

Sexual Health and Risk-Taking Practices of College-Age Couples

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Abstract

Everyone has this preconceived notion of the college experience: drinking, partying, and sex. When those assumptions are even slightly correct, there are risks that occur. When students engage in sexual intercourse, especially when under the influence of alcohol or other drugs, the likelihood of other sexual risk taking and its associated consequences increase drastically (Burnett, Sabato, Wagner & Smith, 2014). It is also important to recognize that, with increased sexual contact among college students, these risks are only going to occur more often (Regnerus, 2010). It is critical that the issues of sexual risk taking among college students, particularly college-age couples, are addressed so that issues such as rapid spreading of sexually-transmitted infections and alcohol-facilitated sexual assault can begin to stop plaguing young people on college campuses. With stressors such as heavy course loads and titanic burdens of student debt, the last thing students need is excessive punishment for a completely healthy and natural recreational act such as sex.

In the proposed research, the prevalence of sexual risk-taking among college-aged couples will be explored as well as educational background as a serving context and relationship satisfaction as a possible result of risk taking. It is imperative that this topic is addressed. If an increase in sexual risk-taking is to be seen, an increase in its potential consequences – unplanned pregnancy, sexually-transmitted infections, and sexual assault – will also be observed beyond a doubt (Fair & Vanyur, 2011).

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If the proposed research continues, students will continue to benefit from the ever-growing pool of comprehensive sexual education information. With lack of education and information, college-aged couples are engaging in these acts of risk-taking without even realizing that there are risks to begin with, let alone that there might also be consequences involved. Through a review of current literature and the implementation of research through a survey, this research will fill that hole that lacking education leaves.

Literature Review

Sex Education. Throughout the years there has always been a divide on how to present sex education, it is clear that adolescents tend to be a high risk period for sexual risk-taking behaviors (Chenneville, Tarquini, & Walcott, 2011). According to this present study Chenneville, Tarquini, and Walcott surveyed middle and high school undergraduate students who at the time were only available to receive the abstinence only sex education (2011). These results from the following study were compared to those who had reported receiving each type of program on various self-reported knowledge, attitude, belief, and behavioral outcomes (Chenneville, 2011). Both of these components were compared to see which program was most effective when it came to being associated with less sexual risk taking. Multiple differences in prevention programs can bring different effects to the table when it does come to one's knowledge and or attitude about the subject. However it is found that changing one's knowledge and attitudes alone doesn't ensure behavioral changes (Jemmott, Jemmott, & Fong, 1992). In order for a sex education course to be effective it needs to demonstrate positive behavioral changes and outcomes. These positive

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outcomes included increased condom usage, delayed initiation of sex (age), and reduced number of partners throughout their adolescence and early adulthood.

In earlier years another study was formed and Kirby, Laris, and Rolleri (2007). They decided to review effective sex education programs and they discovered seventeen different characteristics that made these programs overall implementation effective (Kirby, Laris, & Rolleri, 2007). These programs had to be pilot tested, which also involved support from appropriate authorities and administrators along the way (Chenneville, 2007). Also in order to implement the effective programs the following educators teaching the course needed to be officially trained in the following curriculum used (Chenneville, 2011). A reviewed study was conducted the following year by Walcott, Meyers, and Landau they also determined the background behind the effectiveness of such programs (2007). Their study reviewed and determined such effective sex education programs need to be theory driven, adequately trained adult and or peer facilitators, emphasize abstinence but still include safer sex methods, provide resources to access condoms/contraceptives, acknowledge what peer pressure is and use skill trainings to go against peer pressure, and lastly focus on overall sexual responsibility for one's self (Walcott, Meyers, & Landau, 2008). To focus back on Chenneville and their study the abstinence only piece debate was a heated one at that. Most agree that school based prevention programming for health and mental health related issues is vital for promoting student learning, mental health, safety, and physical wellbeing (Chenneville, 2011). Adolescence and young adulthood sex education programs are vital information for them to learn. Those required subjects of learning greatly affect one's later sexual communication with their partner on such subjects as consent, condom usage, contraceptive usage, alcohol use during sexual encounters,

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and drug use during sexual encounters which are important to discuss when in a relationship later down the road.

