

INFLUENCING A PARTNER TO USE A CONDOM

A College Student Perspective

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Little is known about the influence strategies that young heterosexual adults use to persuade a new sexual partner to use or avoid the use of condoms. College students' ($N = 393$) opinions about and experiences with six condom power strategies were examined. Overall, students gender-typed the strategies as "feminine" when the goal was to persuade a partner to use condoms and as "masculine" when trying to avoid condom use. Effectiveness and comfort ratings of the strategies varied both by students' gender and the particular tactic being evaluated. Gender differences also emerged in students' actual experiences with the strategies. When trying to encourage condom use, men utilized seduction most often; whereas, withholding sex was the most popular tactic used by women. For avoiding condom use, men were more likely than women to employ seduction, reward, and information. Implications for understanding the impact of gender and social influence in the domain of condom use are discussed.

We are very grateful to Dale Berger for his statistical advice and helpful comments on earlier versions of this paper, and to the valuable suggestions of two anonymous reviewers. We also appreciate the assistance of William Broen, Jacqueline Goodchilds, Naomi McCormick, and Bertram Raven.

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Despite growing concern about AIDS and other sexually transmitted diseases (STDs), many heterosexuals continue to engage in unprotected intercourse with multiple partners. As a result, infection rates for human immunodeficiency virus (HIV) and other sexually transmitted diseases are increasing at an alarming rate among young heterosexual adults (Allen & Setlow, 1991; Brooks-Gunn & Furstenberg, 1989). Public health officials urge the use of condoms, and research indicates that young adults are aware of both the risks of unprotected sex and the effectiveness of condoms to prevent infection (Baldwin, Whiteley, & Baldwin, 1990). Nonetheless, this knowledge has not led young heterosexuals to use condoms consistently (Baldwin et al., 1990; Kaemingk & Bootzin, 1990; O'Keeffe, Nesselhof-Kendall, & Baum, 1990).

A major impediment to safer sex behaviors can be the difficulty of influencing a reluctant partner to use a condom. According to O'Keeffe et al., "The decision to avoid high-risk behavior may meet with resistance from others. Overcoming the pressures from a potential sex partner who does not want to use a condom may be difficult" (1990, p. 177). Condom use occurs in an interpersonal context, and so the ability to persuade a partner about safer sex behavior is a key step in translating knowledge and concern about STDs into action (Fisher & Fisher, 1992).

Despite the considerable research now available on AIDS prevention (Fisher & Fisher, 1992), we know virtually nothing about the strategies dating partners employ to influence each other to use condoms or to avoid condom use. Persuading a sexual partner to use a condom involves juggling two potentially incompatible objectives. On the one hand, a person wants to use an approach that will gain the partner's compliance. On the other hand, a person wants to use an approach that will not interfere with the unfolding of a rewarding sexual interaction. For instance, a woman may want to convince her date to wear a condom, yet fear being so insistent as to dampen his sexual interest or jeopardize the relationship. This concern is illustrated in a recent newspaper article offering advice to women about condom etiquette:

Women say, "Every time I take this [condom] out, he loses his erection, so what do I do?" I say, "Look, a lot of men are bummed out that they have to do this. They see it as a threat to their masculinity. For these guys, the best thing to do is relieve them of the responsibility. You put it on him and make it an erotic thing." (Abacarian, 1992, p. 8)

An important new direction for research is to move beyond anecdotes by systematically examining the varied ways sexual partners try to influence each other to practice safer sex.

The present study investigated how young heterosexual adults influence a new sexual partner about condom use. The conceptual basis for this research is provided by social psychological analyses of social power (e.g.,

Falbo & Peplau, 1980; Raven, 1992; Sagrestano, 1992a). The study had three major goals. A first objective was to identify a set of influence strategies that young adults commonly use to persuade a new sexual partner about condom use. A second goal was to assess students' gender-typing of various strategies: Are some strategies perceived as more likely to be used by women, and other are seen as more likely to be used by men? A final goal was to investigate differences between women's and men's assessments of the comfort and effectiveness of condom influence strategies, as well as to assess gender differences in students' actual use of the strategies.

