

Condom Use and Correlates of African American Adolescent Females' Infrequent Communication With Sex Partners About Preventing Sexually Transmitted Diseases and Pregnancy

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This study of 522 African American female adolescents, ages 14 to 18, investigated associations between condom use and infrequently communicating with sex partners about sexually transmitted diseases (STDs) and pregnancy prevention. Correlates of infrequent communication were identified. Sexually active adolescents were recruited from schools and adolescent medicine clinics in low-income neighborhoods of Birmingham, Alabama. Adolescents completed a self-administered survey and face-to-face interview. Communication frequency was assessed using a five-item scale. Infrequent communication was significantly associated with lower odds of condom use. Multivariate correlates of infrequent communication were less frequent communication with parents about STD/pregnancy prevention, recent sex with a nonsteady partner, low perceived ability to negotiate condom use and fear of this negotiation, and low motivation to use condoms. Given the importance of partner communication in promoting safer sex behaviors, STD and pregnancy prevention programs may benefit adolescents by addressing the identified psychosocial correlates of infrequent communication with their partners.

Sexually transmitted diseases (STDs), including HIV, have reached epidemic proportions among African American adolescents.¹⁻³ African American women have been disproportionately affected, especially in the southern United States.^{2,4} Because the sequelae

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of STD infection in women are especially problematic and costly,^{3,5-6} prevention efforts specifically tailored for this population are particularly important.³

Despite encouraging downward trends, female adolescents in the United States also experience a high rate of pregnancy.⁷ Compared with adolescents in other industrialized nations, U.S. adolescents are particularly likely to become pregnant or cause a pregnancy.^{8,9} Four of every 10 young women in the United States become pregnant before reaching age 20.^{10,11} African American female adolescents are especially likely to become pregnant,¹² an event that may significantly reduce their opportunity for education and successful career development. For example, only one-third of all teenage mothers complete their high school education, and nearly 80% of all unmarried teen mothers become recipients of welfare.^{13,14}

Understanding the antecedents of risky sexual behavior among high-risk African American female adolescents can be valuable in designing behavioral intervention programs that effectively reduce their risk of STD- and pregnancy-related risk behaviors. These programs typically promote the use of condoms and other forms of contraception. The consistent use of condoms can serve the dual purpose of disease and pregnancy prevention and represents a key strategy in the prevention of STDs and pregnancy.¹⁵ Although several studies have investigated personal factors associated with condom use among female adolescents,¹⁶⁻²³ fewer studies have examined partner-specific influences of these behaviors. A recent study of young adult African American women indicated that women's degree of control over their partner's condom use was strongly associated with actual condom use. Young women lacking control were less likely to report consistent condom use.²⁴ Another study of young adult African American women found that greater perceived partner approval for condom use was associated with more frequent condom use.²⁵ These studies suggest that communication between sex partners may be an important determinant of condom use among young adults and, by extension, among adolescents.

One important and understudied determinant of risk may be female adolescents' patterns of communication with their sex partners about preventing STDs and pregnancy. This may be particularly true for the use of the male condom, as opposed to use of other contraceptives, because women cannot actually use these condoms; instead, they must negotiate their use with male partners. Indeed, model programs promoting safer sex among adolescents have typically included instruction designed to establish and enhance the communication skills needed to successfully negotiate condom use.²⁶⁻²⁸ Yet, significant associations between partner communication and condom use have seldom been documented. Whitaker and colleagues found that partner communication was positively associated with condom use among a sample of low-income minority adolescents.²⁹ Recent studies investigating the influence of partner communication on adolescents' condom use and investigating the psychosocial correlates of infrequent communication with sex partners have not been reported.

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The purpose of the current study was twofold: (1) to determine the association between infrequent sexual communication and condom use and (2) to identify psychosocial correlates of infrequent sexual communication. Because African American female adolescents are especially vulnerable to STD and pregnancy, we chose to focus on this population rather than the mixed gender/ethnicity population studied by Whitaker and colleagues.²⁹ Our attempts to identify potential psychosocial correlates of infrequent communication were largely exploratory as the only correlate of communication empirically substantiated in the literature is the frequency of adolescents' communication with their parents about sex-related issues such as AIDS, STDs, and pregnancy prevention.²⁹

