

What Are They Thinking?

SOCIAL AND PERSONAL PRESSURES ON YOUNG PEOPLE'S
SEXUAL DECISIONS: REVIEW OF QUALITATIVE LITERATURE

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Executive Summary

As adolescent pregnancy rates continue their steep decline, youth rates of sexually transmitted infections (STIs) are climbing. What accounts for the discrepancy? One way to gain insight into this question is to ask young people themselves to describe the environmental context in which their sexual decisions occur. In 2019, ACT for Youth conducted a review of research literature that focused on the question: **What do adolescents and young adults have to say about the norms, attitudes, perceptions, and beliefs that impact their risk of STIs?** Limiting our inquiry to consensual sex, we searched for focus group, survey, and interview research, published January 2013-April 2019, to surface a wide range of responses that can inform our understanding of STI rates among youth. Note that in this review we found very little attention paid to young gay- or bi-identified women and transgender youth. Similarly, we located few discussions with young people of color who were not Black. The invisibility of these youth to research only increases their risk for poor sexual health.

Health is largely shaped by social forces. Our sexual health, seemingly so personal, is no exception: our decisions about when, with whom, and how to have sex are influenced and sometimes even dominated by factors beyond our control. To underscore the socio-ecological nature of sexual decision making, we have organized this report according to spheres of influence: our larger society, community settings, peers, families, relationships, and individuals.

Society

The adolescents and young adults who participated in the studies we reviewed often raised the impact of social mores and inequities in their lives. They recognized that structural racism and toxic stigmas—such as homophobia and sex negativity—operate to the detriment of their health. Likewise, they pointed out that many youth function within (and reproduce) the constraints of gendered expectations around sex and relationships. Young people acknowledged that culture and media, so prominent in their lives, spread these stigmas and expectations. On the other hand, young people also cited positive effects of media such as easy access to sexual health information.

Community Settings

Young people call out inequities and social stigma in community settings—including health care settings, neighborhoods, and educational settings—for their profound impact on sexual health.

Health care. Stigmas around sexuality, race, and STIs are at the root of significant barriers to sexual health services. When sexuality and sexual health are stigmatized, for example, confidentiality is critical, but many young people do not trust that confidentiality is assured in the health care setting or anywhere condoms can be obtained.

Confidentiality

Confidentiality is a dominant concern for young people seeking health care services or purchasing condoms. ACT for Youth conducted a separate literature review on confidentiality, published in 2018, that is available at the link below:

http://www.actforyouth.net/publications/results.cfm?t=rf_confidentiality_1118

Neighborhoods. One of the insidious ways that racism, homophobia, poverty, and community violence act on young people's lives is by breeding hopelessness, which in turn leads some youth to decide they need to experience any pleasure they can while they are still alive. A sense of fatalism may also lead to the belief that it is pointless to take any preventive measures, since life outcomes seem to be unalterable. In many communities, a lack of attractive, accessible developmental opportunities can influence sexual health. When there is nothing better to do, young people explained, they are more likely to have sex.

Education. Whether it is delivered in school or other community-based settings, we know that comprehensive sexual health education can make a difference. However, in the studies we reviewed, many young people dismissed their sexual health education as insufficient, irrelevant, or unreal to them.

Peers

Sexual attitudes, perceptions, and beliefs are also influenced by peer social environments and pervasive gender stereotypes. Double standards abound. Among some peer groups, there is social pressure to have sex, whether it is wanted or not. Young men are expected to have sex early and often. At the same time, attacks on sexuality are pervasive—directed primarily against females and males who are perceived to be gay or bi. Young women are pressured to have sex and frequently considered responsible for both pregnancy and STI prevention; they are also denigrated for doing so.

While friends can and do learn from each other in healthy ways, peer norms around sex often work against health. In some groups (not all), young people indicated their belief that their peers do not usually use condoms. Some youth described sex with near-strangers, often facilitated by dating apps or social media, as a norm for their peer group. We found little evidence that conversations about sexual history and safer sex strategies are a prerequisite for sex. Many youth noted that among their peers, alcohol played a role in impulsivity around sex and willingness to take greater risks. For some participants, transactional or survival sex—often condomless—was a part of life in their peer group.

Families

Parents are highly influential when it comes to their children's decisions about sex—whether those children are adolescents or young adults. In the studies we reviewed, some young people stated that fear of their parents' judgment propels certain unsafe behaviors (e.g., not seeking services for fear that their parents will find out they are having sex). On the other hand, young people said having a family member who is open and supportive about sexuality helped them make healthy choices. Parents' discomfort with talking about sexuality means that useful conversations about sex are rare, although their children want these conversations and are looking for positive role models. Young men who have sex with men (MSM) indicated that their parents' homophobia and rejection are factors in their own unsafe behaviors.

Partners and Relationships

Trust is a driver of condomless sex. While young people said they are more likely to use condoms in casual sexual encounters, they perceive little need for condoms as a relationship grows. Condomless sex is also seen as a way to build, signal, or maintain trust. Many young people see condomless sex

as more intimate and romantic. Partner preferences influence the choice to use or not to use a condom, and power dynamics, especially between dominant males and vulnerable females, were cited as a reason for unsafe sex.

The timing of sex also influences condom use. Unplanned sex is often unsafe sex. However, young people do have strategies for safer sex, and some youth reported that they have inflexible rules about condom use.

Individuals

These studies revealed that across youth populations, many young people do not see themselves as personally at risk of STIs. To the extent that they are concerned about sexual and reproductive health, fear of unwanted pregnancy dominates. STIs are not as threatening as pregnancy in part because many young people believe they can accurately assess for themselves whether a potential partner has an infection. Some youth do, of course, perceive the risk, but decide that the benefits are worth taking that chance.

