Criteria for trust and how trust affects sexual decision-making among youth

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Abstract

Objectives: To understand youth’s conceptions of trust in sexual partnerships and examine how trust can serve as an obstacle to adopting risk reduction methods for STIs/HIV, such as consistent condom use or HIV testing.

Methods: A total of 33 focus groups with youth aged 15-24 years were conducted in Eritrea, Tanzania, Zambia and Zimbabwe. Participants discussed definitions of trust, criteria for trustworthiness, risk perception for STIs and HIV, and expectations of trusted partners. Data analysis highlighted common and divergent themes on trust and its role in risk perception.

Results: According to study participants, trusted partners are sexually faithful and concerned about one’s emotional and financial needs. Youth employ emissaries to make introductions and rely on family and friends to inform them of partners’ trustworthiness. Participants revealed many indicators of trust: appearance, emotional cues, social conduct, and a relationship’s seriousness. Youth said that they are reluctant to learn about partners’ sexual histories and assume that partners are HIV negative until suspected otherwise. Condom use is commonly abandoned once trust is established and betrayal of trust usually results in ending a relationship.

Conclusions: Many youth who trust their sexual partners fail to personalize their risk for STIs and HIV. Study findings indicate that although youth use criteria to establish partners’ trustworthiness, they fail to explore partners’ sexual history or consider the consequences of not using condoms. In addition, sexual satisfaction, emotional fulfillment, and fear of relationships’ end obstruct youth’s personal risk perception for STIs and HIV. When trust within partnerships is violated, youth typically terminate relationships and look for new partners in lieu of adopting sustainable risk-reducing methods, such as condom use or HIV testing.

Study findings demonstrate that youth must use appropriate criteria to assess their risk for STIs/HIV and not rely on trusting their sexual partners as a means of protection. Although a checklist of desirable attributes may help youth select a good partner, risky sexual practices, such as inconsistent condom use and multiple partnerships put them at risk for infection. Behavior change campaigns should help youth assess their risk, communicate reliable methods for evaluating risk, and strive for broad social support for STI/HIV prevention. Such programs could promote consistent condom use with all partners, HIV counseling and testing, and delay or reduction of sexual activity where possible.
Introduction

Rates of HIV/AIDS and sexually transmitted infections (STIs) are increasing in sub-Saharan Africa where AIDS is the leading cause of death (UNAIDS 1999; Monitoring the AIDS Pandemic (MAP) Network 2000). Although many STIs can be treated with antibiotics, no cure has been discovered for HIV/AIDS, leaving prevention as the primary method for controlling the epidemic. Increasing condom use, reducing lifetime number of partners, and increasing abstinence remain the key means of AIDS prevention (World Bank 1997; Reinecke, Schmidt, and Ajzen 1996). Youth are especially vulnerable to STIs and HIV infection due to their high levels of sexual activity, transitory sexual relationships, and insufficient rates of condom use (Mehryar 1995; National Research Council 1996; Meekers and Calves 1997; Meekers, Klein, and Foyet 2001; Williams, Ross, Bowen, and Timpson 2001).

Although youth usually recognize that STIs and HIV pose a threat for young people in their communities, many find it difficult to personalize risk and make appropriate decisions to reduce risk. Researchers in developed countries have found that youth often rely on sexual partners’ general trustworthiness to gauge their risk for STIs/HIV rather than using more appropriate criteria such as partners’ sexual histories (Holland, Ramazanoglu, Scott, Sharpe, and Thomson 1991; Hillier, Harrison, and Warr 1998; Kirkman, Rosenthal, and Smith 1998; Gavin 2000). Studies indicate that individuals often use partner attributes such as appearance or reputation to determine whether or not partners are safe from infection (Waldby, Kippax, and Crawford 1993; Plichta, Weisman, Nathanson, Ensminger, and Robinson 1992; Hillier Harrison and Warr 1998; MacPhail and Campbell 2001). Likewise, many youth presume that trusted partnerships contain high levels of emotional commitment, intimacy, and fidelity (Holland, Ramazanoglu, Scott Sue, Sharpe, and Thomson 1992; Fortenberry, Harezlak, Katz, and Orr 2002).

Despite the value that youth place on trusted partnerships, studies have found that most relationships are short-term and that youth follow a cycle of serial monogamy with several trusted partners (Kirkman et al. 1998; Fortenberry et al. 2002). For example, of unmarried youth living in urban Cameroon, 11% of females and 20% of males reported having one or more regular sexual partners in the past year (Meekers et al. 2001). Two thirds (67%) of adult urban males in Zimbabwe reported having two or more sexual partners in the past year (Meekers 2000). A fifth (17%) of unmarried females aged 20-24 in Tanzania reported having two or more sexual partners in the past year, as did a third (32%) of males (Tanzania National Bureau of Statistics and Macro International Inc. 2000). Such high levels of partner change suggest that youth engage in a number of partnerships before committing to one lifetime partner.

