm
    2. Use one every time sexual intercourse occurs
    3. Hold it on the penis while withdrawing from the vagina
    4. All of the above
23. When having sexual intercourse, the use of both contraceptive foam and condoms is recommended because:
    1. The man and the woman are sharing the responsibility for avoiding pregnancy
    2. The woman is less likely to become pregnant than if only one of these is used
    3. They can both be purchased at the drug store without prescriptions
    4. All of the above
    5. A and c
24. When having sexual intercourse multiple times during one sexual encounter, contraceptive (birth control) foam is most effective:
    1. If a single application is used
    2. If an additional application is used before each act of sexual intercourse
    3. If a woman douches after each act of intercourse
    4. All of the above
    5. B and c

**Contraceptive Attitude Scale**

Below are several statements about the use of contraceptives (birth control). We are interested in knowing your opinion about each statement. Using the scale below, please indicate your level of agreement or disagreement with each statement. Keep in mind that there are no right or wrong answers. Also remember that we are interested in your personal opinion. Therefore, we want to know how you feel about these statements and not how you think your family or friends might feel about these statements.

SA= Strongly agree; A= Agree; U= Undecided; D= Disagree; SD= Strongly Disagree

\_\_\_\_I believe that it is wrong to use contraceptives.

\_\_\_\_2. Contraceptives reduce the sex drive.

\_\_\_\_3. Using contraceptives is much more desirable than having an abortion.

\_\_\_\_4. Males who use contraceptives seem less masculine than males who do not.

\_\_\_\_5. I encourage my friends to use contraceptives.

\_\_\_\_6. I would not become sexually involved with a person who did not accept contraceptive responsibility.

\_\_\_\_7. Teenagers should not need permission from their parents to get contraceptives.

\_\_\_\_8. Contraceptives are not really necessary unless a couple has engaged in intercourse more than once.

\_\_\_\_9. Contraceptives make sex seem less romantic.

\_\_\_\_10. Females who use contraceptives are promiscuous.

\_\_\_\_11. I would not have intercourse if no contraceptive method was available.

\_\_\_\_12. I do not believe that contraceptives actually prevent pregnancy.

\_\_\_\_13. Using contraceptives is a way of showing that you care about your partner.

\_\_\_\_14. I do not talk about contraception with my friends.

\_\_\_\_15. I would feel embarrassed discussing contraception with my friends.

\_\_\_\_16. One should use contraceptives regardless of how long one has known his/her sexual partner.

\_\_\_\_17. Contraceptives are difficult to obtain.

\_\_\_\_18. Contraceptives can actually make intercourse seem more pleasurable.

\_\_\_\_19. I feel that contraception is solely my partner’s responsibility.

\_\_\_\_20. I feel more relaxed during intercourse if a contraceptive method is used.

\_\_\_\_21. I prefer to use contraceptives during intercourse.

\_\_\_\_22. In the future, I plan to use contraceptives any time I have intercourse.

\_\_\_\_23. I would practice contraception even if my partner did not want me to.

\_\_\_\_24. It is no trouble to use contraceptives.

\_\_\_\_25. Using contraceptives makes a relationship seem too permanent.

\_\_\_\_26. Sex is not fun if a contraceptive is used.

\_\_\_\_27. Contraceptives are worth using, even if the monetary cost is high.

\_\_\_\_28. Contraceptives encourage promiscuity.

\_\_\_\_29. Couples should talk about contraception before having intercourse.

\_\_\_\_30. If I or my partner experienced negative side effects from a contraceptive method, we would use a different method.

\_\_\_\_31. Contraceptives make intercourse seem too planned.

\_\_\_\_32. I feel better about myself when I use contraceptives.

**The Contraceptive Utilities, Intention, and Knowledge Scale**

***Attitude Survey***

1. If you or your partner were *not* to use birth control, how likely do you think it is that you/your partner would become pregnant during the next year? (Circle one category)

1 2 3 4 5

Very Somewhat Neutral, neither Somewhat Very

unlikely unlikely likely nor unlikely likely likely

1. What form of birth control have you chosen to use?
2. None
3. Birth control pills
4. Condoms/Foam
5. IUD
6. Diaphragm
7. Patch
8. Ring
9. Depo Provera
10. Norplant
11. Withdrawal
12. Natural family planning (rhythm method)
13. Emergency contraception (morning after pill)
14. Other FILL IN
15. What form of birth control has your partner chosen to use? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
16. None
17. Birth control pills
18. Condoms/Foam
19. IUD
20. Diaphragm
21. Patch
22. Ring
23. Depo Provera
24. Norplant
25. Withdrawal
26. Natural family planning (rhythm method)
27. Emergency contraception (morning after pill)
28. Other FILL IN
29. How likely do you think it is that you will use the above method(s) every time you have intercourse over the next year?