Some youth pick a single strategy for staying healthy, rather than using all the tools available to them. Young people reported testing *instead of* using condoms or felt they did not need services because they were using condoms. In study after study, young people expressed the view that using condoms was mostly about pregnancy prevention. Some individuals did not see the need for condoms because they or their partner would not get pregnant (due to use of other birth control, or because it was a same-sex relationship); others saw condoms as back up for their birth control.

Many young people believe that condoms make sex worse. Unsurprisingly, a nationally representative survey of heterosexual youth found a correlation between condom non-use and the belief that condoms reduce pleasure. What may be more startling is that this association was stronger than any other sociodemographic, sexual history, or psychosocial factor explored in the study (Higgins & Wang, 2015). Adolescents also commonly cited a lack of comfort with using condoms, feeling that they don't know how to use them correctly.

Young people cited alcohol (and, perhaps to a lesser extent, other drugs) as a reason for unintentional sexual risk-taking. Drugs and alcohol are also used to self-medicate among young people who have internalized stigma. Youth, especially young men who have sex with men, frequently cited a lack of self-love as a force underlying risky sexual behavior.

Conclusion

This report documents the voices of young people telling us that broad social forces critically impact their ability to maintain sexual health. Sexual decision-making occurs within the contexts of our wider society's historical and prevailing gender norms, the youth-friendliness of health care settings, a parent's comfort with discussing sex, partner's condom preferences, and individual's feelings of trust and passion. While no single intervention offers the solution, we can all take responsibility for interrupting these norms and social forces to change the script of sexual engagement and create the conditions for positive sexual health.

Introduction

As adolescent pregnancy rates continue their steep decline, youth rates of sexually transmitted infections (STIs) are climbing. What accounts for this discrepancy? We know that sexual risk behaviors are affected by a myriad of forces: risk and protective factors are well established. But what is happening now—what are the pressures on young people’s decisions about sex that might be leading to these contrasting trends?

One way to gain understanding of the larger environment in which sexual decisions are made is to ask young people themselves. In 2019, ACT for Youth conducted a review of research literature that focused on the question: **What do adolescents and young adults have to say about the norms, attitudes, perceptions, and beliefs that impact their risk of STIs?** We searched Web of Science, SCOPUS, and PsychInfo databases for focus group, survey, and interview research published 2013 - April 2019. We limited our inquiry to consensual sex (with the exception of references to survival sex and one study involving both consensual and nonconsensual sex among teen gang members). Because of high STI rates within their communities, we performed separate searches for studies involving young people of color and men who have sex with men (MSM).

While a few relevant risk and protective factors are included in this report, we did not attempt a comprehensive review of these factors. Instead, we sought to **understand how young people describe and explain their own and their peers’ STI risk.** We have learned that young people understand their sexual health to be influenced and constrained by forces at the levels of society, community, family, peer, and partner, in addition to their individual biology and development. We have used this socio-ecological framework to organize this report.

Many of the points raised by youth participants in these studies are actionable. Our hope is that by hearing what young people have to say about sexual decision making—especially in the context of rising rates of sexually transmitted infections—policymakers and practitioners will better understand where to focus their prevention efforts.

Reading this Report

The project’s overarching goal was to inform our understanding of the high STI rates youth are experiencing by **surfacing a wide range of norms, attitudes, perceptions, and beliefs from diverse groups of adolescents and young adults.** In reading this report, it is important to keep in mind that while we have often noted the race, sexual orientation, or other demographics of individuals who endorsed an idea, **the statements should not be read as representative of the indicated population.** Rather, they are attitudes and beliefs that were expressed by individual young people in focus groups, interviews, or surveys.

Also note that throughout this report, **first person statements summarize points expressed by young people but are not necessarily direct quotes. When a study participant is quoted directly, quotation marks are used.**

* Attitudes, beliefs, and practices that support sexual health are marked with an asterisk.

“[Men are] expecting this stuff from us because celebrities are saying it; some people might feel pressured to do certain things because of the music.”

- Black college student, woman (Chandler et al., 2016)

“People can be more open, not have to hide anymore and be afraid.”

“We see it on TV...it’s not a forbidden topic there.”

“They should make a TV show about safer sex.”

- Teens (Herrman et al., 2017)

“Society needs to make it more normal so to those kids who feel like they can’t come out, it’s easier for them, and then [they] will talk to someone about safer sex.”

- Young adult male (LaSala et al., 2016)

Research Findings

Society

Summary. The adolescents and young adults who participated in the studies we reviewed often raised the impact of social mores and inequities in their lives. They recognized that structural racism and toxic stigmas—such as homophobia and sex negativity—operate to the detriment of their health. Likewise, they pointed out that many youth function within (and reproduce) the constraints of gendered expectations around sex and relationships. Young people acknowledged that culture and media, so prominent in their lives, spread these stigmas and expectations. On the other hand, young people also cited positive effects of media such as easy access to sexual health information.

Note that bulleted statements summarize points expressed by study participants; they are not direct quotes unless quotation marks are used.

