

"People need a dream for the future, a place to go. It's very difficult to change people who don't care about themselves."

21-YEAR-OLD AFRICAN AMERICAN MALE

"Nowadays, if both have been tested, you don't need to use condoms."

20-YEAR-OLD LATINO

"[When guys have more experience], the girl has to prove to him that she'd be special and he won't have to leave her."

21-YEAR-OLD WHITE FEMALE

"I learned a little bit in school in health class. A little in porno films I rented."

20-YEAR-OLD LATINO

"I would get tested only if I had to. I have a fear of death."

21-YEAR-OLD AFRICAN AMERICAN FEMALE

"[Men] say using condoms is like with rubber gloves: you feel the heat of the water, but not the water."

20-YEAR-OLD LATINO

"We were tested together so that we can have unprotected sex. Do you think we can trust the doctor that tested us?"

22-YEAR-OLD GAY WHITE MALE

"You have to go overseas, have your blood removed and boiled [when you have HIV]. I don't think there will ever be a cure. The more people who will get it, the less likely they will find a cure. I heard that AIDS is what is going to kill the world; but not me."

23-YEAR-OLD WHITE FEMALE

Listen To What America's Kids Are Saying:

A Qualitative Research Study

conducted by Michaels Opinion Research

in conjunction with

MARKETING HIV PREVENTION

Center for AIDS Prevention Studies

University of California San Francisco

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OVERVIEW

Even as the U.S. Centers for Disease Control and Prevention is reporting a sharp decrease in AIDS *deaths* for the first time since 1981, the number of AIDS *cases* continues to rise and the projected rate of HIV infection among young people has dramatically increased: *half* of all new HIV infections occur among those under the age of 25 and *one in four* are among those under age 22.

Clearly, there are significant numbers of young people who have not been effectively motivated by current HIV prevention campaigns to either use condoms consistently or abstain from sexual relations.

The findings presented in this report provide insight into the complex issues that surround the sexuality of youth as they relate to the prevention of HIV and other sexually-transmitted diseases and are the result of confidential, in-depth personal interviews conducted with young people in four U.S. cities.

These young people, told at the conclusion of the interviews about current HIV infection rates among their peers, express surprise and concern. Yet at the same time, they demonstrate an understanding of how this could be occurring. They have heard the overall HIV prevention message; they admit they do not always behave accordingly.

In private one-on-one interviews, they tell us, both directly and indirectly, why their behavior is often at odds with the core values of self-protection, and they offer a range of suggestions about how to motivate young men and women to protect themselves from sexually-transmitted diseases (STDs) and HIV.

Prior to conducting this research, we reviewed a significant body of published studies relating to HIV. Notably, most published research provides important quantitative information about behavior and knowledge, but few have provided insight into *why* people, particularly youth, think and behave the way they do. Our overall objective with this qualitative research study was to gain a much deeper understanding of the intimate experiences and attitudes that affect young people and how these factors can influence HIV prevention efforts.

To achieve that objective, the research we conducted sought to determine if, when and how young people discuss sex, birth control, condom use, risk behaviors and HIV status with their partners. We sought to explore:

- The actual language of these conversations.
- The ways young people raise these subjects with their partners and in what context.
- Why the conversations are easy for some and difficult for others.
- When in a relationship these conversations occur.

We also sought to uncover the various factors that influence young people to use, or not use, protection and to be HIV-tested, as well as their personal interactions with HIV-positive people and people with AIDS.

It's important to note that the findings of qualitative research such as this are not reports of numbers and percentages. Rather, the research reveals patterns of feelings and emotions that underlie young people's behavior and attitudes.

Focus groups, a typical form of qualitative research in the private sector, are not well suited to the private and often highly emotional nature of the topics that we examined, however. Our experience with focus groups of young women about issues related to contraception, for instance, clearly revealed that the presence of peers or partners often inhibits, rather than fosters, frank and honest discussion about issues related to sexual behavior.

Accordingly, we designed a study in which 54 personal interviews lasting from 75 to 90 minutes each were conducted with 17- to 25-year-old *partners* in sexual relationships that had begun within the last 12 months. Both heterosexual and gay young couples were interviewed, but upon their arrival at the interview site partners were separated interviewed privately and independently. In addition to enhancing the likelihood of candor in discussions about sexual attitudes and behavior, this methodology was designed to allow comparisons of the perspectives and reported behavior, including condom use and monogamy, of two individuals as they spoke about the same events.

The interviews were conducted from October to December, 1996 in Atlanta, Chicago, Los Angeles and New York with predominately African-American, Latino and white young people from middle to low socio-economic neighborhoods. To maintain focus and ensure consistency, only three female researchers, each with over 15 years of experience in communications research, conducted the interviews for this project.

The research was designed by Maureen Michaels, president of Michaels Opinion Research, Inc, who with Linda Pasachnik and Nancy Steitz, Ph.D., conducted the interviews of respondents. Bruce Carlson assisted in the analysis and preparation of this report.

This research was commissioned by Medisphere Communications, Inc., and funded by SmithKline Beecham Consumer Healthcare, makers of OraSure. It was conducted in conjunction with the Marketing HIV Prevention Initiative, a collaborative project of the Center for AIDS Prevention Studies at the University of California, San Francisco, and the Harvard AIDS Institute.

EXECUTIVE SUMMARY

The intimate details young people reveal about their sexual experiences raise several key challenges for HIV and STD prevention efforts targeted to youth. These challenges involve the ways young people perceive and make judgments about their risk for HIV infection, their commitment to using protection, the influence of drugs and alcohol in the social fabric of their lives, their perceptions of HIV as a disease, self-esteem issues, and their acknowledged awkwardness in having intimate conversations about sexual issues with their partners.

Continued efforts to stop the spread of HIV and STD infections among young people requires not only the development of new approaches that address these challenges, but a national acceptance that America's youth are both sexually active and the prime target of sexually-transmitted diseases. The research suggests that no single message or tactic will effectively reach these young people and that they lack role models to demonstrate realistic ways in which they can insist on safer sex.

Regardless of sex, socio-economic background, sexual orientation, race or ethnicity, young people share similar emotions and experiences as they attempt to find intimacy, love or satisfaction in sexual relationships. Many of those interviewed admit they feel "awkward" when having sex with someone for the first time, and virtually all say their previous relationships and sexual encounters have been a mix of both good and bad experiences.

- They often attribute the good experiences they've had in relationships and sexual encounters to open or easy communication with partners, "not keeping secrets," feeling "support" from their partners and the lack of conflict, fights or arguments. Notably, young people frequently cite "good sex" when describing the positive elements of the relationships they've had.
- When describing negative experiences in relationships and sexual encounters they often say there was a lack of communication or similar interests or pressure to become "more involved" with their partners. Importantly, some young people say their negative experiences in relationships resulted from too much focus on sex or from having had casual and unprotected sex that prompted fears about exposure to STDs, HIV or a possible unwanted pregnancy.

