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JADACK, ROSEMARY A.; HYDE, JANET SHIBLEY; MOORE, COLLEEN F.; and KELLER, MARY L. *Moral Reasoning about Sexually Transmitted Diseases.* CHILD DEVELOPMENT, 1995, 66, 167–177. The purpose of this research was to investigate moral reasoning related to sexual behavior that could lead to the transmission of sexually transmitted diseases (STDs). Using hypothetical dilemmas about situations in which STDs can be transmitted, respondents were asked to explain why they believed the characters should or should not engage in risky behaviors. 40 college freshmen (M = 18.3 years) and 32 college seniors (M = 22.3 years) participated. Using Kohlberg's moral stage theory and Gilligan's moral orientation model, the interviews were scored for moral stage and moral orientation. Results indicated that the older age group had a significantly higher stage of moral reasoning than the younger age group when responding to dilemmas about STDs. There was a significant difference in moral stage between dilemmas, reflecting the possible effect of dilemma content on moral reasoning. The overall pattern of results shows nonsignificant gender differences in stage of moral reasoning and moral orientation. Clinical and theoretical implications of these findings for understanding the role of moral reasoning in sexual risky behavior are discussed.

Ample publicity has been generated about the increasing number of young persons who are contracting human immunodeficiency virus (HIV), genital herpes, and other sexually transmitted diseases (STDs). Adolescents and young adults make decisions about their sexual behavior that involves the risk of contracting or spreading these diseases. These interpersonal situations involve risk of harm to self and harm to others, and raise possible moral dilemmas for the individual.

The purpose of this research was to investigate moral reasoning related to sexual behavior that could lead to the transmission of sexually transmitted diseases (STDs). The goals of this study are to (1) contribute basic scientific data on moral reasoning about STDs that, in turn, might be applied to health education efforts, and (2) enhance understanding of the theoretical perspectives that define the moral domain as they pertain to moral conflicts about STDs.

Conceptual Frameworks

Two theoretical perspectives regarding moral development guided this research: Kohlberg's cognitive-developmental theory of moral reasoning (Kohlberg, 1976, 1984) and Gilligan's perspective on moral development (Gilligan, 1982; Gilligan & Attanucci, 1988). These two theoretical perspectives have been examined extensively and have spurred discussion and debate regarding moral development. Because the prevention of STDs triggers issues of rights and responsibilities in relationships and sexual situations, as well as issues of care to self and of partners, these theoretical perspectives together provide a rich framework from

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which to study moral reasoning about transmission of STDs.

Kohlberg's theory of moral development.—Building on Piaget's ideas of stages of cognitive development, Kohlberg proposed that moral thinking progresses from childhood to adulthood in an orderly, hierarchical, stagelike manner that is dependent on the level of cognitive development (Colby et al., 1987; Piaget, 1965). Kohlberg postulated six stages in the development of justice-oriented moral reasoning that are well documented in the literature (Kohlberg, 1976, 1984). Kohlberg assumed implicitly that a focus on justice is central in defining moral reasoning of persons across situations and cultures (Kohlberg, 1984; Kohlberg, Levine, & Hewer, 1983). He also assumed structural consistency of reasoning across moral situations (Colby et al., 1987; Kohlberg, 1984). In the current study, Kohlberg's theory, with its developmental emphasis on rights and responsibility, was used to examine moral stage and age differences with respect to dilemmas focusing on sexuality and the transmission of STDs.

Gilligan's different voice.—Gilligan (1982) suggested that males and females differ in their orientation to moral problems. According to Gilligan, women's concerns center on care and response to others. She noted that women often feel caught between caring for themselves and caring for others, and characterize their failures to care for others as failures to be "good" women. From this perspective, "conceptions of self and morality might be intricately linked" (Lyons, 1988, p. 23). In place of the hierarchical ordering of values characteristic of Kohlberg's justice perspective, Gilligan described a care orientation, characterized as a network of interpersonal connection and communication (Friedman, 1987). According to this view, moral problems are embedded in a contextual frame that does not necessarily fit with abstract, deductive reasoning (Gilligan, 1982).

