

ORIGINAL ARTICLE**Condom Negotiation Strategies Jimma University Undergraduates Use with New and Main Heterosexual Partners***Tesfaye Gebeyehu¹ and Hailom Banteyerga²

Tesfaye Gebeyehu and Hailom Banteyerga (2015). Condom negotiation strategies Jimma University undergraduates use with new and main heterosexual partners. *Ethiop.j.soc.lang.stud.* 2(2), 62-84. eISSN: 2408-9532; pISSN: 2412-5180.³

Abstract

The study assessed condom negotiation strategies undergraduates of Jimma University use with main (or permanent, monogamous, longer-term) and new (temporal or casual) heterosexual partners. Data were gathered from 4 focus group discussions (35 discussants—20 male, 15 female), 10 in-depth interviews (all males), and 378 randomly selected survey participants (where 176 are sexually active in life). While descriptive statistics (e.g. percentage) was used to analyze the survey data, content and thematic analyses were used to analyze the qualitative data. Both the quantitative and qualitative findings revealed that males and females use overall similar verbal negotiation strategies (e.g. risk information, relationship conceptualization, direct request, withholding sex, deception) and non-verbal strategy (e.g. seduction) to influence main and new sex partners to accept condom use. However, while males emphasize using the non-verbal strategy (seduction) with both new and main partner, females emphasize employing withholding sex, a unilateral verbal strategy, with both types of partners. The study concluded that risk information, relationship conceptualization, withholding sex, direct request, seduction, and deception strategies promote condom use for the study population, but not coercion and reward. The study recommends programs that promote safer sex in college contexts to emphasize the use of information where communication and negotiation strategies are enacted in a participatory manner. Further, the study recommends more research on the analysis of existing discourses in HIV/AIDS in college contexts.

Key terms/phrases: Condom negotiation strategies/HIV/Jimma University/ Main partner/
New partner/

1. Introduction

*This paper has been taken (with moderate modification) from a Ph.D. dissertation (2013) submitted to the School of Graduate Studies of Addis Ababa University, Department of English Language and Literature.

¹Ph.D., an assistant professor of Applied Linguistics and Communication at the Department of English Language and Literature, Jimma University, Ethiopia.

Contact: e-mail: tesgeb_00@yahoo.com, tesfaye.gebeyehu@ju.edu.et, telephone: 0911693938

² Ph.D., associate professor (TEFL) College of Humanities, Language Studies, Journalism and Communication, Addis Ababa University, Ethiopia. Email: hailombante@yahoo.com; Tel: 0911169144

³ The article can be cited this way.

1.1 Background Context

Young people use different condom negotiation strategies to influence different sexual partners. The negotiation strategies they use can differ according to context, gender, and type of relationship. Condom negotiation strategies that work in a community may not work among college students. “Condom negotiation strategies may be most effective if they are consistent with a group’s cultural norms” (Tschann *et al.*, 2010, p.2). Further, the communication strategies males (men) use may differ from that of females (women) as factored by love, trust, and power relationship. Similarly, the same safer sex communication strategy could have different meanings for these two groups of people; they may use it for different purposes. The communication strategy they use to influence a new partner may differ from that they used with a main partner. To understand how students influence their partners accept condom use, it is important to analyze the verbal and non-verbal condom negotiation strategies they use.

1.2 Statement of the Problem

Today, millions of young people around the globe are living with HIV, accounting for 40 percent of all new adult HIV infection (UNAIDS, 2012). Ethiopia is not an exception with respect to the HIV/AIDS pandemic. With an estimated 1.2 million people living with the virus at the end of 2010, it has one of the highest HIV- infected populations in the world, although the pandemic’s prevalence (Adult HIV prevalence 1.5 % in 2012) is lower than many other countries (USAID, 2012).

Among young people in Ethiopia, the most exposed group to HIV/AIDS lies between the ages of 15 to 24 (FMOH, 2006; USAID, 2012). Especially, undergraduates who are in their early twenties are at high risk (FDRE, 2010; EDHS, 2011; USAID, 2012). Young women are particularly vulnerable to HIV infection as compared to young men (EDHS, 2011).

To prevent the prevalence of the pandemic by changing risky behaviors that expose vulnerable people to HIV/AIDS, behavioral change communication (BCC) strategy has been developed by the government of Ethiopia (Firehiwot, 2006; FDRE, 2010). Despite much awareness raising campaigns and stabilized status of the pandemic in the past decade, risky sexual practices such as multiple sexual partnership and inconsistent use of condoms are still widely practiced (FDRE, 2010; EDHS, 2011; USAID, 2012) implying the importance of negotiating condom use with risky partners.

Research reports inconsistent finding regarding condom negotiation strategies. For example, DeBro *et al.* (1994) found that *men* were more likely to use seduction, a non-verbal strategy, as compared to *women*. Whereas Noar *et al.* (2004) and French and Holland (2012) found no difference between women and men, with regard to using this strategy. There is also a discrepancy in the literature on condom negotiation strategies with respect to *new* and *main* partners. While Noar *et al.* (2004), a community based study, found that withholding sex, a unilateral verbal strategy, is the most preferable strategy to influence main partner to use condom, French and Holland (2012) reported that students in casual and monogamous relationships do not differ in using this strategy.

These finding may imply that condom negotiation strategies that work in a community may not work among college students. “Condom negotiation strategies may be most effective if they are consistent with a group’s cultural norms” (Tschann *et al.*, 2010, p.2).

In Ethiopia, to the knowledge of the researcher, no published study has investigated condom negotiation strategies that male and female undergraduates use with main and new partners. Even the study of Getinet (2009), which investigated “Self-reported Sexual Experiences, Sexual Conduct and Safer-sex Practices of Ethiopian Undergraduate Male and Female Students in the Context of HIV/AIDS Pandemic”, did not explore condom *negotiation strategies*. It reads: “Given the arbitrary nature of the opposite sex relations, it is difficult to say, sexual partners would negotiate safer sex practices such as suggesting condom use” (p.265). Thus, understanding the seriousness of the HIV/AIDS problem and the existing gap with respect to data on condom negotiation strategies, the researcher has been initiated to investigate condom negotiation strategies that male and female undergraduates use to influence new (casual) and steady heterosexual partners. The research tried to answer the following questions:

1. What are the strategies (verbal and non-verbal) undergraduates (females and males) conventionally use when they want to negotiate condom with **new** (casual) partners?
2. What are the strategies (verbal and non-verbal) undergraduates (females and males) conventionally use when they want to negotiate condom with **main** (permanent) partners?

1.2 Scope of the Study

This research is delimited to explore condom negotiation strategies undergraduate students of Jimma University (year one to six) use with new (short term) and permanent (long term) partners. The reason for focusing on these students is because they are exposed to high risk sexual behavior.

