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The male sexual partners of adult versus teen women with sexually transmitted infections

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Abstract

Objectives—We compared the male sexual partners of teen girls, age 15 - 19 years-old, currently infected with a sexually transmitted infection (STI) versus the male partners of adult women, age 20 - 41 years-old, with an STI to determine risk factors in these high-risk sexual dyads related to the male partner.

Study Design—Interview of 514 men who were partnered with 152 teen girls and 362 adult women, enrolled in Project Sexual Awareness for Everyone (SAFE), a randomized controlled trial of behavioral intervention to reduce recurrent STIs.

Results—Compared to the male partners of adult women, male partners of teen girls were significantly more likely ($p < 0.05$) to be infected with any STI at intake. Men partnered with teens were younger and had significantly more sexual partners per year sexually active, shorter relationship length, and shorter length of monogamy with the index girls. They were more likely to report that it was “really important” for the teen to have their baby ($p = 0.04$) and were slightly more likely to be the father of her children ($p = 0.17$). Young age independently predicted STI infection in men.

Conclusions—Although all women had an STI at intake, important differences were noted among the male partners of teens versus adults. Clinicians with similar populations may use this data to understand the characteristics of male partners of teens with STIs, in order to more effectively counsel adult and teen women on partner notification, treatment and STI prevention.

Keywords

Male partner; sexually transmitted infections; risk behavior

INTRODUCTION

Young age is a well-known, independent risk factor for acquisition of sexually transmitted infections (STIs) (1,2). In previous randomized controlled trials (RCTs), we found that the Project Sexual Awareness For Everyone (SAFE) behavioral intervention significantly reduced the rate of recurrent *Neisseria gonorrhea* (GC) and or *Chlamydia trachomatis* (CT) among reproductive-age Mexican-American (MA) and African-American (AA) women (3,4). In addition, we determined that teen and adult women with STIs exhibited distinct high-risk behaviors which increased their risk of re-infection (5).

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SHORT SUMMARY Teen's male partners were younger, more likely to use illicit drugs and had more sexual partners per year sexually active than male partners of adults.

Increasingly, public health policies have focused on wide-spread screening of men for CT and other strategies, such as expedited partner therapy, to break the cycle of heterosexual STI transmission and re-infection (6,7). By focusing on the high-risk sexual dyad, rather than the individual diagnosed with an STI, it is likely that a more comprehensive treatment and prevention effort will occur. In this study, we interviewed male partners of teen girls, age 15 - 19 years-old, infected with an STI versus men who are the sexual partners of adult women, age 20 years-old or older. We hypothesize that teen and adult women who acquire STIs are paired with men who have distinct risk factors, and identifying these male characteristics will help clinicians more effectively understand these high risk relationships, in order to assist the infected woman in partner notification, partner treatment and STI prevention.

MATERIALS AND METHODS

MA and AA women, age 15 - 45 years-old, diagnosed with a non-viral STI including GC, CT, syphilis or *Trichomonas vaginalis* (TV) were referred to the Project SAFE research clinic. Most referrals were received from the San Antonio Metropolitan Health District clinics. Women were informed, prior to coming to our clinic, that in order to participate in the study, they had to invite their current male sexual partner (or a male with whom they have had sexual intercourse within the last 2 months) to the initial screening visit. Dyad enrollment occurred between 09/01/2005 and 06/01/2008.

After informed consent, all male and female participants were interviewed, examined, screened and treated for STIs at intake and 6 and 12 months follow-up. Subject interviews were conducted separately and confidentially by trained research assistants, specific to the participant's gender and ethnicity (for the female groups). Participants were encouraged to return to our clinic as needed for any symptoms of infection. At the intake and each follow-up visit, a physical examination was performed with collection of specimens for microbiologic testing, including GC, CT, Syphilis and TV. Thus, all men had STI testing at intake to confirm or exclude an STI. Men and women enrolled in Project SAFE were offered a test-of-cure following treatments and human immunodeficiency virus (HIV) testing at each visit.