Most relevant to our interest in the negotiation of condom use are previous studies of social power strategies in the sexual domain conducted by Naomi McCormick. In a first study, McCormick (1979) investigated ways students would try to persuade a dating partner either to have sexual intercourse or to avoid having intercourse. In a later study, McCormick and Gaeddert (1989) examined how young adults would influence a sexual partner to use contraception. These studies provide a methodology for the systematic identification of common power strategies in a particular domain of social interaction. In addition, they indicate that the choice of tactics often varies depending on the individual's personal goals and the specific behavior in question. For instance, when an individual was trying to persuade a partner to have intercourse, seduction and the use of suggestive body language were common strategies. But when the goal was to avoid having intercourse, young adults used different strategies, such as saying that they were not in the mood or that it was too early in their relationship to have sex. Differences also were found in the power strategies used to promote intercourse and to promote the use of contraception. Whereas seduction was a popular strategy for encouraging sex, individuals who wanted to encourage the use of contraceptives more often resorted to coercive threats about the dangers of unprotected sex or to logical arguments about the benefits of birth control. These results highlight the importance of using empirical means to identify influence strategies pertinent to a particular type of interaction, rather than assuming that tactics identified by studies of social influence in one setting will necessarily generalize to a new domain. These results also demonstrate that competing goals, such as having versus avoiding sexual intercourse or, in the present study, using versus avoiding the use of a condom, can be associated with preferences for very different influence strategies.

In understanding how dating partners approach the use of condoms, it seems particularly important to consider the potential impact of gender. In general, women are stereotyped as having less influence than men and as using more subtle and "weaker" influence strategies than men (Sagrestano, 1992a). On closer examination, however, many of these apparent gender differences reflect differences in the social status (or dominance) of the sexes and differences in the personal goals of women and men (Sagrestano, 1992b). For instance, McCormick (1979) found that

both men and women evaluated strategies for avoiding sexual intercourse as more likely to be used by a woman and evaluated strategies for having sex as more likely to be used by a man. It appears that, consistent with traditional gender roles (McCormick & Jesser, 1983), college women are often cast in the role of limit setter and college men in the role of seducer. However, when McCormick asked young adults to describe how they would achieve the same sexual goal (e.g., to get a partner to have sex), men and women reported remarkably similar strategies.

In the domain of condom use, the specific effects of gender on influence strategies are uncertain, and competing hypotheses are often equally plausible. For instance, condoms have traditionally been seen as a male contraceptive, and so we might expect men to feel more comfortable and effective employing strategies to promote condom use than women would. On the other hand, there is evidence that women have more positive attitudes toward condoms than men do (Herold & Mewhinney, 1993; Sacco, Levine, Reed, & Thompson, 1991), and so we might expect that women would feel more comfortable and effective employing tactics to promote condom use than men would. Or perhaps, as McCormick and Gaeddert (1989) found, sex differences in perceived comfort and effectiveness may vary depending on the specific influence strategy being used. Empirical research is needed to clarify the impact of gender on social influence in condom-related behaviors.

In summary, this research provides a first step toward understanding how young heterosexuals negotiate the use of condoms with a new sexual partner. The research was designed to identify specific influence strategies relevant to condom use, to examine the gender-typing of these strategies, and to investigate gender differences in perceptions of the relative comfort and effectiveness of these strategies, as well as gender differences in past experience with various strategies.

METHOD

A preliminary study used open-ended questions to identify the variety of approaches that students might employ to persuade a date to use a condom or to avoid the use of a condom. The goal was to identify a set of common influence tactics. In the main study, structured questionnaires assessed students' evaluations of and past experience with these persuasive strategies.

Preliminary Work: Identifying Power Strategies

Participants. The preliminary sample consisted of 62 unmarried heterosexual volunteers (39 men and 23 women). They ranged in age from 18 to 33 years, with a mean age of 21. Participants were recruited from

psychology classes at UCLA and Santa Monica College and from friendship networks.

Procedure. A questionnaire was used to obtain open-ended descriptions of how young adults would try to influence a dating partner about condoms. Instructions asked students to imagine that they had recently begun dating an attractive person of the other sex. Although they had “necked,” they had not yet had sexual intercourse. Half of the participants were randomly assigned to a *use-condom* condition. Women were asked to “assume you feel very strongly that your date *should* use a condom, but don’t know how he will react. How would you try to influence him to use a condom?” Men in the use-condom condition were asked to “assume you feel very strongly that you *should* use a condom, but don’t know how she will react. How would you try to influence her to go along with your using a condom?” Half the subjects were assigned to an *avoid-condom* condition. Women were asked to “assume you feel very strongly that your date should *not* use a condom. How would you try to influence your date *not* to use a condom?” Men in the avoid-condom condition were asked to “assume you feel very strongly that you should *not* use a condom. How would you try to influence your date to go along with your *not* using a condom?”

