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The Perceived AIDS Preventative Utility of Knowing One's Partner Well

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THE PERCEIVED AIDS-PREVENTIVE UTILITY OF KNOWING ONE'S PARTNER WELL: A PUBLIC HEALTH DICTUM AND INDIVIDUALS' RISKY SEXUAL BEHAVIOUR

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ABSTRACT: The public health advice to “either know your partner well, or use condoms” may have led to higher levels of risky sexual behaviour between well-acquainted individuals whose HIV status is unknown. This study assessed the extent to which college students believe that knowing their partner well eliminates the need to practice safer sex, and measured the relationship between such beliefs and the performance of necessary safer sexual practices, such as using condoms during sexual intercourse. Endorsement of beliefs that partner knowledge made safer sex unnecessary was common, and agreement with these beliefs correlated significantly and negatively with levels of AIDS preventive behaviours and behavioural intentions, especially among women. In conclusion, the public health dictum to “know your partner” has been widely internalized, and may be contributing to risky sexual behaviour. Consideration should be given to rejecting explicitly the “know your partner” advice, and to re-educating the public regarding the necessity of consistently practising safer sex with any individual whose HIV status is unknown.

Key words: Acquired immune deficiency syndrome AIDS risk behaviour
Condoms AIDS knowledge Close relationships

INTRODUCTION

In one form or another, statements extolling the value of “knowing your partner” have been part of AIDS education since its inception. The apparent logic behind this widespread tenet of safer sex education is that by knowing one’s partner in general and/or his or her sexual or drug use history in particular, one can determine whether or not the partner poses a risk of HIV infection. Often, this public health advice is expressed in simple, direct statements (e.g., “know your partner”; “know your partner’s sexual history”). Unfortunately, recent qualitative research suggests that these statements may have been interpreted by many individuals to mean that cursory knowledge about one’s partner or his or her sexual history is sufficient to make safer sexual practices unnecessary (Misovich, Fisher, & Fisher, 1996; Hammer, Fisher, & Fisher, 1996; Offir, Fisher, & Fisher, 1993; Williams, Kimble, Covell, Weiss, Newton, Fisher, & Fisher, 1992).

In addition to direct exhortations, the “know your partner” advice is sometimes embedded in more complex and potentially confusing prose. For example, a widely distributed pamphlet from the “America Responds to AIDS” health education campaign indicated that a form of HIV risk behaviour is, “[...] sex with someone you don’t know well (a pickup or a prostitute), or [sex] with someone you know who has several partners” (U.S. Department of Health and Human Services, 1988). This could be taken to imply that unprotected sex is “safe” if it is with someone whom one does know, who is not a pickup or a prostitute, or who has not had several sexual partners. Such misinterpretations of the “know your partner” public health dictum may be quite common, and individuals who dislike safer sex practices may also tend to use this advice as an excuse for unsafe behaviour (Offir et al., 1993).

There are additional reasons to believe that in any form, the advice to “know one’s partner” constitutes dangerous misinformation. First, it assumes that the partner is aware of his or her objective level of HIV risk, and/or his or her actual HIV status, and se-
ond, that he or she is willing to share such information honestly with a potential sexual partner. Research indicates that neither of these conditions may hold true in many cases. Regarding the first assertion, it has been widely observed that individuals are not able to accurately assess their objective HIV risk (e.g., Fisher & Fisher, 1991). If people cannot accurately assess their own HIV risk, or do not know their HIV status, it would be impossible for them to communicate either to an inquiring partner. The second assumption, that an individual who is knowledgeable about his or her objective HIV risk will accurately communicate it to a potential partner, has also been disabused. In order to have sex, people are quite willing to lie about their past sexual histories (e.g., Cochran & Mays, 1990). Clearly, the only knowledge about one’s partner that is relevant to the use or non-use of safer sexual practices, at least as related to HIV risks, is knowledge of the partner’s objective HIV status. Nevertheless, the public health admonition to “know your partner” is still widely promoted in the media and has never been explicitly rescinded, nor have widespread attempts been made to correct its unintended negative effects.