- The themes of stigma, racism, and homophobia run through many of these studies, and are discussed more concretely below in the sections on community settings, peers, families, relationships, and individuals. However, note that in this review we found very little attention paid to young gay- or bi-identified women and transgender youth. Similarly, we located few discussions with young people of color who were not Black. The invisibility of these youth to research only increases their risk for poor sexual health.
- Male dominance and traditional gender roles that are prominent in our larger society affect the way we see ourselves and act with each other, often to the detriment of sexual health [see Peer Level, below] (*Black college women: Chandler et al., 2016; teen gang members: Dickson-Gomez et al., 2017; Latinx teens: Velazquez et al., 2017; teens: Herrman et al., 2017; Templeton et al., 2016; young men who have sex with men [YMSM]: LaSala et al., 2015; homeless females: Barman-Adhikari et al., 2017*).
- The prominence of media means...
 - I have easy access to information through the internet, including websites about safer sex (*teens: Herrman et al., 2017*).
 - Channels for certain populations (such as LGBTQ people) give helpful information and connection (*teens: Herrman et al., 2017*).
 - Shows such as those that follow teen mothers tell us what it's like and give useful information (*teens: Herrman et al., 2017*).
 - However, media, music, and pornography can create expectations about sex that do not always support healthy attitudes, beliefs, and behaviors (*Black college women: Chandler et al., 2016; Latinx youth: Eversole et al., 2017; teens: Templeton et al., 2016*).
- Society has made me aware of the problems with early/unplanned pregnancy, but STIs don't seem so important (*male college students: Breny & Lombardi, 2016*)

“You never know when you may catch a bullet, fist, stick, or knife. This shit is crazy and I am supposed to worry about an STD or HIV?”

- Black college student (Edwards et al., 2017)

“I understand that it’s a horrible disease, but we [African American community] make it so that we don’t want to tell anybody that we’re at risk. We don’t want to go to the clinic and be like ‘I need to get tested,’ because of the way we are taught about it...It’s almost like you’re a leper.”

- Black college student, woman (Chandler et al., 2016)

“Society needs to make it more normal so to those kids who feel like they can’t come out, it’s easier for them, and then [they] will talk to someone about safer sex.”

- Young gay man (LaSala et al., 2015)

“...You’re just taking the pill for nothing. If God wants you to have a baby, He’ll let you have a baby. If He doesn’t, He won’t let the miracle happen.”

- Young woman, homeless (Kennedy et al., 2015)

Community Settings

Summary. Young people call out inequities and social stigma in community settings—including health care settings, neighborhoods, and educational settings—for their profound impact on sexual health.

Health care. Stigmas around sexuality, race, and STIs are at the root of significant barriers to sexual health services. When sexuality and sexual health are stigmatized, for example, confidentiality is critical, but many young people do not trust that confidentiality is assured in health care settings or anywhere condoms can be obtained.

Neighborhoods. One of the insidious ways that racism, homophobia, poverty, and community violence act on young people’s lives is by breeding hopelessness, which in turn leads some youth to decide they need to experience any pleasure they can while they are still alive. A sense of fatalism may also lead to the belief that it is pointless to take any preventive measures, since life outcomes seem to be unalterable. In many communities, a lack of attractive, accessible developmental opportunities can influence sexual health. When there is nothing better to do, young people explained, they are more likely to have sex.

Education. Whether it is delivered in school or other community-based settings, we know that comprehensive sexual health education can make a difference. However, in the studies we reviewed, many young people dismissed their sexual health education as insufficient, irrelevant, or unreal to them.

Stigma in My Community

- There is a lot of stigma/judgement in my community around these issues.
 - I fear the stigma around STIs in my Latinx community (*Latinx college students: Thomas et al., 2015*).
 - I don’t know much about HIV, but I know the social consequences of getting it are terrible (*reservation-based American Indian teens: Chambers et al., 2016*).
 - “It’s almost like you’re a leper” in the African American community if you have an STI – community stigma prevents us from seeking services (*Black college students, women: Chandler et al., 2016*).
- Stigma against me increases my risk of STIs/HIV.
 - Homophobia increases my risk (*Black and Latino MSM in NYC: Murray et al., 2018*).
 - I need to hide my sexuality from family and everyone I know, so I have sex in hidden places—e.g., parks at night (*MSM: Murray et al., 2018*).

When young people believe they have the support of their communities, they are less likely to engage in risky sexual behavior. However, many LGBTQ youth believe they do not have that support.

(Miller et al., 2018)

“I don’t care about anything except what I want. I know that sounds selfish! It’s dope when you can live life the way you want while you’re here. I know too many friends that are gone. They are dead!! Almost every week, every day, somebody gets killed or hurt real bad in a fight or something. I need to get mine now! Sex helps you get through the day and deal with stress.”

- Young adult (Edwards et al., 2017)

“I thought when I first had that [chlamydia] since I got the medicine, it would work for a long time... I didn’t know it would stop working and you could get it again; I thought it would work for a long time.

- Black teenage girl (Craft-Blacksheare et al., 2014)

“I gained the courage to go buy condoms at a local drug store... [After] I pressed the button, the music turns down and a voice [over the intercom] says, ‘Help assistance at family planning.’ It felt like everybody was looking at my aisle and I’m thinking, ‘Oh, God.’”

- Black college woman (Chandler et al., 2016)

“People don’t go in there [school clinic]...people are nosey and ask why are you going in there.”

“They are co-workers with the teachers, I worry about them hearing my business.”

- Teens (Herrman et al., 2017)

- Police violence against people like me—and other forms of violence against me and deprivation in my community—make me feel hopeless. I've got to take happiness now because I may not have a future – fatalism associated with community violence (*Black youth and young adults: Edwards et al., 2017; Jones et al., 2017*).

Religious Communities

- My religion says that I'm going to hell. I'm not going to escape that, so why should I use condoms? (*Shame leading to fatalism among YMSM: Garcia et al., 2016*).
- "If God wants you to have a baby..." there's nothing you can do to prevent it (*fatalism leading to passivity among homeless youth: Kennedy et al., 2015*).