1 2 3 4 5

Very Somewhat Neutral, neither Somewhat Very

unlikely unlikely likely nor unlikely likely likely

1. If you or your partner were to continue using the form(s) of birth control noted above, how likely do you think it is that you/your partner would become pregnant during the next year? (Circle one category)

1 2 3 4 5

Very Somewhat Neutral, neither Somewhat Very

unlikely unlikely likely nor unlikely likely likely

1. Below are a number of statements about how you might feel about you or your partner becoming pregnant within the next year. Please select the one that best represents how you feel. (Check one only)

\_\_\_\_ It would be the worst thing that could happen.

\_\_\_\_ It would be very bad.

\_\_\_\_ It would be sort of bad but not terrible.

\_\_\_\_ It would be O.K.

\_\_\_\_ It would be sort of good but not terrific.

\_\_\_\_ It would be very good.

\_\_\_\_ It would be the best thing that could happen.

1. People who are important to you may have feelings about the type of birth control you/your partner might use. For each birth control method below, please indicate how the people who are most important to you would feel about you or your partner using that form of contraception. (Circle the number from 1 to 5 that best represents *their* feelings.)

1 = Very much opposed (would discourage use)

2 = Somewhat opposed

3 = Neither opposed nor in favor (neutral)

4 = Somewhat in favor

5 = Very much in favor (would encourage use)

* + - Foams/Condom s
    - Diaphragm
    - IUD
    - Birth control pill
    - The patch
    - The ring
    - Depo Provera (the shot)
    - Norplant
    - Emergency contraception (morning after pill)
    - Withdrawal
    - Natural family planning (rhythm method)

1. Different birth control methods vary in how *effective* or *ineffective* they are in preventing pregnancy. They also vary in how *convenient* they are to use. For each birth control method listed below, please rate how *effective* you think they would be in *preventing* you from becoming pregnant, AND how *convenient* or *inconvenient* they would be for you to use. (Circle the number from 1 to 5 that best represents your feelings.)

1= Very effective (definitely prevents pregnancy) 1= Very convenient (no trouble at all)

2= Pretty effective 2= Pretty convenient

3= Unsure 3= Unsure

4= Pretty ineffective 4= Pretty inconvenient

5= Very ineffective (would not prevent pregnancy) 5= Very inconvenient (Too much trouble to use)

* Foams/Condoms
* Diaphragm
* IUD
* Birth control pills
* The patch
* The ring
* Depo Provera (the shot)
* Norplant
* Emergency contraception (morning after pill)
* Withdrawal
* Natural family planning (rhythm method)

1. Different forms of birth control vary in terms of how likely they are to have side effects. Some side effects may be *minor*, such as irritation of or skin problems, while others may be *major*, such as increasing risk of serious illness. For each method of birth control below, please rate how concerned you would be about the occurrence of both *minor* and *major* side effects. (Circle the number from 1 to 5 that best represents your feelings.)

1= Not at all concerned

2= Slightly unconcerned

3= Unsure

4= Pretty concerned

5= Very concerned

* Foams/Condoms
* Diaphragm
* IUD
* Birth control pills
* The patch
* The ring
* Depo Provera (the shot)
* Norplant
* Emergency contraception (morning after pill)
* Withdrawal
* Natural family planning (rhythm method)

1. Different birth control methods vary in how *effective* or *ineffective* they are in preventing STDs. For each birth control method listed below, please rate how *effective* you think they would be in *preventing* you from contracting an STD. (Circle the number from 1 to 5 that best represents your feelings.)

1= Very effective (definitely prevents STDs)

2= Pretty effective

3= Unsure

4= Pretty ineffective

5= Very ineffective (would not prevent STDs)

* Foams/Condoms
* Diaphragm
* IUD
* Birth control pills
* The patch
* The ring
* Depo Provera (the shot)
* Norplant
* Emergency contraception (morning after pill)
* Withdrawal
* Natural family planning (rhythm method)

***Parental Attitudes Items***

Please use the following scale for Questions 1-4:

1 2 3 4 5

extreme moderate neither comfort moderate extreme

discomfort discomfort nor discomfort comfort comfort

1. In general, over the course of your childhood, please rate the degree of comfort you felt in talking about sexual matters with your mother:
2. In general, over the course of your childhood, please rate the degree of comfort you felt in talking about sexual matters with your father:
3. While you were growing up, please rate the degree of comfort you think your mother felt when talking about sexuality:
4. While you were growing up, please rate the degree of comfort you think your father felt when talking about sexuality:
5. How would you characterize your mother’s attitude toward sexuality when you were growing up?

