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Introduction

Ethnic minorities in the Netherlands are at substantial risk of STI/HIV-infection (van de Laar et al., 2005). Many have suggested that communication and negotiation skills are of extreme importance for women to ensure sexual risk reduction (Gomez & VanOss Marín, 1996; StLawrence et al., 1998; van der Straten et al., 1998; Pulerwitz et al., 2000; Wingood & DiClemente, 2000; Bryan et al., 2002; Lam et al., 2004), and many interventions promoting safe sex among minority women have focused on building negotiation skills (Mize et al., 2002; Albarracin et al., 2004). Other studies, however, suggest that many urban women display a remarkable assertiveness in sexual decision-making (Bird et al., 2001), and use a variety of negotiation strategies (Williams et al., 2001; Lam et al., 2004), suggesting that other factors like attitudes (Malow et al., 2000), self-esteem, self-efficacy (Wingood & DiClemente, 2000), trust and intimacy may be more influential in accounting for inconsistent safer sex practices (Williams et al., 2001).

This article describes a study on safe sex negotiation and communication among Dutch women of Surinamese and Dutch Antillean descent. To date, data on determinants of safe sex behavior of these women groups are scarce, and no studies have particularly focused on the correlates of safe sex negotiation and communication. Several studies have shown that consistent condom use is substantially lower in primary, long-term relationships than in new relationships or

casual contacts (Misovich et al., 1997; Macaluso et al., 2000; Wiggers et al., 2003), and it has been argued that a strategy of 'negotiated safety'-discarding with condoms within a sero-negative steady relationship as long as safe sex agreements are negotiated to cover sexual behavior outside the steady relationship- would be a more realistic risk reduction strategy than condom use (Kippax & Race, 2003).

Method

Participants

The priority population consisted of 128 sexually active women (17-60 years), identifying themselves as Afro-Surinamese and/or Dutch Antillean. From November 2002 to February 2003 women were recruited by convenience sampling in the regions of Amsterdam and Rotterdam. Self-administered anonymous questionnaires were distributed through minority organizations, municipal health centers, health clinics, community centers and at activities aimed at the priority population. After signing an informed consent form, the women were asked to complete a questionnaire. Participants could contend for a travelers check worth 250 EUR.

Measures

The questionnaires included socio-demographic variables, such as age, ethnic origin, year of migration, educational level, employment status, marital status and religion. Participants were classified as first generation migrant when they and at least one of their parents were born in the country of origin. Participants were classified as second-generation migrant when they were born in the Netherlands and had at least one parent born in the country of origin.

Participants were queried about their *relational status* and *sexual behavior*, such as the number of casual and steady sex partners in the 6 months preceding the study, and cultural background of partner. We defined a casual partner as a partner with whom the participant incidentally had sexual intercourse. Participants were asked whether they practiced safe sex (always, sometimes, never) with their steady and casual partners and what safe sex meant to them (condom use, no sex outside the relationship, condom use with sexual encounters outside relationship, careful partner choice). For casual partners we defined safe sex as consistent condom use; for steady partnerships we defined safe sex as no sexual contacts outside the relationship, consistent condom use and negotiated safety (discarding condoms within steady relationship and clear agreements on safe sex outside the relationship).

Safe sex negotiation, intentions and determinants:

Participants were asked whether they had communicated about safe sex with their partners, if and how they had reached agreements about safe sex. In addition, participants had to select their *preferred safe sex option* from “only one partner in a lifetime”, “monogamous relationship”, “negotiated safety”, “non-penetrative sex

outside the steady relationship”, and “consistent use of condoms with steady and casual partners”.

We used the integrative model of behavioral prediction to examine the correlates of safe sex negotiation (Fishbein, 2000). Unless mentioned otherwise, Likert-scaled items were used (ranging from 1 to 5). All variables were assessed for steady and casual partners separately.

Attitudes towards negotiating safe sex were assessed by four items (good/bad, pleasant/unpleasant, sensible/unwise, necessary/unnecessary) addressing communication with a steady partner ($\alpha = .79$) and with a casual partner ($\alpha = .79$).

The *injunctive social norm* for negotiating with a steady partner was assessed by three items regarding normative beliefs (partner, best friends, and important others), each weighted by the motivation to comply ($\alpha = .76$). The injunctive social norm for negotiating with casual partners was measured using two items regarding beliefs of friends and important others, each weighted by the motivation to comply ($r = .79$). The *descriptive social norms* regarding negotiating safe sex were assessed with single items (“My best friends negotiate safe sex with their causal/steady partners”).