Dyads were randomized to one of three groups: (1) individual control counseling for both, (2) behavioral intervention for the female and control counseling for the male, or (3) behavioral intervention for both (separate male and female groups). The control counseling lasted approximately 15 minutes and was provided by nurse clinicians according to Centers for Disease Control guidelines (8). This control counseling focused on how STIs are acquired, compliance with treatment, symptoms and possible sequelae of STIs, and prevention of STIs by condom use or avoidance of intercourse with infected partners. The Project SAFE behavioral intervention entailed three, weekly, 3-hour, small-group, multi-component behavioral cognitive interventions (3). We adapted the AIDS Risk Reduction Model to guide intervention development, supplemented with extensive ethnographic data to ensure suitability to our population. At intervention sessions, we used role-playing, interactive video, handouts, and group discussion to emphasize the preventive strategies of: abstinence, periodic abstinence, mutual monogamy, correct and consistent use of condoms, full compliance with treatment protocols, reduction in the number of partners, avoidance of sexual intercourse until the subjects completed treatment, taking time between partners to be selective, avoidance of douching and seeking medical care whenever a subject suspected infection. Overall goals were to have participants recognize their risk for contracting STIs, including HIV, commit to behavior change, and acquire the necessary skills to effect change. The primary outcome of Project SAFE was subsequent re-infection with CT or GC. The data for this study were obtained from the intake male and female interviews. We enrolled 515 dyads, however intake data from one dyad were missing, leaving 514 dyads for the analysis.

During the male intake interview, we asked participants to name all of their sexual partners within the last year. We recorded the approximate dates of first and last intercourse with each partner and defined a concurrent sexual relationship as having sex with 2 or more different partners during the same time period.

To estimate the number of acts of vaginal intercourse in the last 3 months, we asked men to estimate how many times per week they had vaginal intercourse with the index female. This number was multiplied by 12 to calculate a general estimate of number of vaginal sex acts in the last 3 months. If the dyad had been together for less than 3 months, total number of vaginal sex acts was calculated based on his estimates.

We assessed sensation seeking using a scale which has been previously validated in low income men and women (9) by asking “How strongly do you agree or disagree with these statements: 1. I like wild, free sex, or sex that “just happens” 2. “How it feels is the most important thing about sex” 3. “I enjoy the feeling of sex without a condom” 4. “When it comes to sex, people probably think I take risks” 5. “I am interested in trying out new kinds of sex” 6. “When it comes to sex, physical attraction is more important to me than how well I know the person” 7. “I enjoy the company of attractive people” 8. “I enjoy looking at sexy movies, magazines or pictures” 9. “I have said things that were not exactly true to get a person to have sex with me” 10. “Having sex with different people is an exciting idea” 11. “I like to have new and exciting kinds of sex”. Each question was scored 0 = “strongly agree”, 1 = “agree”, 2 = “disagree” and 3 = “strongly disagree”, with an overall score of 0 – 33. Among men, a score of 13 or lower represented the 70th percentile or higher and was considered high sensation seeking.

At the female intake interview, 123/152 (80.9%) teen girls and 296/362 (81.8%) adult women reported that they had informed their male partner(s) about the STI diagnosis. Among these women, we asked “Did he agree that if you have an STI so does he, and that both of you need to get treated?” We categorized the following responses as the male agreeing that he was at risk of an STI exposure and needed to be tested and treated: “He agreed and got treated for the STI”, “He gave me a hard time but agreed and got treated” and “He insisted that he didn't have an STI, but he got treated”. We categorized the following responses as the male not agreeing that he might have been exposed or not agreeing to treatment: “He agreed, but I don't know if he got treated”, “He agreed with me but never got treated”, and “He insisted he didn't have an STI and did not get treated”. We asked both the man and woman to rate the level of closeness, commitment, and satisfaction they felt and that they perceived their partner felt with their relationship on a scale of 1 – 10, with 10 being the highest level of closeness, commitment and satisfaction.

Bivariate relationships between categorical variables were first explored using Pearson's chi-square test and the student t-test was used for continuous variables. Variables which were statistically significant ($p < 0.05$) in the bivariate analysis were further explored using multivariable forward stepwise logistic regression analysis, confirmed with a backward stepwise logistic regression analysis. SPSS (Chicago, IL) software was used for the analysis.

