

**Partner Commitment, Condom Use,
and High Risk Behavior Among Young Adult Men**

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Abstract

Using the National Survey of Adolescent Males, 1995, this study examines the relationship between partner commitment, risk taking, and condom use at last sex. In terms of partner commitment, married men are the least likely to use condoms and casually dating men the most likely. Men engaged in high risk behaviors (tobacco, alcohol, and/or drug use) are less likely to report using condoms than low risk taking men. However, interactions between high risk behavior and relationship type indicate that high risk taking married men are more likely to use condoms than low risk taking married men. The opposite is true of cohabiting men. High risk behavior among single men reduces the likelihood of condom use relative to low risk behavior.

Keywords: partner commitment, marriage, cohabitation, risk behavior, sexual behavior, contraception

The formation of intimate sexual relationships and contraceptive use within these unions are two primary factors influencing the transition of young men into family life. Historically, marriage marked the initiation of sexual activity and family formation in the United States, but increasingly, young people are forming families and sexual relationships outside of marriage (Seltzer, 2000). Today cohabitation has become a generally common life course experience, especially among young people (Wilhelm, 1998). Compared to marriage, cohabiting unions end more quickly; about half of all cohabiting couples marry or break-up within the first five years of their relationship (Bumpass & Lu, 2000). Thus in general, the sexual relationships men form vary in terms of duration and partner commitment from casual dating to formal marriage.

As men become more committed towards their partner, they participate less in high risk behaviors such as smoking, alcohol and drug use. Single men are more likely to be involved in such behaviors relative to married men, and as single men become engaged or commit to marry, their involvement in risk behaviors declines. Married men and those engaged to be married spend less time in bars and with friends that encourage high risk behavior compared to single, non-committed men (Bachman, Wadsworth, O'Malley, Johnston, & Schulenberg, 1997).

Protective behaviors, such as condom use, however, vary both with relationship type and involvement in risk behaviors. Among men in the U.S., condom use declines as sexual relationships become more permanent. Condom use is highest among dating men, and lowest among married men (Forste & Morgan, 1998). The more committed the sexual relationship, the less likely men are to consider themselves at risk of sexually transmitted disease or unwanted paternity. In contrast, men involved in high risk behaviors such as smoking, drinking, and drug use, are less likely to use condoms to protect themselves and their partner compared to men not involved in these high risk behaviors (Forste & Morgan, 1998).

Among men, marriage is associated with reduced involvement in high risk behaviors, as well as reduced condom use. However, how does marriage influence the behavior of men when they continue to engage in high risk behaviors after marriage? How does the commitment level of the sexual relationship influence condom use among high risk taking men? Does marriage make a difference in the behavior of even high risk taking men? Using data from a national survey of young men, I address these questions.

SEXUAL RELATIONSHIPS AND PARTNER COMMITMENT

Partner commitment in sexual relationships represents a long-term orientation and includes the expectation to remain in the relationship as well as feelings of attachment. Highly committed couples feel connected to their partners and are more likely to stay together and work to maintain the relationship (Rusbult, Drigotas, & Verette, 1994). Rusbult and colleagues (1994: 123) argue that “highly committed individuals have a vested interest in the well-being of their partners as well as in the future of their relationships, and should accordingly act to protect such investments.” When individuals put the interest of their partner above their own for the good of the relationship, they communicate to their partner their commitment to the relationship (Kelley, 1979).

Rusbult and colleagues (1994) contend that commitment levels in relationships are expressed in part by a willingness to sacrifice. At times, it is expected that self-interest will conflict with what is best for one’s partner. Thus, individuals demonstrate their commitment in part by their willingness to sacrifice self-interest for the benefit of the relationship or their partner. Such self-sacrifice may include engaging in behaviors that one does not wish to engage in, or in giving up behaviors one might find desirable.