1.3 Significance of the Study

This study is hoped to contribute to both *knowledge* and *practice* with regards to HIV prevention. The findings from this study contributes to knowledge in the sense that the emphasis of condom negotiation strategy can differ according to gender and type of sexual partner and the same type of negotiation strategy can have different meanings for males and females. By understanding the verbal and non-verbal communication strategies used in students’ interactions on condom use, the study would contribute to identifying the gaps that need to be considered in health education, particularly in the development of behavioral change communication (BCC) materials in reproductive health. This enables sex education programs to enhance students’ condom use negotiation skill. It would also give insights to future research in health communication. The number of research done in the area is scanty and health communication remains less informed by research findings. Since prevention of diseases is the major national strategy of the country towards achieving health related MDGs, it is important that research work

that explore the relation between condom negotiation and behavioral practices need to be done. It is also believed that findings of the study can be transferable to other universities of similar nature in the country and outside of the country especially universities that are found in sub Sahara Africa.

2. Theoretical Underpinning of the Study: Power/Interaction Model of Interpersonal Influence

The models that frame this study is provided by social psychological analyses of social power or interaction model (e. g. French and Raven, 1959; Raven, 2008). General social power and compliance gaining literature (e.g. Raven, 1992, 2008) suggest that individuals use variety of tactics with different underlining mechanisms in their efforts to get others to comply with a request. These strategies include use of persuasive information, Reward, Coercion, Legitimate, Expertise, and Referent. Raven's six interaction strategies are briefly summarized below.

With *persuasive information*, the agent carefully explains to the target with persuasive reasons about the importance of doing something (e.g. job) differently or in a better way so that the target complies with. *Reward Power* involves offering positive incentive by the target to the agent if the latter complies. *Referent Power* results from the target seeing the agent as his or her model that he or she would want to imitate.

In *Coercive Power*, the agent uses threatening to influence the target if the latter does not comply. With *Legitimate Power* the target accepts the right of the agent to require the changed behavior, and the target obliges to comply.

Legitimate power may be signaled by terms such as "obliged" or "obligated," "ought to," "required to". *Expert Power* stems from the target's belief that "the agent has some superior insight or knowledge about what behaviors [are] best under the circumstances (P.3). What distinguishes expert power from informational power is the latter involves "understanding the reason".

Raven first examined these different strategies in the context of supervisor subordinate relationship in an organization. However, latter on, qualitative researchers on sexual negotiation (e.g. McCormick, 1979) and quantitative researchers on condom negotiation (e.g. DeBro *et al.* 1994; Noar *et al.*, 2002) applied the model to frame their studies.

DeBro *et al.* (1994) used French and Raven (1959) and some others as a conceptual base for their research for identifying condom influence strategies (CISs). College students use to persuade an opposite sex partner to use condoms. Accordingly, they identified that college students use six influence strategies: reward, emotional coercion, risk information, deception, seduction, and withholding sex.

Accordingly, from the six Raven power bases, the study of DeBro (1994) found reward, coercion, and [persuasive] information as characteristic of students' statements about condom use, but not expertise, legitimate authority, and referent power. DeBro's finding is in line with that of McCormick (1979) who had found that reward, coercion, and [persuasive] information were helpful in understanding how young adults influence each other about sexual intercourse. Other quantitative studies (e.g., Noar *et al.*, 2002 ; Tschann *et al.*, 2010) and qualitative studies (e.g., Zukoski , Harvey , & Branch, 2009) on

negotiation of condom use, have also uncovered the use of various influence strategies that support the work of DeBro *et al.*'s (1994).

However, the study of DeBro *et al.* (1994) had several limitations. One of its main limitations, according to Noar *et al.* (2002), is it does not examine strategies used by longer-term sex partners, but strategies used by new sex partners. Referring to Edgar and Fitzpatrick (1988), Bowen and Michal-Johnson (1989), and Wingood *et al.* (1993), Noar *et al.* (2002) writes:

The study examined influence strategies that one would use with a new partner. Strategies used with steady partners may differ significantly as issues such as love, trust, and power are considered. Thus, a study of condom influence strategies should include those that also may be used in longer-term relationships (P.714).

Individuals that are in long-term relationships may use other influence strategies not examined in DeBro *et al.*'s (1994) study. One such strategy is, according to McCormick (1979), who examined how male and female college students negotiate sex is *Relationship Conceptualizing*. His finding is supported by Qualitative studies (e.g. Kline *et al.*, 1992; Margillo & Imahori, 1998) and quantitative study of Noar *et al.* (2002). *Autocracy* is the other condom using negotiation strategy used by long-term partners, in the context where power difference exists between them; men more than women use it to decide whether condom should be used or not (Howard *et al.*, 1986; Amaro, 1995, as cited in Noar *et al.*, 2002). Finally, *Direct Request* is the strategy used by long-term partners to influence a partner to use condom. A study made by Edgar *et al.* (1992) on college students found that women influence their sex partners to use condom by requesting directly.

The quantitative study of Noar *et al.* (2002) identified six influencing strategies used by sexually active women and men to convince a partner to use condom: withholding sex, direct request, seduction, relationship conceptualizing, risk information, and deception. They also observed differences in condom use strategies by women and men. Women were more likely to endorse four of six influence strategies: Withholding Sex, Direct Request, Risk Information, and Relationship Conceptualizing while condom use for men can simply mean putting on a condom (e.g., Seduction).

Other researchers (e.g., Zukoski, Harvey, & Branch, 2009), in their qualitative study about verbal and non-verbal negotiation strategies Latino and African American men and women use to influence a partner to use condom, categorize these strategies as bilateral verbal strategies (e.g., reminding, asking, persuading), unilateral verbal strategies (e.g., commanding and threatening to withhold sex), and non-verbal strategies involving condoms themselves (e.g. seduction-putting a condom on or getting condoms).

In conclusion, both qualitative and quantitative studies have so far identified and proposed nine condom use negotiation strategies heterosexual partners use. They are listed below with their definition. The letters in brackets refer to the source of adapted definitions. After being modified or adapted through open ended questions and focus group discussions, these strategies have been included in the survey section of the study.

Table1: Definitions of Nine Proposed Condom Influence Strategies

Strategy	Definition
1. Reward(a)	Person promises or provides positive consequences if partner uses a condom.
2. Emotional coercion(a)	Person threatens to use or uses negative affective consequences in order to persuade partner to use a condom.
3. Risk information(a)	Person presents information about the risks of STDs or AIDS to persuade partner to use a condom.
4. Seduction(a)	Person uses (nonverbal) sexual arousal to distract or direct partner in order to persuade partner to use a condom.
5. Deception(a)	Person uses false information or deception to get partner to use a condom.
6. Withholding sex(a)	Person states—threatens that sexual activity will be withheld if partner does not use a condom.
7. Relationship Conceptualizing(b)	Person uses caring or concern for the partner or relationship in order to get partner to use a condom.
8. Autocracy(c)	Person uses authority, claims greater knowledge, or flatly insists on condom use.
9. Direct request(d)	Person requests the use of condoms in a direct, straightforward manner.