Health Care Settings

- I don't trust my campus health center—I think the clinical staff will judge me if I go in for sexual health care services (*college students: Chandler et al., 2016; Mitiguy, 2018*).
- I don't want to purchase condoms, emergency contraception, or pregnancy tests because I'm afraid of being judged by others in my community (*Black college women: Chandler et al., 2016*). I am embarrassed or afraid to buy condoms because I may be judged (*reservation-based American Indian teens: Chambers et al., 2016; YMSM: Mustanski et al., 2014; Latinx college students: Thomas et al., 2015; Asian-Indian college students: King et al., 2014*).
- If I get tested, everyone will know my business (*Black youth and young adults: Edwards et al., 2017*).
- I don't want to get health care from someone who makes all kinds of assumptions about me (*young men of color: Marcell et al., 2017*).
- I don't know where to go for services (*teens: Herrman et al., 2017*).
- I want to be able to get health care from someone I can relate to and who can understand me—someone who speaks Spanish, someone from my own race (*young men of color: Marcell et al., 2017*).

Stigma at the community level increases risk. For example, anti-gay stigma and racism are factors leading to high rates of homelessness among young, black MSM. Housing and food insecurity may motivate young people to engage in transactional sex—and condomless sex is valued more highly than safer sex.

(Barman-Adhikari et al., 2017; Begun et al., 2019; Camacho-Gonzalez et al., 2016; Garcia et al., 2016; Rana et al., 2015)

Health care providers are nearly three times more likely to raise the issue of talking to a partner about sexual health and condoms with their white female patients than patients of other racial and ethnic groups.

Providers' patterns of STI testing also vary by race and ethnicity.

(Cipres et al., 2017)

“No one teaches lesbian teens about stuff like that.”

“I didn't even know dental dams were
even a thing.”

- Lesbian or bisexual teens (Doull et al., 2018)

“Kids are doing it before they are learning about it.”

“Sometimes knowledge about STDs and pregnancy
stops people from having sex.”

- Teens (Herrman et al., 2017)

“I didn't even really learn about STIs [in high school] ...
our main thing was like pregnancy...”

- College man (Breny & Lombardi, 2016)

“Actually they did, they did teach some [about HIV] in
school in biology. It was just a one day thing – we
watched a video on it, it wasn't taken as serious.”

- Young man (Camacho-Gonzalez et al., 2016)

“They need to have more things to do to have their mind
occupied.”

“The more money you have, the more you can do
...those of us who don't have money
can't find anything else to do.”

- Teens: (Herrman et al., 2017)

- I'm worried that services aren't confidential; they'll tell your parents, or your partner will find out (*teens: Herrman et al., 2017—authors note that confidentiality was one of the issues most commonly raised in this focus group study*).

Schools and Sex Education

- Homophobia is rampant in my school, so I can't get the information/services I need (*LaSala et al., 2015*).
- Sex education in high school emphasized abstinence and pregnancy prevention—I didn't learn much about STIs then (*males: Breny & Lombardi, 2016; Black youth: Camacho-Gonzalez et al., 2016*).
- Sex education is insufficient or irrelevant.
 - "Everybody thinks maybe it's all BS what they teach us in health class - that maybe you can pull out and it won't affect us" (*youth in care: Ahrens et al., 2016*).
 - It didn't seem real. "It was just class work, it's not serious" (*Black youth: Camacho-Gonzalez et al., 2016*).
 - I didn't even know you could get an STI from sex with another woman (*teen women who have sex with women [WSW]: Doull et al., 2018*).
 - Sex education that only focuses on the consequences of sex does not resonate. Teens recommend that sexual health education focus on relationships, facts, and preparation (*teens: Herrman et al., 2017*).
- Sex education is sexist: "Everything is the girl's responsibility" (*teens: Herrman et al., 2017*).
- *Sex education helps: "Sometimes knowledge about STDs and pregnancy stops people from having sex." "I'd rather my kids be educated and safer instead of uneducated to where they are not safer" (*teens: Herrman et al., 2017*).
- *Use mentors and peer educators and "people who just went through what we are going through...like 22-years-old people" (*teen recommendation: Herrman et al., 2017*).
- *Condoms and other services should be available in schools (*teen recommendation: Herrman et al., 2017*).

A large (n=11,681) study of Florida high school students found that condom education predicted condom use; however, this did not hold true for students who are sexual minority males—likely because they could not relate to sex education offered in their schools.

(Rasberry et al., 2018).

Lack of information at school associated with condom non-use.

(Arrington-Sanders et al., 2016)

Opportunities in My Community

- There is nothing to do around here—that's one reason people have sex. The only interesting activities cost money or are otherwise inaccessible (*teens: Herrman et al., 2017*).

“If you are a girl and you have sex with a person, you’re a ho, if you’re a boy nobody cares.”

- Teen (Herrman et al., 2017)

“Man, whenever you feel like having sex, they gotta do it. They can’t say no. It’s always gotta be yes, especially if they’re our gang chicks, you know what I mean.”

“There were a few times like I just be sitting there watching TV with them. Next thing I know, they start taking their clothes off. I ain’t got no choice. I am a boy.”

- Latino/African American teen gang members, male (Dickson-Gomez et al., 2017)

“If people were to hear that one was taking medications to help prevent, some people would think that the person was risky—have risky behavior. Some people may think that the person’s a whore or a hoe or a escort, that they’re gay off-the-bat.”

- Black gay man, age 22, on keeping the fact that he uses PrEP private (Garcia et al., 2016)

Peers

Summary. Sexual attitudes, perceptions, and beliefs are also influenced by peer social environments and pervasive gender stereotypes. Double standards abound. Among some peer groups, there is social pressure to have sex, whether one wants to or not. Young men are expected to have sex early and often. At the same time, attacks on sexuality are pervasive—directed primarily against females and gay or bi males. Young women are pressured to have sex and frequently considered responsible for both pregnancy and STI prevention; they are also denigrated both for having sex and being prepared to have sex.

