

The PARTNERS Project
Funded by the Centers for Disease Prevention and Control (CDC)

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The PARTNERS Project (Partners Against Risk-Taking: a Networking, and Research Evaluation Study) was a six year (1997-2003), multi-site project funded by CDC that developed, implemented, and is currently evaluating a theory-based dyads intervention to prevent unplanned pregnancy, HIV, and other STIs among young women and their main male partners. The major goal of the project is to evaluate the effectiveness of a theory-based couples' intervention on increasing safer sex behavior.

Women at risk for HIV/STIs and unintended pregnancy were recruited from health care clinics as well as other community locations at two sites (Los Angeles, CA and Oklahoma City, OK). Those who were eligible and interested were asked to recruit their male partner to enroll in the project. Both partners participated in a baseline in-person interview and were randomized, as a dyad, to an intervention or comparison group. Follow-up interviews were conducted approximately three months after the dyad completed the intervention or comparison condition. Data were also collected from women at six months post intervention. For the LA site, retention rates for the 3- and 6-month follow-up interviews were 78% and 71%, respectively. We collected baseline data from a total of 435 couples from the 2 sites and enrolled 303 couples in the intervention. Analyses are currently underway to determine the effect of the intervention on safer sex behaviors.

To inform the design of the intervention, we conducted formative research that identified the influence of factors such as communication, power and influencing strategies, and cultural norms on dyads' sexual behavior, contraceptive use, and condom use. In addition, we explored how individuals define power in their intimate relationships. We also assessed interpartner concordance on self-reported sexual behavior, condom use, and relationship characteristics; and agreement between individuals' perceptions of their partners' sexual risks and the partners' actual reports. We collected data from dyads who were at increased risk of HIV, other STIs and unintended pregnancy at four sites: Atlanta, GA (30 African American dyads), Los Angeles, CA (39 Latino dyads), Oklahoma City, OK (21 dyads) and Portland, OR (22 African American dyads). Of particular relevance to the design of the intervention were the findings from analyses that examined the associations among relationship power, sexual decision-making dominance, and condom use within the sample of 112 women. Over half (58.2%) reported that they share power with their partner, 25.5% said they have more power, and 16.4% reported that their partner has more power in their relationship. For the five domains of sexual decision-making examined, over half (50.5–75.7%) of the women reported that they and their partners make decisions together. Relationship power in general was not associated with condom use. Condom use was, however, significantly higher among women who reported that they make decisions about using condoms alone or with their partner as compared to those who reported that their partner makes those decisions.

At the Portland site, in addition to collecting data for the formative research, we expanded the interviews to collect more information about power and relationships. We found that consistent with our previous research with Latino dyads, three-quarters of the participants (who were all African American) reported that power in a relationship means control. The person with power was thought to control decision-making or have more input or influence than his or her partner. We also added a second phase to the study in which we conducted face-to-face interviews with 40 African American men and 40 African American women (not dyads) regarding cultural beliefs about power and influencing strategies. See list of publications from the PARTNERS Project for more findings from the Evaluation Study, Formative Study and Portland Study.