Studies from developed and developing countries find that youth are less likely to use condoms with partners they deem trustworthy (Holland et al. 1992; Holland et al. 1991; Plichta et al. 1992; Waldby et al. 1993; Lear 1995; MacPhail and Campbell 2001; Agha, Kusanthan, Longfield, Klein, and Berman 2002). Studies conducted in developed countries suggest that some youth rely on trust instead of condoms to reduce their risk for STIs and HIV (Ingham, Woodcock, and Stenner 1991; Hillier et al. 1998). Proposing condom use can undermine trust and threaten the stability of relationships, especially
when partners interpret such suggestions as admissions or accusations of sexual infidelity (Holland et al. 1991; Kirkman et al. 1998; Wingood and DiClemente 1998). Several studies have found that young women are especially reluctant to suggest condom use with trusted partners for fear of being labeled promiscuous or overstepping their prescribed gender roles in relationships (Holland et al. 1991; Amaro 1995; Hynie, Lydon, Cote, and Wiener 1998; Kirkman et al. 1998). Some youth in Cameroon reported that forgoing condom use implies that they trust their partners (Calvès 1999). Youth also believe that it is necessary to use condoms with less trustworthy individuals, such as one-night stands or casual partners (Holland et al. 1992; de Zoysa, Sweat, and Denison 1996; Lansky 1998). When youth incorporate condoms into sexual relationships use appears to diminish over time or as relationships become more serious (Fortenberry et al. 2002; Lansky 1998; Plichta et al. 1992; Ku, Sonenstein, and Pleck 1994). Furthermore, discontinuing condom use may better reflect the amount of time spent in a relationship rather than presumed monogamy between partners (Plichta et al. 1992).

Little qualitative research has been conducted in sub-Saharan Africa that addresses the topic of trusted partners among youth. Previous studies in developed countries point to the importance of evaluating youth’s construction of trust in relationships, its role in sexual decision-making, and appropriate applications for targeting trusted relationships in STI and HIV prevention programs (Kirkman et al. 1998; Ingham, Woodcock, and Stenner 1991). Few authors have attempted to establish youth’s definition of trust. This study explores the many definitions and descriptions that youth provide for trust, establishes the criteria youth use to determine partners’ trustworthiness, and identifies types of individuals youth believe they can trust. While youth’s standards for selecting trusted partners may be similar to marital partner selection, it is important to determine how criteria for trust influence their evaluation of partners’ potential risk for STIs/HIV. Thus, this study also examines how trust influences youth’s sexual decision-making and perception of risk for STIs and HIV, and identifies how partners violate trust and affect future sexual decision-making.

**Background**

Data were collected in October 2001 as part of a regional Behavior Change Communication (BCC) strategy in East and Southern Africa. Results will be used to inform the creation of a communication strategy that addresses the topic of trusted partners among youth and the role trust plays in risk perception for STIs and HIV. Population Services International (PSI) country programs chose to participate in this regional research based on project priorities and levels of interest in participating in a regional BCC strategy. Four county programs, based in Eritrea, Tanzania, Zambia, and Zimbabwe, agreed to collect and share data.

Even though AIDS prevention is recognized as a national priority in each study country and officials have implemented intensive AIDS prevention programs (Agha 1998), HIV prevalence remains high, especially in Zambia and Zimbabwe (UNAIDS 2000d; Adetunji and Meekers 2001; Agha et al. 2002; Mnyika, Kvale, and Klepp 1995). Specific data and behavioral profiles for each country are outlined below.
Eritrea
Eritrea, with an estimated HIV prevalence of 3% in 1994, has a lower rate of infection than many African countries (UNAIDS 2000c). However, behavioral risks such as early sexual onset and low levels of condom use may contribute to increased rates of infection in the future. A 2001 survey revealed that the vast majority of Eritreans aged 20-24 (88%) reported that they were sexually active by age 19 (Bila et al. 2002). Among those aged 17-24, three-quarters reported using a condom during their last sexual act with a regular partner. Among those who reported not using condoms, 75% said they did not use a condom because they trust their regular sexual partner (Agha et al. 2002). While condom use with regular partners is relatively high (75%), condom use in the last sex act with casual partners is even higher (90%, Bila et al. 2002).

Tanzania
With an estimated HIV prevalence of 8% in the general population, UNAIDS considers Tanzania a high prevalence country. Despite knowledge of AIDS being nearly universal among youth, rates of condom use remain low (Stat Compiler 2002; UNAIDS 2000d). In Kilimanjaro and Arusha, only half of surveyed youth reported that they had ever used condoms for STI/HIV prevention (Mnyika et al. 1995). In addition, in 1999, the median age at first sex among males aged 20-24 was 17.8 years and for females in the same cohort, 17.4 years (UNAIDS 2000d).

Zambia
Zambia has an estimated HIV prevalence of 20%, making it one of the worst affected countries in the world (UNAIDS 2000a). Despite high levels of general knowledge about HIV/AIDS, risk behaviors are common. Youth in Zambia begin sexual activity at a relatively early age. In 1999, median age at first sex for males aged 20-24 was reported to be 16.0 years while for women aged 20-49, the median age was 16.4 years (UNAIDS 2000a). This early sexual initiation is coupled with low levels of reported condom use. A 1998 study revealed that among respondents who reported that their last sexual contact was with a regular partner, only one-third used a condom (Agha 1998). A 1999 survey of urban Zambia reveals that a quarter of the female and a half of the male respondents who reported not using a condom in their last sex act with a regular partner, stated that they did so because they trust their partner (Agha et al. 2002).