While friends can and do learn from each other in healthy ways, peer norms around sex often work against health. In some groups (not all), young people indicated their belief that their peers do not usually use condoms. Some youth described sex with near-strangers, often facilitated by dating apps or social media, as a norm for their peer group. We found little evidence that conversations about sexual history and safer sex strategies are a prerequisite for sex. Many youth noted that among their peers, alcohol played a role in impulsivity around sex and willingness to take greater risks. For some participants, transactional or survival sex—often condomless—was a part of life in their peer group.

Stigma Among Peers: Homophobia, Gender, Sexuality

- My gay friends are homophobic and stigmatize sex. I keep my use of PrEP secret so that I don't get a reputation. "Some people may think that the person's a whore or a hoe or a escort, that they're gay off-the-bat" (*Garcia et al., 2016*).
- Hostility from peers makes it impossible for me to come out, so I don't get the information and services I need (*YMSM: LaSala et al., 2015*).
- Women with condoms are viewed as promiscuous (*Breny & Lombardi, 2016; Chandler et al., 2016; Fehr et al., 2015; Mitiguy, 2018*), which likely impacts their willingness to obtain and use condoms.
 - Pervasive double standard: "If you are a girl and you have sex with a person, you're a ho, if you're a boy nobody cares" (*teens: Herrman et al., 2017; also Templeton et al., 2017*).
- I don't always want to have sex, but girls are supposed to be sexually available, and guys are supposed to want sex all the time, so we do it whether we want to or not (*Black and Latinx teen gang members, both male and female: Dickson-Gomez et al., 2017*).
- Transactional/survival sex is common among some in my community (*Black males: Camacho-Gonzalez et al., 2016; raised by researchers regarding homeless and YMSM groups: Barman-Adhikari et al., 2017; Begun et al., 2019; Garcia et al., 2016; Rana et al., 2015*).
- Safer sex is the responsibility of...
 - Women
 - Women should be responsible for providing contraceptives (*expressed by both male and female college students: Breny & Lombardi, 2016; Chandler et al., 2016; Mitiguy, 2018; teens: Herrmann et al., 2017*). However, women

“Your friends tell you it’s the thing to do.”

“Go to friends...some kids are too scared to talk to their parents about it.

- Teens (Herrman et al., 2017)

“I view condoms as important. But many gay guys don’t use them (like 40% do, I think) because they cost a lot and we can’t get pregnant from gay sex, and they don’t know too much about STDs. It would help if they were easier to get and a lot cheaper too!”

- 16 year old gay male (Mustanski et al., 2014)

“Guys like younger girls...they’re okay with everything a guy tells them.”

- Teen (Herrman et al., 2017)

“A very low percentage [use condoms]. For example, I would be extremely embarrassed to ask for them, and wouldn’t even know where to get them (I think they’re sold in vending machines! And pharmacies). Also, some don’t know how to use them properly and would feel awkward using them.”

- 14 year old MSM (Mustanski et al., 2014)

- are judged more negatively than men when they provide condoms (*college students: Fehr et al., 2015; and see “stigma” below.*)
- Men can’t be trusted to be responsible for contraception (*college women: Chandler et al., 2016.*)
- Women are responsible for negotiating condom use, even though men are more likely to bring condoms (*college students: Fehr et al., 2015.*)
- Men
 - Men should provide condoms because there is a stigma against women obtaining condoms (*female college students: Mitiguy, 2018.*)
- Shared (*college males: Breny & Lombardi, 2016.*)

Peer Norms

- Having sex helps you fit in better—there is social pressure to start having sex (*reservation-based American Indian teens: Chambers et al., 2016; Black and Latinx teen gang members: Dickson-Gomez et al., 2017 [note that the pressure was not necessarily from within the gang]; teens: Herrman et al., 2017; teen males: Templeton et al., 2016.*)
- Condomless sex is a norm among my peers (*African American MSM: Arrington-Sanders et al., 2016; Kelly et al., 2015; gay- and bi-identified teen males: Mustanski et al., 2014; young Black males: Jones et al., 2017.*)
- Having multiple partners is a norm among my peers (*young Black men: Camacho-Gonzalez et al., 2016; YMSM: Cuervo & White, 2015.*)
- It’s good for me to have a reputation as someone who has a lot of girlfriends (*reservation-based American Indian teens: Chambers et al., 2016; Black and Latinx teen gang members: Dickson-Gomez et al., 2017; teens, especially males: Herrman et al., 2017; older teen males: Templeton et al., 2016; male college students: Mitiguy, 2018.*)
- People don’t usually talk about their HIV status before having sex (*young Black men: Camacho-Gonzalez et al., 2016.*)
- I would disclose my sexual history to a partner if they did it first (*college students: Reynolds-Tylus et al., 2015.*)
- Sex with strangers, or people we don’t know well, is common among my peers (*young Black men: Camacho-Gonzalez et al., 2016; YMSM: Garcia et al., 2016; Murray et al., 2018; college students: McLaurin-Jones et al., 2017.*)
- If I meet someone through a dating app and make a date to have sex, we usually don’t use condoms—even though we perceive the risk to be high (*sexually experienced teen MSM: Macapagal et al., 2018; YMSM: Fields et al., 2017.*)
 - Using dating apps and social media to meet partners is common (*young Black males: Camacho-Gonzalez et al., 2016; sexually experienced teen MSM: Macapagal et al., 2018.*)

“The guy rushes into it, but it’s usually the female that says, hey, stop, I’ll make that final decision [about condom use].”

- American Indian teen male (Chambers et al., 2016)

“Like say, she drinks, she has sex, she doesn’t remember, then she drinks again, and she has sex, she doesn’t remember, it just goes on and on. Until she gets caught, until she gets pregnant.”

- American Indian teen female (Chambers et al., 2016)

“Because nobody is using protection. They don’t care about it. They’re young and stupid. I know from experience when I tell people about my status, they don’t care, they still want to go ahead.”

