



Original article

The Influence of Sexual Partner on Condom Use Among Urban Adolescents

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A B S T R A C T

Purpose: The influence of partner context (e.g., drinking alcohol in the 2 hours prior to sex, ≥ 3 years age discordant, met in public) on adolescent boys' and girls' condom use is unclear. Among an urban cohort of primarily (86%) minority 17–18-year-olds who reported having sex ($n = 1,469$), we assessed the association between condom use and partner characteristics for the most recent sexual experience.

Methods: We used logistic regression to examine the odds of condom use by measured partner familiarity (casual or unexpected) and context characteristics. Analyses were stratified by gender.

Results: Adolescent boys and girls were twice as likely to use condoms with partners they considered casual or unexpected. Adjusting for partner familiarity risk, adolescent boys' tended to decrease condom use with risky context partners. Adjusting for partner familiarity risk, adolescent girls were half as likely to use condoms with partners drinking alcohol 2 hours prior to sex [Odds Ratio (OR) = .6, 95% Confidence Interval (CI) = .4–.9]; ≥ 3 years age discordant (OR = .5, 95% CI = .3–.8); or met in public places (OR = .6, 95% CI = .4–.8).

Conclusions: Regardless of partner familiarity risk, adolescent boys and girls faced barriers to condom use with risky context partners. Increased understanding of adolescents' perceptions of and control over partner risk and condom use with risky context partners is needed. Interventions aimed at decreasing adolescent sexually transmitted infections should include strategies for adolescents to choose less risky context partners and negotiate condoms with risky context partners.

IMPLICATIONS AND
CONTRIBUTION

Regardless of partner familiarity risk, condom use tended to decrease among adolescent boys and decreased significantly (Odds Ratios ranged from .5 to .6) among adolescent girls with risky context partners (drinking alcohol prior to sex, age discordant, or met in public places).

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In the United States, adolescents and young adults account for half of all incident sexually transmitted infections (STIs) [1]. Condoms effectively prevent STIs including HIV [2], but the average young adult in the United States reports only seldom or sometimes using condoms during sex [3]. Condom use varies primarily among individuals by sex event [3], and thus, likely varies by situational and partner characteristics. Increased understanding of the associations between condom use and

partner characteristics is important to guide HIV and STI preventive interventions.

Evidence and theory of interpersonal behavior suggest that adolescents' sexual partner characteristics (e.g., casual, unexpected, drinking alcohol, met in public, and age discordance) influence condom use and STI risk [4–14]. Studies consistently show adolescents are less likely to use condoms with steady rather than casual partners possibly because youth expect reduced STI risk from steady partners [4,14]. The theory of interpersonal behavior suggests that sexual risk-taking is influenced by environmental norms and peer modeling supportive of unprotected sex with casual partners, and are likely increased in situations where youth are drinking and meeting partners [13,15].

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The influence of partner characteristics on condom use and STI risk likely differs by gender. First, the theory of gender and power suggests that a man's preferences are more influential than a woman's preferences for condom use [16]. Second, partner characteristics may encompass the majority of women's STI risk because compared with themselves women frequently choose substantially riskier steady partners [17,18].

Among a sample of primarily urban high school students (79%), we considered two objectives to better understand the role of partner characteristics in adolescent condom use. First, we identified common partner characteristics for adolescent boys' and girls' most recent sexual encounter. Second, we assessed the association between each partner risk characteristic and condom use by gender. In both objectives, we grouped related characteristics to compare the influence of constructs of partner familiarity (casual and unexpected) and partner context (drinking alcohol, met in public, and age discordance) on condom use.

Methods

Study population

We used data from students participating in the 2008–2009 follow-up survey of Project Northland Chicago; a group-randomized, alcohol preventive intervention trial conducted among students from a representative sample of Chicago public elementary schools ($n = 61$ schools) [19,20]. During the intervention trial, 5,711 youth participated in at least one of four behavioral surveys: one pretest (2002, age 11 years) and three follow-up surveys before and immediately following each intervention year (2003, age 12 years; 2004, age 13 years; and 2005, age 14 years). In 2008–2009, when the students were primarily age 17 or 18 years old, 3,032 youth completed a mail- or school-based survey (53% response rate) [21]. Adolescents from intervention and control schools were included because the intervention produced little difference in adolescent alcohol use or hypothesized mediators (e.g., alcohol norms, expectations) [20]. Students lost to follow up were more likely to be male ($t(3,734) = -6.85, p < .001$) and non-white ($t(3,383) = 3.15, p < .01$).