Zimbabwe
In 1999, UNAIDS estimated Zimbabwe’s HIV prevalence rate to be 25%, one of the highest rates of infection in the world (UNAIDS 2000b). Even though general knowledge of HIV/AIDS has been high since the late 1980’s, reported condom use remains low (Adamchak, Mbizvo, and Tawanda 1990). In a 1997 survey, only one-half of males and one-third of females reported consistent condom use with a non-marital partner (Adetunji and Meekers 2001). A 1999 study revealed that among adult respondents who reported not using a condom with their regular partner during their last sex act, 77% of females and 59% of males reported nonuse because they trust their partner (Agha et al. 2002).
Methods

A total of 33 focus groups were conducted. General guidelines for recruitment that specified strata by age, sex, and urban residence were provided to field research staff. Each country program conducted two discussion groups in the major urban area composed of the following strata: males 15-19 years, females 15-19 years, males 20-25 years, and females 20-24 years. The Zambia program conducted one additional focus group with males aged 15-19 years. Discussions in Tanzania among males aged 20-25 included some married participants. Eritrean participants were recruited through the National Union of Eritrean Youth and Students, which may have resulted in higher levels of awareness about HIV/AIDS than expected.

Researchers in all four countries used a common discussion guide, which they had pretested prior to data collection. The discussion guide included topics such as how youth meet, what they want to know about their partners and how they go about gathering such information. Participants were asked to reflect on what trust means and how they would describe someone that they can trust in terms of appearance, social background, and behavior. Conversely, participants were asked to examine things partners can do to break each other’s trust and the consequences of broken trust. Moderators explored how youth protect themselves from infection, why they do or do not use condoms, and when youth stop using condoms. Participants were asked to examine the extent to which sexual history is discussed and any effect it has on sexual decision-making.

Same sex moderators conducted discussions in the lingua franca (either the dominant local language or English), and a note-taker was present for each group. Discussion groups lasted between an hour and an hour and a half, were audiotaped, and later transcribed into English. The authors completed data analysis. Trainees at a qualitative research workshop in Kigali, Rwanda contributed to the coding of portions of the transcripts. Researchers used the text-based software Ethnograph 5.0 to highlight common and divergent themes in study transcripts.

Results

Participants stressed the important role that trust plays in relationships among youth. Male and female participants described general qualities of trusted partnerships, traits sought in potential partners, and levels of emotional commitment required in such relationships. For the most part, they agreed on standards for trust. However, some male participants appeared to be more concerned than females with potential partners’ sexual reputation. Females, especially those in Eritrean groups, appeared to be particularly concerned about establishing committed relationships before engaging in sex and trusting partners. Study participants also discussed trust’s effect on risk perception and sexual decision-making. They explained how trusting one’s partner can interfere with safer sexual practices among youth, such as consistent condom use or evaluating their risk for STIs/HIV through testing or discussing sexual histories with partners.
Definitions and descriptions of trustworthiness

Participants explained that youth use several criteria to determine if a partner or potential partner is worthy of their trust. Participants described a checklist that includes several guidelines to help them decide if they should enter into a relationship with someone or if they can trust a current partner. Some of the main guidelines include: faithfulness, meeting through family or friends, passing informal assessments, social status, employment, financial support, avoiding bars, appearance, and virginity. Some traits varied mildly either by gender or across countries but a few were dramatically different across groups.

It is important to note that youth appear to evaluate partners on a combination of traits in order to deem partners trustworthy. Although youth use criteria to judge trust, they seem to overlook other criteria that could further decrease their risk for STIs/HIV. For example, most participants reported that if partners test negative for HIV, they would be able to trust them. However, the majority of participants reported that it is rare for youth to ask their partners to get tested, indicating that it is not a factor that is important to youth’s determination of trust. In addition, few participants reported that youth discuss sexual histories with their partners, mostly because they fear rejection, jealousy, or being told lies. From participant responses, it appears that youth rely on partners’ overall trustworthiness as a substitute for evaluating partners’ potential risk for infecting them with STIs/HIV.

Fidelity

Participants spoke at length about sexual fidelity and the role it plays in establishing and maintaining trust in youth’s relationships. They used several euphemisms for infidelity such as “double cross,” “move around,” “jump around,” and “disappoint.” Participants said that both male and female youth are concerned about partners’ fidelity.

When asked to discuss expectations for trusted partners, many participants immediately described sexual fidelity. There appeared to be a direct link between fidelity and the seriousness of relationships.

“When they say, ‘They trust each other’ it means that he doesn’t have any sexual contact with anyone other than her and the same applies to her too (Eritrean female, 15-19 years).”

Several participant comments indicated that sexual infidelity is more acceptable for males than females. Some male participants added that if men are incapable of remaining faithful to one partner, they should hide their indiscretions so as not to jeopardize their serious relationships.

“In order to show that I love my partner, I shouldn’t show that I have other girlfriends. Otherwise, she won’t be happy. If I must have another girlfriend, I mustn’t make (the relationship) public (Zambian male, 20-25 years).”
Meeting Partners through family or friends

Participants reported that partners met through friends, neighbors, and family members are trustworthy. Youth also appear to meet prospective partners at bars, nightclubs, sporting events or school; however, participants noted that partners met in bars and nightclubs are deemed less trustworthy than those met in other venues.

Youth often perceive family members as helpful at finding suitable partners. Participants said that family members generally look out for youth’s best interests and are not as likely as peers or neighbors to be biased by friendships with prospective partners. Participants stated that youth are more likely to use family members than friends when looking to establish “committed” relationships. They believe that family members can evaluate potential partners well — either by having seen them grow up or by living in close proximity to them. Participants also cited friends as valuable resources in beginning relationships with new partners, especially when family members are unavailable.

