

Insight into Sexual Risk Reduction for College-Entering Males Reacting to Gender-Tailored Role Play Scenarios

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ABSTRACT

Background: College represents a time of independent decision making, increased exposure to substances, and new, less supervised, opportunities for sexual behaviors and new partners. Despite the high prevalence of sexual risk behaviors in adolescent males pursuing higher education, there are still limited evidence-based interventions for sexually transmitted infections (STI), human immunodeficiency virus (HIV), and pregnancy prevention tailored for this population.

Aim: The aim of this study was to gain insight into the perspectives of males on role play situations used in a sexual risk reduction program tailored for adolescent girls to obtain feedback on creating effective prevention programs for males.

Methods: We conducted a focus group with males entering college. We analyzed the transcribed data to assess the relevance, realism, and utility of role-playing and to gain insight into the participant's communication styles and approaches to risk reduction.

Results: Four major themes were identified using conventional content analysis: (1) Non-verbal responses and “the vibe” are the go ahead for consent for sex, (2) Jokes and excuses are common communication skills used for risk reduction, (3) Prevention of pregnancy is more of a concern than STI or HIV prevention, and (4) Being gaslighted regarding mental health issues by girls was not uncommon.

Conclusions: Findings from this pilot study can help inform sexual risk reduction intervention programming for males entering new environments such as the college-setting.

Submitted 17 October 2022; accepted 09 November 2022

Keywords: adolescent health; sexual health education; qualitative research; college-entering males, academic health

BACKGROUND

Adolescent boys and young men remain at increased risk for sexually transmitted infections (STIs), human immunodeficiency virus (HIV), and unplanned pregnancy of a partner. According to the Centers for Disease Control and Prevention (CDC, 2021), those who are 15-25 years old make up 50% of newly reported STI cases every year. In addition, almost half of the male participants in a 2019 survey who had sexual intercourse in the last three months



reported that they did not use a condom (CDC, 2021). While gaps in health-related sexual risk reduction knowledge and skills have been identified in male teens and young adults, the paucity of evidence-based sexual risk reduction interventions still exist (Parekh et al., 2018). College represents a time of increased anxiety and stress, bombardment with independent decision making, increased exposure to substances, and new, less supervised, opportunities for sexual behaviors and new partners (Yang et al., 2021). It also is an opportune time to intervene with young men to develop resiliency, augment sexual risk reduction skills, and provide motivational enhancements for healthy sexual choices. However, despite the need for gender-tailored interventions for males, there are few evidence-based programs specifically tailored for non-gay males, particularly for those entering higher academic settings. Current evidence-based pregnancy and STI/HIV prevention programs listed under the CDC compendium for males are specific to minority groups such as males who have sex with males, prison inmates, and the Black population, but programs for non-minority young adult males are lacking, despite their risk (CDC, 2022).

In order to extend the science, we sought to build off The Health Improvement Project for Teens (HIPTeens), a CDC and U.S. Department of Health and Human Services (DHHS) recognized exemplary evidence-based sexual risk reduction intervention designed for adolescent girls and young women (CDC, 2015; DHHS, 2019). Following RCTs and rigorous studies (Morrison-Beedy et al., 2012; Morrison-Beedy et al., 2017), HIPTeens moved into the implementation and translational science continuum and has been used in community-based settings with adolescents and college-aged students. However, the role play scenarios used in this intervention have never been assessed to see if they are useful, pragmatic, and realistic from the male perspective. Intervention design is optimized when it is informed by theory, empirical precedent, and careful formative work. Focus groups can be used to understand the dynamics of sexual risk and preventive behavior and these findings can then be used to tailor interventions to the population of interest (Melnik et al., 2019). Therefore, to gain a better understanding of how to tailor scenarios for young men to learn communication and negotiation skills critical for risk reduction, as well as understand triggers to risk behaviors (e.g., substance use, emotions), we employed a formative qualitative approach. The purpose of this study was to gain insight from males entering college on the relevance, realism, and utility of sexual risk reduction role plays used with females and gain insight into their communication styles and approaches to risk reduction.

METHODS

A focus group approach was used to gather young men's reactions to the role play scenarios used with females of a similar age group and gather descriptions of experiences of sexual risk situations commonly encountered by males and response to potential sexual opportunities. This was a one-time 90-minute focus group conducted in a midwestern city in the US in early 2022. Focus groups can provide valuable information from individual participants on their thoughts, feelings, and experience, and the group process that occurs during the group can increase the depth and breadth of individual responses (Morrison-Beedy et al., 2001).

