

Full Length Research Paper

HIV-related stress in dating relationships and its significance for developmental psychology of adolescence and emerging adulthood

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While developmental psychological literature considers the threat of HIV as a health risk in dating relationships, little if any research has examined the psychological strain that the threat of HIV places on dating couples. This study aimed at investigating HIV-related dating stress. The data were collected through a self-administered questionnaire from a sample of 204 students at the University of Botswana aged 18 to 21 years. Most participants were worried about the possibility of contracting HIV through their dating relationships. HIV-related stress derived from: engaging in a sexual relationship; doubts about their partner's trustworthiness, honesty and fidelity; and an inability to communicate with their partner about HIV. Length of dating and sexual intercourse did not result in significant differences in the experience of stress. The results suggest that learning how to deal with the threat of HIV in relationships without compromising interpersonal trust and sexual health becomes a developmental challenge. The results indicate that the threat of HIV creates a cognitive and emotional dilemma, which makes young people prone to engaging in denial to maintain trust in their relationships. Knowledge about HIV-related dating stress and coping mechanisms can benefit psychological counselling and sexual health education for young people.

Key words: Adolescence, Botswana, dating relationships, developmental psychology, dyadic trust, emerging adulthood, health psychology, HIV and AIDS, stress and coping.

INTRODUCTION

The psychological relevance of dating relationships in adolescence and emerging adulthood has been recognized in developmental psychological literature. Through dating relationships, young people have the opportunity to develop psychosocial skills that could provide a 'safe base' for long-term relationships in adulthood (Allgeier and Allgeier, 2000; Kaplan, 2004). Dating relationships provide adolescents with their first experiences of romantic love and new forms of emotional attachment, social status, self-disclosure, emotional and physical intimacy, and the development of emotional autonomy from parents (Allen, 2004; Kelly, 2003; Ott et al., 2006; Seiffge-Krenke, 2003). In emerging adulthood, starting at around 18 years of age (Arnett, 2000), young people become more intimate and serious in their dating relationships; they enjoy the sexual pleasure in their relationships, doing things together as a couple, and

feelings of closeness and security (Allen, 2004; Arnett, 2000; Hill, 2002). Psychological factors such as trust and self-concept contribute to the quality and duration of relationships (Campbell et al., 2010; Seiffge-Krenke, 2003; Zak et al., 1998). Break-ups, rejections, and disappointments can cause emotional distress (Dailey et al., 2009; Davis et al., 2003; Kaplan, 2004; Sears et al., 2007; Theiss and Knobloch, 2009; Williams and Frieze, 2005); but, they can also challenge young people's belief systems about their partners and assist them in developing skills and competencies of self-protection (Mitchell and Wellings, 2002; Kaplan, 2004).

Learning how to deal with emotional and physical intimacy is a developmental task for young people (De Lamater and Friedrich, 2002), which is important for their healthy psycho-social development (Erikson, 1968). This developmental task becomes a particular challenge for

current generations of young people whose physical intimacy is threatened by a virus that may result in death. Young people have to learn how to deal with the threat of HIV in their dating relationships without compromising their interpersonal trust and sexual health. In countries with high HIV infection rates, the threat of infection could be a major stressor in dating relationships. Countless studies have investigated young people in the context of HIV and AIDS; however, they focused mainly on factors that contribute to unprotected sex (Campbell and Rakgoasi, 2002; Eaton et al., 2003; Hammer et al., 1996; Kershaw et al., 2003). Little, if any research has examined the psychological strain that the threat of HIV infection places on young people who are just beginning to experiment with emotional and physical intimacy.

Existing developmental psychological literature considers HIV and AIDS together with other sexually transmitted diseases mainly as a health risk in dating relationships. The threat of HIV as a potential psychological stressor and conflict factor in dating relationships still requires considerable attention. Unlike other stressors in dating relationships, the threat of HIV infection has both emotional consequences that a young person could learn to overcome as well as irreparable and far-reaching consequences for young people's lives such as contracting HIV and life-long adherence to antiretroviral treatment.

Adolescence and emerging adulthood is the time when young people start experimenting with sexual behaviour. In today's world, however, "no one grows up ... without hearing a great deal about HIV, AIDS, and their connections to sex" (Kelly, 2003: 526), which makes sexual relationships potentially stressful. Young people have to consider that intimate trust and sexual relationships could have fatal outcomes. The threat of HIV infection can leave a bitter aftertaste on romantic and sexual excitement. The question arises as to whether young people could negatively be affected in their personal and sexual development when their first sexual experiences are already darkened by the prospect of contracting a life-threatening virus.

Dating relationships provide young people with the opportunity to learn how to deal with emotional and physical intimacy and how to communicate effectively with their intimate partners. This is, however, "difficult for many persons, in part because there are few role models ... showing us how to engage in direct, honest communication in such relationships" (De Lamater and Friedrich, 2002: 12). The threat of HIV and AIDS makes it imperative that young people communicate openly about their sexual behaviour. Such communication can be stressful, particularly for those who are inexperienced in intimate relationships (Kelly, 2003).