- Young adult male (Camacho-Gonzalez et al., 2016)

“My opinion is the internet makes meeting new people so convenient and I think alcohol and drug usage is another contributing factor as to why people don’t take proper precaution and are kind of careless in the activities they engage into. All of our phones are internet capable. We are constantly on our phones. Text messaging allow[s] us to connect with people a lot quicker. You’re kind of just meeting people for hook ups just because it’s quick and easy.”

- Young male, HIV positive (Camacho-Gonzalez et al., 2016)

- I believe HIV is spreading because... (*Black adolescents and young adults, including some HIV+*: Camacho-Gonzalez et al., 2016):
 - Social media and dating apps facilitate having more sex, including having more sex with people you've just met
 - Urge for immediate gratification
 - Using drugs and alcohol
 - Lack of concern about HIV
- *Friends can help by sharing information and advice: "Friends should ask their friends if they are having sex...if they are using protection...did you get tested...I think good friends would ask those questions." (teens: Herrman et al., 2017). Friends learn from each other's mistakes (*Black college women*: Chandler et al., 2016).
 - But also... "They go to their peers and they get a lot of wrong ideas from them about sex" (teens: Herrman et al., 2017; also in Templeton et al., 2016).
- Group sex is the norm, and it's not always consensual (*Black and Latinx teen gang members*: Dickson-Gomez et al., 2017).

“Like if you have that special bond with your parents...if you’re having sex...you can ask them for advice.”

“Some parents don’t care...kids find other resources...sometimes it leads to wrong choices.”

“The sneaky ones are the ones that have parents who don’t let them do anything.”

“Stay involved...support them and motivate them to do better.”

“In my family, the male desire is always important to women, so they try to please the man any way possible.”

- Teens (Herrman et al., 2017)

“I felt lonely [and] sought older men’s [sexual] company. ... [I] didn’t really think about condoms, not much mattered. I was confused because I don’t know if I want to be with somebody, or don’t want to be with anybody, because I just hate being alone. Because I don’t have no parents, no family.”

- Young gay-identified man (Garcia et al., 2016)

Families

Summary. Parents are highly influential when it comes to their children’s decisions about sex—whether those children are adolescents or young adults. In the studies we reviewed, some young people stated that fear of their parents’ judgment propels certain unsafe behaviors (e.g., not seeking services for fear that their parents will find out they are having sex). On the other hand, young people said having a family member who is open and supportive about sexuality helped them make healthy choices. Parents’ discomfort with talking about sexuality means that useful conversations about sex are rare, although their children want these conversations and are looking for positive role models. Young men who have sex with men indicated that their parents’ homophobia and rejection are factors in their own unsafe behaviors.

- My parents influence my decisions about sex (*Latinx youth: Eversole et al., 2017; Velazquez et al., 2017; teens: Herrman et al., 2017; teen girls: Templeton et al., 2017; younger teens: Tschann et al., 2017; Latinx teens: Velazquez et al., 2017*).
 - An open, communicative relationship with parents can foster positive practices (*teens: Herrman et al., 2017; Latinx teens: Velazquez et al., 2017*).
 - Being strict backfires (*teens: Herrman et al., 2017*).
 - Being distant or absent doesn’t work either (*teens: Herrman et al., 2017*).
- We need positive role models (*teens: Herrman et al., 2017*).
- If I obtain condoms, my parents could find them (*reservation-based American Indian teens: Chambers et al., 2016; teen MSM: Mustanski et al., 2014*).
- My parents didn’t talk to me about sex, or just used scare tactics or negative messages (*Black college women: Chandler et al., 2016; teens: Templeton et al., 2016*).
- No family member ever talked to me about STIs (*Asian-Indian college students: King et al., 2014*). My family raised me to be wary of pregnancy, but not STIs (*male college students: Breny & Lombardi, 2016*).
- It’s too difficult to talk to my parents about sex because they don’t approve/don’t know/can’t relate to my sexuality (*YMSM: Arrington-Sanders et al., 2016; LaSala et al., 2015*).
- I can’t form a serious relationship, because my family would not accept that I have a boyfriend. Therefore I have more sex with strangers (*YMSM: Garcia et al., 2016; Murray et al., 201*).
- My family rejected me. I take the risk of condomless sex so that I can feel desirable and loved (*YMSM: Garcia et al., 2016*).
- *I have a family member who supports my sexual health (*YMSM: Arrington-Sanders et al., 2016; Black college women: Chandler et al., 2016*).

Young people are coming out at earlier ages than previous generations—at a time when they are still dependent on their families. Coming out at an early age makes them more vulnerable to bullying, being pushed out of the house, and internalizing homophobia. In turn, each of these vulnerabilities puts young people at greater risk of STI/HIV (Russell & Fish, 2019)

“I had every right to believe I was the only one.”

- Black college student, man (Pass et al., 2016).

“I think it was in the beginning when we first started having sex. I was very big on condom use. But, I think getting comfortable with him kind of like has made me shy away from it. So, I don’t really care as much as I did before. But, it’s just because now I’m very comfortable. I’m not saying that’s a good thing at all, but yeah. It has changed.”

- Black college student, woman (McLaurin-Jones et al., 2017)

“I personally want to continue using condoms until maybe 2 or 3 years after being married. It’s basically all about how much you trust your partner.”

- Teen MSM (Mustanski et al., 2014)

Partners and Relationships

Summary. Trust is a driver of condomless sex. While young people said they are more likely to use condoms in casual sexual encounters, they perceive little need for condoms as a relationship grows. Condomless sex is also seen as a way to build, signal, or maintain trust. Many young people see condomless sex as more intimate and romantic. Partner preferences influence the choice to use or not to use a condom, and power dynamics, especially between dominant males and vulnerable females, were cited as a reason for unsafe sex.