Participants and Recruitment

The sample consisted of seven males, ages 17-18 years, who were all seniors in high school about to enter a university or community college. Most participants were White and non-Hispanic. Following institutional review board approval, participants were recruited via snowball sampling starting with one 18-year-old male who expressed interest

in participating following a research experience with the investigator. From there, he recruited another age-eligible young man, and this was repeated by each subsequent member recruited until the final group sample ($N = 7$) was obtained. Across the group there were, therefore, some participants who knew each other and others who did not. Potential participants were screened for eligibility (age, male, entering college, able to participate in a group that would include sexual risk situation discussions) and then completed consents with a trained recruiter. Consent was obtained from the six participants who were 18 years old. Parental consent and participant assent was obtained for the remaining participant who was less than 18 years of age with oral parental consent being obtained first by zoom video meeting.

Focus Group

The 90-minute focus group modeled previously established procedures and was guided by an experienced focus group moderator following a semi-structured interview guide (Morrison-Beedy et al., 2022). At the start of each group, the moderator reviewed the guidelines and reminded the participants that the session would be audiotaped. The co-investigator served as note taker and transcribed impressions, nonverbal behaviors, key quotes, and group interactions. Focus group participants were not compensated for participating. Participants were provided both video and written role play scenarios previously used with females and then asked, “After hearing/seeing this scenario, how would you change it to better fit a male’s experience?” Additional prompts included, “Does the situation seem realistic? How would you change it or what parts should stay in place? Describe a situation that you feel might better fit with young men’s experiences with sexual decision-making”.

The participant’s nonverbal responses and facilitator’s initial impressions were summarized in field notes taken by the notetaker. Debriefing between the investigators occurred immediately following the focus group and included discussion of group characteristics, group interactions, and identification of possible thematic categories. A verbatim transcription was prepared immediately after the focus group and reviewed by the investigators for accuracy and to add nonverbal communications.

Data Coding and Analysis

Content analysis was chosen as the data analysis method to compress narrative text into fewer content categories and because of its focus on meanings, intentions, and context (Melnyk et al., 2019). Transcribed text and contextual data from field notes were reviewed for overall impressions, and then, using conventional content analysis, we identified common codes and themes for within-group analysis directly from quotes in the data set. We moved into line-by-line review to extracting significant statements, formulating the meaning of these statements, and organizing the meanings into categories (Hsieh & Shannon, 2005).

To improve trustworthiness of the data analysis, we used a structured interview guide and debriefed after the group. We analyzed the transcripts independently and then together to establish inter-rater reliability ($> 95\%$) on transcript coding. We enhanced content analysis by using direct quotes exemplifying each thematic category (Table 1).

Table 1*Thematic Categories and Exemplar Quotes*

Theme	Supporting Quote(s)
Non-verbal responses and “the vibe” are the go ahead for consent for sex	“it’s more of like the body language and then if you kiss the person you can kind of get an idea of like, hey there’s a like (or attraction). You have the mutual feeling it’s more like you like them, you can tell”
Jokes and excuses are common communication skills used for risk reduction	“there’s always an option to make a joke to defuse things and get your point across”
Prevention of pregnancy is more of a concern than STI or HIV prevention	“you can make a joke like I don’t want any kids” “most of us use it (condoms) for pregnancy [prevention]”
Being gaslighted regarding mental health issues by girls was not uncommon	“so girls bringing up their own mental health is a way to kind of like keeping them (the guy) there involved in the whole (sexual relationship) situation”

RESULTS

This formative study helped provide insight into how males entering college settings may be assessing sexual risk and communication regarding risk reduction after viewing/reading multiple risk reduction scenarios used in role plays with similar-aged females. Four major content categories were identified that describe their overall responses: (1) Non-verbal responses and “the vibe” are the go ahead for consent for sex; (2) Jokes and excuses are common communication skills used for risk reduction; (3) Prevention of pregnancy is more of a concern than STI or HIV prevention, and (4) Being gaslighted regarding mental health issues by girls was not uncommon.