We used the Theory of Gender and Power^{30,31} to guide selection of potentially important psychosocial correlates of adolescents' infrequent sexual communication with their sex partners. This theory posits that power differentials favoring men pose health risks for women. Thus, selected correlates included perceived ability and fear of negotiating condom use and partner-related barriers to condom use. The Theory of Gender and Power also posits that social norms regarding female sexuality may pose health risks for women. For example, social norms may preclude young women from engaging in frequent dialogue about sex and issues surrounding sex, for example, sexual expression and sexual self-awareness. Thus, selected correlates also included female adolescents' body image, their motivation and attitudes toward condom use, perceived lack of access to condoms, and their perceived family support and level of communication with parents about sexuality. In addition to the variables identified by applying the Theory of Gender and Power, we determined that self-esteem, sex with nonsteady partners, history of pregnancy, and history of STD infection were also potentially important correlates for this exploratory analysis.

METHOD

Study Sample

A purposeful sample of African American female adolescents was selected. The sample was intended to represent a broad cross section of adolescents residing in low-income neighborhoods of Birmingham, Alabama. Recruitment sites were composed of two adolescent medicine clinics, four health department clinics, and health classes from five high schools. As opposed to accessing adolescents through a single venue, this combination of clinics serving low-income (potentially high-risk) adolescents and schools was selected to maximize our access to a diverse sample of adolescents. Each of these sites was located in neighborhoods of Birmingham, Alabama, characterized by high rates of unemployment, substance abuse, violence, teen pregnancy, and STDs. From December 1996 through April 1999, project recruiters screened 1,130 female teens to assess their eligibility for participating in an HIV/STD prevention study. Of those screened, 609 adolescents were eligible to participate in the study. Of those adolescents not eligible to participate ($N = 521$), the majority (98%) were not sexually active. The current study consists of 522 (85.7%) eligible adolescents who were enrolled and completed baseline assessments. The majority of eligible teens who did not participate in the study were unavailable due to conflicts with their employment schedules. Adolescents were eligible to participate if they were African American young women, 14 to 18 years old, unmarried, and sexually active in the previous 6 months. The study protocol was approved by the Institutional Review Board prior to implementation.

Data Collection

Data collection was conducted at the University of Alabama in Birmingham (UAB) Family Medicine Clinic and consisted of a self-administered questionnaire followed by a face-to-face interview conducted by trained African American female interviewers. The self-administered questionnaire was developed for adolescents with a fifth-grade reading level. The questionnaire was administered in a group setting with monitors providing assistance to adolescents with limited literacy and helping to assure confidentiality of responses. Adolescents were assured that their names could not be linked to the codes used to identify documents containing their responses. Subsequently, adolescents completed the face-to-face interview. Interviewers were medical students in their early 20s. We employed young adult African American female medical students to maximize adolescents' sense of comfort and trust with the interviewer. Adolescents were reimbursed \$20.00 for their participation.

Procedures and Measures

Analyses were conducted to serve two related purposes: (1) to determine if infrequent sexual communication with partners is related to lower condom use and (2) to identify psychosocial correlates of this infrequent sexual communication. Thus, the key variable of interest was adolescents' level of sexual communication with their sex partners. This variable is initially presented as a correlate of condom use outcomes and subsequently presented as a criterion variable in a multiple logistic regression analysis.

Assessment of Sexual Communication. As part of the self-administered questionnaire, adolescents were asked, "During the past 6 months, how many times have you and your sex partner discussed how to prevent pregnancy?" Response alternatives were *never* (0 times), *sometimes* (1 to 3 times), *often* (4 to 6 times), and *a lot* (7 or more times). The question was then rephrased to assess frequency of discussing how to (1) use condoms, (2) prevent the AIDS virus, and (3) prevent STDs. A final question asked adolescents how often they and their partner discussed their partner's sex history. These five items comprised a scale that provided an internal reliability coefficient of $\alpha = .80$.

Assessment of Outcomes. Interview items assessed adolescents' condom use for two time periods: the most recent and the five most recent sexual episodes. These questions asked about condom use with steady partners only and also asked about condom use with nonsteady partners. The number of adolescents reporting recent sex with nonsteady partners was too low for meaningful analysis; therefore, we analyzed the data by (1) steady partner only and (2) steady and nonsteady combined.

