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Sex Cult. Author manuscript; available in PMC 2015 March 01.

Published in final edited form as:
Sex Cult. 2014 March ; 18(4): 833–846. doi:10.1007/s12119-014-9225-6.

How Gendered Attitudes Relate to Women's and Men's Sexual Behaviors and Beliefs

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Abstract

This study examines associations between endorsement of a sexual double standard, gender role attitudes, and sexual behaviors and beliefs. First year university students in the northeastern United States (N = 434; 52 % female; 33 % Black, 29 % Latino, 39 % White; ages 17–19) participated during their first year of college. Endorsement of a sexual double standard was associated with more conventionally gender-stereotyped sexual behaviors and beliefs, specifically, more sexual partners and fewer perceived barriers to condom use for young men, and more perceived barriers to condom use for young women. Women who were more conventional about men's roles in society tended to use condoms less, whereas women who were more conventional about women's roles tended to use condoms more. Men who were more conventional about men's roles tended to have fewer sexual partners. Findings suggest the importance of examining gender's role in sexual behaviors and beliefs by assessing multiple gendered attitudes, rather than simply considering biological sex.

Keywords

Gendered attitudes; Sexual behaviors and beliefs; Sexual double standard; College students; Condoms

Introduction

Although most research on adolescent/young adult sexuality includes biological sex as a factor, the majority focuses on male–female differences, with little attention to within-sex differences (Vanwesenbeeck 2009). These studies indicate differences between men's and women's sexuality. For instance, men in the United States report more partners (Centers for Disease Control 2000; Petersen and Hyde 2011), more consistent condom use (Brown et al. 1992; Kiene et al. 2008), more frequent thoughts about sex (Peplau 2003), more permissive sexual attitudes (Petersen and Hyde 2011), and feeling more self-efficacious about condoms than women (Shearer et al. 2005). Women report more positive expectations for enjoying sex with a condom (Sacco et al. 1993; Shearer et al. 2005), more sexual compliance (Impett and Peplau 2003), more frequent sexual victimization (Peplau 2003), and more sexual

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problems and dysfunction (Simons and Carey 2001). More variation exists, however, among men and women than between men and women. Biological sex is not a perfect referent for gender because gender is a multidimensional construct. Rather, socially constructed facets of gender, such as endorsement of a sexual double standard and attitudes about how men and women should behave, are important components of gender (Deaux and Major 1987; McHale et al. 2001). Whereas most men and women fit neatly into categories of male and female, they vary in terms of their gendered attitudes. Thus, an investigation of gendered attitudes may give us a richer and more nuanced picture of the predictors of sexual behaviors and beliefs than mere biological sex alone. Past research suggests links between endorsement of a sexual double standard and sexual behaviors and beliefs (Bordini and Sperb 2013; Crawford and Popp 2003), but other gendered attitudes may also play a role in sexual experiences. A better understanding of these associations with sexual behavior may be particularly important for the promotion of safer sex behaviors.

Endorsement of a Sexual Double Standard

Although many argue that a sexual double standard still exists in American culture (Bordini and Sperb 2013; Crawford and Popp 2003; Kreager and Staff 2009), there is individual variation in such endorsement. Some individuals may embrace the sexual double standard, some may feel ambivalent about it or make exceptions to it, whereas others may reject it (Masters et al. 2013; Rudman et al. 2013). Most theoretical conceptualizations of the sexual double standard, however, focus on the prediction that men and women will behave and be judged differently, but do not attempt to explain behavioral variation among men and among women based on their endorsement of such standards. Given great variation among men and women in sexual behaviors, it is important to understand how gendered attitudes may contribute to such variation.