Dyadic trust has been identified as an important factor in successful and effective relationships (Simpson, 2007; Zak et al., 1998) and a predictor of relationship satisfaction and stability (Campbell et al., 2010). In an era

of HIV and AIDS, however, dyadic trust becomes a risk factor. In many countries with high HIV infection rates such as Botswana, mass media, advertisements, billboards, and educational campaigns constantly convey the message that when it comes to HIV one should never fully trust one's intimate partner, not even in longstanding relationships and marriage. Such messages discourage people from trusting their partners. Although it might be wise not to entirely trust one's partner's sexual health, limited trust could have negative psychological consequences for young people's future relationships. For young people who are just beginning to explore emotional and sexual intimacy, the matter of trust produces a contradictory, and therefore potentially stressful, situation: while it would benefit them, in principle, to develop interpersonal trust in their relationships, it could save their lives not to entirely trust their dating partners and to question their sexual past and present.

Even when young people have adequate knowledge about HIV and its dangers (Fako et al., 2010; Kelly, 2003), the threat of HIV infection is a potential stressor in their dating relationships. Whether they actually experience the threat of HIV infection as stressful or whether they find ways of coping with this threat in such a manner that it does not interfere with their romantic lives needs to be investigated. It was the objective of this study to explore whether young people in Botswana, a country with a HIV infection prevalence rate of 23.4% (UNAIDS, 2012), experience the threat of HIV infection as a stressor in their dating relationships and whether length of dating and sexual activity contribute to inter-individual differences in the experience of HIV-related dating stress. The study also aimed to examine whether HIV-related stress interferes with young people's relationship happiness and satisfaction.

The study was guided by Lazarus' transactional stress theory (Lazarus, 1999; Lazarus and Folkman, 1984), which conceptualises stress as an outcome of a person's cognitive appraisals of (i) a situation as harmful, threatening or benign ("primary appraisal") and (ii) their resources to cope with this situation as sufficient or not ("secondary appraisal"). Stress, according to Lazarus, is a process in which emotion- and problem-focused coping strategies contribute to "re-appraisals" of one and the same situation, which can reduce but also increase the experience of stress. In line with this concept, a dating relationship may be appraised as benign in principle, but owing to the possibility of HIV infection also as a threat. A person who, for example, appraises condom use as a safe mode of preventing HIV infection will have little or no stress; however, a person who considers that condoms can break is likely to experience higher levels of stress. Problem-focused coping strategies aim to change the problem, while emotion-focused coping strategies often happen at the unconscious level and aim to restore a person's emotional well-being. Cognitive appraisals and

coping strategies help to understand why the potential threat of HIV infection can cause stress for one person but not for another.

METHODOLOGY

Research approach

The research approach for the study was exploratory and descriptive within a quantitative and cross-sectional research design. The data originated from a study that explored whether the experience of testing HIV negative could result in young people developing false beliefs about their capability of preventing HIV infection (Plattner, 2010). Analysis of data aimed specifically at variables that could be treated as indicators for HIV-related dating stress.

Data collection

Using a convenient sample, a self-administered questionnaire was distributed among 560 students from various faculties at the University of Botswana¹ who were enrolled in an introductory course in psychology. Participation in the study was voluntary and confidential and anonymous treatment of the data was assured. The response rate was 73%.

Research participants

Analysis considered only participants who were in a dating relationship at the time of the study; these consisted of a sample of 204 students. Their average age was 19.31 years (Mean; Median = 19.00 years; range = 18 to 21 years); 131 (64.2%) participants were female, 114 (55.9%) had grown up in an urban and 90 (44.1%) in a rural area, 84 (41.2%) had a mother with tertiary education and the same number of participants had a father with tertiary education. Most participants (185; 90.7%) were first year students who were enrolled in the Faculties of Business (44.1%), Social Sciences (23.0%), Humanities (15.2%), Science (11.3%), Education (4.4%), Engineering and Technology (1.5%), and Health Sciences (0.5%).

Measuring instrument

The questionnaire examined, inter alia, HIV-related fears, length of dating, relationship quality, sexual activity, self-reported HIV status, partner's age, and participants' demographic and personal background. Answer categories provided were at nominal and ordinal level. For analysing, ten questionnaire items were considered as indicators of HIV-related dating stress. These items probed into participants' HIV-related fears about dating in general (for example, "Are you afraid of dating because of HIV and AIDS?") and specific fears with regard to their existing dating relationship at the time of the study. The latter examined participants' appraisal of their sexual relationship ("*Have you recently [in the past month] been afraid that you might contract HIV when having sex with your current dating partner?*"), their partner's honesty ("*... felt that your current dating partner is not telling the truth about his/her HIV status?*"), fidelity ("*... been worried that your current dating partner might put you at risk of HIV infection because he/she could be*

cheating on you?") and trustworthiness ("Do you trust your current dating partner enough not to use a condom?"). The questionnaire also probed the participants' ability to communicate with their partner about HIV and related stress (for example, "Are you afraid that you could lose your dating partner if you bring up the theme of HIV?"). Answer categories provided were "Yes", "Not sure", "No". As part of the analysis and depending on the phrasing of the questions, responses within the Yes or No category were re-coded as either 'stressful' or 'not stressful'; assuming that a 'Not sure' response included uncertainty and, therefore, some form of worry, responses in this category were also re-coded as 'stressful'.