In terms of sexual relationships, past studies suggest that cohabitators generally do not want to take responsibility for their partner and do not feel the same sense of obligation towards their partner that married individuals do (Waite & Gallagher, 2000). Previous research has examined whether cohabitation is selective of less committed individuals or whether cohabitation itself, relative to marriage, encourages reduced commitment between partners. A review of the literature finds evidence for both (Seltzer, 2000). Marriage requires a public and legally binding agreement between couples compared to either cohabitation or dating. Cohabitation, in terms of investment in joint behaviors, such as combining bank accounts and assuming financial responsibility for one's partner, is more similar to dating than to marriage (Rindfuss & VandenHeuvel, 1990). Sexual exclusivity, another indicator of commitment, is more likely among married than among cohabiting or dating couples (Forste, 2002). Formal marriage, therefore, represents a greater level of partner commitment relative to cohabitation or dating.

SEXUAL RELATIONSHIPS AND HIGH RISK BEHAVIORS

Marriage generally has a protective influence in that married people report higher levels of psychological and physical health relative to single people (Brown, 2000; Umberson, 1992). Marriage and engagement, or the expectation to marry, are associated with decreased alcohol, marijuana and cigarette use. In part this is because single, relative to married individuals are more likely to frequent bars and parties that involve alcohol or drugs. In addition, married men receive greater encouragement and monitoring by their spouse to reduce such high risk behavior (Bachman, Wadsworth, O'Malley et al., 1997; Umberson, 1992). Bachman and colleagues (1997) argue that marriage involves the taking on of new responsibilities, mutual caring, and greater intimacy all of which contribute to lower participation in high risk behaviors. Other

studies note that mortality levels are lower among married individuals relative to singles and attribute this to greater social integration and social support in marriage (Umberson, 1987).

In contrast, drug use and smoking generally increase following cohabitation, unless the couple are engaged to be married (Bachman, Wadsworth, O'Malley et al., 1997). This finding may in part be due to selection into cohabitation based on previous high risk behavior or beliefs, as well as socialization within cohabitation (Axinn & Thornton, 1992; Newcomb, 1987; Nock, 1995). Waite and Gallagher (2000) argue that individuals choosing cohabitation desire less responsibility and commitment towards their partner relative to those choosing marriage and thus do not demonstrate the same healthy behaviors as married individuals. They conclude that moving in together, as opposed to formal marriage, does not motivate young people to reduce unhealthy behavior (Waite & Gallagher, 2000).

SEXUAL RELATIONSHIPS AND CONDOM USE

Greater commitment in marriage is also associated with reduced use of condoms as a protection against sexually transmitted disease or unwanted pregnancy. Various studies indicate that men are more likely to use condoms in casual relationships than in long-term sexual relationships (Anderson, Wilson, Doll, Jones, & Barker, 1999; Forste & Morgan, 1998; Landry & Camelo, 1994). In focus group discussions with single men and women, Landry and Camelo (1994) found that condoms are generally used to protect against pregnancy and sexually transmitted diseases although most individuals reported disliking condoms. Condom use, however, is heavily dependent upon the type of relationship – with more frequent condom use in casual relationships than long-term. In addition, Landry and Camelo (1994) reported that if couples discuss contraception prior to having intercourse, the likelihood of using contraception increases. However, such discussions are less likely to occur the more casual the relationship.

After assessing the risk of sexually transmitted disease, most couples in long-term relationships switch from condoms to other forms of contraception to prevent pregnancy (Landry & Camelo, 1994). Married men are the least likely to use condoms, whereas dating men are the most likely to, and cohabiting men are in between. However, in addition to relationship type, men reporting concern for their partner's feelings and health are more likely to use contraception to prevent pregnancy and sexually transmitted disease than are men reporting less concern for their partner (Forste & Morgan, 1998).

OTHER FACTORS INFLUENCING CONDOM USE

Men's contraceptive use varies by race and is also influenced by other factors such as age, education, income, and religion (Billy, Tanfer, Grady, & Klepinger, 1993; Landry & Camelo, 1994). Anderson and colleagues (1999) found that condom use was highest among respondents that were young, black, and low income. Condom use among adult men has been found to increase with education levels and decrease with age (Tanfer, Grady, Klepinger, & Billy, 1993). The effect of religion on condom use has been mixed with studies finding little or no effect, or higher condom use among men with no religious affiliation (Forste & Morgan, 1998; Tanfer, Grady, Klepinger et al., 1993).