Structural factors like social norms shape individuals' perceptions of appropriate sexual behaviors for men and women, setting up double standards that allow men more sexual freedom than women (Wingood and DiClemente 2000). Thus, if people engage in behaviors consistent with the sexual double standard, we would expect that men who endorse the sexual double standard more strongly will have more sexual partners, and that women who endorse it more will have fewer sexual partners. Empirical evidence does demonstrate that adolescent or adult women who endorse the sexual double standard more are less likely to have sex, but are also less likely to use condoms because norms present such behaviors as socially inappropriate for women (Crawford and Popp 2003; Moore and Rosenthal 1992; Muehlenhard and Quackenbush 1996). These differences in condom use may result from the fact that women who more strongly endorse the sexual double standard do not feel comfortable enough to assert themselves in sexual situations.

Although the sexual double standard accounts for both men's and women's behaviors, and researchers have examined attitudes about the sexual double standard for both men and women, much of the work using the sexual double standard to explain behavior focuses on women's sexuality (Crawford and Popp 2003; Moore and Rosenthal 1992; Muehlenhard and Quackenbush 1996). These explanations are important, but endorsement of the sexual double standard should explain men's behavior as well. The sexual double standard

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encourages more sexual freedom for men, and therefore men who hold more conventional norms about the male sexual role may have more sexual partners to align with these stereotypes. However, these same men, in embracing male stereotypes, might also be more likely to use condoms and perceive fewer barriers to condoms because buying and carrying condoms are in line with the male sexual role (Shearer et al. 2005). In fact, introducing condoms to a sexual encounter is perceived as more acceptable for young men than for young women (Marston and King 2006). Thus, based on society's sexual double standard, we predict that men who endorse the sexual double standard more and women who endorse it less will have more sexual partners, use condoms more frequently, and perceive fewer barriers to condom use (Hypothesis 1).

Gender Role Attitudes

Social norms about gender in non-sexual domains may similarly influence sexual behaviors in that they may structure men's and women's behaviors with each other. Whereas the sexual double standard is generally measured comparatively, examining relative expectations for men and women, norms about gender in non-sexual domains are often defined specifically for men or women. In this study we focus on male and female role norms, or conventional beliefs about men's and women's roles in society. Because many cultures traditionally place more value on masculine than feminine behaviors, endorsement of a conventional male role implies an endorsement of a power differential between men and women, which could translate to sexual relationships. If one person has more power, that person is likely to dominate or control the other person in the relationship (Jenkins 2000; Yoder and Kahn 1992). Research on intimate and sexual relationships has revealed that men tend to have more relational power than women do (Yoder and Kahn 1992), though there is between-couple variability in this power differential. Compared to women with equal or more relational power, women with less relational power tend to use condoms less consistently, have less self-efficacy for using condoms, and have less relational influence on sexual decision making (Pulerwitz et al. 2002; Soet et al. 1999). Thus, more conventional beliefs about men's and women's roles in society could lead to a power differential between men and women, which could lead to risky sexual behaviors and beliefs.

Much empirical work on gender role attitudes and sexual behavior and beliefs focuses on men's sexual behaviors, demonstrating an association between male role norms and risky sexual behaviors (Goodyear et al. 2000; Pleck et al. 1993; see Schoeneberger et al. 1999 for an exception). For instance, conventional beliefs about the male role predict more sexual partners and less consistent condom use among men (Bogaert and Fisher 1995; Marín et al. 1997; Pleck et al. 1993; Santana et al. 2006). Less is known about how women internalize norms about male roles, and how such ideas relate to their sexual behaviors. However, the internalization of beliefs about men's role in society is likely to have implications for women's sexual behaviors as well.

