

Summer 1996

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

Jeffrey D. Fisher

*University of Connecticut - Storrs*

Stephen J. Misovich

*University of Connecticut - Storrs*

William A. Fisher

*University of Western Ontario*

Follow this and additional works at: [https://opencommons.uconn.edu/chip\\_docs](https://opencommons.uconn.edu/chip_docs)



Part of the [Health Psychology Commons](#)

---

## Recommended Citation

Fisher, Jeffrey D.; Misovich, Stephen J.; and Fisher, William A., "The Perceived AIDS Preventative Utility of Knowing One's Partner Well" (1996). *CHIP Documents*. 27.

[https://opencommons.uconn.edu/chip\\_docs/27](https://opencommons.uconn.edu/chip_docs/27)

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

Stephen J. Misovich

Department of Psychology  
University of Connecticut  
Storrs, Connecticut

Jeffrey D. Fisher

Department of Psychology  
University of Connecticut  
Storrs, Connecticut

William A. Fisher

Department of Psychology  
University of Western Ontario  
London, Ontario

**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 sec-





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; Skowronski & 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."**

	%Men	%Women
Strongly agree	1.3	1.2
Agree somewhat	8.9	11.9
Neither agree nor disagree	10.2	5.4
Disagree somewhat	26.1	20.2
Strongly disagree	53.5	61.3
N =	157	168
Mean	4.22	4.29

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

	%Men	%Women
Strongly agree	3.2	1.2
Agree somewhat	7.6	4.2
Neither agree nor disagree	10.8	10.7
Disagree somewhat	28.0	21.4
Strongly disagree	50.3	62.5
N =	157	168
Mean	4.15	4.40

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

	%Men	%Women
Strongly agree	11.5	16.1
Agree somewhat	28.0	27.4
Neither agree nor disagree	9.6	11.9
Disagree somewhat	23.6	20.2
Strongly disagree	27.4	24.4
N =	157	168
Mean	3.27	3.10

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

	%Men	% Women
Strongly agree	8.9	4.8
Agree somewhat	34.4	35.7
Neither agree nor disagree	9.6	10.7
Disagree somewhat	18.5	20.8
Strongly disagree	28.7	28.0
N =	157	168
Mean	3.24	3.32



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

	AIDS-Preventive Behaviour							
	Percentage of condom use during intercourse during the past month		Behavioural intention to use condoms during the next month		Frequency of keeping condoms nearby during the past month		Intention to keep condoms nearby during the next month	
Partner Knowledge Beliefs	Women	Men	Women	Men	Women	Men	Women	Men
If you know a person's sexual history and lifestyle before you have sex with them, it is unnecessary to use condoms.	$r=-.323$ $p<.001$ $n=165$	$r=-.062$ $p<.45$ $n=154$	$r=-.204$ $p<.008$ $n=166$	$r=-.135$ $p<.092$ $n=157$	$r=-.217$ $p<.005$ $n=168$	$r=-.082$ $p<.309$ $n=157$	$r=-.180$ $p<.020$ $n=167$	$r=-.077$ $p<.335$ $n=157$
When you feel you have gotten to know someone very well, you no longer need to practice safer sex with them.	$r=-.165$ $p<.03$ $n=165$	$r=-.019$ $p<.82$ $n=154$	$r=-.137$ $p<.078$ $n=166$	$r=-.141$ $p<.078$ $n=157$	$r=-.169$ $p<.028$ $n=168$	$r=-.008$ $p<.918$ $n=157$	$r=-.123$ $p<.114$ $n=167$	$r=-.025$ $p<.756$ $n=157$
Asking your partner about their sexual history is a good way to find out whether or not to practice safer sex with them.	$r=-.199$ $p<.010$ $n=165$	$r=-.096$ $p<.23$ $n=154$	$r=-.116$ $p<.135$ $n=166$	$r=-.003$ $p<.960$ $n=157$	$r=-.147$ $p<.058$ $n=168$	$r=-.147$ $p<.066$ $n=157$	$r=-.163$ $p<.036$ $n=167$	$r=-.075$ $p<.345$ $n=157$
If two people have sex only with each other, they really don't have to practice "safer sex."	$r=-.324$ $p<.001$ $n=165$	$r=-.306$ $p<.001$ $n=154$	$r=-.376$ $p<.001$ $n=166$	$r=-.275$ $p<.001$ $n=157$	$r=.086$ $p<.269$ $n=168$	$r=-.152$ $p<.058$ $n=157$	$r=-.211$ $p<.001$ $n=166$	$r=-.098$ $p<.219$ $n=157$



