

Partners' Reports of Sexual Activity, but Not of Risky Behavior, Generally Agree

Women and their partners enrolled in a clinical trial of an intervention aimed at preventing heterosexual transmission of HIV and other STDs generally gave the same responses when asked whether they had recently engaged in a variety of sexual behaviors and whether they had used condoms; responses were more discordant when participants were asked about risky behavior.¹ Roughly one in three couples disagreed as to whether each partner had used drugs and whether each had used alcohol while having sex. The duration of the relationship and partners' satisfaction with the relationship were key predictors of discordant reports of sexual and risk-related behaviors.

Researchers recruited women attending an urban, outpatient clinic to participate in the study, and asked eligible women to recruit their main partner. To be eligible, women had to have had unprotected vaginal or anal sex in the past 90 days with a man they believed was HIV-positive, was using injection drugs, had had STD symptoms or received an STD diagnosis within the past 90 days, or had had another partner during that period. The 217 women who enrolled were interviewed in private by female staff, and their partners were interviewed in private by male staff; couples were then randomized to one of three study arms. The researchers analyzed baseline data to assess concordance of partners' reports of sexual behavior and examine characteristics associated with discordance.

The majority of both women and men were older than 35 (54% and 62%, respectively), were black or Hispanic (94% and 93%), had never been married (60% and 55%), had an income of less than \$5,000 (68% and 51%) and had not finished high school (66% and 65%). About seven in 10 participants of each gender were HIV-negative, but one in 10 did not know their HIV status. Sixty percent of women and 40% of men scored low on a scale measuring sexual

comfort; 56% and 48%, respectively, scored low on a scale assessing relationship satisfaction. One-quarter of each reported that they had been in their current relationship for at least six years; nine in 10 felt confident that they and their partner would still be together in a year.

Partners generally gave matching reports about their sexual activity in the past 90 days. In all couples, both partners said that they had had vaginal intercourse; in the majority, reports of anal and oral sex were concordant (i.e., both partners said either that the activity had occurred or that it had not). However, 19% of couples gave discordant reports about anal sex, 24% about fellatio and 26% about cunnilingus. Levels of concordance in reporting of preventive behavior were high; only 5% of couples disagreed as to whether they had used a female condom, and 15% about whether they had used a male condom. Discordance was more common in reports of risky behavior: When asked whether each partner had used drugs and whether each had used alcohol during sexual activity in the past 90 days, 32–34% of couples gave discordant responses.

Using logistic regression, the researchers identified the individual and relationship characteristics that were associated with discordant reports of sexual and risk-related behaviors. Couples in which the woman was formerly married had significantly higher odds of providing discordant reports of cunnilingus than did those in which the woman was never-married (odds ratio, 3.3); couples in which the woman was married had sharply reduced odds of disagreeing on the female partner's drug use or the male partner's alcohol use during sex (0.2–0.3). The likelihood of discordant reporting of the male's alcohol use was higher if the man was aged 26–35 than if he was older, and disagreement about fellatio and cunnilingus was more common if the male was Hispanic than if he was black (3.4 and 6.9, respectively). Compared with couples who included an HIV-negative male, those in which the man was HIV-infected were more likely to provide discordant reports about fellatio (5.9), any condom use (8.5) and male condom use (9.4).

Both partners' satisfaction with the relationship was associated with discordant reporting of behavior. The odds of disagreement about fellatio, the woman's drug use during sex and the man's drinking during sex

were elevated if the female partner scored low on the relationship satisfaction scale (odds ratios, 2.0–3.0); the odds of discordance about both partners' use of drugs during sex were reduced if the male scored low on this measure (0.3–0.5). Relationship duration also was important: Couples who had been together for six or more years were more likely than those in shorter term relationships to give discordant responses when asked about cunnilingus and each partner's use of drugs during sex (2.3–2.6).

Noting that the study design and sample limit the generalizability of the findings, the researchers nevertheless believe that the study's lessons are substantial. For example, it points up the importance of routine assessment of substance use during sexual behavior, underscores the need for interventions to help women negotiate condom use and demonstrates the necessity of understanding the interplay between relationship satisfaction and risky behavior. Identifying factors "that could assist in determining

which couples would be more likely to make discordant reports" about their risk-related behaviors, the researchers conclude, would help in the development of further research on interventions targeted at specific populations.—*D. Hollander*

REFERENCE

1. Witte SS et al., Predictors of discordant reports of sexual and HIV/sexually transmitted infection risk behaviors among heterosexual couples, *Sexually Transmitted Diseases*, 2007, 34(5):302–308.