In addition, compared to past research on male role norms, less is known about how female role norms, or beliefs about how women should behave, relate to sexual behaviors and beliefs. Some research suggests that men and women with less conventional attitudes about women's roles are more likely to be sexually active, and if active, to have more partners

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(Lucke 1998; Smith et al. 1980). We expect that conventional norms about women will relate to sexual behaviors and beliefs in similar ways as conventional norms about men do. That is, we expect that for men, having more conventional attitudes about men's and women's roles in society will relate to having more sexual partners, because men with conventional attitudes are likely to have more power in relationships. In contrast, we expect men with more conventional gender attitudes to use condoms more and to perceive fewer barriers to condom use, again because more conventional men may see buying and carrying condoms as part of the male role. Women, however, who have more conventional attitudes about men's and women's roles in society, may have fewer partners in an effort to fulfill stereotypes of the female role. These same women, though, if sexually active may be less likely to use condoms and perceive more barriers to condom use because of their lower power in relationships. Less is known about the association between gender role attitudes and sexual behaviors and beliefs than about endorsement of a sexual double standard and sexual behaviors and beliefs. Conventional norms for men's and women's roles outside of the sexual context are rarely examined simultaneously in research on sexual behaviors and beliefs. Thus in the current study, we examine how attitudes about both men's and women's conventional roles explain sexual behaviors and beliefs above and beyond endorsement of a sexual double standard. Specifically, we predict that men with more and women with less conventional attitudes about men's and women's roles will have more sexual partners, use condoms more frequently, and perceive fewer barriers to condom use (Hypothesis 2).

In summary, the current study examines how endorsement of a sexual double standard, as well as more general gender role attitudes, are associated with sexual behaviors and beliefs. Specifically, we assess number of partners because individuals who have more partners potentially expose themselves to more opportunities for unwanted pregnancy and STIs. We measure condom use because it protects against unwanted pregnancy and STIs, and therefore carries long term implications for physical health and well-being. Finally, we measure perceived barriers to condom use because these beliefs are known to relate to consistent condom use and because behavior change is easier when perceived barriers are lower (Basen-Engquist et al. 1999). For each sexual behavior and belief, we examine the contribution of gender role attitudes above and beyond endorsement of a sexual double standard.

Method

Participants

The Registrar's office of a large, public university in the northeastern United States provided information about all first year students. We contacted all students who were age 17–19 and were Black or Hispanic/Latino (Registrar's definitions), and a random sample of approximately 9 % of all 17–19 year old students who were White, not Hispanic/Latino (Registrar's definition). Of the 839 students contacted, 434 (52 %) agreed to participate. Each student completed a survey in a group session. They completed consent forms at the beginning of the session, and received $25 for filling out the survey. At the time of this visit they had been at university an average of 50.7 days (*SD* = 26.2).

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Based on both the Registrar's definitions and self-report, 33 % of participants were Black, 29 % were Hispanic/Latino, and 39 % were White. Participants ranged in age from 17 to 19 (*M* = 18.5, *SD* = 0.4); 52 % were female. Half (52 %) of the sample reported being in some type of romantic relationship. Most participants identified as heterosexual (97 %), with 2 % identifying as bisexual, < 1 % identifying as homosexual/lesbian/gay, and < 1 % as other (e.g., undecided). Given our focus on the role of gender in sexual interactions, we excluded the 1 participant who identified as homosexual/gay/lesbian from all analyses, and thus the final sample size was 433.

Measures

Sexual Behaviors—We focus on penetrative sex because these behaviors are the highest risk behaviors for the transmission of HIV and other STIs. All participants responded to the question "Have you ever had penetrative sex (sex in which the penis penetrates the vagina or anus)?" Participants who reported that they had engaged in penetrative sex also reported their *number of lifetime partners*. They also answered a question about their *lifetime frequency of condom use* on the following scale: 0 = never, 1 = some of the time, 2 = most of the time, 3 = every time except once, 4 = every time. Analyses for condom use include only participants who ever had sex (*n* = 252).

Barriers to Condom Use—The perceived barriers to condom use subscale is from the Sexual Risk Behavior Beliefs and Self-Efficacy Scales (Basen-Engquist et al. 1999). Participants answered three questions using a 4-point scale (1 = strongly disagree to 4 = strongly agree). Higher scores indicate negative beliefs or attitudes about condom use (e.g., "It would be embarrassing to buy condoms in a store"). Past research has reported adequate reliability for this scale (Basen-Engquist et al. 1999). Reliability was similar in the current sample (α = .81).