“Cousins, sisters, and so on introduce us to the girls they see as good girls. These (girls) may be their friends. In other cases, the boys ask their cousins or sisters about their friends who end up introducing (them to each other) (Zimbabwean male, 15-19 years).”

Passing an informal assessment

Participants reported that youth often “investigate” new or potential partners’ character before beginning relationships. They often turn to the same support group of family members, friends, and neighbors that they use to establish partnerships. Participants reported that youth then make decisions about partners and relationships based on information that informants provide.

“I gather information from neighbors and other people. So, I compare and contrast the two. If the information is consistent I would continue, if not I’d just end (the relationship) (Eritrean female, 15-19 years).”

Other participants reported that youth prefer to study partners’ behavior themselves. When asked how youth protect themselves from infection, some participants said that youth assess partners’ risk for STIs/HIV over a period of time, but not necessarily prior to engaging in sexual relations.

“Observing the girl’s movements [indulgence in sex] is also a means of protecting themselves from STIs/AIDS.... Such young people can only start having sexual intercourse after ascertaining that the partner’s behavior doesn’t endanger or put his life at risk (Zambian male, 15-19 years).”

Some participants reported that youth “test” potential and current partners to determine if they are trustworthy. Some ask partners about a situation that they had learned about
from other sources while others watch partners more closely to try and trap them in contradictions or lies. Female participants tended to discuss more passive ways of testing partners such as researching their background and asking questions, while male participants discussed more elaborate plans to entrap partners in lies.

“Sometimes young people will send their friends to the girl to do a mock proposal and see how she reacts. Then the friend will go back and report what his experience was; whether she gave in or not (Zambian male, 15-19 years).”

Appropriate social background

Participants described several measures to indicate whether or not partners come from an appropriate social background. In their opinion, youth believe that potential or current partners should demonstrate a combination of desirable social characteristics in order to be deemed trustworthy. Such attributes include partners’ neighborhood, family characteristics, religiosity, and level of education.

Most participants from Zimbabwe and Zambia said that youth are interested in knowing where prospective partners reside, though not all participants felt that one can judge partners’ trustworthiness solely by their residence. Some felt that residence may influence one’s character, with youth that reside in poorer neighborhoods or near sex workers being less trustworthy than those from “good” neighborhoods. Some of the reasons that youth evaluate individuals’ trustworthiness according to their residence appear to be based on pre-existing notions of ethnic groups or linked to neighborhoods’ reputations. A few participants reported that youth should not care where partners reside.

“I don’t trust a girl if I’ve seen that the majority of those in the neighborhood where she comes from are not trustworthy (Zambian male, 15-19 years).”

Most participants said that youth are interested in knowing about potential partners’ families. In their opinion, potential partners’ trustworthiness is linked to families’ reputation since parents’ behavior usually indicates the way partners will behave. Most male participants reported that young men prefer partners who are brought up in strict families because they believe that females raised in such an environment are more likely to behave properly and obey them.

“For example, the mother may go out drinking and sleep around. If you married such a woman’s daughter, she’s bound to behave like her mother (Zambian male, 15-19 years).”

Likewise, nearly all participants felt that if youth are introduced to partners’ families, they can be trusted. In their opinion, meeting someone’s family serves dual purposes: it allows youth to know partners better and it validates relationships. Participants often mentioned the importance of meeting each other’s family when describing the type of person that they can trust.
“The girl I trust is the one who comes to my house and gets to know my family; who comes to my house freely, whether my parents are present or not. The same thing applies on my part. If you trust her she’ll also trust you (Eritrean male, 15-19 years).”

For the most part, participants believed that religiosity elevates the trustworthiness of potential partners, usually by teaching “proper” behavior and chastity. However, few participants felt that youth can base their trust in partners solely on their religiosity.

“I can trust someone who goes to church. They’re taught from the Bible to abstain from sex before marriage (Zambian male, 15-19 years).”

Some participants reported that youth could be religious and still not trustworthy. In general, participants believed that youth use church activities as an excuse to socialize and meet partners. Participants also thought that some youth attend church in order to hide risky activities or find partners that they believe are safe from STIs and HIV.

“In church there are some people who’ve been playing around. They go to church pretending to be decent, to deceive some girl who doesn’t know their background (Zambia female, 20-24 years).”

Many participants thought that higher levels of education can make potential partners appear more trustworthy and desirable. Participants explained that youth associate education with dedication and good character. They also seemed to feel that educated partners are more likely to know how to prevent STIs and unwanted pregnancies. A few male participants felt that females learn how to be faithful and love their partners in school.

“At school they’re taught about being faithful to each other in relationships. They’re also taught to protect themselves from pregnancies, STIs, and HIV/AIDS (Zambian male, 15-19).”

Employment

Participants reported that youth are more likely to trust partners who hold jobs than those who do not. They explained that youth with jobs are considered to be responsible, respectable, and less likely to engage in undesirable behaviors. Despite their preference for employment, youth seem to believe that certain jobs can threaten partners’ trustworthiness, especially those that expose them to temptations, such as drinking or opportunities to pursue other sexual partners.

“(I’d trust) someone who has a job because he’ll be less likely to get involved in bad things because he won’t have any spare time (Eritrean female, 15-19 years).”
Financial support and gifts

Participants differed in their perceptions of financial exchange in relationships and how important such exchanges are to youth. Female participants said that young women lend credibility to males who care for their financial needs. Most felt that providing money or gifts is a demonstration of males’ affection and trustworthiness. While financial support and gift giving can demonstrate trust, many male participants believed that it is inappropriate for partners to ask for gifts.