Regardless of their backgrounds, young people describe their dreams for the future in remarkably similar terms: Twenty years from now, they say, they want good jobs, homes, loving relationships, and children. However, while these young men and women, including some young gay men, have a strong desire for parenthood, having children too soon is seen as limiting their ability to accomplish their goals. As a result, for most of the heterosexual couples interviewed, the motivation behind condom use is not STD prevention, but avoiding pregnancy.

MINIMIZING PERCEIVED RISK

The research suggests that both gay and heterosexual youth fully recognize the presence and threat of STDs and HIV infection. And although they generally know what puts them at risk, they have found for themselves, in the context of existing prevention messages and media coverage of the disease, a series of escape hatches that allows them to minimize or eliminate that perceived risk.

- For example, the young gay men interviewed recognize that gay men are at risk, but some consider that they have minimized their vulnerability because they do not engage in anal sex, or only have (unprotected) oral sex, or are an “insertive partner,” or do not have sex with “older” gay men.
- Young heterosexuals, while saying that “anyone can get AIDS,” are apt to minimize their own risk by believing that HIV is a disease mainly affecting gays, prostitutes and intravenous drug users. They know anal sex is a high risk behavior, but they are not having anal sex, so they assume their risk is minimal and behave accordingly.

There are, among all those interviewed, some who are comfortable making risk assessments based on physical appearance or personal hygiene. They talk of making judgments about the risks they faced with potential partners based on the way they dress, their age or whether they are alone or with friends at a club.

The Challenges They Face

Communications that recognize the real-world pressures young people face in their sexual encounters can only increase their safer sex behavior. It's important to acknowledge that a host of expectations, pressures and power imbalances impact safer sex behavior. The research reveals that young people approach sexual encounters believing that either they or their partner is more sexually experienced.

- Young women talk about feeling “intimidated” and wanting to “please” or “prove” themselves when they have sex with more experienced male partners. These feelings surface among young gay men as well. When young women have more experience than their partners, they believe the man may “feel inferior” or “not in control.”
- Young heterosexual men say being the more experienced partner can make a man feel “macho,” while being the less experienced partner can either “be great” because “you’re going to get it” or it could create “performance anxiety.”

While they frequently say “not caring about life” is a key reason some young people put themselves at risk, they typically ascribe this attitude to other young people they know. Yet, when these young men and women talked about their self-described “promiscuous” or risky behavior, they often linked it to “low self-esteem,” “not feeling good about myself,” or “being in a bad way.” These individuals consciously discussed the need to alter their behavior and talked of their struggles to find meaningful relationships. One young gay man, who revealed he had been a prostitute, told of being raised in an abusive household and of having encouraged “tricks” not to use condoms, “especially at times when I was feeling depressed.”

TALKING TO PARTNERS

Another strong challenge for HIV prevention efforts is addressing the discomfort and fear of rejection that young people experience when they attempt to discuss important sex issues with their partners.

Most young people want to know the sexual histories of their partners, mainly, but not exclusively, because they are concerned about risk and protection issues. They say, however, these are not easy subjects to talk about with new

partners. Having sex with someone is about “trust,” a view that restrains them from asking direct questions about a partner’s past and undermines their judgments about risk.

To discover information about a partner’s sexual history, most employ indirect methods like “dropping hints” or asking for the whereabouts of previous lovers. They say they frequently have such conversations over the telephone, because, as one young man stated, if the conversation gets uncomfortable, “you can find an excuse to hang up.”

Importantly, when new couples do have direct conversations about a variety of sexual issues, they are likely to occur after they have had sex for the first time, not before. When condoms are used for the first sexual encounter, for example, the conversation about protection is likely to consist of a sentence or two and take place “at the moment.”

CONDOM USE

While heterosexual partners consistently report that condoms were used “the first time” they had sex together, usage decreases as relationships mature, which for some young couples may be within a week. We found young women more apt than their male partners to admit that, after the first time, condom use decreases and is replaced by withdrawal and birth control pills as pregnancy prevention measures. This finding has implications for how research is conducted to measure condom use and how existing studies based on self-reported use are interpreted.

Heterosexual men, women and gays alike, including those who refuse to have sex without a condom, generally share the view that sex with condoms is less enjoyable because of a loss of sensation or feeling. And because this attitude is so well communicated to sexual partners it creates an atmosphere in which there is both subtle and overt pressure to avoid using condoms.

Too often, the research suggests, a decision or tacit agreement between partners to not use condoms is also connected to “trust.” To insist on condoms, some young people say, implies to your partner either that you don’t trust them or that they shouldn’t trust you.

Notably, several of the gay men we interviewed had never bought condoms, saying they get them for free at clubs or that they don't need them because they "never" engage in anal sex. And when providing recommendations about how to motivate their peers to protect themselves, young people across the board stressed the importance of providing greater access to condoms.

HIV TESTING

Just over half of the young people interviewed had been HIV-tested. One-third say they were tested for self-motivated reasons and were prompted by concerns about acts of unprotected sex, a "need to know," or to "get peace of mind." The balance say the HIV tests they had were "required" for blood donations, medical procedures, employment or military service, or were "encouraged" by their physicians during routine physical exams.

- Importantly, some young people who have been tested, as well as a number of those who are considering being tested, say they were influenced by television programs. MTV and Beverly Hills 90210, in particular, were noted as having prompted thoughts about being HIV-tested.

Young people who have not been HIV-tested generally imply it's because they don't feel they are at risk, but they are also apt to focus on the negative consequences of receiving positive test results, including having to cope with bad news and the difficult process of informing partners. Only among those who have not been tested did we find young people who say there are "no benefits" to testing. Others say they have been deterred from testing because of concerns about the privacy of personal information, while some say it's too expensive or that they would be tested only "if I had symptoms."

Half of the young people interviewed report knowing of someone who is HIV-positive. Importantly, the research finds that those who have been tested for self-motivated reasons are also those most likely to personally know someone with HIV or AIDS.

When describing the effect of HIV on a person's life, many of these young people are likely to use words like "devastating," "wasting" and "scary." Some of those who have not been tested also say, "I couldn't handle it," that HIV is a "death sentence," that it will "end dreams," prompt feelings of

“shame” or result in a “loss of friends.”

- The prevailing understanding among young people is that there are treatments for HIV, but no cure. Notably, some believe a cure exists and think there has been a government or drug company “conspiracy” to withhold it.

Young people feel that those who know they are HIV-positive have an obligation to inform their sexual partners, but that this responsibility does not necessarily extend to telling others, including family and friends. The young gay men interviewed generally agree with this view, although several qualify their positions by adding: “only if you are asked,” or “only for partners, not with anonymous sex,” or “only if you’re having unprotected sex.”

HIV is a topic of conversation among young people, but often only on an abstract and impersonal level. Rarely did any of those interviewed say they inquired about a person’s HIV status prior to having sex and many did not know whether their partners had been tested. The statements these young people make strongly suggest that they don’t know how to raise the issue with partners, even after relationships begin to develop.

Some say conversations they’ve had with partners about HIV only occurred because the subject was being addressed on television programs they were watching. With some exceptions, most simply assumed their partners were HIV negative.

