

Original article

Having Sex and Condom Use: Potential Risks and Benefits Reported by Young, Sexually Inexperienced Adolescents

Lea E. Widdice, M.D.*, Jodi L. Cornell, M.S.W., M.A., Wendra Liang,
Bonnie L. Halpern-Felsher, Ph.D.

Division of Adolescent Medicine, Department of Pediatrics, University of California, San Francisco, San Francisco, California

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Abstract

Purpose: This study determines what young adolescents themselves identify as the potential positive and negative outcomes of having sex, using a condom and not using a condom.

Methods: Using written surveys, 418 ethnically diverse ninth graders, 86% of whom had never had sex, responded to a scenario describing two adolescents who had sex. One randomly selected group read a scenario in which a condom was used; the other group read a scenario in which no condom was used. All participants were asked to list the risks and benefits of having sex. Depending on the scenario read, participants were asked to list the risks and benefits of either using or not using a condom. Responses were coded thematically. Percentages of responses were compared with chi-square analysis in total and by gender.

Results: Participants spontaneously identified a broad range of health and psychosocial risks and benefits of having sex, using a condom and not using a condom. A strong aversion to pregnancy was evident, and the risks of sexually transmitted disease/human immunodeficiency virus (STD/HIV) and condom malfunction were commonly mentioned. Benefits of using a condom included pregnancy and STD prevention. Benefits of both having sex and of not using a condom included improving the relationship, fun, and pleasure. Gender differences emerged across questions.

Conclusions: Communication with adolescents regarding safe sexual activity could benefit from widening the communication from a focus on health risks to include discussion of the psychosocial risks and benefits that adolescents themselves think about with respect to sex and condom use. © 2006 Society for Adolescent Medicine. All rights reserved.

Keywords:

Adolescent; Coitus; Condoms; Gender; Risk perception; Decision-making; Sexual behavior

To decrease the health risks associated with having sex, health professionals and educators typically encourage adolescents to postpone engaging in sexual intercourse and to use a condom if they do have sex [1,2]. Despite these messages, approximately one in five adolescents has had sex by age 15 [3], with almost one-third of sexually active ninth graders reporting not using a condom at last intercourse [4]. To improve upon and increase the effectiveness of risk reduction messages, it is critical to understand the various

factors involved in young adolescents' decisions to engage in sexual activity and to use condoms.

According to theory [5–8], part of competent decision-making involves the consideration of all possible behavior-related outcomes, including risks and benefits. Assertions have been made that adolescents engage in risky behavior because they do not know the risks or perceive they are invulnerable to negative outcomes [9]. Given this assumption, health messages have focused on communicating health risks associated with adolescent sexual activity in an effort to reduce engagement in sex and increase condom use. Empirical research undertaken to inform the content of these health messages has primarily examined health risks, using investigator-generated, fixed lists of outcomes. Stud-

*Address correspondence to: Dr. Lea E. Widdice, Division of Adolescent Medicine, University of California, San Francisco, 3333 California Street, Suite 245, San Francisco, CA 94118-6106.

E-mail address: widdicel@peds.ucsf.edu

ies not relying on fixed lists, such as focus groups, have been limited to older, sexually active populations [10,11]. Further, despite studies showing that perceived benefits of sex are associated with engagement in sexual activity [12–15], little is known about the benefits young adolescents themselves consider to be salient. Previous researchers have conjectured that asking adolescents to generate risks and benefits associated with sexual activity using open-ended questioning, as is done in this study, could yield valuable information for improving a spectrum of prevention programming, from sex education curricula to individual counseling [16–18].

Using open-ended questions, this study determines what young adolescents themselves identify as the potential outcomes of having sex, of using a condom and of not using a condom. We also sought to determine whether outcomes identified varied by gender and by whether or not a condom was used during sex. We expected adolescents would be able to identify a range of outcomes that would extend beyond the health-related risks addressed most commonly in research and risk-reduction programs.