Note: Definitions adapted from (a) Debro et al. (1994); (b) McCormick (1979); (c) Howard et al. (1986), and (d) Edgar *et al.* (1992). Source: Noar *et al.* (2002)

The studies reviewed on condom use negotiation show condom usage varies according to the type of relationship (new-term and long –term relationship) and gender (male and female) in college and out of college contexts. This study explores verbal and non- verbal negotiation strategies undergraduates of Jimma University use to influence their new and main heterosexual partners to practice safer sex: condom use.

3. Method

3.1 Research Design

This research is of cross-sectional and descriptive. It is cross-sectional in the sense that it is conducted at single instance. In its approach it is mixed—uses both qualitative and quantitative methods. Percentage was used to identify the type of condom negotiation strategies employed, by male and female respondents, with new and main partners. Qualitative data from the FGDs and IDIs were analyzed using thematic analysis.

3.2 Participants

Three hundred seventy-eight (N = 378— 315 male and 61 female, 2 missing) randomly sampled (using multistage random sampling) Jimma University regular

undergraduates, from a population of 18161 (in the academic year of 2007 to 2012), volunteered to participate in the survey study.

Four FGD groups— two male groups (Group One 9 and Group Two 11 members) and two female groups (Group One 6 and Group Two 9 members) were conducted to generate perceived condom negotiation strategies. Ten (n = 10) sexually active men were interviewed to generate actual condom negotiation strategies they used.

The average *age* and monthly *pocket money* of the participants were 21.29 years and 314.27 Birr respectively. With respect to *Origin*, they were from Oromia (n = 205, 54.2 %), Amhara (n = 81, 21.4 %), SNNPR (n = 54, 14.3 %), Addis Ababa (n = 20, 5.3 %), Tigray (n = 14, 3.7 %), Somewhere else (Others) (n=3, .8 %), and Diredwa (n = 1, .3 %) at descending order. Closely related to this, 166 (43.95 %) and 210 (55.6 %) were from *Urban* and *Rural* respectively. Regarding their *living place*, while 92.3 % (n = 349) live in the University (dorm), 5.3 % (n = 20) live out of the University. Participants were affiliated to a variety of *religions* like Orthodox Christians (n = 188, 49.7 %), Protestant Christians (n = 102, 27.0 %), and Islam (n = 69, 18.3 %), while 3.4 % (n = 13) were affiliated to various other religions.

Of the participants, 202 (53.4 %) reported to be not sexually active by indicating that they never had sex. Of the remaining 176 participants, 175 (46.3 %) participants (153 male and 22 female) reported having ever had sex. And 152 respondents were sexually active during the last twelve months before data collection. During the past twelve months prior to data collection, while 111 (29.4 %) and 41 (10.8 %) of the participants had one and more than one sex partners respectively, 225 (59.5 %) participants had no sex partners prior to data collection.

During the past twelve months prior to data collection, 47 (12.4 %) Every time (they had sex), 18 (4.8 %) More than half of the time (they had sex), 17 (4.5 %) Half of the time (they had sex), 14 (3.7 %) Less than half of the time (they had sex), 28 (7.4%) At the start of the relationship only, and 29 (7.7 %) Never used condom with main partner. With recent partner, 67 (17.7 %) Every time, 12 (3.2 %) More than half of the time, 10 (2.6 %) Half of the time, 14 (3.7 %) Less than half of the time, 17 (4.5%) At the start of the relationship only, and 33 (8.7 %) Never used condom with new partner during the past twelve months prior to data collection. And to influence main and new partners to comply with condom use, they applied different condom negotiation strategies (See Table 4.1 below).

Students who were not willing to participate in the study, who were under 18 years were excluded from the study for it needed parental consent. The study was conducted in Jimma University from 5/03/2011 up to 11/04/2012.

3.3 Data Collection Tools

A questionnaire (adapted from Noar et al., 2002) which contained nine simple Yes or No condom negotiation items dealing with Reward, Emotional coercion, Risk information, Seduction, Deception, Withholding sex, Relationship Conceptualization, Autocracy, and Direct request, as well as socio-demographic questions which are adopted by the researcher, was used. The participants were asked to put a checkmark in the box in front of any item that had applied to them in the last twelve months, prior to

data collection. The questionnaire was pre-piloted on a limited number (N=128) of computer science students (from first year to fourth year).

Face and content validity have been checked. From 415 questionnaires (377 sample size plus 10% or 38 contingency), 390 were able to be distributed. Among these 378 were properly filled and returned.

Besides, an interview guide of 3 questions with 9 probes (developed by the researcher) was used. It asks (1) whether the participants ever used or did not use condom with new and main partners, (2) who proposed the use of condom, and (3) what they felt after using the condom. The other instrument used in this study to collect qualitative data is FGD. The FGD guideline, which deals with perceived condom negotiation strategies, has been adapted from Kelly, Hood, and Brasfield (1989). It asks 8 questions (each with probes) regarding perceived strategies the participants would apply to negotiate condom use with new and main partners. Reliable digital sound recorder was used to record the FGD and IDIs data.

3.4 Data Collection Procedure

First FGD and IDIS were run respectively. Next a questionnaire was administered. Participants were told that the study would investigate the actual and perceived condom negotiation strategies they would use to influence main and new sex partners to comply with condom use.

Regarding the procedure for collecting qualitative data, interested and outgoing* respondents who are potentially resourceful and volunteers were identified using *snowball* sampling (Zoltan, 2007) for the FGD. The IDIs participants who are sexually active (who explicitly and implicitly narrated their sexual experience) were recruited from the FGD participants, by the researcher. After the qualitative data was transcribed in Amharic and translated to English by the researcher, its accuracy of translation was checked by two English instructors. The first and the second male FGD01 took 1:30 and 1: 45 hours respectively. The first and second male FGD02 took 1:30 hours each. The female FGD01 was carried out with six female students for 1:30 hours and the female FGD02 for 2 hours, each only once. Each IDI took 30 minutes on average.

With regard to the procedure for identifying sexually active participants (from the survey study) who used actual condom negotiation strategies is concerned, first completely filled and returned questionnaires were identified (N = 378—315 male, 61 female, 2 missing). Next, questionnaires filled by sexually active participants in life (n = 176; 153 male and 22 female, 1 miss) were selected. Finally, questionnaires which were filled by 152 sexually active participants during the last twelve months (before data collection) were screened and analyzed.

Data cleansing was done at the end of each working day. Data was edited, coded, and entered into a computer using Statistical Package for Social Sciences (SPSS) version 16. In this study, oral and written informed consent was obtained from survey and interview/FGD participants respectively, and confidentiality was maintained.

* “Because of their exposure to or their experience of the phenomenon in question” (Ryan *et al.*2007:741).

4. Results

This chapter undertakes the analysis of both the quantitative and qualitative data. It begins by analyzing the former.