Participants described a diverse array of approaches. For example, one young man wrote that to influence his date to use a condom, “I would inform her that the number of cases of AIDS among heterosexual college students is increasing, so it makes sense to use a condom.” A woman said, “I would just tell him that I will make love only if we use a condom.” To influence a partner not to use a condom, one woman said, “If I thought he wanted to use a condom, I wouldn’t say anything. I’d just get him really excited sexually and begin making love without a condom.” Another man wrote, “I would let her know that I would be upset and angry at her for wanting to use a condom.”

Our goal was to identify a set of general influence strategies that captured the range of comments made by both women and men, regardless of whether their goal was to use or avoid the use of a condom. We began by examining the applicability of the categories developed by Raven (1992) and by McCormick (1979) to our data. Of the six general power bases identified by Raven, three—reward, coercion, and information—occurred frequently in students’ open-ended responses. *Reward* was reflected in statements promising positive consequences if the partner complied. Coercion was typically found in statements threatening a negative emotional consequence for noncompliance, such as becoming angry or upset. Students did not describe the use of physical coercion. To emphasize the emotional tone of these statements, we termed this strategy *emotional coercion*. The use of information was also common. In students’ open-ended responses, the information provided typically concerned the possi-

ble risks of unprotected sex. We termed this strategy the use of *risk information*. The remaining Raven power bases—expertise, legitimate authority, and referent power—were not characteristic of students' statements about condom use. McCormick (1979) had also found that reward, coercion, and information were helpful in understanding how young adults influence each other about sexual intercourse.

Two additional categories, first identified by McCormick (1979), were also found in students' open-ended statements about condoms. The use of *deception* was reflected in statements giving false information, such as saying that a person wanted to use a condom to prevent pregnancy when the true reason was fear of AIDS. A fifth category of *seduction* concerned the use of sexual arousal to distract the partner in order to gain compliance. Although these five influence strategies are not an exhaustive list of possible tactics, they did capture the major themes in the open-ended responses.

In preparation for the main study, we devised a set of short statements that illustrated the use of these five strategies. Four statements were written for each strategy, with two statements designed to influence a partner to use a condom and two designed to avoid condom use. In order to use identical items for both male and female participants, the format avoided gender-specific pronouns by using the symbol (_____) to refer to the dating partner. To the extent possible, the wording of the use and avoid statements was made parallel and was based on the actual wording of students' open-ended descriptions. For example, one pair of use-condom and avoid-condom items was:

"I would emphasize that (_____)’s respect for my feelings about using a condom would really enhance our relationship."

"I would emphasize that (_____)’s respect for my feelings about not using a condom would really enhance our relationship."

Thus, 20 statements (10 use-condom and 10 avoid-condom) were created. Table 1 provides a definition of each power strategy and gives examples of use-condom and avoid-condom statements for each strategy.

In addition to the five power strategies identified by previous researchers, an additional theme also emerged in our open-ended data, namely the withholding of sex as an influence tactic (Table 1). As one woman wrote, "I would simply tell my partner that I would NOT have sex unless he wore a condom!" Indeed, today some sex educators counsel students to adopt a "no condom, no sex" policy (Nevid, 1993). Rather than grouping this tactic with the milder forms of emotional coercion some students reported using, we retained it as a separate sixth category for exploration in the main study. We used a single item to assess this *withhold sex* strategy.