Also, men reporting high risk lifestyles (alcohol, tobacco, drug use) are less likely to be using protection against sexually transmitted disease compared to low risk men (Forste & Morgan, 1998). Other studies indicate that when individuals are under the influence of drugs or alcohol they are less likely to use condoms or any form of contraception (Landry & Camelo, 1994).

Using data from the National Survey of Adolescent Males, 1995, I examine the relationship between condom use and high risk behaviors for a sample of married, cohabiting and dating men. If marriage encourages healthy behavior relative to cohabitation or dating, I expect that married men will be less likely to engage in high risk behaviors. In addition, given the generally lower risk of sexually transmitted disease and unwanted fertility in marriage, I expect that married men will have lower levels of condom use relative to cohabiting or especially dating men. However, if married young men continue to engage in high risk behaviors following marriage, I anticipate that they will be more likely to use condoms than low risk taking married men. In contrast high risk taking single men are expected to follow the general pattern of reduced condom use among high risk takers. High risk taking single men will be less likely to use condoms relative to low risk taking single men. I hypothesize that high risk taking married men are more committed to their partner than cohabiting or dating men and will be more willing to use condoms as a means of protecting or caring for their partner than single men. In other words, condom use in response to risk behavior is expected to increase among married men, but not among single men.

DATA

Analyses of relationship type, risk taking and condom use are based on a sample of young men from the National Survey of Adolescent Males, 1995. In 1988 a nationally representative sample of non-institutionalized adolescent males in the U.S. aged 15 to 19 was surveyed. The primary form of data collection was face-to-face interviews with the most sensitive topics assessed with confidential, written self-administered questionnaires. This original sample consisted of 1,880 adolescents and over-sampled for Blacks and Hispanics. A follow-up survey was given in 1990/91 and again in 1995. Responses to the 1995 survey are

used to examine condom use at last sex. The sample is limited to young men reporting a sexual relationship during the past year in the 1995 survey. Analyses are based on a sample of 1179 young men aged 22 to 26 in 1995. This is the age group when young men generally form sexual relationships, but still engage in high risk behaviors (Bachman, Wadsworth, O'Malley et al., 1997).

METHOD

Condom use is the dependent variable and is coded 1 if the respondent reported using condoms at last sex and 0 otherwise. Relationship type indicates whether the last sexual experience was with a partner to whom the respondent was married, cohabiting or dating. Dating relationships are separated into committed dating – those going steady or engaged to each other, and casual dating – those that reported being just friends or having just met. A control for the length of the relationship was included initially in the analyses, but was not found to be significant in any of the models and was, thus, dropped. I anticipate that the more committed the relationship, the less likely the respondent is to use condoms. I expect married men to be the least likely to use condoms and casual dating men the most likely.

Risk behavior is based on smoking tobacco, alcohol use, marijuana, and crack cocaine use reported during the past year in the confidential, self-administered questionnaire. High risk taking men range from those using all four substances at least monthly to those using at least two or more on a weekly or daily basis. Approximately 87 percent of the men identified as high risk takers used two or more substances weekly or more during the past year. This is a dichotomous measure coded 1 if men reported a high level of alcohol, tobacco, and drug use during the past year and 0 otherwise (includes medium and low categories – see Table 1). Somewhat more narrow and broader categorizations for identifying high risk men were also considered but the

outcomes were all very similar. I expect that high risk taking men will be less likely to use condoms relative to low risk taking men.

Couple characteristics include frequency of sexual intercourse with last partner. This measure indicates the total number of times the respondent reported having sex with his last partner. This measure represents a level of partner involvement and possibly trust; I hypothesize that the more times the respondent reports having had sex with his partner, the less likely he will be to use condoms. Whether or not the respondent discussed using contraception with his partner the first time they had intercourse together is also included as a couple characteristic. This variable is coded 1 if they discussed contraception and 0 otherwise. I expect that men willing to discuss contraception with their partner are more likely to use condoms than men not willing to discuss contraception.