“She might also trust him if he’s a good talker and also if he gives her presents, like a gold necklace or clothes. She may think he’s doing this because he loves her (Eritrean female, 15-19 years).”

“I also think that a girl who likes money too much is not good. If you happen to run out of money, you’ll lose her to another boy who has money (Zambian male, 15-19 years).”

Appearance

Male participants placed more value than female participants did on outward appearances as criteria for judging potential partners trustworthy. Male participants argued that females who dress “loosely” should not be trusted, although they would not rule them out as sexual partners. They were especially critical of young women who wear western clothes or items that reveal “too much” of their bodies.

“The girl I can trust is the one who dresses decently and not the type of dressing that attracts boys...Girls who dress decently are respected unlike those who put on mini dresses (Zambian male, 15-19 years).”

Female participants did not place as strong an emphasis as males on outward appearances as criteria for trust. However, they did express a preference for males who do not dress in western clothing.

“He should dress casually, no baggy trousers, not snobbish and trendy. He shouldn’t refuse to speak Shona, act superior, or have his hair done in dreadlocks (Zimbabwean female, 20 –24).”

Avoid alcohol, bars and nightclubs

Participants reported that youth are less likely to trust those who drink alcohol or go to nightclubs. They explained that when young people drink, they are less likely to control their sexual urges. Male participants felt that if females spend too much time in bars or nightclubs, other men may take advantage of them. They also felt that nightclubs and bars often serve as a base for prostitution or a haven for promiscuity.
“I can’t trust a girl who goes to drinking establishments. Men are a problem when they’re drunk, they want to sleep with anyone they see in a dress (Zambian male, 15-19 years).”

Commitment

Participants believed that once youth demonstrate that they are emotionally committed to each other, trust is established in a relationship. According to participants, establishing commitment usually means that partners are monogamous and intend to remain in the relationship for a period of time. Many believed that feelings of love facilitate trust and solidify relationships. Some participants explained that commitment is assumed after a period of time ranging from a few months to several years.

“When you say, ‘I trust her’ it means that first you come to know each other at school where you’ve had the chance to have a relationship. If the girl doesn’t date others, you’ll trust her (Eritrean male 15-19 years).”

Participants explained that youth use sweet words to lure partners into trusting them. It appears that although sweet talk does not demonstrate one’s trustworthiness, it can blind youth to partners’ negative traits. Both genders can use sweet talk either deceptively or honestly to establish commitment in a relationship.

“You can see if he trusts you from the way he talks. He comes and tells you that he loves you and that he can’t disappoint you…Then you get carried away and trust him (Zambian female, 15-19 years).”

“If you’re continuously told of love, your vision and reason is blurred. You start building trust that you won’t need to protect yourself (Zimbabwean male, 15-19 years).”

Virginity

The majority of male participants thought that many young men seek female partners who are virgins because they believe that they can be trusted. They reported that virginity is the only indicator of females’ trustworthiness that young men feel they can verify. Some male participants added that young men believe that they cannot trust females who give in too easily to their sexual advances. In their opinion, females who acquiesce too easily are “promiscuous” and have engaged in sexual relations with other partners. Again, while male participants used virginity as an indicator of a partner’s trustworthiness, few reported that youth can trust their partners based solely on virginity.

“I once had a girlfriend who took long before she gave in to my advances — about one week... Yet she gave in. I trusted her. (Zambian male, 15-19 years).”

Female participants did not discuss male virginity as a criterion for trust, but reported that young women feel a great deal of social pressure to remain virgins until marriage. Female
participants reported that trustworthy males are those that respect females’ virginity and do not pressure them to engage in sex. Female participants from Eritrea reported that males often test females’ conviction to remain virgins as a way of gauging their trustworthiness. The importance of remaining a virgin seems to be greatest among Eritrean females.

“In my opinion if I’m to trust him, he must respect my virginity (Eritrean female, 15-19 years).”

Testing for HIV

Some participants said that since it is difficult for youth to know whether or not their partners are free from STIs and HIV, both partners should be tested. Most youth agreed that testing negative for HIV would be a good indication that they can trust their partner.

“One way of developing trust in a girl before and after entering into a relationship is to go for an HIV test (Zambian male, 15-19 years).”

Though most groups discussed the importance of testing, most participants felt that it was uncommon for youth to actually request that they and their partners get tested. Other participants felt that testing negative does not necessarily indicate that youth should trust their partners.

“Even after testing you may know that you don’t have HIV and you trust each other, but how about his behaviors? Not having HIV/AIDS doesn’t mean trusting each other! (Tanzanian female, 15-19 years).”

How Trust affects Sexual Decision-Making

In addition to describing attributes of trusted partners, study participants discussed the effect that trust has on STI/HIV risk perception, sexual decision-making, general sexual behavior, and condom use. In general, participants agreed that youth have difficulty personalizing their risk for infection and exploring partners’ sexual histories. They confirmed that condom use among young couples remains low despite high levels of awareness about STIs and HIV, as well as a general perception that youth are at elevated risk.

