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**Discussing HIV and AIDS:  
The Perceptions and Experiences of Young University  
Heterosexual Adults in Dating Relationships**

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**Cheri-Lee Andrade**  
UJ Department of Sociology

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**Ms. Cheri-Lee Andrade**

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Heterosexual Adults in Dating Relationships***

**1. Introduction**

HIV/AIDS is indeed a global health pandemic. Alarming HIV prevalence rates continue around the globe and nationally where South Africa has a high HIV prevalence rate with 5.5 million people infected (Jobson and Wychoff-Wheeler, 2003: 5; UNAIDS, 2008: 4). Furthermore, in reviewing both the global and national statistical figures of people infected with the disease, clear disparities are shown with regard to the disease primarily infecting young people at a much higher rate than older age groups. The chosen target population of this study (young adults aged 18-24) quantify those that have the highest HIV infection rates both in terms of within age cohorts and the gender split (UNAIDS, 2008: 33). Due to the spread of HIV mostly through heterosexual relations, the implication of these alarming statistics for young adults is distressing.

Prevalence figures indicate that there is no doubting the eminent status of HIV/AIDS within our country and around the globe. Although steady advancements in social research with regard to the pandemic has been made, there still and always will exist the need for additional and better social and behavioural research to develop more effective preventative strategies (Cohen and Trussell, 1996). Despite the extensive and aggressive research and education about HIV/AIDS, knowledge of safe-sex practices and HIV transmission is not permeating into action, and so, the numbers of those infected continue to ascend. Research has shown that lack of knowledge of STDs and HIV/AIDS does not seem to be the main issue, and that information alone is rarely enough to reduce risky sexual behaviour (Hogben and Dyrne, 1998: 26; Uys, 2002: 394). Therefore, this study suggests that a very probable missing link is the consideration of the type of sexual communication (if any) that takes place in the dating relationship context. Thus, a simple but comprehensive understanding of how, when, and why people talk (or do not talk) about sex and related matters, particularly with their partners, is invaluable (Wood, 1997; Elwood, 1999: 94 and Jesikah, 2004: 1). Wermuth, Ham and Robbins (quoted by Huber and Schneider, 1992: 90) declare that “our studies should examine relationships as a key variable,

paying attention to their durations, behavioural norms, level of commitment, emotional and material connectedness and level of dependency.” Effective communication in the dating relationship might be the key to preventing HIV/AIDS.

Therefore it follows that the main research theme of this study, in its broadest sense then is the communication about HIV/AIDS and related matters in the milieu of heterosexual, dating relationships. It is not difficult to apprehend that dating against the backdrop of HIV/AIDS is a very real part of what young, university students have to face, whether they realise the implications or not. In this HIV/AIDS era, unsafe sexual activities pose serious, even deadly threats to individuals in romantic relationships and therefore a detailed exposition into the quality and extent of communication between dating couples need to be further researched.

From the above problem statement, the following general research question is formulated: **In light of the high HIV prevalence rate in South Africa, are young heterosexual adults studying at university discussing HIV/AIDS related matters with their dating partners?**

## **2. Background: Literature review**

In this section an overview is given of the key concepts relating to the study i.e. unpacking Erikson’s developmental theory; conceptualising the terms dating; general communication and sexual communication and presenting certain factors that inhibit the communication of STDs and HIV/AIDS within the dating context.

The work of a well know psychologist Erik Erikson, whose theoretical principles have also been used in Sociological studies, focussed on exploring and describing the ‘Eight ages of man’ in his *Childhood and Society* text (1963: 247- 274). Erik Erikson believed that every human being goes through a definite number of stages to reach his or her full development. For that reason, Erikson theorises that there are eight stages that a human-being progresses through, from birth to late adulthood. The most pertinent phase for this study is the sixth stage of “*Intimacy vs. Isolation*” which is associated with the developmental phase of ‘young adulthood’. Within this stage, the central focus is the need for intimacy, which is “the capacity to commit himself to concrete affiliations and partnerships and to develop the ethical strength to abide by such commitments, even though they may call for significant sacrifices and compromises” (Erikson, 1963: 263).

Relationship science authors Miller and Perlman (2009: 4) also explain that intimacy is indeed a deep, internal human desire which necessitates the drive to be part of close affectionate, intimate relationships. This need for intimacy and important advent of love relationships in this age-related stage aligns itself appropriately with the target population of this study, i.e. university students between the ages of 18 and 24. This ability to relate to another person on an intimate, personal level occurs especially when individuals date members of the opposite sex. This unique period of adulthood is one in which many young adults form highly attached adult friendships, fall in love, and possibly marry (Passer and Smith, 2004: 412).

When establishing intimacy through dating members of the opposite sex, the individual avoids gloomy feelings of isolation and abandonment. These feelings of loneliness or seclusion are, according to Shaffer (2002: 43), undoubtedly linked to an inability to form friendships or an intimate relationship. Furthermore, if the desire to be involved in intimate relationships is not met, serious consequences such as poor mental and physical health may transpire (Miller and Perlman, 2009: 5).