This study was approved by the Institutional Review Boards at the University of Texas Health Science Center at San Antonio and the San Antonio Metropolitan Health District.

RESULTS

There were 152 men partnered with teen girls age 15 – 19 years-old and 362 men who were the sexual partners of adult women age 20 years-old and older. Table 1 outlines the two male cohorts in terms of demographic, sexual and behavioral risk factors. Many of the demographic differences in the male partners of teens versus adults are explained by the fact that the male partners of teens were significantly younger than the male partners of adults.

The male cohorts differed significantly in terms of several measures of sexual and behavioral risks including illicit drug use, having an STI at intake, shorter relationship length, shorter length of monogamy and more sexual partners per year sexually active. However, other measures of sensation seeking were not significantly different between the male cohorts, including their mean sensation seeking scores and having an overall high composite sensation seeking score. When looking at the 11 individual measures of sensation seeking and sexual impulsivity, the mean score for each question was not significantly different between the men paired with teens versus the men paired with adults (data not shown).

Although the male cohorts were similar in their responses to what they received from the relationship with the index female, we used principal component analysis with varimax factor rotation and found that the 8 components of the relationship fell into 2 categories: practical (he receives housing, food, other financial help, and drugs and alcohol from the relationship) versus emotional factors (he receives emotional support, feelings of warmth and closeness, sense of family and belonging and good sex from the relationship). When these factors were grouped, we found that the male cohorts were similar in what they received emotionally from the relationship ($p = 0.84$), but men paired with adult women were significantly more likely to report that they received practical/instrumental items from the relationship, as compared to male partners of teens ($p = 0.04$). There was an interaction between this finding and relationship length and marital status, as men paired with adult women were more likely to be married to her and had, on average, longer relationship length.

Teen girls enrolled in Project SAFE had an average of 2.34 ± 2.87 sexual partners per year sexually active, compared to adult women, who had a mean of 1.45 ± 1.51 sexual partners per year sexually active ($p < 0.001$). Having concurrent sexual relationships in the last year was reported by 12.5% of teen girls and 11.9% of adult women ($p = 0.84$). The average age of the teen girls was 18.5 ± 1.3 years-old, while the adult women were on average 24.4 ± 3.8 years old ($p < 0.001$).

Table 2 examines risky sexual dyads, composed of a man and a woman who reported engaging in risky actions or behaviors that would limit communication and respect within the relationship. We included the variable of reporting that it was important to both him and her that she have his baby because pregnancy intentions are associated with condom use (10,11). Although all of the dyads were high risk, based on the fact that all women had an STI at intake, adult female dyads were more likely to be composed of a woman who used douches and a man who preferred that she use douches. The mean number of sexual partners per year sexually active for a teen girl and her male partner combined was significantly higher than for an adult woman and her male partner combined. Finally, teen girl dyads were more likely to be composed of a man and a girl who agreed that having a baby together was very important.

Table 3 contrasts the female's perceptions of the man's behavior, versus the actual behavior reported by the man. In all behaviors studied, the teen girls were not more naïve to their male partner's behavior, as compared to the adult women. Because our study focused on risk factors for STI acquisition related to the male, we report on dyads where the male is participating in risky behavior, unbeknownst to the female.

Table 4 compares the level of closeness, commitment and satisfaction that men and the women reported in their relationship. In addition, we contrast the female's perception of her male partner's report with his actual report. There was a trend that teen girls and their male partners reported similar levels of closeness, commitment and satisfaction, and the teen girl correctly estimated her male partner's report. In contrast, adult women reported significantly higher levels of closeness, commitment and satisfaction than their male partners. In addition, adult

women significantly over-estimated the level of closeness and relationship satisfaction reported by their male partners.

We performed a forward step-wise logistic regression analysis using the variables which were significant in the bivariate comparisons ($p < 0.05$) to determine the essential risky features of men partnered with teens. Using the variables of his age, intake STI, drug use, number of sexual partners per year sexually active, and his desire to have a baby with the index female, we found that men partnered with teens were characterized by young age ($p < 0.001$) (AOR 0.73 95% CI 0.68, 0.79), current drug use ($p = 0.01$) (AOR 1.81 95% CI 1.16, 2.81) and more sexual partners per year sexually active ($p = 0.002$) (AOR 1.04 CI 1.01, 1.06).