In sexual relationships the risk of sexually transmitted diseases or of unwanted pregnancy is likely to influence contraceptive decision-making. Indicators are included to assess these risks. Respondents were asked to indicate whether or not their partner ever had a sexually transmitted disease. Those reporting that their partner probably did or definitely did were coded 1, all others as 0. Initially a variable measuring how many STD symptoms the respondent reported every having was included in analyses, however, once the partner's likelihood of having a STD was controlled for, this measure was not significant. Of the two indicators, his assessment of her STD risk was more important in predicting condom use than his report of STD symptoms. I expect that men who report their partner probably had an STD will be more likely to use condoms relative to men who do not consider their partner a risk.

The second indicator of risk indicates whether or not the couple had ever experienced a pregnancy together. This is a dichotomous measure coded 1 if the couple had and 0 otherwise. I

anticipate that men will be more likely to use condoms to avoid unwanted pregnancy if they know they have had a pregnancy. This measure, however, is not able to distinguish wanted from unwanted pregnancies.

Respondent characteristics include religious preference and education. Initially measures of race and ethnicity and age were also included in analyses, but were not significant. These controls were dropped to allow for a more parsimonious model. Religious preference is measured by dummy variables indicating if the respondent is Protestant, Catholic, of another religion, or has no religious preference. Catholic is the reference category. I expect men reporting no religious affiliation to be more likely to use condoms relative to men indicating a religious preference. Education is measured as a continuous variable indicating the number of years of schooling completed by the respondent by the date of the survey. I hypothesize that the more education the respondent has, the more likely he is to use condoms.

In addition to model estimates of condom use, attitudinal data are also explored to further understanding of the relationship between partner commitment and high risk behavior. Factor analyses (available from the author) indicated two factors relative to attitudes toward condom use. These factors were created by averaging scores on a five point scale from 1= no chance to 5= an almost certain chance. The first factor regarding pleasure in using a condom was based on two questions: “what are the chances that if you used a condom, you would feel less physical pleasure?” and “what are the chances that if you used a condom, it would spoil the mood?” The second factor regarding care for self and partner was based on three questions: “what are the chances that if you always used a condom during sex, you will protect yourself from AIDS?” “what are the chances that if you used a condom, a new partner would appreciate it?” and “what

are the chances that if you always used a condom during sex, you would feel like you were taking care of yourself and a new partner?”

The dependent variable is a dichotomous variable thus models are estimated using logistic regression techniques. The coefficients represent the log odds of using a condom at last sex versus not as a linear function of the independent variables. After the presentation of descriptive statistics, five regression models are analyzed. The first estimates only the effect of partner commitment on condom use and the second model includes also high risk behavior. The third model estimates in addition to partner commitment and high risk behavior, the effects of the couple characteristics, and the fourth model also includes the respondent characteristics. To determine whether or not the relationship between partner commitment and high risk behavior is nonadditive, interaction terms are also estimated in a fifth model along with the direct effects of partner commitment and high risk behavior.

Finally, attitudinal measures regarding condom use are presented to further explore the relationship between condom use, risk taking, and relationship type. Analysis of variance techniques are used to compare means between high and low risk married and single men and Tukey post hoc tests are examined to determine significant group differences.

RESULTS

Descriptive statistics presented in Table 1 indicate how condom use varies with the type of relationship men had with their last partner. Married men are the least likely to have used a condom at last sex (14.5 percent) and casually dating men the most likely (66 percent). Men cohabiting with their partner and men in a committed dating relationship were in between with 31 percent of cohabiting and 50 percent of committed dating men using condoms. Risk behavior also varies by partner commitment. Again married men reported the lowest levels of tobacco,

alcohol, and drug use and casually dating men the highest. However, in terms of participation in risk behaviors, the cohabiting men are more similar to casually dating men and committed dating men are more similar to married men.