Methods

Procedures

Participants were recruited from mandatory ninth grade classes in two suburban, northern California public schools in separate school districts. Participation was voluntary. The study had University Institutional Review Board approval. Students shared information packets with their guardian(s) and returned consent forms. Only students with signed parental consent and minor's assent forms participated. Of the 1180 students who received information packets, 665 (56.4%) returned completed forms, with 637 (95.8%) completing surveys in Fall 2002, for an overall participation rate of 54.0%. Of the 637, 418 were randomly selected to address the current study's questions, whereas the other participants completed a separate, unrelated set of questions. All data were obtained through a self-administered survey completed by students during class time under researcher supervision. Refreshments were provided to subjects, and the schools were reimbursed with money to be used for student school supplies.

Participants

Participants were 418 ethnically diverse ninth graders (mean age = 14.1, SD = .46; 45.7% males) participating in a larger longitudinal study on adolescent risk behaviors. There were no significant differences in age, race/ethnicity, gender, and history of sexual activity between the main study and those selected for this substudy. Using self-described race/ethnicity, 40.9% of the participants described themselves as white/non-Hispanic, 23.3% Hispanic/Latino, 16.8% Asian/Asian American, 7.7% Pacific Islander, 7.7%

mixed, 3.1% African American, and .5% as other. These proportions were similar to the respective school's overall race/ethnicity. Participants reported mother's education: 9.0% had a professional degree, 2.4% had some education after college, 16.4% had a 4-year college degree, 28.8% had some college education, 18.6% had a high school degree, and 12.5% did not graduate from high school; 12.2% of the participants did not know their mother's educational level. Overall, 13.6% (n = 53) of participants had engaged in intercourse at least once in the past, with more males (18.3%) than females (9.7%) reporting sexual intercourse ($\chi^2 = 6.05, p < .02$).

Measures

History of sexual activity. Participants were asked "In your entire life, how many times have you had vaginal sex with a main/casual partner?" Response categories ranged from "None" to "5 or more times."

Identification of risks and benefits. Participants read a scenario to provide context for the open-ended questions. To determine if the differences in identified outcomes of having sex varied by whether or not a condom was used during sex in the scenario, participants were randomly assigned to read one of two scenarios that differed only by whether a condom was used (condom-use-scenario group, n = 219) or was not used (no-condom-use-scenario group, n = 199). The male and female scenarios differed only by the names used; the gender of the names in the scenarios matched the participant's gender. The scenario given to male participants read, *Imagine that Todd has been dating Joanne for 3 months. They are both in the 9th grade. Todd and Joanne have never had sex with each other before, but have had sex with other people. They are alone in Todd's house. They have sex one time tonight. They USE A CONDOM (condom-use-scenario)/DO NOT USE A CONDOM (no-condom-use-scenario).* After reading the scenario, participants read four questions. All participants were asked, in two separate questions, *Please list some of the good/bad things that can happen because Todd/Joanne had sex with Joanne/Todd tonight.* In addition, participants in the condom-use-scenario group were asked: *Please list some of the good/bad things that can happen because Todd/Joanne and Joanne/Todd used a condom.* Participants in the no-condom-use-scenario group were asked: *Please list some of the good/bad things that can happen because Todd/Joanne and Joanne/Todd did not use a condom.* The content and wording of the scenarios and questions were determined through pilot testing with a similar but separate sample of adolescents.

Analyses

Coding responses. Responses to the open-ended questions were first cataloged by two researchers into initial codes that were largely verbatim to participants' responses, and then collapsed into thematic codes based on similarity across responses. Coders were blind to the scenario

