HEALTHFUL SEXUAL INTERACTIONS:

"MASCULINITY" AND "FEMININITY" AS CONSTRAINTS

A DISSERTATION

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE DEGREE OF DOCTOR OF PHILOSOPHY IN THE GRADUATE SCHOOL OF THE TEXAS WOMAN'S UNIVERSITY

> COLLEGE OF HEALTH, PHYSICAL EDUCATION, RECREATION, AND DANCE

> > BY

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DEDICATION

To my dear mother whose strength and life-long love for learning continues to be an inspiration to me.

To my terrific children, Ed, Mary, Joe, Tom, John and Liz (in chronological order). They have taught me far more about life than I could possibly teach them.

And especially to Ed, my very best friend and life-long partner. The best is yet to be.

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COMPLETED RESEARCH IN HEALTH, PHYSICAL EDUCATION, RECREATION, AND DANCE Texas Woman's University, Denton, Texas

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MEYER, V. <u>Healthful</u> <u>sexual</u> <u>interactions: "Masculinity"</u> <u>and</u> <u>"femininity"</u> <u>as</u> <u>constraints</u>. Ph.D. in Health Education, 1988, 66 pp. (R. Tandy)

The relationship between sex role orientation and healthful sexual interactions was explored. Gender schema theory was used as the conceptual framework and the Bem Sex Role Inventory (BSRI) was used to determine subjects' sex role The Healthful Sexual Interactions Survey was orientation. developed by the author and used to measure subjects' sexual satisfaction and responsibility. Data were collected from 114 male and 180 female university students who were between the ages of 18 and 32. The analysis of variance and the ttest showed that the differences between the sexes and among the sex role groups on sexual satisfaction were not statistically significant. However, an analysis of variance showed significant differences between the sexes and between the groups classified as masculine and feminine on attitudes and behaviors related to pregnancy prevention. An Eta Square demonstrated that a greater percentage of the variance (10%) was related to sex than to sex role

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orientation (6%). However, a definitive interpretation of the results was precluded because sex and sex-role orientation were confounded. The t-tests showed that males were significantly more sex-typed than females and that androgynous individuals were significantly more likely to confine their sexual interactions to mutually exclusive sexual relationships than those classified as masculine.

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CHAPTER I

INTRODUCTION

Sexual interactions have the potential to bring pleasure, joy, and a feeling of interconnection to the participants. They also have the potential for creating feelings of inadequacy, exploitation, disease transmission, and unintentional pregnancies. Healthful sexual interactions are those which maximize overall satisfaction while minimizing harm to oneself and others.

Being able to engage in healthful sexual interactions requires a wide range of behaviors. Gender schema theory (Bem, 1984) proposes that individuals who have encoded information about themselves according to the cultural definition of maleness and femaleness (sex-typed individuals) are more likely to suppress behaviors considered inappropriate or undesirable for their sex. Because of this restriction on their range of behaviors, they may be less likely than androgynous individuals to successfully engage in healthful sexual interactions.

Rationale for study

Among the major social problems of today are the high rates of adolescent pregnancies, the current AIDS

epidemic, and sexual abuse of women and children. In addition, there is a high rate of sexual dysfunction and dissatisfaction which contributes to personal unhappiness. These negative consequences of sexual interactions may be due in part to the constraints placed on individuals by strong sex role socialization. Healthful sexual interactions require sensitivity, assertiveness, expressiveness, and a high degree of confidence. Perhaps those relatively unconstrained by cultural stereotypes of gender appropriateness (e.g., androgynous individuals) are more likely than highly sex-typed individuals to display these attributes. Thus it appeared appropriate to investigate the relationship between sex role orientation and healthful sexual interactions.

Purpose of the Study

The purpose of this study was to explore the relationship of sex role orientation and sex to healthful sexual interactions.

Statement of the Problem

The problem of this study was to determine if there is a relationship between sex role orientation and healthful sexual interactions. Also, whether healthful sexual interactions are more strongly related to sex role

orientation than sex. These determinations were made by the administration of a sex role orientation inventory and a healthful sexual interactions survey to college students enrolled in health classes at a midwestern land grant university.

Definition of Terms

The following terms were identified for the study:

<u>Androgynous Individuals</u> - those who endorse high levels of desirable "masculine" and "feminine" characteristics.

Coitus - Penile-vaginal intercourse.

Healthful Sexual Interactions - those which enhance one's feelings of overall sexual satisfaction while minimizing harm to oneself and others as measured by items 1 through 9, and 11 through 13 on the Healthful Sexual Interactions Survey (HSIS).

<u>Sex</u> - the demographic variables (e.g. male and female).

<u>Sexual Interactions</u> - any type of interaction that may be perceived by the respondent to be sexual in nature, from kissing and hugging to intimate conversation and/or genital stimulation. It may or may not include coitus and/or orgasms.

<u>Sex Role Orientation</u> - stereotypical behavior for males and females as culturally defined.

<u>Sex-typed Individuals</u> - those who have internalized society's sex-typed standards of desirable behavior for their own sex.

<u>Undifferentiated</u> - those who make only limited selfattributions of both masculine and feminine qualities.

Research Questions

The following research questions were identified for the study:

 Are androgynous individuals more likely to perceive their sexual interactions to be more satisfying than "masculine" individuals?

2. Are androgynous individuals more likely to perceive their sexual interactions to be more satisfying than "feminine" individuals?

3. Are androgynous individuals more likely to perceive their sexual interactions to be more satisfying than "undifferentiated" individuals?

4. Is perceived sexual satisfaction more strongly related to sex role orientation than sex?

5. Are androgynous individuals more likely to have attitudes and behaviors more conducive to pregnancy prevention than "masculine" individuals?

6. Are androgynous individuals more likely to have

attitudes and behaviors more conducive to pregnancy prevention than "feminine" individuals?

7. Are androgynous individuals more likely to have attitudes and behaviors more conducive to pregnancy prevention than "undifferentiated" individuals?

8. Are attitudes and behaviors conducive to pregnancy prevention more strongly related to sex role orientation than sex?

Limitations

The limitations of this study were:

1. Reliance on honest self-reporting of the subjects,

2. Lack of privacy while answering questions,

3. Time constraints,

4. Results of the study being generalizable primarily to the population under study.

Delimitations

The delimitations identified for the study were:

 Volunteer students from a land grant midwestern university,

2. Undergraduate students enrolled in health education classes,

3. Subjects 18 years or older.

CHAPTER II

REVIEW OF THE LITERATURE

The purpose of this study was to explore the relationship of sex role orientation and sex to healthful sexual interactions. For this study, healthful sexual interactions were defined as those that are satisfying and with minimal risk for unintended pregnancies and disease transmission. An extensive literature review was done and selective studies are presented under the following headings: (a) Historical Perspectives (b) A Critique of the Concept of Androgyny (c) Summaries of Research Specific to Sexual Interactions (d) Summaries of Research Specific to Pregnancy Prevention and (e) A Critique of the Coitus-Assumption.