SOURCES OF INFORMATION

These young people repeatedly indicated to the interviewers that “it felt good” to talk about these issues because they had never had the opportunity to discuss them in such depth before. While they say their mothers are powerful influences in their lives and the people they most rely on for serious advice, mothers are noticeably absent from their list of sources about information on sex. When parents are named as a source of sexual information, it appears they began talking about the subject well before their children became sexually active.

Young people are most likely to rely on older siblings and friends for information about sex. Yet, they repeatedly mention that school health and sex education classes played an important role in providing them with information about sex, STDs and HIV. Where these classes fall short, however, is in

providing answers to their deepest questions and concerns.

They say that in the presence of peers and teachers, it's difficult to ask questions that reveal either their ignorance or the level of their sexual activity.

THEIR RECOMMENDATIONS

When asked what they would do to motivate their peers to engage in safer sex, these young people offered dozens of recommendations. Many of them believe a fear-based approach, showing more people with AIDS "suffering" or "dying," is the most effective way to change behavior. They proposed graphic films like the ones they saw in driver's education classes in high school.

Still others believe that young people need to hear from the people they most admire and respect, with frequent mentions of rap music artists and professional athletes. Greater discussion of these issues on television, as well as "glorifying" condoms and making safer sex "cool" are additional suggestions.

Many young people also believe school can be a place to teach young people more about sex and responsibility, but some suggested to "forget about teaching abstinence" and to "start earlier." They also believe that peer education programs could be effective. Connecting messages to "people like me" is for some the only way to motivate safer sex behavior.

PREVENTION CHALLENGES

The series of interviews we conducted with young people surface a number of factors that can play important roles in the development of communications strategies to motivate safer sex behavior. We found that issues affecting HIV and STD prevention among America's youth are highly complex, emotionally-charged and undeniably challenging for parents, community-based organizations, the private sector and our government.

These challenges relate to the ways young people assess risk, the difficulty they experience when discussing sex issues with partners, inconsistent use of condoms, the power imbalances that occur in sexual relationships, self-esteem issues, drugs and alcohol, and factors motivating and deterring HIV-testing.

RISK PERCEPTION

The in-depth interviews with young gays and heterosexuals suggests that assessing risk for sexually-transmitted diseases, including HIV, is often based on the following factors:

- "Trust"
- The physical appearance of potential partners
- Observed personal hygiene of potential partners
- Perceived monogamy of partners in "relationships"
- Age of potential partners
- Perceived knowledge of partners' sexual history
- Whether the self or potential partner is perceived to be in "high risk" group

Women trust guys easier. Girls my age are kind of naive. They're not watching out for themselves. Young people — they're the generation of sex.
20-year-old Latina

Trust comes with the talking.
21-year-old white female

They say, "Don't worry, there is no one else. You aren't going to get pregnant."
23-year-old Latina

They say, "Why are you going to use a condom? Don't you trust me?" "For protection," I say and I give reasons.
24-year-old Latino

I have a gut feeling if someone has something or is at risk based on how they carry themselves; his clothing, cleanliness, his appearance.
19-year-old African-American female

He was real clean. His shoes were clean, his socks were clean.
18-year-old African-American female

They were virgins, that's the best. Otherwise, it's cleanness, whether they take care of themselves.
20-year-old African-American male

When you turn 18, everything changes. You leave high school and your friends. In high school, you know everybody and who they've slept with.
19-year-old white male

Trust is perhaps the key factor influencing safer sex behavior.

The issue of trust is a very slippery slope in the arena of HIV-prevention among youth because the stakes are very high. Young people say they are drawn to others based on physical attraction, but with that also comes an implicit trust that permits intimacy. The need to believe one's own judgments, which transfers trust to another, allows any fears about risks to be suppressed. The young people we interviewed repeatedly downplayed their risk for HIV because they "trusted" their partners. Decisions by young heterosexuals and gays to stop or not use condoms were also linked to trusting their partners.

Trust also underlies young people's beliefs that they are in monogamous relationships, when often they are not, and this in turn increases the likelihood that condoms will not be used consistently. Some young people also indicate that to insist on condoms communicates a lack of trust in one's partner or implies that a partner should have a reason for concern. As a result, they face the possibility of being rejected. Efforts to increase young people's risk assessments must confront and overcome the conflicts that inevitably surface when one's "trust" of others is challenged.

Assumptions about risk for STDs and HIV are also often based on self-judgments and on physical appearance and personal hygiene. Although many young people say they know better, they admit they often assume their sex partners are not a health risk to them based on physical appearances.

- Among heterosexuals and gays alike, some young people say they assume a potential partner is HIV negative if he or she "isn't sick" or "doesn't look sick."
- The perceived risks for HIV and STDs are considered minimal if there are no visible signs of a sexually-transmitted-disease, such as open sores.
- Several young people we interviewed said they discontinued sexual relationships because their partners were "not clean."

Young people use social networks to gain knowledge and make judgments about the risk they face with partners. They indicate that while they are in high school there is an informal communication network that informs them about who is having sex with whom. After high school, this network is lost

In high school, you're all together and you see each other. After, you don't. If you meet someone in a club, you know nothing. *24-year-old Latina*

You meet at a club, know her, how she is, who she is with. You get an idea about what kind of girl she is. *24-year-old Latino*

I tell a lot by appearance, whether they're alone or with friends. If they're older and alone at a bar, I'm not interested. Someone with outlandish clothing, leather, vests with no shirt, a nose ring, would be someone to talk to, but not have sex with. *24-year-old gay white male*

I've heard it is hard to catch AIDS from heterosexual sex. It's easier to catch other types of STDs. *23-year-old white male*

From what I've seen on TV, I don't know if it's all bullshit or not, but gay men and young females my age are more at risk. Girls my age are kind of naive. *20-year-old Latina*

I've never bought [condoms], have no use for them. I don't have anal sex. *24-year-old gay white male*

I've never suspected anyone by their appearance and I've used condoms with almost everyone. *25-year-old African-American female*

for some, but replaced for others by the social network of bars and clubs. Gays and Latinos, in particular, are apt to report frequent socializing at dance clubs and to describe assessments of risk based on observations about who is with whom at clubs and whether they are friends of friends.

Using HIV prevention information, they have found ways to place themselves outside the specter of risk. When safer sex information or messages are indefinite, contradictory, or minimize the risk of certain behaviors or groups in the population, many young people are apt to apply the least threatening message to their sexual encounters.

Relying on what they have learned about HIV prevention, young people have developed a complex system of "escape hatches" to rationalize their diminished sense of risk for HIV or STD infections. This belief system has been formulated in large part based on their accurate knowledge of behaviors that put people at higher risk than others for HIV. When young people can categorize themselves or their behavior as being beyond the "high risk" definitions they've learned, then it leads them to believe there is little or no risk to themselves for HIV infection.

For example, when an individual can answer positively to any one of the statements below, they confirm their belief that their risks for HIV are minimal:

■ I'm not gay.

Young people put gays in a high risk category and believe that if they are not gay then their risk for HIV is minimal. Among young heterosexual women, they presume their partners are not having sex with other men, and among some men who have sex with men, "insertive partners" are not necessarily gay.