Statistical analysis

Data were analysed with SPSS (version 19). Descriptive statistics were utilised to present the prevalence of stress experience with regard to the various stress items. Pearson's chi-square tests of contingencies were performed to determine statistically significant differences in the stress experiences. For 2 by 2 tables, Yates' correction for continuity was considered. Phi and Cramer's V coefficients were also calculated. The 5% significance level ($p = 0.05$) was applied.

RESULTS

The average length of the participants' dating relationship was 10 months (Median), ranging from less than one month to six years. The average age of the dating partner was 21.17 years (Mean; Median = 20.00 years) ranging from 15 to 45 years.

At the time of the study, 64.7% of the sample had been sexually active and 51.5% also had sexual intercourse with their dating partner (Table 1). Of the latter, 25.7% reported that "sometimes" or "often" they also engaged in sexual intercourse with somebody other than their dating partner. Some inconsistencies were found with regard to condom use; that is, two thirds (66.7%) of the sexually active participants reported that they "always" used a condom, however, several of them also reported that they had had unprotected sex during the month prior to the study, which suggests that the results about condom use are not entirely reliable.

None of the participants reported that they or their partner were HIV positive. Although only 55.4% of the participants had ever gone for an HIV test, 71.1% appeared to believe that they were HIV negative; 28.9% reported that they were "not sure" about their HIV status (Table 1). Similarly, only 25.5% reported that their dating partner had ever gone for an HIV test but 67.6% reported that their partner was HIV negative; 32.4% were "not sure" about their partner's HIV status. Considering that a relatively large percentage of participants had no empirical proof about their own and their partner's HIV status, the results about the participants' and their partners' HIV status had to be treated as subjective assessments. Owing to the psychological relevance of such subjective assessment, these two variables were considered for further data analysis.

Most participants were satisfied with their dating rela-

¹ The Government of Botswana enables cost-free access to tertiary education and provides living allowances to all academically deserving students regardless of their socio-economic background. As a result, students at the University represent the majority of society.

tionship (76.5%) and felt happy in it (76.0%). While 83.3% of the participants reported loving their dating partner, a smaller proportion (74.5%) believed that their partner loved them too. Of the participants who were having sexual intercourse with their dating partner ($N = 105$), 87.6% stated that they enjoyed sex with their partner.

The results about HIV-related stress (Table 2) revealed that the idea of dating as such was not stressful for the majority of participants; only 21.6% indicated that they were afraid of dating because of HIV and AIDS. However, matters pertaining to sex, trust and communication caused stress for a larger number of participants. About half of the participants (55.9%) feared that they could contract HIV when engaging in a sexual relationship. However, when it came to their own relationship this fear was less prevalent; of those participants who had sexual intercourse with their dating partner ($N = 105$), only 39.1% feared that they could contract HIV while having sex with their dating partner.

The majority of participants (70.1%) felt that trust would not prevent them from contracting HIV. And, 63.8% of participants who had sex with their dating partner did not trust their partner enough not to use a condom; 27.0% doubted their partner's fidelity and 24.0% felt that their partner was not telling the truth about his/her HIV status. More than a third of the participants (38.2%) had been thinking about how to make their partner have an HIV test; 34.8% had not been able to talk with their partner about HIV and 11.8% feared that their partner could leave them if they were to initiate a discussion of HIV.

When comparing the ten stressor variables with gender, age, educational level of parents, and rural vs. urban upbringing, chi-square tests of contingencies did not reveal any statistically significant differences in the experience of stress. Participants who had not had sexual intercourse did not differ significantly in their stress from participants who had had sexual intercourse.

Length of dating and sexual intercourse with dating partner resulted in only a few statistically significant differences in the experience of stress (Table 3). Cross tabulations revealed that when compared to participants in longer dating relationships, those who had dated their partner for less than one month were significantly less likely to have been able to talk with their partner about HIV ($p = 0.000$); and they were significantly more likely to fear that they could lose their dating partner if they were to bring up the theme of HIV and AIDS ($p = 0.024$). Participants who had not engaged in sexual intercourse with their dating partner were significantly less likely to have talked with their partner about HIV ($p = 0.000$) than participants who had had sex with their partner.