(Table 1 about here)

Frequency of sexual intercourse is highest among the married and lowest among men in casual dating relationships. About 70 percent of both married men and men in committed dating relationships discussed contraception with their partner before first having sex, whereas cohabiting (57 percent) and casually dating (60 percent) men were less likely to have discussed contraception. More cohabiting men (10 percent) and casually dating men (7 percent) reported that their partner probably or definitely has had an STD. Again committed dating men more closely mirrored married men in terms of partner STD risk. Over half of the married men reported a pregnancy with their partner as did about one third of the cohabiting men. Twelve percent of the committed dating men also reported a pregnancy with their partner, but only 2 percent of casually dating men had gotten their partner pregnant. To examine the additive effect of these factors on condom use, I now turn to the multivariate models in Table 2.

Table 2 presents the odds of using a condom at last sex for four different models. Model 1 indicates the strong relationship between partner commitment and condom use. Cohabiting men are 2.6 times more likely to use condoms compared to married men and committed dating men are almost six times more likely. Casually dating men are 11.4 times more likely to have used a condom at last sex compared to married men. Thus, the more committed or formal the relationship, the less likely men are to report using a condom.

(Table 2 about here)

Model 2 includes the measure of high risk behavior in addition to the measures of partner commitment. Including high risk behavior in the model only increased the effect of partner commitment on condom use. High risk taking men are 32 percent less likely to use condoms relative to low risk taking men. Models 3 and 4 include the other couple characteristics and the respondent characteristics in the analyses respectively. Once controls for respondent characteristics are included in the model, the effect of high risk behavior is no longer significant and the effects of partner commitment are attenuated. Cohabiting men are two times more likely to use condoms compared to married men, and committed dating men are 4 times more likely to use condoms than married. Casually dating men are about 7.5 times more likely to use condoms than married men after controls for couple characteristics and respondent characteristics are included in the analyses.

Frequency of intercourse decreases the likelihood of condom use whereas discussing contraception before first having sex increases the likelihood by about 40 percent (models 3 and 4, Table 2). If men reported that their partner probably has had an STD, the likelihood of using a condom at last sex doubled. Ever having a pregnancy with their partner did not significantly predict condom use. In terms of religious preference, men with no religious affiliation were 82 percent more likely to use condoms and Protestant men 39 percent more likely than Catholic men. Condom use also increased with years of education.

Thus, the more formal or committed the relationship, the less likely men report using condoms with their partners; and the more likely they are to engage in high risk behaviors, the less likely they are to use condoms. Marriage and committed dating are associated with low risk taking (see Table 1), but what happens when high risk taking men marry? How does the commitment level of their relationship modify the effect of high risk behavior on condom use?

To address this question, I included an interaction between partner commitment and high risk behavior. This nonadditive model is presented in Table 3.

(Table 3 about here).

Table 3 provides both the additive and nonadditive effects of partner commitment and high risk behavior on condom use at last sex. The additive model indicates that married men are 92 percent less likely to use condoms relative to casually dating men. In addition, men engaging in high risk behavior are 32 percent less likely to use condoms. The nonadditive model finds that among married men, high risk takers are 2.8 times more likely to report using condoms than their low risk taking married counterparts. In contrast, high risk taking single men are less likely to use condoms than their low risk taking counterparts – although the differences between cohabiting and dating men were not significant. Additional analyses by relationship type (available from the author), indicate high risk taking married men are twice as likely to use condoms relative to low risk taking married men. In contrast cohabiting and committed dating high risk taking men are about half as likely to use condoms as their low risk taking counterparts. The effect of risk taking on condom use among casually dating men was not significant. Thus, in the context of marriage, high risk taking men are more likely to use condoms relative to low risk taking men. But in the context of cohabitation or dating, condom use decreases or remains the same between low and high risk taking men.

To further explore the interaction between partner commitment and high risk behavior, I examined attitudinal data from the 1995 survey. Respondents were asked questions regarding condom use with a new partner. These questions were combined into two factors measuring the chance that condom use would reduce pleasure, and the chance that condom use would show care for oneself and one's partner. Table 4 presents the mean scores for high and low risk

married men and high and low risk single men. In terms of showing care for one's partner and self, low risk taking married men reported the lowest score on average and high risk taking married men the highest. Thus, among married men high risk takers were more likely to report that using a condom shows care for their partner than low risk taking men. In contrast, married men were more likely to think that condom use reduces pleasure relative to single men. These findings suggest that married risk taking men likely use condoms because they care about their partner (and self) even though they think condoms reduce pleasure during intercourse.