Erikson's work provides the motivation behind why such a developmental approach within the social context of dating is a noteworthy theory to draw from. When looking at the particular target population of this study, a very natural and progressive element from adolescence is the entering into romantic dating relationships with members of the opposite sex. This very natural phenomenon of dating is an exciting feature associated with early stage adulthood (Erikson, 1963: 247- 274).

The Oxford dictionary (Hornby, 2006: 371) defines the verb dating as "to have a romantic relationship with someone". Friedman (1997) explains that the dating relationship is usually thought of including the goal of having a lover, or long-term companion, or only to have a steady partner in what may or may not be an open relationship (i.e. other sexual partners allowed). According to Sugarman and Hotaling (cited in Swart, 2005: 9) dating has been defined as a "dyadic interaction that focuses on participation in mutually rewarding activities that may increase the likelihood of future interaction, emotional commitment, and/or sexual intimacy." From the above definitions it is clear that for the purpose of this study dating encompasses the following elements: a romantic relationship with a person of the opposite sex, the likelihood of the presence of sexual practices and the possible advent of marriage through partner selection.

However, with this being said, Swart (2005: 20) warns that the concept of dating relationships is not a fixed concept as it varies across individuals, culture and time. Additionally, there exist a number of features which help colour in the understanding of the nature of dating. These are: the content of the relationship which is what couples do together, the relationship quality which is the extent of favourable and disagreeable experiences and lastly, cognitive and emotional experiences (Crouter and Booth, 2005: 65).

As Erikson (1963: 247- 274) explained, dating is a perfectly ordinary and necessary element of adolescent development into early adulthood. Looking at the context of the study which focuses on university students between the ages of 18-24 years, most of these students will have either been in a romantic relationship or currently have an existing boy/girlfriend. However, the twenty-first century brings with it unique challenges when faced with the potential risk of contracting STDs and HIV/AIDS through heterosexual relations, most specifically sexual intercourse in dating relationships. It is maintained that one of the most effective methods that dating couples can implement in safe-guarding against HIV infection, is through the process of open, safe-sex communication with a boy/girlfriend. What is meant by general communication and specifically sexual communication about STDs and HIV/AIDS in dating relationships will now be presented.

According to Tubbs and Moss (1994: 6) human communication is the process of creating meaning between two or more people. It is believed that in any dyadic relationship, communication plays an integral role of ensuring shared understanding and hence the general well-being of all parties involved. “Successful communication is the cornerstone of any relationship; such communication must be open, realistic, tactful, caring and valued” (Cox, 1984: 146). Drawing from sociological research with regard to communication in intimate relationships such as in the institution of marriage, communication quality takes centre stage as one of the most pertinent variables which determines relationship contentment (Gottman and Silver 2003: 152; Miller and Perlman, 2009: 143). Therefore, if any romantic relationship is to sustain itself, communication needs to exist. Communication is exceptionally essential in intimate relationships and involves a complex mix of both verbal and non-verbal communication queues (Miller and Perlman, 2009: 143-145). Besides stressing the implications and importance of general communication in the relationship setting, communication about specific issues such as

sex and related sexual concerns (i.e. STDs and HIV/AIDS) in the dating relationship is pertinent to this study.

Authors Cleary et al (2002: 117); Greene and Faulkner (2005: 239); McNulty and Burnette (2003: 475) all explain that sexual communication possesses the following elements: discussion of safer sex (e.g. condom use), sexual pleasure, sexual limits and sexual health [e.g. sexually transmitted infections (STDs); HIV; birth control; sexual histories; frequent HIV tests and measuring overall risk behaviour]. It is the use of proficient sexual communication that can assist young adults in reducing their risk of contracting the HI virus in dating relationships. Therefore the role that general communication plays in maintaining a successful relationship is additionally supported by the use of effective sexual communication in a protecting oneself from the threats of STDs and HIV/AIDS (Buss and Ickes, 1999: 121; Troth and Peterson, 2000: 195). However, there appears to be a gap in the literature with regard to the importance and relevance of probing into interpersonal communication between dating partners especially among young adults (Troth and Peterson, 2000: 195; Parish et al, 2001: 78). One can surely sense the high value attached to open communication about safe-sex in dating relationships in the face of HIV prevention techniques. However, this is easier said than done. The following paragraph explores some of the ways in which such communication does or does not occur in intimate dating relationships.