Endorsement of a Sexual Double Standard—We used a 17-item shortened version of the Sexual Double Standard Scale (Muehlenhard and Quackenbush 1996) to assess the belief that men should be allowed more sexual freedom than women. Respondents rated their agreement with each item (e.g., "A man should be more sexually experienced than his wife") on a 4-point scale (1 = strongly disagree to 4 = strongly agree). Reliability was acceptable (α = .67), and comparable to that found using the long form (Muehlenhard and Quackenbush 1996).

Gender Role Attitudes—We used the Male Role Norms Scale (Thompson and Pleck 1986) to measure individuals' belief that men should adhere to the culturally defined male role. We used the antifemininity norms subscale (7 items), which measures the degree to which individuals disapprove of feminine characteristics in men (e.g., "A man whose hobbies are cooking, sewing, and going to the ballet probably wouldn't appeal to me"). Participants rated each item on a 7-point scale (1 = strongly disagree to 7 = strongly agree). Reliability in the current study (α = .82) was acceptable, and compared to that reported by Thompson and Pleck (1986).

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We created the Female Role Norms Scale to measure disapproval of masculine characteristics in women. Each item corresponds to a respective item in the Male Role Norms Scale (Thompson and Pleck 1986), in that the word "women" replaced the word "men", and that conventionally masculine terms or ideas (e.g., "construction worker") replaced conventionally feminine terms or ideas (e.g., "secretary"). In the present study, we used the antimasculinity norms subscale ("A woman whose hobbies are fishing, fixing cars, and watching sports probably wouldn't appeal to me"), which has 7 items that participants rated on a 7-point scale (1 = strongly disagree to 7 = strongly agree). This subscale demonstrated adequate reliability in the present sample (α = .79).

Overview of Models

All descriptive statistics are presented in Table 1. To examine associations between gendered attitudes and sexual behaviors and beliefs, we first performed correlations, separately by biological sex, to demonstrate bivariate associations (see Table 2). Next, we performed three hierarchical linear regressions to examine the contribution of endorsement of a sexual double standard and gender role attitudes for each outcome (see Table 3). In all analyses, we controlled for ethnicity/race because past work suggests ethnic and racial differences in sexual behaviors and beliefs about condoms (Espinosa-Hernandez and Lefkowitz 2009; McLaughlin et al. 1997). We created two dummy codes for ethnicity/race (in the first, we coded Whites as 1, and all others as 0; in the second, we coded Blacks as 1, and all others as 0). Thus, Hispanics/Latinos serve as the comparison group.

To create interaction terms, we centered each gendered attitude around its mean, and coded sex as 0 = male, 1 = female. In step 1, we entered demographic controls: participant's biological sex, and the two dummy codes for ethnicity/race. To test Hypothesis 1, in step 2 we entered endorsement of a sexual double standard and its interaction with biological sex. To test Hypothesis 2, in step 3 we entered the two gender role attitudes and their interactions with biological sex.

Results

Because our hypotheses are specific to predictor rather than outcome, we describe the significant betas by predictor, rather than by model. In all 3 regressions, step 2 addresses Hypothesis 1, and step 3 addresses Hypothesis 2. All of the final models were significant, explaining 8–13 % of the variance.

H1 Endorsement of a sexual double standard

For number of partners, the change in R^2 for step 2 was significant (see Table 3, Model 1). Endorsement of a sexual double standard and its interaction with biological sex were both significant, indicating that endorsement of a sexual double standard was associated with number of partners for men but not women. For condom use, endorsement of a sexual double standard and its interaction with biological sex were not significant (Table 3, Model 1, step 2). For barriers to condom use, the change in R^2 for step 2 was significant (see Table 3, Model 3). The interaction between sexual double standard endorsement and biological sex was significant, indicating that endorsement of a sexual double standard was associated with

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perceived barriers to condom use for both men and women, but in opposite directions. Thus, findings partially supported H1. Men who endorsed the sexual double standard more tended to have more sexual partners and perceive fewer barriers to condom use, whereas women who endorsed the sexual double standard more tended to perceive more barriers to condom use than women who endorsed it less.