The participants' subjective assessments of their own and their dating partner's HIV status produced more statistically significant results (Table 3). When compared to participants who assessed themselves as HIV negative, participants who were "not sure" about their HIV

status were significantly more likely to be stressed by their fears of contracting HIV from a sexual relationship ($p = 0.005$) and to lose their dating partner if they were to bring up the theme of HIV ($p = 0.004$). They were also less likely to have been able to talk with their partner about HIV ($p = 0.002$). Similar significant differences were found for participants who were "not sure" about their partner's HIV status. In addition, these participants were also more likely to doubt their partner's honesty ($p = 0.000$) and fidelity ($p = 0.006$), and to have thought about how to make their partner undergo an HIV test ($p = 0.001$).

Table 4 shows that participants who were stressed about their partner's (in)fidelity and honesty regarding his/her HIV status were less likely to be happy and satisfied in their relationship and they were also less likely to be among those who felt loved by their partner. Similarly, participants who did not believe that trust in their relationship could prevent them from becoming HIV infected and those who did not trust their partner enough not to use a condom were less likely to experience happiness and satisfaction in their relationship. Furthermore, participants who feared that they could contract HIV from a sexual relationship were less likely to be satisfied with their relationship. Participants who had not yet been able to talk to their partner about HIV were less likely to experience happiness in their relationship and they were also less likely to love their partner.

DISCUSSION

The aim of this study was to explore whether young people aged 18 to 21 years experience the threat of HIV infection as a stressor in their dating relationships. The findings suggest that young people are worried about the possibility of contracting HIV in their dating relationships. In this study, their worries derived from: engaging in a sexual relationship; having doubts about their partner's trustworthiness, honesty and fidelity; and their inability to communicate with their partner about HIV. However, the findings also show that not all young people in dating relationships experience HIV-related stress. In this study, there were no significant differences in the experience of stress by gender, age, rural-urban background, and educational level of parents. This suggests that HIV-related dating stress is not affected by socio-demographic factors. It is rather a developmental challenge for young people across the social strata.

Judging from the length of their dating relationships, it appeared that most participants were in a serious rather than casual relationship. This is consistent with results of other studies that found that many young people in emerging adulthood are involved in long-lasting relationships (Allen, 2004; Hill, 2002). Studies have reported that with increasing length of a dating relationship, people develop more trust and commitment towards each other

Table 1. Sexual and HIV background of participants.

Background characteristic	N	(%)
Sexual activity		
Sexually active	132	64.7
Not sexually active	72	35.3
Sexual intercourse with dating partner		
Yes	105	51.5
No	99	48.5
Sexual intercourse with somebody other than dating partner (N=105)		
Often	7	6.7
Sometimes	20	19.0
Never	78	74.3
Condom use (N = 132; 3 missing cases)		
Always	86	66.7
Sometimes	40	31.0
Never	3	2.3
Unprotected sex during month prior to the study (N = 132)		
Yes	50	37.9
No	82	62.1
Ever had an HIV test		
Yes	113	55.4
No	91	44.6
HIV status (Subjective assessment)		
HIV positive	0	0
Not sure	59	28.9
HIV negative	145	71.1
Partner ever had an HIV test		
Yes	52	25.5
No	152	74.5
Partner's HIV status (Subjective assessment)		
HIV positive	0	0
Not sure	66	32.4
HIV negative	138	67.6

(Bolton et al., 2010). One could therefore assume that HIV-related stress would decrease in long-standing relationships. This was, however, not the case in this study. The length of dating did not result in statistically significant differences in the experience of stress among participants. This suggests that the threat of HIV as a stressor in dating relationships does not diminish with time.

Sexual activity also did not result in statistically significant differences in the stress experience. The

results of this study suggest that not having sex with one's dating partner does not reduce the strain that HIV places on a dating relationship. Such finding can be understood within Lazarus' stress theory (Lazarus, 1999) since a person can appraise the thought of having sex with one's dating partner as a threat of contracting HIV, which would induce stress even when the person has not yet engaged in a sexual relationship.

With regard to communication it was found that participants who had dated their partner for less than one

Table 2. Potential HIV-related stressors and experience of stress.