1 2 3 4 5

extremely moderately neither positive moderately extremely

negative negative nor negative positive positive

1. How would you characterize your father’s attitude toward sexuality when you were growing up?

1 2 3 4 5

extremely moderately neither positive moderately extremely

negative negative nor negative positive positive

1. Overall, how well do you feel that your upbringing prepared you to deal with issues of sexuality and sexual relationships?

1 2 3 4 5

not at all poorly adequately often very often

1. How often do you remember issues of sexuality being discussed in your home when you were growing up?

1 2 3 4 5

almost never rarely sometimes often very often

1. In general, how often was physical contact/affection displayed in your family?

1 2 3 4 5

almost never rarely sometimes often very often

1. How often do you remember issues of sexuality being discussed with friends when you were growing up?

1 2 3 4 5

almost never rarely sometimes often very often

1. How often do you remember issues of sexuality being discussed with your siblings when you were growing up?

1 2 3 4 5

almost never rarely sometimes often very often

1. How often do you remember issues of sexuality being discussed as part of the school curriculum when you were growing up?

1 2 3 4 5

almost never rarely sometimes often very often

1. Which of the following best describes the sexuality education your received in school:

* None
* Abstinence only
* Comprehensive sexuality education (included a discussion of different forms of birth control)

***Sexual Adjustment Items***

Please use the following scale for Questions 14-23:

1 2 3 4 5

strongly somewhat neither agree somewhat strongly

disagree disagree nor disagree agree agree

1. I feel good about myself.
2. I experience guilt or anxiety when it comes to my sex life.
3. I am happy with my sex life.
4. I am heterosexual.
5. I have sex more often than most people of my age and situation (e.g., married versus single).
6. I tend to engage in casual sexual relationships.
7. I have experienced sexual problems.
8. I would like my sex life to be more active than it is.
9. I am very consistent in making certain that birth control is a part of my sexual encounters.
10. I am knowledgeable about sex.
11. Regarding physical contact and affection in your family how often do you remember having feelings of discomfort about this contact?

1 2 3 4 5

Almost never Rarely Sometimes Often Very Often

**The Juhasz-Schneider Sexual Decision Making Questionnaire**

Using the scale below, choose the number that indicates how important the factors would be in influencing your decision.

1= of no importance 4= quite important

2=of little importance 5= extremely important

3= of some importance

*Decision:* To use or not to use birth control

1. The risks involved in using birth control
2. Birth control would prevent an unwanted pregnancy.
3. It would reduce my fear of pregnancy and make sex more enjoyable.
4. Birth control would prevent me from contracting an STD.
5. It would reduce my fear of contracting an STD and make sex more enjoyable.
6. My parents’ feelings about me using birth control.
7. My friends’ feelings about me using birth control.
8. My partner’s feelings about me using birth control.
9. My church’s teachings about the use of birth control.

**Dyadic Sexual Regulation Scale**

*Instructions:* The following statements describe different things people do and feel about sex. Use the scale below to tell how much you agree or disagree with these statements.

1 2 3 4 5 6 7

Strongly agree Strongly disagree

1. I often take the initiative in beginning sexual activity.

2. If my sexual relations are not satisfying there is little I can do to improve the situation.

3. I have sexual relations with my partner as often as I would like.

4. My planning for sexual encounters leads to good sexual experiences with my partner.

5. I feel that it is difficult to get my partner to do what makes me feel good during sex.

6. I feel that my sexual encounters with my partner usually end before I want them to.

7. When I am not interested in sexual activity I feel free to reject sexual advances by my partner.

8. I want my partner to be responsible for directing our sexual encounters.

9. I find it pleasurable at times to be the active member during sexual relations while my partner takes a passive role.

10. I would feel uncomfortable bringing myself to orgasm if the stimulation my partner was providing was inadequate.

11. During some sexual encounters I find it pleasurable to be passive while my partner is the active person.

**Dyadic Sexual Communication Scale**

*Instructions:*  The following statements describe how different people feel about discussing sex with their primary partner. Use the scale below to tell how much you agree or disagree with these statements.