Gilligan (1982) suggested that men and women may have two different predominant orientations to moral problems: justice or care. She argued that if women have a predominant care (response) orientation and men have a predominant justice (rights) orientation, then different scores for women and men might emerge using Kohlberg's justice-oriented scoring system. If scoring resulted in higher levels of moral reasoning among men than women, a conclusion could be drawn that men have higher levels of moral reasoning than women. Walker (1984, 1991) refuted this conclusion with a meta-analysis of studies that analyzed gender differences in moral reasoning using Kohlberg's scoring system. Walker found few differences favoring males. Yet, in spite of Walker's findings, the controversy persists about possible gender bias in Kohlberg's theory. To examine this issue further in the current study, gender and moral orientation were examined.

Measurement of Moral Reasoning

Moral stage.—One way in which moral reasoning has been assessed traditionally is through analysis of responses to hypothetical moral dilemmas in the Moral Judgment Interview (MJI) (Colby et al., 1987). Kohlberg and his associates developed a system of classifying responses to standard moral dilemmas according to moral issues and norms claimed to be found in every society and culture (Kohlberg, 1984). Kohlberg's scoring manual is written to be used with Kohlberg's hypothetical dilemmas. Researchers, however, have attempted to adapt this manual to be used with responses to dilemmas that respondents generate (Walker, 1989; Walker, de Vries, & Trevethan, 1987).

Moral orientation.—Gilligan's articulation of a second moral orientation, that of care, raised new theoretical considerations. As noted earlier, she suggested that the care (response) orientation is the predominant mode of moral reasoning for women, and that the justice (rights) orientation is the predominant mode for men. To address this empirically, it was necessary to determine to what extent both the response and rights orientations are present in the moral thought of individuals (Langdale, 1986). An instrument to identify systematically both moral orientations was developed by Lyons (1982).

Lyons (1982) constructed a manual for coding both the rights and response orientations in real-life dilemmas. Lyons's method involves a content analysis of responses to real-life dilemmas. For each person, this analysis results in a number of response considerations and a number of rights considerations in response to a moral dilemma. If a person presents more response considerations than rights considerations, the modal orientation for the person is response. Likewise, if a person presents more rights considerations than response considerations, the modal orientation for the person is rights. If the number of response and rights

considerations are equal, the modal orientation is "mixed."

An elegant new measure assessing care and justice reasoning has been developed (Brown, Debold, Tappan, & Gilligan, 1991; Brown & Gilligan, 1992; Brown, Tappan, Gilligan, Miller, & Argyris, 1989). This interpretive method, called the Reading Guide, is a method of listening for moral voice assuming that moral thinking should be understood within the context of experience and relationship. The Reading Guide diverges from the MJI and the Lyons measure in that it does not match segments of moral reasoning to target phrases and categorical definitions in coding manuals. Therefore, the method could be considered more subjective than previous measures of moral orientation. Lyons's method was chosen for this study because it is more comparable to the coding methods used in the MJI.

Current Study

The present research used both theoretical perspectives to examine the nature of moral reasoning about dilemmas that involve STDs. Using Kohlberg's framework, moral stage with respect to thinking about conflicts about STDs was examined. It was predicted that young adults in their early twenties would score at a higher level of moral reasoning than adolescents in their late teens. Using Gilligan's framework, moral orientation, or the extent to which people use a rights or response orientation, was examined. It was predicted that women would use a care orientation to a greater extent than men. It was also predicted that persons who demonstrate a care orientation would score lower on moral stage than those who demonstrate a justice orientation.

This research employed dilemmas that include issues that are currently important and relevant. The dilemmas used are hypothetical, yet were developed and written to be realistic, relevant, and meaningful to the persons examined in this study.

