and 66% were white. On average, teenagers scored 100.7 on the modified PVT. Almost one-half had at least one parent who had attended at least some college, and a similar proportion lived with two parents.

On average, teenagers reported a high level of perceived condom knowledge (3.3); 87% of teenagers had received pregnancy and AIDS education in school. Teenagers reported that they were close with their parents (3.2) and had discussed an average of two out of four topics from their everyday life with them. On average, teenagers reported a moderate level of rational decision-making (2.7) and high educational aspirations (3.4), and they perceived themselves as having almost no chance of contracting an STD (0.6).

Nearly nine out of 10 teenagers (89%) classified their first sexual partner as romantic, and 11% classified their first sexual partner as liked. On average, teenagers were similar to their partners on 2.3 out of three characteristics, had participated in 5.5 out of eight dating activities before sex, had been aged 15.6 years at first sex and had waited 4.4 months between the start of their relationship with their first sexual partner and first sex.

**Bivariate Results**
A lower proportion of males than of females reported that they had discussed contraception before sex with their partner (45% vs. 53%; Table 1). Also, compared with females, males reported a higher level of perceived condom knowledge, greater closeness and less communication with their parents, greater perceived disease risk and more teenager-partner homogamy; a lower proportion of males reported that first sex had occurred within a romantic relationship.

A higher proportion of those who had discussed contraception or STDs before sex than of those who had not were female. Verbal ability, communication with parents and rational decision-making were positively associated with having had sexual communication, perceived disease risk was negatively associated with such communication. A higher proportion of teenagers who had participated in discussions of contraception or STDs before first sex than of their peers who had not were in romantic relationships; a lower proportion were in liked relationships. On average, respondents who had discussed contraception or STDs before sex had participated in more dating activities before intercourse, had been older at first sex and had had longer relationships before first sex.

**Multivariate Results**
When only the individual and family factors were included in the model, gender and PVT score were associated with discussions of contraception or STDs with the first sexual partner before sex (Table 2). Males had 32% lower odds than females of having discussed contraception or STDs prior to first sex (odds ratio, 0.7). For each one-point increase in PVT score, the odds that teenagers had discussed contraception or STDs before first sex increased by 2% (odds ratio, 1.02).

After measures of reproductive health knowledge and sex education, parent-teenager interactions, and opportunity costs and barriers were included, the association between gender and the outcome was attenuated, and the association between PVT and the outcome remained unchanged. Also, for every additional topic discussed with their parents, teenagers had 24% greater odds of having discussed contraception or STDs with their first partner before first sex. Rational decision-making was positively associated with sexual communication (odds ratio, 1.4); perceived disease risk was negatively associated with the outcome (0.8).

In the model that added partner and relationship factors, the associations for rational decision-making and perceived disease risk were attenuated, indicating that partner and relationship factors mediate, in part, the association between these measures and discussions about contraception or STDs. The findings for PVT score and parent-teenager communication remained positive. Also, in this final model, two measures assessed in earlier