Similar to the findings presented above, differences in participant comments were more apparent across gender lines than between countries. Females appeared to be concerned about being labeled “promiscuous” while males tend to de-emphasize their experiences with casual relationships. Males appear to rely on partners’ outward appearances in order to determine risk, much like they do when evaluating partners’ trustworthiness. Study participants also thought that male youth are generally impatient when it comes to gratifying sexual urges, so they engage in high-risk activities before accurately gauging the likelihood of contracting STIs or HIV.
**Perception of risk for STIs and HIV**

In participants’ opinion, youth are irresponsible when it comes to sexual behavior, demonstrating high levels of sexual activity and partner change. Participants, particularly males, explained that trust blinds youth from seeing their increased risk for infection. In addition, young people appear to use inadequate cues to assess risk. Two cues used are obtaining information from others about partners’ sexual fidelity and assuming that one can determine if partners are at risk for STIs and HIV by their physical appearance.

Most participants agreed that youth demonstrate high levels of sexual activity and engage in reckless behavior that puts them at increased risk for STIs and HIV. They noted that young people, especially males, pursue a number of different sexual partners and hope to engage in sexual activity early in relationships. Some participants pointed out that youth sometimes justify risk behavior despite knowing that youth are at risk for infection.

“Boys like myself are at risk (for STIs and HIV) because we don’t want to listen and we like girls a lot. Older people that are alive today are there because they chose the right path and refrained from liking girls too much (Zambian male, 20-25 years).”

“Any person in any age group can be infected but as young people we fool ourselves into thinking that some of us don’t have any infections (Zimbabwean male, 15-19 years).”

Other respondents admitted that trust and love can cause youth to misjudge their increased risk for STIs and HIV infection.

“It’s the love that she gives you that presents a ‘cloud’ so you don’t think much about AIDS (Zimbabwean male, 20-24 years).”

**Learning about partners’ sexual history**

Participants agreed that learning about partners’ sexual history is important; however, they acknowledged that this rarely happens. They explained that since youth feel that being completely open with one another could jeopardize relationships, they chose not to disclose too much information about their sexual history. Participants stated that even though youth want to know about the emotional shortcomings of previous partnerships, they do not want to learn details about partners’ sexual escapades for fear that such knowledge could undermine trust and lead to separation. The priority given to relationships and the resulting lack of discussion appears to hinder youth’s personal risk perception.

While several participants thought that youth should discuss their sexual histories with partners in order to make informed decisions about sexual activity and condom use, they acknowledged that this rarely happens. If discussion does take place, youth appear to censor the content and provide as few details as possible. Most youth from Eritrea,
Tanzania, and Zimbabwe felt that talking about past relationships is largely stigmatized. Regardless of country, most females appeared to believe that young women never discuss sexual histories with partners and that partners usually do not tell the truth when the topic is broached. Only male participants from Zambia seemed to think that youth discuss sexual history often.

“Asking about his past partners? That’s impossible, he won’t tell you, so we don’t ask (Tanzania female, 20-25)!”

Youth also seemed to feel more comfortable discussing past partners rather than details about sexual activity or condom use.

“We normally talk about previous partners as soon as we fall in love, but we don’t go as far as asking about sexual experiences (Zimbabwean male, 15-19 years).”

Participants pointed out that one should not share too much information about past partners for fear of violating trust. In their opinion, too many questions could cause current partners to become jealous, feel insecure, or want to end relationships. A few participants thought that sharing too much information about one’s sexual history could make partners fearful about their risk for STIs/HIV and prompt them to end relationships.

“If you begin to ask her about her previous boyfriends and condoms, she’ll ask you, ‘What do I look like? Do I look like I’m sick or what?’ (Zambian male, 20-25 years).”

“Boys don’t talk about their sexual partners because if they have multiple partners the girl may break up with him, as she may be scared of contagious diseases (Eritrean female, 15-19 years).”

In addition, it appears that youth underreport their number of past partners when discussing sexual histories with current partners. Male participants explained that females underreport their partners so that they will not be labeled as “promiscuous,” and therefore untrustworthy. Female participants, on the other hand, explained that males tend to provide details only about “serious” partners, not casual partners.

“It’s difficult for the girl to tell you her exact number of former boyfriends because she’s afraid that you’ll think that she’s promiscuous (Zambian male, 20-25 years).”

“Boys don’t tell the truth about one-night stands or sex workers because they know that if you know this information, you’ll leave them (Zimbabwean female, 20-24 years).”

Female youth appear to be reluctant to talk about past condom use with partners for fear of being perceived as “loose” and untrustworthy. Participants explained that male youth
will not reveal details about past condom use because they do not use them with regular partners and they do not talk openly about casual partnerships.

“You can’t know if they used a condom or not unless she tells you. However, she’d refuse to tell you because she fears that you’ll think she’s promiscuous (Zambian male, 15-19 years).”

Not only did participants believe that youth are unwilling to share details about their sexual history, most seem reluctant to learn too much about partners’ past experiences. Participants explained that some youth would rather ignore the past for fear of knowing too much.

“…Sometimes you love a person sooo much that you don’t want to hear anything. With that person you don’t ask anything, even if somebody says something about him, even if they say he has AIDS (Tanzanian female, 15-19 years).”

Discussion about previous exposure to STIs/HIV seemed impossible to discuss. According to participants, youth can be secretive about their past experiences with STIs or possible exposure to HIV. Telling partners about past exposure to STIs and HIV appears to indicate a violation of trust and can end relationships. Most participants spoke about the stigmatization attached to STIs and HIV, explaining that youth are unwilling to risk becoming infected if they know about partners’ previous exposure.

“A girl just won’t tell you about such things because telling you that any of her past partners was infected (with HIV) would be as good as telling you that she’s also infected (Zambian male, 20-25 years).”