Finally, we performed logistic regression to describe what variables predicted STI infection in the male at intake. Using the variables of the index woman's age, the man's age, current drug use by the male, his and her number of sexual partners per year sexually active, and he believes it is really important for the index female to have his baby, we found that young age, measured as a continuous variable, was the factor that was independently predictive of the man having any STI at intake ($p = 0.03$) (AOR 0.97 95% CI 0.94, 0.99).

DISCUSSION

We found that male partners of teen girls infected with an STI were more likely to be younger, have more sexual partners per year sexually active and were currently using any illegal drugs, as compared to the male partners of adult women infected with a non-viral STI. Like women, the variable which independently predicted infection in men was young age (1,2). Our data will assist clinicians in providing age-appropriate and partner-specific counseling to a teen girl or an adult woman diagnosed with an STI.

In a previous analysis of teens with STIs, we found that 3 behaviors were highly associated with re-infection: rapid partner turnover (< 3 months), unprotected sex with untreated partners, and non-monogamy (5). In this analysis, we found that men partnered with teens, who are significantly younger, switch partners more rapidly as they begin having intercourse. As they encounter new sexual partners, their risk of infection is increased (2). We previously reported that teens who had unprotected sex with untreated partners were up to 10 times more likely to become re-infected with an STI (5). While this behavior was associated with re-infection in adults, the association was not as strong (5).

Although all women entered our study with a laboratory-verified STI, only 257/514 (50%) of the men had an STI. It may be that the woman was infected by a man who was not invited to our study. However, all men enrolled in Project SAFE had risky sexual histories, reporting rates of concurrent sexual relationships in the past year that were more than double the rates reported in other national surveys (10,11). The male partners of teens were more likely to have an STI at intake. It is known that male-to-female transmission of STIs is generally more efficient than female-to-male transmission (2,12), although confounders such as anal intercourse, circumcision status, and co-morbidities such as immune-suppression and STI co-infections must be considered (13). We initially hypothesized that the differences in male infection rates would be related to exposure frequency. However, the male cohorts reported similar frequencies of vaginal intercourse with the index female within the last 3 months. The men's cohorts were also not different in their low rates of consistent condom use. The higher incidence of STI infection among the men partnered with teens may be explained by the fact that these men had shorter periods of monogamy, and more sexual partners per year sexually active than men paired with adults. Thus, men matched with teens were more likely to be a "new partner", which is a known risk for STI acquisition (2). Our data is consistent with

previous work showing that young male age was an independent risk factor for infection with TV(14).

Men partnered with teens were significantly more likely to report using any illegal drug once a month or more. Drug use among young men and women has been associated with STI acquisition, non-use of condoms and multiple sexual partners, likely due to complex interactions including risk disinhibition (15). Our data suggests that clinicians who diagnose teen girls with an STI should discuss the possible contributions of drug use and disinhibition on STI reinfection.

When comparing behavioral surrogates which we previously found to be associated with re-infection (5), we found that adult female dyads were more likely to be composed of a man who wanted his female partner to use douches and a woman who used douches. Douching has been associated with an increase in STI risk, but may be confounded by the fact that some women use douches in response to STI symptoms (16,17).

Although our study highlights the risk characteristics of the men, we also found that teen dyads were characterized by specific risky behaviors. The mean combined number of sexual partners per year sexually active for the teen dyads was higher than for the adult dyads. Teen dyads were more likely to be composed of a male and female who thought it was very important to have children together. This may be due to the fact that men paired with teens were younger, and had not yet fathered children. Although condom use has been shown to be low even among adolescents who want to avoid pregnancy, vigilance for consistent condom use is markedly decreased among teens who are ambivalent regarding future pregnancy and those desiring pregnancy (18). Furthermore, a teen girl's desire for pregnancy is highly influenced by her male partner's wishes (19). Our data suggests that clinicians counseling teens on STI prevention may want to emphasize the implications of untreated STIs on fertility and pregnancy complications.