Table 1

Strategies for influencing a partner to use or avoid using a condom

Strategy	Definition and Examples
Reward	<p>Power agent promises positive consequences if partner complies.</p> <p>USE: "I would emphasize that (_____)’s respect for my feelings about using a condom would really enhance our relationship."</p> <p>AVOID: "I would stress how very happy and pleased I would be with (_____) for not insisting on the use of a condom."</p>
Emotional coercion	<p>Power agent threatens negative affective consequences if partner does not comply.</p> <p>USE: "I would let (_____) know that I would be upset and angry at (_____) for not wanting to use a condom."</p> <p>AVOID: "I would say that if (_____) pressured me about using a condom, then (_____) must not care about me very much."</p>
Risk information	<p>Power agent presents information about the risks of STDs to persuade partner to comply.</p> <p>USE: "I would tell (_____) that it’s risky to have sex without a condom. We would both be safer from disease if we use a condom."</p> <p>AVOID: "I would inform (_____) that there have been very few cases of AIDS among heterosexual college students, so there is no need to use a condom."</p>
Deception	<p>Power agent uses false information or deception to gain compliance.</p> <p>USE: "Even though I want to use a condom because I’m worried about sexually transmitted diseases, I’d make up a different reason to tell (____)."</p> <p>AVOID: "I would secretly hide the condoms from (____) so that when we were ready to make love, (____) could not find them."</p>
Seduction	<p>Power agent uses sexual arousal to distract partner in order to gain compliance.</p> <p>USE: "Before (____) had a chance to object to the use of a condom, I would get (____) so "turned on" that (____) would forget about the condom."</p> <p>AVOID: "If I thought (____) wanted to use a condom, I wouldn’t say anything. I’d just get (____) really excited sexually and begin making love without a condom."</p>
Withhold sex (single item)	<p>Power agent threatens to withhold sexual activity if partner does not comply.</p> <p>USE: "I would just tell (____) that I will make love only if we use a condom."</p> <p>AVOID: "I would just tell (____) that I will make love <i>only</i> if we do <i>not</i> use a condom."</p>

Main Study: Power Strategies and Condoms

Participants. Participants were recruited from students enrolled in introductory psychology courses at UCLA. Students received course credit for participation in a study of "heterosexual dating." The findings from this sample of college students may not generalize to other young adult populations.

All participants were unmarried heterosexuals who ranged in age from 18 to 24 years (mean = 19 years). The sample was diverse with respect to ethnicity: 53% of the sample was White/Anglo, 23% Asian-American, 14% Chicano/Latino, and 10% African-American. The majority (66%) had engaged in sexual intercourse, and most of these students (84%) said that they had used a condom at least once during sexual intercourse.

Procedure. Students were administered anonymous questionnaires in small groups, with each student seated at a separate table to ensure privacy. To further protect anonymity, completed questionnaires were returned to the researchers in sealed envelopes.

The 16-page questionnaire included questions about demographic characteristics, dating experiences, and sexual history. A central goal was to assess students' reactions to the various strategies for persuading a date to use or to avoid the use of a condom described earlier (Table 1). Students were randomly assigned to either the use-condom or avoid-condom condition and used a 9-point scale to rate each statement on comfort ("how comfortable would you personally feel using this approach to influence a dating partner") and on effectiveness ("how effective do you think this approach would be to influence a dating partner"). Higher scores indicated greater comfort or effectiveness. To assess gender-typing of the strategies, participants evaluated whether the person using each strategy would more likely be a man or a woman. Finally, students indicated whether or not they had ever personally used each of these tactics in the past.

RESULTS

Initial analyses compared women's and men's gender-typing of the influence strategies. Additional analyses examined students' ratings of the effectiveness and comfort of the strategies, as well as their actual experience using these tactics with a past sexual partner.

Gender-Typing of the Strategies

Are strategies stereotyped as "feminine" or "masculine"? For each of the use- or avoid-condom items, students were asked to indicate the probable gender of the person most likely to use each tactic by checking either

Table 2

Men's and women's mean gender-typing of the condom power strategies for using and avoiding the use of a condom

Strategy	Use		Avoid	
	Men	Women	Men	Women
Reward	3.53	3.86	2.30	2.86
Emotional coercion	3.62	3.87	2.42	2.73
Risk information	2.92	3.58	2.18	2.30
Deception	2.69	3.77	2.16	2.93
Seduction	2.26	3.08	2.24	2.63
Withhold sex	3.47	3.91	2.33	2.64

Note: Scores ranged from 2 to 4 with higher scores indicating "feminine" gender-typing and lower scores indicating "masculine" gender-typing of the strategies. 2×2 ANOVAs revealed significant main effects for both respondent's gender and goal of the influence attempt for all six strategies (all $ps < .001$). The two-way interaction was significant for the risk information, deception, and seduction strategies.

"man" (scored as 1) or "woman" (scored as 2). Responses to each of the two items representing each were summed, with scores ranging from 2 (male gender-typed) to 4 (female gender-typed). For the single item illustrating the withhold sex strategy, scores were doubled. The mean gender-typing scores are presented in Table 2.