Table 1
Types of possible risks and benefits from having sex

	Total (n = 418)		Female (n = 227)		Male (n = 191)		Value	p
	n	%	n	%	n	%		
Perceived risks of having sex	410 ^a		224 ^a		186 ^a			
Health risks								
Pregnancy or child ^b	310	75.6%	169	75.4%	141	75.8%	b	b
STD, AIDS, HIV ^b	193	47.1%	116	51.8%	77	41.4%	b	b
Condoms can break ^b	38	9.3%	21	9.4%	17	9.1%	b	b
No birth control	14	3.4%	6	2.7%	8	4.3%	.811 ^c	.368
Psychosocial risks								
Negative impact on relationship	66	16.1%	53	23.7%	13	7.0%	20.912 ^c	0
Getting caught or parental disapproval	57	13.9%	23	10.3%	34	18.3%	5.449 ^c	.02
Negative impact on social status	33	8.0%	25	11.2%	8	4.3%	6.461 ^c	.011
Negative emotions, not liking it	21	5.1%	15	6.7%	6	3.2%	2.519 ^c	.112
Too young	11	2.7%	8	3.6%	3	1.6%	1.493 ^d	.358
Forced or pressured sex, future expectation to have sex or getting charged with rape	5	1.2%	4	1.8%	1	0.5%	1.314 ^d	.383
Perceived benefits of having sex	408 ^a		223 ^a		185 ^a			
None, nothing, don't know, “?”	98	24.0%	60	26.9%	38	20.5%	2.245 ^c	.134
Health benefits								
Not getting pregnant	25	6.1%	13	5.8%	12	6.5%	.076 ^c	.783
Use of condom/protection	17	4.2%	11	4.9%	6	3.2%	.723 ^c	.395
Not getting an STD or HIV/AIDS	5	1.2%	4	1.8%	1	0.5%	1.312 ^d	.383
Psychosocial benefits								
Relationship improved or enhanced	160	39.2%	98	43.9%	62	33.5%	4.617 ^c	.032
Fun, pleasure, positive feelings and emotions	117	28.7%	54	24.2%	63	34.1%	4.786 ^c	.029
Experience building	22	5.4%	10	4.5%	12	6.5%	.795 ^c	.373
Increased social standing	15	3.7%	4	1.8%	11	5.9%	4.923 ^d	.034
Not getting into trouble with parents	5	1.2%	3	1.3%	2	1.1%	0.058 ^d	1.00

Note 1. Scenario groups combined for analysis, except where noted (^b).

Note 2. Percentages represent the number of participants listing a theme divided by the number of participants answering the question.

Note 3. If fewer than 5 participants reported a theme, the theme is not listed (e.g., *None, nothing, don't know, “?”* under Risks of having sex).

^a Number of participants providing a response.

^b Significant differences existed between scenario groups for these themes. Therefore, these themes were analyzed separately by gender with significant differences noted in text.

^c Pearson chi-square.

^d Fisher's exact test, two-sided.

groups. The thematic codes were reviewed independently by researchers outside the study for face validity. Thematic codes were grouped into health-related and psychosocial outcomes (Tables 1–3).

Answers were coded as missing data if the answers were illegible. Inter-rater reliability between the two coders for the cataloged codes was 89.6% for the benefits and 94.5% for the risks of sex, 94.0% for the benefits of using and not using a condom and 98.7% for the risks of using or not using a condom. Discrepancies were discussed among reviewers and resolved.

Statistical analyses. Frequencies were computed for each thematic code. Differences were determined by Pearson chi-square or two-sided Fisher's exact test. Initially, testing for differences in frequencies of response themes between scenario groups was conducted on the risks and benefits of having sex. Results showed that scenario differences emerged only for three health-related risks, thus for the

remaining themes, the scenario groups were combined for testing for differences between males and females. Racial/ethnic differences in participants' responses emerged for only three thematic categories, with no clear pattern. As such, results are reported for all participants combined. There were an insufficient number of sexually experienced participants in the sample to determine if prior sexual experience was a factor in their responses. SPSS 10 (SPSS Inc., Chicago, Illinois) was used for all analyses.