It has been shown that teen girls paired with older men are more likely to not use contraception, to desire pregnancy, drop out of school, use drugs, be diagnosed with an STI and be involved in casual rather than committed relationships with multiple partners (20–27). Age difference is a surrogate for power differences and influence in the relationship, as age discordant couples have differences in maturity, sexual and life experiences, financial resources, education and work attainment (27–29). We chose a 25% difference in age because this correlates with a 16 year old girl partnered with a 20 year old man, which meets one definition of statutory rape in Texas (30). Our data are in agreement with Kissinger et al, that although having an older male partner was a marker of various risks for teen girls, infection was most prevalent in young men and most adolescents are paired with young men (28).

We found markers of influence by the male partners of teens, for example, they were more likely to be the father of the teen's children and to report that it was very important for the teen to have his baby, which has been associated with sabotaging a teen girl's request for condom use or contraception (31).

Our data have several limitations. The cross sectional design of the study may not reflect ongoing behavior of the dyads, particularly dyads who received the Project SAFE behavioral intervention. The female had to invite a male sexual partner from within the past 2 months. It is not clear if the man who participated in the study was the man involved in the initial STI exposure. However, our method of our data collection, in which sexual dyads are interviewed separately by a gender matched individual, strengthens of our data. In addition, we have detailed, partner specific information on over 500 high risk sexual dyads, where at least one partner (the female) has a current, laboratory verified STI. The focus of this study was to provide data to help clinicians counsel women with STIs more effectively by describing their

male partners and risky relationships. We certainly understand that women participate in risky behaviors which increase the likelihood of recurrence in themselves or their partners.

In conclusion, a clinician who diagnoses an STI in a teen girl should know that her male partner is more likely to be young, infected with an STI, using illegal drugs, and have rapid partner turnover, as demonstrated by having more sexual partners per year sexually active. These men may exhibit influence over the teen by encouraging pregnancy or being the father of her children. These distinct characteristics are important triage questions to ask, when attempting to effectively counsel the teen on partner notification, partner treatment and STI prevention practices.

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Table 1

Baseline Comparison of Male Partners of Teens (n = 152) versus Male Partners of Adults (n = 362).