The timing of sex also influences condom use. Unplanned sex is often unsafe sex. However, young people do have strategies for safer sex, and some youth reported that they have inflexible rules about condoms.

Condoms, Trust, and Relationship Status

- Trust: I have been with my partner for a while, and I trust them, so we don't use condoms/barriers anymore (*youth in care: Ahrens et al., 2016; Black youth: Bell et al., 2018; Edwards et al., 2017; teen WSW: Doull et al., 2018; teens: Ewing & Bryan, 2015; homeless youth: Kennedy et al., 2015; Rana et al., 2015; college students: McLaurin-Jones et al., 2017; Pass et al., 2016; Tracas, 2015; teen MSM: Mustanski et al., 2014*).
 - Condomless sex is more intimate, so I reserve it for closer, romantic relationships (*YMSM: Goldenberg et al., 2014*).
 - Condomless sex may be part of building trust with my partner (*YMSM: Goldenberg et al., 2014*). *If I use a condom, my partner might take it as a lack of trust (Asian-Indian college students: King et al., 2014; heterosexual teens: Templeton et al., 2016)*.
 - If I'm falling in love, I'm more likely to take a risk (*YMSM: Goldenberg et al., 2014*).
 - Condomless anal sex is a sign of commitment (*YMSM: Goldenberg et al., 2014*).
 - As my relationship progressed, I switched from condoms to more effective birth control (*college student: Mitiguy, 2018*).
 - I would/do use condoms with casual partners, but would not/do not with serious partner (*teen MSM: Arrington-Sanders et al., 2016; Mustanski et al., 2014; homeless youth: Begun et al., 2019; college students: Lefkowitz et al., 2018; McLaurin-Jones et al., 2017*).
 - If we had an agreement to be monogamous, we would probably stop using condoms. (*teen MSM: Mustanski et al., 2014*). *If we're talking about exclusivity, we're less likely to use condoms (college students: Tracas, 2015)*.

For teens, most sex occurs within the context of a romantic relationship.

(Ewing & Bryan, 2015)

Among heterosexual teens, females and younger males initiate sex out of a desire for greater intimacy, trust, and emotional support. Older males are more likely to cite arousal, curiosity, and social status as reasons for initiating sex, though older males also value emotional connection.

(Templeton et al., 2016)

“I could trust him ... I believed I could until I saw what I saw ... I think the pattern is very common ... when [people] feel like they love someone so much they are willing to risk life itself for that person knowing what this person's status is or knowing their situation ... Sometimes people let love conquer them and not their relationship.”

- Young adult male (Goldenberg et al., 2014)

“He tells you we are not using condoms, don't take your birth control...if you get pregnant I'll be there for you...but that's not the way it turns out.”

- Teen (Herrman et al., 2017)

“...she just offered the condom. She was like, 'Here.' I was like, 'Alright.' I have no problem with it. If anything, I think she's helping me.”

- 17 year old male, homeless (Kennedy et al., 2015)

“She had sex with him because she didn't want to lose him.”

- Teen focus group participant (Herrman et al., 2017)

- My feelings of attachment fluctuate within a given relationship, and so does my sense of sexual risk (YMSM: Goldenberg et al., 2014). However, among Black teen women, perception of STI risk with main partner was fairly stable even as feelings within the relationship changed (Matson et al., 2014).

Partner Preference

- My partner's preference influences whether we use condoms or not (*homeless youth: Kennedy et al., 2015*).
 - Females feel pressure from males to forgo condoms (*homeless youth: Barman-Adhikari et al., 2017; teens: Herrman et al., 2017*).
 - My partner does not want to use condoms (*Asian-Indian college students: King, 2014*).
 - *My partner's attitude toward condoms made me more comfortable with using them (YMSM: Arrington-Sanders et al., 2016; *homeless youth: Kennedy et al., 2015*).

Power Dynamics and Fear of Rejection

- If I'm less emotionally connected, I feel more in control—so those partners seem both physically and emotionally safer (YMSM: Goldenberg et al., 2014). Note that in the same study, some men felt the opposite: they equated less emotional connection with higher risk.
- I don't want to ask about using condoms for fear of losing the relationship (*college students: Fehr et al. 2015; Reynolds-Tylus et al., 2015; teens: Herrman et al., 2017*).
- I don't want to talk about HIV status for fear of rejection (*youth of color: Camacho-Gonzalez et al., 2016*).
- "Guys like younger girls...they're okay with everything a guy tells them" (*teens: Herrman et al., 2017*).
- Girls "can't say no. It's always gotta be yes"—to a male with high status (*Black and Latinx teen gang members: Dickson-Gomez et al., 2017*).
- I may not have the power or feel comfortable enough to ask for condom use (*reservation-based American Indian teens: Chambers et al., 2016; Latina adolescents: Cipres et al., 2017; college students: Reynolds-Tylus et al., 2015; Black high school students: Zhao et al., 2017*). If I'm in control in the relationship, we're not always going to use condoms (YMSM: Cook, Halkitis, & Kapadia, 2016; *young Black heterosexual men: Hicks et al., 2017*).

*Those who discussed condom use with a partner were more likely to report that condoms enhance pleasure, and those who experienced enhanced pleasure were more likely to use condoms.

(Crosby & Mena, 2017)

Planning, Timing, and Spontaneity

- If sex is spontaneous or I didn't mean it to go that far, I usually would not use a condom (*teen MSM: Arrington-Sanders et al., 2016; Mustanski et al., 2014; Black heterosexual youth: Edwards et al., 2017*). It's hard to prepare for the moment when I don't know when or where it will be (*homeless youth: Rana et al., 2015*).

“When it just happens it’s more because you’re in the moment. You don’t mean for it to carry on that far, but it did, so you’re not as careful as when you may plan it. When it’s planned, you always have condoms and such.”