Analyses of variance compared the impact of the student's gender (male, female) and the sexual goal (use or avoid use of a condom) on their gender-typing scores for each of the six condom power strategies. For all six strategies, there was a significant main effect for the gender of the respondent: On average, women rated strategies as more female gender-typed than did men (all $ps < .001$). There was also a significant main effect for the goal of the influence attempt for every strategy. Strategies were rated as more likely to be used by a woman if the goal was to use a condom, and by a man if the goal was to avoid the use of a condom (all $ps < .001$). Finally, significant interactions emerged for the risk information, seduction, and deception strategies (all $ps < .05$). In the avoid-condom condition, both men and women rated these strategies as "masculine." When the goal was to use a condom, however, women and men differed in their gender-typing of these approaches: Whereas women rated the strategies as more "feminine," men rated them as more "masculine."

Effectiveness and Comfort Ratings

Two important issues in selecting a particular influence strategy are a person's beliefs about the effectiveness of the strategy and her or his feelings of comfort with using the strategy to gain a partner's compliance.

Table 3
 Comparison of men's and women's mean effectiveness and comfort ratings for strategies for using a condom

Strategy	Effectiveness		Comfort	
	Men	Women	Men	Women
Reward	5.65	6.18*	5.18	6.02**
Emotional coercion	4.44	4.49	3.43	4.06*
Risk information	5.89	6.95***	4.85	6.07***
Deception	6.61	6.62	5.92	5.90
Seduction	6.06	4.84***	5.35	3.54***
Withhold sex	6.52	7.58**	5.18	7.03***

Note: Ratings were made on 9-point scales with higher scores indicating greater comfort and greater effectiveness.

* $p < .05$; ** $p < .01$; *** $p < .001$.

Students rated both the effectiveness of each influence statement and how comfortable they would feel using each approach. Correlations indicated that, for both comfort and effectiveness, the two statements used to assess each strategy in the use and in the avoid conditions tended to receive similar ratings (mean correlation = .51, range = .42 to .63). Consequently mean comfort and effectiveness scores were computed for the two items assessing each strategy. Means were calculated separately for women and men, and for the use-condom and avoid-condom conditions. *T* tests revealed that students rated the strategies as significantly more *effective* than comfortable for persuading a date to use a condom (all $ps < .01$ with the exception of women's ratings of the reward strategy which, though not significant, was evaluated as more effective than comfortable). For the avoid-condom condition, all the strategies were also rated as significantly more *effective* than comfortable by both women and men (all $ps < .0001$). Separate analyses were conducted for the use-condom condition and then for the avoid-condom condition.

Using a condom. We first investigated students' ratings of the effectiveness of the strategies for using a condom. A Gender (women/men) \times Strategy (reward, emotional coercion, risk information, deception, seduction, withhold sex) within-subjects MANOVA was conducted. The results revealed significant main effects for strategy, $F(5, 900) = 56.19$, $p < .0001$ and for gender, $F(1, 180) = 5.19$, $p < .05$. Qualifying the main effects, however, was a significant Gender \times Strategy interaction for effectiveness ratings, $F(5, 900) = 12.98$, $p < .0001$. As presented in Table 3, independent sample *t* tests indicated that women rated reward, risk information, and withhold sex as significantly more effective than did men. This pattern of sex differences was reversed for the seduction strat-

Table 4
 Comparison of men's and women's mean effectiveness and comfort ratings for strategies for avoiding use of a condom

Strategy	Effectiveness		Comfort	
	Men	Women	Men	Women
Reward	4.72	4.69	3.66	3.21
Emotional coercion	3.29	3.59	2.11	2.13
Risk information	4.74	3.93**	4.15	2.97***
Deception	3.83	3.96	2.43	2.12
Seduction	6.30	6.59	4.75	3.80**
Withhold sex	3.95	4.97**	2.51	2.25

Note: Ratings were made on 9-point scales with higher scores indicating greater comfort and greater effectiveness.

** $p < .01$; *** $p < .001$.

egy: Men perceived seduction as more effective than did women (all $ps < .05$).

Turning to the ratings of the comfort of influence strategies, a within-subjects MANOVA was again conducted. There were significant main effects for strategy, $F(5, 895) = 40.78, p < .0001$ and for gender, $F(1, 179) = 8.65, p < .01$. Qualifying these effects was a significant Gender \times Strategy interaction, $F(5, 895) = 20.57, p < .0001$. As shown in Table 3, t tests revealed that women rated reward, emotional coercion, risk information, and withhold sex as being more comfortable than did men. On the other hand, men perceived seduction as a more comfortable strategy for influencing a partner to use a condom than did women (all $ps < .05$).