Communication. The use of sexual and non-sexual communication between college-aged heterosexual couples is high in results for determining the link between relationship and sexual satisfaction (Jozkowski, & Mark, 2013). The following study at hand aimed to examine in a sample of college-age heterosexual couples the relations between not only relationship and sexual satisfaction but also the relations between sexual and nonsexual communication as well (Jozkowski, 2013). The participants in the following study included two hundred and sixty six individuals which termed to be one hundred and thirty three heterosexual couples (Jozkowski, 2013). Even though they were deemed couples, those completed measures of satisfaction and communication independently from their partner (Jozkowski, 2013). Analyzing the results involved the usage of a mediation model which than tested the structural equation modeling. The following testing resulted in showing the degree to which couples were relationally satisfied was positively related to their level of sexual and nonsexual communication which in turn was positively associated with their degree of sexual satisfaction as well (Jozkowski, 2013). Not just sexual and nonsexual communication deem your happiness in your relationship, many factors potentially contribute to your relationship and sexual satisfaction in the context of a romantic relationship (Jozkowski, 2013). In turn though sexual and relationship satisfaction seem to influence the overall level of happiness of the individuals in the relationship (Jozkowski, 2013). In previous research done, in addition to describing relationship satisfaction in the context of sexual satisfaction, relationship satisfaction has been described as partner's experience of conflicts throughout the relationship, feelings of being loved, and overall

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emotional closeness and distance away from your partner (Apt et al., 1996; Byers, 2001; Hurlbert & Apt, 1994; Lawrance & Byers, 1995; Yeh et al., 2006). Sexual and nonsexual communication may have a huge influence on relationship and sexual satisfaction but those aren't the only items that come into play for college aged couples to be both sexually satisfied and relationship satisfied.

Dating violence can lead to less satisfaction in an exclusive relationship. Dating violence among college aged couples has become a growing concern with increasing prevalence (Karakurt, Keiley, & Posada, 2013). In this study they investigated deeper into witnessing violence during your childhood. They investigated both parental conflict, parent to child aggression, attachment insecurities, egalitarian attitude within the relationship, and dating aggression (Karakurt, 2013). This study included eighty seven different couples. Results showed that both male and female participants who reported higher levels of attachment insecurity were more likely to be victims in dating aggression within their relationships (Karakurt, 2013). This represents less satisfaction throughout their dating and relationship experiences.

In order to reduce personal sexual risks it is important to emphasize your assertiveness. This specific study investigated the relationship between assertiveness tendencies and safer sex behaviors in heterosexual college students (Yesmont, 1992). The sample used in this study involved two hundred and fifty three undergraduates who completed multiple questionnaires regarding assertive, nonassertive, and aggressive responses to scenarios relevant to safer sex (Yesmont, 1992). Overall assertiveness is considered a crucial element in the effective communication between partners regarding mutual health protection mainly against sexually

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transmitted diseases and their transmission (Rotheram-Borus & Koopman, 1989). In results from these questionnaires both females and males strongly identified with safer sex assertiveness, the men were less assertive than were the women of the study, and their nonassertive and aggressive self-ratings were identical throughout the study (Yesmont, 1992). Open communication and assertiveness during sexual relations can lead to higher rates of sexual and or relational satisfaction with your significant partner.

Little did we know campus ratios can have an effect on women's relationship attitudes and or behaviors on college campuses. During Regnerus and Ueckers' study their results suggested that women on campuses where they comprise a higher proportion of the student body give more negative appraisals of campus men and relationships, go on fewer traditional dates, are less likely to have had a college boyfriend, and are more likely to be sexually active during their college career (Regnerus, & Uecker, 2010). Relationships on college campuses are harder to come by nowadays, these observers note that the formal dating script that calls for men to ask women out on and pay for dates is no longer the primary heterosexual relationship script on campus, a change that began as early as 1960's (Bogle, 2008). In the result of a higher proportion of women, the dyadic power thesis can come into play. The dyadic power thesis suggests that an oversupply of women on college campus gives men more dyadic power in romantic and sexual relationships, which translates into lower levels of relationship commitment and less favorable treatment of women on the part of men and a more sexually permissive climate (Regnerus, 2010). Also proven as a result of having a higher proportion of women on a college campus can lead to what we call the demographic opportunity thesis. This thesis refers to the gender imbalance on university campuses may simply mean there are fewer men available with whom

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women can pair up with (Regnerus, 2010). Big differences in campus ratios can lead to less satisfaction for women relationship wise and sexually.