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 partner" dictum may be creating a decision rule for individuals 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 status) 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 problem it was intended to help solve. While "knowing your partner" could possibly produce some statistical 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 unprotected sex and actual risky sexual practices, the pattern 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 relationship, 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 condition 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) enough 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 idealizing 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, qualitative research (Offir et al., 1993) suggests that they may be common across populations. Therefore, given the importance of promoting safer sexual activity, public health organizations would do well to consider re-educating the public about the utility of "knowing one's partner well."

## References

- Aronson, E., Fried, C., & Stone, J. (1991). Overcoming denial and increasing the intention to use condoms through the induction of hypocrisy. *American Journal of Public Health, 81*, 1636-1638.
- Carrol, J., Volk, K., & Hyde, J. S. (1984). Differences between males and females in motive for engaging in sexual intercourse. *Archives of Sexual Behavior, 14*, 131-139.
- Cochran, S. D., & Mays, V. M. (1990). Sex, lies, and HIV. *New England Journal of Medicine, 322*, 774.
- Edgar, T., Freimuth, V. S., Hammond, S. L., McDonald, D. A., & Fink, E. L. Strategic sexual communication: Condom use resistance and response. *Health Communication, 4*, 83-104.
- Festinger, L. (1957). *A theory of cognitive dissonance*. Stanford: Stanford University Press.
- Fisher, J. D. & Fisher, W. A. (1991). *A general technology for AIDS risk behavior change*. Unpublished manuscript, University of Connecticut, Storrs, CT.





- Fisher, J. D., Fisher, W. A., Misovich, S. J., Kimble, D. L., & Malloy, T. E. (1996). Changing AIDS risk behavior: Effects of a conceptually-based AIDS risk reduction intervention emphasizing AIDS risk reduction information, motivation, and behavioral skills in a college student population. *Health Psychology, 15*, 114-123.
- Hammer, J., Fisher, J. D., & Fisher, W. A. (1996). When two heads aren't better than one: AIDS risk behavior in college couples. *Journal of Applied Social Psychology, 26*, 375-397.
- Misovich, S. J., Fisher, J. D., & Fisher, W. A. (1996). *What's love got to do with it? Evidence for increased AIDS risk behavior in close relationships, and possible underlying psychological mechanisms*. Unpublished manuscript, University of Connecticut.
- Misovich, S. J., Fisher, W. A., & Fisher, J. D. (in press). A measure of AIDS prevention information, motivation, behavioral skills, and behavior. In C. M. Davis, W. H. Yarber, R. Bauserman, G. Schreer, & S. L. Davis (Eds.), *Sexuality Related Measures: A Compendium*. Newbury Park, CA: Sage.
- Moore, S. M., & Barling, N. R. (1992). Developmental status and AIDS attitudes in adolescence. *Journal of Genetic Psychology, 152*, 5-16.
- Offir, J., Fisher, J., Williams, S., & Fisher, W. A. (1993). Reasons for inconsistent AIDS-preventive behaviors among gay men. *Journal of Sex Research, 30*, 62-69.
- Reeder, G. D., & Brewer, M. B. (1979). A schematic model of dispositional attribution in interpersonal perception. *Psychological Review, 86*, 61-79.
- Reiss, I. L. (1967). *The social context of premarital sexual permissiveness*. New York: Holt, Rinehart & Winston.
- Skowronski, J. J., & Carlston, D. E. (1989). Negativity and extremity biases in impression formation: A review of explanations. *Psychological Bulletin, 105*, 131-142.
- U.S. Department of Health and Human Services (1988). *Understanding AIDS*. Rockville, MD: Publication No.: (CDC) HHS-88-8404.
- Williams, S. S., Kimble, D. L., Covell, N. H., Weiss, L. H., Newton, K. J., Fisher, W. A., & Fisher, J. D. (1992). College students use implicit personality theory instead of safer sex. *Journal of Applied Social Psychology, 22*, 921-933.

Copyright of Canadian Journal of Human Sexuality is the property of Sex Information & Education Council of Canada and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.