TWO FOR THE PRICE OF ONE: CAN ONE PARTNER REALLY TELL US ALL WE NEED TO KNOW?

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I. INTRODUCTION

Unlike other types of research, "[c]ultural norms and ethical principles make it highly unlikely that human sexual behavior will ever be studied by direct observation of a representative sample of the general population" (Ochs and Binik 1999: 374). Because of this, researchers must rely on alternative means of obtaining information on sexual behavior, primarily self-reports from respondents who are willing to disclose personal and often intimate information regarding their sexual behaviors. The truthfulness and accuracy of self-reports may be compromised because some sexual behaviors are difficult to recall and are so sensitive that respondents may not want to report them (Brener et al. 2003). Respondents may also bias their reports of sexual behavior due to fear of reprisal, social desirability, and other personal factors (Sieving et al. 2005).

Even among respondents who attempt to provide accurate and truthful reports of past sexual behaviors, problems with recall can distort the reported incidence and frequency of specific behaviors (Andersen and Broffitt. 1988; Catania et al. 1990; Catania et al. 1995; DeLamater 1974; James et al. 1991). Regardless of the time frame, studies generally have shown that high-frequency sexual behaviors are reported less consistently than low-frequency sexual behaviors because one is less likely to remember specific instances of common occurrences (McFarlane and St Lawrence 1999; Reading 1983; Saltzman 1987). Similarly, incidence reports are generally more reliable than frequency reports (Fenton et al. 2001). Brener et al. (2003) also suggest cognitive elements like comprehension, retrieval, decision-making, and response generation can factor into producing distorted responses.

The respondent's gender has also been associated with reported inconsistencies. Women, compared to men, tend to subscribe more to being in love, to being in love more deeply, and saying that love was more important; they are also less permissive and instrumental in their sexual attitudes, more friendship-oriented, practical, dependent, and less game-playing in their love attitudes (Hendrick and Hendrick 1995). Social desirability of appropriately "doing gender" (West and Zimmerman 1987) appears to play a role in the differences in men and women's reports. For example, women tend to underreport their premarital sexual experiences (Abraham et al. 2000; Appleby 1990), and adolescent girls may over-report oral contraceptive use (Potter et al. 1996) as well as condom use with casual sexual partners (Jeannin et al. 1998). Men show evidence of "doing gender" by reporting more past sexual partners to in-person interviewers than they do in self-administered questionnaires (Torrangeau and Smith 1996). Furthermore, men consistently report a higher mean number of partners in nearly all surveys than women do (Catania et al. 1996; Hendrick and Hendrick 1995). Evidence from other surveys indicates that men and women may differ in what they count as "sex," with men being more likely to include non-penetrative sexual activity in their reports than women (Jeannin et al. 1998; Sanders and Reinisch 1999). Wadsworth et al. (1996) further concluded that the discrepancy in men and women's reports of numbers of past sexual partners could be reduced, but not eliminated, by accounting for age mixing in partnership formation, the under-representation of prostitutes, and modest assumptions about response bias introduced by lower response rates among men than women. Thus, it is appears that some social desirability bias in the direction of overreporting by men and/or underreporting by women remains (Catania et al. 1996).

Taking this into account, our findings about sexual behaviors and other relationship