1 2 3 4 5 6 7

Strongly agree Strongly disagree

1. My partner rarely responds when I want to talk about our sex life.
2. Some sexual matters are too upsetting to discuss with my sexual partner.
3. There are sexual issues or problems in our sexual relationship that we have never discussed.
4. My partner and I never seem to resolve our disagreements about sexual matters.
5. Whenever my partner and I talk about sex, I feel like she or he is lecturing me.
6. My partner often complains that I am not very clear about what I want sexually.
7. My partner and I have never had a heart-to-heart talk about our sex life together.
8. My partner has no difficulty in talking to me about his or her sexual feelings and desires.
9. Even when angry with me, my partner is able to appreciate my views on sexuality.
10. Talking about sex is a satisfying experience for both of us.
11. My partner and I can usually talk calmly about our sex life.
12. I have little difficulty in telling my partner what I do or don’t do sexually.
13. I seldom feel embarrassed when talking about the details of our sex life with my partner.

Have you had a new sexual partner in the last 12 months:

Yes

No

**Health Protective Sexual Communication Scale**

*Instructions:* The following statements describe different kinds of things that people talk about before they have sex with each other for the first time. Use the scale to answer how often in the past 12 months you have discussed these items with your partner.

1= Always 2= Almost always 3= Sometimes 4=Never 6= Don’t know 7=Declined to answer

1. Asked a new sex partner how he/she felt about using condoms before you had intercourse.
2. Asked a new sex partner about the number of past sex partners he/she had.
3. Told a new sex partner about the number of sex partners you have had.
4. Told a new sex partner that you won’t have sex unless a condom is used.
5. Discussed with a new sex partner the need for both of you to get tested for the AIDS virus before having sex.
6. Talked with a new sex partner about not having sex until you have known each other longer.
7. Asked a new sex partner if he/she has ever had some type of STD like herpes, HPV, gonorrhea.
8. Asked a new sex partner if he/she ever shot drugs like heroin, cocaine, or speed.
9. Talked about whether you or a new sex partner ever had homosexual experiences.
10. Talked with a new sex partner about birth control before having sex for the first time.

**Behavior Inventory**

In this section, we want to know how uncomfortable you are doing different things. Being “uncomfortable” means that it is difficult for you and it makes you nervous and uptight. For each item, circle the number that describes you best, but if the item doesn’t apply to you, circle DNA.

Circle: 1= if you are *comfortable*.

2= if you are a *little uncomfortable*.

3= if you are *somewhat uncomfortable*.

4= if you are *very uncomfortable*.

DNA= if the question *does not apply* to you.

1. Talking with friends about sex. 1 2 3 4 DNA
2. Talking with a date or partner about sex. 1 2 3 4 DNA
3. Talking with parents about sex. 1 2 3 4 DNA
4. Talking with friends about birth control. 1 2 3 4 DNA
5. Talking with a date or partner about birth control. 1 2 3 4 DNA
6. Talking with parents about birth control. 1 2 3 4 DNA
7. Talking with friends about STDs. 1 2 3 4 DNA
8. Talking with a date or partner about STDs. 1 2 3 4 DNA
9. Talking with parents about STDs. 1 2 3 4 DNA

**Levinson’s Contraceptive Self-Efficacy Scale**

Directions: The following items are a list of statements. Please rate each item on a 1 to 5 scale according to how true the statement is of you. Using the scale, circle one number for each question:

1= Not at all true of me

2= Slightly true of me

3= Somewhat true of me

4= Mostly true of me

5= Completely true of me

1. When I am with a sexual partner, I feel that I can always be responsible for what happens sexually with him/her.
2. Even if my sexual partner can talk about sex, I can’t tell him/her how I really feel about sexual things.
3. When I have sex, I can enjoy it as something that I really wanted to do.
4. If my sexual partner and I are getting “turned-on” sexually and I don’t really want to have sexual intercourse (go-all-the-way), I can easily tell him/her “no” and mean it.
5. If my sexual partner didn’t talk about the sex that was happening between us, I couldn’t either.
6. When I think about what having sex means, I can’t have sex so easily.
7. If my sexual partner and I are getting “turned-on” sexually and I don’t really want to have sexual intercourse (go-all-the-way), I can easily stop things so that we don’t have intercourse.
8. There are times when I’d be so involved sexually or emotionally, that I could have sexual intercourse even if I weren’t protected (using a form of birth control).
9. Sometimes I just go along with what my sexual partner wants to do sexually because I don’t think I can take the hassle of trying to say what I want.
10. If there were a person to whom I was very attracted physically and emotionally, I could feel comfortable telling him/her that I wanted to have sex with him/her.
11. I couldn’t continue to use a birth control method, if I thought my parents might find out.
12. It would be hard for me to go to the drugstore and ask for birth control (condoms, pill, etc.) without feeling embarrassed.
13. If my sexual partner and I were getting really heavy into sex and moving towards intercourse and I wasn’t protected…

* I could easily ask him/her if s/he had protection (or tell him/her that I didn’t)
* I could stop things before intercourse, if I couldn’t bring up the subject of protection.