A particular study around health protective sexual communication (HPSC) showed that sexual health communication rarely precedes first intercourse. For example the discussion of sexual histories, perceived HIV risk, and STI/HIV testing is infrequently discussed before sleeping with ones boy/girlfriend (Cleary et al, 2002: 130). “Our society appears to be failing in enabling its young people to know why HSPC is important, and how timely communication may help protect their sexual health” (Cleary et al, 2002: 130). Adam (quoted in Huber and Schneider, 1992: 8) makes an additional strong assertion when declaring that in terms of ‘sexual negotiating skills’, there is diminutive social science research that considers the role that safe-sex communication plays in HIV/AIDS studies. In addition, relationship scientists Miller and Perlman (2009: 297) write about the struggles and awkwardness associated with couples who do broach the topic of sex, and with the likelihood that most couples are still having sex without discussing any of the consequences at all. Esu-Williams (2000: 125) explains that even the most basic communication with a partner is challenging enough without raising the subject of sex and

the threat of HIV/AIDS. The author proposes that general communication skills – skills for problem solving, for dealing with difficult issues, should be focussed on in more HIV preventative research studies (Esu-Williams, 2000: 125). Therefore in the dating relationship, the value of communicating and negotiating the uptake of safe-sex strategies in the threatening age of HIV/AIDS cannot be overlooked (Troth and Peterson, 2000: 195; Buysse and Ickes, 1999: 121). For these reasons, effective communication in the dating relationship might be the solution to preventing HIV/AIDS. Therefore, the gap in the literature points to the need of exploring whether or not couples in dating relationships discuss HIV/AIDS and related sexual health issues with their partners (whether sexually active or not).

Numerous social scientific studies (Troth and Peterson, 2000; Castaneda, 2000; Cleary et al, 2002; McAnulty and Burnette, 2003; Greene and Faulkner, 2005; Miller and Perlman, 2009: 162-163) have presented certain ‘factors’ or ‘barriers’ that influence effective communication about sex, STDs and HIV/AIDS within dating relationships.

These factors are as follows: the lack of effective communication skills which bring about low confidence and awkwardness in the relationship. Fears of embarrassment and shame of having to bring up such sensitive and serious discussions. Low perceived risk of possible HIV infection which often translates into not considering the value of discussing STDs and HIV/AIDS threats. Not knowing what to talk about when broaching the threat of STDs and HIV/AIDS with ones boy/girlfriend. The firm belief that one is protecting oneself adequately therefore safe-sex communication is not necessary. The dread of discrediting one or both partners by bringing up the threat of HIV/AIDS in the relationship. The concern of losing the relationship and being judged if one asks to talk about safe-sex and the threats of STDs and HIV/AIDS in the dating relationship. Common feelings of distrust, jealousy and suspicion in the relationship also create feelings of general unease, making HIV/AIDS communication a difficult topic to raise (Troth and Peterson, 2000: 197; Castaneda, 2000: 570; Cleary et al, 2002: 118 and 123; McAnulty and Burnette, 2003: 474; Greene and Faulkner, 2005: 241; Miller and Perlman, 2009: 162-163). From the above listed barriers to sexual communication, it is not difficult to deduce that the fear of and avoidance of safe-sexual communication is very much a regrettable reality. The literature also indicated the significant role that the family; peer group and the perception of risk of

contracting the HI virus play in influencing the nature and quality of HIV/AIDS communication between dating couples.

Studies have shown that family communication certainly influences general communication patterns and communication about HIV/AIDS in particular with a dating partner (Powell and Segrin, 2004; Wolf and Pulerwitz, 2003). Parent-child communication is significant in that healthy and knowledgeable decisions are imparted so that when young adults face making sex-related decisions, such decisions are favourable. Such favoured decisions are delaying sexual debut, less sexual partners, fewer pregnancies, high condom use and a reduced amount of sexual episodes altogether (Holtzman and Rubinson, 1995: 236; Miller et al, 1998; Dilorio et al, 1999; Perrino et al, 2000; Hutchinson et al, 2003; Dolorio et al 2003 and Green et al, 2003). When this kind of family communication does not exist in an individual's family of orientation, problems may arise in the discussion of safe-sex in future relationships. Poor parent-child communication can easily translate into weak or at worse, no sexual communication occurring in a young adult's relationship with a girl/boyfriend. Regnerus (2005: 79-81) explains that adolescents who have no communication about sexual issues with their parents are likely to develop a negative attitude towards communication about sex and its related components.

A study conducted with a sample of young university women in Canada, showed that those individuals who grew up in families that modelled and encouraged discussions about sex, sexuality and sexual-health issues, generally felt more dexterous to have such conversations with their partners (Cleary et al, 2002: 121). Therefore the function of family communication is an important factor to consider when examining sexual communication risk reduction efforts among young adults (Raffaelli and Green, 2003: 475). Authors Miller and Perlman (2009: 14) further stress the significant effect that early childhood experiences have in shaping the course and quality of an individual's relationships later on in life. Such an example would be that adolescents who have fostering and supportive relationships with their parents are more inclined to conduct themselves more warmly towards their romantic partners (Miller and Perlman, 2009: 18). Therefore, the degree of closeness to and level of communication with parents will be positively associated with higher levels of sexual communication with an individual's boy/girlfriend (Ryan et al, 2007: 150). However, many studies have found that parents do not effectively and amply converse with their adolescents about sex, safe sexual behaviours and

HIV/AIDS. Unfortunately there is more lacking rather than excessive parental communication about sexuality (Rosenthal and Feldman, 1999: 835).

The literature has shown that one's family of orientation can certainly function as either a 'barrier' to or a strong reinforcement of imparting upright sexual communication in the dating context. Accountable sexual behaviour takes place when communication with parents is more open, receptive, comfortable, friendly, attentive, more impressionable and less dramatic, condescending, contentious, prohibitive and judgemental (Wilson and Donenberg, 2004: 388).