Historical Perspectives

Traditionally, it was believed that psychological well-being was facilitated only when an individual's biological sex was congruent with his or her prescribed sex role orientation (Kagen, 1964). Women were expected to be passive, submissive, and dependent. Men were expected to be aggressive, independent, and unemotional. These

characteristics were conceptualized as existing on a single bipolar dimension ranging from extreme masculinity at one end to extreme femininity at the other (Constantinople, 1973).

However, the rigid prescriptive nature of sex role socialization has been challenged. Maccoby (1966) found in her comprehensive analysis of sex differences that optimal cognitive functioning depends on a balance between traits considered masculine and those that are considered feminine. Block (1973) reviewed studies which supported her contention that those who integrate traits conventionally defined as masculine and those defined as feminine were able to achieve a higher level of functioning. It was theorized that "masculine" and "feminine" characteristics are not opposite poles of a single dimension, but instead two separate, orthogonal and equally important aspects of human personality. Those individuals who possessed characteristics considered both masculine and feminine were said to be androgynous. New instruments were developed to accomodate this change in thinking (Bem, 1974; Spence, Helmreich and Strapp, 1974, 1975).

A Critique of Androgyny

A major criticism of the concept of androgyny is that it

may inadvertently serve to reinforce, rather than break down, damaging sex role stereotyping (Beardsley, 1982). There is an implication that certain characteristics (e.g. independence) are masculine by nature and other characteristics (e.g. nurturance) are feminine by nature. Warren (1982) acknowledges the paradox of urging people to cultivate both "feminine" and "masculine" characteristics while at the same time saying that these characteristics ought not to be dichotomized. She suggests using various linguistic devices such as speaking only of <u>so called</u> feminine and/or masculine traits or enclosing these words in quotation marks. In this way, the provisional and metaphorical nature of these terms can be kept in mind (Warren, 1982).

In spite of these difficulties, the concept of androgyny has become a major focus in social psychological research. It allows researchers to contrast sex-typed individuals with a group whose thinking and behavior are less constrained by cultural stereotypes (Bem, 1984). Additional instruments were developed and older ones were redesigned to measure overlapping but nonidentical, operationally defined sex-role groups (Berzins, Welling & Wetter, 1978; Heilbrun, 1976). By using these sex role inventories, investigators have attempted to assess the relationships between androgyny and a wide range of other variables (Lenney, 1979).

The works of researchers, most notably Spence and her associates, and Bem, have shown that androgynous individuals are more likely to display sex role adaptability across situations, without regard for behaviors stereotyped as more appropriate for one sex or the other (Bem, 1975; Spence and Helmreich, 1978). Conversely, sex-typed individuals actively avoid behaviors which they consider inappropriate for their own sex. Sex-typed individuals have reported psychological discomfort and negative feelings about themselves after engaging in behaviors considered inappropriate for their sex (Bem & Lenney, 1976).

However, in their review of published research on androgyny, Taylor and Hall (1982) found that it was primarily "masculinity," rather than androgyny, that seemed to be beneficial for individuals in our society. They found relatively large and consistently positive "masculinity" effects and less consistent and considerably smaller "femininity" effects as indicators of healthy psychological functioning. To be consistent with this theory, some researchers are suggesting that androgyny may be advantageous only for women (Heilbrun, 1981; Heilbrun and Han, 1986; Jones, Chernovety, & Hasson, 1978). In his extensive research on sex roles, Heilbrun (1981) contends: "To the extent that androgyny proves to be advantageous, females represent a far more convincing target for sex-role renovation than the males" (p. 75).

Summaries of Research Specific to Sexual Interactions

An analysis of the traditional male role in sexual interactions suggests that highly sex-typed men are very much in need of sex-role renovation. Zilbergeld (1978) found that traditional men perceive sex as a proving of themselves, a way to conquer, as well as for physical release. Their overemphasis on performance may impede the sense of leisure and intimacy which is so important for satisfying relationships. Women, on the other hand, have been given the role of sexual gatekeepers, which necessitates suppression and control of their sexual feelings and expressions. This sense of control prevents them from actively influencing the kinds of stimulation they experience so as to increase their overall satisfaction (Allgeier and McCormick, 1983).

Emotional expressiveness is another important area where strong sex role socializations may constrain healthful sexual interactions. Davidson (1981) points out that the traditional, socially prescribed male role mandates that men be emotionally inexpressive in general but allowed to show anger and annoyance. In contrast, women are expected to be more expressive of positive emotions, love and compassion, but less expressive of anger and annoyance. Davidson concludes that highly sex-typed individuals, both women and men, would be more inclined to pretend to have emotions different from their genuine feelings. Consequently, communication and understanding, so important in any type of interaction, will be inhibited.

According to traditional sexual scripts (Gagnon & Simon, 1973), a man is taught to take the initiative and to persist in attempts at sexual intimacy even when a woman indicates that she is not interested. A woman, according to traditional sexual scripts, is not supposed to indicate directly her sexual interest and is expected initially to resist a man's advances. The result of these sex role socialization processes normalizes sexual coercion (Check and Malamuth, 1983). In their study of college men, Mosher and Anderson (1986) found that a macho personality pattern predicted sexual aggression against women. Burt (1980) sees rape as the logical extension of a dominant-submissive, competitive, sex role stereotyped culture. She suggests

that a fruitful long-range strategy for rape prevention would be the elimination of sex role stereotyping. She concludes that our society needs to promote the idea of sexual interactions "...as a mutually undertaken, freely chosen, fully conscious interaction, in contradistinction to the too often held view that it is a battlefield in which each side tries to exploit the other while avoiding exploitation in turn" (p. 229).

Summaries of Research Specific to Pregnancy Prevention

While men are socialized to take the active role in sexual interactions, male passivity on issues of pregnancy prevention is also socially mandated (Luker, 1975). Needle and Knott (1977) found that the reasons given for non-use of contraception reflected the traditional sex-role learning about sexuality and fertility control. For highly sex-typed males, being contraceptively prepared or refusing to engage in coitus with a woman who is not contraceptively prepared is seen as incongruent with their socially prescribed roles. The consequence of this ideology is that half the people who could prevent unplanned pregnancies are less likely to do so because they perceive it as cross-sex behavior (Luker, 1975). MacCorquodale (1984) found that only those less constrained by traditional sex-role attitudes were likely to

believe that contraceptive responsibility should be shared.

Women's socialization has led them to believe that they should take exclusive contraceptive responsibility, and many women feel they do not have the "right" to ask their partners to share this. During interviews with women seeking abortions, Luker (1975) found that many of those who were contraceptively unprepared preferred to risk pregnancy rather than ask their partners to use condoms. These women had so internalized the odd notion that an unintended pregnancy is solely their fault, that they were unable or unwilling to ask their partners to share accountability.

