Sexually Transmitted Disease Prevention
from Encyclopedia of Health Communication

Prevention of sexually transmitted diseases (STDs) is a simple matter of sexual partners engaging in one of two options: (1) refraining from sexual activity, thus completely preventing potential disease acquisition; or (2) using protection (condoms) when engaging in sexual activities. U.S. public health officials have long recognized the importance of interpersonal communication in preventing the spread of STDs including the human papillomavirus (HPV) and the human immunodeficiency virus (HIV), the precursor to acquired immunodeficiency syndrome (AIDS).

Sexually Transmitted Disease Research Areas
Numerous researchers have examined the communication and the nonverbal behaviors surrounding prevention strategies, called safer-sex talk; scholars have characterized safer-sex talk as gaming, persuasion, and negotiation. This extensive body of research documents and describes safer-sex conversations, including male versus female partners' differing perceptions and reports of safer-sex talk. A related line of research examines public health/prevention campaigns.

Knowledge versus practice of safer sex. Due in large part to educational campaigns, several studies document relatively high levels of knowledge about the transmission process of STDs; however, knowledge does not always translate into appropriate action. Health care professionals consistently advise condom use to limit the spread of STDs, yet few initial sexual encounters involve condom use. Researchers offer two compatible explanations for this oxymoronic situation: (1) partners must perceive susceptibility to STDs before they employ appropriate preventative measures; and (2) a gap exists between what partners know they ought to do and what they know how to do (negotiate condom use with potential sexual partners). Furthermore, research documents that belief in one’s ability to make the request increases condom use, more so than belief that the request will be effective.

The difficult nature of safer-sex communication. Safer-sex talk can include discussions of sexual histories, monogamy, HIV testing, condom use, and sexual values. Research indicates that partners often find such issues difficult to discuss, even in long-term relationships, and that such talk can be considered taboo and “off limits” by one or both relational partners. Consequently, partners might avoid such conversations for four reasons: (1) the potentially negative impact that such conversations might have on the relationship, (2) projections of partners' negative reactions to the conversations (e.g., refusal to comply), (3) the desire to manage privacy boundaries, and (4) fears of provoking conflict. Requests for condom use can raise additional relational issues of commitment including issues of exclusivity and promiscuity. Finally, fear of relational dissolution as well as loss of the couple’s joint social network may inhibit safer-sex conversations. In short, sexual partners may avoid challenging and/or taboo topics, such as safer sex, to protect their relationship.

Most recently, researchers documented that adolescents in committed relationships do not always discuss condom use because practicing safer sex often becomes a habitual behavior, thus
eliminating the necessity for such discussions. In another recent study, partners reported not seeing the need to discuss using a condom; instead they believed that if an individual wanted to use a condom, he or she would do so. Given these more recent findings, it appears that safer-sex “talk” can be nonverbal as well as verbal.

Reasons for engaging or not engaging in safer-sex talk. Past researchers have provided a variety of explanations for sexual partners’ willingness and unwillingness to engage in safer-sex talk, including not having the knowledge or skills to engage in safer-sex talk with new partners and assuming that the current partner presents minimal risk for acquiring STDs. Some past researchers tied their explanations for partners’ willingness to engage in safer-sex talk to sex-role expectations. For example, one study reported that the females in their sample reported buying condoms and initiating their use, while the males reported waiting for their partner to initiate condom use. One major inhibitor to safer-sex conversations has been consistently documented across multiple studies: Participants consistently describe alcohol and drug use as decreasing their likelihood of engaging in safer-sex talk and behaviors.

Parental communication as precursor to safer-sex talk. Numerous studies link condom use to perceived quality of communication with parents. Scholars argue that parents who actively engage their children in discussion of family disagreements prepare their children for communicatively challenging conversations in close, personal relationships, such as safer-sex talk, by helping them gain the communicative confidence to face controversy directly.
A 1983 AIDS prevention poster appeals to a sense of parental responsibility. Many parents avoid conversations about sex with their children, but numerous studies link condom use to perceived quality of communication with parents.

Multiple studies link comfort in partner-to-partner sexual discussions with open communication in parent-child relationships, including talk about topics of a sexual nature. Mothers and fathers are equally likely to talk about sex with their sons, but it is primarily mothers who discuss sex with their
daughters. Daughters who report not experiencing such conversations with their mothers believed that such conversations would have made them stronger women and increased closeness with their mother. Females who report having little or no communication with their parents about sexual matters frequently failed to use condoms, did not discuss sexual histories with their partners, and/or tended to engage in unprotected sex with multiple partners; these women reported perceiving themselves as lacking condom negotiation skills. Many parents avoid conversations about sex with their children, but can learn how to initiate and successfully engage in such discussions via parental training programs.

Communication during safer-sex talk. Research documents a wide variety of specific communication strategies employed during safer-sex talk; some of these strategies were more direct than others. Indirect strategies include getting information through others, asking about past relationships, joking, discovering through observation or experience, games, discussion of the issues in the context of friends, rehearsing the discussion prior to its taking place, and joking about sex. In contrast, direct strategies typically involve direct requests for information such as directly asking the partner about past relationships/behaviors. Specific triggers to safer-sex conversations include a sexual encounter, concern/fear, co-watching relevant media such as watching a sex scene during a film, casual conversation, and curiosity/interest. In safer-sex conversations, partners primarily discuss condom use, clinical issues such as means of transmission, and sexual histories.