It appears that instead of seeking information about a partner’s HIV status, people use other types of knowledge about a partner in an effort to ascertain the partner’s HIV risk. When individuals first meet, they often utilize implicit personality theories (e.g., Reeder & Brewer, 1979; Skowronksi & Carston, 1989) — in this case, sets of assumptions about specific traits that are associated with particular HIV risk levels (e.g., Williams et al., 1992) — to judge the potential partner’s HIV risk. In addition, in qualitative research, factors such as the extent of one’s general knowledge about a partner’s life history, where one met a partner (e.g., a bar or a public library), how a partner was dressed or acted upon first acquaintance, and whether a partner came from a large city or a small town, were all found to be associated with the partner’s perceived risk of HIV infection (e.g., Williams et al., 1992; Offir et al., 1993). Such research has also shown that knowing, trusting, liking, or loving a partner, which reflects a perception of relatively high partner knowledge, are all associated with low judgments of perceived partner risk for HIV, and lower levels of condom use (e.g., Edgar, Freimuth, Hammond, McDonald & Fink, 1992; Moore & Barling, 1992; Offir et al., 1993). Finally, qualitative studies with gay men (Offir et al., 1993) and heterosexual men and women (Williams et al., 1993) indicate that individuals who perceive themselves to be in relationships tend to view their partners as especially unlikely to be HIV infected, and are more likely to practice unprotected sex under these circumstances than in “one night stands” when one does not know one’s partner (Misovich, Fisher & Fisher, 1996). This belief exists even in relationships involving only minimal commitment, as long as some partner knowledge is perceived to be present.

Overall, there appears to be substantial qualitative data, but very little quantitative evidence to suggest that people believe that objectively non-diagnostic knowledge about a partner (e.g., knowledge of his or her life history) allows one to assume that he or she is not at risk for HIV. There also appears to be primarily qualitative, but not quantitative, evidence suggesting that people who believe that knowing their partner eliminates the need to practice safer sex are less likely to practice safer sex themselves (Offir et al., 1993; Williams et al., 1992). The focus of the study is therefore twofold. One purpose is to provide quantitative evidence concerning the extent to which, at the present point in the HIV epidemic, individuals continue to endorse the belief that objectively non-diagnostic knowledge of one’s partner can make safer sex practices unnecessary. The second purpose is to test, for the first time, the association of such beliefs with individuals’ levels of AIDS-preventive behaviours. If the present research provides empirical support for the assertion that internalization of the public health advice to “know your partner” is associated with risky, life-threatening, sexual practices, it could have important implications for changes in AIDS education and for implementing AIDS re-education worldwide.

METHOD

PARTICIPANTS Participants were 563 undergraduate students who attended the University of Connecticut. Potential participants were recruited in their dormitories to complete a questionnaire for a payment of $10. The overall questionnaire was the Sexual Opinion Questionnaire (Fisher et al., 1996;
Misovich, Fisher & Fisher, in press) which contains items focusing on AIDS risk reduction information, motivation, behavioural skills, and levels of AIDS risk behaviour. This research was approved by the University of Connecticut Human Subjects Committee. Two sets of items contained in the overall questionnaire are relevant to the present study: one set focuses on participants' beliefs about the need to practice safer sex with partners one knows well, and a second set assesses participants' performance of several types of AIDS-preventive behaviours during the month prior to questionnaire administration.

Of the 563 students who completed the questionnaire, 325 (157 men and 168 women) reported engaging in sexual intercourse over the previous month. The questionnaire from these sexually active students were retained for the analyses presented in this paper. The modal age of the sexually active participants was 20 years. Eighty-eight point six percent were white, 2.5% were African-American, 3.1% were Hispanic-American, 4% were Asian, one participant was Native American, and 1.5% reported "other". Ninety-seven percent stated that they had only had sexual activity with members of the opposite sex. In terms of the students' overall levels of risk for HIV, only 5% stated that both they and all of their sexual partners had tested HIV negative, and only 16% said both they and their current sexual partner had never had any other sexual partners. In other words, while the majority of the sexually active students who completed this questionnaire had incurred AIDS risk, the vast majority were unaware of their own and their partners' objective HIV status.

**Beliefs about “Knowing One’s Partner” and the Need to Practice Safer Sex**

Four items assessed participants' beliefs about the need to practice safer sex with partners one knows well. These items were: “If you know a person’s sexual history and lifestyle before you have sex with them, it is unnecessary to use condoms”; “When you feel you have gotten to know someone very well, you no longer need to practice safer sex with them”; “Asking your partner about their sexual history is a good way to find out whether or not to practice safer sex with them”; and “If two people have sex only with each other, they really don’t have to practice safer sex.” For each of these items, participants were asked to circle the most appropriate response, ranging from 1 (Strongly Agree) to 5 (Strongly Disagree).