Some participants explained that youth, especially males, wait until after they have had intercourse with partners to ask about sexual histories. They pointed out that young men might be more at ease sharing and hearing such information once they feel comfortable with their partners. Other participants said that young men are often in such a hurry to have sex with partners that they accept the potential risk for STIs/HIV and discuss sexual histories later.

“The best time to find out a lot of things about her is when you’ve started to make love — now you can easily ask her (Tanzanian male, 20-25 years).”

**Condom use**

Although participants recognized that condom use is an effective means of protection against STIs and HIV, they admitted that most youth do not use condoms, especially with trusted partners. Respondents spoke of the need to use condoms with partners perceived as promiscuous, such as CSWs or one-night stands. They also pointed out that youth generally use condoms during the early stages of relationships, but abandon them after a period of time. Suggesting condom use can indicate a lack of trust in partners and can jeopardize relationships. Some participants suggested that youth propose using condoms
under the guise of pregnancy prevention, instead of STI/HIV protection, to avoid offending sexual partners.

As a general rule, participants thought that youth should use condoms to protect themselves from STIs and HIV. Participants pointed out that youth are more likely to use condoms with casual than with trusted partners. They also noted that when condoms are used with trusted partners, they are usually used for pregnancy prevention or for a period of time, usually until trust is established or they feel as if they “know” one another well.

“Condoms are only used against disease with casual partners, prostitutes, and one-night stands since the relationships aren’t serious (Zimbabwean male, 20-24 years).”

“The first time that you’re going to have sex, you’re going to use condoms. For the subsequent times, you’re not going to use condoms (Zambian male, 20-25 years).”

Both male and female participants emphasized that proposing condom use can compromise trust in partners by insinuating promiscuity, infidelity, suspicion, or infection with STIs or HIV. As a result, youth are reluctant to propose their use once trust has been established.

“(Male partners) can say all sorts of things to make you feel guilty. (It’s) as if you’re committing a crime by insisting on condom use (Zambian female, 15-19 years).”

Some participants suggested that youth that want to use condoms propose doing so as a means of pregnancy prevention. This can avoid violating trust or offending partners by suggesting that STI/HIV protection is necessary.

“At times it’s easy to talk about condom use as a way of preventing pregnancy, but the moment you talk about (using them for) disease prevention you risk loosing your sexual partner (Zimbabwean male 15-19 years).”

Discontinuing condom use

Although most participants agreed that few youth use condoms in trusted relationships, they listed factors that are linked to discontinuation of use and establishment of trust. Respondents described how youth usually abandon condom use after feeling that they “know” their partners well, spending time in relationships, feeling reassured that partners are sexually faithful, and confirming trust through further “investigations.” They also explained that discontinuing condom use can indicate advancement in relationships to more serious levels, especially consideration of marriage. It appears that some youth feel assured that partners are HIV negative when they either get tested or show no signs or symptoms of infection over time.
Participants pointed out that some youth believe that trust is the only form of protection they need against STIs and HIV. Many explained that youth presume that they do not need to use condoms with trusted partners or partners that they love.

“The key to protecting yourselves from sexual diseases and HIV is to trust each other. If you trust each other, you don’t need any means of protection (Eritrean male, 15-19 years).”

Some participants, however, felt that condoms could be abandoned once trusted partners have spent time in relationships or after they have had sex a couple of times. Appropriate lengths of time ranged from one week to a few years.

“I’ve seen most of my friends contracting sexual diseases because they don’t use condoms consistently. They may use a condom the first time, second time and third time (they have sex). Afterwards they develop trust and stop using condoms (Zambian male, 20-25 years).”

A few participants revisited the topic of investigating partners’ behavior, but with an eye to their sexual behavior. They explained that some youth believe that they can determine the faithfulness and “safety” of partners by asking others for information or observing partners’ sexual behavior over time. In their opinion, if partners appear faithful, hence trustworthy, one can abandon condom use. Assurance may come with time or by proposing a discontinuation of use.

“If there’s no suspicion that the partner’s being unfaithful, they may decide to stop using condoms as a way of showing that they’re faithful to each other (Zambian male, 20-25 years).”

Several participants explained that abandoning condom use can indicate progress in relationships and demonstrate that partnerships are serious. Trust appears to mark an emotional turning point within young couples’ relationships, a point at which condom use becomes unnecessary. This is especially the case when youth believe that they will marry their partners.

“(Those who stop using condoms) are the ones who’ve decided to get married. Those who’ve been together for a long time can also decide to stop using condoms because they trust each other (Eritrean male, 20-25 years).”

While some participants argued that youth should be tested for HIV before abandoning condoms, others pointed out that many youth presume that partners are HIV negative when they do not show signs or symptoms of AIDS over time.

“I think the big problem’s that when you start (having sex) you’ll use them. After some months you decide to believe that she’s OK and so you stop using condoms
even before you’ve tested your blood! It’s a big mistake, people should test their blood first (Tanzanian female, 20-25 years).”

**Breaking trust and future sexual decision-making**

Participants did not report that a break in trust would affect sexual decision-making with youth’s future partners. They seemed to attribute violations in trust to partners’ character flaws rather than indicators that relationship terms and expectations should be renegotiated. For the majority of youth, it appears that negative experiences with partners do not translate into an improved personal risk perception or a sustainable behavior change. Rather than minimizing risk by adopting safer behavior with current partners or transporting safer behavior into new relationships, youth appear to repeat a cycle of trust and broken trust, without adopting sustainable risk reduction methods.