We restricted our study population to youth who participated in 2008–2009 because sexual activity items were not included on prior surveys. We omitted adolescents who did not respond to any item on the survey ($n = 2$) or provided inconsistent responses on $\geq 10\%$ of the alcohol, sex, or drug use items ($n = 34$).

Because our objective was to assess condom use during the last sexual event, we restricted the study population to the 1,920 (64% of respondents to 2008–2009 survey) adolescents who did not choose "I have never had sex" on any sexual event-level item. Youth reported the types of sex (oral, vaginal, or anal) they had the last time they had sex. We excluded youth ($n = 175, <10\%$) reporting only having oral sex because the probability of condom use was significantly lower among those having only oral sex (45%) compared with vaginal and anal sex (61%), and HIV transmission is significantly reduced for oral sex only [22]. We excluded youth reporting same sex partners ($n = 47$), not reporting their partner's gender ($n = 39$), or not reporting their own gender ($n = 3$) because: [1] our primary interest was assessing gender differences in heterosexual partnerships and [2] too few youth reported female-only partnerships ($n = 23$) or male-only partnerships ($n = 24$) to assess same sex partnership

groups separately. Because condoms impede pregnancy, we omitted youth who desired pregnancy during their last sexual event ($n = 70$). We excluded adolescents not reporting the three most common racial/ethnic groups in the sample (non-Hispanic white, non-Hispanic black, and Hispanic) because other racial/ethnic groups were too diverse to combine and too small to consider independently: Native American ($n = 14$), Native Hawaiian or Pacific Islander ($n = 6$), Asian ($n = 31$), Other ($n = 15$), and Mixed Race ($n = 48$). Thus, our analysis included the 1,469 adolescents who had vaginal or anal sex with an opposite sex partner the last time they had sex and did not desire pregnancy. The Institutional Review Board at the University of Florida approved this project.

Measures

Measures were adopted and adapted from prior surveys including National Longitudinal Study of Adolescent Health, the HIV Network for Prevention Trials Vaccine Preparedness Study, and the National Longitudinal Survey of Youth 1997 [23–27]. All measures were assessed for content validity with adolescent focus groups. We assessed condom use from adolescent's yes or no response to: "The last time you had sex, did you or your partner use a condom?"

Partner characteristics

Adolescents were asked five questions about their most recent sexual partner's characteristics: casual, unexpected, drinking alcohol, met in public, and age discordance. First, adolescents chose from three response options to describe their relationship type: "a person you know, but not a steady partner"; "a casual acquaintance or someone you just met"; or "a boyfriend/girlfriend, husband/wife, or steady partner". Because few youth reported they just met partners (33 adolescent boys and 7 adolescent girls), we combined just met and not steady partners for analysis (referred to as casual partners). Second, we assessed partner expectation with a question adapted from prior measures of adolescent expectation of sex [24,28]: "The last time you had sex, did you expect to have sex with that partner?" Participants had three response options: "yes, I expected to have sex with that partner on that day"; "yes, I expected to have sex with that partner, but not on that day"; or "no, I did not expect to have sex with that partner". Because we were primarily interested in expectation of specific partners and not planning the timing of sex, we grouped the two "yes" categories as expected partners.

Third, we calculated the age difference between the adolescent and his or her partner by subtracting the participant's age (calculated by subtracting his or her birthdate from the date we received the completed survey) from the participants' report of their partner's age. Based on prior studies suggesting a difference of 2–3 years as a risk threshold for adolescents [29–31], we conservatively analyzed partner age difference as <3 years or ≥ 3 years. We could not consider younger partners separately because only 27 youth reported partners ≥ 3 years younger. Fourth, adolescents selected one of six responses of how much their partner was drinking in the 2 hours prior to sex: none, 1–2, 3–4, 5 or more, and "my partner was drinking, but I don't know how much". Because only 13% of adolescents reported their partners were drinking, for analysis, we classified partners as drinking or not.

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