The near-exclusion of males from responsibility for their own fertility has been reinforced by the low priority given to men by family planning agencies and by researchers interested in finding solutions to the high rate of unintended pregnancies (Edwards, 1987; Luker, 1975; Scales and Beckstein 1982). There is a growing awareness that family planning programs can succeed only when men are as concerned as women about the advantages of fertility regulation (David, 1986).

A Critique of the Coitus-Assumption

In our society, there is an assumption that coitus is the major means of sexual expression (Bernhard & Dan, 1986;

Hacker, 1986; Jackson, 1984; Zilbergeld, 1978). Reiss (1981) reasons that this coitus-assumption may be "...historically due to our traditional desire to produce workers or warriors" (p. 276). The vocabulary of researchers explicitly or implicitly reinforces this assumption by using the term "sex" when referring to coitus and the terms "foreplay" and "afterplay" as either preliminary or optional extras. In addition, this assumption puts limits on the possibilities for sexual satisfaction (Whatley, 1986). Denney, Field and Quadagno (1984) found that women were less likely than men to have orgasms during coitus and preferred noncoital sexual interactions. However, because of their socially defined passive sex role, they have difficulty communicating this to their partners.

Snegroff (1986) found that the major stressor for college men during sexual interactions was their concern about their ability to achieve or maintain an erection. According to Masters and Johnson (1970), fear of inadequacy concerning performance is a major cause of sexual dysfunction in men. They estimate that at least half the marriages in this country are sexually dysfunctional or will be so in the near future. Some sex therapists are now

beginning to advocate noncoital intimacy and communication, rather than increased proficiency during coitus, to increase sexual satisfaction for both women and men (Pietropinto, 1986).

This literature review has shown that the constraints placed on individuals by sex-role socialization may decrease sexual satisfaction, inhibit honest communication, normalize sexual coercion, and decrease responsibility for fertility control. In addition, adherence to socially prescribed sexual behavior may contribute to sexual dysfunction.

CHAPTER III

PROCEDURES IN THE DEVELOPMENT OF THE STUDY

The purpose of this study was to explore the relationship of sex role orientation and sex to healthful sexual interactions. Procedures are recorded in this chapter under the following headings: (a) Preliminary Procedures, (b) The Research Instruments, (c) Population and Sample, (d) Data Collection, and (e) Treatment of the Data.

Preliminary Procedures

The available related literature was reviewed and analyzed in preparation for the study. The original intent of this study was to investigate the antecedents of adolescent pregnancies. Attempts were made to obtain permission from several public high schools in the city of Chicago and outlying suburbs to survey students regarding their sexual interactions. However, in each case, permission was denied due to the "sensitive" nature of the study. An attempt was then made to gain permission at a Catholic University. After a review of the Healthful Sexual Interactions Survey by the university research committee, permission was denied. The committee felt that the survey

did not reflect the teachings of the Catholic Church. The research proposal along with copies of the two instruments were submitted to faculty members in the Health Education and Promotion department at a large land grant midwestern university. After a review of the instruments, permission was granted.

The Research Instruments

Two instruments, the Bem Sex Role Inventory (BSRI) and the Healthful Sexual Interactions Survey (HSIS), were used for this study. The BSRI consists of sixty personality characteristics: twenty are considered stereotypically feminine (e.g. affectionate, sensitive to the needs of others) and twenty are considered stereotypically masculine (e.g. dominant, assertive). The remaining twenty served as filler items (e.g. truthful, happy). Respondents were asked to describe themselves according to each characteristic using a 7 point rating scale ranging from 1 (never or almost never true) to 7 (always or almost always true). The coefficient alpha for both the "Femininity" and "Masculinity" scores was .78. (See Appendix A)

The HSIS was developed by the present investigator based on a review of the literature, personal interviews, group interactions, and two pilot studies. Personal interviews were conducted with counselors working in family

planning settings. Group interactions took place during and after sexuality workshops which were presented by the author on college campuses in Denton, Texas and Chicago. A number of students approached the author after the workshops to further discuss the materials covered on an individual basis.

After the first pilot study, it was necessary to make the term "sexual interactions" more explicit because many of the participants assumed that this term referred only to It was interesting to find that after sexual intercourse. the second pilot study, it was necessary to change the term "intercourse" to "coitus" and explicitly define it as penile-vaginal intercourse on the pregnancy prevention subscale. One participant who engaged in intercourse only with other men found the questions relating to pregnancy prevention confusing and irrevelant. The HSIS was shown to two associate professors of Psychology and two assistant professors of Health Education. After making minor suggestions they concurred that the survey was a valid measure of healthful sexual interactions. The HSIS reflects information gained from all of the above sources.

Subscales on the HSIS were established to aid in interpretation of the data. The Sexual Satisfaction scale (SS) (items 1 to 9) inquired about sexual satisfaction and

used a 4-point Likert format ranging from 4 (adds greatly) to 1 (is not relevant or adds nothing). The Pregnancy Prevention scale (PP) (items 11 to 13) inquired about attitudes and behaviors conducive to pregnancy prevention (see Appendix B). The Cronbach's alpha reliability value on the HSIS was .6140; the SS scale, .4594; the PP scale, .9013.

Population and Sample

The participants were undergraduate students enrolled in both elective and required upper level health classes at a large land grant midwestern university (eleven First Aid classes, one Death and Dying class and one Women's Health class) during the first week of the Fall semester 1987. A self-selected sample of 294 students returned the research instruments. The responses of married students (14) and students who were either not engaging in sexual interactions or who chose not to answer questions relating to their sexual interactions (106) were not included in the subsample. Thus, 174 participants were designated as the subsample.

Data Collection

The investigator was introduced to each class by the classroom teacher. Students were asked to volunteer to

participate after the purpose of the study was explained. The participants were advised of the personal nature of some of the questions and were informed that all information and responses were to be kept anonymous. They were instructed not to put their names on either instrument. They were encouraged to answer all questions but were told they could stop at any time. The packet containing the BSRI and the HSIS was given to each participant and the instuments were completed during the class period. They were placed by the subjects in a large brown envelope to assure anonymity.

Treatment of the Data

The difference/median split procedure was used to classify the subjects into masculine, feminine, androgynous, and undifferentiated sex role orientations on the basis of their BSRI scores. This method, as described by Orlofsky, Alsin and Ginsburg (1977), uses the difference between a subject's masculinity and femininity scores multiplied by a constant (2.322) to derive a t-ratio score. Subjects are categorized according to this score: "feminine" if greater than +1, "masculine" if less than -1; and "androgynous" or "undifferentiated" if the score lies between -1 and +1. The subject is classified as "undifferentiated" if in addition to the last condition, both the BSRI masculine and feminine

scores lie below their respective medians. The medians utilized were from the normative data on the Stanford sample (Bem, 1981); "femininity" 4.90, "masculinity" 4.95.