Non-Verbal Responses and “The Vibe” are the Go Ahead for Consent For Sex

These young men viewed or read multiple scenarios where sexual situations were or could occur. The group consensus, as described by one participant, was, “most of the time (sex) kind of happens without talking,” to which another replied, “I guess if both people are into it, then it’s like asking for consent.” While some reported they would

ask the partner “are you OK with this?” for consent, another replied “it’s more of like the body language and then if you kiss the person you can kind of get an idea of like, hey there’s a like (or attraction). You have the mutual feeling it’s more like you like them, you can tell.” Another described that you could tell consent was implied because “the girl gives the same energy” or another said, “you sort of get some sort of clarification on like where they hope it’s going to go...but using specific words can be kind of awkward.” The focus group members responded to situations where couples were alone together at a party or a home. As one young man put it, “there’s a vibe you get,” and another reacted with “It’s usually mostly non-verbal. Like if somebody doesn’t want it to go somewhere, then they make it clear physically.” One young man remarked, “It’s just like little physical things that kind of set boundaries,” and others agreed “yes, they [girls] have an option to lean in or lean back out.” However, one noted, “[the guy] is like the powerful figure usually in the situation. I do think it’s easier for the guy to stop [things] than a girl.”

Jokes and Excuses are Common Communication Skills Used for Risk Reduction

These participants viewed or read scenarios where couples were starting to engage in heavy kissing, had been drinking, or were alone. It was universal that these young men said they used “dumb jokes and stuff” to disengage from the sexual situation or slow things down. One young man chuckled as he said, “there’s always an option to make a joke to defuse things and get your point across.” Sometimes participants suggested using a joking approach was a casual way of “asking hey do you want to have sex?” or “to slow things down.” Examples they gave as excuses to avoid or get out of sexual situations were “I’m way too drunk,” “it’s really cold,” “I’m tired or have a game,” “I gotta go, my mom’s been calling.” One said about his friends, “It’s not very often that they actually say what they’re thinking, it’s more like they just come up with an excuse” rather than communicate with their partner about sexual decision-making.

Prevention of Pregnancy is More of a Concern Than STI or HIV Prevention

Consistently all these young men worried about pregnancy as one described carrying a condom with him, “you can make a joke like I don’t want any kids” to bring up using protection. Another noted that even if his romantic interest said she was using other contraception, he would say to her “I have a buddy whose girl was on the pill and ...there was a whole ‘shit show’ when she became pregnant.” Some agreed they kept condoms available “most of us use it for pregnancy” and others concurred, “you just can’t trust anyone” and suggested they felt more in control by relying on themselves to have a condom with them. We discussed girls bringing up condom use in these scenarios and many of the young men agreed, “Getting laid is getting laid. So (guys) are not going to turn down sex (even) if they have a to wear a condom.”

Being Gaslighted Regarding Mental Health Issues by Girls was Not Uncommon

When discussing emotional challenges they faced to either avoid sex, use condoms, or manage relationships, many of the young men had numerous experiences with their partners “playing up their mental health problems,” and several reported being told “you can’t leave me right now, I’ll kill myself.” During this discussion, one participant said “That is something that happens a lot” and several others agreed “that’s been used on me before.” One young man noted, “so girls bringing up their own mental health is a way to kind of like keeping them [the guy] there involved in the

whole [sexual relationship] situation.” One said, “it’s like whispered in the background...so it makes you contemplate what they said, and wonder. And then they keep you on the phone or say, ‘keep talking to me or you won’t ever get the chance to talk to me again’ so they do this.” In this subtle way girls suggested they might hurt themselves if the guy broke up with them. One participant did note that “that works for both guys and girls, but there is a lot of gaslighting” in sexual relationships. Consistently, these young men recalled numerous situations where girls had suggested they might hurt themselves but often times these were softly veiled, not obvious, threats.

DISCUSSION

This formative work did provide useful insight into descriptions of these young men’s experiences of sexual risk situations commonly encountered by them and their response to potential sexual opportunities and risk reduction strategies. The categories identified from the content analysis related primarily to consent, communication approaches, pregnancy prevention prioritization, and psychological manipulation by partners.

It was clear during our discussions that the young men recognized the need for consent for sexual activities yet how this consent was obtained or determined left more to the imagination than would a clear verbal “yes.” Using non-verbal responses and “the vibe” for consent for sex is grounds for miscommunication, misunderstanding, and can lead to poor sexual health outcomes including complaints of coercion or assault. To improve health outcomes for this population, risk reduction interventions should incorporate sufficient focus on improving communication skills with a sexual partner. Using various tailored role plays can help develop skills useful during sexual encounters where the person can clearly tell someone exactly what they want and don’t want to reduce miscommunication yet maintain the relationship.