Results

Outcomes of having sex

Risks of having sex

Almost all participants (99%) identified at least one risk of having sex, with less than one percent of the participants mentioning *none, nothing, or don't know*. As Table 1 shows, health-related risks were more often listed than psychoso-

cial risks. The most commonly mentioned health-related risk of having sex was *pregnancy or having a child* (75.6%), *getting a sexually transmitted disease (STD)*, *human immunodeficiency virus (HIV)* or *acquired immune deficiency syndrome (AIDS)* was the second most common health risk listed (47.1%). More females (47.8%) than males (34.3%) in the condom-use-scenario group generated *getting an STD, AIDS, HIV* as a risk of having sex ($\chi^2 = 3.98$ $p = .046$); no other gender differences were noted.

Thirty-five percent of the participants identified at least one psychosocial risk of having sex. As shown in Table 1, the most commonly mentioned psychosocial risk was *negative impact on relationship* (16.1%). Examples of statements contained in this theme were: “they break up,” and “he/she no longer likes her/him.” The next most commonly mentioned psychosocial risk was *getting caught or parental disapproval* (13.9%) followed by *negative impact on social status* (8.0%). Statements contained in this theme included: “lose reputation,” and “she’s called a slut.” Gender differences in psychosocial risks of having sex did emerge, with girls more likely than boys to identify *negative impact on relationship* (23.7% vs. 7.0%, respectively, $p = .000$) and *negative impact on social status* as a risk of having sex (11.2% vs. 4.3%, respectively, $p < .02$). Boys (18.3%) were more likely than girls (10.3%) to identify *getting caught or parental disapproval* as a risk of having sex ($p = .02$).

Benefits of having sex

Although the majority (76.0%) of young adolescents identified at least one benefit of having sex, almost one-quarter (24.0%) indicated that there was *none, nothing, don’t know* good about having sex in the situation. The majority of health-related benefits identified by these adolescents involved avoidance of risk such as *not getting pregnant* (6.1%) and *not getting an STD, HIV or AIDS* (1.2%) (Table 1). No gender differences emerged in health-related benefits of having sex.

Psychosocial benefits, such as *relationship improved or enhanced* (39.2%); *fun, pleasure, positive feelings and emotions* (28.7%), and *experience building* (5.4%) were the most commonly mentioned benefits of having sex (Table 1). Examples of statements included in the theme of *relationship improved* were “relationship lasts longer,” and “stronger/closer relationship.” Examples of statements in *experience building* were “having sex” and “the experience.” Gender differences emerged in psychosocial benefits of having sex. Girls (43.9%) were more likely than boys (33.5%) to mention *relationship improved or enhanced* as a benefit of having sex ($p < .05$). Boys were more likely than girls to mention *increased social standing* (5.9% vs. 1.8%, respectively, $p < .05$) and *fun, pleasure, positive feelings and emotions* (34.1% vs. 24.2%, respectively, $p < .05$) as benefits of having sex.

Comparisons of outcomes of having sex by scenario

Generation of health-related risks of having sex varied between scenario groups. As expected, the condom-use-scenario group identified *pregnancy or having a child* and *getting an STD, HIV or AIDS* less often than the no-condom-use-scenario group (*pregnancy or having a child*: 68.7% condom-use group vs. 83.2% no-condom-use group, $\chi^2 = 11.618$, $p = .001$; *getting an STD, HIV or AIDS*: 41.6% condom-use group vs. 53.1% no-condom-use group, $\chi^2 = 5.404$, $p = .02$). Of note, though, in the condom-use-scenario group, the risks most often identified from having sex, even when a condom was used, were the risks of pregnancy and STD. Among only the adolescents in the condom-use-scenario group, 17.3% mentioned *condom can break* as a risk of sex. There were no significant differences in the psychosocial themes generated between the scenario groups.

The identified benefits of having sex did not differ between the two scenario groups except that, in the condom-use-scenario group, 7% mentioned *using a condom* as a benefit of having sex.