This method is an extension of Bem's (1974) procedure for calculating the balance between "masculinity" and "femininity" scores. Orlofsky et al. (1977) claim that this method is a more sensitive index of sex-role orientation than a simple median split.

Data were analyzed using a 2 X 4 (sex x sex role orientation) multivariate analysis of variance. A t-test was used to determine if the differences between the sexes on SS were statistically significant. Analyses of Variance were used to determine if the differences between the sexes on PP and the differences among the groups on SS and PP were statistically significant. An Eta Square test was used to determine the percentages of the variance related to sex and to SRO. Descriptive statistics were presented for the remaining items on the HSIS.

CHAPTER IV

Findings of the Study

A correlational study was conducted to determine the relationships of sex and sex role orientation to healthful sexual interactions. In this chapter, the findings are presented under the following headings: (a) Description of the Sample and (b) Analysis of the Data.

Description of the Sample

The original sample consisted of 294 subjects. The subsample consisted of 174 unmarried sexually active respondents who are presently engaging in sexual interactions and who completed both the BSRI and the HSIS. It was to this subsample that research questions relating to sexual satisfaction were addressed. Since virtually the only way a pregnancy can occur (barring the new reproductive technologies) is by coitus, only those subjects whose sexual activity included coitus were asked to complete the section relating to pregnancy prevention. Of the 174 subjects who answered questions relating to their sexual activity, 8 males and 30 females were either not presently coitally active or declined to answer the questions relating to

coital activity. Therefore, research questions relating to pregnancy prevention were based on 136 subjects. Table 1 illustrates the numbers and percentages of subjects in the original sample according to sex. Table 2 illustrates the numbers and percentages of subjects in the subsample according to sex.

Table 1

Sex of Original Sample.

Sex	Number	Percent
Male	114	38.8
Female	180	61.2
Note. $n = 294$ Table 2		
Sex of Subsamp	le.	
Sex	Number	Percent
Male	70	40.2
Female	104	59.8
-		

<u>Note</u>. n = 174

Table 3 presents the numbers and percentages of the subsample according to age. The age range of the subjects was 18-32; the mean, 20.60; the standard deviation, 1.83.

Table 3

<u>Aqe</u>.

Age	Number	Percent	
18	15	8.6	
19	32	18.4	
20	38	21.8	
21	53	30.5	
22	20	11.5	
23	6	3.4	
24	3	1.7	
25	4	2.3	
26	2	1.1	
32	1	.6	

<u>Note</u>. n=174

Analysis of the Data

The BRSI was used to determine subjects' sex role orientation (SRO). The mean for the "masculinity" scores

was 5.115; standard deviation, 0.643; the range, 3.150. For the "femininity" scores, the mean was 5.006; the standard deviation, 0.593; the range, 3.200. A t-test comparing the percentages of individuals who were sex-typed showed that males were significantly more sex-typed than females at the .01 level of confidence. Table 4 illustrates the subjects in the subsample classified according to SRO and sex.

Table 4

SRO by Sex.

	Masc	Fem	Andro	Undiff
Male	49 (70.0%)*	5 (7.1%)	12 (17.1%)	4 (5.7%)
Female	17 (16.3%)	50 (48.1%)*	27 (26.0%)	10 (9.6%)

<u>Note</u>. n = 174 *t = 2.98, p = .01. Percentages may not equal 100% due to rounding.

The summary of the t-test for Sexual Satisfaction (SS) by sex is presented in Table 5. The difference between the groups was not significant at the .05 level of confidence. Table 5

<u>SS by Sex</u>.

	Number	Mean	Std. Dev.	Range
Males	70	3.1685	.3843	1.7778
Female	104	3.1002	.3634	1.7778

<u>Note</u>. $n = 174 \pm (172) = 1.19$, p = .24, n.s.

The summary of the analysis of variance of SS by SRO is presented in Table 6. The differences among the groups were not significant at the .05 level at confidence. Table 6

SS by SRO.

	Number	Mean	Std. Dev	Range	
Masc	66	3.1585	.3481	1.5556	
Fem	55	3.0202	.3455	1.7778	
Andro	39	3.1915	.4363	1.7778	
Undiff	14	3.2268	.3323	1.0000	

<u>Note</u>. n = 174 F (3, 170) = 2.45, p = .07, n.s.

The summary of the analysis of variance of Pregnancy Prevention (PP) by sex (for coitally active subjects) is given in Table 7 and Table 8. The attitudes and behaviors of the female subjects were significantly more conducive to pregnancy prevention than were the males at the .001 level of confidence.

Table 7

Analysis of Variance of PP by Sex.

Number	Mean	Std. Dev	Std. Err
62	2.9651	.7007	.0890
74	3.4099	.6133	.0713
	62	62 2.9651	62 2.9651 .7007

Table 8

<u>Analysis of Variance of PP by Sex, Between and Within</u> <u>Groups</u>.

Source	Sum of Squares	Mean Squares	F* Ratio	F Prob.
Between Groups	6.6744	6.6744	15.5793	.0001
Within Groups	57.4078	.4284		
Total	64.0822			

<u>Note</u>. n = 136 * Df = 1, 134, p = .001

The summary of the Analysis of Variance for PP by SRO is presented in Table 9 and Table 10. The behaviors and attitudes of those classified as "feminine" was significantly more conducive to pregnancy prevention than those classified as "masculine" at the .05 level of confidence. No other groups were significantly different from each other.

Table 9

	Number	Mean	Std. Dev	Std. Err.
Masc	56	3.0149	.6863	.0917
Fem	39	3.3504	.6304	.1099
Andro	30	3.3556	.7424	.1355
Undiff	11	3.2727	.5929	.1788

Analysis of Variance of PP by SRO.

Table 10

<u>Analysis of Variance of PP by SRO, Between and Within</u> <u>Groups</u>.

Source	Sum of Squares	Mean Squares	F Ratio	F Prob.
Between Groups	3.5785	1.1928	2.6023	.05
Within Groups	60.5057	.4584		
Total	64.0841			

<u>Note</u>. n = 136 F (3, 132) = 2.60, P = .05

The Eta Square showed that on the dependent variable, PP, a greater percentage of the variance (10%) was related to sex than to SRO (6%). A more definitive interpretation of the results was precluded because sex and SRO were confounded.

Item 10 on the HSIS was an open ended question in which subjects were asked the main reason for their sexual interactions. These are presented in Table 11. The category with the highest number of responses, (76 or 43.7%) related to "love". A large number of subjects, (56 or 32.2%) declined to answer the question. Additional responses included "pleasure" (23), "closeness" (14), and "maintaining the relationship" (5). All not in the first two catagories were combined to form the "other" category.