5.1 Analysis of Quantitative Data

Table 2: Actual Condom Negotiation Strategies College students (males & females) Used with Main and New Hetro-Sexual Partners

No	Condom Negotiation Strategy	Female		Male	
		Main partner (%)	New Partner (%)	Main Partner (%)	New Partner (%)
1	Risk Information	63.2	52.6	68.5	62.7
2	Withholding Sex	26.3	73.7	29	76.2
3	Direct Request	36.8	63.2	44.4	64
4	Deception	25	57.9	13.7	56.8
5	Seduction (non-verbal)	42.1	42.1	21.8	64
6	Command	47.4	63.2	54	53.6
7	Relationship Conceptualization	55.6	47.4	46.8	56.8
8	Reward	50	47.4	33.9	42.7
9	Emotional Coercion	50	47.4	22.9	51.6

Table 2 shows verbal and non-verbal condom negotiation strategies JU female and male undergraduates prefer to persuade both main and new hetro-sexual partners to comply with condom use. Accordingly, while 63.2% female and 68.5% male students reported that they used Risk information to persuade main partners, 52.6% (female) and 62.7% (male) applied the same strategy to influence new partners to agree with condom use. More numbers of the participants also preferred withholding sex (Female 73.7%, Male 76.2%), Direct request (Female 63.2%, Male 64%), Deception (Female 57.9%, Male 56.8%), and Command (Female 63.2%, Male 53.6 %), to influence new partners to agree with condom use as compared to main partner.

Females and males differ on their preferences of Relationship conceptualization. While reasonable number of female respondents applied Relationship conceptualization to influence main partners more than new partners (55.6% vs. 47.4%) to comply with condom use, more than average male respondents applied this strategy to influence new partners than main partners (56.8% vs. 46.8%) to accept condom use. Seduction, Reward, and Emotional coercion are the least preferred strategies applied by both females and males to influence both main and new partners to comply with condom use. Therefore, it can be concluded that while Risk information is the most preferable strategy by both females and males to persuade main partners more than new partners to comply with condom use, Command, Direct request, and Deception are more preferable strategies by both males and females to influence new partners more than main partners to agree with condom use.

However, the statistics by itself does not answer why such differences occurred, and when and how the respondents applied such strategies. Therefore, to get in-depth information this data is triangulated with data from IDIs and FGDs. Below is analysis of qualitative data.

5.2 Analysis of Qualitative Data

5.2.1 Condom use negotiation strategies males use with main and new partners

*Condom negotiation strategies males use with **main** partners.* As to the IDIs, sexually active male students use non-verbal, bilateral, and unilateral verbal strategies to influence main partners accept condom use.

Seduction, a non-verbal strategy, has different forms such as placing condom on a penis or in vagina, buying condom, giving condom or searching a pocket for condom, as the IDIs revealed. Seduction can be used in different contexts. For example, when main partners who separated during semester break meet again, to enjoy pregnancy risk free sex, they could expect condom using without verbal negotiation. But this appeared to happen when there is a previously established ground rule regarding condom use between the two partners as can be seen from the text given below:

[IntM01*]: *When you return home, from university, did you use condom?*

[IM09♥]: Yes, we used.

[IntM01]: *Who initiated the idea?*

[IM09]: It was me.

[IntM01]: *What did you say or do?*

[IM09]: We were in a hotel berg [bedroom]. It was me who had condom. I used without any utterance, but she said nothing. We already agreed to use condom anytime. So she expected that I would use.

[IntM01]: *You said that you have already agreed to use condom any time you have sex. Do you think that the discussion you made regarding condom led you to use condom?*

[IM09]: Sure.

Seduction is also appeared to be applied in a context where a partner is assumed to refuse condom, at the first sexual intercourse. In such situation, the agent may wear the condom in darkness without the knowledge of his partner or target. Once condom has been used during the first sex, then after using it seems to be expected in series of sexual intercourses.

[IM19]: ...Then, I took out condom and put it on my penis. I did this in darkness without her knowledge. After sex, when she was tensed about pregnancy, I told her that I had used. After that day onwards, I wear it whenever we have sex without discussion.

[IM17]: During our first sex with my partner, I did not show her the condom. I put it under a pillow. After sex she started crying, giving me her back. When I

* Male interviewer 01

♥ Male interviewee 09

asked her the reason of her crying, she asked me why I did not use. When I showed her the condom that I used, switching on the light, she could not believe her eyes; she hugged and kissed me, then relaxed. Since then, until we reached an agreement to avoid condom use, I was simply wearing it without [verbal] negotiation.

Further, seduction seems to be applied under circumstances where partners have already discussed their sexual history including their HIV status. If both had ex-sex partners and do not know their HIV status, the male is expected to use condom, and he wears it without asking her willingness.

Both of us had sex with other partner before [we formed relationship]. I told her why I departed from my ex- partner. She also told me about her previous friend [partner]. Besides, we did not undergo HIV testing. In such situation, using condom protects us from different risks. So, I took out condom and used without asking her. We were together for a year and six months. [IM16]

This data is triangulated with the survey and FGD data. Accordingly, 27 participants (21.8 %), from 124 who ticked Yes or No, rated using seduction with a main partner. Some male participants from the FGD strongly felt that they would apply seduction, if they engaged in sex. Hence, from the triangulated data, one can conclude that seduction is a non-verbal preferable strategy for influencing a perceived risky main partner to accept condom use.

Bilateral and unilateral verbal strategies. Several sexually active male interviewee students also reported using bilateral verbal strategies such as (pregnancy) *risk information, relationship conceptualization, and direct request.* With regards to the former, to avoid risks that could hamper the student from finishing his education, condom is suggested as risk reduction strategy, as reported by the interviewees. For example, a student who met again his partner somewhere else during a semester break, applied *risk information* strategy to persuade her for using condom:

I said: 'I am on my way; you are on your way too. At least you have secured job, you are a government employee. But, I am waiting for the hand (support) of my parents. So, not to endanger our love and to avoid risk, it is better if we use condom'. [IM20]

To triangulate this with survey data, majority of respondents (n = 85, 68.5 %), from 124 who rated the item, reported using this strategy to persuade their main partner to comply with condom use. Also, most participants in the FGD reported that they would apply this strategy, especially pregnancy risk information, to influence their main partner to use condom. Hence, one can conclude that risk information is one of the most preferred strategies college male students use to persuade a main partner to agree with condom use.

The other bilateral verbal strategy male interviewees use to influence their main partner to accept condom use is *relationship conceptualization*, along with emotional coercion, which is a unilateral verbal strategy. Sometimes, without anticipating that the relationship pushes forward, partners enter into long-term sexual relationship. However, gradually when one of the partners, especially the female, perceives that the relationship has been upgraded to a long-term relationship, she may prefer avoiding condom use.

Conversely, if the other party, especially the male, does not want to enter to such commitment, for example, marriage, he may suggest condom use. If she does not allow him using, he inspires fear of terminating the relationship.

[IM19]: She did not refuse condom use because she knows that I would reject her [the relationship] if she opposed.

[IM16]: We did not think about HIV testing because we did not imagine that we extend the relationship for long time. But, expecting and wanting to live together, being married, she welcomed condom using, though she hates condom.