Potential stressors owing to HIV	Stress experience	N	(%)
Dating in general	Stressful	44	21.6
<i>"Are you afraid of dating because of HIV and AIDS?"</i>	Not stressful	160	78.4
Engaging in a sexual relationship	Stressful	114	55.9
<i>"Do you fear that once you engage in a sexual relationship you could get HIV?"</i>	Not stressful	90	44.1
Sex with dating partner	Stressful	41	39.1
<i>"Have you recently been afraid that you might get HIV when having sex with your current dating partner?" (N=105)</i>	Not stressful	64	60.9
Trust in relationship	Stressful	143	70.1
<i>"Do you feel that when there is trust in a relationship, one is safe from HIV?"</i>	Not stressful	61	29.9
Trustworthiness of dating partner regarding condom use	Stressful	67	63.8
<i>"Do you trust your current dating partner enough not to use a condom?" (N=105)</i>	Not stressful	38	36.2
Fidelity of dating partner	Stressful	55	27.0
<i>"Have you recently been worried that your current dating partner might put you at the risk of HIV infection because he/she could be cheating on you?"</i>	Not stressful	149	73.0
Honesty of dating partner regarding HIV status	Stressful	49	24.0
<i>"Have you recently felt that your current dating partner is not telling the truth about his/her HIV status?"</i>	Not stressful	155	76.0
Thoughts about how to make partner have an HIV test	Stressful	78	38.2
<i>"Have you recently been thinking about how to make your current dating partner go for HIV testing?"</i>	Not stressful	126	61.8
Discussing HIV with dating partner	Stressful	71	34.8
<i>"Have you been able to talk with partner about HIV?"</i>	Not stressful	133	65.2
Possibility of losing dating partner owing to HIV talk	Stressful	24	11.8
<i>"Are you afraid that you could lose your dating partner if you would bring up the theme of HIV?"</i>	Not stressful	180	88.2

month or who had not yet had sex with their partner were less likely to have talked with them about HIV. Such findings are understandable as young people who are still new or inexperienced in a dating relationship are known to feel insecure and ill at ease in talking with their partner about intimate matters such as sex in general and HIV in particular (Kelly, 2003). For participants in longer lasting relationships and those who had sexual intercourse with their dating partner, talking about HIV appeared not to be stressful. The literature reports that discussions and conversations about sexual health are not common among young people and, if they happen, they are rather

vague (Bolton et al., 2010; De Lamater and Friedrich, 2002; Mitchell and Wellings, 2002). Although, this study did not investigate the depth of the participants' discussions about HIV, it could be that for young people growing up in Botswana it is less difficult to talk about HIV with their dating partners because, for many years, Botswana has implemented an uncompromising HIV awareness creation campaign (NACA, 2003); thus most young people are familiar with discussions about HIV from an early age.

Educational campaigns surrounding HIV and AIDS issues familiarise young people with information about

Table 3. Inter-individual differences in HIV-related stress based on length of relationship, sexual activity, and subjective assessment of HIV status.

HIV-related stressors	Length of relationship	Sex with partner	Own HIV status (subjective assessment)	Partner's HIV status (subjective assessment)
Dating in general	ns	ns	ns	ns
Engaging in sexual relationship	ns	ns	$\chi^2 (1) = 7.89$ $p = 0.005$ $\phi = 0.20$	$\chi^2 (1) = 7.55$ $p = 0.006$ $\phi = 0.19$
Sex with dating partner (N = 105)	ns	ns	ns	ns
Trust in relationship	ns	ns	ns	ns
Trustworthiness of dating partner regarding condom use (N = 105)	ns	ns	ns	ns
Fidelity of dating partner	ns	ns	ns	$\chi^2 (1) = 7.66$ $p = 0.006$ $\phi = 0.19$
Honesty of dating partner regarding HIV status	ns	ns	ns	$\chi^2 (1) = 24.56$ $p = 0.000$ $\phi = 0.35$
Thoughts about how to make dating partner go for an HIV test	ns	ns	ns	$\chi^2 (1) = 10.99$ $p = 0.001$ $\phi = 0.232$
Discussing HIV with dating partner	$\chi^2 (3) = 18.68$ $p = 0.000$ $V = 0.30$	$\chi^2 (1) = 18.30$ $p = 0.000$ $\phi = 0.30$	$\chi^2 (1) = 9.42$ $p = 0.002$ $\phi = 0.22$	$\chi^2 (1) = 22.30$ $p = 0.000$ $\phi = 0.33$
Possibility of losing dating partner owing to HIV talk	$\chi^2 (3) = 9.48$ $p = 0.024$ $V = 0.22$	ns	$\chi^2 (1) = 8.43$ $p = 0.004$ $\phi = 0.20$	$\chi^2 (1) = 5.91$ $p = 0.015$ $\phi = 0.17$

ns = not significant.

HIV but also convey the message that trust in relationships could have fatal consequences. It becomes, therefore, a cognitive and emotional dilemma for young people to trust their partner or to be suspicious of them. In this study, most participants did not trust their partner enough not to use a condom. From an HIV prevention perspective, such mistrust appears to be positive. From a developmental psychological perspective, the question arises as to how it affects young people psychologically when they cannot trust the person they love.

