



# Ethnic and Gender Differences in Beliefs About Sex Partner Questioning to Reduce HIV Risk

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*With the increasing risk of Human Immunodeficiency Virus (HIV) transmission among sexually active adolescents and young adults, individuals are sometimes advised to select sexual partners from lower HIV-risk populations. One method for doing so is directly asking questions about sexual risk histories. The current study examines, in a sample of 394 sexually active, heterosexual, unmarried young Asian-American, African-American, Hispanic, and White adults, their perceptions of the effectiveness of partner questioning in reducing HIV risk and the extent to which they employ the technique. Results indicate that young adults, both male and female, expect others, particularly men, to minimize HIV risk histories. Ethnic differences were also found, with African-American and Hispanic young adults anticipating more frequent risk minimization. Despite this knowledge, a substantial proportion of young adults use partner questioning to reduce their HIV risk. Women who did so reported less frequent condom use when compared to other women.*

Emergence of the acquired immunodeficiency syndrome (AIDS) as a significant health threat has led to increased public health efforts to reduce the risk of human immunodeficiency virus (HIV) transmission (Centers for Disease Control, 1987). One population of specific concern is unmarried, sexually active adolescents and young adults (DiClemente, 1990), particularly Blacks and Hispanics. Among young Black Americans, in particular,

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sexual activity occurs at a younger age than among Whites with concomitant increase in rates of sexually transmitted diseases (STDs) and unplanned pregnancies (Bell & Hein, 1984; Bell-Scott & Taylor, 1989; Holmbeck, Waters, & Brookman, 1990; Zelnick & Kantner, 1980). AIDS has already disproportionately affected Black and Hispanic communities (Cochran & Mays, 1988; Mays & Cochran, 1988).

Recent surveys (Baldwin & Baldwin, 1988; Carroll, 1988; Cochran, Keidan & Kalechstein, 1990; Cochran & Peplau, 1991; DiClemente, Boyer, & Morales, 1988; DiClemente, Zorn, & Temoshok, 1986; Landefeld, Chren, Shega, Speroff, & McGuire, 1988; Price, Desmond, & Kukulka, 1985) have indicated that sexually active heterosexual adolescents and young adults today are increasingly knowledgeable about AIDS and HIV transmission, especially within the college student population. In addition, this population is also growing more concerned about their personal risk for acquiring an HIV infection (Baldwin & Baldwin, 1988; Carroll, 1988).

Behavior change, however, is a complicated process. For example, in some public health interventions, men and women are encouraged to avoid taking unnecessary risks by evaluating their own and their partner's HIV risk history (Koop, 1986). One way of doing this is to question potential sexual partners about risk factors in their sexual and drug histories (Fox, 1988). Presumably, the information will be used in making decisions regarding what behaviors to practice during sexual relations. Adolescents and young adults are not impervious to this advice. Recent research (Carroll, 1988; Bowen & Michal-Johnson, 1989) has documented a significant increase over time by young sexually active adolescents and adults in the questioning of potential sexual partners about risk factors.

However, for this strategy to be effective, it has to be assumed either that people do not lie about their risk histories or that one will know when one is being deceived. Evidence that dishonesty complicates estimating the occurrence of HIV risk behaviors already exists (Cochran & Mays, 1990; Potterat, Phillips, & Muth, 1987). However, the extent to which individuals are aware of the difficulties with partner dishonesty in HIV risk assessment is unknown.

Although a common enough human behavior, dishonesty has not received much scientific attention (Ford, King, & Hollender, 1988). Deception can take many forms from simply withholding disclosure of information to active prevarication (Miller, Mongeau, & Sleight, 1986). In the development of close, intimate relationships there are pressures that may act to encourage or to inhibit honest disclosure between potential partners (Lawson, 1988; Miller et al., 1986). On the one hand, disclosure is often viewed as a means of achieving intimacy between relationship partners. On the other, the choice

to reveal or to withhold socially undesirable information may intertwine with needs for emotional control, power, avoidance of embarrassment or rejection, and positive self-presentation. Disclosing past drug use, homosexual sexual encounters, or number of past sexual partners, particularly within the context of a new relationship, could be viewed as high risk for embarrassment or loss of that relationship (Derelega & Chaikin, 1975). For young adults with little experience in negotiating intimate relationships, but much pressure to be successful in dating, dishonest disclosures may seem more acceptable than rejection.