Assessment of Covariates Related to the Outcomes. Identification of covariates is an important method of controlling for their potentially confounding effects. Therefore, several variables were tested as potential covariates between adolescents' frequency of communication with the sex partners and the assessed outcomes. These included two single-item measures of parental monitoring, adolescents' age, whether they typically had sex with partners more than 2 years or more than 5 years their age, their current pregnancy status, their recent use of hormonal or other contraceptives, and their scores on a five-item scale that assessed frequency of communicating with parents about sex and sex-related issues such as STD and pregnancy prevention ($\alpha = .88$). Of these potential covariates, only

adolescents' frequency of communicating with their parents about sex and sex-related issues was associated with infrequent sexual communication between sex partners and independently associated with the assessed outcomes. Thus, the frequency of adolescents' sex-related communication with parents was the only identified covariate and was included in the adjusted analyses.

Assessment of Potential Psychosocial Correlates of Infrequent Sexual Communication. In addition to adolescents' frequency of discussing sex and sex-related issues with their parents, a variety of other potential psychosocial correlates of the variable of interest were identified by scale or single-item measures. Ten scales measured other constructs that were potential correlates of infrequent communication with sex partners. Table 1 displays the psychometric information for these scales. The scale assessing attitudes toward condom use was adopted from St. Lawrence and colleagues.³² Likewise, scales assessing partner-related barriers to condom use, lack of access to condoms, low motivation to use condoms, and perceptions that condoms ruin sexual pleasure were adopted from St. Lawrence and colleagues.³³ Self-esteem was assessed by using the Rosenberg Self-Esteem Scale.³⁴ Perceived family support was assessed with a subscale of an instrument designed to measure adolescents' perceived social support.³⁵ Satisfaction with body image was assessed by a scale originally developed for adult women.³⁶ Remaining scales were developed based on findings from a randomized, controlled trial previously reported by two authors of the present study (DiClemente and Wingood).³⁷

In addition to the scale measures, single-item measures assessed whether (1) adolescents had sex with partners they considered nonsteady during the past 6 months, (2) adolescents had ever been told by a doctor or nurse that they have an STD, and (3) adolescents had ever been or were currently pregnant. Except for the latter, these measures were assessed by interview questions.

Data Analysis

All variables were assessed for normality by calculating their degree of skewness. As recommended in SPSS (Version 9.0 for Windows), skewness scores exceeding an absolute value of 1.0 were considered to be an indication of a nonnormal distribution. The key variable of interest (frequency of communicating with sex partners) was not normally distributed. Therefore, this variable was subsequently dichotomized by performing a median split. Median splits were also performed on the nonnormal correlates of infrequent communication about sex with partners. Bivariate associations for nonnormal correlates were assessed using contingency table analyses. Bivariate associations for normally distributed correlates were assessed by *t* tests.

The initial analysis determined if infrequent sexual communication with partners was related to lower condom use. Significant bivariate outcomes of infrequent communication with sex partners were determined by calculating prevalence ratios (PRs), their 95% confidence intervals, and corresponding *p* values. A PR is the percentage of those participants with the risk factor of interest and the outcome of interest divided by the percentage of those without the risk factor who also have the outcome of interest. Logistic regression was used to calculate adjusted odds ratios (AORs), their 95% confidence intervals, and corresponding *p* values, in the presence of the observed covariate (frequency of sex-related communication with parents or guardians).

The subsequent analysis identified psychosocial correlates of infrequent sexual communication with sex partners. Variables testing significant at the bivariate level were

Table 1. Scales Used to Measure Psychosocial Correlates of Infrequent Communication With Sex Partners About STD and Pregnancy Prevention

Scale	Number of Items	α	M	SD	Range
Fear of Negotiating Condom Use ^a	7	.81	8.1	2.6	7-35
Self-Esteem ^b	10	.79	33.0	4.8	16-40
Attitudes Toward Condom Use ^c	10	.70	44.2	5.1	17-50
Perceived Ability to Negotiate Condom Use ^b	4	.79	14.2	2.2	4-16
Perceived Family Support ^c	4	.86	15.2	4.3	4-20
Satisfaction With Body Image ^c	7	.72	27.2	4.8	12-35
Partner-Related Barriers to Condom Use ^c	7	.82	11.1	5.3	7-33
Lack of Access to Condoms ^c	6	.67	9.7	4.2	6-29
Low Motivation to Use Condoms ^c	6	.52	10.6	3.6	6-26
Perception That Condoms Ruin Sexual Pleasure ^c	8	.80	13.9	5.9	7-35
Communication With Parents About Sex-Related Issues ^d	5	.88	11.8	3.9	4-16

NOTE: STD = sexually transmitted disease.

a. Ranked from 1 (*never*) to 5 (*always*).

b. Ranked from 1 (*strongly disagree*) to 4 (*strongly agree*).

c. Ranked from 1 (*strongly disagree*) to 5 (*strongly agree*).

d. Ranked from 1 (*never*) to 4 (*often*).

entered into a forward stepwise multiple logistic regression model, with the criteria for entry set at $p < .05$ and exit at $p > .10$. This model also included the observed covariate.