Late adolescents and young adults were chosen as participants because persons in these age groups are sexually active and at risk for acquiring STDs (Flora & Thoresen, 1988; Walter et al., 1992). Because the incidence of many STDs is higher in persons in their mid- to late twenties than in persons in their teens and early twenties, adolescents and persons in their early twenties may not feel vulnerable to acquiring STDs (Baldwin & Baldwin, 1988; DiClemente, Forrest, & Mickler, 1990; Fisher & Misovich, 1990). Yet, the data show that many heterosexuals who are diagnosed with HIV or AIDS in their mid- to late twenties may have contracted the virus in their late teens or early twenties (Brooks-Gunn, Boyer, & Hein, 1988; Kelly, Murphy, Sikkema, & Kalichman, 1993; Task Force on Pediatric AIDS, 1989).

From a theoretical point of view, this study can provide important tests of Gilligan's claims about her own theory and her criticisms of Kohlberg's. This research differs from previous work in that it was guided by two theories of moral reasoning in order to examine moral reasoning about STD-related behavior. It was possible to examine the claims of Gilligan that women use a response orientation to a greater extent than men, and by doing so are at a disadvantage when assessed using Kohlberg's framework.

Specifically, the research questions addressed in this study were:

1. What is the moral stage and moral orientation of late adolescents and young adults when presented with hypothetical dilemmas related to the possibility of transmission of a sexually transmitted disease?

2. Is the moral stage and moral orientation of late adolescents and young adults consistent with theoretical predictions? (*a*) Are there age differences in moral reasoning about sexually transmitted diseases? (*b*) Are there gender differences in moral reasoning about STDs? (*c*) What is the relation between moral stage and moral orientation?

Method

This descriptive study utilized a 2 × 2 factorial design with the following factors: gender (male and female) and age (18 years and 22 years).

Participants

Seventy-two college students were recruited from a large Midwestern university. Their mean overall age was 20.1 years (SD = 2.3). There were 40 students in the younger age group (M = 18.3 years, SD = .56, range = 17–20), and 32 were in the older age group (M = 22.3 years, SD = 1.5, range = 21–28). There were 36 females and 38 males. Sixty-eight were single (94.4%) and four (5.6%) were married. Sixty-seven of the respondents were Caucasian (90.3%), five were Asian American (6.9%), and two were African American (2.8%).

Overall, 36 (50.0%) reported participat-

ing in a current, ongoing sexual relationship. Of the respondents, 24 (33.3%) had never experienced sexual intercourse; of those, 17 (42.5%) were from the younger age group and 7 (21.9%) were from the older age group. None of the respondents reported previous experience with STDs, with the exception of one senior who had a past diagnosis of chlamydia, and one senior who had genital warts.

Respondents were enrolled in introductory psychology classes at the time of the study. Their participation was voluntary and they were given points that could be used as extra credit toward their course grade.

Measures

Background Information Questionnaire.—This questionnaire asked respondents to provide data about age, gender, ethnic origin, participation in an ongoing sexual relationship, and presence of an STD.

Moral Reasoning about STDs Interview.—This interview was developed through extensive pilot work completed prior to this study where young adults and adolescents were asked to write dilemmas about STDs (Jadack, 1992). The interview consists of four dilemmas about situations where the transmission of an STD is possible. The four dilemmas were designed to be meaningful and relevant for young adults.

Dilemma 1 involves a caring relationship in which the protagonist is deciding whether to tell his or her partner about the presence of genital herpes before sexual intercourse, risking rejection from the partner (varied by gender). Dilemma 2 involves casual, noncaring relationships in which the protagonist is deciding whether to tell previous partners about newly diagnosed genital warts (varied by gender). Dilemma 3 is about a new, caring relationship where the protagonist is deciding whether to proceed with intercourse when a condom is not available, or stop intimacy and purchase one (varied by sexual orientation). The fourth dilemma is about a caring relationship in which the protagonist is deciding whether to tell a potential sexual partner about the presence of an STD, risking confidentiality (varied by disease: genital herpes or HIV).

Procedure

The study was introduced to participants as an investigation of their opinions and reactions to stories that are related to the spread and transmission of sexually transmitted diseases. After signing informed consent forms, participants were interviewed individually. Confidentiality was assured.