■ I'm not having anal sex.

Young people are generally aware that unprotected anal sex is a high-risk behavior. Heterosexuals and gay men who are not having anal sex believe their risks for HIV are minimal or have been eliminated.

■ I'm using condoms.

Prevention messages stress the importance of using condoms. Thus, using condoms "most of the time" or allowing penetration without ejaculation is seen as safe behavior.

AIDS affects needle users, gay people, whores and sluts. *23-year-old white female*

Obviously, drug users [are most at risk]. And sexually active people hopping from one bed to another. People who are uneducated. *24-year-old gay Asian male*

When people sleep around, it's not safe. I don't have a lot of sex. *18-year-old Latina*

I had second thoughts about the first girl I had sex with. It was unsafe, but I knew all the guys she had been with. *23-year-old white male*

I've only been with three men. It's about trust. *19-year-old Latina*

You have to use [condoms] unless you are in a one-on-one relationship. *21-year-old white female*

I've been in long-term relationships, never jumped around, so I don't feel at risk. *24-year old Latino*

Anal intercourse is the highest risk, especially given that the highest proportion of infection is in gay men.

Anal [is not safe]. But that's a way not to get pregnant, so I don't know. *19-year-old Latina*

Oral is safe, if you don't swallow. *25-year-old Latino*

No one insists on a condom for oral sex. I wouldn't do it with a condom. *24-year-old gay white male*

- I'm not using needle drugs.

There is general awareness among young people that IV drug users are at high risk for HIV infection. Since "I'm not using needle drugs, I'm not at risk."

- I'm not a prostitute.

In addition to IV drug users, young people believe that prostitutes and sex workers are at high risk for HIV. Being able to disqualify themselves from this group allows them to perceive their risks as minimal.

- I'm not promiscuous.

Promiscuity is a matter of subjective personal definition. Those young people who perceive their own sexual behavior as having been "promiscuous" were more likely to have been HIV-tested because of their concerns about possible exposure.

- I'm in a monogamous relationship.

Both heterosexuals and gay men believe monogamous relationships guarantee protection from HIV and other STDs. This perception of monogamy strongly affects safer sex behavior. In at least one-quarter of the couples in this study, however, one partner believed they were in a monogamous relationship, and behaved accordingly, when in fact their partners privately admitted having sex outside the relationship.

Risk assessments among young people also involve perceptions about the types of sex that are risky. An important finding of our research is that not all young people know what the words "anal sex" mean. Those who do know what the words mean, or understand once it is explained, consider anal sex without a condom to be unsafe, often because it is associated with "gay sex." Furthermore, only among gay men did we detect finer distinctions about the risk associated with anal sex. Some gay men qualified the safety of unprotected anal sex saying that the risk is greater for those who are anal receptive.

Nearly all of those interviewed are inclined to believe that oral sex is safe without a condom, but many confess they are not sure. As one gay man stated: "I don't know if oral sex is truly safe, but I proceed as if it is."

Before the guy enters you, a condom is put on. Is it okay for him to be in you, withdraw and then put on a condom? *22-year-old white female*

It depends on who she's been with before [whether I feel at risk]. *20-year-old African-American male*

All of the young people we interviewed are aware that unprotected vaginal intercourse puts them at risk for HIV, but their behavior and inconsistent use of condoms, indicates that they believe the risks are minimal. They are more apt to associate vaginal intercourse without a condom as putting them more at risk for pregnancy and other STD infections.

TALKING WITH PARTNERS

When young people are attracted to each other the question is not *whether* they will have sex, but *when*. And while most of the young people interviewed say they approach their sexual encounters with concerns about the risks they face, many are reluctant to talk with partners about these issues for a number of reasons.

They worry about their partners' reactions if they initiate conversations about risk. Many of the young people interviewed say they don't talk with their potential partners about risk or birth control prior to having sex because they are worried about how their partners will react. Some of this apprehension may be justified: many candidly acknowledge that they don't like to talk about the number or nature of their past sexual encounters either.

I don't want to discuss it. I don't want her to think I'm a guy slut. We would talk about past relationships in general. *20-year-old Latino*

When I asked [about who he had been with before], he was angry. He said, "You're sick." He doesn't like to talk about it. *18-year-old white female*

She asks, but I don't tell [about my past]. It's private business. *20-year-old African-American male*

I haven't told him [how many I've been with] because I'm afraid he would think it was a lot. He hasn't asked. *24-year-old gay white male*

I was more concerned about what he would think about my past. I wanted to get it out right away before he asked me. But you can't tell everything — a ballpark, give general knowledge. *20-year-old Latina*

Some say they don't ask or won't respond to questions from potential partners about previous sexual encounters because truthfulness could provoke jealousy, anger, a lack of trust or rejection. Others believe this information is private and nobody's business, while some say "the past is the past."

However, many of the young people who were interviewed describe detailed strategies, both direct and covert, for gathering information about their partners' sexual histories. In their attempts to assess risks or raise issues relating to the use of protection, few, however, ask direct questions. When they do, they ask their partners how many people they have slept with, who these people were and where they are now, whether condoms were used and, less often, whether they have been HIV-tested.

Sometimes I volunteer too much information. I don't know why I [told him about my past partners]. Maybe I wanted to see if he would say anything about himself. *22-year-old white female*

We hinted around [about sex]. A few comments here and there. I thought we would be playing and didn't think it would lead to that. *25-year-old African-American male*

We worry about our bodies, how we look. Also, if we haven't had experience, we worry about that, too. *20-year-old Latina*

[Condoms] aren't discussed. Everyone is prepared. *24-year-old gay Asian male*

It just happens. You never talk about [using condoms]. *19-year-old African-American female*

He just took the condom out and put in on. *19-year-old Latina*

It comes up [using condoms] the instant it is going to happen. Right at that point, before insertion or ejaculation. *23-year-old white male*

The first time, we talked about [condoms] before sex. Actually, during. Right before we needed it. *20-year-old Latina*

Those who approach the subject indirectly often do so by dropping “hints” or by revealing small details about their own sexual experiences with the hope that their partners will reveal something about themselves as well. Many say they deliberately avoid having these conversations face-to-face and talk over the telephone so they can easily interrupt the discussion if they think it’s not going well.

Sex with someone for the first time is an awkward experience. While most of the young people expected to have sex with their partners, few say the first encounter was planned. Rather, they describe it as “spontaneous.”

Most of those interviewed say the first sexual encounter with any partner is an awkward experience. They attribute this awkwardness to insecurity about how their bodies will appear to partners, uncertainty about whether the sexual experience will be satisfying, and discomfort about whether they will have to discuss protection or birth control.

Most approach their first time-sexual encounters with the unspoken expectation that they will be using condoms, and in fact, the partners in three-fourths of the couples we interviewed agree that they used condoms the first time.