Various studies have examined peer communication as a commanding agent of influence in talking about HIV/AIDS protective behaviours. Sexual active individuals are more than twice as likely to talk to peers as a critical source of reproductive health information (Wolf and Pulerwitz, 2003: 470; Chia, 2006: 585). However, this can certainly be problematic if these friends/peers do not encourage conscientious behaviour in the face of STDs and HIV/AIDS threats (Whitaker and Miller, 2000: 251). One study alarmingly showed that communication with peers tends to increase the likelihood of engaging in risky sexual behaviour, whereas parent-adolescent communication decreases the potential risk (Holtzman and Rubinson, 1995: 236). However, all is not lost as other studies have shown that peers can be positive agents of influence. According to DiClemente (1991: 385) and Powell and Segrin (2004: 444) peers can be influential in promoting adequate and consistent behaviours such as efficient condom use among adolescents and their circle of friends.

The perception of risk of contracting the HI virus and other STDs is also seen as another factor that may influence the extent of sexual communication in the dating context. How an individual views him/herself and his/her boy/girlfriend at risk will play a role in the attitude and behaviours associated with the communication about STD and HIV/AIDS.

What this purports for this study is that when linking the social issue of HIV/AIDS and risk, the way in which an individual manages his/her potential risks of HIV infection is very much an individual process. Risk in relation to the health domain, as defined by Adam (in Huber and Schneider, 1992: 7), "depends on perceiving oneself as possibly susceptible to infection." If one does not perceive oneself to be at risk, no risk avoiding measures will be taken. Such avoidance measures may for example include inconsistent use of condoms in sexual encounters thereby increasing risk of HIV infection. Miller and Perlman (2009: 292) explain that most

people underestimate the ‘cumulative overall risk’ associated with partners who have been sexually active in the past (and who may be carrying an STD or the HI virus). Additionally, biases known as ‘illusion of unique invulnerability’ involves the thought that dreadful things are more likely to happen to others and not to oneself (Miller and Perlman, 2009: 292). Both these low risk estimates directly influence the likelihood that no preventative measures such as condom use will be employed.

In light of HIV/AIDS preventative measures, how an individual distinguishes between risky and non-risky sexual practices, can pose serious threats to young adults in dating relationships. Slattery (2003: 256) puts it quite aptly when saying that people must be more ‘self-reflective, self-disciplined and self-controlled’ therefore ‘learning how to evaluate and manage risk’ will ensure ones survival. Identifying the perception of HIV/AIDS risk is useful in that it will play a central role in either promoting healthy sexual communication or hindering this communication, depending on the individuals risk assessment.

### **3. The study**

The aim of the study was to investigate:

- a) do heterosexual adults studying at university discuss the threat of STDs and HIV/AIDS within their dating relationship?
- b) what is the extent of such HIV/AIDS communication within their dating relationship?
- c) what are the factors that may contribute to or impede dating couples to discuss matters relating to HIV/AIDS?

#### **3.1 Research design and data collection**

The chosen research design was that of quantitative research which enabled the collection of data from a large number of respondents, by means of a self-administered questionnaire, among sociology students at the University of Johannesburg. Quantitative survey research made it possible to test for the relationship between the variables relevant to the study. In addition the survey method was an effective means in which to gather information that is characteristically sensitive and allowed for existing instruments (with high validity and reliability) to be used. Both open and closed questions were used when drawing up possible draft questions. The questions and answer options were based on findings of studies in the existing body of the literature.

However, closed questions were chiefly used because respondents were provided with fixed categories from which to select their answers. Respondents were asked to place an *X* on the chosen response which allowed for the answers to be easily coded and compared (Bryman, 2001: 145). The commonly used scale selected for the ratings of the various questions and items was the Likert type scale where respondents can express their attitudes in terms of ordinal-level categories (e.g. agree, disagree) that are ranked along a continuum (Neuman, 2006: 207). The Likert scales were developed and/or adapted for the purposes of measuring key variables inter alia (a) the perceived quality of the dating relationship (b) the perceived quality of general communication in the dating relationship (c) the perceived quality of communication about sexual matters in the dating relationship (d) the level of trust in the dating relationship, (e) the perceived quality about safe-sex matters (f) the extent to which factors may prevent safe-sex communication from occurring (g) decisions not to have sex within the dating relationship (h) the quality of communication about sexual matters with friends and parents/guardians. In constructing the questionnaire, questions were included as to make it possible to eventually test the hypotheses. The final questionnaire consisted of three main sections. Firstly biographical questions were asked where respondents were required to indicate their gender, age, race, home language, academic year of study and religious affiliation. The second section of the questionnaire contained questions pertaining to dating relationship information such as:

- the length of the current relationship,
- nature and quality of the dating relationship,
- rating the quality of general and sexual communication in the dating relationship, whether or not the respondent has ever spoken to his/her dating partner about matters relating to sexuality and HIV/AIDS in the dating relationship,
- whether the couple is sexually active in the dating relationship,
- perception of risk of becoming infected with HI virus,
- safe-sex practices such as condom use in the dating relationship.