(Table 4 about here)

DISCUSSION

Descriptive results suggest that cohabiting men are more like casually dating men in terms of their risk behavior, willingness to discuss contraception, and assessment of their partner's STD risk. In contrast, committed dating men more closely mirror married men in terms of these characteristics. Thus, cohabitation appears to be more like marriage than dating in terms of frequency of sex and exposure to pregnancy, but more like dating in terms of participation in high risk behaviors. These findings provide general support to conclusions made by Waite and Gallagher (2000).

This study also supports past research concluding that condom use is highest among casually dating men and lowest among married men (Forste & Morgan, 1998; Landry & Camelo, 1994). As commitment levels and trust between partners increase, it is likely that individuals consider themselves less at risk of sexually transmitted disease or unwanted pregnancy. I found, as did Bachman and colleagues (1997), that high risk behavior is lower among committed dating and married men compared to cohabiting or casually dating men. In addition, when men engage in high risk behaviors such as alcohol and drug use, they are less likely to consider the risk of

unprotected intercourse and use condoms relatively to low risk taking men (Forste & Morgan, 1998).

Based on this study, however, the type of sexual relationship men form appears to influence the relationship between high risk behavior and condom use. In concurrence with Waite and Gallagher (2000), my results suggest that cohabitation does not motivate men to reduce high risk behavior in the way that marriage does. Also, as a relationship context, cohabitation does not modify sexual behavior in the way that marriage does. In particular, within marriage, high risk taking men appear to be more willing to use condoms relative to low risk taking men. The opposite is found among cohabiting men. In general, high risk taking single men are less likely to use condoms than low risk taking single men.

Attitudinal data suggest that this difference may in part be because married men feel greater concern for their partner and are willing to use condoms as a means of protection and care for their partner, even if they feel condoms reduce pleasure. This finding provides evidence of commitment in marriage. Rusbult and colleagues (1994) argue that a willingness to sacrifice self-interest is a demonstration of commitment to a relationship. In particular, high risk taking men within marriage are willing to sacrifice their own pleasure and interest, in order to demonstrate care for their partner and the relationship. If men continue to use high levels of alcohol or drugs after marriage, they appear willing to modify their sexual behavior by using condoms in contrast to single men. Whereas among cohabiting men, participation in high risk behaviors decreases the likelihood of condom use and is similar to the pattern found among dating men.

Exactly why high risk taking married men are motivated to use condoms requires further exploration. It may be that in addition to participating in high risk alcohol and drug use, they

also participate in other sexually risky behaviors such as multiple partners. If this were the case, then high risk married men may be more willing to use condoms to protect their partner from sexually transmitted disease, unlike single men that generally have more sexual partners than married men (Billy, Tanfer, Grady et al., 1993). Or it may be that high risk married men also have partners that have high levels of alcohol and drug use and that both partners may be concerned about the risk of pregnancy and substance abuse. The attitudinal data hint that high risk married men are more likely to use condoms because to them condom use demonstrates care for their partner, but further research is required.

In sum, married men demonstrate greater commitment towards their partner than cohabiting or dating men -- even if engaged in high risk behaviors. Thus, the encouragement and support of marriage is likely to promote responsible sexual behavior among high risk men. Given the current political emphasis on supporting marriage among low-income couples, it is critical to further explore the influence of marriage among high risk groups. Further research is needed, however, to fully understand how the context of marriage influences men's high risk behavior and their commitment to their partner.

