sponse rate of 74% among eligible respondents, while the 1995 survey had a sample size of 1,729 and a response rate of 75%.  

Collected data included partner-by-partner sexual and contraceptive histories, demographic and family background variables, and HIV- and pregnancy-related attitudes and knowledge. Postsampling weights were developed in 1988 to match the March 1987 Current Population Survey and in 1995 to match the preliminary census projections of the civilian noninstitutionalized population. Because the NSAM was designed specifically for the purpose of studying the sexual and contraceptive behavior of adolescent males, it contains a wealth of information about both sexual and contraceptive behaviors and attitudes. However, since all information was collected from males, very little could be ascertained about the attitudes and behaviors of their girlfriends and sexual partners.

The analytic sample in the current study was limited to adolescent males who engaged in sexual intercourse with a female at least once in the 12 months preceding the survey. In 1988, 60% of males were sexually active, compared with 55% in 1995. This decrease in sexual activity is analyzed in-depth elsewhere. To identify relationships between condom-related attitudes and behaviors and differences by cohort and race, we merged data from the 1988 and 1995 waves into a pooled sample. This sample included all sexually active males aged 15–19 in either of the two waves. The combined sample was composed of 2,295 males, 1,263 of whom were interviewed in 1988 and 1,032 of whom were interviewed in 1995. Postsampling weights were applied to all analyses.

Measures

• **Condom use.** Consistency of condom use, defined as the percentage of times a respondent used a condom, either alone or in combination with other contraceptive methods, during heterosexual intercourse over the 12 months preceding the survey, was the dependent variable in all analyses. This variable was measured by compiling partner-by-partner data to obtain an estimate of total condom usage over the last year: Respondents reported the percentage of times they had used a condom with each of their last six partners during the previous year. Weighting each partner by the number of times the couple engaged in sexual intercourse resulted in a measure of condom-use consistency for each respondent. Condom-use consistency was coded with values between zero and one, inclusive (where, for example, 0.40 = 40%). For partners with whom the respondent reported having intercourse only once, consistency of condom use was coded as either zero or one (0% or 100%).

• **Condom-related attitudes.** Following the approach used in previous analyses, we divided condom-related attitudes into three distinct categories: pregnancy prevention, AIDS avoidance and personal and social consequences. Pregnancy prevention attitudes included three variables: the perceived likelihood that a female partner would get pregnant if the respondent used a condom (perceived condom ineffectiveness); the degree to which the respondent believes that if he made someone pregnant, he would feel like a “real man”; and a five-item index assessing the degree to which the respondent believes in male contraceptive responsibility.* The perceived condom ineffectiveness variable is scored on a scale ranging from one to five, each measuring a different component of male contraceptive responsibility. Higher values denote more responsible attitudes. The “real man” variable is scored on a scale ranging from one to four, with higher values denoting more responsible attitudes. Items in this index are scored on a scale ranging from one to four, with higher values denoting more responsible attitudes. The “real man” variable is scored on a scale ranging from one to four, with higher values denoting more responsible attitudes. The “real man” variable is scored on a scale ranging from one to four, with higher values denoting more responsible attitudes. The “real man” variable is scored on a scale ranging from one to four, with higher values denoting more responsible attitudes.

Three aspects of AIDS avoidance are measured in the NSAM: the frequency with which the respondent worries about AIDS; the respondent’s perceived likelihood of HIV infection within the next five years; and the respondent’s degree of AIDS denial. The first two variables are scored on a scale ranging from one to five, with higher values denoting greater concern about AIDS. The AIDS denial variable is an index composed of two questions that measure the respondent’s views on AIDS prevalence and his perception of the benefit of using a condom to avoid HIV infection. The AIDS denial variable is scored on a scale from one to four, with higher values denoting increased denial.

Attitudes concerning personal and social consequences of condom use include the degree to which the respondent believes his partner would appreciate his use if the respondent used a condom; and a four-item index of condom-use embarrassment. (The index assesses embarrassment associated withbuying, discussing and using condoms.) All three variables are scored on a scale ranging from one to five, with higher values corresponding to greater appreciation, less pleasure and increased embarrassment, respectively.

Results

**Condom-Use Consistency**
Overall, according to Table 1, condom-use consistency increased by 24% between 1988 and 1995. Sexually active males in 1988 reported using condoms in 56% of their sexual encounters in the 12 months prior to the survey, compared with a mean use-consistency rate of 69% in 1995. The increase in condom-use consistency differed across racial and ethnic groups. The greatest increase occurred among white males. In this group, condom-use consistency increased from 54% in 1988 to 70% in 1995, an increase of 31%. In contrast, condom-use consistency among blacks increased by 17%, from 63% in 1988 to 73% in 1995. While whites had lower levels of condom-use consistency than did blacks in both 1988 and 1995, the difference in the rate of consistency between the two groups decreased over time. The smallest change in condom-use consistency, an increase of 12%, occurred among Hispanics.

**Condom-Related Attitudes and Beliefs**
Table 2 (page 278) depicts the distribution of responses to the 17 condom-related attitude questions and the mean response for each question for both the 1988 and the 1995 cohorts. Chi-square tests were used to test for significant changes in the distribution of responses across cohorts.

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* For the purposes of this study, a sexual encounter is defined as an episode of sexual intercourse with a female partner.

**Table 1. Among males aged 15–19, mean percentage (and standard deviation) of sexual encounters in which condoms were used during the 12 months preceding interview, by race and ethnicity, National Survey of Adolescent Males, 1988 and 1995**

<table>
<thead>
<tr>
<th>Race/ethnicity</th>
<th>1988</th>
<th>1995</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
</tr>
<tr>
<td>Total</td>
<td>55.5 (39.2)</td>
<td>68.7*** (36.6)</td>
</tr>
<tr>
<td>White/other</td>
<td>53.6 (54.4)</td>
<td>70.1*** (55.0)</td>
</tr>
<tr>
<td>Black</td>
<td>62.6 (24.2)</td>
<td>72.8*** (24.9)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>52.5 (28.5)</td>
<td>58.7 (24.4)</td>
</tr>
</tbody>
</table>

***Difference between means is statistically significant at p<.001.
Notes: Results are weighted. A sexual encounter is defined as an act of sexual intercourse with a female partner.