**Performance of AIDS-Preventive Behaviours**

Four different items which tap levels of AIDS preventive behaviour were taken from the Sexual Opinion Questionnaire (Misovich et al., in press). The first item measured participants’ frequency of condom use during sexual activity over the past month as a percentage of their overall sexual activity during that time period. Participants entered a percentage, from 0 to 100%, in the space provided. For those who were not sexually active during the interval (participants who were not included in these analyses), the response “not applicable: I have not had sex during the past month” was available.

A second item assessed participants’ response to the statement, “If I have sexual intercourse during the next month, I intend to have my partner(s) and I always use latex condoms.” Participants responded on a 5-point semantic differential scale with endpoints very likely and very unlikely. The third item tapped participants’ response to the statement, “I kept latex condoms some place nearby where they were easily accessible during the past month.” Respondents circled the most appropriate of 5 responses, ranging from always to never. Finally, participants’ behavioural intentions to keep condoms available during the next month were assessed. Participants responded to the statement, “I intend to always have latex condoms handy during the next month” on a 5-point semantic differential scale with endpoints very likely to very unlikely.

**RESULTS**

**Beliefs about “Knowing One’s Partner” and the Need to Practice Safer Sex**

Results indicate that a substantial number of participants believed that if individuals “know their partner” in various ways, safer sex practices are unnecessary. Support for this potentially dangerous belief was especially pronounced for two of the four relevant items (see Table 1). Specifically, only 51% of men and 44.6% of women indicated any degree of disagreement with the statement, “Asking your partner about their sexual history is a good way to find out whether
Table 1  College students' beliefs about the need to practice safer sex with known partners

"If you know a person's sexual history and lifestyle before you have sex with them, it is unnecessary to use condoms."

<table>
<thead>
<tr>
<th></th>
<th>%Men</th>
<th>%Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>1.3</td>
<td>1.2</td>
</tr>
<tr>
<td>Agree somewhat</td>
<td>8.9</td>
<td>11.9</td>
</tr>
<tr>
<td>Neither agree nor disagree</td>
<td>10.2</td>
<td>5.4</td>
</tr>
<tr>
<td>Disagree somewhat</td>
<td>26.1</td>
<td>20.2</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>53.5</td>
<td>61.3</td>
</tr>
</tbody>
</table>

N = 157  Mean = 4.22

"When you feel you have gotten to know someone very well, you no longer need to practice safer sex with them."

<table>
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<th></th>
<th>%Men</th>
<th>%Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>3.2</td>
<td>1.2</td>
</tr>
<tr>
<td>Agree somewhat</td>
<td>7.6</td>
<td>4.2</td>
</tr>
<tr>
<td>Neither agree nor disagree</td>
<td>10.8</td>
<td>10.7</td>
</tr>
<tr>
<td>Disagree somewhat</td>
<td>28.0</td>
<td>21.4</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>50.3</td>
<td>62.5</td>
</tr>
</tbody>
</table>

N = 157  Mean = 4.15

"Asking your partner about their sexual history is a good way to find out whether or not to practice safer sex with them."

<table>
<thead>
<tr>
<th></th>
<th>%Men</th>
<th>%Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>11.5</td>
<td>16.1</td>
</tr>
<tr>
<td>Agree somewhat</td>
<td>28.0</td>
<td>27.4</td>
</tr>
<tr>
<td>Neither agree nor disagree</td>
<td>9.6</td>
<td>11.9</td>
</tr>
<tr>
<td>Disagree somewhat</td>
<td>23.6</td>
<td>20.2</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>27.4</td>
<td>24.4</td>
</tr>
</tbody>
</table>

N = 157  Mean = 3.27

"If two people have sex only with each other, they really don’t have to practice ‘safer sex’."

<table>
<thead>
<tr>
<th></th>
<th>%Men</th>
<th>% Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>8.9</td>
<td>4.8</td>
</tr>
<tr>
<td>Agree somewhat</td>
<td>34.4</td>
<td>35.7</td>
</tr>
<tr>
<td>Neither agree nor disagree</td>
<td>9.6</td>
<td>10.7</td>
</tr>
<tr>
<td>Disagree somewhat</td>
<td>18.5</td>
<td>20.8</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>28.7</td>
<td>28.0</td>
</tr>
</tbody>
</table>

N = 157  Mean = 3.24
or not to practice safer sex with them”, and only 47.2% of men and 48.8% of women indicated any degree of disagreement with the statement, “If two people have sex only with each other, they don’t really have to practice safer sex.” In effect, more than half of the participants appear to feel that knowledge about a partner’s sexual history allows one to decide whether or not to practice safer sex with them, and a similar number feel that serial monogamy (a sequence of sexually exclusive relationships) is a sufficient condition for unprotected sexual practices. Fewer students agreed with the remaining two items (i.e., “If you know a person’s sexual history and lifestyle before you have sex with them, it is unnecessary to use condoms” and “When you feel you have gotten to know someone very well, you no longer need to practice safer sex with them”): approximately 20% of the individuals sampled either expressed agreement or endorsed neither agree nor disagree for each of these items. Of the four items, three did not show statistically significant gender differences (all p’s < .10). One item, “when you feel you have gotten to know someone very well, you no longer have to practice safer sex with them” did show a gender difference, with women being less likely to agree with that statement (F(1,324) = 5.02, p<.026).