Participants completed the Background Information Questionnaire. Next, the Moral Reasoning about STDs Interview was administered. The four dilemmas were presented in random order. The interviews were tape-recorded. The standard interview questions asked respondents to describe the conflicts in each dilemma. Respondents were asked to explain what the protagonist in each dilemma should do and why. They were also asked to explain what was the right thing to do and why. The respondent was permitted to talk about the dilemma in his or her own way. The interviewer probed for further clarification as needed. The oral interviews lasted between 30 and 45 min.

Data Analysis: Coding of Transcripts

Tape-recorded interviews were transcribed verbatim onto a microcomputer. Data were then analyzed in two ways to determine (*a*) moral stage, and (*b*) moral orientation.

Moral stage.—Responses to the dilemmas were scored according to the Colby et al. (1987) manual. Coding was conducted for each dilemma separately across subjects. The scoring of these hypothetical dilemmas required an adaptation of the usual procedure consistent with Walker's method (Walker, 1989; Walker et al., 1987). Since the manual is keyed to particular dilemmas and issues, the scorer relied on the general stage structure definitions and critical indicators for each consideration irrespective of dilemma or Kohlbergian moral issue. Thus, scores were assigned for every consideration that matched a stage structure definition for any criterion judgment anywhere in the manual.

Two scores were computed. First, the weighted average score (WAS) was computed based on information about usage at all stages in Kohlberg's theory of moral development and is given by the sum of the products of the percent usage at each stage multiplied by the stage number (range = 100–500). Second, an overall global stage score (GSS) was computed. The GSS represents all stages that a respondent uses 25% or more in response to dilemmas. It includes both pure and mixed stages (1, 1/2, 2, 2/3, 3, . . . , 5).

The method outlined by Kohlberg does not assess differences in moral reasoning between dilemmas. A result of this might be

a loss of evidence regarding differences in moral reasoning due to dilemma content. In this study, it was possible to examine differences in moral reasoning between dilemmas to test the assumption that persons reason at similar levels across situations. The average number of codable responses per dilemma was as follows: Dilemma 1, $M = 3.31$ (SD = 1.26); Dilemma 2, $M = 2.85$ (SD = 1.20); Dilemma 3, $M = 2.37$ (SD = 1.00); Dilemma 4, $M = 2.64$ (SD = 1.05). Therefore, in addition to the traditionally scored WAS, a WAS was computed for each dilemma.

Interrater reliability was determined with a second coder who independently scored 15 randomly chosen transcripts. The Pearson r for agreement between coders with respect to overall WASs was .80. With respect to GSSs, there was 77% exact agreement to stage. There was 100% agreement between raters within 1/2 stage. Cohen's kappa (McLaughlin & Marascuilo, 1990) was also computed to determine interrater reliability between coders on the GSS, kappa = .83.

Moral orientation.—To measure moral orientation, Lyons's method of coding dilemma data was adapted for this study (Lyons, 1982). Content analysis for each dilemma results in three scores: (*a*) frequency of response considerations, (*b*) frequency of rights considerations, and (*c*) predominant orientation (response, rights, mixed). The predominant orientation is simply the mode of reasoning used more often. Persons with the same number of rights-related responses and response-related responses have a mixed orientation.

Two types of moral orientation scores were computed. First, a moral orientation score was computed for each dilemma. In addition, responses to all dilemmas were combined to obtain an overall moral orientation for each respondent.

Interrater reliability was determined between coders. Cohen's kappa, a conservative percent agreement procedure between independent coders "chunking" and identifying the same data as a consideration, was determined (McLaughlin & Marascuilo, 1990). Interrater reliability at this step was .77. Once considerations were categorized, Cohen's kappa was determined again, this time for the percentage of agreement between coders in determining the category for a consideration. Interrater reliability at this step was .81.

Results

The results are presented in three sections: moral stage data, moral orientation data, and the relation between moral stage and moral orientation.

Moral Stage

Weighted average scores (WAS).—For this sample, the mean overall WAS was 296.69 (SD = 36.18). The WAS scores ranged from 225 to 375. Means and standard deviations for individual WASs are shown in Table 1. To test for gender and age group differences, a 2 (gender) × 2 (age group: freshmen, seniors) × 4 (dilemma) analysis of variance (ANOVA) was computed with repeated measures on the last factor, using WAS as the dependent variable. A Mauchly sphericity test supported the assumption of homogeneity of variance. All interactions were nonsignificant.