According to the survey data, from 124 respondents, slightly less than half (n = 58, 46.8 %) indicated using relationship conceptualization for the purpose of persuading their main partner to use condom. Further, many male participants from the FGD perceive using this strategy. Therefore, relationship conceptualization is one of the preferable strategies males use to influence their main partner to accept the proposal of condom use. On the other hand, only 29 (23%) respondents reported using emotional coercion to force their main partner to use condom, yet in the qualitative data, it is the least reported condom use influencing strategy.

Direct request. It is the other bilateral verbal strategy some male interviewees used to influence their partners in long- term relationship to use condom. In such relationship condom use appeared to be less preferable. To reduce risks related to pregnancy, pills and other methods are applied. But sometimes circumstances, for example meeting again after a long time departure, force such partners to use condom, if pill taking had been interrupted. In such situation, to influence their main partner to accept condom use, they directly ask for using it. The following experience reflects the practice:

[IM07]: Since both of us are students, we discuss regarding protecting pregnancy. On one occasion, when she returned from break, since we were hungry for each other, we used condom. It was me who raised the idea.

[IntM01]: What did you say?

[IM07]: ‘What do you think if we use condom’?

[IntM01]: *What did she say?*

[IM07]: ‘If you are pleased, that is ok’.

[IntM01]: *What did you feel after using condom?*

[IM07]: We were not pleased as the other days [sex without condom], but we felt happy for we could reduce risks.

To strengthen this finding with statistical data, 55 (44.4%) participants, from 124 who ticked Yes or No response, rated using this (direct request) strategy for pressurizing their main partner to agree with condom use. The data from FGD is also in line with the IDI data. Hence, it is clear that direct request is one of the most preferable strategies college males use to influence their main partner accept condom use.

Condom negotiation strategies males use with new partners. College male students also use non-verbal and verbal strategies to influence new partners to comply with condom use proposal.

Seduction. With new partners, male college students use different condom negotiation strategies, but seduction, a non –verbal strategy, is among the most preferable

influencing strategies. Almost all interviewees who used condom with new partners reported that they applied this strategy, without asking their partners for condom use, and the females reportedly did not refuse. This claim is evident in the following reflections:

[IM02]: I used it without any utterance. That is obvious; that had to be. Had I not used [condom], she could have suggested it.

[IM06]: I met a female at a night party which was arranged to celebrate the day on which we were upgraded to clinical [practice] from pre-clinical [theoretical class]. We could not return to the campus because the doors were closed. Then we spent the night in a hotel.... I took out condom from my pocket and used. She said nothing.

[IM18]: I think this is already known. I know she believes that I have to use condom. I simply took out and wear it. So we did not discuss condom use.

[IM13]: I simply tore the cover and used. She said nothing.

[IM17]: Last week, I had a three round sex with a female I met by chance. Since I did not know her background, during these rounds I placed the condoms on my penis without asking her willingness, but she did not oppose.

The preceding data show that seduction as well as condom is used with intention. However, sometimes condom can be used without intention. Condom can be used in a context where either or both partners have not expected having sex or protected sex. For example, new partners, at the beginning of the relationship, may agree to have only kissing, but not sex. However, when such behavior is practiced repeatedly and reaches its maximum or becomes routine, bridging to the next step of the chain- vaginal sex is obvious. Sometimes, a partner, for example the female, who personally decided to have sex, overstepping the set boundary (i.e. no sex but only kissing) surprises her partner who has not an intention to have vaginal sex, but kissing. On the other hand, the other partner, the male, also surprises her by using condom, which she may not expect that he would bring condom. One of the interviewees who did not have an intention of having both sex and condom use, but kissing, ended up in protected sex, which surprised his partner. To hear from his mouth:

For long time [many days] we practiced only kissing. But one day while we were being engaged in kissing, she told me that she wanted to have sex, which I did not expect. Fortunately, I had condom in my pocket, which I picked up for fun on the same day from a certain clinic I had visited with my friends. So, I used it without asking her willingness. When she asked me whether I had come with an intention of having sex, I explained how I collected the condom. **[MI 02]**

The statistical data and FGD result back up the finding from the interview. Accordingly, from 125 sexually active male respondents who rated the item regarding seduction, majority of males (64 %, n = 80), reported using this strategy to influence their new sex partners to agree with condom use. Besides, the result from the FGD analysis shows that seduction is a perceived strategy reported by many males to be used to persuade a new partner to accept condom use. Therefore, seduction is not only a perceived, but also an actual strategy for the majority of male respondents to influence new partners to accept condom use.

Bilateral verbal strategies. The other type of condom negotiation strategies college male students use to influence a new partner to agree with condom use are bilateral verbal strategies. These include *risk information*, *relationship conceptualization*, and *direct request*.

Risk information involves explaining the reason why condom has to be used (to reduce risk) so that the target partner complies with willingly. Some participants reported applying this strategy to persuade their new partners to accept condom use. Among them, an interviewee who applied this strategy to persuade his new partner who hates condom use explains:

I hate condom too. But the days are critically hard to deal with, so until we seek HIV testing and build confidence, we have to use condom. [IM19]

From 126 respondents (in the survey) who ticked Yes or No alternatives regarding applying “Risk information”, 79 (62.7 %) reported using this strategy to persuade their new partners to accept condom use. This strategy is also strongly felt by several participants of the FGD. Thus, it can be concluded that risk information is among the most preferable negotiation strategies college males use so that their new partners comply with condom use.

Relationship conceptualization is the other bilateral verbal strategy reportedly used to negotiate condom use with new partners. Some female partners prefer unprotected sex (sex without condom) especially when they have sex with a partner they anticipate to marry. To convince such females to accept protected sex, male partners could suggest condom use until the relationship becomes firmly established. Here is an experience:

‘We will make our relationship life long, we will marry, and our relationship should not be a short term. However, until then we have to use condom’, I said when we started the relationship. [IM19]

The statistical data generated from sexually active respondents backs up this finding. Accordingly, slightly more than half of the male respondents 71(56.8%), from 125 respondents, reported using relationship conceptualization information to persuade their new sex partners to agree with condom use. The finding also triangulates with data from the FGD where relationship conceptualization has been reported by majority of participants as a perceived strategy, to influence new partner to agree with condom use.

The other type of bilateral verbal strategy is *direct request/suggestion*. It seems that this strategy can be applied in situations where the sexual feeling of new partners fortuitously turns on. For example, when a male and a female students study together in a class room, their sexual desire can be provoked, even if studying together is their first time. This is what happened when interviewee06 was studying with a student from his department. To persuade her to have sex with him, he directly told her that he had health prevention [condom]. To hear from his mouth:

We were studying for the first time together in a classroom ...When I said ‘I do have health prevention for both of us, I would love if we have sex now, and shall we have pleasure?’ She showed me [non-verbally], a sign of wanting to have sex, and then we had sex using condom. [IM06]

The survey data indicates that direct request is a preferable strategy by majority of respondents. Accordingly, from 125 respondents who ticked Yes or No alternatives, 80 (64 %) are in favor of using this strategy to influence their new partners to use condom. The FGD data also supports the claim.