There are, of course, a few young people who raise and resolve these issues before they become sexually involved with someone, but the majority, those who do not discuss the use of condoms prior to the first sexual encounter, fall into two groups:

- **Condoms were used and not mentioned at all.** Gay men who used condoms typically say there was no discussion about using condoms, “they were just there.” Among heterosexual couples, the male partner was always the silent decision-maker. These young men, both heterosexual and gay, are concerned that condoms are always used and say they simply put one on.
- **Condoms were used and mentioned “at the moment.”** This is clearly the norm for those who do not discuss the use of protection before having sex with someone for the first time. According to the couples we interviewed, one partner or the other said, “I have a condom,” either as they

were undressing or just prior to penetration. Some young women who want to insure that a condom is used say they simply hand one to their partner with the clear implication that either it is used or there will be no sex. Other young women who want to use condoms rely on their partners to have them and ask, "Do you have a condom?" Some young women and gay men also report that their partners have asked, "Do I have to use a condom?" with the obvious hope that they won't insist.

CONDOM USE IS INCONSISTENT

For many of the young people interviewed the perceived drawbacks of condom use often outweigh the perceived benefits. As a result, the decision to use condoms is often arbitrary and selective. There are several beliefs that surface among young people that affect their use of condoms.

Young people generally say that condoms diminish the pleasure that men derive from sex. This attitude is nearly universal among young men and is strongly communicated to their partners. Numerous young women reported feeling pressure not to use condoms because they believe it would decrease the sexual pleasure experienced by their partners. We should also note, however, that some young men also report they have felt pressure not to use condoms because their female partners say they are "drying," or "irritating."

Condoms are primarily used to prevent pregnancy. Although young people recognize that a major benefit of condom use is prevention of HIV and STDs, among heterosexuals condoms are primarily seen as a method of birth control. As a result, when there is a diminished sense of risk because one's partner has no signs of illness or "open sores," or when there is "trust," decisions about condom use are likely to be based on the perceived risk of pregnancy.

Consistent condom usage decreases as relationships mature. Again, this behavior is often linked to "trust" between partners: the relationship has become serious and is, therefore, monogamous. They rely on other forms of birth control.

I hate condoms. It takes a lot away, like coming in a bag.
19-year-old white male

[Men] say using condoms is like with rubber gloves: you feel the heat of the water, but not the water.
20-year-old Latina

Guys say, "It's not the same." "I'll put one on later." Sometimes the guys are upset: "It's only one time," they say.
24-year-old Latina

I don't like them [condoms] that much, but I feel peace of mind. Even when using condoms all the time, I had a late period and was scared.
22-year-old white female

I have been asked to use condoms or not to, but I always do. I'm afraid of having kids.
25-year-old Latino

You have to use condoms every time, but after you're with someone, then not always.
21-year-old African-American male

She was insulted I was using a condom.
23-year-old Latino

Insisting on condom use conflicts with issues of trust. Some of the young people interviewed say that insisting on the use of condoms can imply a lack of trust in their partner or that their partner should have reason to be concerned about them. If they insist on condoms, they risk rejection by raising suspicions or insulting their partners.

The research also finds that young gay men fully recognize condoms as the key defense against HIV infection if they engage in anal sex. Notably, some of the young gay men say they do not have anal sex because of the associated risks or are “saving” it for a “serious” relationship.

Yet, we did detect beliefs among some gay men that the need for a condom during anal sex depends on whether one will be the insertive partner (a condom is not always needed because the risk is lower) or the receptive partner (a condom is needed because the risk is higher). The gay men we interviewed did not use condoms for oral sex based on the belief that oral sex is safe.

POWER IMBALANCES

Some young people recognize that low self-esteem underlies the choices they and others make in their sexual relationships. They say they believed sex would make them “feel better” or that safe sex didn’t matter to them “because I didn’t care about myself.”

Not only do young people ascribe these emotions to the people they know, but they often admit it about themselves. One young gay man who had been a sex worker talked openly of the depression he had experienced “being a woman trapped in a man’s body” and how during periods of depression he was more likely to engage in, and even encourage, unprotected anal sex.

Several young women and men also talked about relinquishing “control” in sexual encounters and feeling “forced to do what I didn’t want to do.”

Some girls don't have high self-esteem. They take the guy's word when they say, "I'm clean." If they insist [on condoms], they think they'll lose him.
24-year-old Latina

I was not using protection with most of those people, not using birth control. I didn't care. I had no self-esteem. They were in control.
20-year-old Latina

15- and 16-year-old girls are intimidated by older guys. They will do anything to satisfy them.
20-year-old African-American female

I had been drinking. The condom broke. We went through the motions. It was meaningless. I didn't want to have sex, but she forced me. Then she said she was pregnant, but two weeks later, she called and said she wasn't.

21-year-old African-American male

Some girls say [about condoms], "take it off." I don't know why. Maybe they want to get pregnant.

20-year-old African-American male

[When guys have more experience], the girl has to prove to him that she'd be special and he won't have to leave her.

21-year-old white female

Girls worry about not being as good as the others he has been with. Also, if he's been with a number of women, she worries whether he is safe and whether he has been tested.

20-year-old Latina

You feel pressure [with someone who is more experienced]. Any giving person wants to please.

19-year-old gay white male

I was worried that I wouldn't satisfy him. Once I told him that, I relaxed. He kissed me.

24-year-old gay white male

You never know where someone has been [when he's more experienced], whether he's been tested and stuff like that.

24-year-old gay Asian male

What clearly emerges from these interviews is that subtle power imbalances often occur between partners for a number of complex, interrelated and deeply emotional reasons. The research suggests that power imbalances can occur when:

- One partner is perceived to have more or less sexual experience than the other;
- There is a strong need by one partner to be wanted or loved;
- One partner is only interested in a purely sexual encounter;
- There is the desire to conquer or derive power over another by having intimate sexual knowledge of that person.

Young people's thinking and behavior during sexual encounters can also be influenced by their perceptions about the level of their partners' sexual experience. When describing young women who they perceive to be very sexually experienced, young men are apt to use such words as "fast," "easy," "slut," "gang girl," or "ho'." Both Latinos and Latinas say girls are characterized as being either "Madonnas" or "whores." Young men talk about having casual "one-night stands" with these women who, they admit, they "don't care about." Often in this context young men will say they later regretted the encounter because:

- The young women wanted a "relationship," when sex was all they wanted.
- Sex was unprotected; they put themselves at risk for "diseases."
- They perceive that these young women were using sex to "hook" them; that some try to get pregnant as a way of "keeping their boyfriends."

When young women believe potential partners are more sexually-experienced, they say they feel "pressure" or "intimidated" about satisfying them. For a young woman having sex with a more experienced male partner, she must:

- "Please" or "satisfy" him.
- Worry about rejection or whether he will "leave" her.

- Be concerned about pregnancy

and risks of exposure to STDs.

Young gay men, as well, say they feel “pressure” or “anxiety” when they are having sex with more experienced partners. Some say it “causes problems” because they are concerned about:

- What’s expected.
- How much they “should allow to happen” or whether they should “acquiesce.”
- Whether they are at risk; “whether he’s been tested.”