Communicating about condom use is the first step toward practicing safe-sex behaviors in your relationships (Troth & Peterson, 2000; Whitaker, Miller, May, & Levin, 1999). This study was put into place to examine the relationship between communication apprehension, receiver apprehension, and college students' views about discussing condom use with their peers and or partners (Bryand, DiClemente, Ditrinco, Goldman, & Martin, 2014). This study contained two hundred and twenty three undergraduate college students who participated in multiple online surveys which then measured and determined the participants' attitudes, subjective norms, perceived behavioral control, and behavioral intention to discuss condom use with their peers (Bryand, 2014). At the end the results than determined that individuals who are high in communication apprehension and receiver apprehension have negative views about discussing condoms with their peers and or romantic partners (Bryand, 2014). Someone's communication apprehension refers to an individual's level of fear or anxiety associated with either real or anticipated communication with another person or persons (McCroskey, 1982, pg. 27). Open communication and discussion about such subjects as condoms are important in any college relationships considering we have such a high influence on our peers during this age.

Contraceptive & Condom Usage. As we have further discussed young people at college age level often engage in riskier sexual behaviors which mainly includes inconsistent condom use (Fair, & Vanyur, 2011). In a random cross-sectional sample of undergraduates from the southeast region of the United States was the sample used when collecting information about

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sexual coercion and verbal aggression, in addition to their condom use consistency (Fair, 2011). Among this study there were one hundred and forty seven participants. Those certain participants who reported experiencing sexual coercion in their relationship, were less likely to consistently use condoms with their partner (Fair, 2011). Not only did the study result in less condom use in the presence of sexual coercion during a relationship, but it also showed the same results for alcohol use presence during a relationship. Alcohol can be a factor in sexual coercion in a relationship, which leads to less condom use and overall less satisfaction in their sexual relations.

Women's condom usage over the first year of college tends to fluctuate and change quite often. Most college students are sexually active, engage in monogamous relationships, and inconsistently use condoms with their sexual partners (Carey, K., Carey, M., Fielder, Walsh, 2013). During this specific study two hundred and seventy nine women during their first year of college participated in this study where they would provide monthly reports on the frequency of their condom usage. Overall the results did show that women's condom usage over the first year of college did decrease from before. Levels of condom use were initially lower among women with strong alcohol sexual risk expectancies, women with more previous sexual partners, women who don't smoke marijuana, and African American women as well (Carey, K., 2013). To follow that statistic found, this study resulted in decreases in condom use were greater among women with lower grade point averages, women from lower socioeconomic status families, and women who engaged in binge drinking (Carey, K., 2013). Condom use can really reduce the risk of overall unplanned pregnancies which can cause stress among a relationship. It also protects

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against and reduces the sexually transmitted disease transmission between partners when one is not in a monogamous relationship.

Different college students' have different knowledge attitudes, and behaviors regarding sex and contraceptives. This study involved one thousand and four heterosexual college students. This study specifically examined gender differences in college students' knowledge, and attitudes toward sexual behaviors such as contraceptives, and etc. (Toews, & Yazedjian, 2012). All results from the following participants resulted in showing that all students had limited knowledge about contraceptives and sexually transmitted infections (Toews, 2012). When it came to the gender differences in the study, females tended to have a higher more positive view about contraceptives to where males overall had more permissive attitude about sex in general (Toews, 2012). The main difference between the two genders were the number of sexual partners one had and also the overall comfort communicating about sex (Toews, 2012). The statistics and current research found in this study in the end suggests that young adults have limited knowledge regarding effective uses of contraception (Kaiser Family Foundation, 2003; Kaye, Suellentrop, & Sloup, 2009). College student's knowledge regarding sex and just communication about condom and contraceptive usage is important to do when in a monogamous relationship with your partner. This may be a key to sexual and relational satisfaction throughout the relationship.