dynamics within heterosexual couples could be potentially distorted because the majority of the reports on such behavior come from only one of the partners within the dyad, typically the woman. Relying on only one partner's report is appealing because it saves time and money—major considerations in large-scale surveys. However, this practice is not without its critics (e.g., Sacher and Fine 1996; Umberson et al. 2005; Watkins 1993). Nguyen et al. (2007) found that men gave similar reports to their partners' regarding the female partner's use of oral contraceptives and the coital frequency, although the study sample was small and non-representative. Earlier work has also found that husbands and wives were highly consistent with one another regarding fertility preferences (Fried, Hofferth, and Udry 1980; Morgan 1985). While these findings seem to suggest that husbands' and wives' can be proxies for each other, later research has shown that husbands have unique fertility desires and intentions, and these attitudes impact completed fertility within the couple (Thomson et al. 1990; Thomson 1997). Looking beyond fertility intentions to other aspects of a couple's relationship, Attridge and his colleagues (1995) found that accuracy in predicting relationship stability was greatly improved by using measures from both partners instead of one. This was a result of obtaining the portion of the partner's views that was not shared with the respondent (Attridge et al. 1995). Similarly, Sayer and Bianchi (2000) found that the wife's reports of satisfaction and happiness with the relationship were important predictors of divorce, whereas the husband's were not. In this case, both partners provided unique information, without which very different conclusions about the couple would have been reached.

Due to the sensitive nature of disclosing information about a romantic relationship, it is possible that partners within the same couple could provide different reports about the same behavior within their relationship. In studies in which only one partner is participating, how different would the results have been if the other partner reported on the same behaviors instead? Just how similarly do male and female partners report on their mutual relationships? This project will attempt to answer these questions. The couples' design of Wave III in Add Health, based on a nationally representative sample of US adults aged 18-26, will allow me to examine the concordance and dissimilarity of dating, cohabiting, and married individuals' reports versus their partners' regarding several aspects of their common relationship including date of first sex, contraception used at first sex, and frequency of oral and vaginal intercourse. While past research on couple agreement has focused primarily on married couples, in today's climate of greater delays in getting married and increases in nonmarital fertility, assessing the concordance of non-married couples reports of fertility-related behavior and attitudes is a relevant and needed addition to this literature. Thus, an important feature of my analysis will be the inclusion of married and non-married couples.

II. DATA

The data for my analysis will be drawn from Wave III of The National Longitudinal Study of Adolescent Health (Add Health). Add Health is a nationally representative study investigating the causes of health-related behaviors of adolescents in grades 7 through 12 and the outcomes of these health-related behaviors in young adulthood. The data collection began with a 1994 in-school questionnaire that was administered to every student present in the selected school on the day of administration. The study followed up with a series of in-home interviews of students approximately one, two, and six years after the initial administration. Data were collected at the individual, family, school, and community levels. The third wave of data collection was conducted by the Research Triangle Institute and occurred between August 2001 and April 2002.

Wave III consisted of in-home interviews of 15,170 of the nearly 20,745 original Wave I respondents. The response rate for Wave III is 77.4%. The participants were between the ages of 18 and 26 years old. The focus of the Wave III questionnaire was to obtain relationship, marital, childbearing, and educational histories, and to record key labor force events.

III. ANALYTIC SAMPLE

In addition to the core sample, one-half of the Wave III respondents were randomly selected to have their romantic partner included in a special couple sub-sample. Only partners of Add Health respondents who were at least 18 years of age and in a heterosexual, sexually active relationship with an at least 3-month duration were eligible for the couples' sample. The purpose of creating a couples' sample was to have data on both members of romantic dyads. A total of 1,505 partners of Wave III respondents were included in the couple sample so that one-third of the partners were in a married union, one-third were in a cohabiting union, and one-third were in a dating relationship with a Wave III respondent. My analytic sample will consist of these matched pairs in order to test concordance and dissonance between partners regarding various sexual and romantic aspects of their shared relationships.

IV. PROPOSED MEASURES

Outcome Variables

The outcome variables in my analyses will be degree of concordance between mutual partners on a variety of relationship behaviors. The proposed measures are listed below. Most items concern the first time that something had occurred in the relationship. This is because the partners are not necessarily being interviewed at the same time. The last two questions ask about how often acts occur "on average." Since the interviews of partners tend to happen within fairly close succession to one another, this does not seem as troubling as asking partners about the "last time" something happened.