Outcomes of using a condom

Risks of using a condom

The majority of adolescents (67.5%) in the condom-use-scenario group identified at least one risk to using a condom; however, 32.5% of participants responded that there was no risk of using a condom (*don’t know, not sure, nothing, none*). As seen in Table 2, the majority of the risks generated were related to condom malfunction and possible consequences. Forty-six percent mentioned condom malfunction (*condom can break, come off, might not work*), 6% stated a two-part response that pregnancy or STD could result from condom malfunction (*negative consequences of condom malfunction*), and 10.7% and 4.9% mentioned *possible pregnancy* or *STD/HIV*, respectively, as outcomes without mention of condom malfunction. Boys (40.9%) were more likely than girls (25.7%) to mention no risk (*don’t know, not sure, nothing, none*) of using a condom ($p < .05$).

The only psychosocially related risk of using a condom, *sex does not feel as good*, was identified by 6.8% of participants. Boys (10.8%) were marginally more likely than girls (3.5%) to identify this as a risk ($p = .052$).

Benefits of using a condom

Almost all (98.1%) participants in the condom-use-scenario group identified a benefit of using a condom, with only 1.9% reporting *don’t know, not sure, nothing, none*. As shown in Table 2, prevention of health-related risks was the predominant theme to emerge in the benefits identified from using a condom. *Pregnancy prevented* (80.2%) was the most commonly mentioned benefit of using a condom. *STD/HIV prevention* (42%), and *safe sex, protection, decreased*

Table 2
Types of possible risks and benefits from using a condom

	Total (n = 219)		Female (n = 118)		Male (n = 101)		Value	p
	n	%	n	%	n	%		
Perceived risks of using a condom	206 ^a		113 ^a		93 ^a			
Don't know, not sure, nothing, none	67	32.5%	29	25.7%	38	40.9%	5.368 ^b	.021
Health risks								
Condom can break, come off, might not work	95	46.1%	59	52.2%	36	38.7%	3.743 ^b	.053
Possible pregnancy	22	10.7%	15	13.3%	7	7.5%	1.767 ^b	.184
Negative consequences of condom malfunction	12	5.8%	8	7.1%	4	4.3%	.718 ^b	.397
Possibility of contracting STD/HIV/AIDS	10	4.9%	5	4.4%	5	5.4%	.1 ^b	.752
Need more protection than condom	10	4.9%	6	5.3%	4	4.3%	.112 ^c	1.00
Psychosocial risks								
Sex does not feel as good	14	6.8%	4	3.5%	10	10.8%	4.19 ^c	.052
Perceived benefits of using a condom	207 ^a		114 ^a		93 ^a			
Pregnancy prevented	166	80.2%	96	84.2%	70	75.3%	2.578 ^b	.108
STD/HIV prevention	87	42.0%	58	50.9%	29	31.2%	8.153 ^b	.004
Safe sex, protection, decreased negative consequences	23	11.1%	13	11.4%	10	10.8%	0.022 ^b	.882

Note. If fewer than 5 participants reported a theme, the theme is not listed (e.g., *Don't know, not sure, nothing, none* under Benefits of using a condom).

^a Number of participants providing a response.

^b Pearson chi-square.

^c Fisher's exact test, two-sided.

negative consequences (11.1%) were also identified, including "it worked," "prevent sperm flow," "he did not ejaculate in her." Gender differences emerged in only one benefit: girls (50.9%) were more likely than boys (31.2%) to identify *STD/HIV prevention* as a benefit of using a condom ($p < .005$). No themes related to psychosocial benefits were identified.

Outcomes of not using a condom

Risks of not using a condom

The majority (97.3%) of adolescents in the no-condom-use-scenario group identified a risk of not using a condom, with only 2.7% reporting *don't know, not sure, nothing, none*. As shown in Table 3, the majority of responses were health related. The majority (86.1%) of subjects generated *pregnancy or possible pregnancy* as a risk of not using a condom. Sixty percent generated *possibility of contracting STD/AIDS* as a risky outcome of not using a condom. There were no gender differences.