Substance Abuse. Alcohol mixed with energy drink (AmED) consumption can have multiple negative outcomes in young adults. This study decided to examine the similarities and differences between alcohol and energy drink consumption and high-risk sexual behaviors. In the study there were seven hundred and four college participants, participants who reported

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consuming more alcohol mixed with an energy drinks. They were significantly more likely to report cocaine, marijuana, and ecstasy use (Benotsch, & Snipes, 2012). Another result we found intriguing, those who reported consuming more alcohol mixed with energy drinks had an increase in engaging in high risk sexual behaviors including unprotected sex, sex while under the influence of drugs, and sex after having too much to drink (Benotsch, 2012). As a result of drinking alcohol mixed with energy drinks (AmED), participants may be more at risk for alcohol dependence, binge drinking, and potential for contracting a sexually transmitted disease which is due to high-risk sexual behaviors (Benotsch, 2012). Alcohol mixed with an energy drink brings multiple negative outcomes to one's life which can cause stress to not only you but any of your partners as well.

Daily links of alcohol use among college students can result in higher number of sexual behaviors. On a given day, consuming more drinks or binge drinking were associated with greater odds of touching, kissing, oral sex, and penetrative sex (Lefkowitz, Maggs, & Patrick, 2014). This study of college students found that consistent daily alcohol consumption was also associated with students not being in a romantic monogamous relationship (Lefkowitz, 2014). Overall the majority of information in this study documents associations between alcohol use and sex which suggests that people who drink more heavily and who also tend to engage in more sexual behaviors (Lefkowitz, 2014). As results of the study show, romantic relationships could benefit from alcohol use during the relationship because this may result in higher sexual satisfaction which then can also lead to higher relationship satisfaction as well.

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As we have touched on the subject above, alcohol use among college students is obviously linked to an increased likelihood of engaging in risky sexual behaviors (Blayney, Kilmer, Koo, Lewis, & Logan, 2015). Overall these sexual risky behaviors actually increase a college students' risk for negative social and health-related consequences (Blayney, 2015). College students as participants during this study show that the findings demonstrate a disconnect between perceived and actual risks among college students, such that decreased perceptions of risk may not be associated with overall protective behaviors (Blayney, 2015). Another study touched on the subject of alcohol use and sexual behaviors among first-year college students. The results were affected by gender, relationship status of a person, person means of alcohol use, and alcohol-sex expectancies for sexual affect and sexual drive (Maggs, & Patrick, 2009). Despite the same results as the other studies, this study also found that there is a strong cultural belief that drinking may lead to pleasurable sexual experiences (Goldman & Roehrich, 1991; Leigh & Stall, 1993). More pleasurable sexual experiences can result in higher sexual and relational satisfaction.

Another situation that goes hand in hand with alcohol use during sexual behaviors, is also drug use during sexual behaviors. The goal of this specific study at hand investigated the association between nonprescription stimulant use and risky behaviors not only risky sex but risky driving, risky financial behaviors and overall drug use (Balkhi, Cottler, Geffken, Graziano, McNamara, Meneses, & Reid, 2015). This specific study collected information from five hundred and fifty five college students between the years 2010-2012. Nonprescription stimulant use is referred to by the use of prescription stimulant medication either without a valid prescription for the medication or by the levels of the prescribed amount (Balkhi, 2015).

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Frequent use of nonprescription stimulant use is associated with not only serious medical side effects, increased inattention, and all the risky behaviors listed above (Balkhi, 2015). For participants who have a higher sensation seeking and lower effortful control, it has been linked to other drug use along with nonprescription stimulant use (Balkhi, 2015). All the following risky behaviors could contribute to not very good overall satisfaction in a relationship.

Sexually transmitted diseases and unwanted pregnancies continue to impact young adults in the United States, particularly during their college years (Burnett, Sabato, Smith, & Wagner, 2014). This study took a sample of one thousand eight hundred and seventy four students from a university, males and females. Students were then surveyed to determine if sexually active males versus females with external, unstable, and specific causal attribution overall engaged in safer sex practices (Burnett, 2014). In the end results indicated that both males and females with an internal attributional style was associated with greater drug use and greater likelihood to engage in risky sexual behaviors. In studies it has been shown that some alcohol use could result in greater sexual satisfaction, but in studies on drug use it is shown to have more negative outcomes on one's' overall satisfaction.