References

- Anderson, J.E., Wilson, R., Doll, L., Jones, T.S., & Barker, P. (1999). Condom Use and HIV Risk Behaviors Among U.S. Adults: Data from a National Survey. *Family Planning Perspectives, 31*(1), 24-28.
- Axinn, W.G., & Thornton, A. (1992). The relationship between cohabitation and divorce: Selectivity or causal influence? *Demography, 29*(3), 357-374.
- Bachman, J.G., Wadsworth, K.N., O'Malley, P.M., Johnston, L.D., & Schulenberg, J.E. (1997). *Smoking, Drinking, and Drug Use in Young Adulthood: The Impacts of New Freedoms and New Responsibilities* Mahwah, New Jersey: Lawrence Erlbaum Associates, Publishers
- Billy, J.O.G., Tanfer, K., Grady, W.R., & Klepinger, D.H. (1993). The Sexual Behavior of Men in the United States. *Family Planning Perspectives, 25*(2), 52-60.
- Brown, S.L. (2000). The Effect of Union Type on Psychological Well-being: Depression Among Cohabitors Versus Marrieds. *Journal of Health and Social Behavior, 41*(September), 241-255.
- Bumpass, L.L., & Lu, H. (2000). Trends in cohabitation and implications for children's family contexts in the United States. *Population Studies, 54*, 29-41.
- Forste, R., & Morgan, J. (1998). How Relationships of U.S. Men Affect Contraceptive Use and Efforts to Prevent Sexually Transmitted Diseases. *Family Planning Perspectives, 30*(2), 56-62.
- Forste, R. (2002). Prelude to Marriage or Alternative to Marriage? A Social Demographic Look at Cohabitation in the U.S. *Journal of Law & Family Studies, 4*(1), 91-104.

- Kelley, H.H. (1979). *Personal Relationships: Their Structures and Processes* Hillsdale, NJ: Lawrence Erlbaum
- Landry, D.J., & Camelo, T.M. (1994). Young Unmarried Men and Women Discuss Men's Role in Contraceptive Practice. *Family Planning Perspectives*, 26(5), 222-227.
- Newcomb, M.D. (1987). Cohabitation and marriage: A quest for independence and relatedness. *Applied Social Psychology Annual*, 7, 128-156.
- Nock, S. (1995). A comparison of marriages and cohabiting relationships. *Journal of Family Issues*, 16(1), 53-76.
- Rindfuss, R., & VandenHeuvel, A. (1990). Cohabitation: A precursor to marriage or an alternative to being single? *Population and Development Review*, 16(4), 703-726.
- Rusbult, C.E., Drigotas, S.M., & Verette, J. (1994). The Investment Model: An Interdependence Analysis of Commitment Processes and Relationship Maintenance Phenomena. In D.J. Canary, & L. Stafford (Eds.), *Communication and Relational Maintenance* (pp. 115-139). San Diego: Academic Press, Inc.
- Seltzer, J.A. (2000). Families formed outside of marriage. *Journal of Marriage and Family*, 62(November), 1247-1268.
- Tanfer, K., Grady, W.R., Klepinger, D.H., & Billy, J.O.G. (1993). Condom Use Among U.S. Men, 1991. *Family Planning Perspectives*, 25(2), 61-66.
- Umberson, D. (1987). Family Status and Health Behaviors: Social Control as a Dimension of Social Integration. *Journal of Health and Social Behavior*, 28(September), 306-319.
- Umberson, D. (1992). Gender, Marital Status and the Social Control of Health Behavior. *Social Science & Medicine*, 34(8), 907-917.

Waite, L.J., & Gallagher, M. (2000). *The Case for Marriage: Why Married People are Happier, Healthier, and Better Off Financially* New York: Doubleday

Wilhelm, B. (1998). Changes in cohabitation across cohorts: The influence of political activism. *Social Forces*, 77(1), 289-310.