H2 Gender role attitudes

For number of partners, the change in R^2 for step 3 was significant (see Table 3, Model 1). The interaction between male role norms and biological sex was significant, indicating that male role norms were associated with number of partners for men but not women. For condom use, the change in R^2 for step 3 was significant (see Table 3, Model 2). The main effect of male role norms and its interaction with biological sex were significant, indicating that male role norms were associated with condom use for women but not for men. The main effect of female role norms and its interaction with biological sex on condom use were also significant, indicating that female role norms were associated with condom use for women but not men. For barriers to condom use, gender role attitudes and their interactions with biological sex were not significant (Table 3, Model 3, step 3). Thus, findings partially supported H2. As predicted, women who were more conventional about men's roles tended to use condoms less. In contrast to our predictions, women who held more conventional beliefs about women's roles tended to use condoms more. Also contrary to predictions, men who were more conventional about men's roles tended to have fewer sexual partners.

Discussion

Endorsement of a Sexual Double Standard

In this study, we went beyond standard examinations of sex differences in sexual behaviors and beliefs, and instead examined more socially constructed facets of gender. Our findings suggested associations between endorsement of a sexual double standard and sexual behaviors and beliefs in traditionally sex-typed ways. Women who were more conventional about men's and women's sexual roles perceived more barriers to using condoms but were no less likely to actually use condoms. The association between the sexual double standard and women's condom beliefs but not their behaviors is interesting given that condom behaviors are dyadic and rely on men's participation (Amaro 1995), whereas condom beliefs exist within the individual. Women may have more power over their beliefs than their behaviors, and these beliefs may not always translate into the corresponding behaviors. In addition, condom use, more than condom beliefs, may be context-specific, varying depending on the partner and situation. Thus, women who more strongly endorse the sexual double standard may choose a type of partner who takes more responsibility for condom use within the partnership. Future work should consider data collection at the dyadic level to examine the relative effects of male and female partners' sexual double standard endorsement on the couple's condom use.

For men, sexual double standard beliefs were associated with sexual behaviors in terms of number of partners. Thus, within sex, male and female students who endorsed the sexual double standard more tended to behave or think in ways that were consistent with it. These

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findings demonstrate that the sexual double standard not only explains differences between men's and women's behavior (Centers for Disease Control 2000; Kiene et al. 2008; Petersen and Hyde 2011), but that the magnitude of its endorsement distinguishes differences in behaviors and beliefs within a specific sex.

Gender Role Attitudes

In addition to endorsement of the sexual double standard, a sex-specific gendered attitude, non-sexual gendered attitudes also were important for sexual behaviors and beliefs. Even after controlling for sexual double standard endorsement, norms about men's and women's roles in society were associated with sexual and condom behaviors, but not with condom beliefs. However, against predictions, these conventional beliefs were more likely to be associated with lower risk than with higher risk, particularly for young men. For instance, men who had more conventional attitudes about male role norms tended to have fewer partners. This finding contradicts past work that has demonstrated that men's conventional beliefs about the male role are associated with having more sexual partners (Bogaert and Fisher 1995; Pleck et al. 1993; Santana et al. 2006). One possible explanation that we did not examine in these analyses is the role of religion. More religious individuals tend to be more conservative about men's and women's roles (Davis and Greenstein 2009), likely due to beliefs that men should be the head of the household and women should be the caregivers. In addition, more religious individuals are less likely to have ever had intercourse and tend to have fewer sexual partners (Earle et al. 2007; Lefkowitz et al. 2004). Thus, more religious young men may have more conventional attitudes about male role norms, and also limit their number of sexual partners.