In conclusion to our literature review. Sexual and relational satisfaction has many obstacles that go into play when determining your own. Overall contraceptive and condom usage is important in a relationship not only relationship wise but sex wise as well. Substance abuse whether that includes alcohol or drugs can also affect a college couples overall relationship and sexual satisfaction from one another. Lastly both sexual communication with your partner and

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overall background sex education are both important roles when it comes to one's end satisfaction with their relationship at hand.

Theoretical Framework

Social exchange theory is often one of those social science theories that has been applied to multiple studies of human sexuality (Sprecher, 1998). The social exchange theory refers to all relationships having give and take, although the balance of this exchange is not always equal. Social exchange theory explains how we feel about a relationship with another person as depending on our perceptions of balance between what we put into the relationship, and what we get out of the relationship, the kind of relationship we deserve and the chances of having a better relationship with someone else. Our research proposal at hand focuses on the types of sexual health practices among college aged couples. What helps these couples gain the most satisfaction not just sexually but relationship wise as well? This research focuses on the practices that you personally practice with your partner in your relationship. The satisfaction of their sexual relationship and overall relationship can depend on their balance of sexual health practices throughout their relationship such as condom and contraceptive usage, substance abuse during sex, background sex education, and overall sexual and non-sexual communication between your partner and you. Partners may or may not have the same type of sexual health education as one another. One partner might choose to participate in certain sexual health practices that their partner has never chosen to participate in before. Social exchange theory is perfect because its theoretical perspective is of particular relevance for understanding sexuality as it is negotiated between two people who have a relationship with one another (Sprecher, 1998). Social exchange theories and concepts have been important in research on mate selection, relationship

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information, and the prediction of relation dissolution (Sprecher, 1998). Overall this theory will help confirm and justify our information regarding what types of sexual health practices are used among college aged couples that help them not only gain the most satisfaction sexually but relationship wise as well.

Method

The research conducted will use information collected from the survey “Sexual Health Practices of College-Age Couples.” The survey assesses information that covers sexual risk taking in ways such as alcohol, drug and other substance use during sexual intercourse, communication and consent, usage of contraceptives and birth control, and BDSM play. The survey also discusses topics such as relationship and sex satisfaction, as well as background information and education regarding sexual risk taking that they had before engaging in sex themselves.

Sample. To maximize potential participation, a sample will be collected by emailing all students of a predetermined university through their individual colleges. The email will include the eligibility criteria, which are as follows: any couple or other relationship dynamic where one or more partners are attending the university, have been in a relationship for any amount of time. They will also be informed that all partners are intended to take the survey together as a singular unit. It will be additionally noted that individuals in relationships of all genders, sexual orientations, racial and/or ethnic backgrounds, abilities, and relational orientation are strongly encouraged to participate. Additionally, posters with QR barcodes to take the survey will also be distributed across the university’s campus and on each floor of every residence hall. Faculty and program directors in sexuality, gender studies, psychology, and other relevant fields will also be

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emailed requesting to offer participation as an extra credit opportunity for any or all of their courses.

Study Procedures. Couples who choose to participate will be taken to a Qualtrics survey via a link and/or QR barcode depending upon which method they were recruited by. Before proceeding with any of the survey questions, participants will be asked to read and agree to the informed consent discussing the purpose and planned dissemination of results from the survey they are about to take. If they agree to the informed consent, they will then proceed on to the initial portion of the survey. As shown in Appendix A, the first set of questions will discuss basic demographic information including race, ethnicity, age, and ability. Participants will be asked to answer for all members of the relationship, and select all that apply. Once all demographic information has been provided, the participants will be able to move on to the next section of the survey, separated by a page break. The page that follows will go over information regarding their relationship, such as relationship dynamic (with comprehensive options to account for diversity of gender identity, intersex status, sexual orientation, and relational orientation), the distance status of their relationship, and how long the most current dynamic of the relationship has been in existence. Included at the top of the page will be a list of definitions for terms such as “cisgender,” “monogamous,” “polyamorous,” and “intersex.” Appendix B shows the questions as well as response options that will be provided for this section of the questionnaire. At the end of this section, participants will be asked once again to proceed to the following page for the next portion of the survey. This page will be the main portion of the survey, where the partners will rate their sexual risk taking in areas such as alcohol and drug use, contraceptive and birth control use, consent and communication, and BDSM play. A matrix is provided as seen in Appendix C