From the forgone analysis, we can see that four strategies are predominantly used (by males) to influence both main and new partners to accept condom use- seduction (non-verbal strategy), risk information, relationship conceptualization, and direct request (verbal strategies).

5.2.2 Condom use negotiation strategies females use with main and new partners as reported by males

Condom use negotiation strategies females use with main partners. Sexually active male interviewees were asked strategies their sex partners have applied on them for the purpose of condom use. According to the report, their partners applied verbal and non verbal negotiation strategies. Below is the analysis of reported condom use strategies females applied on both main and new partners.

With main partners females used bilateral verbal strategies (direct request), unilateral verbal strategies (withholding sex, command), and non-verbal strategies (seductions).

Bilateral verbal strategies

Direct request. For protected sexual intercourse, it is the male partner who is expected to bring condom. So, when they agree to have sex, for example in a berg, the female comes assuming that her partner brings condom. However, sometimes such assumptions may not turn out as expected. On one occasion, interviewee 02 booked a bed but did not bring condom. Before entering into the sexual debut, his cautious partner directly asked him whether he had bought condom. Similarly, the partner of interviewee13, while they were in a class room, directly asked him whether he had condom. To hear from them:

[IM02]: One day we reserved a bed, it was me who booked, but I forgot bringing condom. Then she asked me: ‘Did you buy condom?’ And I told her that I forgot. Next she said: ‘So are you expecting me to buy and bring?’ I asked for apology, went and bought.

[IM13]: One day, after searching my pocket, she asked me: ‘Don’t you have today?’ I told her that I finished. Then she told me to buy, and I did that. We freely discuss [condom], and [when she wants to have sex] she asks: ‘Do you have sensation?’

However, the statistical data indicates that it is a less, though not the least, preferable strategy. Among 19 respondents who ticked Yes or No alternatives regarding “Direct request”, only 7(36.8%) reported using it. The FGD data also shows that there are some female participants who prefer this strategy.

Unilateral verbal strategies

Withholding vaginal sex. Sometimes factors beyond the control of the partners, for example heavy rain and power failure facilitate or provoke sexual intercourse. When this is coupled with unavailability of condom at hand, the matter worsens. Both partners may want to have safer sex, but the strategy one suggests may not please the other. In this context, applying withholding sex could enable females to have protected sex. Consider the following experience:

I remember, one day being here [in a class room], there was a heavy rain, and the power was off. I wanted to have [sex] without sensation [condom]. But she refused [to have sex] without condom. Thinking that her fear could be pregnancy, and not HIV, I said: 'If your fear is pregnancy, we can use withdrawal method'. But she refused and said: 'I can satisfy you through other way, instead of having it without condom.' Then she did warm up and kiss me. After having gratification, I went to [my] dorm. When she did this, she was very smart and strong, I appreciated her. [IM13]

From 19 females who ticked 'Yes' or 'No' alternatives for withholding sex, only 5 (26.3 %) respondents have reported using this strategy to pressurize their main partner to avoid vaginal sex, without condom. The FGD data also shows that some participants prefer using this strategy. From the qualitative finding, one can see that withholding sex is dominantly characteristics of females, and from the survey data it is the least preferable strategy to influence main partner to use condom.

Non-verbal strategies

Seduction. Sometimes, it appeared that females use mixed (non-verbal, bilateral and unilateral) strategies to influence their main partners to use condom. Among these, one is the non-verbal strategy of seduction. The seduction females use by far differs from the seduction their counterparts males use. One aspect of seduction is checking the pocket of their partner. It seems that they use this strategy especially when they are not courage enough to directly ask for condom. They also couple this strategy with direct request (bilateral strategy) and command (unilateral strategy).

She was very eager to have sex. She was checking my pocket. I thought she was looking for something else, but she was looking for condom. When she asked me whether I do have [condom], I told her that I finished. Then she told [ordered] me to buy. I did that. Another day, on a corridor, when she was searching my pocket, I thought that she was looking for condom. [IM13]

From 19 sexually active participants who ticked 'Yes' or 'No' alternatives, only 8 (42.1 %) reported using seduction specifically placing condom on a penis of main partner. The lesser percentage is not surprising because seduction, placing condom on a penis, is by far the characteristic of a male, and not a female. Similarly, 9 (47.4 %) respondents reported using command. These findings comply with data from FGD.

Condom use negotiation strategies females use with new partners. With new partners reportedly females used bilateral verbal strategies (direct request) and non-verbal strategies (seductions).

Direct request: There are college male students who form relationship with bar ladies and sugar mummies out of the campus. According to the report of interviewee 17 and 16, immediately before sex, their one- night stand females directly requested for condom use. To hear from the interviewees' mouth:

[IM17]: She has a grocery and a husband abroad. Immediately, before starting [having] sex she asked me: 'Do you have condom?'

[IM16]: When I was second year, I had sex with one beautiful bar lady. By the way, bar ladies are very careful. They put condom under mattress and on a shelf. If you do not have condom, you buy from there. Then she asked me: 'Do you have condom'? After telling her that I had, I picked out and used it.

Seduction. Apparently, applying seduction (placing condom on a penis) is less likely for a female. But this can happen if the partners do not fear each other and especially if they are health students. On one occasion, when interviewee 06, a health officer student, was studying in a classroom with a normal (non-romantic) friend, their sexual feeling turned on. They agreed not only to have sex, but also to place the condom on his penis. Below is his typical experience with its flavor:

To your surprise, since we do not fear each other, when I said: 'as the science suggests, it must be you who place a condom on my penis', she placed it accordingly and removed it after sex. **[IM06]**

Another typical experience comes from an interviewee who had sex with a foreigner woman. Once he went to Korea to attend a workshop which was facilitated by a German woman who is older than him. When the workshop was over, there was a party where much alcohol was served. After the dismissal of the party, he directly went to the dorm that he shared with foreigner couples who were freely having sex always in his presence. This German woman followed him and jumped on his bed, and invited him for sex in the presence of his roommates; but this Ethiopian man refused. When he declined her invitation, she opened her bag and stretched him special mark condoms. Again, when he repudiated, his dorm mates named him with a derogatory expression (abnormal person), and finally he surrendered to the invitation. To hear his typical experience:

She jumped on my bed and said: 'I want to have sex with you; if you are open I am ok'. Being shocked, I started running to go out of the dorm...but she ran and seized me. She took out condom from her bag and gave me. Fearing the derogatory expressions my dorm mates used, I did sex with condom (condamun yezshe gebaubet, ኮንዶምን ይቼ ገባሁበት). When she attempted to place it on my penis, I rebuffed. **[IM19]**

From the foregoing data, one can see that the females used direct request /suggestion and seduction (giving condom and/or attempting placing it on a penis) to influence a new partner to use condom. But it is important to notice, but not to conclude, that being a student of health and being raised up in the western culture

appeared to be contributing factors that enable a female to place a condom on a casual partner's penis. Yet, it is important to bear in mind that direct request is a verbal strategy females apply to pressurize both main and new partners to use condom.