RESULTS

Characteristics of the Sample

Average age of the adolescents was 16.0 years ($SD = 1.2$). The majority (81.2%) were full-time students; 9.4% were part-time students, and the remainder was not enrolled in school. Less than one-fifth (17.8%) of the sample reported having a paying job. Past STD infection was reported by 25.7% of the adolescents, and a history of pregnancy was reported by 40.2% of the adolescents. Nearly 12% of the adolescents reported current pregnancy. The majority (81.8%) reported having sex only with a steady partner in the past 6 months. A minority (8.2%) reported sex with only a casual partner(s), and 10% reported sex with both steady and casual partners in the past 6 months.

Outcomes of Infrequent Communication

The initial analysis established that infrequent sexual communication was associated with less condom use among this sample of African American female adolescents. Table 2 displays PRs and AORs showing that adolescents who were classified as infrequently communicating with their sex partners were generally about 50% more likely to report a lack of condom use during the most recent sexual episode or infrequent condom use during the most recent five sexual episodes. The significant associations shown in Table 2 emphasize the purpose of the subsequent analysis: to identify psychosocial correlates of infrequent sexual communication.

Table 2. Prevalence Ratios (PRs) and Adjusted Odds Ratios (AORs) for Associations Between Infrequent Sexual Communication and Recent Condom Use ($N = 522$)

Measure	PR	95% CI	<i>p</i>	AOR ^a	95% CI	<i>p</i>
No condom use, ^b last sex, steady partner	1.40	1.07-1.82	.01	1.57	1.04-2.36	.03
No condom use, last sex, any ^c partner	1.38	1.07-1.79	.01	1.54	1.04-2.27	.03
Condom use $\leq 50\%$, last 5 sexual episodes with a steady partner	1.48	1.09-2.02	.01	1.60	1.04-2.47	.03
Condom use $\leq 50\%$, last 5 sexual episodes with any partner	1.43	1.07-1.91	.01	1.55	1.02-2.33	.04

NOTE: CI = confidence interval.

a. Adjusted for adolescents' scores on a scale measure of communicating with parents about sexually transmitted disease and pregnancy prevention.

b. Measured for penile-vaginal sex only.

c. Defined as either a steady boyfriend or a nonsteady boyfriend.

Significant Psychosocial Correlates of Infrequent Sexual Communication

The first step in the identification of psychosocial correlates of infrequent sexual communication was to assess the bivariate associations between the dichotomized correlates and infrequent communication. Table 3 displays PRs and their 95% confidence intervals that assessed these bivariate associations. As shown, each of the correlates was significant at $p < .02$, with the exception of ever being pregnant. Relatively strong correlates, other than the observed covariate of less communication with parents about sex, were (1) sex with a nonsteady partner in the past 6 months, (2) adolescents' fear of negotiating condom use, and (3) adolescents' lower perceived ability to negotiate condom use.

The second step was to assess bivariate associations between the linear correlates and infrequent sexual communication. Table 3 displays the means and *t*-test values that assessed these bivariate associations. As shown, each of the correlates, other than perceptions relatives to condoms ruining sexual pleasure, was significant at $p < .02$. Adolescents classified as infrequently communicating with their sex partners had significantly lower mean scores on the assessed measure of self-esteem, perceived family support, and satisfaction with their body image. Adolescents classified as infrequently communicating with their sex partners had significantly higher mean scores on the assessed measure of low motivation to use condoms.

Table 4 displays the correlates of infrequent communication that remained significant in the multivariate model. The model correctly classified 68% of the cases, was significant (χ^2 with 5 *df* = 94.0, $p < .0001$), and had excellent fit with the data (goodness of fit χ^2 with 8 *df* = 2.7, $p = .95$). As shown, the most important correlate of infrequent communication with sex partners was infrequent communication with parents about sex and sex-related issues. Adolescents who were classified as communicating less frequently with their parents were nearly four times more likely to also be classified as communicating infrequently with their sex partners. Three correlates were modestly associated with increased odds of infrequent communication. Adolescents who reported recent sex with nonsteady partners, those scoring low on the measure of perceived ability to negotiate condom use, and those having greater fear of this negotiation were about two-thirds more likely to be classified as infrequently communicating with their sex partners. Low motivation to use condoms was also significantly associated with infrequent communication.