Variable	Male Partners of Teens (15 – 19 years old) N (N/152%)	Male Partners of Adults (20+ years old) N (N/362 %)	P	Odds Ratio (95% Confidence Interval)
DEMOGRAPHIC				
He considers himself Hispanic	113 (74.3)	254 (70.6)	0.34	1.23 (0.80, 1.89)
He considers himself African American	33 (21.7)	86 (23.9)	0.62	0.89 (0.57, 1.40)
His ethnicity or race is different than hers	19 (12.5)	50 (13.9)	0.69	0.89 (0.51, 1.57)
His Mean Age (years)	21 ± 4	26 ± 6	< 0.001	
He is 4 or more years older than index female	43 (28.3)	112 (31.1)	0.53	0.87 (0.58, 1.32)
His age is 25% or more than index female's age	33 (21.7)	65 (18.1)	0.33	1.26 (0.79, 2.02)
He is working full or part time	81 (53.3)	260 (72.2)	< 0.001	0.45 (0.30, 0.66)
He is not working full or part time and is not in school	45 (29.6)	84 (23.2)	0.18	0.74 (0.48, 1.14)
He has less than a high school education	86 (56.6)	134 (37.2)	< 0.001	2.20 (1.50, 3.23)
His average monthly take home salary	\$809 ± 762	\$1349 ± 1,283	< 0.001	
SEXUAL RISK				
His average # of partners per year sexually active	6.8 ± 12.7	4.5 ± 10.0	0.05	
He had any STI at intake	87 (57.2)	170 (47.1)	0.03	1.51 (1.03, 2.21)
He had CT at intake	77 (50.7)	142 (39.2)	0.02	1.58 (1.09, 2.33)
He had GC at intake	19 (12.5)	38 (10.5)	0.51	1.21 (0.68, 2.19)
He had Syphilis at intake	2 (1.3)	4 (1.1)	0.84	1.19 (0.22, 6.57)
He had TV at intake	0 (0)	2 (0.6)	NA	NA
He is having concurrent sexual relationships	38 (25.0)	94 (26.0)	0.81	0.95 (0.61, 1.46)
He is one of two or more of her sexual partners in the last 3 months, per female report	24 (15.9)	45 (12.4)	0.30	1.34 (0.73, 2.29)
His report of the average number of vaginal sex acts in the last 3 months with the index female	68 ± 74	62 ± 63	0.34	
His sensation seeking is high (score 0 – 13)	50 (32.9)	114 (31.7)	0.79	1.06 (0.71, 1.59)
His mean sensation seeking score	15.2 ± 2.8	15.1 ± 3.1	0.65	
He reports that he uses condoms with the index female "every time" they have intercourse	64 (42.1)	145 (40.3)	0.79	0.95 (0.64, 1.40)
Among men who do not use condoms every time, don't use them because he likes the sensation of "skin on skin"	41 (46.6)	69 (32.1)	0.02	1.85 (1.11, 3.08)
RELATIONSHIP CHARACTERISTICS				
He is married to index female	7 (4.7)	70 (19.7)	< 0.001	0.20 (0.09, 0.45)
He is living with the index female	68 (44.7)	221 (61.4)	< 0.001	0.51 (0.35, 0.75)
His report of the current length of the relationship with the index female in months (means of cohorts ± standard deviation)	19.6 ± 20.6	36.1 ± 43.4	< 0.001	
His report of the current length of monogamy with the index women in months (means of cohorts ± standard deviation)	10.3 ± 13.3	19.5 ± 31.4	< 0.001	
He is the father of any living child	60 (39.5)	222 (61.3)	< 0.001	0.41 (0.28, 0.60)
He reports that his relationship with the index woman is not steady or "off and on"	41 (27.0)	97 (26.8)	0.97	1.01 (0.66, 1.55)
Among men paired with index women who have children or are currently pregnant, he is the father of one or more of her children	45/72 (62.5)	135/251 (53.8)	0.17	1.46 (0.85, 2.52)
It is "really important" that the index female has a baby by him	92 (60.9)	186 (52.4)	0.04	1.51 (1.02, 2.25)
BEHAVIOR AND HEALTH SEEKING VARIABLES				
He reports that if she has an STI, he also has an STI and needs to be treated	63 (51.2)	146 (49.3)	0.72	1.08 (0.71, 1.64)
He reports that women find him "much more attractive than other men"	56 (37.1)	116 (32.3)	0.07	1.24 (0.93, 1.84)
He prefers his female sexual partners use douches	107 (70.4)	249 (69.2)	0.78	1.06 (0.70, 1.60)
SUBSTANCE USE				

Variable	Male Partners of Teens (15 – 19 years old) N (N/152%)	Male Partners of Adults (20+ years old) N (N/362 %)	P	Odds Ratio (95% Confidence Interval)
He is using any illegal drug once a month or more	95 (62.5)	158 (43.9)	< 0.001	2.13 (1.45, 3.14)
He reports people have criticized him about how alcohol much he drinks	26 (17.1)	64 (17.7)	0.88	0.96 (0.58, 1.58)
He reports that he has thought about cutting down on the amount of alcohol he drinks	63 (41.4)	137 (37.8)	0.45	1.16 (0.79, 1.71)
Per the index female, he used illegal drugs every time, almost every time or about half the time they had intercourse	24 (16.3)	57 (16.1)	0.94	1.02 (0.61, 1.72)
He reports that he receives the following “a lot” from his relationship with the index female				
Emotional Support	129 (84.9)	306 (85.2)	0.92	0.97 (0.57, 1.65)
Housing	38 (25.0)	112 (31.3)	0.15	0.73 (0.48, 1.12)
Other Financial Help	59 (39.1)	171 (47.6)	0.08	0.71 (0.48, 1.04)
Food	95 (62.5)	237 (66.0)	0.45	0.86 (0.58, 1.27)
Feelings of Warmth & Closeness	128 (84.2)	309 (86.3)	0.54	0.85 (0.50, 1.43)
Sense of Family & Belonging	116 (76.3)	269 (75.1)	0.78	1.07 (0.69, 1.66)
Good Sex	131 (86.2)	323 (90.7)	0.13	0.64 (0.36, 1.14)
Drugs and Alcohol	11 (7.2)	29 (8.1)	0.75	0.88 (0.44, 1.81)

Table 2

Dyads composed of men and women reporting risky behaviors.