The young men in this group, and as they reported their friends as well, employed jokes or excuses as their primary mode of escaping from risky or unwanted sexual situations. However, using jokes and excuses for risk reduction can be very confusing and ineffective. To enhance communication over what a person wants or does not want from an encounter, better risk reduction strategies and negotiation skills should be taught to adolescents and young adults. Males specifically use jokes to share their lack of interest in going further in a situation. However, this approach may lead to confusion or misinterpretation. Girls may also choose to ignore the joke if they don’t understand it’s meaning. One example of this was when a young man described not wanting to have sex so he said he was “too cold” which was his way of saying to his partner he wouldn’t be able to get an erection and, therefore, couldn’t have sex. Many young women may not be aware of this physical issue and may totally disregard what he said as having any sexual connotation whatsoever. Programs need to teach males better ways to communicate by being more straightforward with their choices or intentions.

Many participants expressed that they used condoms for pregnancy prevention, rather than STI or HIV prevention. Discussing the importance of STI/HIV prevention, in addition to pregnancy prevention, would benefit risk reduction outcomes for this population. In addition, educating adolescent males on the prevalence, outcomes, and risk factors of contracting an STI or HIV is another way to enhance these programs. Becoming more aware of their personal risk by discussing rates of STIs or HIV in their local communities may help to internalize the potential threat unprotected sex may pose for them.

The mental health crisis facing teens and young adults has become a common and overwhelming challenge. The news and social media have helped to make many people today more aware of mental health issues in this age group

(Blakemore, 2019). It has become a more openly and widely discussed topic, even within sexual relationships. It appears that these young men all had multiple experiences with a partner playing up their mental health issues (real or not) as a subtle threat as to what could happen if the young man did not want to continue the relationship or sexual experience. Gaslighting, or psychological manipulation where a person tries to make another question their own reality, appears to be used to some degree by teens in relationships to prevent the partner from backing out or getting away. Programs need to teach young men how to prepare for and react to these situations. For example, how to be concerned for their partner, while also recognizing what is really happening. Sexual health interventions should also discuss a person's role in helping their significant other with their mental health (if needed) and then how to take a step back from the relationship and focus on their own needs.

Limitations

Limitations of this small pilot study must be noted. One limitation included the small number of participants from similar demographic backgrounds. This occurred because participants were recruited from one high school setting using snowball sampling. However, the reactions and perspectives they provided served as a first step in modifying role plays used in a gender-specific intervention to be useful for males as well. While we did not assess participant's sexual orientation, discussions centered around heterosexual relationships. Thus, findings could be different for those from lesbian, gay, bisexual, transgender, queer or questioning orientations. Participants also did not get to confirm the categories identified by the investigators or any modifications they suggested for the scenarios. Thus, we have no way of validating their responses to our content analysis and summarizations of how the role plays need to be tailored. Still, considering the limited evidence available using formative approaches to tailor sexual risk reduction evidence-based interventions for other populations, this study does provide much-needed insight.

CONCLUSION

Findings from this focus group with males about to enter college provided some enlightening take-home messages when it came to sexual risk reduction communication and behavioral skills needed by this population. First, the need for educating and developing skills in obtaining consent for sex was important. Second, these young men need opportunities to develop and practice clear, open communication and negotiation skills for various behavioral choices. Next, young men still need to understand their susceptibility to, and seriousness of, unprotected sex for them beyond pregnancy to include both STIs and HIV. Lastly, learning to maintain their healthy choice decisions, despite partners alluding to their personal or mental health problems as a reason why the young men should not stick with their decision, is a complex challenge facing young adults as they learn to negotiate relationships. Tailored sexual risk reduction interventions are still needed by teens and young adults from all backgrounds and demographics, including those entering new environments such as the college-setting and these findings can help inform such programs.

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Author's Note

There is no conflict of interest noted. Dianne Morrison-Beedy is owner of HIP4Change, LLC that provides training for The Health Improvement Project for Teens (*HIPTeens*) intervention delivery. It is hoped that the findings from this study will provide important information to the readers on this topic. It is not intended to be comprehensive, nor does it involve sales of a product.