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with each type of risk taking, and for each type the couple is to rate the frequency of their engagement in the mentioned behaviors on a scale ranging from “Almost Never or Never” to “Almost Always or Always,” with “Equally Often and Not Often” in the middle and offering a spectrum of other answers between the three already mentioned. Following the conclusion of the matrix about their sexual risk taking, participants will click the “next” button and then be taken to two brief questions concerning their background that could provide some context to their sexual risk taking, including their experience with sexual education in high school and middle school, as well as a question regarding where they received their information surrounding “alternative” sexuality such as BDSM and kink. Appendix D highlights the questions asked of participants. Upon completing the section discussing background context regarding their sexual risk taking, the participant will be taken to one last page before finishing the survey. In the last section of the questions, participants will be asked about their satisfaction in both the relationship and sexual aspect of their love lives. Appendix E shows the matrix that discusses satisfaction. Upon completing this final section, the participant will click the button to go to the next page, where a thank you message will display and they will be able to exit the Qualtrics website. The entire survey will be conducted anonymously, and it should only take 10-15 minutes to complete.

Data analytic process. Data will be collected automatically via the use of the Qualtrics tool. Qualtrics will automatically collect and organize data. Once all data is collected, it will be cleaned through by checking for outliers and inconsistencies, such as unusually short total survey times, excessive response on multiple-response questions, etc. Following the completion of data cleaning, we will undergo preliminary data analyses and configure mean, median, and mode for

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all responses. Finally, once preliminary data analyses are concluded, there will be assessment of results based on different variables to search for possible trends, correlation, or causality.

Results

Results are planned to be disseminated in an academic setting. Once results are found and the research is completed, a presentation is intended to be presented at a relevant conference. Additionally, researchers will complete a manuscript with which they will pursue publication in an appropriate journal. These first two proposed disseminations will provide an opportunity for professionals to take findings and implement them into their practice with their clients. The third and final intended dissemination will be a lecture event on the college campus from which the sample was extracted, so that the research that the students helped form can be given back to them in a meaning and relevant way. The event will serve to create awareness on campus for more healthy sexual practices and facilitate a dialogue about needed improvements in sexual education for future generations.

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Appendix

Appendix A

Which of the following best represents your racial and/or ethnic heritage and the racial and/or ethnic heritage of your partner(s)? (Please select all that apply)

- Non-Hispanic White or Euro-American
- Black, Afro Caribbean, or African American
- Latino or Hispanic American
- East Asian or Asian American
- South Asian or Indian American
- Middle Eastern or Arab American
- Native American or Alaskan Native
- Polynesian or Pacific Islander
- I or my partner(s) have a racial and/or ethnic heritage that is not listed.

Based on racial and/or ethnic heritage information provided above, would you consider your relationship to be interracial (you and your partner(s) come from different racial and/or ethnic backgrounds)?

- Yes, our relationship is interracial
- No, our relationship is not interracial

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What are the ages of yourself and your partner(s)? Select all that apply.

- Under 18 years old (all partners are under 18 years old)
- Under 18 years old (only certain partners are under 18 years old)
- 18 years old
- 19 years old
- 20 years old
- 21 years old
- 22 years old
- 23 years old
- 24 years old
- 25 years old
- Over 25 years old (all partners are over 25 years old)
- Over 25 years old (only certain partners are over 25 years old)

Do you or any of your partners experience a disability? Please select all that apply.

- No, we do not experience any disabilities
 - Yes, autism spectrum
 - Yes, chronic illness
 - Yes, hearing loss and/or deafness
 - Yes, intellectual disability
 - Yes, learning disability
 - Yes, memory loss
 - Yes, mental health issues
 - Yes, physical disability
 - Yes, speech or language disability
 - Yes, vision loss and/or blindness
-

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What would you consider your relationship dynamic to be?