Avoiding condom use. We next investigated women's and men's assessments of the comfort and effectiveness of the six strategies for avoiding the use of a condom. A Gender (women/men) \times Strategy (reward, emotional coercion, risk information, deception, seduction, withhold sex) within-subjects MANOVA was conducted to assess differences in students' perceptions about the effectiveness of the strategies for resisting a condom. The main effect for strategy was significant, $F(5, 990) = 82.44, p < .0001$. The main effect for gender, however, was not significant. There was a significant Gender \times Strategy interaction, $F(5, 990) = 6.14, p < .0001$. As shown in Table 4, independent sample t tests indicated that men attributed significantly greater effectiveness to the information strategy for avoiding condom use than did women ($p < .01$). In contrast, women rated the withhold sex strategy as more effective for resisting condom use than did men ($p < .01$).

Students' beliefs about the comfort of the six strategies for avoiding condom use were also investigated by conducting a within-subjects

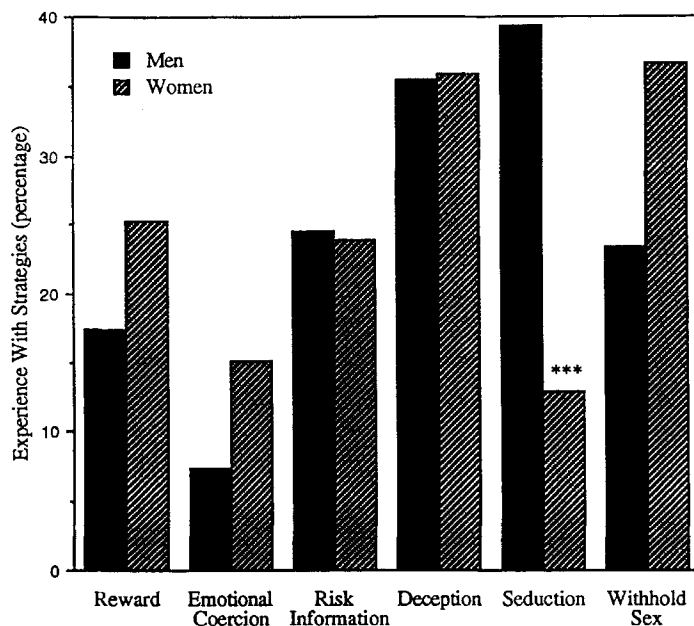


FIGURE 1. Percentage of women and men who had ever used each strategy to encourage condom use. (Students are considered to have had experience with a strategy if they have used either of the two statements exemplifying that strategy or the single item for the withhold sex strategy.) *** $p < .001$.

MANOVA. Results indicated that there were significant main effects for both strategy, $F(5, 995) = 74.76, p < .0001$, and gender, $F(1, 199) = 10.63, p = .001$. The MANOVA also revealed a significant Gender \times Strategy interaction, $F(5, 995) = 5.42, p < .0001$. Independent sample t tests showed that men reported significantly greater comfort using seduction and risk information for avoiding a condom than did women (both $ps < .01$) (Table 4).

Past Experience

Analyses of students' personal experience with the condom influence strategies included only students who had previously engaged in sexual intercourse (60% of women, 75% of men). Sexually experienced students assigned to the use-condom condition were asked if they had personally ever used each of the strategies to influence a dating partner to use a condom. As shown in Figure 1, chi-square tests revealed that women and men were equally likely to employ all of the strategies except seduction. Men

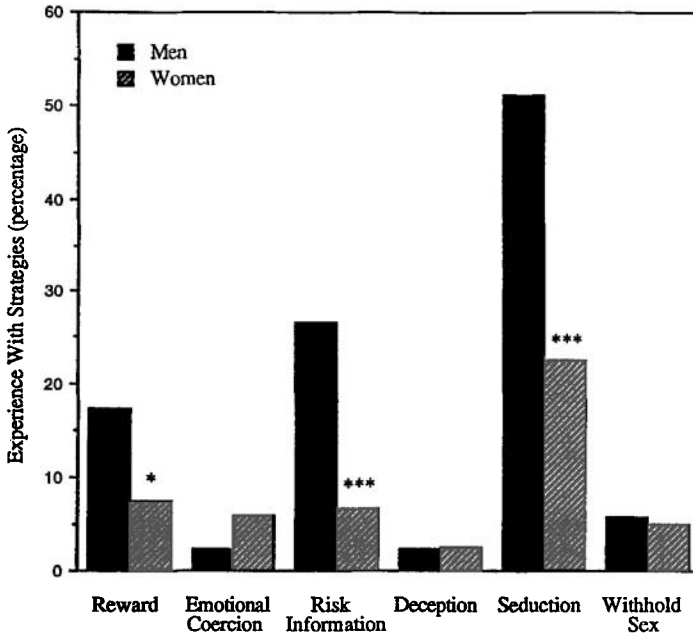


FIGURE 2. Percentage of women and men who had ever used each strategy to discourage condom use. (Students are considered to have had experience with a strategy if they have used either of the two statements exemplifying that strategy or the single item for the withhold sex strategy.) * $p < .05$; *** $p < .001$.