Table 3. Bivariate Associations Between Assessed Psychosocial Correlates and Infrequent Sexual Communication With Partners About Sexually Transmitted Disease and Pregnancy Prevention (*N* = 522)

Dichotomous Correlates	PR	95% CI	<i>p</i>		
Less communication with parents about sex	2.00	1.62-2.47	.0001		
Recent ^a sex with nonsteady partners	1.71	1.16-2.53	.005		
Fear of negotiating condom use	1.51	1.15-1.98	.003		
Unfavorable attitude toward condoms	1.27	1.04-1.55	.02		
Lower perceived ability to negotiate condom use	1.55	1.25-1.91	.0001		
Greater partner-related barriers to condom use	1.36	1.14-1.63	.0001		
Ever diagnosed with a sexually transmitted disease	1.42	1.05-1.92	.02		
Ever been pregnant	1.04	.84-1.28	.74		
Lack of access to condoms	1.21	1.05-1.41	.008		
Linear Correlates ^b	<i>M</i> ^c	<i>M</i> ^d	<i>t</i> -Value	<i>df</i>	<i>p</i>
Self-esteem	34.3	32.6	4.2	513	.0001
Perceived family support	16.0	14.4	4.4	517	.0001
Low motivation to use condoms	9.8	11.2	4.3	517	.0001
Satisfaction with body image	27.8	26.8	2.4	517	.02
Perception that condoms ruin sexual pleasure	13.5	14.3	1.6	517	.10

NOTE: PR = prevalence ratio; CI = confidence interval.

a. Past 6 months.

b. Higher scores indicate greater levels of the named construct.

c. Mean score for participants classified as scoring high in sexual communication with partners.

d. Mean score for participants classified as scoring low in sexual communication with partners.

Table 4. Significant Multivariate Associations Between Assessed Psychosocial Correlates and Infrequent Sexual Communication With Partners About Sexually Transmitted Disease and Pregnancy Prevention (*N* = 499)

Correlates	Odds Ratio	95% CI	<i>p</i>
Dichotomous			
Less frequent sex-related communication with parents	3.96	2.67-5.86	.00001
Recent ^a sex with nonsteady partners	1.73	1.01-1.17	.04
Lower perceived ability to negotiate condom use	1.70	1.13-2.56	.01
Fear of negotiating condom use	1.59	1.01-2.49	.04
Linear			
Low motivation to use condoms	1.10	1.04-1.16	.001

NOTE: CI = confidence interval.

a. Past 6 months.

The odds of being classified as infrequently communicating with the sex partner increased by 10% for every one-unit increase in the measure of low motivation to use condoms. The standard deviation for this measure was 3.6. Thus, for example, an increase of one standard deviation on the measure of low motivation (i.e., less motivation) would correspond to a 36% increase in the odds of being classified as infrequently communicating with the sex partner.

DISCUSSION

Findings from controlled analyses suggest that female adolescents who were classified as infrequently communicating with their sex partners about STD and pregnancy prevention were significantly more likely to report they had not used a condom during the most recent and five most recent sexual episodes. These findings support and extend the previous research reported by Whitaker and colleagues.²⁹ The unique contributions of the current findings to the study reported by Whitaker and colleagues are that (1) the effect was present in a relatively homogeneous sample of lower socioeconomic African American female adolescents and (2) the current study identified potentially important psychosocial correlates of African American female adolescents' infrequent communication with their sex partners.

Analyses investigating the potential psychosocial correlates of infrequent communication were largely based on measures collected from a variety of reliable scales. The subsequent findings suggest that frequency of adolescents' communication with their parents about sex-related issues such as STD and pregnancy prevention may be the single most important correlate of communication frequency with the sex partners about these issues. Again, this finding is consistent with results reported by Whitaker and colleagues.²⁹ These data suggest that female adolescents learn comfort for discussing sex-related issues and modeling for sexual communication in the relative security of the parent-adolescent relationship and then extend these conversations to their sex partners. However, the directionality of this association requires further investigation using longitudinal study designs.