The results suggest that young people use defense mechanisms such as denial to keep their HIV-related mistrust in check. About one quarter of the participants reported having sexual intercourse with somebody other than their dating partner. Based on their own infidelity it

might be assumed that they would have questioned their partner's fidelity. This was, however, not the case. Most participants were not worried that their partner could have exposed them to the risk of HIV infection owing to his/her unfaithfulness. Such results indicate some form of denial on the part of the participants. The literature indicates that people tend to assume that their steady relationship is monogamous (Bolton et al., 2010) even though sexual infidelity is quite common as people aim for the consolation of a stable and familiar partner as well as the excitement of new sexual experiences (Allgeier and Allgeier, 2000). For the participants in this study, their denial of their partner's possible unfaithfulness could have helped them to maintain trust in their dating relationships.

Table 4. HIV-related stress and relationship quality.

HIV-related stressors	Relationship happiness	Relationship satisfaction	Love for partner	Loved by partner
Dating in general	ns	ns	ns	ns
Engaging in sexual relationship	ns	$\chi^2 (1) = 4.77$ $p = 0.029$ $\phi = 0.15$	ns	ns
Sex with dating partner ($N = 105$)	ns	ns	ns	ns
Trust in relationship	$\chi^2 (1) = 7.03$ $p = 0.008$ $\phi = 0.19$	$\chi^2 (1) = 7.50$ $p = 0.006$ $\phi = 0.19$	ns	ns
Trustworthiness of dating partner regarding condom use ($N = 105$)	ns	$\chi^2 (1) = 4.18$ $p = 0.041$ $\phi = 0.20$	ns	ns
Fidelity of dating partner	$\chi^2 (1) = 23.59$ $p = 0.000$ $\phi = 0.34$	$\chi^2 (1) = 18.96$ $p = 0.000$ $\phi = 0.31$	ns	$\chi^2 (1) = 33.47$ $p = 0.000$ $\phi = 0.41$
Honesty of dating partner regarding HIV status	$\chi^2 (1) = 10.71$ $p = 0.001$ $\phi = 0.23$	$\chi^2 (1) = 5.71$ $p = 0.017$ $\phi = 0.17$	ns	$\chi^2 (1) = 18.74$ $p = 0.000$ $\phi = 0.30$
Thoughts about how to make dating partner go for an HIV test	ns	ns	ns	ns
Discussing HIV with dating partner	$\chi^2 (1) = 4.76$ $p = 0.029$ $\phi = 0.15$	ns	$\chi^2 (1) = 10.37$ $p = 0.001$ $\phi = 0.23$	ns
Possibility of losing dating partner owing to HIV talk	ns	ns	ns	ns

ns = not significant.

Engaging in denial is an emotion-focused coping strategy (Lazarus and Folkman, 1984), which does not completely eliminate stress (Lazarus, 1999). This became evident in this study as participants became entangled in contradictory beliefs. While most participants did not trust their partner enough not to use a condom, at the same time they assessed their partner as truthful, faithful, and HIV negative. One could argue that as long as they use a condom, one should not be too worried about such contradictory beliefs. Unfortunately, it is through mechanisms of self-deception that young people increase their risks of contracting HIV (Maosa, 1996; Misovich et al., 1997; Plattner, 2009). In this study, 37.9% of the sample had unprotected sex during the month prior

to the study, in spite of a larger proportion of them (43.5%) having reported that they did not trust their partner enough not to use a condom. While there could have been various reasons for such seemingly contradictory behaviours (such as lack of self-confidence and assertiveness in condom use), it could also have been that defense mechanisms dominated at the crucial moments of sexual intimacy in order to cope with a lack of trust. Considering that stress is a process of cognitive appraisals it helps to understand why people's assessment of the threat of HIV varies within an individual and between individuals throughout the course of their relationships. At times they might have doubts about their partner's HIV status while at other times they

might believe that their partner can be trusted with regard to his/her HIV status.

Rationalisation probably contributed to the finding that so many participants whose partner had never gone for an HIV test were convinced that he/she was HIV negative. Research has shown that physical appearance and personality characteristics as well as affection towards a partner contribute to the (often inaccurate) assessment of a partner's HIV risk (Hammer et al., 1996; Zak et al., 1998). Though not examined, the participants' assessment of their partner's HIV status could have been based on their partner's personal attributes. However, such assessment could also have been the outcome of rationalisation to reduce the stress of not trusting their partner. The latter is supported by the result that participants who believed that their partner was HIV negative, were significantly less stressed than those who admitted that they did not know their partner's HIV status. Through emotion-focused coping strategies such as denial and rationalisation, people try to maintain or restore their psychological wellbeing without changing the problem as such (Lazarus and Folkman, 1984). According to Lazarus (1999), people are more likely to engage in emotion-focused coping strategies in situations where they feel that nothing can be done to remove or reduce the sources of stress.