This issue is further complicated by known gender differences in patterns of intimate disclosure (Cozby, 1973; Grigsby & Weatherly, 1983; Rosenfeld, 1979; Stokes, Fuehrer, & Childs, 1980). During the initial phase of a relationship women are more likely than men to disclose intimate details. This gender difference in willingness to disclose is important to the effectiveness of "safer sex" strategies of seeking intimate disclosures of HIV risk history. Indeed, previously reported findings (Cochran & Mays, 1990) have indicated that men are significantly more likely than women to report having been dishonest with dating partners in order to have sexual relations.

The present study explored possible gender and ethnic differences in perceptions of partner questioning as an effective HIV-risk-reducing strategy. Consistent with previous research findings on both gender differences in disclosure (Grigsby & Weatherly, 1983) and dating dishonesty (Cochran & Mays, 1990), it was anticipated that men would be perceived as significantly more dishonest in dating situations than women. No specific predictions related to ethnic differences were made.

## METHODS

### Subjects

Questionnaires were completed by 394 unmarried young adults who were attending Southern California universities. All had engaged in heterosexual coitus at least once in their lives. Participants ranged in age from 18 to 25 years (median = 19.0 years). All were self-identified as heterosexual. Fifty-four percent were women and 46% were men. This was also an ethnically diverse sample: 40% were White, 20% African-American, 18% Hispanic, and 17% Asian.

On average, participants reported a lifetime median of 3 different sexual partners (range = 1 to 35) and had been sexually active for approximately 3.7

years ( $SD = 2.2$ ). Two thirds reported that they were currently in a romantic heterosexual relationship, although only 14% of those lived with their partner.

## Questionnaire

An 18-page questionnaire was adapted from previous studies of young-adult sexual behavior (Cochran et al., 1990; Cochran & Peplau, 1991). Different versions were used for men and women in which the gender specified in the question was appropriate to the gender of the participant. Questions included an assessment of participants' sexual behavior history and items were included on the topic of partner questioning as an HIV-risk-reducing strategy. Participants were asked questions to determine their perceptions of how effective asking questions about a partner's sexual history would be in protecting them from HIV infection. These included (for clarity, only the version given to men is shown)

- a. One way to prevent getting a sexually transmitted disease such as AIDS is to be very careful about who you have sex with by questioning women you meet about their past sexual experiences. In your opinion would you be able to tell by asking real detailed questions if a woman was dangerous to have sex with because of an AIDS infection?
- b. To what extent would you know if you were being lied to?
- c. How often do you think men tell women lies in order to have sexual intercourse with them?
- d. How often do you think women tell men lies in order to have sexual intercourse with them?
- e. Currently men are being advised to ask women about their past sexual behavior in order to know whether the woman is at high risk of carrying the AIDS virus. How often do you think women *will lie to men* about their sexual pasts if men were to ask them?
- f. How often do you think other men *would lie to women* about their sexual pasts if women were to ask them?

All questions were answered on a 7-point scale ranging from *never* to *all of the time*. Participants were also asked whether they used partner questioning as an HIV-risk-reducing strategy. Specifically, they were asked if they questioned sex partners about their previous sexual history and, in a separate question, if they talked about AIDS with their sex partners and asked about the other person's HIV risk behaviors.

## Procedures

The questionnaire was completed individually and anonymously by 665 participants either in partial fulfillment of course requirements or in response to flyers posted on campuses for participation in a study of college student dating relationships. Consistent with human subjects protection protocol, participants were informed that they could refuse to answer any or all questions without penalty. Questionnaires completed by sexually inexperienced individuals ( $n = 243$ ) were not used in the present analyses because they did not answer the partner-questioning segment of the questionnaire. An additional 28 questionnaires were also deleted because they had been completed by individuals who reported diverse ethnic backgrounds other than White, African-American, Hispanic, or Asian.