For sexually active women, more conventional attitudes about men's roles were associated with less frequent use of condoms. Having conventional attitudes about men's roles might lead women to perceive that men have more and women have less power in relationships (Wingood and DiClemente 2000). Thus, young women with these conventional attitudes may defer to their partners' decisions on condom use. However, conventional attitudes about *women's* roles related to women being more likely to use condoms. Because this finding was opposite to our prediction, and because it was a newly developed measure, caution is necessary in interpreting this finding. Although findings for gender role attitudes were not always as predicted, they do demonstrate that beliefs about male role norms are important for young women's as well as young men's behavior.

One goal of the current study was to determine whether gender role attitudes about non-sexual domains were associated with sexual behaviors and beliefs above and beyond endorsement of a sexual double standard. Our findings indicate that beliefs about men's and women's roles in society were important for men's, and particularly women's, sexual behaviors even after considering the association with endorsement of a sexual double standard. Beliefs about men's gender roles were associated with both men's and women's behaviors, which may be because cultures traditionally value masculine more than feminine behaviors. Thus, more conventional beliefs about the male role may indicate acceptance of a power differential between men and women. To fully understand how individuals will behave in sexual situations, it is important to understand not only their gendered beliefs in

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sexual domains, but also to understand their gender role attitudes, including how men and women should behave in society more generally.

Future Directions, Limitations and Conclusions

This study had some limitations that indicate caution when interpreting the findings. First, the findings were cross-sectional, and therefore, we cannot know whether gendered attitudes preceded sexual behaviors or beliefs, or the reverse. In the future, it will be important to examine gendered attitudes and sexual behaviors and beliefs longitudinally. In particular, studies that examine adolescents and young adults as they transition to first sexual experiences may help to explain how gendered attitudes predict these first sexual behaviors. Second, our participants were chosen because they were in their first year at a residential university. However, findings from this study cannot be generalized to similarly aged individuals who do not attend college, or students at non-residential campuses. Third, we purposefully created our own measure of female role norms in order to employ a measure that mirrored our measure of male role norms. However, perceptions of female roles in our society tend to be more flexible than perceptions of male role norms (Diekman and Eagly 2000), and thus it is possible that our female role norms measure was not as sensitive to conventional gender attitudes as the male role norms measure. In addition, all of our measures of gendered attitudes were direct and explicit, and some research suggests that implicit measures of women's gendered beliefs may have more explanatory power than explicit measures do (Rudman and Heppen 2003). Future work should consider including both implicit and explicit measures of male and female role norms. Fourth, although significant, gendered attitudes never explained more than 13 % of the variance in sexual behaviors and barriers about condom use. It is clear that a number of other factors unassessed in this study relate to sexual behaviors and condom use. Future studies should examine gendered attitudes within a larger constellation of structural and interpersonal predictors, such as religiosity, socioeconomic status, family characteristics, romantic relationship commitment, and sexual relationship power. In addition, studies that include these interpersonal and structural features should consider the processes through which these institutions may influence individuals' gendered attitudes. Finally, we focused on vaginal and anal sex because they are the highest risk behaviors for HIV and STI infection. However, vaginal and anal sex have very different cultural meanings, particularly in the context of men's and women's roles (Bersamin et al. 2007; Sanders and Reinisch 1999). Future studies should examine how gendered attitudes differentially relate to vaginal and anal sexual behaviors, as well as how they relate to oral sex.

In summary, women and men who endorsed a sexual double standard more tended to behave in ways or endorse beliefs that were more conventionally gender-typed. Even after accounting for these sexual behavior-specific gendered attitudes, more general gender role attitudes played an important role in sexual behaviors. Taken together, these findings suggest the importance of multiple aspects of gendered attitudes in understanding sexuality during the transition to university, and the importance of understanding variation among men and among women in their gendered attitudes, rather than simply examining group differences.

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Acknowledgments

This work was supported by National Institute of Child Health and Human Development Grant #R-01 HD 41720 to Eva S. Lefkowitz. We are grateful to Shelley Hosterman, Eric Loken, Susan McHale, Lisa Meyer, Kristie Patton, Lyndsey Sturm, and Amber Thompson for their help with study design, data collection, data scoring and entering, data cleaning and statistical analyses.