Table 11

<u>Percentage</u> <u>Distribution</u> <u>on</u> <u>"Reasons</u> <u>for</u> <u>Interacting</u> <u>Sexually"</u>.

	Male	Female	Masc	Fem	Andro	Undiff
"Love" (76)	40.0	46.2	34.8	52.7	53.8	21.4
No answer (56)	34.3	30.8	33.3	25.5	35.9	42.8
"Other" (42)	35.7	23.0	31.8	21.8	10.3	35.8

N = 174 Note: Exact wording of Item 10 is presented in Appendix B.

Table 12 provides percentages of respondents in each category who did not always use a method of pregnancy prevention. Of the 136 coitally active respondents, 81 (or 60.3%) reported that they always used birth control to prevent an unintended pregnancy. Item 14 on the HSIS was an attempt to learn reasons why the remaining 55 did not. The majority of subjects, 64% (or 36) who did not take sufficient responsibility for their fertility declined to explain their nonuse of birth control. Of those who did explain their nonuse, the category with the highest number of responses (8) was "carried away." The category "other" included "carelessness" (6), "none available" (4), and "nonassertiveness" (1).

Table 12

Percentage Distribution on "Not Always Using Birth Control".

	Male	Female	Masc	Fem	Andro	Undiff
No answer (36)	69.7	57.1	73.1	50.0	61.5	66.7
"Carried away" (8)	15.2	14.3	15.8	16.7	23.1	0.0
"Other" (11)	15.2	28.6	11.1	33.3	15.4	33.3

N = 55 Note: Exact wording of Item 14 is presented in Appendix B. Totals may not equal 100% due to rounding.

Table 13 provides percentages for item 15 analogous to those in the previous table. In the section intended to study disease prevention, the subjects who were presently engaging in sexual interactions were asked if their sexual behavior included physical intimacy (Item 15). This was defined and explained in the HSIS as the "mixing of bodily fluids". Of the 174 subjects this question was addressed to, 119 (68.4%) answered "yes"; 30 (17.2%) "no"; and 25 (14.4%) declined to answer.

Table 13

	Male	Female	Masc	Fem	Andro	Undiff
Yes (119)	67.1	69.2	69.7	65.4		78.6
No (30)	20.0	15.4	16.7	16.4		7.1
No answer (25)	12.9	15.4	13.6	18.2		14.3

Percentage Distribution on "Presently Physically Intimate".

N = 174 Note: Exact wording of Item 15 is presented in Appendix B.

Table 14 provides percentages for item 16 according to sex and SRO. Of the 119 respondents who answered "yes" when asked if they were presently physically intimate (Table 13), 86 (72.2%) answered that either they or their partners had been physically intimate with at least one other person within the last 5 years (multiple partners); 33 answered "no." A t-test showed that those classified as androgynous were significantly more likely to have mutually exclusive sexual interactions than those classified as masculine at the .05 level of confidence.

Table 14

Percentage Distribution on "Multiple Partners".

	Male	Female	Masc	Fem	Andro	Undiff
(86) (33)	73.5 26.5				57.7 42.3	

N = 119 Note: Exact wording of Item 16 is presented in Appendix B.

The respondents who engaged in sexual interactions were asked if their interactions were heterosexual, homosexual or some combination (Item 21). Table 15 provides percentages for item 16 analogous to those in the previous tables.

Table 15

Percentage Distribution on "Type of Sexual Interactions".

	Male	Female	Masc	Fem	Andro	Undiff
Ex hetero (150)	87.1	85.6	84.8	90.9	79.5	92.9
Pri hetero (1)	1.4	0.0	1.5	0.0	0.0	0.0
Ex homo (2)	0.0	1.9	0.0	0.0	2.6	7.1
No answer (21)	11.4	12.5	13.6	9.0	17.9	0.0

N = 174 Note: Exact wording of Item 21 is presented in the Appendix B. Percentages may not equal 100 due to rounding.

Table 16 provides percentages of the respondents in each category for Items 22, 23 and 24. All subjects (the original sample of 294) were asked if they would prefer mutually exclusive caring relations (Item 22), if it was important for them to some day marry (Item 23), and if it was important for them to some day have children (Item 24). The number of subjects who did not answer these questions were 35, 29, and 31, respectively. The alternatives on the 4-point Likert scale were reduced from 4 to 2 for ease in reporting.

Table 16.

<u>Percentage of Subjects in Each Category Who Preferred an</u> <u>Exclusive Relationship and Felt That Marriage and Children</u> <u>Were Important</u>.

	Male	Female	Masc	Fem	Andro	Undiff
Exclusive (259)	87.4	94.2	89.9	95.3	92.2	84.8
Marriage (265)	86.8	94.4	88.2	94.2	92.6	90.6
Children (263)	89.5	89.2	84.8	90.7	94.4	90.3

N for each group is in parentheses. Note: Exact wording of the questions is presented in Appendix B.

CHAPTER V

SUMMARY, FINDINGS, DISCUSSION, IMPLICATIONS, CONCLUSION, AND RECOMMENDATIONS

Summary of the Study

The purpose of this study was to examine the relationships of sex and sex role orientation to healthful sexual interactions. The original sample consisted of 114 male and 180 female undergraduate students at a large midwestern land grant university. The subsample, unmarried students who completed the section on sexual interactions, consisted of 70 males and 104 females.

Two instruments were used for the collection of data: the Bem Sex Role Inventory (BSRI) and the Healthful Sexual Interactions Survey (HSIS). The BSRI consists of sixty personality characteristics, forty used in determining subjects' sex role orientation and an additional twenty used as filler items. The HSIS was developed by the present investigator based on a review of the literature, personal interviews, group interactions and two preliminary studies. These instruments were administered to each subject and were completed during class time in the first week of the 1987 fall semester.

Findings

The following research questions were addressed and significance determined at the .05 level of confidence.

 Are androgynous individuals more likely to perceive their sexual interactions to be more satisfying than "masculine" individuals? The ANOVA did not show a significant difference.

2. Are androgynous individuals more likely to perceive their sexual interactions to be more satisfying than "feminine" individuals? The ANOVA did not show a significant difference.

3. Are androgynous individuals more likely to perceive their sexual interactions to be more satisfying than "undifferentiated" individuals? The ANOVA did not show a significant difference.

4. Is perceived sexual satisfaction more strongly related to sex role orientation than sex? This was not tested due to the insignificant relationships associated with sexual satisfaction.

5. Are androgynous individuals more likely to have attitudes and behaviors more conducive to pregnancy prevention than "masculine" individuals? The ANOVA did not show a significant difference. 6. Are androgynous individuals more likely to have attitudes and behaviors more conducive to pregnancy prevention than "feminine" individuals? The ANOVA did not show a significant difference.