Female/Male Behavior	Teen Girl + Male Dyads(n = 152)	Adult Woman + Male Dyads(n = 362)	Odds Ratio (95% Confidence Interval)
She uses douches/He prefers she use douches	43 (28.3)	138 (38.1)	0.03 0.64 (0.43, 0.97)
She reports that it is the "most" or "one of the most" important things that she has a baby with him/ He reports that it is "really important" that she has a baby with him	49 (32.2)	83 (22.9)	0.03 1.59 (1.05, 2.43)
Her average number of sexual partners per year sexually active + his average number of sexual partners per year sexually active	9.2 ± 13.8	6.0 ± 10.3	0.01
She and He report "NO" to: Right now, do you have a relationship where you have sex only with each other?"	9 (5.9)	30 (8.3)	0.22 0.51 (0.18, 1.47)
She and He report "YES" to: Have you had more than 1 sexual partner in the last 3 months	9 (5.9)	21 (5.8)	0.94 1.03 (0.47, 2.27)
She and he report that they do not listen to each other	16 (10.5)	34 (9.4)	0.69 1.14 (0.61, 2.11)

Table 3

Her perceptions versus his reality. Dyads composed of a male reporting risky behavior and a woman who thinks that he does not participate in this risky behavior.

Female's perception of his behavior/His reported behavior	Teen Girl + Male Dyad (n = 152)	Adult Woman + Male Dyad (n = 362)	p	Ods Ratio (95% Confidence Interval)
She reports that in the last 3 months, while they were together, he has not had sex with other women/ He reports that in the last 3 months, while they were together, he has had sex with other women	21 (14.3)	40 (11.1)	0.32	1.33 (0.76, 2.33)
She reports that in the last 3 months, his relationship with her has been steady all or most of the time/ He reports that in the last 3 months, his relationship with her has been not steady or "off and on"	18 (11.8)	45 (12.5)	0.84	0.94 (0.53, 1.68)
She reports that he listens to her a lot/ He reports that he does not listen to her	21 (14.0)	43 (12.0)	0.55	1.19 (0.68, 2.07)
She reports that she thinks he wants to marry her/ He reports that he does not want to marry her	24 (16.8)	69 (22.1)	0.19	0.71 (0.43, 1.18)
She reports that he shows her respect/ He reports that he shows her little or no respect	7 (4.7)	20 (5.6)	0.68	0.83 (0.35, 1.97)
She reports that it is "the most" or "one of the most important things" to keep him as a partner/He reports that it is "sort of" or "not important" for him to keep her as a partner	16 (10.1)	41 (11.5)	0.81	0.92 (0.51, 1.69)

Table 4

Level of Closeness, Commitment and Satisfaction within the relationship

Variable and Type of Sexual Dyad	Mean Score $\pm$ Standard Deviation	His Response	Her Response	Mean Score $\pm$ Standard Deviation	Her perception of his response	Mean Score $\pm$ Standard Deviation	Her perception of his response versus his response)
Level of Closeness in the Relationship							
Teen Girl + Male Dyad	8.89 $\pm$ 1.94	8.53 $\pm$ 2.00	0.08	8.63 $\pm$ 2.21	0.61		
Adult Woman + Male Dyad	8.71 $\pm$ 2.19	8.42 $\pm$ 2.15	0.04	8.68 $\pm$ 2.12	0.05		
Level of Commitment in the Relationship							
Teen Girl + Male Dyad	8.65 $\pm$ 2.20	8.41 $\pm$ 1.84	0.23	8.47 $\pm$ 2.29	0.76		
Adult Woman + Male Dyad	8.84 $\pm$ 2.17	8.35 $\pm$ 2.13	< 0.001	8.47 $\pm$ 2.40	0.38		
Level of Satisfaction with the Relationship							
Teen Girl + Male Dyad	8.15 $\pm$ 2.41	7.91 $\pm$ 2.02	0.30	8.19 $\pm$ 2.36	0.21		
Adult Woman + Male Dyad	8.02 $\pm$ 2.38	7.62 $\pm$ 2.26	0.01	8.16 $\pm$ 2.29	< 0.001		