## RESULTS

### Do Young Adults Believe That Others Lie To Have Sex?

The young men and women in the study reported that dishonesty is a common component of dating encounters and that it is more likely to be practiced by men than women. As shown in Table 1, both men and women, irrespective of their ethnic status, believed that men tell lies more frequently than women in order to have sex, multivariate analysis of variance (MANOVA)  $F(1, 383) = 81.72, p < .001$ . However, there was also a significant main effect of ethnic group with African-Americans ( $\bar{X} = 4.2$ ) and Hispanics ( $\bar{X} = 4.2$ ) expecting more dishonesty to occur, whether by males or females, when their responses are compared to Whites ( $\bar{X} = 3.6$ ) and Asians ( $\bar{X} = 3.8$ ), MANOVA  $F(3, 383) = 7.55, p < .001$ .

### Beliefs About Effectiveness of Questioning Partners

Most participants reported that asking frank questions of potential sexual partners would afford only minimal protection from HIV infection. On average, participants reported that asking questions would be effective only "some of the time" (overall  $\bar{X} = 3.8$ ). Nevertheless, there was a significant interaction between gender and ethnicity,  $F(3, 382) = 4.48, p < .01$ , as shown in Table 1. Among men, African-Americans felt the most confident that asking questions of a partner would effectively reduce their HIV risk. On the other hand, among women, African-Americans felt the least confident. When

TABLE 1: Ethnic and Gender Differences in Beliefs About Effectiveness of Partner Questioning

	Men				Women			
	African-American	Hispanic	White	Asian-American	African-American	Hispanic	White	Asian-American
	(n = 31)	(n = 41)	(n = 84)	(n = 28)	(n = 53)	(n = 35)	(n = 78)	(n = 44)
$\bar{X}$ (SD)	$\bar{X}$ (SD)	$\bar{X}$ (SD)	$\bar{X}$ (SD)	$\bar{X}$ (SD)	$\bar{X}$ (SD)	$\bar{X}$ (SD)	$\bar{X}$ (SD)	$\bar{X}$ (SD)
Estimated frequency genders lie to have sex <sup>a</sup>								
Women tell lies	4.0 (1.3)	4.0 (1.4)	3.3 (1.2)	3.5 (1.0)	3.9 (1.1)	3.7 (1.1)	3.5 (1.1)	3.7 (1.2)
Men tell lies	4.9 (0.9)	4.6 (1.4)	4.0 (1.2)	3.8 (1.2)	4.3 (1.2)	4.3 (1.4)	3.8 (1.2)	3.9 (1.2)
Questioning as a risk-reducing strategy								
Asking effective in reducing risk <sup>b</sup>	4.3 (1.8)	3.5 (1.6)	3.9 (1.4)	3.6 (1.3)	3.3 (1.3)	4.2 (1.2)	3.7 (1.6)	3.7 (1.3)
Would know if other person is lying	3.4 (1.5)	3.4 (1.4)	3.3 (1.3)	3.7 (1.5)	3.0 (1.4)	3.6 (1.4)	3.4 (1.4)	3.4 (1.1)
If asked about sexual pasts <sup>a,c</sup>								
Women will lie	3.8 (1.5)	3.3 (1.1)	3.2 (1.2)	3.6 (1.1)	3.5 (0.9)	3.5 (1.0)	3.4 (0.9)	3.4 (1.0)
Men will lie	5.0 (1.3)	4.5 (1.1)	4.2 (1.0)	4.2 (1.2)	5.3 (1.0)	5.0 (1.1)	4.9 (1.0)	5.0 (1.0)

NOTE: All variables measured on 7-point Likert-type scales where 1 = never and 7 = all of the time.

a. MANOVA indicates significant main effects of target being rated (women vs. men) and ethnicity.

b. ANOVA indicates significant interaction of subject gender and ethnicity.

c. MANOVA indicates significant interaction of subject gender and target being rated (women vs. men).

compared to other women, Hispanics felt the most confidence in the use of this strategy.

A second question asked participants if they would know when someone was deceiving them. Most felt that they would not more than "some of the time" (see Table 1). No significant differences were found either by gender or ethnic groups in expectations about whether or not one would know if their partner was lying.