There was no main effect for gender, $F(1, 68) = 1.07$, N.S. However, the ANOVA revealed a main effect for age group, $F(1, 68) = 7.63$, $p < .01$, with the older respondents reasoning at a higher level than younger respondents.

Counter to theoretical predictions, there was an effect for dilemma, $F(3, 66) = 11.28$, $p < .001$. Post-hoc orthogonal difference contrasts showed that the WAS for Dilemma 3 was significantly lower than for the other dilemmas, $F(1, 68) = 33.44$, $p < .01$.

Moral Orientation

Moral orientation data were analyzed in two ways: (1) overall moral orientation scores computed across all dilemmas, and (2) moral orientation scores computed separately for each dilemma. Moral orientation data are shown in Table 2.

Overall moral orientation.—Overall, respondents gave an average of 10.31 (SD = 4.42) response-related responses and an average of 9.97 (SD = 4.53) rights-related responses. Respondents did not prefer one mode of moral thinking over another. Overall, 32 persons (44.2%) had a predominant response orientation, 33 persons (45.8%) had a predominant rights orientation, and 7 persons (9.7%) had a mixed orientation.

There were no significant age group differences for moral orientation, $\chi^2(2, N = 72) = .94$, N.S. Furthermore, there was no gender difference with respect to moral orientation, $\chi^2(2, N = 74) = .94$, N.S. Overall, both women and men used response and rights orientations to a similar extent.

TABLE 1

Mean Weighted Average Scores (SD) for Each Dilemma

Group	Weighted Average Scores				
	Overall Orientation	Dilemma 1*	Dilemma 2	Dilemma 3*	Dilemma 4*
Overall	296.69 (36.18)	305.87 (53.08)	305.21 (45.17)	272.85 (47.05)	303.61 (52.63)
Gender:					
Males	293.29 (36.22)	303.11 (52.19)	303.21 (49.34)	268.63 (44.31)	299.76 (48.65)
Females	300.50 (36.29)	308.97 (52.19)	307.44 (40.63)	277.56 (50.18)	307.91 (57.18)
Age group:*					
Younger	286.43 (35.41)	292.23 (53.64)	300.23 (45.37)	262.80 (45.59)	293.15 (46.87)
Older	309.53 (33.38)	322.94 (47.86)	311.44 (44.85)	285.41 (46.50)	316.69 (57.11)

* Significant overall age group difference, $p < .05$.

Individual moral orientation.—Frequencies of persons' moral orientation for each dilemma are shown in Table 2. Examination of the frequencies shows different patterns of orientation use for the dilemmas. Of the respondents, 54 (72.0%) did not respond from the same orientation for all four dilemmas. For example, for Dilemma 2, persons used the rights orientation (68.1%) to a greater extent than the response orientation (22.2%). Dilemma 2 differed from the other three in that there was no interpersonal relationship present. The sexual relationships described in the dilemma were casual and severed. Therefore, it may be that with a lack of interpersonal feeling suggested in dilemmas, people may be more able to reason from a more detached, or rights-oriented, point of view. Similarly, persons used a response orientation (62.2%) to a greater extent than a rights orientation (25.0%) when responding to Dilemma 4. Here, respondents considered care of self versus care of others to a greater extent, because the protagonist is trying to decide whether to tell his friend about his disease and risk losing his privacy if others find out (care of self), or not tell, and perhaps hurt the feelings of another (care of other).

Individual chi-square tests showed no gender differences for individual dilemma moral orientation. However, chi-square tests did reveal significant age group differences in orientation for two dilemmas (Dilemma 1, $\chi^2(2, N = 74) = .70$, $p =$ N.S.; Dilemma 2, $\chi^2(2, N = 74) = 15.82$, $p < .001$; Dilemma 3, $\chi^2(2, N = 74) = .77$, $p =$ N.S., Dilemma 4, $\chi^2(2, N = 74) = 7.52$, $p < .05$).