Most of these questions were closed ended questions with fixed categories of answers which were acquired from the review of the literature. Some of the questions had simple ‘Yes’ or ‘No’ response options and in some cases where response categories were not always exhaustive, the option of including ‘Other, please indicate/specify’ and ‘Why?’ option was applied. Some of

these questions were also Likert type questions where respondents indicated their response in terms of ordinal-level categories (e.g. agree, disagree).

The last section of the questionnaire consisted of questions around general knowledge, attitudes and beliefs about HIV/AIDS. Such as HIV testing, who the respondents talk to about the threat of STDs and HIV/AIDS, and whether or not HIV/AIDS has ever been discussed in the respondent's family of orientation and peer circle.

The research population that was chosen for this study was sociology students from the UJ Kingsway, Auckland Park Campus. Individuals therefore constituted the 'units of analysis' in the research process. The sample drawn for this study involved undergraduate sociology students (both female and male) across racial lines, who voluntarily agreed to answer the self-administered survey. Respondents needed to comply with two eligibility criteria which included that they a) needed to be between the ages of 18 and 24 and b) were currently in a dating relationship. Those individuals who were single or married were excluded from the sample. The sample for this study was drawn using a non-probability, purposive sampling method.

### **3.2 Profile of the respondents**

There were more females than males in the sample. Females made up 69.9% (n = 107) of the sample and males 30.1% (n = 46). This result is not unlikely considering that there are usually more females students than male students in the social sciences. The mean age (average) was 20.59, the median age was 20.00 and the mode was 19 which indicate the most frequent age in the sample. Respondents ranged between the ages of 18 (minimum) and 24 (maximum). From all the various race categories listed in the questionnaire, the black and white race categories featured as the groupings with the most respondents. Those that listed themselves as black comprised of 53.1% (n = 69) and thus made up the largest percentage of respondents with reference to race. Second highest percentage were those respondents who indicated that their racial category was white at 46.9% (n = 61). The remaining race categories constituted Indian/Asian at 9.8 % (n = 15), Coloured at 3.3% (n = 5) and Other which was not specified at 2.0% (n = 3). Most respondents (45.7%, n = 69) selected English as their home language. The second highest number of respondents listed Nguni languages<sup>1</sup> as their home language with 16.6% (n = 25). This was closely followed by 15.9% (n = 24) of the respondents who indicated that Afrikaans was their home language. Followed by 14.6% (n = 22) of the respondents who

chose Sotho languages<sup>2</sup> as their home language. In terms of academic year of study, First year students made up the category with the highest percentage, with 39.3% (n = 59) respondents indicating this was their first year studying. It is interesting to note that 30.0% (n = 45) of the respondents indicated that they were second year students followed closely by 30.7% (n = 46) of the respondents who indicated that they were third year students. There is a very equal distribution when it comes to the different categories of students in their undergraduate academic year of study at UJ. This was intentional on my part when distributing questionnaires to the first, second, third years. Only a small number of respondents 2% (n = 3) indicated that they were post-graduate Sociology students.

### **3.3 Ethical considerations**

Each questionnaire contained a cover letter, in which full details of the research was spelled out in such a way, that it was clear that the study was not fraudulent, discriminatory nor offensive, but instead, based on proper scientific research conduct. This cover letter provided participants with all the necessary information needed to make a knowledgeable decision about whether they wanted to participate in the study or not. Therefore the respondent's participation in this study was voluntary and could be extracted at any time. Each respondent's identity also remained strictly anonymous. As a result, their privacy was protected and the information provided by the respondents was treated confidentially. This was pertinent to a study that dealt with sensitive questions around sexual behaviours and HIV/AIDS. Consequently, matters of anonymity and trust were central to ensuring the success and validation of the results of this highly sensitive study.

### **3.4 Data analysis**

All completed questionnaires were given to Statkon for statistical analysis. The required statistical tests were performed such as: Chi-square tests, t-tests, cross-tabulation, ANOVAs and factor analysis. Answers to open-ended questions were content-coded based on the respondents verbatim written responses.

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1. Nguni languages variable was re-coded to include IsiNdebele, IsiXhosa, IsiZulu and SiSwati languages.  
2. Sotho languages variable was re-coded and consists of Northern Sotho and Southern Sotho languages.

#### **4. Discussion of findings**

The conducting of a full scale quantitative study lead to the formulation of various hypotheses which were tested. The key findings of these analyses are discussed in this section of the paper.

a) Do discussions about HIV/AIDS take place in dating relationships?

In beginning to answer this question it was found that just over half of the respondents (52%; n = 79) indicated that they discussed the threats of STDs, and HIV/AIDS with their current boy/girlfriend. However, almost just as many respondents (48%; n = 73) indicated that they do not have such discussions about the threats of STDs and HIV/AIDS with their current boy/girlfriend. This finding is interesting considering that the vast majority of respondents (78.3%; n = 119) reported that they do talk about sex and related sexual topics with their boy/girlfriend. It seems then that it is easier for the respondents in this study to discuss more casual issues related to sex, however when more serious and life-threatening topics emerge (such as the dangers of STDs and HIV/AIDS), respondents become less vocal and in doing so avoid such discussions altogether.