Sexual histories. Sexual partners can experience the “need to reveal” sexual histories to protect themselves from the risk of contracting STDs or HIV versus the “need to conceal” to protect the relationship, as they fear that disclosure of health concerns potentially threatens the climate of trust and openness in the relationship. When partners manage these tensions by failing to disclose their sexual histories, they succeed in protecting the relationship, but at the potentially very high cost of sacrificing their own and their partners’ health. However, in two more recent studies, partners disclosed sexual histories and potential disease transmission after initiating a sexual relationship. Furthermore, condom use typically occurred after the partners talked about their sexual histories and possible health threats. Thus, failure to discuss sexual histories may be tied to failure to use condoms. Male versus female differences in safer-sex talk. Cultural stereotypes assign women the role of setting sexual boundaries as well as the role of “relationship expert,” attuned to the health of the relationship. Conversely, women can be uncomfortable speaking aggressively or boldly about sexual matters and thus might wait for the males to initiate safer-sex talk. Women reported that fears, anxiety, and a lack of skills contributed to their reported reluctance to talk about sexual health issues with new partners. Even more troubling, in one study women reported occasionally engaging in sex with men they did not know well enough to “have the conversation” about risky sexual behaviors. Similarly, male partners reported rarely initiating sexual health discussions prior to intercourse.

Reports of sex differences in safer-sex talk consistently describe heterosexual partners selecting communicative behaviors based on patterns scripted by speakers’ sex. Sexual scripts constitute plans of action about how sexual interactions will play out, often including who will say or do what to whom and in what ways. Multiple scholars have identified scripts with male and female roles for conversations about sex.

Sexual scripts provide descriptions of appropriate sexual behaviors for males and females. They are linked to communication in two ways: (1) they can prescribe particular communication behaviors; and (2) through communication, relational partners negotiate changes in scripts that are mutually
beneficial. Sexual scripts can guide safer-sex practices and conversations. Such scripts can include conversations about sexual health, sexual histories, desire for and/or direct requests for condom use.

Strategies for requesting condom use. Many studies identify commonly used strategies for requesting condom use. The most common compliance-gaining strategies to persuade a partner to use condoms are me (benefits the persuader), you (benefits the persuadee), activity (focuses on activity), us (mutually benefiting), power (reward), power (punishment), external (outside influence), direct (straightforward request), and deception (lying). Another study identified three primary verbal strategies employed in requests for condom use—commanding/asserting, persuading/suggesting, and threatening to withhold sex—and two nonverbal strategies—purchasing condoms and putting on condoms. Similarly, other researchers reported six strategies for safer-sex discussions: (1) demand (e.g., “I insist that you tell me about your former partners.”); (2) withdrawal (e.g., “I can't believe I could ever get HIV. I don't know anyone who has.”); (3) problem-solving (e.g., “It may not be a bad idea so that we’ll both be safe, OK?”); (4) defensiveness (e.g., “Someone told you we should talk about it, didn't they?”); (5) negative affect (“If you want to get an AIDS test, just go ahead.”); and (6) positive affect (“I just want you to be safe because I love you.”). Finally, in multiple studies, some sexual partners report intentionally engaging in deception about their sexual histories.

In multiple studies, the act of simply requesting condom use was a significant predictor of actual condom use. Additional researchers confirm that typically a partner who simply requests condom use receives immediate compliance. Furthermore, no talk is necessary; just presenting the condom typically meets with compliance to the unspoken request.

Safer-sex educational and media campaigns. Given the difficulties and challenges of safer-sex practices, health agencies have undertaken education programs, typically offered in public schools; traditional media campaigns (via television, newspapers, and magazines); as well as information blitzes in multiple online venues. Such efforts are often tailored to specific audiences. These audiences are often characterized as marginalized and identified by sexual preferences (such as gay men), cultural identification (such as Hispanics), and/or location (such as rural preteens). The campaign messages vary widely from providing models of effective safer-sex talk, to providing factual information about STDs, to dramatic and frightening depictions of the results of unsafe sexual practices.

Research documents that educational programs among high-school sophomores can increase confidence in condom negotiation, a strong predictor of condom requests. Mass media campaigns and their associated public service announcements (PSAs) often lead to conversation among peers who are co-viewing entertainment content while the PSAs are airing. Three topics are typically discussed in subsequent peer conversations about the PSAs: the PSAs' realism, the seriousness of PSAs' messages, and humorous remarks about PSAs. Unless PSAs are viewed as unrealistic, such conversation furthers the purpose of PSAs and leads to enhanced learning.

Given its low cost, many educational efforts have migrated to online venues. The Internet allows for anonymous searching for information on STDs, and for inquiries on any aspect of the topic. However, in one study college women exhibited difficulty in locating online information about STDs. Conversely, online educational campaigns can be enacted on multiple communication channels simultaneously, including social media such as Facebook and Twitter.

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See Also:

Alcohol and Health Decision Making
Defensive Reactions: Health Messages
Digital Media
Family Communication and End of Life
Gender
Health Campaigns
Health Literacy: Integrating Into Health Care Systems
Health Literacy, Online
HIV/AIDS: Disclosure Dilemmas
HIV/AIDS: Language, Metaphors, and Social Construction
HIV/AIDS: Overview
Human Papillomavirus
Interpersonal Communication and Mass Media Health Campaigns
LGBT Issues
Mediated Health Campaigns
Memorable Messages
Mother–Daughter Dyad Communication
Online Health Information Seeking
Pornography, Health Consequences of
Public Service Announcements
Risk Perceptions
Risk-Taking Behaviors
Safer Sex
Sex Education
Sex Workers
Sexual Health
Women’s Health

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Further Readings


Casey, Mary K.; Timmermann, Lindsay; Allen, Mike; Krahn, Sarah; Turkiewicz, Katie LaPlant. “Response and Self-Efficacy of Condom Use: A Meta-Analysis of This Important Element of AIDS Education and Prevention.” Southern Communication Journal, v.74/1 (2009).


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