7. Are androgynous individuals more likely to have attitudes and behaviors more conducive to pregnancy prevention than "undifferentiated" individuals? The ANOVA did not show a significant difference.

8. Are attitudes and behaviors conducive to pregnancy prevention more strongly related to sex role orientation than sex? The Eta Square analysis showed a greater percentage of the variance (10%) related to sex than to sex role orientation (6%).

In addition to the findings related to the research questions, it was found that females reported attitudes and behaviors significantly more conducive to pregnancy prevention than males (p = .001). Those subjects classified as feminine reported attitudes and behaviors significantly more conducive to pregnancy prevention then those classified as masculine (p = .05). Males were significantly more likely to be sex-typed than females (p = .01). Those subjects classified as androgynous were sigificantly more likely to confine their sexual interactions to mutually exclusive sexual relationships than those classified as masculine (p = .05).

Discussion

There were no significant differences in perceived sexual satisfaction between the sexes or among the sex role groups. However, there was a trend in the expected direction. Those classified as androgynous and undifferentiated, the less sex-typed groups, perceived their sexual interactions to be more satisfying then those who were sex-typed. The group with the lowest scores were those classified as feminine. This trend does suggest that sex role socialization, especially "femininity" may interfere with an individual's ability to interact sexually in a way that is perceived as satisfying.

The significant difference on attitudes and behaviors conducive to pregnancy prevention between the sexes is in agreement with virtually all published research in recent years. Since, biologically speaking, pregnancy is the result of combined fertility, it seems reasonable to assume that this perceived near-exclusive female responsibility for pregnancy prevention is socially constructed. It is interesting to note that those classified as androgynous scored highest on the PP scale followed closely by those classified as feminine. The group classified as masculine had the lowest scores. However, because of the relatively small androgynous group, the only significant difference was between the feminine and masculine groups. These results suggest that perhaps those characteristics associated with "femininity" possessed by subjects classified as both androgynous and feminine, but relatively lacking in subjects classified as undifferentiated and masculine, may promote responsibility for one's own fertility. However, the present study showed that a larger percentage of the variance relating to fertility control was attributed to sex rather than SRO. It is important to note, however, that a definitive interpretation of these results was not possible due to the confounding of sex of subject and subject's sex role orientation.

Only a small percentage of the variance (16%) associated with fertility control was accounted for in this study. Since sexual interactions do not occur in isolation, it seems reasonable to assume that the power imbalance prevalent in male-female relationships in our society would account for a greater percentage of the variance. Indeed, Jorgensen, King and Torrey (1980) found that the less interpersonal power and influence a teenage female has in a heterosexual relationship, the greater the pregnancy risk

she faces as a function of both increased frequency of coitus and decreased utilization of contraception.

In response to the question asking subjects to give the main reason for their sexual interactions, the largest percentage of subjects (43%) gave the most socially acceptable answer, "for love". This is not in agreement with published research. In addition, a high percentage of subjects (32%) declined to answer the question. Perhaps the lack of privacy while taking the survey precluded an honest response to this question.

It is interesting to note that of the 174 subjects who were asked if their sexual interactions included "physical intimacy" only 119 answered "yes". Since a larger number of subjects (136) answered "yes" when asked if their interactions included coitus, there is uncertainty as to whether the subjects were honest in their reply or if they misunderstood the question. The former may be due to the lack of privacy referred to earlier. The latter may possibly be due to the explanation given for the term "physical intimacy" which was "the mixing of bodily fluids". There is a strong association of this term with a description of risk factors for AIDS. This may have been a way for those subjects who answered either "no" (30) or simply did not answer the question (25) to deny that their

behavior may place them at risk for this disease. An alternate explanation might be that the coitally active subjects who answered "no" to the mixing of bodily fluids were both truthful and correct. By the proper use of condoms, bodily fluids do not "mix" during coitus.

Because of incomplete and, at times, conflicting information about transmission of the virus associated with AIDS, it is difficult to assess the degree of risk for this disease. However, there is a consensus that those who engage in intimate sexual interactions with multiple partners are at greater risk for AIDS and, of course, other sexually transmitted diseases than those who are in a closed relationship (e.g. a relationship where neither the subject nor his or her partner has any physically intimate sexual contact with any other person). In this study, those classified as androgynous were most likely to be in a closed relationship; those classified as masculine, least likely. By using the criterion of a closed relationship only, this study suggests that "androgynous" individuals were at least risk for disease transmission while "masculine" individuals were at greatest risk.

When those subjects who were sexually active were asked if their sexual interactions were exclusively

heterosexual, exclusively homosexual or a combination, only two subjects stated their interactions were exclusively homosexual while only one subject's sexual interactions included both same sex and cross sex partners. This is not in agreement with earlier studies which showed that by age 20, 37% of males and 9% of females have had sexual experiences with members of the same sex (Kinsey, Pomeroy, and Martin, 1948; Kinsey, Pomeroy, Martin and Gebhard, 1953). Of the 174 subjects to whom this question was addressed, 21 declined to answer. Again, the lack of privacy in taking this survey may have precluded an honest response.

Conclusions

The study did not show a significant difference between the sexes or among the sex role groups on sexual satisfaction. Females reported attitudes and behaviors more conducive to pregnancy prevention than males. Those classified as feminine reported attitudes and behaviors more conducive to pregnancy prevention than those classified as masculine. A larger percentage of the variance on the PP scale was related to sex rather than sex role orientation.

Implications

Although the enormity of the sexually related social

problems covered in this paper is universally acknowledged, there is no consensus on how these problems can be reduced. Frequently, they are studied separately and the relationship between them and the way our society is structured are not addressed. Perhaps an effective strategy for primary prevention of these concerns is to recognize the need to change the way that women and men are socialized and to rectify the power imbalance that exists between the sexes in our society today.

Recommendations

The following recommendations are offered for further research studies:

 Interviews, rather than surveys, should be used to allow more flexibility for the researcher and a more accurate assessment of the position of the interviewee.

 Privacy must be assured when the information is of a personal nature.