Self-efficacy regarding negotiating safe sex was assessed with single items (“If I wanted to, I would be able to discuss safe sex with my steady/casual partner and come to an agreement”).

Intentions to negotiate sexual risk reduction with either steady partners or casual partners were assessed by means of two items each: “Do you plan to negotiate safer sex” and “Chances are I will negotiate safe sex” ($r = .49$ for negotiation with steady partners and $r = .63$ for negotiation with casual partners).

Results

A total of 128 women (64% Surinamese; 36% Dutch Antillean) was included in this study. The majority (71.8%) of the women was first generation migrants. The average age was 28.6 years ($SD = 8.7$); 41% had completed at least higher general secondary education. The majority (59.4%) of the women was employed, 15.6% were students, 13.3% housekeepers, and 10.9% unemployed. Half of the women (50.0%) was Roman Catholic, 25.8% Protestant, 7.8% had another religious denomination and 13.3% were non-religious.

Relationship and partner characteristics

Participants reported an average of 1.1 sexual partners in the six months prior to the study ($SD = 0.9$); 23.0% reported no partner. Ninety-one women (71.1%) indicated that they had one or more steady relationships in the six months preceding the study, with an average length of 52.1 months ($SD = 45.9$). Seventeen women (13.3%) reported having had at least one casual sex partner in the 6 month preceding the study; 70.5% indicated that their sex partners had a Surinamese or Dutch Caribbean background. 43% of the women reported being a mother; 27.3% reported having one or more children from their current steady partner.

Safe sex and negotiation behavior

Of the sexually active women ($N=103$) 40.9% reported to practice safe sex; 53.2% of the women younger than 27 years reported practicing safe sex, compared to 28.6% of their older counterparts ($p < 0.05$).

Half of the women with one or more partners in the 6 months preceding the study claimed negotiating safe sex and making agreements with their partners.

Women with partners with a similar ethnic background were more likely to have

negotiated safe sex than women who had a partner with a different ethnic background (respectively 56.7% and 26.9%; $p < 0.05$).

Women reporting negotiating safe sex more often reported to practice safe sex than women did not report negotiation ($p < 0.05$). Women who claimed to practice safe sex with their steady partner defined safe sex predominantly as “having no sex outside the relationship” or as consistent condom use. All women who claimed to practice safe sex with a casual partner defined safe sex as consistent condom use.

Twenty-two women reported having negotiated safe sex with their steady partner. This had foremost resulted in agreements on monogamy (16), and some on consistent condom use (9) or using condoms outside the relationship (5).

Table 1

Correlates of negotiating safe sex

Hierarchical multiple regression was employed to explore the correlates of intention to negotiate safe sex (see Table 1). The regression of intention to negotiate safe sex with a steady partner was based on the data of women who had not yet negotiated safe sex with their steady partner, and participants without a steady relationship ($N = 78$).

The regression of the intention to negotiate safe sex with a casual partner was based upon the total sample ($N = 128$). These analyses revealed that the intention to negotiate safe sex with a steady partner was primarily associated with attitudes toward negotiating safe sex, injunctive social norms and educational level ($R^2=0.50$).

Intentions to negotiate safe sex with a casual partner were associated with injunctive social norms and self-efficacy ($R^2=0.45$).

Analysis of variance conducted on attitudes, perceived injunctive norms, descriptive norms and self-efficacy showed that women who had negotiated safe sex with their steady partner reported more positive attitudes and more positive injunctive norm (see Table 2).

Table 2

Discussion

This study indicates a rather low prevalence of safe sex among Dutch women of Afro-Surinamese and Dutch Antillean descent, and that negotiating safe sex is an important correlate of safe sex practice. It further demonstrates that women's definition of safe sex was related to type of relationship. Whereas safe sex with a steady partner was predominantly defined as "having no sex outside the relationship" or as consistent condom use, all women who claimed to practice safe sex with a casual partner defined safe sex as consistent condom use. Consequently, safe sex negotiation with steady partners involved discussing monogamy and negotiated safety whereas discussing safe sex options with casual partners signified condom use. These findings are in line with the results of other studies among migrant women populations (Misovich et al., 1997; Macaluso et al., 2000; Quina et al., 2000; de Visser & Smith, 2001; Wiggers et al., 2003).