The survey data indicates that from 19 sexually active females who ticked Yes or No response, 8 (42.1 %) respondents reported using seduction, placing condom on their new partner's penis. A few participants of the FGD also perceived to use this strategy, especially if the casual partner were drunk.

Forgone is the analysis of perceived and actual condom negotiation strategies male and female college students use with new and main heterosexual partners. Among the ten males who involved in the interviews, while seven had been in long-term relationship, three had been in short term. From the seven, who were in long-term relationship, four of them, shortly before the interviews, terminated the relationship. From these four, who terminated the relationship, three of them reported that they were on secondary abstinence. One was on the way to form another new relationship.

5. Discussion

There are many factors that may influence the use of condom negotiation strategies, and among these factors, this study explored gender and the type of relationship. First let us see how gender influences condom use negotiation.

Gender

Interesting similarities and differences were noted in using condom negotiation strategies. Both female and male respondents reported using (DR) direct request (e.g., 'what do you think if we use condom?'), (RC) relationship conceptualization (e.g. 'not to endanger our love, it is better if we use condom'; 'until we undergo HIV testing or marry, we have to use condom'), (RIF) risk information (e.g. 'I will explain the bad consequences of sex without condom—pregnancy, AIDS and STDs'), (DCP) deception (e.g. 'If s/he is not willing, I will tell her/him that condom protects pregnancy, but my fear is about HIV'), (WH) withholding sex (e.g. 'If she says 'NO', he would accept the condom'), and (SED) seduction (e.g. 'I took out condom and used without asking her'). This finding is consistent with college based researches that reported males and females use these strategies (DeBro *et al.*, 1994; Noar *et al.*, 2002; French & Holland, 2012).

Although the condom negotiation strategies reported by males and females were similar, more emphasis seems to be placed on the non-verbal seduction for males and verbal strategies for females. This emphasis difference supports the finding of previous survey study, done in a college context, which reported that females are more likely to use verbal influencing strategies than males (DeBro *et al.*, 1994), and this is not a surprise for *seduction* (putting condom on penis), non-verbal strategy, is primarily the work of the man.

Conversely, a recent survey research done in college context (French and Holland, 2012) found insignificant difference between males and females for seduction (SED). Three explanations can be given for the conflict of the outcome. First, the operational definition given to SED is different. While SED means putting condom on a penis without utterance for a purpose of condom use, in the study of French and Holland (2012), in this (the current) study, in addition to putting condom on penis without verbal

utterance, it means checking pocket for condom when sex is desired, giving condom, and buying condom. Second, priority population (American college students, Ethiopian college students) could contribute to the difference. For Ethiopian women, putting condom on a penis is less likely because of negative evaluation associated to sexual experience and promiscuity. But this does not mean that they do not totally put condom on the penis of their partner. For example, one male interviewee witnesses: “She placed the condom on my penis and removed it after sex”. The third reason could be difference in the method of data analysis. While French and Holland (2012) applied quantitative (inferential) analysis, this (the current) study used qualitative analysis dominantly. Overall, results in the current study support DeBro *et al.* (1994) and Carter *et al.* (1999), who reported that females take a more active role in negotiating condom use, that is using more verbal strategies than the non-verbal seduction.

Males and females also differ on a unilateral verbal negotiation strategy—*withholding sex*. Withholding sex appeared to be more a characteristic of females than males in both short term and long term relationships, for a purpose of condom use, in the qualitative part of this study. Support has also been found for this strategy in Edgar *et al.* (1992) and DeBro *et al.* (1994). Based on the qualitative data of the current study, three reasons can be proffered for females using this strategy as an influencing mechanism for condom use with main partner, where condom use is less likely: (1) if they think that their relationship is coming towards an end, (2) if they suspect that their partner had formed a secret relationship with another person, and (3) if they think or know that he is unwilling to get tested for HIV. In addition, an explanation for females to use this strategy with casual partner could be, generally speaking based on the qualitative data, females may think that males prefer accepting sex with condom rather than missing it (e.g. “If she[I] say(s) ‘no’, he would accept the condom”).

Overall, the finding revealed that, in a setting where females face unprotected sex, withholding vaginal sex seemed not the only the effective strategy to avoid risks, but also unique characteristics of female college students to influence risky partner to make him use condom, at least for this study population.

Type of relationship

The study also explored condom negotiation strategies college students (males and females) preferred to use for new and main partners. Accordingly, out of the six condom negotiation strategies reported by Noar *et al.* (2002, 2004), it has been found that subjects in both types of relationships primarily use three bilateral verbal condom negotiation strategies— direct request (DR), relationship conceptualization(RC), and risk information (RIF). It appeared that majority of male and female participants used these three strategies to influence *main* partner to comply with condom use for one major reason—to prevent unwanted pregnancy that could endanger the relationship and the education they pursue. Put differently, these strategies enable them to reach appropriate decision that sustains the relationship. The finding is comparable with Castaneda (2000), in Amaro and Raj. (2000), who reported that partners in close relationships (steady/ longer term) are more likely to report greater sexual communication and decision making, as compared to casual partners.

It also seems that subjects in new relationship used these strategies to influence their partner to agree with the proposal of condom use for two basic reasons— fear of

HIV/AIDS and eagerness to form sustained relationship from the very beginning. This preference for the three strategies— direct request (DR), relationship conceptualization(RC), and risk information (RINF)— partially supports a recent survey study which reported that students in casual and monogamous relationships used all six condom negotiation strategies similarly (French and Holland, 2012).

However, both males and females appear to apply one different bilateral verbal strategy—Deception (e.g. *If s/he is not willing, I will tell her/him that condom protects pregnancy, but my fear is about HIV*) for *new* partner, but not *main* partner. Therefore, for this group of population, deception seems not characteristic of both college males and females in committed (long-term) relationships. One reason can be proffered— deception could endanger trust and love which are signals of committed relationship. This finding is in line with Noar *et al.* (2004) who indicated that partners in casual relationship use *deception*.

6. Conclusion

The reason for conducting this study was to explore condom *negotiation strategies* college students use, which have been missed in Getinet's (2009) study that reads: "Given the arbitrary nature of the opposite sex relations, it is difficult to say, sexual partners would negotiate safer sex practices such as suggesting condom use" (p.265). However, the results of this study do not support Getinet's speculation, as it appeared that participants of this study had not much difficulty with using different condom negotiation strategies. This study also revealed that seduction for females means, in addition to placing condom on penis, checking pocket for condom and stretching (giving) condom to partner, and buying condom whereas it means placing condom on penis, according to other related studies (e.g. Noar et al., 2002). Therefore, the study concluded that condom negotiation strategies mainly *risk information, relationship conceptualization, and direct request* are preferred in both committed and non-committed relationships, for males as well as females in the study population. Further, the study concluded that, for condom use, while seduction is a characteristic of males, withholding sex is a characteristic of females in both committed and non-committed relationships, for this study population. This shows the importance of considering condom negotiation strategies in fostering condom use.