The Relationship between Moral Orientation and Moral Stage

According to Gilligan (1982), people with a response orientation are at a disadvantage when assessed using Kohlberg's

TABLE 2

Frequencies (%) of Persons' Moral Orientation by Individual Dilemma

Group	Frequencies of Moral Orientation				
	Overall Orientation	Dilemma 1	Dilemma 2	Dilemma 3	Dilemma 4
Overall:					
Response	32 (44.4%)	33 (44.6%)	16 (21.6%)	36 (48.6%)	46 (62.2%)
Rights	33 (45.8%)	30 (40.5%)	51 (68.9%)	29 (39.2%)	19 (25.7%)
Mixed	7 (9.7%)	11 (14.9%)	7 (9.5%)	9 (12.2%)	9 (12.2%)
Age group:					
Younger:					
Response	18 (45.0%)	19 (47.5%)	2 (5.0%)	19 (47.5%)	30 (75.0%)
Rights	17 (42.5%)	14 (35.0%)	34 (85.0%)	17 (42.5%)	5 (12.5%)
Mixed	5 (12.5%)	7 (17.5%)	4 (10.0%)	4 (10.0%)	5 (12.5%)
Older:					
Response	14 (43.8%)	14 (43.8%)	14 (43.8%)	16 (50.0%)	16 (50.0%)
Rights	16 (50.0%)	14 (43.8%)	15 (46.9%)	11 (34.4%)	13 (40.6%)
Mixed	2 (6.3%)	4 (12.5%)	3 (9.4%)	5 (15.6%)	3 (9.4%)

TABLE 3

A COMPARISON OF GLOBAL STAGE SCORES AND MORAL ORIENTATION

	MORAL ORIENTATION (n = 69)		
MORAL STAGE	Response	Rights	Mixed
2	1 (1.4%)	. . .	. . .
2/3	15 (21.7%)	9 (13.0%)	5 (7.2%)
3	6 (8.7%)	17 (24.6%)	. . .
3/4	9 (13.0%)	6 (8.7%)	1 (1.4%)

NOTE.—Data presented are shown for only 69 of the 72 persons in the sample. Kohlberg assumed ordered progression through stages (Kohlberg, 1984). The theory does not account for three respondents who had GSSs of 2/4, 2/5, and 2/3/4. Of these three persons, one was female. Two were 18 years old and one was 22 years old.

scoring system, scoring lower on Kohlberg's measure than those with a rights orientation. Table 3 shows the data for the relation between moral orientation and global stage score. A 3 (orientation: response, rights, mixed) × 2 (gender) × 2 (age group) ANOVA was conducted, with the WAS as the dependent variable. The ANOVA revealed a strong main effect for age group, $F(1, 71) = 7.87$, $p < .01$, but no significant effects for moral orientation, $F(1, 71) = .33$, N.S., or gender, $F(1, 71) = 1.43$, N.S. Interactions were nonsignificant.

Other Comparisons

Comparisons of WAS and moral orientation with respect to other person variables were made. Respondents were asked if they were in a current sexual relationship, and if they had experienced at least one episode of sexual intercourse. There were no significant differences in WASs between persons who had the experience of sexual intercourse and those who did not, $F(1, 70) = .68$, N.S. Furthermore, there were no significant differences in WASs between persons who reported being in a current sexual relationship and those who were not, $F(1, 70) = .32$, N.S. There were no significant differences in moral orientation based on whether or not respondents were in a current sexual relationship, $\chi^2(2, N = 72) = 2.9$, N.S., or whether respondents had experience with sexual intercourse, $\chi^2(2, N = 72) = 1.56$, N.S. Lastly, there were no significant differences in moral stage or moral orientation based on variations in the dilemmas (gender, disease, sexual orientation).

Discussion

A purpose of this study was to enhance understanding of the theoretical perspectives that define the domain of moral conflicts as they pertain to STDs. Most researchers who have utilized the theoretical ideas of both Gilligan and Kohlberg have assumed that these perspectives are competing. Yet, there has been a call to broaden the moral domain, that is, to include perspectives that are not solely from the justice domain or from the care domain (Gilligan, 1982; Gilligan & Attanucci, 1988). This study was an attempt to utilize two theoretical perspectives that have been considered divergent in order to examine important theoretical and social issues.