For young people in dating relationships, the threat of HIV can create a situation of helplessness and loss of control, which makes them prone to engage in emotion-focused coping strategies. In this study, regardless of whether they assessed their partner as HIV negative or not, almost 40% of the participants had been thinking about how to make their partner go for an HIV test, which indicates that they doubted their partner's HIV status. Such thinking can also indicate helplessness towards a partner who does not want to go for an HIV test. Research has shown that most people are not willing to test for HIV and those at risk of contracting HIV are the least willing (Fako, 2006; Peltzer et al., 2004). Thinking about how to make one's partner undergo an HIV test could be interpreted as a coping *attempt*. In accordance with Lazarus' stress and coping theory (Lazarus, 1999), attempted coping can reduce but also induce stress. The latter could have applied in this study. Participants who thought about how to make their dating partner have an HIV test might have anticipated that their partner would not feel trusted or would not be willing to go for a test or even turn out to be HIV positive, all of which could have added to the experience of stress. To cope with such stress, a person might start believing that one's partner is truthful, faithful, and HIV negative. Even when their beliefs are distorted, they can help to maintain trust in a relationship (Plattner, 2009).

On the surface, it might appear as if people who engage in distorted beliefs and mechanisms of self-deception have a better relationship quality. In this study, participants who doubted their partner's trustworthiness,

honesty, and fidelity were less likely to have felt happy, satisfied, and loved in their dating relationship than participants who had no such doubts. Such findings are in line with other research that showed that matters pertaining to trust and communication are associated with relationship satisfaction (Campbell et al., 2010; De Lamater and Friedrich, 2002; Simpson, 2007; Zak et al., 1998). The data of this study, however, do not allow drawing conclusions about the causality of the associations found. While HIV-related stress may have contributed to relationship dissatisfaction and unhappiness, it could also have been that the participant's relationship dissatisfaction, unhappiness, and their feeling of not being loved induced HIV-related stress. People who feel loved by their partner tend to believe that their partner would not put them at risk of infection (Bolton et al., 2010), which can reduce the stress associated with contracting HIV infection. Through the transactional nature of the process of cognitive appraisal and re-appraisal of situations and coping strategies (Lazarus, 1999) one can understand the reciprocity between HIV-related stress and relationship satisfaction in the course of a dating relationship.

This study was limited by its cross-sectional design which did not facilitate the investigation of the process of HIV-related stress and the various factors that contribute to it in the course of dating relationships. The data added to the limitations of the study as it did not allow an in-depth analysis of the participants' coping strategies. The data did also not permit an investigation of the effects that HIV-related stress could have on young people's psycho-social development. Nevertheless, the findings of this exploratory study raise questions that can stimulate further research about the psychological relevance of HIV-related stress in dating relationships.

Longitudinal and prospective research, from early adolescence to adulthood, would be needed to determine possible intra-individual changes and inter-individual differences in the experience of HIV-related stress throughout the course of dating relationships. Such research would enable the investigation of possible long-term psychological effects of HIV-related dating stress on personal development as well as on relationship development. Research is also necessary to determine whether HIV prevalence rates contribute to differences in the experience of HIV-related dating stress across countries. Research would also have to be conducted with young people who know that they are HIV positive in order to assess how they cope with HIV-related stress in dating relationships.

Conclusion

This study has shown that the threat of HIV places psychological strain on young people in dating relationships. HIV is more than a mere health risk; it is

also a stressor and a source of conflict in dating relationships that undermines young people's trust, happiness, and feelings of love, regardless of whether they are sexually active or not. HIV-related dating stress creates a cognitive and emotional dilemma, which makes young people prone to engaging in mechanisms of denial and self-deception. Learning how to deal with the threat of HIV in intimate relationships without having to compromise interpersonal trust and sexual health could be regarded as a developmental task for young people living in an era of HIV and AIDS. Research is needed to create knowledge about HIV-related dating stress and coping mechanisms in order to gain insight into the psycho-social development of current generations of young people who have never known a world without HIV and AIDS. Such knowledge would benefit professionals who work with young people and who provide services such as psychological counselling and sexual health education for adolescents and emerging adults.