Question to Respondent	**Corresponding Question to Partner**
How old were you when your *romantic* relationship with <PARTNER> began?	How old was {HE/ SHE}?
How old were you when your *sexual* relationship with <PARTNER> began?	How old was {HE/ SHE}?
-In what month and year did your romantic relationship with <PARTNER> begin?	-In what month and year did your romantic relationship with <PARTNER> begin?
In what month and year did your sexual relationship with <PARTNER> begin?	In what month and year did your sexual relationship with <PARTNER> begin?
How long had you known <PARTNER> when {HE/ SHE} first performed oral sex on you?	How long had you known <PARTNER> when you first performed oral sex on {HIM/ HER}?
Did you or <PARTNER> use any method of birth control the first time you had vaginal intercourse?	Did you or <PARTNER> use any method of birth control when you had vaginal intercourse?
What methods of birth control did you or <PARTNER> use the first time you had vaginal intercourse? Mark all that apply.	What methods of birth control did you or <PARTNER> use the first time you had vaginal intercourse? Mark all that apply.
On average, how often does <PARTNER> perform oral sex on you?	On average, how often do you perform oral sex on <PARTNER>?
On average, how often do you have vaginal intercourse with <PARTNER>?	On average, how often do you have vaginal intercourse with <PARTNER>?

Independent Variables

In addition to calculating concordance as a descriptor, I plan to run regression analyses in which concordance is the outcome. In performing such analyses, I would like to run separate female and male models and include measures for race/ethnicity, educational attainment, STI diagnosis, relationship status (dating, cohabiting, or married), relationship satisfaction, and relationship duration. Several studies have found differences in contraceptive attitudes and behaviors (e.g.,

Alexander et al. 1993; Beckman and Harvey 1996; Smith 2003; Upchurch et al. 2002), so race is a necessary inclusion. Relationship duration is an important control for two reasons: 1) it addresses recall issues since questions about the first time something occurred in the older relationship will most likely have occurred in the more distant past; 2) relationship duration has been found to be a factor in inconsistent reports between partners (Witte et al. 2007). Relationship satisfaction is also a factor in reporting concordance (Witte et al. 2007) as well as relationship stability (Catania et al. 1995).

V. PROPOSED ANALYSES

The first step of my proposed analysis is to provide a measure of concordance between the response of one partner compared to the corresponding response of the other partner. I plan to do this by calculating a weighted kappa index for each measure.

I would then like to run regressions in which concordance between the partners in one of the above measures is the dependent variable. I plan to run separate female and male models including the aforementioned independent variables.

The very definition of concordance is something that I must consider. Is it the providing the exact same answer or will I allow for some type of window? If I have a window, how wide will it be? For example, the exact start date of a relationship may be difficult to pin down. I may consider concordance to be when partners give dates that are within +/- 3 months of each other.

Additionally, the more kinds of contraception used within a couple, the more opportunity there is for a mismatch in reports between partners. A potential way to provide comparable measures of contraceptive use across people who use only one method versus those who use 2 or more is classifying contraceptive usage according to the most effective method (e.g., Jones and Forrest 1992). Another consideration is that contraception might be used for which the other partner is unaware. This is particularly true of more inconspicuous contraceptive methods like IUDs, contraceptive pills, or Depo Provera. I may have two separate analyses of concordance; one with all contraceptive methods and one without the more unobtrusive forms.

VI. CONTRIBUTIONS

This paper will make a contribution to the literature by comparing reports of a large sample of couples from a nationally representative study. Unlike test-retest validation or internal consistency checks in which the same person is asked to provide several reports on a particular behavior, this project will use reports of each partner within a couple to examine how similarly the partners respond to questions on the same behaviors. The findings of this paper have implications for how relationship and fertility research are conducted. High levels of concordance on certain measures indicate that the convention of obtaining data from one partner on those measures is adequate; however, if discordance is found, it raises certain concerns about data quality and the validity of our results. Furthermore, if certain individual- and relationship-level characteristics are associated with discordant reports of particular types sexual behavior between partners, this could suggest areas of improvement in couple research, study, and design.

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