- Monogamous Cisgender Heterosexual Couple (1 Cisgender Male 1 Cisgender Female)
- Monogamous Cisgender Same-Sex Couple (Two Cisgender Men)
- Monogamous Cisgender Same-Sex Couple (Two Cisgender Women)
- Monogamous Couple where one or both partners are intersex, transgender or gender-expansive (different-sex or gender/heterosexual)
- Monogamous Couple where one or both partners are intersex, transgender or gender-expansive (same-sex or gender/homosexual)
- Polyamorous Triad or "Vee" (3 people involved in relationship together)
- Other Polyamorous Relationship Dynamic (4 or more partners)

How long have you and your partner(s) been in a relationship together? (For non-monogamous relationships, consider the start to be when the most current dynamic was formed)

- Less than 6 months
- 6 Months to 1 Year
- Over 1 Year to 2 Years
- Over 2 Years to 5 Years
- More than 5 Years

Please indicate the current distance of your relationship (Select all that apply).

- Same University
- Different University
- Same City/Town
- Different City/Town but Same General Area
- Different Areas but Within the Same State (Or Different State but Within 100 Miles)
- Different State (Or More than 100 Miles)
- Cross Country (500+ miles and/or More than 2 States' Distance)
- International

Appendix C

Almost	More	Not	Equally	Moderate	More	Always
Never	Often	terribly	often	y Often	Often	or
or	Not	Often	and not		than	Almost
Never			often		Not	Always

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How often do you engage in unprotected sex? This is defined as engaging in sexual contact and/or intercourse without any protective barriers including external condoms, internal condoms, and dental dams. This does NOT include birth control used to reduce risk of pregnancy, which does not protect against sexually-transmitted infections (STIs).

How often do you engage in sexual contact and/or intercourse under the influence of alcohol? This can be defined as any sexual contact while one or multiple

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members has
had more than
one or two
alcoholic
beverages.

How often do
you engage in
sexual contact
and/or
intercourse
under the
influence of
drugs other than
alcohol? This is
defined as
sexual contact
while or
following using
drugs such as
cannabis,
cocaine, meth,
heroin,
mushrooms,
and also use of
prescription
medications
that have not
been prescribed
to you by a
doctor or not
prescribed in
the used
amount.

How often do
you engage in
sexual contact
and/or
intercourse
under the
influence of

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BOTH alcohol and other drugs combined. This is defined as use of drugs and alcohol together and in amounts and with substances as mentioned previously in this questionnaire.

How often do you engage in sexual contact and/or intercourse where there has not been perfect consent? This can be defined as any of the following:
Where consent is only implied and not verbally given (also assuming not saying "no" is a yes), terms of consent were violated (such as what contraception to use and/or not use, position, activities that would happen or not happen,

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etc.), or a partner continued with sex even after a safe word or other previously agreed-upon indication to stop was verbally given.

How often do you use the practice of safe words and other habits to reinforce consent and communication ? These can be defined as code words to stop sex immediately if uncomfortable, ways to indicate comfort or anxiety within the sexual event (such as the "stoplight method"), as well as communicating beforehand what will be off and on limits for the sexual event and what everyone is

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comfortable
with.

How often do
you engage in
BDSM? BDSM
is defined as
Bondage and
Discipline,
Dominance and
Submission,
and Sadism and
Masochism.
These acts are
agreed upon
beforehand and
are 100%
consensual by
all parties, and
can include a
variety of
different
fetishes.

Appendix D

How would you describe your amount of sexual education in high school and/or middle school (select one for each partner if you had different experiences)?

- Comprehensive Sexual Education in several grades covering safe sex practices and healthy communication.
- Comprehensive Sexual Education in one grade covering safe sex practices and healthy communication.
- Abstinence-only sex education in one or more grade.
- No sexual education whatsoever in school.
- I was home-schooled and received comprehensive information
- I was home-schooled and received abstinence-only information
- I was home-schooled and received little to no information regarding sex education

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What is your primary source of information regarding alternative sexual practices, such as kink and BDSM that you use for engaging in it? Select all that apply.