I had unprotected anal sex. I was very drunk. I have been thinking about it ever since.
24-year-old gay white male

It was a club relationship [that I regret]. She drank too heavy, seemed too promiscuous.
25-year-old Latino

The more you care, the more awkward [sex is with someone the first time]. The more alcohol, the easier it is.
21-year-old white male

DRUGS AND ALCOHOL

Not surprisingly, the young people interviewed are far more likely to report alcohol consumption than they are to report the use of illegal drugs, although some did admit they get “high” on occasion. What clearly emerges from the research, however, is that alcohol is very much a part of young people’s social life and impairs some young people’s abilities to use protection in sexual encounters. Young people often say clubs and bars are the places where they go with friends and also the places they frequent when dating.

Nearly all say they drink alcohol when they are socializing at bars and clubs, and it’s notable that the majority say they had been drinking on the evenings when they first had sex with their partners. Moreover, when describing sexual encounters that they have regretted, several young people add that they were “drunk” at the time and “not in control.”

HIV TESTING

I was so promiscuous, had a lot of partners, a lot of one-night stands, [so I decided to get tested].
20-year-old Latina

The first time I heard about HIV, it scared me, and I knew I didn't use protection. At the time, I was with a girl who didn't use protection. A month after being with the girl, I went to get tested.
20-year-old African-American male

A friend died of AIDS. I test myself all the time now. One girl said, "Let's go get tested together."
19-year-old Latino

At the six-month point in a relationship, testing opens up possibilities, removing barriers to sex. But I wouldn't want to go get tested with anyone.
25-year-old gay white male

We were tested together so that we can have unprotected sex. Do you think we can trust the doctor that tested us?
22-year-old gay white male

Nowadays, if both have been tested, you don't need to use condoms.
20-year-old Latina

I get tested if I've been with a girl I don't trust, who drinks, who has bad habits.
19-year-old Latino

If I start having sex outside this relationship, I'll get tested again. I don't worry about him cheating on me.
20-year-old Latina

Just over half of the young people interviewed had been tested for HIV and about one-third indicated that they were prompted to have the test because they were concerned about their possible exposure to HIV. The remainder of those who had been tested say the tests were "required" for blood donations, medical procedures, job applications or military service.

Several young people, typically women, say they were tested because of physician recommendations during routine physical exams. Notably, these women were those most apt to report having been tested more than once. Two individuals, a gay couple, volunteered that their test results were positive, while the balance of those who had been tested did not reveal their status or indicated that they were negative.

- Often underlying these young people's decisions to be tested is a belief that their behavior or their partners could have put them at risk for HIV. They frequently cite having had "numerous" partners or "unprotected sex" as the key personal experiences that prompted them to be tested. They also say they were motivated by "fear" after learning about the "promiscuous" sexual history of former partners or discovering that a partner was "cheating on me," was having sex with "prostitutes," or using drugs.
- Some young people were apparently also influenced in their testing decisions by having a friend or relative who is HIV-positive or who has died of AIDS: those who were tested for self-motivated reasons are far more likely to say they know someone who is HIV-positive or has AIDS and one man said he and his girlfriend were tested together immediately after visiting his HIV-positive brother in the hospital.
- Importantly, a few young people say they were motivated to be HIV-tested so they could "remove barriers" or have "unprotected sex."

For those who have been HIV-tested, the experience was generally affirming and they cite numerous benefits to testing that affected them emotionally and behaviorally. Not surprisingly, those who tested negative say they felt "relief," "peace of mind," or "elation." But more importantly, many also say negative test results mean they can "protect others," "start over," "be more cautious," "change my ways" or

“continue having safe sex.”

I can't see [getting tested]. Not really. Maybe if I was out there flirting and talking to people a lot.
20-year-old African-American male

I would get tested only if I had to. I have a fear of death.
24-year-old African-American female

I'd go out and get tested if I wanted to check for a relationship. No need beyond that.
22-year-old white male

- Decisions about whether to be tested either again or routinely are often linked to conditions: being with “a lot of others,” “cheating,” “not trusting” partners, “when I get married,” or as part of an annual physical exam.
- During more than one interview it was apparent that messages about routine testing have become muddled in the minds of some young people. As one young woman who had been tested said: “You are supposed to get AIDS-tested every six months. If you get tested positive twice, then you should have safe sex.”

While those who have *not* been HIV-tested are apt to name many of the same benefits to HIV testing, they are the only group of young people to say there are “no benefits” to being tested. Many of those who have not been tested say they have considered it, but their expressed attitudes for not being tested appear to be shaped by a number of underlying beliefs. Some simply don't believe their behavior has put them at risk. They cite “trusting” their partners, being in monogamous relationships (which was not always true), using condoms “most of the time,” or, among gay men, not having anal sex.

At the same time, however, those who have not been tested are also more likely to focus on the possible consequences of testing positive, including “dealing with” or “coping” with the results or “stress” from having to contact and inform partners. Some, citing issues of privacy, say they have not been tested because they don't want anyone, including doctors or insurance companies, to know about the results or even that they have been or are thinking about being tested. Others say they would be tested “only if I had symptoms” or “only if I were to have children.” Some say it's a question of expense: “It costs \$30 or \$40. If it were free I'd go right away.”

Most young people we interviewed expressed highly pessimistic attitudes about the outlook for people who are HIV-positive. They are generally aware that HIV affects the immune system and they commonly believe that people with AIDS die from pneumonia or “colds.” They use words like “wasting,” “devastating” “body sores” and “skinny” to describe the images they have of people with AIDS.

When describing what HIV does to a person's life, those who have not been tested are especially negative, saying it::

- “Is a death sentence”
- Carries feelings of “shame”
- Diminishes dreams for a future

■ Means you will lose friends

They put you on a lot of medication that hurts you, makes you sick [when you have HIV].

20-year-old Latina

You have to go overseas, have your blood removed and boiled [when you have HIV]. I don't think there will ever be a cure. The more people who will get it, the less likely they will find a cure. I heard AIDS is what is going to kill the world; but not me.

23-year-old white female

People my age believe there's a cure, but they're just not ready to put it out yet. It's the "X-Files" conspiracy thing. The technology is way further than we know about it.

20-year-old Latina

They got a cure for it, but they're making too much money off it. The cure is worth a lot of money.

21-year-old African-American male

I've mentioned the topic [of HIV] about other people who have it. Not about us.

25-year-old African-American female

AIDS kind of came up. We were watching 90210. It was upsetting me because it means you always have to be so safe. He said, "You don't have to worry about me." He's been tested. He's never asked me if I've been tested.

22-year-old white female

I think I brought it up [HIV]. I saw something on TV. It was during our third or fourth telephone conversation, prior to dating.

25-year-old African-American male

The Pedro character on "Real World" got AIDS. Everybody in my age group talks about it.

25-year-old African American female

It's crossed my mind [talking about HIV], but he's not open about it. I just want to know, don't want to worry. It's really a big issue.

18-year-old white female

At the same time, young people are generally aware that there are treatments for HIV and some cite the availability of these treatments as a reason to be HIV-tested. When they know of specific forms of treatment, these young people are most apt to cite AZT. With the exception of gay men, however, there is little awareness of newer forms of therapy, including protease inhibitors.