Moral Reasoning about STDs

As predicted, 18-year-olds reasoned at a lower moral stage level than 22-year-olds on dilemmas about STDs. Typically, 18-year-olds reasoned at a stage 2/3 or stage 3 level. At this age, reasons for telling or not telling a partner about an STD were generally focused on the risk or probability of acquiring a disease. The older age group in this study used some stage 2/3 reasoning as well, but were moving toward using more stage 3 and stage 3/4 thinking. For 22-year-olds, typical reasoning extended into topics of responsibility and obligation in relationships.

The presence of age differences in moral reasoning about STDs leads to interesting applications. First, the fact that 18-year-olds reason about STDs at a stage 2/3 level lends support to current teaching methods. If, in fact, persons are primarily considering risk to self, then the current educational message that promotes safer sexual behavior through use of condoms to protect oneself against STDs is very appropriate developmentally. The older age group (22-year-olds) may be developmentally ready to be "pushed" into thinking about safer sexual

practices at more mature moral levels. For example, current education and prevention programs could be augmented to speak not only to young persons about how to protect themselves, but could also include aspects of responsibilities and rights regarding sexual behavior and considerations of the partner's responsibilities and rights.

A limitation of this study is that respondents were not given the MJI in addition to the STD dilemmas. Unfortunately, comparisons between reasoning on standard Kohlberg dilemmas and reasoning on STD dilemmas are not possible with the data reported here. Normative data compiled by Kohlberg showed that persons in their late teens should approach stage 3/4 and persons in their early twenties should approach stage 4 in terms of their moral competence (Kohlberg, 1984). Comparisons of the present data with normative data should be done with caution, and future research must include the battery of dilemmas about STDs as well as the MJI. However, a possible reason for lower moral stage scores in this study is the way in which people have been taught to think about issues related to STDs. For example, people in the United States today receive a myriad of messages from various media sources about the prevention of sexually transmitted diseases. These messages typically emphasize how one can protect *oneself* from acquiring STDs. Using Kohlberg's method, protecting oneself from harm is coded under a stage 2 idea of preventing the risk of physical or emotional harm. Therefore, it may be true that these media messages, although correct from a health care point of view, could actually pull down respondents' moral reasoning scores.

Consistency of Moral Reasoning

Kohlberg and colleagues assumed structural consistency in reasoning across dilemmas (Colby et al, 1987). In this study, persons did not reason consistently across dilemmas. Repeated measures analyses showed that persons reasoned at lower levels of moral reasoning for Dilemma 3 than for the other dilemmas. The third dilemma is about whether or not to have intercourse when a condom is not available. This dilemma contains an uncertain situation where it is not known whether the other partner has an STD. The character must decide whether to go and get a condom (and risk destroying the mood) or have sexual intercourse without using a condom (and risk possible transmission of an STD). Here, many persons resolved this dilemma by saying that the protagonist should go and get a condom because he should not risk getting an STD, a stage 2 idea. From a health care standpoint, this is a reasonable and safe rationale for getting a condom, yet this reasoning scores lower on Kohlberg's stages because there is an individualistic emphasis on preventing harm to self and serving one's own self-interest. The significant difference between the dilemmas only represents approximately 1/4 stage. From a practical standpoint, this difference may not be large enough to warrant questioning the consistency of responses across dilemmas.