(39.4%) were three times more likely to have used seduction to influence a partner to use a condom than were women (12.9%, $p < .001$). Indeed, more men had used seduction than any other strategy for using a condom. In contrast, women (36.6%) were most likely to have used the threat of withholding sex for influencing condom use, although men (23.4%) also used this tactic and the gender difference was not statistically significant. For both sexes, deception was the second most commonly used strategy.

Sexually experienced students in the avoid-condom condition were also asked about their past use of the six influence strategies for discouraging condom use. As shown in Figure 2, seduction was the most commonly used strategy by both sexes, and a chi-square test indicated that significantly more men (51.2%) than women (22.5%) had experience with this strategy ($p < .001$). Chi-square tests also revealed significant gender differences on two other strategies, with men more likely than women to use reward ($p < .05$) and risk information ($p < .001$). Only a small percentage of students had ever used the strategies of emotional coercion, decep-

tion, or withholding sex to avoid condom use, and no significant gender differences were found for these influence tactics.

DISCUSSION

A recent story in *Newsweek* on teenagers and condom use reported that "kids . . . need help persuading partners to use them" (Kantrowitz et al., 1992, p. 48). Toward this end, the first goal of this research was to identify a set of common strategies for influencing a partner to use or avoid the use of a condom. We drew on students' open-ended descriptions of the strategies they believed they might use with a new sex partner to create a set of approaches. Although this set is not exhaustive, it does reflect a range of strategies that young adults might adopt. Evidence of the usefulness of this typology is provided by the sizable number of students who reported having actually used one or more of these strategies with a sexual partner. Based on our preliminary open-ended study, we included in our main study a single item about withholding sex as a sixth influence tactic. Results indicate that this is an important strategy for encouraging condom use, and future research should assess this strategy more fully. More generally, our findings point to the context-specific nature of the social influence process, and suggest that future studies should identify the strategies most relevant to the particular domain under investigation.

A second goal was to assess stereotypes about the gender-typing of particular condom power strategies. Do students associate some strategies with men and others with women? We found that students stereotype the goals of social influence (to use or avoid using a condom) more than the specific power tactics. In general, strategies employed to persuade a partner to *use* a condom were linked to women, and strategies employed to *avoid* condom use were linked to men. This stereotype of men as condom avoiders and women as condom advocates echoes earlier research. Previous studies of power and sexuality also found that influence goals were gender-typed, with women seen as using strategies to avoid intercourse and to promote contraception, and men seen as using strategies to encourage intercourse and to avoid contraception (McCormick, 1979; McCormick & Gaeddert, 1989). Taken together, these findings suggest a stereotype of women as sexually cautious and men as sexually adventurous (see also Campbell, Peplau, & De Bro, 1992). The exception to this general pattern of results in our study was that men (but not women) tended to view certain strategies, notably seduction and deception, as masculine, regardless of the influence goal.

The third goal was to examine women's and men's personal assessments of various power strategies and their past experience of using these tactics. Our results provided evidence of the persistence of the traditional script for heterosexual dating that casts men in the role of seducers and women

as limit setters who are willing to withhold sex unless certain conditions are met (LaPlante, McCormick, & Brannigan, 1980; Peplau, Rubin, & Hill, 1977). In our study, men rated seduction as more effective and comfortable than other influence strategies (especially when avoiding the use of a condom). Men's effectiveness and comfort ratings for seduction were also significantly greater than women's. Further, men reported more past experience using seduction than any other strategy, regardless of the goal. Women's reports were also consistent with a traditional sexual script. Women had more positive attitudes than men about the comfort and effectiveness of withholding sex as an influence strategy. In describing their previous experiences, women were more likely to have used a "no condom, no sex" strategy than any other influence tactic (with deception a close second). It appears that even when women and men have the same goal—to use a condom during sexual intercourse—they may adopt gender-based strategies for achieving that goal, with men more likely to overcome women's resistance through seduction and women more likely to insist on condom use as a prerequisite for intercourse.