Very few psychosocial risks of not using a condom were identified. Six percent of participants generated outcomes related to *negative consequences of getting pregnant*. This theme contained statements such as "getting pregnant and dropping out," "getting an abortion," "financial strain of having a child," and "getting into trouble with parents because of pregnancy." Significantly more boys (10.8%) than girls (2.9%) identified *negative consequences of getting pregnant* as a risk of not using a condom ($p < .05$; Table 3).

Benefits of not using a condom

Just over 40% of participants in the no-condom-use-scenario group listed a benefit of not using a condom. As Table 3 indicates, over half listed *don't know, not sure, nothing, none*. Unique to this question, almost 8% of participants identified *possible pregnancy and can have a baby if they want one* as a beneficial rather than risky outcome. No gender differences were identified in the generation of pregnancy-related outcomes. Significantly more girls (67.3%) than boys (48.2%) reported that there were no benefits from not using a condom (*don't know, not sure, nothing, none*; $p < .01$; Table 3).

Psychosocial benefits of not using a condom were generated (Table 3). Almost one quarter of adolescents identified *pleasure, fun, increased pleasure* as a benefit of not using a condom. *Improved relationship* was identified by 4.2% of adolescents as a benefit of not using a condom. More boys (30.1%) than girls (16.8%) identified *pleasure, fun, increased pleasure* as a benefit of not using a condom ($p < .05$).

Discussion

Traditionally, adolescents are thought to engage in risky behavior because they either do not know or do not understand potential behavior-linked risky outcomes. Therefore, interventions often focus on educating adolescents about risky outcomes, with particular emphasis on health outcomes. However, decision-making theories and limited re-

Table 3
Types of possible risks and benefits from not using a condom

	Total (n = 199)		Female (n = 109)		Male (n = 90)		Value	p
	n	%	n	%	n	%		
Perceived risks of not using a condom	187 ^a		104 ^a		83 ^a			
Don't know, not sure, nothing, none	5	2.7%	3	2.9%	2	2.4%	0.04 ^c	1.00
Health risks								
Pregnancy or possible pregnancy	161	86.1%	93	89.4%	68	81.9%	2.166 ^b	.141
Possibility of contracting STD/AIDs	113	60.4%	66	63.5%	47	56.6%	.902 ^b	.342
Psychosocial risks								
Negative consequences of getting pregnant	12	6.4%	3	2.9%	9	10.8%	4.869 ^b	.027
Perceived benefits of not using a condom	190 ^a		107 ^a		83 ^a			
Don't know, not sure, nothing, none	112	58.9%	72	67.3%	40	48.2%	7.044 ^b	.008
Health benefits								
Possible pregnancy, can have a baby if they want one	15	7.9%	7	6.5%	8	9.6%	.616 ^b	.432
Not getting pregnant	6	3.2%	2	1.9%	4	4.8%	1.33 ^c	.407
Psychosocial benefits								
Pleasure, fun, increased pleasure	43	22.6%	18	16.8%	25	30.1%	4.721 ^b	.03
Improved relationship	8	4.2%	3	2.8%	5	6.0%	1.202 ^c	.3

^a Number of participants providing a response.

^b Pearson chi-square.

^c Fisher's exact test, two-sided.

search suggest that not only health risks but also social risks and benefits play a key role in behavioral decision-making [6,8,15,19–23]. To fully inform intervention curricula, it is important to determine what adolescents identify as the risky and beneficial outcomes related to sex, using methodology that can capture the adolescents' perspective. The data provided by this study give insight into what young adolescents, most of whom have not initiated sexual intercourse, consider to be the risky and beneficial outcomes of having sex, using a condom and not using a condom.

Contrary to the theory that adolescents are unaware of the risks of sex, the majority of adolescents in this study identified salient health risks associated with having sex, using a condom and not using a condom. The finding that the most frequently mentioned theme was the risk of pregnancy, more so than STD/HIV, could be interpreted as suggestive of a heightened concern for pregnancy over STD/HIV. In light of current research and health message's focus on STD prevention [2,4,19,24–27], further studies are needed to determine if the level of concern for pregnancy and STDs does differ and if this concern influences sexual decision-making. Furthermore, the frequency with which males mentioned pregnancy as a risk is important to note in light of the lack of current information about adolescent males' perceptions of and attitudes toward pregnancy as well as the apparent lack of clinician counseling to young men regarding pregnancy and birth control [28].