A few studies have been conducted with the purpose of examining responses to dilemmas other than Kohlberg's (e.g., Gilligan & Belenky, 1980; Gilligan, Kohlberg, Lerner, & Belenky, 1971; Krebs, Vermeulen, Carpendale, & Denton, 1991; Linn, 1987). Not all of these studies were conducted using the revised scoring manual, and the composition of the dilemmas varied from hypothetical dilemmas other than Kohlberg's to "real-life" dilemmas that the respondents themselves generated. Similar to findings of this study, results show that individuals are not always consistent in their moral judgments in response to non-Kohlbergian dilemmas (Krebs et al., 1991). Part of this inconsistency may be due in part to many non-Kohlbergian dilemmas not being true "moral dilemmas." Turiel, Hildebrandt, and Wainryb (1991) have described distinct domains of social reasoning: moral, social conventional, and personal. These researchers demonstrate the complexity of reasoning in differing societal environments, where the right thing to do might be more culturally or personally defined, rather than defined by moral concepts of rights, values, and duties. Therefore, although moral reasoning theories may provide interesting frameworks from which to examine non-Kohlbergian dilemmas that include important personal and social issues of interest to scholars and clinicians, results may not necessarily be consistent with results of moral judgments from dilemmas based in the moral domain that are based on concepts of welfare, justice, and rights.

Moral Orientation

Contrary to predictions, men and women did not differ in their moral orientations. In general, men and women used reasoning reflecting both orientations in response to dilemmas about STDs. Similar to findings by Walker (1991), there is little reason to suspect that rights and response orien-

tations are mutually exclusive. Rather, persons use varying combinations of both orientations in response to STD conflicts.

Moral orientation was not related to moral stage. Persons with a response orientation did not score lower on moral stage than persons with a predominant rights orientation. These findings do not support the notion that Kohlberg's theory puts persons with a response orientation at a disadvantage when using the scoring system. Furthermore, these findings do not support the idea that women use a care orientation to a greater extent then men. Similar to findings by Walker (1991), persons in this sample reasoned about STD conflicts using both care and justice orientations.

Gilligan (1982), Lyons (1982, 1988), and Noddings (1984) have all stated that moral orientations represent distinct ways in which persons think about problems. It has often been assumed that if moral orientation provides a framework for understanding morality, then there should be consistency in reasoning across dilemmas, and persons should have a clear preference for one orientation over the other. However, it is clear in this study that persons did not prefer one orientation over another, and in fact used a mix of orientations when responding to dilemmas about STDs. Therefore, researchers and theorists should not use a particular orientation as a marker for a stage or level of development. Nor should a moral orientation be considered a stable characteristic of a certain gender or individual (Brown et al., 1991). These data show that persons, regardless of gender, can and do think about moral problems from a variety of points of view, depending on the situation or context being considered.

The dilemmas in this study were about interpersonal issues and concerns and the understanding of relationships. It seems likely that the nature of the relationship in a moral conflict calls upon different ways of thinking. For example, in Dilemma 2, there was no close interpersonal relationship present. With the element of relationship gone, respondents reasoned to a greater extent using a rights orientation. Again, this is inconsistent with the idea that a person uses one orientation to think about all moral conflicts (Ford & Lowery, 1986; Gilligan, 1982). What may be important to determine is what orientation persons tend to use for certain categories of dilemmas.

What moral orientations people use may have important clinical implications in the development of programs to prevent STDs. Many current programs teach persons about the responsibility of safer sexual practices, the importance of learning a partner's sexual history, and the right to say no to sexual activity. However, if a person approaches a sexual conflict using a response orientation, the message that is to be learned could become clouded in issues related to maintenance of a relationship and looking "good" in the other's eyes. Therefore, it becomes clear that health care providers should teach safer sexual practices within the context of interpersonal relationships. For example, discussion of condoms should include specific dialogue on how to discuss condoms with the partner, when to discuss condoms with a partner, how to cope with the possible embarrassment associated with discussing condom use with partners, and how to carry on the discussion in a manner that shows respect and caring for the partner.

Gender Similarities

Finally, these data show support for gender similarity rather than gender difference. Results of this study do not support Gilligan's claim that women's moral thinking is embedded in relatedness to others to a greater extent then men's (Gilligan, 1982; Linn & Gilligan, 1990; Lyons, 1988). Furthermore, women were not at a disadvantage when moral reasoning was assessed using Kohlberg's scoring method. These results are consistent with the results of researchers in other fields of inquiry who find less pervasive evidence for gender differences than has previously been assumed (Hyde, Fennema, & Lamon, 1990).

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