Various hypotheses were tested with the question of whether or not young adults discuss the threat of STDs and HIV/AIDS in their dating relationships. Even though there were more women than men in the sample, cross tabulation results indicated that the female respondent's perception about HIV/AIDS communication in their relationship was higher than the male respondents. Therefore the female respondents in this study perceive that the threats of STDs and HIV/AIDS is discussed in their relationship more so than what the male respondents perceive it to be. However, when testing this difference between the variables, it was found that there was no statistically significant difference between respondents of different genders and their perceptions of whether or not they discuss the threats of HIV/AIDS. The literature gave strong consideration to the role of gender and HIV/AIDS. There exist clear gender differences in the communication about STDs and HIV/AIDS in dating relationships. Women are more likely than men to talk about STDs, HIV/AIDS and other related sexual matters such as attitudes about safe-sex i.e. condom use (Greene and Faulkner, 2005: 241; Cline and Mckenzie, 1994: 322). However it must be noted that this study did not measure whether women were more likely than men to talk about STDs and HIV/AIDS in their relationship. A more in-depth study would be useful in

determining how gender differences influences HIV/AIDS communication in dating relationships.

The literature gave some indication that the perceived quality of a dating relationship could influence whether or not certain communication topics would take place or not i.e. communicating about the threats of STDs and HIV/AIDS (Crouter and Booth, 2005: 65). Therefore, this study set out to measure the relationship between relationship quality, and whether or not dating couples discuss the threat of STDs and HIV/AIDS. It was found that in this study, there is a statistically significant difference between respondents with regard to whether they discuss the threat of STDs and HIV/AIDS in their dating relationships and the perceived quality of the relationship. It was interesting to note that respondents who had higher levels of perceived relationship quality were also the ones who discussed serious sexual health issues such as STDs and HIV/AIDS with their boy/girlfriend.

#### b) The extent of HIV/AIDS communication in dating relationships

Many of the respondents (43%; n = 65) of this study indicated that they sometimes discuss the threat of STDs and HIV/AIDS with their boy/girlfriend. However what is interesting to note is that (30%; n = 46) of the respondents indicated that they rarely have such discussions, while (27%; n = 42) of the respondents mentioned that they frequently have discussions about STDs and HIV/AIDS.

Various hypotheses were tested with the question related to the perceptions attached to the extent of HIV/AIDS communication in dating relationships. It was found for example that there is a statistically significant difference between respondents with regard to their perceived quality of the relationship and the extent to which they discuss the threat of STDs and HIV/AIDS. This may also imply that respondents who often discuss the threat of STDs and HIV/AIDS in their dating relationship are also more likely to perceive the quality of their relationship to be high than both groups of respondents who only sometimes discuss STDs and HIV/AIDS and respondents who never/rarely have these discussions.

This study also found that there was a statistically significant difference between respondents from different racial categories and the extent to which they discuss the threat of STDs and HIV/AIDS. It seems then that the gap in the literature was filled with regard to determining the relationship between the communication of HIV/AIDS and different racial

categories. Black respondents in this sample are overall more likely to have such discussions with their dating partner than respondents belonging to other racial categories in the sample (81.1%; n = 56). An additional in-depth study is required to determine what the possible differences are with regard to the nature and extent of the communication about HIV/AIDS of couples in different racial categories.

There was also a statistically significant difference between respondents with regard to the duration of the relationship and the extent to which they discuss the threat of STDs and HIV/AIDS. Both the literature and the results of this study confirm that the longer the time spent in a relationship, the more likely it would be that dating couples will feel at ease and adept to engage in conversations about the threats of STDs and HIV/AIDS with their boy/girlfriend (Miller and Perlman, 2009: 160). Overall, 32.7% (n = 50) of the respondents indicated that they have had 1 to 2 previous boy/girlfriends. It is interesting to see that 28.8% (n = 44) of the sample have had anywhere between 3 to 4 previous boy/girlfriends and only 15.7% (n = 24) have had no previous dating relationship experience. The descriptive trends indicate that most of the respondents have been involved in at least 1 previous dating relationship. This study also examined whether or not the number of previous boy/girlfriends have had an influence on the extent of HIV/AIDS communication. The results of the study confirm findings discussed in the literature that there is a statistically significant difference between the number of dating relationships respondents have had prior to the current dating relationship and the extent to which they discuss the threat of STDs and HIV/AIDS. Ryan et al (2007: 150) indicated for example that the degree of experience acquired through having had a number of ex boy/girlfriends seems to indicate higher levels of safe-sex and HIV/AIDS communication between couples.