If negotiation is important for sexual risk reduction, interventions that promote negotiation may benefit from understanding the correlates of negotiation. Our study revealed that negotiation with a steady partner is primarily associated with positive attitudes and higher perceived injunctive social norms. Negotiation with casual partners seems primarily related to positive attitudes and higher self-efficacy. The

latter is in accordance with the results of studies showing that individuals with greater self-efficacy were more likely to initiate negotiation of safe sex, meaning condom use, and were more likely to persist (de Visser & Smith, 2001). Our study further revealed that many women in a steady relationship described themselves as behaving safely based on an agreement of monogamy, suggesting that negotiating safety might be the most realistic risk reduction strategy for migrant women in steady relationships.

Although our study provides useful insights for the development of STI/HIV prevention interventions, the results are based on a relatively small sample, albeit fairly representative for the population of Surinamese and Dutch Antillean women in the Netherlands (van der Poel & Hekkink, 2005). Another limitation is the limited number of women with casual partners. Since only few women had experience with casual contacts, the results on the determinants of intention to discuss safe sex with casual partners might portray more general instead of personal beliefs. A third and perhaps most serious limitation is that it only portrays the views of women; it would be interesting to study the perspectives of their male partners.

Despite these limitations we can conclude that unprotected sex is prevalent among women with Surinamese and Dutch Antillean descent in the Netherlands, that safe sex has different connotations depending on the stability of the relationship, and that discussing and negotiating safe sex has a positive effect on safe sex practices. These findings are important for the design of future interventions. Since negotiated safety seems the most realistic safe sex option for women in long-term sexual relationships, future interventions should focus on improving the effectiveness of negotiated safety. Considering the role of injunctive social norms, involving the social network of women might be an appropriate intervention strategy. In addition interventions should incorporate awareness-raising of safety in different types of

relationships, deciding on the appropriateness of relation-specific sexual risk reduction strategies, and building negotiation skills to accomplish the realization of these strategies.

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Table 1: Regression Analysis method enter (Block 1 psychosocial correlates, Block 2 Demographic variables) intention to negotiate with steady partner and with casual partners

	for Steady partners (N = 78) ^a						for Casual partners (N = 128)					
	B	SE B	β	R ²	ΔR ²	p ^b	B	SE B	β	R ²	ΔR ²	p ^b
Block 1				.47	.47***					.47	.47***	
Attitude	.17	.07	.27**				.28	.06	.42***			
Injunctive norm	.09	.02	.53***				.06	.03	.18			
Descriptive norm	-.18	.17	-.12				-.09	.21	-.04			
Self-efficacy	.22	.18	.11				.52	.18	.25**			
Block 2				.56	.10*					.49	.02	
Attitude	.18	.06	.29**			.007	.28	.06	.42***			.000
Injunctive norm	.09	.02	.52***			.000	.06	.03	.16			
Descriptive norm	-.26	.17	-.17				-.09	.22	-.04			
Self-efficacy	.23	.18	.12				.56	.19	.27**			.003

Age ^c	-.96	.42	-.29 [*]	n.s.	-.32	.35	-.07
Motherhood ^d	.60	.31	.20		.27	.37	.06
Ethnicity ^e	.06	.29	.02		.36	.32	.08
Partner background ^f	-.04	.36	-.01		-.22	.38	-.04
Education ^g	-.70	.30	-.23 [*]	.008	.281	.31	.06
Migrant generation ^h	-.03	.29	-.01		.53	.35	.11

Note $R^2=.50$ ($p<.001$) for final model steady partners; Note $R^2=.45$ ($p<.001$) for final model casual partners

^a Only respondents who had not yet negotiated safe sex

^b Exact p-values for final model

^c Younger than 27 years of age / older than 27 years of age

^d Being a mother / not being a mother

^e Surinamese / Dutch Antillean

^f Partner with a Dutch background / partner with a Caribbean background

^g Lower education / higher education

^h First-generation / second-generation

^{*} $p<.05$; ^{**} $p<.01$; ^{***} $p<.00$

Table 2
Univariate analyses of predictors of safe sex negotiation with steady partners
(n=89)^a

	Negotiating safe sex with steady partner			
	Yes	No	<i>F</i> (1,88)	<i>p</i>
Attitude	6.55 ± 1.73	4.44 ± 2.54	20.74	.000
Injunctive social norm	14.18 ± 8.25	8.73 ± 8.27	9.69	.003
Descriptive social norm	.86 ± .82	.51 ± .94	3.52	.060
Self-efficacy	1.84 ± .43	1.58 ± .78	3.84	.053