- Internet Resources
- Print Resources such as books or magazines
- Films and Books such as the Fifty Shades of Grey franchise
- Pornographic Materials
- Peers and Friends
- A sexuality course
- Online kink communities such as fetlife.com
- Personal Experiences and experimentation/exploration

We do not engage in any kink or BDSM activities, even light amounts

Appendix E

Very Dissatisfied	Dissatisfied	Slightly Dissatisfied	Neither satisfied nor dissatisfied	Slightly Satisfied	Satisfied	Very Satisfied
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Overall, how satisfied are you currently with your relationship?

Overall, how satisfied are you currently with your sex life?

Appendix F

Reflexivity Statement: Samantha Ecklund

Our research topic we chose was Sexual safety priorities among college aged couples.

Our sub areas we focused on during our research topic include prior knowledge of sexual safety, consent, types of protection, birth control, BDSM, open communication with your partner, and

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lastly substance abuse. This topic means a lot to me because I personally have had the sexual safety talks with my parents, I also attended multiple health education classes during middle school and high school. My sexual safety knowledge didn't end there, I also have taken two sexual education classes here at the University of Stout. I have taken Human Sexual Biology, and Lifespan Sexuality as well, both classes that have brought more sexual safety knowledge into my life.

Not only does this topic mean a lot to me personally, but the information learned and acquired from our research helps me bring more sexual safety knowledge to my future career. My field of interest includes working with at-risk adolescents and young adults. This knowledge is important to gain for my future career of interest because this is the age range that sexual experiences are bound to start happening at.

During our research project. We found it very easy to determine our topic of interests and our sub areas of our topic. I personally found it a bit harder when it came to finding scholarly articles that relate to our topic of interest, but with a bit of digging we found plenty of articles that relate to the sexual safety practices used amongst college aged couples. Family social exchange theory was discussed in plenty of other classes in our field of study too, and I found that it fit very well with our topic. Social exchange theory refers to all relationships having give and take, although the balance of this exchange is not always equal. I found the theoretical framework to be the easiest step thus far to determine which theory we wanted to use to relate to our topic of choice. Our research will not only educate us on different types of sexual health practices among college aged couples, but it will also determine whether they are sexually or generally satisfied with their overall relationship.

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Appendix G

Reflexivity Statement: Coltan Schoenike

The research topic that I and my partner have selected represents a lot to me. It represents a lot of autonomy that I am able to have with myself and my body, especially from a feminist perspective. Growing up and not receiving a lot of comprehensive information about sex and sexuality – especially that of the healthy sort, it is easy to see why there is a lot of misinformation about sexuality experienced by myself and the rest of my generation. Conducting research surrounding the healthy or unhealthy sexual behavior in college-aged couples is my opportunity to take that experience of mine and say “hey, here is what is happening with the lack of information you gave us. Look at all of the harmful results. We need to do better with future generations so this doesn’t happen again.” It’s a truly wonderful experience to be able to have that sort of autonomy and be able to have control over my reaction to a lack of care in my upbringing by our society. They did not teach me how to be a sexually responsible adult. I had to (and continue to) teach myself.

For the research at hand, my two main focuses were intentionality and inclusivity. Sex, Relationships, and all-together sexuality are areas of the human experience that are beautiful and powerful, and so much of this beauty comes from how diverse the experiences in question are. As a person who is pansexual, genderqueer, and polyamorous, I have plenty of experiences with research surrounding my life and my sexuality that don’t include my story. Very often do I see research where my sexual orientation, gender, or relational orientation are not included, recognized or considered, and so much of the time it is more than one or even all of them. I

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wanted to make sure that all experiences are represented in this research and that it provides a comprehensive and holistic look on the human sexual experience.

There is a lot going on in this topic currently. It is quite common that a lot of college-age couples are severely misinformed with certain things. They are not often given healthy information about birth control and the prevention of STIs, and if they are given some information, it doesn't leave them with many options to choose from, even though plenty exist. Additionally, there are not many lessons given to my generation about how to have healthy communication in sex, relationships, and sexuality.