This study also set out to examine whether or not there was a statistically significant relationship between respondents who are sexually active in their current dating relationship and those who are not with regard to the extent to which they discuss the threat of STDs and HIV/AIDS. The vast majority of respondents, 73.5% (n = 111) are sexually active while only 26.1% (n = 40) of the respondents are not engaged in sexual intercourse with their current boy/girlfriend. The literature gave strong considerations to the high levels of premarital sex but no link was made to HIV/AIDS communication and sexual intercourse (Aderinto and Samal, 2008: 39; Miller and Perlman, 2009: 279). Therefore a gap in the literature was addressed in that

for this sample, there was indeed a statistically significant difference between respondents who are sexually active in their current dating relationship and those who are not with regard to the extent to which they discuss the threat of STDs and HIV/AIDS. The findings of this study verify that respondents who are sexually active are more likely to often have discussions about STDs and HIV/AIDS within their relationship than those who are not sexually active.

The study also considered if the perceived quality of the general communication in the dating relationships had any influence on the communication about STDs and HIV/AIDS. The majority of respondents (74.5%; n = 114) rated their general communication quality as excellent while only 2% (n = 3) of the respondents perceived that their general communication quality was weak. It was found that there is a statistically significant difference between respondents who perceive the quality of the general communication in the current dating relationship as high and those who do not with regard to the extent to which they discuss the threat of STDs and HIV/AIDS. Both Gottman (in Troy, 2000: 222) and Miller and Perlman (2009: 143) show the value of general communication in dating relationships in ascertaining the impact thereof on communication about other issues such as STDs and HIV/AIDS. Thus, this study has shown that the greater the perceived quality of general communication in the relationship the more likely respondents will be in communicating about the threat of STDs and HIV/AIDS with their boy/girlfriend.

This study also anticipated that the perceived quality of the communication about sexual matters will have an impact on the extent to which a couple will engage in discussions around the threats associated with STDs and HIV/AIDS. Only 44.4% (n = 67) of the respondents indicated that their communication quality about sexual matters is excellent. While 36.4% (n = 55) of the respondents indicated that such communication is adequate. Only 19.2% (n = 29) of the respondents in the sample indicated that their communication about sexual matters is weak. The hypothesis testing revealed that there is a statistically significant difference between respondents who perceive the quality of communication about sexual matters as excellent and those who do not, with regard to the extent to which they discuss the threat of STDs and HIV/AIDS in the current dating relationship. As a consequence, it was found that the respondents who talk openly about sex and related issues with their boy/girlfriend are more likely to often discuss STDs and HIV/AIDS in their relationship.

### c) Factors that influence HIV/AIDS communication in dating relationships

As was found in the literature and with the results of this study, there exist certain ‘barriers’ or factors that influence whether or not communication about STDs and HIV/AIDS takes place in a dating relationship. Such primary factors are the impact of family and peer communication, the notion of risk in contracting STDs and HIV/AIDS and the nature of trust/honesty in dating relationships.

The family of orientation was one such factor which provided a significant primary function of instilling communication patterns in children and adolescents. If parents are more open with regard to talking about the threats of STDs, HIV/AIDS and other sexual issues with their children, the more likely such communication habits will be practiced later on in dating relationships (Cleary et al, 2002: 121; Wilson and Donenberg, 2004: 388; Ryan et al, 2007: 150; Miller and Perlman, 2009: 18). The descriptive findings from this study firstly found that the majority of respondents noted that their parent(s) did not discuss matters related to sex with them when growing up (65.4%; n =100). This finding is in line with the work of Rosenthal and Feldman (1999: 835) who also found that there is more lacking rather than frequent parental communication about sex with adolescents. Furthermore, respondents also indicated that the perceived quality of communication that they have with their parents about sex and related issues is weak (68.2%; n = 101). When the relationships between these variables were tested the following was found which echoed those conclusions drawn from the literature. Those respondents, who received communication about sex and related sexual issues from their parents, are more likely to discuss STDs and HIV/AIDS in their dating relationship. Regnerus (2005: 79-81) also found that that adolescents who have received no communication about sexual issues with their parents are likely to develop negative attitudes towards discussions around sex and related sexual issues such as HIV/AIDS. Respondents in this study who perceived that the quality of the communication about sexual matters with their parents to be weak were also the respondents who did not discuss matters related to STDs and HIV/AIDS with their current dating partner.

The peer group also influences whether or not communication about STDs and HIV/AIDS takes place in a dating relationship. The literature indicated that young adults are more likely to talk to their peers with regard to issues around sex and HIV/AIDS. This

information can either be a positive (modelling safe-sex behaviours such as condom use) or negative (receiving incorrect safe-sex advice thereby increasing risky behaviours) agent of influence (DiClemente, 1991: 385; Holtzman and Rubinson, 1995: 236; Wolf and Pulerwitz, 2003: 470). The majority of the respondents, 68.4% (n = 104) rated the perceived quality of the communication with friends/peers with regard to sexual matters as being excellent. In addition 81% (n = 124) of the respondents indicated that they have already discussed the threat of STDs, HIV/AIDS and other related sexual issues with their friends/peers Yet this had no statistically significant impact on whether the respondents discuss the threat of STDs and HIV/AIDS with their partner.