While most of these young people recognize that there is no cure for HIV, and some think there never will be, there are those who assert that a cure exists and that there has been a conspiracy within either the government or drug companies to withhold it.

Although many have talked about HIV with their partners, a significant number say they do not know whether those partners have ever been tested. They say they are reluctant to ask directly, believing the question would communicate a lack of trust or provoke anger. Moreover, some feel that if they reveal that they, themselves, have been tested, they may have to explain why they felt the need.

Ultimately, regardless of whether they have been tested or not, and despite their pessimistic attitudes about the consequences of HIV and AIDS, few say they directly ask about someone's HIV status before having sex with them. Most do, however, "expect" someone who is HIV-positive to tell them.

Conversations about HIV, for many couples, have been abstract discussions about the virus in general, about "others, not us." Importantly, television surfaces as having played a pivotal role in providing young people with the opportunity to raise the subject of HIV with their partners. And some of those who have been tested, as well as some of those who are considering it, say it was the discussion of HIV in television commercials or programs, notably MTV and Beverly Hills 90210, that "triggered" their thinking about getting tested.

One young woman was prompted to have an HIV test after watching an episode of Beverly Hills 90210 that dealt with HIV: "I couldn't stop thinking about it after I saw that show." MTV was specifically cited by young people across the country as a network that provided programming that got them thinking about their own sexual behavior, especially as it relates to protection from STDs, HIV and HIV-testing.

RESPONSIBILITY

In national quantitative surveys we have conducted about values in American life, “taking responsibility for one’s actions” has been consistently among the top or core values of the public. Not only do Americans place great importance on personally living lives in accordance with this value, but parents have strongly communicated it to their children.

Our previous studies indicate that regardless of demographic distinctions, the value of responsibility permeates young people’s thinking and behavior in many contexts – in their approaches to school, work, and personal relationships. The value of responsibility does not need to be taught to young people; they already embrace it. But in the context of HIV- and STD-prevention messages, the value of “taking responsibility for one’s actions” has been focused on “protecting yourself.”

People who are HIV positive should tell before they have sex; their unprotected sex partners only.
18-year-old African-American female

I ask, “Are you HIV-positive?” But people lie.
25-year-old gay Latino

If it’s a one-night stand, I never ask [if they’ve been tested]. I assume they are negative. I assume if they are positive, they wouldn’t put you at risk.
24-year-old gay white male

People don’t care. It’s scary. People are not thinking about the other person.
18-year-old white female

In the course of these interviews the issue of responsibility surfaced mainly in discussions about whether people who know they are HIV-positive should tell others. With some exceptions, these young people are apt to believe that those who know they are positive have a “responsibility” to inform sex partners of their status. Because they believe this, and perhaps because they believe *they* would tell their partners, they assume or expect that those who know they are HIV-positive would tell them.

Yet, when contemplating the risks of STDs or HIV, young people rarely mention or exhibit personal concern about the risks they may pose to others; their focus, nearly always, is on the risks that others pose to them. As previously noted, the risk assessments young people make are based on “trust” or physical appearance, and while it’s important for young people to continue to focus on self-protection, the core value of responsibility, as it relates to protecting others, has been largely untapped as a way of motivating safer sex behavior.

TAPPING THE POWER OF INFLUENCERS

Important first steps in the development of any HIV prevention campaign are understanding who has influence on young adults and teens and where they turn to get information about sex.

The in-depth interviews conducted with young people across the country reveal that many rely on similar sources for information about sex, and while sex is not a subject young people comfortably discuss with their parents, mothers are, perhaps, are the most influential people in their lives. Music artists and other celebrities in film and sports are also strong and credible voices to youth.

Not surprisingly, most young people say they learned “what sex really is” from talking to friends and siblings. Notably, hard and soft core pornography both in print and in films is often the place where young people say they have had their first exposure to people having sex. At the other extreme are sex education classes in school.

Because sex is such an important issue in their lives, young people seem to have paid considerable attention to the information provided by schools. They frequently cite health or sex education classes as their earliest sources of information about sex, reproduction and sexually-transmitted diseases.

But health or sex education classes fall short for some young people because they want additional information and their questions often remain unanswered. Some young people indicate that in the classroom environment, in front of peers and teachers, they feel inhibited about asking questions. Not only do they want to avoid appearing ignorant, but they also don’t want to inadvertently reveal the extent or nature of their sexual activity.

When asked for recommendations about how to educate young people about STDs and HIV, many young people stressed the important role of sex education in the schools. Yet they also suggested that if this education could be delivered by people they recognize or respect (celebrities and rap music artists), the information could have more credibility.

I learned I should be using protection from sex ed in school and TV commercials, *not* my parents. My period, I can talk to them about anytime, but not sex.
20-year-old Latina

Sex ed in high school [is where I learned about sex]. I didn’t learn about gay sex until I started dating.
25-year-old gay white male

I learned a little bit in school in health class. A little in porno films I rented.
19-year-old Latina

I had some horny-ass cousins — sit around watching pornography films all day long. That’s where I learned about sex.
21-year-old African-American male

I grew up with nothing but guys. They all called those 1-900 sex lines. I listened to them talk about the sex they had with these women on the phone.
25-year-old African-American female

I learned about sex from magazines. When I was 15, my mom told me to use

condoms.

21-year-old Latino

My mother talked to me about sex. Her mom didn't talk to her and she thought it was important. And in sex ed in grammar school they mentioned it a couple of times.

20-year-old Latina

My mom told me about sex. Friends tell you the worst stuff. And I learned from porno magazines and school.

23-year-old white female

My mother is a nurse. She tells me everything.

19-year-old Latino

From my sister and girlfriends, they told me about sex, but I never spoke with them about protection. We didn't talk about it.

25-year-old Latina

Print, film and television are additional sources of sex information and images for young people. Playboy in particular, along with film and newsstand pornography, are cited by both heterosexuals and gays as an early source of information about sex. Some young people report having rented pornographic videos when they were young teens in order to "see what it was all about." Magazines such as Teen Spirit and Cosmopolitan, and GQ's "Q&A" column are also mentioned as sources young people use to learn about sex.

Parents, particularly mothers, could be important sources for sex education information, but for most of the young people we interviewed, they do not play this role now. Most of those young people, gay and heterosexual alike, say they are likely to turn to their mothers when they have a problem or need serious advice, but not when the subject is sex.

They are apt to say that their mothers and fathers rarely discussed sex with them when they were growing up and, at this point in their lives, it is perhaps the one subject they are least comfortable discussing with a parent. As a result, when young people seek sex advice from people they know, they are likely to rely on information provided to them by friends, older siblings or other relatives.

Still, some of the young people we interviewed do rely on their parents for information about sex and we found that this often appears attributable to having had parents who openly talked with them about sex since childhood.

With the exception of a single reference to Planned Parenthood, physicians and other medical providers are notably absent from young people's list of sources for sex-related information. However, physicians do play important roles in reaching, influencing and educating young people, particularly women, who have made annual check-ups a part of their routine health care. Among those who have been HIV-tested, several say they were prompted to do so because their physicians suggested it.