The findings also identified psychosocial correlates of female adolescents' infrequent communication that have not been previously reported in the published literature. Although correlates such as self-esteem, body image, history of STD, family support, and personal- or partner-related barriers to condom use were significant in bivariate analyses, only four correlates other than frequency of communication with parents remained statistically significant in the multivariate model. Adolescents who reported recent sex with a nonsteady partner were more likely to be classified as infrequent communicators. This may have been due to a desire to avoid conversation about the nature of these sexual encounters with other boyfriends. Alternatively, this could have been due to a lack of comfort for talking with nonsteady partners about STD and pregnancy prevention issues. Low perceived ability and fear relative to negotiating condom use were also important correlates of infrequent communication. To the extent that condom negotiation is an inherent part of communication with sex partners about STD and pregnancy prevention, these observed associations were logical.

Adolescents' personal motivation to use condoms also remained significant in the multivariate model. Unlike most of the other correlates that remained in the multivariate model, low motivation to use condoms is likely to describe adolescents' personal decision making rather than the effects of interpersonal influences such as sex with a nonsteady partner and condom negotiation factors. Thus, the findings suggest that adolescents' infrequent sexual communication may be a function of intrapersonal factors as well as interpersonal influences.

Limitations

These findings are limited by the validity of the self-reported measures. Although the assessment procedures were designed to enhance adolescents' valid responses through

the use of same-sex and race interviewers trained to establish rapport and conduct the interview in a nonjudgmental manner, we cannot establish the validity of adolescents' responses. Longitudinal research is needed to establish over time the stability of observed associations between adolescents' infrequent communication with their sex partners and their risk of STD/HIV infection due to sex unprotected by condoms. Longitudinal research is also needed to establish the stability of the observed associations for the identified psychosocial correlates of infrequent communication.

One potential criticism of the study is our assessment of communication about STD and pregnancy prevention under the rubric of one variable and the use of this variable to examine the outcomes of STD and pregnancy prevention behaviors measured separately. Although we considered breaking this scale into individual items, previous studies suggest that adolescents are commonly motivated to use condoms because of concerns related to pregnancy prevention rather than disease prevention.^{38,39} Thus, understanding the association of infrequent communication to condom use required assessing communication about both pregnancy and STD prevention. Finally, the study was based on a purposeful sample of economically disadvantaged African American adolescents. Therefore, the findings may not apply to other African American female adolescents or female adolescents from other racial/ethnic groups or different socioeconomic strata. Further research is needed with diverse adolescent populations.

Implications for Prevention

The findings support the practice of teaching partner communications skills to female adolescents who participate in programs designed to promote safer sex behaviors. The findings also provide empirical evidence for the value of promoting more frequent communication between female adolescents and their sex partners by encouraging parents to engage in frequent discussions with their adolescent daughters about sex and sex-related issues. Stanton and colleagues who conducted a brief intervention for mothers and fathers of low-income African American adolescents that significantly improved parental monitoring have established the feasibility of working with parents to promote safer sex behaviors of adolescents.⁴⁰ Parental involvement in health education has also been shown to be an important approach to promoting protective behaviors, including safer sex behaviors, among preadolescents.⁴¹

The findings also suggest that programs may benefit by addressing three areas of concern that preclude female adolescents from more frequent communication with their sex partners about the potentially inciting topics of STD and pregnancy prevention. For example, program content designed to promote female adolescents' belief in equality within the context of their relations with sex partners may promote (1) female adolescents' willingness to engage in sexual communication with nonsteady partners and (2) female adolescents' perceived ability and willingness to negotiate condom use. Program content might also be designed to promote frequent communication/negotiation with sex partners about safer sex as normative and health-enhancing behaviors for female adolescents.

One potential area of future research is to investigate the feasibility and efficacy of STD/HIV prevention programs designed for female adolescents and their sex partners. These programs could be designed to promote sexual communication skills through the use of role-play activities conducted in the relative comfort of an educational setting. Further research might also be conducted to investigate why history of STD or pregnancy

may not translate into greater odds of more frequent communication with sex partners about STD and pregnancy prevention.

Conclusions

The findings suggest that recent frequency of communication with sex partners about STD and pregnancy prevention is positively associated with African American female adolescents' self-reported condom use. An important antecedent of partner communication is adolescents' level of communication with their parents about sex-related issues including STD and pregnancy prevention: Adolescents infrequently communicating with their parents about these issues may be less likely to communicate with their sex partners about the same issues. Other important psychosocial antecedents of infrequent communication may be amenable to change through individual or couples-based behavioral intervention programs.

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