THE RELATIONSHIP BETWEEN BELIEFS ABOUT PARTNER KNOWLEDGE AND AIDS-PREVENTIVE BEHAVIOURS Table 2 indicates that for college students, the belief that knowing one’s partner eliminates the need for safer sex is associated with lower levels of AIDS-preventive behaviours. These effects are especially strong and consistent for women. (Note that in Table 2, in each case a negative correlation indicates that stronger agreement with the belief statement is associated with lower levels of the safer sex practice). First, consider the item which measured percentage of intercourse protected by condoms during the past month. All four beliefs about partner knowledge correlated significantly with condom use for women, and one of the four beliefs was correlated with this safer sex practice for men. In effect, women (and to a lesser extent, men) who believed that partner knowledge was a sufficient condition for unprotected sex were less likely to use condoms. A similar pattern obtained for the item assessing behavioural intention to use condoms during the next month. For women, two of the four belief items correlated significantly with the intention to use condoms, and there was a trend toward significance for a third item. For men, only one of the four partner knowledge items correlated significantly with the intention to use condoms, although a consistent trend emerged for two additional items. In effect, women (and to a lesser degree, men) who believed that knowing one’s partner well eliminates the need to practice protected sex were less likely to intend to use condoms during the next month.

This pattern persisted for the item measuring the behaviour of keeping condoms nearby during the past month. For women, two of the four partner knowledge belief items correlated significantly, and in the expected direction, with keeping condoms nearby. There was also a trend for another partner knowledge belief item. For men, there were no significant correlations between the four partner knowledge beliefs and keeping condoms nearby, although there were trends for two items. Again, individuals (especially women) who believed that “partner knowledge” was an appropriate justification for unprotected sex were less likely to have kept condoms on hand during the previous month. Finally, among the female participants, partner knowledge beliefs were also associated with lower levels of the behavioural intention to keep condoms available during the next month. Three of the four partner knowledge belief items were significantly correlated with behavioural intentions to keep condoms nearby during the next month for women, and no significant correlations were observed for men. This pattern of effects parallels that observed for condom use during the past month. Overall, it appears that to the extent that individuals — especially women — believe that knowing one’s partner makes it unnecessary to practice safer sex, they are more likely to practice risky sex with their partners.

DISCUSSION

From these results, it appears that many college students, most of whom have no objective information about their own and their partners’ HIV status, believe that when they “know their partner”, safer sexual practices are unnecessary. Moreover, such beliefs were actually associated with higher levels
### Table 2: Correlations between beliefs and preventive behaviour for sexually active college students