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Table 1. Condom Use, Risk Behavior, and Couple and Respondent Characteristics by Partner Relationship at Last Sex (Percents unless otherwise noted)

Characteristic	Total	Married	Cohabiting	Committed Dating	Casual Dating
Used condoms	39.6	14.5	31.0	50.3	66.0
Risk behavior					
Low	26.2	35.7	24.4	28.6	9.8
Medium	43.0	43.8	37.1	46.0	41.9
High	30.8	20.6	38.6	25.3	48.3
Couple characteristics					
Frequency of sex					
Mean (Stddev)	188.4 (253.6)	356.2 (298.3)	232.6 (255.1)	112.0 (174.2)	31.2 (83.2)
Discussed contraception	67.0	70.4	57.0	73.4	59.7
Partner probably had STD	5.5	5.4	10.3	2.3	7.1
Ever had a pregnancy	26.5	57.4	30.2	12.0	1.9
Respondent characteristics					
Religious preference					
No religion	14.6	14.3	21.1	10.9	16.0
Protestant	39.4	42.7	35.9	40.2	36.1
Catholic	31.1	23.1	34.9	34.6	33.9
Other religion	14.8	19.9	8.1	14.3	14.0
Education					
Mean (Stddev)	13.5 (2.0)	13.1 (2.1)	13.3 (2.3)	13.9 (2.0)	13.6 (1.9)
[N]	[1179]	[294]	[221]	[444]	[220]

Source: National Survey of Adolescent Males, 1995

Note: Sample statistics are weighted to approximate population parameters; Sample sizes are unweighted.

Table 2. The Likelihood of Using a Condom at Last Sex by Partner Commitment, Risk Behavior, Couple and Respondent Characteristics

Characteristics	Model (1) Odds	Model (2) Odds	Model (3) Odds	Model (4) Odds
Partner commitment				
Married (reference)	1.00	1.00	1.00	1.00
Cohabiting	2.64***	2.83***	2.22***	2.27***
Committed dating	5.98***	6.13***	4.04***	4.16***
Casual dating	11.43***	12.76***	7.32***	7.62***
High risk behavior		0.68**	0.70*	0.76
Couple characteristics				
Frequency of intercourse			0.99***	0.99***
Discussed contraception			1.39*	1.42*
Partner has had STD			2.26**	1.99*
Ever had a pregnancy with partner			0.70	0.80
Respondent characteristics				
Religious preference				
No religion				1.82**
Protestant				1.39*
Catholic (reference)				1.00
Other religion				1.32
Education				1.10**
-2 log likelihood	1372.002	1362.600	1327.699	1313.969
Chi-square (df)	195.8 (3)	205.2 (5)	240.1 (9)	253.8 (13)
[N]	[1179]	[1179]	[1179]	[1179]

Source: National Survey of Adolescent Males, 1995

Note: Sample statistics are weighted to approximate population parameters; N is unweighted.

* p < .05 **p < .01 ***p < .001

Table 3. Likelihood of Using a Condom at Last Sex by Partner Commitment and High Risk Behavior (Additive and Nonadditive Models)

Characteristic	Additive Model	Nonadditive Model
Partner commitment		
Married	0.08***	0.06***
Cohabiting	0.22***	0.27***
Committed dating	0.48***	0.53**
Casual dating (reference)	1.00	1.00
High risk behavior	0.68**	0.73
Interactions		
Married * high risk behavior		2.79*
Cohabiting * high risk behavior		0.55
Committed dating * high risk behavior		0.74
-2 log likelihood	1362.600	1349.394
Chi-square (df)	205.18 (5)	218.38 (8)
[N]	[1179]	[1179]

Source: National Survey of Adolescent Males, 1995

Note: Sample statistics are weighted to approximate population parameters; N is unweighted.

* p < .05 **p < .01 ***p < .001

Table 4. Attitudes Regarding Condom Use by Marital Status and Risk Behavior

Attitude	Married		Single	
	High Risk	Low Risk	High Risk	Low Risk
Condom use show care for self and partner (1 no to 5 almost certain)	4.23	4.01 ^a	4.16	4.18
Condom use reduces pleasure (1 no to 5 almost certain)	2.77 ^b	2.63 ^b	2.31	2.28

Source: National Survey of Adolescent Males, 1995

Note: Sample statistics are weighted to approximate population parameters; N is unweighted.

^a married low risk is significantly different from other groups at $p < .05$.

^b marrieds significantly different from singles, irrespective of risk behavior at $p < .05$.