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Table 1

Descriptive statistics for sexual behaviors, sexual beliefs, and gendered attitudes

Measure	Men		Women	
	Mean	SD	Mean	SD
Number of lifetime partners	1.85	(3.20)	1.67	(2.49)
Lifetime condom use frequency[a]	2.54	(1.16)	2.62	(1.19)
Barriers to condom use[b]	5.77	(2.25)	6.07	(2.29)
Sexual double standard[c]	14.17	(5.03)	11.48	(4.00)
Male role norms[d]	24.97	(7.83)	21.55	(7.48)
Female role norms[d]	20.04	(7.16)	16.27	(5.93)

[a] Lifetime frequency of condom use was rated on the following scale: 0 = never, 1 = some of the time, 2 = most of the time, 3 = every time except once, 4 = every time

[b] Barriers to condom use is sum of three items using a 4-point scale (1 = strongly disagree to 4 = strongly agree)

[c] Sexual double standard scale is derived from 17 items rated on a 4-point scale (1 = strongly disagree to 4 = strongly agree). Note that it is difficult to interpret the mean because some of the items are added, some are reverse coded and added, and some are subtracted from the total

[d] Male role norms and female role norms are each the sum of 7 items rated on a 7-point scale (1 = strongly disagree to 7 = strongly agree)

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Table 2

Correlations between sexual behaviors, sexual beliefs, and gendered attitudes

Measure	1	2	3	4	5	6
1. Number of lifetime partners	–	−.19*	−.28***	.24***	−.05	.02
2. Lifetime condom use frequency	.28***	–	.16	−.12	−.15	−.22*
3. Barriers to condom use	−.19**	−.02	–	−.14*	−.04	−.01
4. Sexual double standard	−.08	.09	.31***	–	.42***	.25***
5. Male role norms	.00	−.01	.25***	.46***	–	.56***
6. Female role norms	−.07	.21*	.20**	.31***	.63***	–

Men's correlations are above the diagonal; women's correlations are below the diagonal

Due to missing data and the fact that only sexually active participants were asked the question about condom use frequency, sample size ranges from 136 to 226 for women, and from 109 to 206 for men

* $p < .05$;

** $p < .01$;

*** $p < .001$

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Table 3

Standardized betas from regressions predicting sexual behaviors and beliefs from gendered attitudes

Variable	Model 1		Model 2		Model 3	
	Number of lifetime partners (N = 423)		Lifetime condom use frequency (N = 244[a])		Barriers to condom use (N = 426)	
	Beta	R^2	Beta	R^2	Beta	R^2
Step 1 R^2		.03**		.07***		.01
Biological sex	−.01		.02		.06	
Black	.04		.22**		−.02	
White	−.14*		.29***		.07	
Step 2 R^2		.06***		.08**		.07***
ΔR^2 (1–2)		.03***		.01		.06***
Biological sex	−.01		.02		.10*	
Black	.03		.22**		−.01	
White	−.14*		.28***		.08	
Sexual double standard	.23***		−.10		−.12	
Sexual double standard X sex	−.20**		.13		.31***	
Step 3 R^2		.09***		.14***		.08***
ΔR^2 (2–3)		.03*		.06**		.01
Biological sex	−.02		.03		.11*	
Black	.03		.23**		−.02	
White	−.13*		.29***		.07	
Sexual double standard	.31***		−.04		−.13	
Sexual double standard X sex	−.27***		.13		.27***	
Male role norms	.13		−.35**		.08	
Female role norms	−.12		.44***		.09	
Male role norms X sex	−.28**		.22*		−.05	
Female role norms X sex	.16		−.44***		−.06	

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* $p < .05$;

** $p < .01$;

*** $p < .001$

[a] Condom use data are only from participants who reported being sexually active