Music, film, television and sports celebrities are also powerful influencers of young people, although, with the exception of Magic Johnson, celebrities are not mentioned as being providers of sex or HIV-prevention information. Rap music artists have strong credibility among many young people, especially those of color. Furthermore, when asked for recommendations about how to influence young people to protect themselves from STDs and HIV, many young people say, "Get rappers to talk about it."

Just talk to them. Everyone needs to talk like we are. *21-year-old African-American male*

Our parents don't talk about HIV, we don't want to talk about it to them. There's a lack of information, a lack of people trying to give information and not being parental about it. *20-year-old Latina*

People need a dream for the future, a place to go. It's very difficult to change people who don't care about themselves. *21-year-old African-American male*

Educate parents. They just send home a slip to parents to give condoms. *18-year-old Latina*

Go into the classroom, at the high school, junior high and elementary levels. People who do not know are having casual sex. They should be told to wear a condom. Many still think that only gay people get it. *25-year-old African-American male*

A commercial just came out. It doesn't tell them anything, just the percentage of kids your age who are going to get it. It doesn't mean anything to you. *20-year-old Latino*

Show them actual people who are suffering [with AIDS]. Magic Johnson looks fine. That's confusing to kids. *24-year-old Latino*

Personally, sports figures or movie stars aren't my heroes. If they are selling shoes, fine. But don't have someone who is more sexually promiscuous than any of us will ever be talk to us about safe sex. *23-year-old white male*

Glorify using condoms in advertising. Get ads on Melrose Place, 90210, X-Files. Use condoms in porno flicks. *21-year-old Latino*

Get the tests away from behind the counter. *20-year-old African-American female*

RECOMMENDATIONS: THEIRS AND OURS

At the conclusion of each interview, the young participants in this study were informed that the research was being conducted because HIV infection rates are increasing among those under the age of 25 and that we wanted to gain a deeper understanding about the issues they face in their sexual encounters and relationships with others. We asked them what they would do or what they feel needs to be done to increase safer sex behavior among their peers. They offered the following observations and suggestions:

- Increase the availability of condoms and make them “cool” to use.
- Show us more people “suffering” with AIDS.
- Educate young people about the risks and current infection rates.
- Get celebrities, those that kids can relate to, to talk about it.
- Educate parents.
- Increase young people's sense of responsibility to themselves and to others.
- Use television and other media to get the message out.

Some young people, however, also believe that changing the behavior of their peers will be extremely difficult because “they don't care happens to them.” One 21-year-old African-American man in Los Angeles put it this way:

I don't look up to anyone, but I pray for a better life. There's always somebody trying to bring you down. You have to motivate yourself. Friends educate friends. If you hang with people who don't give a fuck about life, that's what you'll be. But if you hang with people who do care, then they'll wear on you.

This young man had been HIV-tested one month prior to the interview. He told us that he and friends were drinking and watching MTV one night and saw a segment on HIV. He couldn't recall the specifics of what they saw, but he said “it spooked us.” He and a friend decided that night to go to a free clinic together to be tested. When asked earlier in the interview whether he likes wearing condoms, he responded,

Testing should be routine, just like breast exams.
24-year-old Latina

You have to address the guys. Women can be responsible for birth control, so men can be responsible for condoms.
23-year-old white male

Make people realize they have a responsibility to protect the next person.
25-year-old Latino

I saw an ad on TV. They were having sex and she asked if he brought anything. He said no, so she left. It worked, like a role model.
23-year-old Latina

“Hell, yeah, because you’re gonna last longer and I don’t think guys know that. I hate myself sometimes because the stores were closed and I didn’t use one.” When talking about safe sex later in the interview he said, “In life you just take chances. Guys are ho’s just like girls.”

Based on what we learned from this diverse group of young people, we do not believe single strategies, messages or tactics will reduce HIV and STD infection rates among young people. Motivating safer sex behavior among American youth will be difficult because of the complexity of factors that shape sexual behavior.

Although the research finds strong evidence that young people have been educated about how to prevent HIV and other STDs, it also suggests that HIV prevention messages are failing to motivate safer sex behavior because they don’t resonate with the diversity of youth, their experiences and emotions. Young people know anyone can get HIV, they just don’t believe it will be them.

Although condoms are the primary defense against infection for sexually active young people, this study supports other studies in finding that condom use is inconsistent. Yet, unlike many other consumer products, condom manufacturers do not use television as a means of advertising their product and thus the opportunity to reach a mass audience of young people is lost.

There also needs to be greater focus on the use of condoms in all media portraying sexual relations. Young people need role models, be they celebrities, actors or rappers, who demonstrate to them how to negotiate and guarantee the use of condoms in intimate settings.

This research also suggests that the language of prevention messages must be consistent, spelled-out, thoroughly explained and not conflicting. Not all young people know what “anal sex” means and not all young people understand what the letters “STD” represent. Use of the phrase “safe sex” also suggests different things to young people. When asked what safe sex means to them, some young people say abstinence, while others associate the phrase with pregnancy prevention, AIDS, or condoms.

Some young people also say “there is no such thing as safe sex.” Even “HIV” is not a common usage among young people; correctly or not, they think and talk about the disease as “AIDS.” Furthermore, prevention messages encouraging safer sex behavior should be separate from those prevention

messages encouraging abstinence. Once young people become sexually-active the abstinence message appears to lose its credibility.

As it stands, young people either believe unprotected oral sex is safe, are not sure if it is safe, or believe the risks are minimal. Under any of these scenarios, both heterosexual and gay youth do not use condoms for oral sex. If public health officials want young people to change their oral sex behavior, then the HIV-prevention message must be reformulated and redelivered to young people.

As evidenced by the remarks of these young people, schools are playing a very important role in educating youth about sex and sexually-transmitted diseases, suggesting that school-based education should be extended. Yet, the research also suggests that health education curriculums and programs need to consider alternative methods for addressing student questions about sex-related subjects in a confidential and anonymous manner.

Creation of a national student sex education hotline, with a toll-free 800 number, could be one method for addressing students' personal questions. Another method would be to develop on-line chat rooms on national or regional levels. In the latter case, some of this is already happening, but there appears to be no monitoring of the information provided to determine whether the advice is sound or accurate.

Parents, particularly mothers, are an untapped resource in HIV prevention. Parents need to be encouraged to talk openly with their children about sex when their children are young and before they are sexually-active. We suspect, however, that today's generation of parents needs help in learning how to approach these topics with their children.

Physicians and health care providers are also an important group to enlist in HIV prevention. The frequent interactions that young women in particular have with physicians present routine opportunities for patient education and testing for STDs and HIV.

Finally, although the number of deaths from AIDS is decreasing, far greater attention needs to be given to informing young people that there is still an epidemic, that the number of STD and HIV infections is dramatically increasing and that they are the target. Their perceptions of being at risk need to be significantly heightened.

Because young people's sense of self-value and their reliance on trust underlie so much of their thinking and behavior, it is critical that we gain a greater understanding about the kinds of communications, images and tactics that can effectively alter their behavior and enhance their abilities to deal with difficult issues related to self-esteem and communications with partners.