Our findings also suggest that this group of young adolescents appreciates the subtlety that condoms reduce but do not prevent sexual health risks. Condom malfunction was the most commonly mentioned risk of using a condom. Additionally, even when a condom was used in the scenario,

the risk of pregnancy, STD and HIV were the most commonly mentioned health risk outcomes.

In addition to spontaneously mentioning health risks in response to open-ended questioning, the young adolescents in this study elaborated a broad range of psychosocial risks associated with having sex, using a condom and not using a condom. These themes included such concerns as damage to the relationship, getting caught, and having a negative impact on their social status.

The most common psychosocial risk of using condoms was decreased pleasure and the most common benefit of not using a condom, overall, was increased pleasure. Interestingly, findings from focus groups [10,11] have not reported adolescents raising concern about decreased pleasure from condom use. However, in a sexually active college-aged sample, anticipated increased pleasure from sex without a condom was shown to be predictive of unprotected sex [25]. Therefore, it remains to be determined what role the perceived increased pleasure of not using condoms has on the decisions to use condoms at first and subsequent intercourse and its role in future sexual decision-making among young, sexually inexperienced adolescents.

Effective decision-making involves consideration of not only risks, but also benefits [6,29]. This group of young adolescents was able to identify a broad range of beneficial outcomes of having sex, using a condom and not using a condom. The most commonly mentioned benefits of having sex were improving the relationship, having fun and gaining pleasure from sex. Associating having sex with improving the relationship mirrors findings from focus group research of more sexually experienced and older adolescents showing that sex is perceived as part of an intimate relationship

[11], and as a way of getting closer and increasing emotional attachment and connection [10]. Given that adolescents are able to identify beneficial outcomes when asked, it is important to understand and address the role these outcomes might have in decision-making.

Although many psychosocial themes emerged, there was a paucity of morally related outcomes identified. Among this group of ethnically diverse adolescents, no responses were listed that related to marriage, religion or it being wrong to have sex, or wrong to use or not use a condom. There was no mention of the use of condoms communicating trust or mistrust of the partner or implications for perceived past sexual relationships. The only moral value, mentioned by very few adolescents, was being “too young.” The right age for having sex may indeed be on the minds of adolescents. Malus et al [28] found that 20% of 13–18-year-old respondents identified that they were interested in discussing the “right age for sex” with their physicians. Cotton et al [30] reported that over three-quarters of sexually experienced girls (12–15 years old) reported feeling they were too young the first time they had consensual intercourse. This finding is important in light of the Healthy People 2010 goals of increasing the age of initiation of sex [1].

There were consistent gender differences emerging from this study, with adolescent girls generally more concerned about STDs and the impact sex might have on their relationship, whereas boys were more concerned about getting caught, social standing, and having fun or pleasure. These results are consistent with research in younger adolescents showing that girls are generally more concerned about their health, whereas boys are concerned about pleasure [10,11].

There are limitations to this study. First, these data are not linked to actual decisions made by participants, but instead were generated in the context of a hypothetical scenario. Thus, further research is needed to link these results to the decision-making process and the decision itself. Second, caution is required when generalizing results. This study includes a unique population demographically (suburban, few African-Americans, less sexually active) than many previously studied samples. Similarly, the scenarios developed for this study contain names and wording that may not generalize to other populations and do not address perceived risks and benefits of same-gender sexual activity.

These results clearly indicate that young, largely sexually inexperienced adolescents can identify both risky and beneficial outcomes of having sex, using condoms and not using condoms. Armed with the knowledge provided by this study, future research can better determine what adolescents are considering with respect to sexual behavior. Furthermore, communication with adolescents regarding safe sexual activity could benefit from widening communication from a focus on health risks to include discussion of psychosocial risks and benefits.

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