3. The relationship between perceived power differential and healthful sexual interactions should be explored.

4. The effects of sex role orientation on same-sex versus cross-sex couples should be explored.

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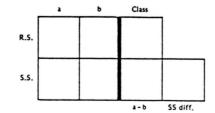
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APPENDICES

APPENDIX A

BEM SEX ROLE INVENTORY

	1	2		3	4	5	6	7
	Never or almost ever true	Usually not true	infree	imes but quently rue	Occasionally true	Often true	Usually true	Always or almost always true
De	fend my ow	n beliefs		Adaptat	ole		Flatterable	
Af	fectionate			Domina	nt		Theatrical	
Co	nscientious			Tender			Self-sufficient	
Inc	dependent			Conceit	ed		Loyal	
Sy	mpathetic			Willing	to take a stand		Нарру	
Mo	oody			Love ch	ildren		Individualistic	
As	sertive			Tactful			Soft-spoken	
Se	nsitive to nee	eds of others		Aggressi	ve		Unpredictable	
Re	liable			Gentle			Masculine	
Sti	ong persona	lity		Convent	tional		Gullible	
Un	derstanding			Self-relia	ant		Solemn	
Jea	alous			Yielding			Competitive	
Fo	rceful			Helpful			Childlike	
Co	mpassionate			Athletic			Likable	
Tr	uthful			Cheerfu	l		Ambitious	
Ha	ve leadership	abilities		Unsyste	matic		Do not use harsh la	anguage
Ea	ger to soothe	e hurt feelings		Analytic	al		Sincere	
Sec	cretive			Shy			Act as a leader	
Wi	lling to take	risks		Inefficie	nt		Feminine	
Wa	rm			Make de	cisions easily		Friendly	



*

APPENDIX B

HEALTHFUL SEXUAL INTERACTIONS SURVEY

Age ____ Sex ____ Marital Status ____ If married, # of years _

Please do not put your name of this survey. Your answers will remain completely anonymous. Therefore, if you choose to participate, please answer as truthfully as possible.

This is a survey about sexual interactions. Since people express their sexuality in a wide variety of ways, the term "sexual interaction" is used here to refer to any type of interaction that <u>you</u> perceive as sexual in nature. This may include kissing and hugging, fondling, intimate conversation and/or genital stimulation. It may or may not include coitus (penile-vaginal intercourse) and/or orgasms.

Most people find that some aspects of their sexual interactions add to their overall sexual satisfaction and other aspects detract from it. Sexual satisfaction refers to your <u>perceived</u> overall feeling of satisfaction from <u>any</u> type of sexual interacton. Please keep in mind, every time you read the phrase 'sexual interaction", it is used <u>very</u> <u>broadly</u> as indicated above. The word "partner" refers to your usual or most recent partner.

Are you presently interacting with someone sexually? Yes No

If you answered "no" to the above, you may continue reading if you like but there is no need to answer again until # 22.

The letters below form a scale between two extremes. Please circle the letter which best describes where you fall on each scale. If you need to clarify an answer, feel free to make additional comments anywhere on this paper. Remember, this survey is about your own perceptions and experience, not how you think things should be. Therefore, there are no correct responses.

1. The pleasure I receive during sexual interactions

Adds greatly to my overall sexual satisfaction.	AD	Is not relevant or adds nothing to my overall sexual satisfaction.
		sacistaction.

2. Concerns about whether or not my partner will like my body

Detracts greatly from my overall sexual satisfaction.	AD	Is not relevant or does not detract at all from my overall
		sexual satisfaction.

3. Concern about the ability of my body to function well sexually

Detracts greatly from my overall sexual satisfaction.	ABCD	Is not relevant or does not detract at all from my overall sexual satisfaction.
		Sexual Salislaction.

4. A feeling that there is equal power in our sexual interactions

Adds greatly to my overall sexual satisfaction.	AD	Is not relevant or adds nothing to my overall sexual
5. The pleasure I give	e my partner during sexual	interactions
Adds greatly to my overall sexual satisfaction.	AD	Is not relevant or adds nothing to my overall sexual
6. Feeling pressure fr	rom my partner to do things	I'd rather not do
Detracts greatly from my overall sexual satisfaction.	AD	Is not relevant or does not detract at all from my overall sexual satisfaction.
7. A feeling that the	way I'm interacting sexual	ly is "right" for <u>me</u>
Adds greatly to my overall sexual satisfaction.	AD	Is not relevant or adds nothing to my overall sexual
8. Feeling uncomfortab	ole asking my partner to do	things that please me
Detracts greatly from my overall sexual satisfaction.	ABCD	Is not relevant or does not detract at all from my overall sexual satisfaction.
9. The positive feelin sexually	gs I have for my partner a	fter we interact
Adds greatly to	AD	Is not relevant or

my overall sexual satisfaction. 10. My main reason for interacting sexually with my partner is

adds nothing to my overall sexual

SECTION 2

If you are <u>not presently</u> coitally active (engaging in penile-vaginal intercourse), please skip to SECTION 3.

11. How likely are you to discuss with your partner effective methods of pregnancy prevention?

A.....B.....C.....D Not at all likely Very likely

12. If there were no means available to prevent the possibility of an unintended pregnancy, would you <u>refuse</u> to engage in coitus?

Yes No Not sure

13. When you engage in coitus, how frequently do either you or your partner use birth control?

Always Much of the time Infrequently Never Not sure

If your answer to the previous question was "always", skip to SECTION 3

14. Please explain what would your <u>main</u> reason be for engaging in coitus without using a method to prevent pregnancy.

SECTION 3

The phrase "physically intimate" is used in this section to refer to sexual interactions that include the mixing of bodily fluids. Since semen and vaginal secretions are "mixed" during coitus, anyone who is coitally active is, of course, physically intimate. However, oralgenital and anal-genital interactions are also included in this category.

15. Are you presently engaging in physically intimate sexual interactions as defined above?

Yes No

If you answered "no", please skip to SECTION 4

16. Have you <u>or</u> your partner had <u>any</u> physically intimate sexual interactions with <u>any other person(s)</u> in the last 5 years?

Yes No

It has been suggested that only those who have been in a mutually exclusive physically intimate sexual relationship for at least 5 years and have not had any contact with contaminated blood can be <u>sure</u> that their intimate sexual contacts do not put them at risk for contracting AIDS. For other sexually transmitted disease, a period considerably shorter than five years is suggested. Therefore, if you answered "yes" to the above question, you may also skip to SECTION 4.

17. How likely are you to discuss with your partner effective methods of preventing a sexually transmitted disease?

Very likely

A....B....C....D

Not at all likely

18. If there were no means available to prevent the possible transmission of a sexually transmitted disease, would you <u>refuse</u> to engage in sexual behavior that may place you or your partner at risk?

Yes No Not sure

19. How often do you use protection (e.g. condoms) when engaging in physically intimate contact that may place you or your partner at risk of contracting a sexually transmitted disease?

Always Most of the time Infrequently Never

If you answered "always" to the above question, please skip to SECTION 4

20. Please explain your <u>main</u> reason for engaging in intimate sexual interactions without using a method for disease prevention.

SECTION 4

21. Have your sexual interactions been:

	usively rosexual	Primarily heterosexual	A mixtur of both	re Primarily homosexual	Exclusively homosexual
22.	If given	the opportunity.	to what	extent would you	prefer to limit

22. If given the opportunity, to what extent would you prefer to limit your sexual interactions to a mutually exclusive caring relationship.