REFERENCES

- Allen L (2004). 'Getting off' and 'going out': Young people's conceptions of (hetero)sexual relationships. *Cult. Health Sex* 6(6):463-481.
- Allgeier ER, Allgeier AR (2000). *Sexual Interactions*, 5th edition. Boston: Houghton Mifflin. American Psychiatric Association.
- Arnett JJ (2000). Emerging adulthood. A theory of development from the late teens through the twenties. *Am. Psychol.* 55(5):469-480.
- Bolton M, McKay A, Schneider M (2010). Relational influences on condom use discontinuation: A qualitative study of young adult women in dating relationships. *Can. J. Hum. Sex.* 19(3):91-104.
- Campbell EK, Rakgoasi SD (2002). Condom use among youths in Botswana in the era of HIV and AIDS. *Soc. Dev. Issues* 24(1):56-67.
- Campbell L, Simpson JA, Boldry JG, Rubin H (2010). Trust, variability in relationship evaluations, and relationship processes. *J. Pers. Soc. Psychol.* 99(1):14-31.
- Dailey RM, Rossetto KR, Pfister A, Surra CA (2009). A qualitative analysis of on-again/off-again romantic relationships: "It's up and down, all around". *J. Soc. Person. Relat.* 26(4):443-466.
- Davis D, Shaver PR, Vernon ML (2003). Physical, emotional, and behavioral reactions to breaking up: The roles of gender, age, emotional involvement, and attachment style. *Pers. Soc. Psychol. Bull.* 29(7):871-884.
- De Lamater J, Friedrich WN (2002). Human sexual development. *J. Sex Res.* 39(1):10-14.
- Eaton L, Flisher AJ, Aarø LE (2003). Unsafe sexual behaviour in South African youth. *Soc. Sci. Med.* 56:149-165.
- Erikson EH (1968). *Identity: Youth and crisis*. New York: Norton.
- Fako TT (2006). Social and psychological factors associated with willingness to test for HIV infection among young people in Botswana. *AIDS Care* 18(3):201-207.
- Fako TT, Kangara LW, Forcheh N (2010). Predictors of knowledge about HIV/AIDS among young people: Lessons from Botswana. *J. AIDS HIV Res.* 2(6):116-130.
- Hammer JC, Fisher JD, Fitzgerald P, Fisher WA (1996). When two heads aren't better than one: AIDS risk behaviour in college-age couples. *J. App. Soc. Psychol.* 26(5):375-397.
- Hill CA (2002). Gender, relationship stage, and sexual behaviour: The importance of partner emotional investment within specific situations. *J. Sex Res.* 39(3):228-240.
- Kaplan PS (2004). *Adolescence*. Boston: Houghton Mifflin Company.
- Kelly GF (2003). *Sexuality today. The human perspective*. Boston: McGraw Hill.
- Kershaw TS, Ethier KA, Niccolai LM, Lewis JB, Ickovics JR (2003). Misperceived risk among female adolescents: Social and psychological factors associated with sexual risk accuracy. *Health Psychol.* 22(5):523-532.
- Lazarus RS (1999). *Stress and emotion: A new synthesis*. London: Free Association Books.
- Lazarus RS, Folkman S (1984). *Stress, appraisal and coping*. New York: Springer.
- Maosa E (1996). An investigation of self-deception mechanisms with regard to AIDS in Malawi. *J. Psychol. Afr.* 2:51-63.
- Mitchell K, Wellings K (2002). The role of ambiguity in sexual encounters between young people in England. *Cult. Health Sex.* 4(4):393-408.
- Misovich SJ, Fisher JD, Fisher WA (1997). Close relationships and elevated AIDS risk behaviour: Evidence and possible underlying psychological mechanisms. *Gen. Psychol. Rev.* 1:72-107.
- NACA (National AIDS Coordinating Agency) (2003). *Botswana National Strategic Framework for HIV/AIDS 2003-2009*. Gaborone.
- Ott MA, Millstein SG, Ofner S, Halpern-Felsher BL (2006). Greater expectations: Adolescents' positive motivations for sex. *Perspect. Sex. Reprod. Health* 38(2):84-89.
- Peltzer K, Nzewi E, Mohan K (2004). Attitudes towards HIV-antibody testing and people with AIDS among university students in India, South Africa and United States. *Indian J. Med. Sci.* 58:95-108.
- Plattner IE (2010). Does testing HIV negative encourage potentially dangerous beliefs? A study with young people in Botswana. *J. AIDS HIV Res.* 2(4):58-65.
- Plattner IE (2009). Psychological challenges of HIV and AIDS: Why behaviour change is so difficult to achieve. In CM Fombad, R Mupedziswa, T Maundeni, G Mookodi (Eds.), *HIV and AIDS, vulnerable groups, human rights and development in Botswana*. Cape Town: Made Plain, pp. 21-35.
- Sears HA, Byers ES, Price EL (2007). The co-occurrence of adolescent boys' and girls' use of psychologically, physically, and sexually abusive behaviours in their dating relationships. *J. Adolesc.* 30:487-504.
- Seiffge-Krenke I (2003). Testing theories of romantic development from adolescence to young adulthood: Evidence of a developmental sequence. *Int. J. Behav. Dev.* 27(6):519-531.
- Simpson JA (2007). Psychological foundations of trust. *Curr. Dir. Psychol. Sci.* 16(5):264-268.
- Theiss JA, Knobloch LK (2009). An actor-partner interdependence model or irritations in romantic relationships. *Commun. Res.* 36(4):510-537.
- UNAIDS (2012). *AIDSinfo*. www.unaids.org, 10/12/2012.
- Williams SL, Frieze IH (2005). Courtship behaviors, relationship violence, and breakup persistence in college men and women. *Psychol. Women Quart.* 29:248-257.
- Zak AM, Gold JA, Ryckman RM, Lenney E (1998). Assessments of trust in intimate relationships and the self-perception process. *J. Soc. Psychol.* 138(2):217-228.