Men and women agreed that men would be more likely to lie about their sexual pasts to women than vice versa, MANOVA  $F(1, 384) = 416.08, p < .001$ . In addition, a significant interaction effect of participant's gender and target being rated (males, females) indicated that women were particularly distrustful of men, MANOVA  $F(1, 384) = 20.43, p < .001$ . Specifically, women expected men to lie ( $\bar{X} = 5.0$ ) more so than men expected men to lie about sexual pasts ( $\bar{X} = 4.4$ ). In contrast, men expected women to lie ( $\bar{X} = 3.4$ ) as frequently as women expected women to lie ( $\bar{X} = 3.5$ ). Ethnic differences were also observed, MANOVA  $F(3, 384) = 4.56, p < .01$ . African-Americans appeared to expect more dishonesty to occur whether from females or males ( $\bar{X} = 4.4$ ) than did Asian-Americans ( $\bar{X} = 4.1$ ), Hispanics ( $\bar{X} = 4.0$ ), or Whites ( $\bar{X} = 3.9$ ).

### Do Young Adults Use Partner Questioning?

Despite the overall belief in the prevalence of dishonesty, many reported using partner questioning to reduce their risk for HIV infection. Approximately 44% of the sample reported that they asked potential sexual partners about previous sexual histories and 38% reported that they talked about AIDS with new partners, questioning them about their own possible HIV exposure. There were no statistical differences in the use of this technique between men and women or among the different ethnic groups (all  $ps > .05$ ).

Those who used partner questioning were no less likely to believe that dishonesty is a frequent phenomenon whether committed by men or women. However, even after controlling for the possible influence of gender and ethnicity, those who reported asking new sexual partners about sexual histories were significantly more likely than those who did not to believe that they would be able to use partner questioning effectively to reduce their HIV risk,  $F(1, 354) = 10.18, p < .05$ . Also they were significantly more likely to believe that they would know when someone was lying to them,  $F(1, 357) = 7.66, p < .05$ . Similarly, those who reported that they talked about AIDS to new partners and asked whether or not the other individual had been exposed were significantly more likely than those who did not use this method to

believe that they would know when the other person was lying,  $F(1, 357) = 13.06, p < .01$ .

In addition, use of partner questioning was associated with condom use, although differentially for men and women. Overall, only 11% of men and 9% of women reported that they used condoms every time they had sexual intercourse. Men who reported asking partners about sexual behavior histories also reported significantly more frequent use of condoms than did other men, whereas women who questioned partners about sexual histories reported less frequent use of condoms than did other women,  $F(1, 357) = 13.73, p < .05$ .

## DISCUSSION

Despite advice to sexually active, single heterosexual adults to question their potential sexual partners about AIDS-related risk factors, this strategy may not be effective in reducing risk of HIV infection. Previous research (Cochran & Mays, 1990) has shown that a substantial proportion of men are reluctant to disclose factual information in situations that both threaten the opportunity for sex with a new partner and the maintenance of a desired relationship. For women, disclosure avoidance occurred in two primary realms: occurrence of a one-time impulsive affair within a newly developing committed relationship and number of previous partners to a new sexual partner.

Results reported here demonstrate that young adults are aware of this problem even though they commonly use partner questioning as an HIV-risk-reduction strategy. In the current study, both men and women perceived, perhaps accurately, that frank partner questioning is not an especially effective HIV-risk-reduction strategy. Neither gender felt that they would know if they were being lied to more than "some of the time." However, both genders expected that men, more so than women, would be more likely to be dishonest when asked about their sexual histories. Despite this, women were equally as likely as men to employ partner questioning as a risk-reducing strategy.

Differences also emerged by ethnic group membership in perceptions of how dishonest individuals will be in discussing sexual histories. Both African-Americans and Hispanics in the study predicted higher rates of dishonesty than did Asian-Americans and Whites. In addition, ethnic differences were found in how effective partner questioning was viewed as a HIV-reducing strategy. African-American men and Hispanic women appeared to have the most confidence that they would reduce their risk through partner question-



ing. On the other hand, African-American women felt the least confidence in their ability to use questioning as an effective strategy.

As might be expected, those who reported using partner questioning as an HIV-risk-reducing strategy in comparison to those who did not had stronger beliefs in its effectiveness and were more likely to believe that they could detect dishonesty when questioning others. Perhaps most disturbing was the finding that women who used partner questioning in contrast to those who did not also reported less frequent condom use with their partners.