Strongly preferred A.....B.....C.....D Not at all preferred

23. How important is it for you to some day marry?

Very important A..... B..... C..... D Not at all important

24. How important is it for you to some day have children?

Very important A.....B.....C.....D Not at all important

I appreciate the time you took in answering these questions. All those completing this survey will be given the preliminary results of my findings before the end of the semester.

Additional comments:

APPENDIX C RAW DATA

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I.D. Age Sea Markhal Statua Yeara Married	4 4			. 2 3 2 2 2	333399991282
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024 21 1 1 00	4.80 4.70	4432	44342	220000	02000001322
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056	19	2	1	00	3.60	5.10	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	2	
057	22	2	1	00	4.90	4.80) 4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	1	1	
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136 20 2 1 00	3.70 5.4	244	44	424	24	422	271	110	0001111
137 19 2 1 00	5.30 6.2	242	234	414	34	000	00:	200	0001111
138 19 2 1 00	5.90 5.6	5341	14	444	44	144	401	120	0001411
139 22 1 1 00	4.95 4.2	5100	00	000	000	000	000	000	0000233
140 21 1 1 00	6.70 5.04	100	00	000	00	000	000	000	0000232
141 18 1 2 00	5.57 3.8	100	00	000	00	000	000	000	0000133
142 19 2 1 00	5.20 5.0	5300	00	000	00	000	000	000	0000122
143 19 2 1 00	5.63 4.8	0100	000	000	00	000	000	000	0001111
144 20 2 1 00	4.90 5.6	200	000	000	00	000	000	000	0000211
145 20 2 1 00	4.15 5.4	5233	321	413	44	444	40	120	
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150 22 1 1 00	4 60 4 8	5400		000	0.0		000	0 0 0	0 0 0 1 1 1 1
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153 21 2 1 00	1 95 1.7	400		000	00	000	000	000	0000211
154 21 2 1 00	3.50 4.4	200	000	000	00	000	000	000	0000000
155 19 1 1 00	6.30 5.7	5100	00	000	00	000	000	000	0000111
156 19 1 1 00	4.53 5.4	5200	000	000	00	000	000	000	0 0 0 0 1 1 1
157 21 2 1 00	5.90 4.8	5142	234	424	24	044	30	110	0 0 0 0 0 0 0 0
158 18 1 1 00	4.00 3.9	5400	00	000	00	000	00:	200	0002242
159 19 2 1 00	5.00 5.7	300	00	000	00	000	000	000	0001111
160 19 2 1 00	5.60 5.0	5100	0 0 0	000	00	000	000	000	0 0 0 0 0 0 0
161 20 1 1 00	5.30 5.2	0300	000	000	00	000	00:	200	000011.1
162 20 2 1 00	5.45 5.6	300	00	000	00	000	000	000	0001011
163 19 2 1 00	5.20 5.5	5343	333	414	24	000	00:	200	0000000
164 19 2 1 00	5.20 5.1	5300		000	00		000		
165 19 2 1 00	4.20 5.0			000	00		000		0000122
165 20 1 1 00 167 19 2 1 00	4.05 4.8			400	1 4		400		0000112
167 19 2 1 00	1.19 3.3	0 4 4 4		000	0.0		0.00	100	0 0 0 0 0 0 0 0
169 20 1 1 00	4.40 0.0			000	0.0	0 0 0	000	100	0 0 0 0 2 3 2
170 18 1 1 00	5 70 5 4	5333	4 3	424	14	020	000	0 0 0	0 0 0 0 0 0 0 0
171 22 1 1 00	4 63 5 4	5 2 0 0		000	00	000	000	000	0000122
172 19 2 1 00	4.65 4.7	5400	000	000	00	000	000	000	0000212
173 20 2 1 00	4.75 4.7	0400	000	000	00	000	000	000	0001111
174 23 1 1 00	5.60 5.0	5100	00	000	00	000	000	000	0000222
175 18 1 1 00	4.45 4.5	0400	00	000	00	000	000	000	0000211
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180 19 2 1 00					0001111
181 19 2 1 00					0001112
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187 21 2 1 00	5.30 5.30	3332	34142	404430100	0001112
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190 19 2 1 00					00001111
191 22 2 1 00 192 21 2 1 00				000000000 04240110	
192 21 2 1 00					0001111
194 23 2 1 00					
195 22 1 1 00					0001111
196 19 2 1 00	5.20 5.40	3333	34444	44235114	
197 18 2 1 00	5.05 4.85	3422	23232	40000200	0001111
				313236120	
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200 20 1 1 00				444135114 000000000	
201 19 2 1 00					0001111
203 22 1 2 02					0001111
204 32 2 1 00					0001131
205 20 2 1 00					2401312
206 19 1 1 00					1101122
207 20 1 1 00					
208 19 1 1 00 209 24 2 1 00					
210 19 2 1 00					
211 21 2 1 00					0001111
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213 22 1 1 00	6.00 4.50	1433	24432	334440110	0001311
214 21 2 1 00	5.90 5.55	3323	34342	44440114	4401111
215 20 1 1 00	5.30 4.70	1233	22232	343410120	
215 22 2 2 01	4.00 5.20	2333	14942	4 4 4 2 4 0 1 1 0 4 5 4 1 4 0 1 1 4	2261111
				103230114	
219 19 2 1 00	4.15 5.10	2433	13144	74440111	1241111
220 21 2 1 00	5.00 4.45	1433	33234	44240110	0001214
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267	22	11	00	5.30	4.85	1	-		2										-	0	1	1	4	4	-	0	•	2	4	4
268	21	21		4.63		_			4			-									1	2	0	0	-	-	1	1	-	1
269	22	21	00	5.05	5.70														3	-	1	1	-		-		1	1	1	1
270	21	21	00	4.45	5.45				4										4	-	1	-	_	4		0	1	1	2	2
271	21	21	00	4.20	5.25	2	3	2	3	4	3	2	4	2	4						-	-		0	-	0	1	1	1	2
272	20			4.95		-	-	-	3	-	-	_	_	_	-	-	0		-	-	2	0	0	0		0	1	1	1	1
273	20	21		4.00	-				3								-	-	0	0	1	2	0	0	-	0	1	1	1	2
274	19			3.90			-	-	3	_							-	1	-		1	1	0	0	•	•	•	-	-	1
275	27	_	-	4.90														-	-	0	1	1	0	0	-	0	1	_		0
276	21			4.50					2	-	-	_	-	_	_	-	_				1	1	0	0		0	1	1	-	1
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278	21	21		4.30																	1	1	0	0		-	•	-	-	1
279				6.15																	1	-		0	-				1	-
280	20			5.90															4		1	1		0		•	1			1
281	20	11		5.85															3		1	1	1	4	-	0	1	1	-	1
282	20	21		5.75														0	0	0	1	2	0	0			1	I		2
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293	20		-	6.15		-	4	-	3	-	-	-	_			1		2	3	0	1	1	1	1		0	-		1	-
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