<table>
<thead>
<tr>
<th>Partner Knowledge Beliefs</th>
<th>Percentage of condom use during intercourse during the past month</th>
<th>Behavioural intention to use condoms during the next month</th>
<th>Frequency of keeping condoms nearby during the past month</th>
<th>Intention to keep condoms nearby during the next month</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you know a person’s sexual history and lifestyle before you have sex with them, it is unnecessary to use condoms.</td>
<td>Percentage of condom use during intercourse during the past month</td>
<td>Behavioural intention to use condoms during the next month</td>
<td>Frequency of keeping condoms nearby during the past month</td>
<td>Intention to keep condoms nearby during the next month</td>
</tr>
<tr>
<td>Women</td>
<td>Men</td>
<td>Women</td>
<td>Men</td>
<td>Women</td>
</tr>
<tr>
<td>r=-.323</td>
<td>r=-.062</td>
<td>r=-.204</td>
<td>r=-.135</td>
<td>r=-.217</td>
</tr>
<tr>
<td>When you feel you have gotten to know someone very well, you no longer need to practice safer sex with them.</td>
<td>Percentage of condom use during intercourse during the past month</td>
<td>Behavioural intention to use condoms during the next month</td>
<td>Frequency of keeping condoms nearby during the past month</td>
<td>Intention to keep condoms nearby during the next month</td>
</tr>
<tr>
<td>Women</td>
<td>Men</td>
<td>Women</td>
<td>Men</td>
<td>Women</td>
</tr>
<tr>
<td>r=-.165</td>
<td>r=-.019</td>
<td>r=-.137</td>
<td>r=-.141</td>
<td>r=-.169</td>
</tr>
<tr>
<td>Asking your partner about their sexual history is a good way to find out whether or not to practice safer sex with them.</td>
<td>Percentage of condom use during intercourse during the past month</td>
<td>Behavioural intention to use condoms during the next month</td>
<td>Frequency of keeping condoms nearby during the past month</td>
<td>Intention to keep condoms nearby during the next month</td>
</tr>
<tr>
<td>Women</td>
<td>Men</td>
<td>Women</td>
<td>Men</td>
<td>Women</td>
</tr>
<tr>
<td>r=-.199</td>
<td>r=-.096</td>
<td>r=-.116</td>
<td>r=-.003</td>
<td>r=-.147</td>
</tr>
<tr>
<td>If two people have sex only with each other, they really don’t have to practice “safer sex.”</td>
<td>Percentage of condom use during intercourse during the past month</td>
<td>Behavioural intention to use condoms during the next month</td>
<td>Frequency of keeping condoms nearby during the past month</td>
<td>Intention to keep condoms nearby during the next month</td>
</tr>
<tr>
<td>Women</td>
<td>Men</td>
<td>Women</td>
<td>Men</td>
<td>Women</td>
</tr>
<tr>
<td>r=-.324</td>
<td>r=-.306</td>
<td>r=-.376</td>
<td>r=-.275</td>
<td>r=-.086</td>
</tr>
</tbody>
</table>
of AIDS-risk behaviour. These findings suggest that
the often-promoted public health advice to “know
your partner well, or use condoms” may actually be
contributing to, or excusing, risky sexual behaviour
when individuals have some degree of knowledge
of their partners. Instead of the simple axiom “use
condoms unless you have direct knowledge of your
partner’s current HIV status”, the “know your part-
er” dictum may be creating a decision rule for in-
dividuals which more closely approximates “use
condoms unless or until you know your partner.” In
our view, no knowledge about one’s partner (other
than direct knowledge concerning his/her HIV sta-
tus) is sufficient to warrant practicing unprotected
sex — and only a small percentage of the students
in our survey reported direct knowledge of their and
their partners’ HIV status — we consider this state
of affairs to be potentially very dangerous. Overall,
our findings suggest that the “know your partner”
dictum may in fact have contributed to the very prob-
lem it was intended to help solve. While “knowing
your partner” could possibly produce some statisti-
cal decline in HIV risk on a population-wide basis,
it is clearly not good advice for individual decision-
making.

While there was a consistent pattern of correlations
between items assessing the belief that partner
knowledge is an appropriate justification for unpro-
tected sex and actual risky sexual practices, the pat-
tern was stronger among women than among men.
One possible explanation is that while women are
socialized to view sex more as something that should
occur in the context of a promising romantic rela-
tionship, men are socialized more to view a willing
partner as a sufficient justification for having sex
(Carrol, Volk, & Hyde, 1984). According to this line
of thought, when women know their partner enough
to justify having sex, they are more likely to have
developed feelings of romantic attachment, a con-
dition which is highly dissonant with thoughts that
a partner could be HIV infected and could cause
them to develop a deadly disease (e.g., Aronson,
Fried, & Stone, 1991; Festinger, 1957). In effect,
some women may find it difficult to believe that a
sexual partner they know, trust, like (and/or love)
ought to have sex with could possibly infect them
with HIV. For men, feelings of romantic attachment
are less apt to be a prerequisite to having sex (Carrol
et al., 1984; Reis, 1967), so this process of idealiz-
ing the partner may not, on average, have as strong
an effect on their assessment of the need to engage
in protected sex.

While the correlational nature of our data limit our
ability to draw causal inferences, and the
generalizability of the data may be restricted to
white, heterosexual college students, our results do
indicate that there is a widespread misperception
among such students that simply “knowing one’s
partner well” eliminates the need to practice safer
sex consistently. Our findings also suggest that such
beliefs are associated with risky behaviours. While
future research should address whether these effects
occur in other populations at risk for HIV, qualita-
tive research (Offir et al., 1993) suggests that they
may be common across populations. Therefore,
given the importance of promoting safer sexual ac-
tivity, public health organizations would do well to
consider re-educating the public about the utility of
“knowing one’s partner well.”

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