Results of this research underscore the importance of recognizing that HIV-related risk-reduction advice may operate differently for women than for men and that differences might exist among ethnic groups. Due to the limited nature of this study and the relatively small differences in mean values, it is well recommended that similar studies be conducted among groups of young adults that differ from the current one in educational or geographic background to establish replicability of results.

Nevertheless, these findings have important implications for the development of HIV-risk-reducing interventions, particularly those that include negotiation between partners. Interventions that attend to the diverse beliefs, motivations, and skill levels of men and women and among diverse ethnic groups may stand a greater chance at producing behavior change. For example, sexually active adolescents and young adults, although knowledgeable about the causes, transmission, and prevention of HIV infection, may not have the social skills and judgment necessary to enact such strategies (Weisman et al., 1989). Negotiating safer sex strategies requires (a) the ability to introduce the topic, (b) gathering information, (c) assessing its relevance to HIV risk, (d) disclosing personal information, and (e) negotiating sexual behaviors and responsibilities (Bowen & Michal-Johnson, 1989). This, of course, must be done with good timing and in a sensitive manner if the sexual interaction is to occur. Much of this may be beyond the skill level of many adolescents and young adults.

There are other difficulties attendant with questioning-based risk-reduction strategies. First, the technique of partner questioning may result indirectly in an increase in risk for adolescents and young adults who falsely assure themselves that unsafe sexual behaviors are, in fact, safe with a particular partner. An earlier study has found that although college students were talking about AIDS, the quality of those conversations was not sufficient to adequately negotiate safer sex (Bowen & Michal-Johnson, 1989). It is important to help adolescents and young adults, especially women, distinguish between the goal of increasing communication between sex partners to facilitate implementation of safer-sex practices as opposed to using information gained during this process to circumvent the consistent practice of safer sex. In other

words, when a potential partner self-reports the undesirable information of HIV sero-positivity, one can presume that he or she is being truthful. However, self-reported HIV sero-negative status, the socially desirable response, may be truthful or simply deception.

Second, adolescents and young adults may be deficient in their abilities to comprehend or to communicate unpleasant, difficult truths, particularly within the context of sexual behavior. Even though adolescents and young adults may understand the facts of HIV transmission, how they "make sense" of this information and act to adopt safer-sex practices has been shown to be less effective (Aggleton, Homans, & Warwick, 1988; Warwick, Aggleton, & Homans, 1988). This is particularly important for heterosexuals in urban AIDS epicenters where lower-risk and higher-risk individuals may be more likely to have sexual contact with each other and for African-Americans and Hispanics where the prevalence of the virus is higher within their respective communities.

Findings reported here support a first-line blanket recommendation that focuses on behavior (employing condoms and nonoxynol-9-containing spermicide in all sexual exposures) for this population of unmarried, heterosexual adolescents and young adults, because knowledge of a partner's HIV risk is likely to be indeterminable (Goedert, 1988; Padian & Francis, 1988; Schulman, 1988). For sexually active, single men, the only effective AIDS risk-reduction strategy is the use of condoms or the avoidance of either vaginal or anal sexual intercourse during sexual contact. For sexually active, single women, effective risk reduction lies in consenting to sexual activity with men who are committed to safer sex. How women are to choose such partners is unclear, particularly given the findings here and elsewhere (Cochran & Mays, 1990) indicating that dishonesty is an intimate feature of dating life. Research on disclosure avoidance suggests, however, that as relationships become more established and the level of intimacy less threatening to the personal needs of the individuals involved, rates of disclosure increase (Cozby, 1973; Stokes et al., 1980). Thus, for women, delaying the onset of sexual activity is likely to be associated with more accurate disclosures by their male partners although their partners will continue to be less disclosing, on average, than the women themselves (Stokes et al., 1980).

Greater emphasis, also, must be put on public information interventions to teach these skills rather than to promote fear of AIDS (Bowen & Michal-Johnson, 1989; Mays, 1989). Health care professionals will need to equip themselves with models that are appropriate to their targeted populations, modifying interventions as necessary to take account of ethnic, cultural, gender, and age differences, if a successful battle is to be waged against HIV transmission in young heterosexuals.

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