**Conclusions**

As with all studies, this project faced some limitations that must be taken into account when analyzing data and drawing conclusions from results. Specifically, the shortcomings of this study can be attributed to time allowed for data collection, consistency in data quality across countries, transcription quality, methods for recruitment, information bias, and the challenge of conducting research in a multi-country setting.

Despite such challenges, this study provides insights into youth’s conceptualization of trusted relationships as well as how trust affects STI/HIV risk perception and sexual decision-making. Our findings are similar to those in developed countries; youth recognize that they are at increased risk for STIs/HIV but have difficulty personalizing their risk for infection and often use ineffective criteria to evaluate their risk within trusted relationships (Holland et al. 1991; Hillier et al. 1998; Kirkman et al. 1998). Our finding that youth look for partners that they can trust in lieu of reducing their risk through consistent condom use or evaluating their HIV status through testing is also consistent with past findings (Ingham et al. 1991; Hillier et al. 1998). Our study also reveals the complexity of trusted partnerships among youth and how youth prioritize fulfillment of emotional needs to the exclusion of protecting themselves from infection with STIs and HIV.

This study aimed to understand what youth mean when they say that they trust their sexual partners and, as a result, fail to adopt methods to reduce their risk for contracting STIs and HIV/AIDS. Participants revealed that emotional commitment, love, and sexual fidelity are essential to establishing trusted partnerships. These standards for partner selection are similar to those for marital partner selection and appear to be clouded by similar sorts of anxieties. Such emotional investments can blind youth to their risk for STIs/HIV and render them unwilling to explore partners’ sexual histories for fear of jeopardizing relationships. As a result, youth’s quest for trusted partners and steady relationships impedes their ability to accurately assess their risk for STIs/HIV and protect themselves from infection.
Even though youth recognize that they are at increased risk for infection due to high levels of sexual activity and inconsistent condom use, they do not appear to adopt sustainable preventive measures, especially within trusted relationships. Participants explained that sex usually occurs early within relationships and if condoms are used, they are used at the beginning of relationships, perhaps before trust is confirmed. Since youth associate condom use with a lack of trust in one’s partner, use remains low within regular partnerships; however, when used with trusted partners, youth appear to negotiate condom use for pregnancy prevention rather than protection from STIs/HIV.

Infidelity represents the most serious violation of trust and usually results in the end of relationships. A common theme across all focus groups was youth’s inability to learn from past experiences and apply them to future sexual decision-making in a sustained manner. Even when trust is broken, they do not apply lessons learned to new relationships, repeating the same scenarios of trust, infidelity and exposure to STIs/HIV.

The findings from this study suggest several programmatic opportunities for targeting youth and helping them prevent infection with STIs/HIV. It is evident that youth must use appropriate criteria to evaluate their risk and not rely on trusting their sexual partners as a means of protection from infection. Although a checklist of desirable attributes may help youth select a good partner, risky sexual practices such as inconsistent condom use, reluctance to discuss sexual histories, and multiple partnerships put them at risk for infection. Behavior change campaigns must help youth personalize their risk, communicate reliable methods for evaluating risk, and strive for broad social support for STI/HIV prevention, including consistent condom use with all partners, HIV counseling and testing, and delay or reduction of sexual activity where possible.
Reference List


Monitoring the AIDS Pandemic (MAP) Network. 2000. *The Status and Trends of the...*


Wingood, Gina and Ralph DiClemente. 1998. “Partner Influences and Gender-Related
Factors Associated with Noncondom Use among Young Adult African American Women.” *American Journal of Community Psychology* 26:29-51.

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1998


Agha, Sohail. 1998. Is Low Income a Constraint to Contraceptive Use Among the Pakistani Poor?

Meekers, Dominique. 1998. The Effectiveness of Targeted Social Marketing to Promote Adolescent Reproductive Health: The Case of Soweto, South Africa.


1999

Van Rossem, Ronan and Dominique Meekers. 1999. An Evaluation of the Effectiveness of Targeted Social Marketing to Promote Adolescent and Young Adult Reproductive Health in Cameroon.


Agha, Sohail, Andrew Karlyn, and Dominique Meekers. 1999. The Promotion of Safer Sex Among High Risk Individuals in Mozambique.


Agha, Sohail. 1999. Patterns of Use of the Female Condom in Lusaka, Zambia.
26 Agha, Sohail. 1999. Consumer Intentions to Use the Female Condom After One Year of Mass-Marketing

27 Meekers, Dominique and Edna Ogada. 1999. Explaining Discrepancies in Reproductive Health Indicators from Population-Based Surveys and Exit Surveys.


2000


2001


Karlyn, Andrew S. 2001. The Impact of a Targeted Radio Campaign to Prevent STIs and HIV/AIDS in Mozambique


Agha, Sohail and Ronan Van Rossem. 2001. The Impact of Mass Media Campaigns on Intentions to Use the Female Condom in Tanzania.

Agha, Sohail. 2001. The Impact of the Kenya Social Marketing Program on Personal Risk Perception, Perceived Self-efficacy and on other Behavioral Predictors.


Meekers, Dominique and Megan Klein. 2001. Patterns of sexual behavior and condom use among high school and university students in Butare and Gitarama province, Rwanda.

2002


Agha, Sohail and Ronan Van Rossem. 2002. The Impact of a School-Based Peer Sexual Health Intervention on Normative Beliefs, Risk Perceptions and Sexual Behavior of Zambian Adolescents