Gender differences were also found in the use of risk information. In our study, the general influence strategy of providing information was operationalized in terms of information about the risks of sexually transmitted diseases. In the case of persuading a partner to use a condom, informational strategies included reminding the partner that it is risky to have sex without a condom and that the number of AIDS cases among college students is increasing. These statements attempt to *maximize* the potential risks in order to justify the use of a condom. We found that women were more positive than men about persuading a reluctant partner to use a condom by maximizing the risks of unprotected sex. Women rated informational strategies as more comfortable and effective than men did. In reports of actual past behavior, however, both sexes were equally likely to report having used a maximal-risk approach. Given the current educational campaigns to promote condom use among young adults, information about the dangers of STDs may be a resource available to both sexes when they want to influence a sexual partner about the use of a condom.

When the goal was to avoid condom use, an informational strategy attempted to minimize potential risks of unprotected intercourse. In our study informational statements emphasized that there have been very few cases of AIDS among heterosexual college students and that "there is no risk because I've never used IV drugs and have only had a very few sexual relationships." The men in this study saw these informational messages as more comfortable and effective than did women. In reporting on past behavior, men were four times more likely than women to have used low-risk information to try to avoid condom use. Public health experts currently warn against relying on a partner's statements about such matters. Because people may misperceive the true risks of their own actions and may even lie about their sexual histories to persuade a partner to have

sex (Cochran & Mays, 1990), it is unwise to take such statements as factual evidence of low risk.

Given these gender patterns in the use of risk information, it is important to note that we found no gender effects in the use of tactics that we termed "deception." This category did not include statements about the risks of STDs, but rather focused on other aspects of the sexual interaction. In the case of persuading a partner to use a condom, deception was operationalized as giving a false reason for wanting to use a condom, for instance telling a partner "we should use a condom to prevent an unwanted pregnancy, even though my true concern is really protection against disease." Both women and men believed that subterfuge was a relatively effective and comfortable way to promote condom use. This strategy may be popular in part because it is nonconfrontational and allows partners to avoid the awkward issues of sexually transmitted disease and personal risk. In the case of avoiding the use of a condom, deception was operationalized as making up a false excuse such as an allergy to latex condoms or hiding the partner's condoms so they were unavailable. Neither women nor men were very enthusiastic about the use of fake excuses and hidden condoms, giving them both low comfort and effectiveness ratings.

In summary, our study is a first step in understanding how heterosexual dating partners manage the use of condoms. We have identified a useful way to categorize common influence tactics and have documented gender patterns in beliefs about these strategies. Our research raises many questions for further investigation. An important issue concerns the actual effectiveness of various strategies for promoting safer sex. Participants in our study believed that some strategies would work better than others, but we do not yet know whether these perceptions are accurate. Which strategies are really most effective in gaining compliance? Does the effectiveness of a strategy depend on the gender of the influencer or the target of influence? In addition to understanding the effectiveness of particular strategies, it may also be useful to consider individual differences in the perceived self-efficacy (Bandura, 1990) of influence agents. Do people's beliefs about their capabilities to exercise personal control affect their approach to social influence situations? Research on condom use might profitably examine links between perceived self-efficacy, the way an individual assesses the comfort and effectiveness of various strategies, her or his preference for certain types of strategies, and persistence in the face of resistance from a partner.

We asked students about the use of individual strategies, and yet it is obvious that in real-life interactions partners often try a combination of approaches or use several strategies in sequence. Indeed, Miller, Bettencourt, De Bro, and Hoffman (1993) argue that in order to understand how couples manage condoms, we need to understand the complex interpersonal processes within which the individual act of using or not using a condom is embedded. It would be valuable to learn more about the natu-

ral course of negotiation between dating partners about condom use, and possible differences in the ways women and men pursue the goal of ensuring that a condom is used. In addition, it will be important to assess the generalizability of our findings, based on an ethnically diverse sample of urban college students in California, to other populations.

Efforts to promote the use of condoms among sexually active women and men gain a sense of urgency from the continuing dangers of AIDS and other sexually transmitted diseases. Vickie Mays (1988) reminds us that unlike many diseases, "AIDS is frequently transmitted through the most intimate of human relationships . . . and often kills, not randomly, but along interpersonal lines of connection and commitment" (p. 948). Preventing the spread of sexually transmitted diseases requires a fuller understanding of the impact of gender and power in sexual relationships.

First draft received: May 5, 1993

Final draft received: December 10, 1993

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