The perception of risk of becoming infected with STDs and HIV/AIDS is another factor which may influence whether or not communication about STDs and HIV/AIDS takes place in a dating relationship. Young adults need to learn how to evaluate and distinguish between risky and non-risky sexual practices, as this can cause serious threats to young adults in dating relationships if low risk perceptions are found (Slattery, 2003: 256; Miller and Perlman, 2009: 292). It was troubling to note that the majority of the respondents (82%; n = 91) of this study did not perceive themselves to be at any risk of contracting HIV/AIDS through their sexual behaviour. The hypothesis test revealed that there is a statistically significant difference between respondents who perceive themselves to be at risk of contracting HIV/AIDS through their sexual behaviour and those who do not perceive themselves to be at risk with regard to the extent to which they discuss the threat of STDs and HIV/AIDS. This finding corresponds with the work of Miller and Perlman (2009: 292) who have also found that a high risk perception is linked with higher levels of discussions about safe-sex and HIV/AIDS in dating relationships.

Issues related to trust, dishonesty and sexual negotiation practices are also key factors which may influence the communication about STDs and HIV/AIDS in a dating relationship. There were 41.6% (n = 62) of the respondents who felt that a lack of honesty and openness in the relationship prevented safe-sex talk from taking place. This was closely followed by 41.3% (n = 62) of the respondents who felt that to a large extent a lack of trust within the dating relationship also prevented any talk about safe-sex matters from occurring. In addition, 33.3% (n = 50) of the respondents in the sample answered that fears of losing the relationship and being judged prevented them from talking about safe-sex. Not knowing what to talk about when it comes to discussing safe-sex matters and fears of embarrassment/shame in having such discussions were

other factors that thwarted such conversations from occurring with 27.7% (n = 41) and 27.3% (n = 41) of the respondents having said so respectively. Only 8.7% (n = 13) of the respondents felt that a lack of effective communication skills hindered safe-sex discussions from taking place within a dating relationship. Thus it is interesting to note that a lack of honesty and openness in the relationship was the central factor which prevented safe-sex talk from taking place, while a lack of effective communication skills did not play such a pertinent role in preventing such communication.

## **5. Conclusion**

Both the literature and the findings of this study have demonstrated that the communication about sex and related issues such as the threats of STDs and HIV/AIDS does not always occur in every dating relationship, and is mostly a precarious topic for individuals to broach (Esu-Williams, 2000: 125; Miller and Perlman, 2009: 297). For HIV/AIDS prevention studies, the role that communication plays in disseminating safe-sex information (such as condom use) and the communication about the threats of STDs and HIV/AIDS among individuals in dating relationships, provides a much needed platform in which to conduct social research. The investigation of whether or not young adults communicate about sexual matters, STDs and HIV/AIDS, and the extent of such communication particularity with a boy/girlfriend provided a complexity of findings. The study of communication about HIV/AIDS in dating relationships is not a simplistic investigation.

This study found that there are statistically significant differences between discussing the threat of STDs and HIV/AIDS with regard to the following variables: race; duration of the relationship; number of past relationships; perceived relationship quality; being sexually active or not; risk of becoming infected with STDs and/or HIV; the perceived quality of general communication in the dating relationship; talking openly about sex and related sexual content with your partner; the perceived quality of communication about sexual matters; receiving communication about sex and other sexual issues from parents/guardians when growing up and the perceived quality of communication about sexual matters with parents/guardians. There are however no statistical significant differences between respondents with regard to gender and the perceptions of whether or not they discuss the threat of STDs and HIV/AIDS and the perceived quality of communication about sexual matters with friends/ peers.

It is also important that some consideration is given to future research on this topic and the implications of the study's findings for policy and programme formation on HIV/AIDS. Through the exploration of the nature of sexual communication in intimate relationships, it is anticipated that this study will be useful in advocating another step forward to develop a better understanding of matters related to communication about HIV/AIDS. This research project will also require further replications of the study to show extensions of the general population in so that eventually generalisations can be made to the whole population (Smith, 1975: 109). Therefore a more in-depth study with regard to the role of gender and race would prove useful to determine how these variables influence whether or not the communication about HIV/AIDS takes place as well as determining the extent of such communication in dating relationships.

One particular limitation of this study is believed to be the sensitive nature of the topic. Because of the fear, unease, stigma and other feelings associated with this disease, many students could have been possibly put off this research. This may have resulted in many students refusal to answer the questionnaire resulting in a declined response rate. Due to the sample specific nature of the study, another limitation is the fact that the results cannot be representative of the larger population. There were thus no intentions to generalise the findings to the whole university population.

The following possible recommendations can be made with regards to the communication about STDs and HIV/AIDS in dating relationships. Although awareness campaigns have for the most part succeeded in disseminating HIV/AIDS knowledge, many large scale studies neglect to consider studying the exact nature and extent of intimate dyadic communication particularly among young adults in dating relationships. Such an analysis is complex as the communication about sex, related matters and more specifically STDs and HIV/AIDS is a reality which weaves itself among different factors of influence. Instilling safe-sex communication habits among dating couples may just be the key when considering future HIV/AIDS prevention policies and programmes.

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