7. Recommendation

Use of condom negotiation strategies, as reflected in this study, has to be enhanced. This involves the use of negotiation strategies that fit the *gender* – risk information, direct request, relationship conceptualization for both gender, seduction for male, and withholding sex for female. It also involves the use of negotiation strategies that fit *type of relationship*- risk information, direct request, relationship conceptualization, withholding sex, and seduction for both committed relationship (with main partner) and non-committed relationship (with new partners), and deception for non-committed relationship (with new partners).

Programs aimed at enhancing students' condom practice could benefit from promoting and practicing these verbal and non-verbal condom negotiation strategies.

This could be done with separate gender intervention as well as combined interventions, through drama and role play, for example. Especially, Role play may be useful not only for practicing condom use negotiation strategies, but also for strengthening their ability to successfully negotiate condom use with a new or first time partner as well as main/steady partner.

Despite interesting findings, the study is not free from some limitations. Had more participants been involved especially females in the IDIs, richer data could have been elicited; however, practical issues such as sensitiveness of the topic did not permit that. It was difficult to get willing participants (other than from the FGD participants) who would disclose strategies they actually used during their condom use negotiation. The reader should bear in mind that IDIs were triangulated with FGD and survey data sexually active and inactive male and female students reported. Further, this study has not presented other safer sex negotiation strategies such as abstinences, faithfulness and HIV testing for the sake of scope. However, abstinences, faithfulness and HIV testing negotiation strategies reported by participants have been treated in the researcher's PhD Dissertation (Tesfaye, 2013) and will be published on peer reviewed journals in the near future.

Acknowledgments

The author acknowledges Mrs. Bitia Admasu for assisting in running the female FGDs. Also, he would like to extend his gratitude to Jimma University undergraduate students who cooperated in the study through their participation which enabled the researcher to get the data of this study.

References

- Amaro, H. (1995). Love, Sex and Power: Considering women's realities in HIV prevention. *American Psychologist*, 50(6), 437–447.
- Amaro, H. & Raj, A. (2000). On the margin: Power and women's HIV risk reduction strategies. *Sex Roles*, Vol. 42, Nos. 7/8, 2000.
- Bowen, S.P. & Michal-Johnson, P. (1989). The crisis of communicating in relationships: Confronting the threat of AIDS. *AIDS & Public Policy Journal*, 4(1), 10–19.
- Carter, J.A., McNair, L.D., Corbin, W.R. et al. (1999). Gender difference related to heterosexual condom use. The influence of negotiation styles. *Journal of Sex and Marital Therapy*, 25, 217–225.
- DeBro, S.C., Campbell, S.M., & Peplau, L.A. (1994). Influencing a partner to use a condom: A college student perspective. *Psychology of Women Quarterly*, 18, 165–182.
- Edgar, T. & Fitzpatrick, M.A. (1988). Compliance-gaining in relational interaction: When your life depends on it. *The Southern Speech Communication Journal*, 53, 385–405.
- Edgar, T., Freimuth, V.S., Hammond, S.L., et al. (1992). Strategic sexual communication: Condom use resistance and response. *Health Communication*, 4(2), 83–104.
- Ethiopia Demographic and Health Survey (2011).
- FDRE (March 2010). *Report on progress towards implementation of the UN declaration of commitment on HIV/AIDS*. Federal HIV/AIDS Prevention and Control Office.
- Federal Ministry of Health (2006). *AIDS in Ethiopia. Sixth Report*.
- Firehiwot Alebachew (2006). *Behavior Change Communication (BCC) and the Response of Young Adults: the Case of Ethiopia*. SaLE.
- French, J. R. P., Jr., & Raven, B. H. (1959). The bases of social power. In: Noar, S.M., Morokoff, P.J. & Harlow, L.L. (2004). Condom influence strategies in a community sample of ethnically diverse men and women. *Journal of Applied Social Psychology*, 34, 8, pp.1730-1751.
- French, S.E., & Holland, K.J. (2012). *Condom negotiation strategy use and effectiveness among college students*. Taylor & Francis Group, LLC.
- Getinet Tizazu (2009). Self-reported sexual experiences, sexual conduct and safer-sex practices of Ethiopian undergraduate male and female students in the context of HIV/AIDS pandemic. Published on line Proquest llc 789 East Eisenhower Parkway. *Umi Number: 3356131*.
- Hancock, B. (2002). *An introduction to qualitative research. Trent Focus*. University of Nottingham.
- Howard, J.A., Blumstein, P. and Schwartz, P. (1986). Sex, power, and influence tactics in intimate relationships. *Journal of Personality and Social Psychology*, 51(1), 102–109.
- Kline, A., Kline, E. and Oken, E. (1992). Minority women and sexual choice in the Age of AIDS. *Social Science and Medicine*, 34(4), 447–457.

- Margillo, G.A. & Imahori, T.T. (1998). Understanding safer sex negotiation in a group of low-income African American women. In: Noar, S.M., Morokoff, P.J. & Harlow, L.L. (2002). Condom negotiation in hetero sexually active men and women: Development and validation of a condom influence strategy questionnaire. *Psychology and Health*, Vol. 17, No. 6, pp. 711–735.
- McCormick, N. B. (1979). Come-ons and put-offs: Unmarried students' strategies for having and avoiding sexual intercourse. *Psychology of Women Quarterly*, 4, 194–211).
- Noar, S.M., Morokoff, P.J., & Harlow, L.L.(2002). Condom negotiation in heterosexually active men and women: Development and validation of a condom influence strategy questionnaire. *Psychology and Health*, Vol. 17, No. 6, pp. 711–735.
- _____ (2004). Condom influence strategies in a community sample of ethnically diverse men and women. *Journal of Applied Social Psychology*, 34, 8, pp.1730-1751.
- Raven, B. H. (1992). A Power/interaction model of interpersonal influence: French and Raven Thirty years later. *Journal of Social Behavior and Personality*, 7, 217–244.
- _____ (2008). The bases of power and the power/interaction model of interpersonal influence. *Analyses of Social Issues and Public Policy*, Vol. 8, No. 1, 2008, pp. 1—22.
- Tesfaye Gebeyehu (2013). *The relationship between safer sex communication and sexual behavior of undergraduates of Jimma University* (unpublished PhD thesis). AAU
- Tschann, J.M, Flores,E. Cynthia L., et al. (2010). Condom negotiation strategies and actual condom use among Latino youth. *Journal of Adolescent Health* 47 ; 254–262.
- UNAIDS (2012). World AIDS day report. *Results*.
- USAID (2012). HIV/AIDS Health Profile.
- Wingood, G.M., Hunter-Gamble, D. & DiClemente, R.J. (1993). A pilot study of sexual communication and negotiation among young African American women: Implications for HIV prevention. *Journal of Black Psychology*, 19(2), 190–203.
- Zoltan, D.(2007). *Research methods in Applied Linguistics: Qualitative, quantitative and mixed methodologies*: Oxford University press, New York.
- Zukoski AP, Harvey SM,, & Branch M. (2009). Condom use: Exploring verbal and non-verbal communication strategies among Latino and African American men and women. [Abstract] *AIDS Care*, 21(8):1042-9.