1. There are times when I should talk to my sexual partner about using contraceptives; but, I can’t seem to do it in the situation.
2. Sometimes I end up having sex because I can’t find a way to stop it.

Where did you get your information about sex: (please rank order the top 3 sources of information)

* Parents
* Siblings
* Friends
* School
* College
* Books
* Television
* Internet
* Church
* Doctor
* Other

Where did you get your information about pregnancy prevention: (please rank order the top 3 sources of information)

* Parents
* Siblings
* Friends
* School
* College
* Books
* Television
* Internet
* Church
* Doctor
* Other

Where did you get your information about preventing STDs: (please rank order the top 3 sources of information)

* Parents
* Siblings
* Friends
* School
* College
* Books
* Television
* Internet
* Church
* Doctor
* Other

**Sexually Transmitted Disease Knowledge Questionnaire (STD-KQ)**

**True False Don’t Know**

1. Genital Herpes is caused by the same virus as HIV. T F DK
2. Frequent urinary infections can cause Chlamydia. T F DK
3. There is a cure for Gonorrhea. T F DK
4. It is easier to get HIV if a person has another Sexually Transmitted Disease. T F DK
5. Human Papillomavirus (HPV) is caused by the same virus that causes HIV. T F DK
6. Having anal sex increases a person’s risk of getting Hepatitis B. T F DK
7. Soon after infection with HIV a person develops open sores on his or her

genitals (penis or vagina). T F DK

1. There is a cure for Chlamydia. T F DK
2. A woman who has Genital Herpes can pass the infection to her baby

during childbirth. T F DK

1. A woman can look at her body and tell if she has Gonorrhea. T F DK
2. The same virus causes all of the Sexually Transmitted Diseases. T F DK
3. Human Papillomavirus (HPV) can cause genital warts. T F DK
4. Using a natural skin (lambskin) condom can protect a person from getting HIV. T F DK
5. Human Papillomavirus (HPV) can lead to cancer in women. T F DK
6. A man must have vaginal sex to get Genital Warts. T F DK
7. Sexually Transmitted Diseases can lead to health problems that are usually more

serious for men than women. T F DK

1. A woman can tell that she has Chlamydia if she has a bad smelling odor

from her vagina. T F DK

1. If a person tests positive for HIV the test can tell how sick the person will become. T F DK
2. There is a vaccine available to prevent a person from getting Gonorrhea. T F DK
3. A woman can tell by the way her body feels if she has a STD. T F DK
4. A person who has Genital Herpes must have open sores to give the infection to

his or her sexual partner. T F DK

1. There is a vaccine that prevents a person from getting Chlamydia. T F DK
2. A man can tell by the way his body feels if he has Hepatitis B. T F DK
3. If a person had Gonorrhea in the past he or she is immune (protected)

from getting it again. T F DK

1. Human Papillomavirus (HPV) can cause HIV. T F DK
2. A man can protect himself from getting Genital Warts by washing his

genitals after sex. T F DK

1. There is a vaccine that can protect a person from getting Hepatitis B. T F DK

ATTACHMENT C

CONSENT FORM

You are invited to participate in a follow-up study funded by the Research Enhancement Program and conducted by Drs. Ani Yazedjian (ani@txstate.edu) and Michelle Toews (mtoews@txstate.edu), faculty members at Texas State University-San Marcos, Department of Family and Consumer Sciences. We gathered so much valuable information from everyone who completed our online survey. We hope to collect even more information regarding young adults’ sexual activity through your participation in an individual interview conducted via TRACS. You are one of 50 students who are being interviewed because you indicated your interest in participating.

If you decide to participate, we will request that you type “I Agree” and then begin the interview. The interview will take approximately 30-45 minutes to complete and will ask questions about your knowledge, attitudes, and decisions concerning sexual activity and contraception (birth control). We realize that your time is valuable, but the information you can provide us is critical in identifying the needs and concerns of students at Texas State. In return for your completion of the interview, you will receive $25.

Because you have logged in under an anonymous username, the transcript of your interview cannot be traced back to you. We will not use your real name in any of our final reports. Any information you give us and everything you say will be kept confidential. We will not share your personal information with university personnel. Data will be stored electronically on password protected computers in the Department of Family and Consumer Sciences. Any printed materials related to the project will be kept in locked storage units, accessed only by the researchers and graduate assistants. In addition, the report of the research findings will be in summary form, reflecting the general responses of all students in the study.

The possible risk to your participation is psychological discomfort from past events and interactions that might have been negative. Agencies that might be helpful for you include (1) Texas State Counseling Center (512-245-2208), (2) Hays Caldwell Women’s Center (512-396-3404), and (3) SafePlace (512-267-SAFE). Services at these agencies are free, although the number of sessions allowed might be limited.

If you decide to take part in the interview, you are free to stop at any time. You can withdraw from the study without prejudice or jeopardy to your standing with Texas State University-San Marcos. You do not have to answer any question that makes you uncomfortable. We can send you a summary of the study or any resulting papers if you request. The Texas State Institutional Board (Approval # 2010A2105) has approved this study.

If you have any questions, please contact Dr. Ani Yazedjian at 512-245-2412 or Dr. Michelle Toews at 512-245-2405. If you have any additional questions about the research or your rights as a participant, you can contact the IRB chair, Dr. Jon Lasser (512-245-3413, lasser@txstate.edu), or Ms. Becky Northcut, Compliance Specialist (512-245-2314).

You are making a decision whether or not to participate in this study. By typing “I Agree” you are indicating that you understand the information provided above and have decided to participate. We recommend that you print a copy of this consent form for your records.

Thanks in advance for your willingness to help us out on our project.

**ATTACHMENT D**

1. Are you currently involved in a romantic relationship?
   1. If so, how long have you been dating your partner?
   2. If not, how long did you date your previous partner?
2. Have you ever had sexual intercourse?
   1. At what age did you become sexually active?
   2. Have you had sexual intercourse with your current partner?
3. How many sexual partners have you had?
4. What is/was your preferred method(s) of birth control?
   1. Why did you choose that method of birth control?
   2. Are you aware of other forms of birth control that you could use?
5. Can you tell me a little more about why you are not using birth control? (If participant responds that s/he does not use birth control)
6. What do you know about birth control?
   1. Where did you learn that information?
   2. Are there other questions that you have about birth control?
   3. Where would you go to learn additional information about birth control?
7. In the past 6 months, how often did you use birth control when you had sexual intercourse?
   1. Which methods did you choose?
   2. Why did you choose that method?
   3. Why did you choose not to use birth control (if participant responds that no contraceptives were used)?
8. Do you think you used your method of birth control correctly?
   1. Please explain.
9. Do you feel like you and your partner can openly discuss sex with one another?
   1. What kinds of things do you talk about?
   2. If not, what kinds of things would you like to talk about?
10. What happens when your partner wants to have sex and you do not?
11. What happens when you want to have sex and your partner does not?
12. What happens when you and your partner have different ideas about birth control?
13. What happens when you and your partner want to have sex and there is no birth control available?
14. Who is responsible for birth control in your relationship?
    1. Decisions about birth control
    2. Obtaining and paying for birth control
    3. The actual use of birth control
15. What do you think about the method of birth control you are or your partner is using?
16. What does your partner think about the method of birth control that you are using?
17. How did you know that you were ready to be sexually involved with your partner?
18. Did you discuss sex with your partner prior to having sex for the first time?
    1. If yes, what specific things did you discuss?
    2. If not, what things would you have liked to discuss?
19. Did you ever talk about what kind of birth control to use with him/her before you had sex for the first time?
    1. If not, how did you decide on what kind of birth control to use when you had sex?
20. Do you plan on having future discussions about birth control with either your current or future partner(s)?
    1. What kinds of things would you want to talk about with him/her?
21. Do you plan on having children?
    1. How old would you like to be when you have your first child?
22. Are you worried about (your partner) getting pregnant?
23. Have you and your partner ever discussed what would happen if you or your partner were to get pregnant?
24. Have you ever thought about how your sexual behaviors and contraceptive use could impact your ability to have children?
25. Why do you think some young adults do not use birth control?
    1. Are there other barriers young adults face when it comes to using birth control?
    2. Have you ever faced any of those barriers?
26. How do you think we could get young adults to use birth control more effectively?
    1. What do young adults need to know about effective use of birth control?
    2. Who should provide this information to young adults?
    3. What strategies could be used to promote birth control among young adults?