- 15 year old MSM (Mustanski et al., 2014)

“Because, in a lot of cases love just happens. Like I said, then you forget and live in the moment.”

- 16 year old teen MSM (Mustanski et al., 2014)

“For me, I have to discuss [my HIV+ status] with people before I have sex with them. That would weigh very heavy on my heart; I couldn’t [not tell them].”

- Young adult male (Camacho-Gonzalez et al., 2016)

“Half the battle is bringing it up.”

- College student, male (Reynolds-Tylus et al., 2015)

“If we’re having a sexual conversation that’s one of the main things that I say that I need, like just to like have a STI test done. Thank God we have OraQuick. So if you just say, ‘Oh, well I’ve got to go to my doctor,’ no, because we could go to Walgreen, Target, anywhere that has OraQuick and just take the test, it’s like kind of pricey but still it’s like my life.”

- Black college student, woman (McLaurin-Jones et al., 2017)

“I already knew she didn't have anything...I'd seen her paperwork.”

- Young man, homeless (Kennedy et al., 2015)

- During casual sex, there's very little time for discussing condom use (*college students: Reynolds-Tylus et al., 2015*).

Having the Talk

- If we're already friends, we don't talk about condoms ("*friends with benefits*" relationships, *college students: Tracas, 2015*).
- I'm embarrassed/it's difficult to ask my partner to use condoms (*youth in care: Ahrens et al., 2016; Asian-Indian college students: King, 2014*).

Strategies for Safer Sex

- Among MSM couples who have a sexual agreement, most allow for limited sex with others, and *in these cases condoms are usually used with casual partners (*Cuervo & White, 2015*).
- *If it's casual sex, we're using a condom (*college women: McLaurin-Jones et al., 2017; Mitiguy, 2018; young Black women: Longmire-Avita & Oberle, 2016; Black teen females: Craft-Blacksheare et al., 2014*).
- *I always use condoms; the type of relationship doesn't change that (*young Black women: Longmire-Avita & Oberle, 2016*).
- *I have strategies for safer sex
 - Using condoms, asking partners about STIs and/or other sexual partners, limiting sexual partners, getting tested (*heterosexual adolescent & young adult females: Cipres et al., 2017*).
 - Direct communication about sexual health, HIV status; judging status based on social cues; limiting number of partners; limiting sexual behaviors to those perceived to be safer (*YMSM: Fields et al., 2017*).
 - Using condoms when in receptive position (*YMSM: Arrington-Sanders et al., 2016*).
 - I won't have sex unless my partner has been tested (*Black college women: McLaurin-Jones et al., 2017*). We are both tested frequently, so we don't use condoms (*college students: Pass et al., 2016; Black teen females: Craft-Blacksheare et al., 2014*).

Young Black women have higher rates of STIs than do young white or Latina women—even though young Black women:

- Have fewer sexual partners
- Have higher rates of condom use
- Are less likely to have anal sex

In many Black women's social networks, mass incarceration has reduced the number of Black men available as potential partners. Hence, Black women are more likely to partner with men who have multiple partners and/or an STI.

(Cipres et al., 2017)

“I just don’t see myself at risk for HIV. I know how the virus is transmitted and how to protect myself even when I don’t use a condom. Although, I often have unprotected sex occasionally with a few partners, I just don’t see myself at risk and neither do they. There are others things to be worried about.”

- Young adult (Edwards et al., 2017)

“So I just don’t think there’s an excuse, if you’re having sex, why not to get on birth control, because pregnancy is the biggest - I mean we’re afraid of STDS, AIDS, and all that, too, but pregnancies, like you said, abortions are expensive. You don’t want to go through that. You don’t want to go through the emotional stress.”

- Black college student, woman (McLaurin-Jones et al., 2017)

“That’s just me as an individual and I’m never scared to tell anybody, ‘Oh, pull out a condom or we will stop and you will go to CVS, Kroger...or whatever to find a condom.’”

- Black college student, woman (McLaurin-Jones et al., 2017)

“I don’t need no STDs, I don’t need HIV. Even though he probably was young and I knew he probably used condoms with females too, so I know we probably both was clean at the same time, though, but I’m overprotective a little bit. There’s things out here that you can’t get rid of, and I’m not with none of that.”

- Black teen MSM (Arrington-Sanders et al., 2016)

Individuals

Summary. These studies revealed that across youth populations, many young people do not see themselves as personally at risk of STIs. To the extent that they are concerned about sexual and reproductive health, fear of unwanted pregnancy dominates. STIs are not as threatening as pregnancy in part because many young people believe they can accurately assess for themselves whether a potential partner has an infection. Some youth do, of course, perceive the risk, but decide that the benefits are worth taking that chance.

Some youth pick a single strategy for staying healthy, rather than using all the tools available to them. Young people reported testing *instead of* using condoms or felt they did not need services because they were using condoms. In study after study, young people expressed the view that using condoms was mostly about pregnancy prevention. Some individuals did not see the need for condoms because they or their partner would not get pregnant (due to use of other birth control, or because it was a same-sex relationship); others saw condoms as back up for their birth control.

Many young people believe that condoms make sex worse. Unsurprisingly, a nationally representative survey of heterosexual youth found a correlation between condom non-use and the belief that condoms reduce pleasure. What may be more startling is that this association was stronger than any other sociodemographic, sexual history, or psychosocial factor explored in the study (Higgins & Wang, 2015). Adolescents also commonly cited a lack of comfort with using condoms or dental dams, indicating that they have had problems in the past or don't know how to use them correctly.

Young people cited alcohol (and, perhaps to a lesser extent, other drugs) as a reason for unintentional sexual risk-taking. Drugs and alcohol are also used to self-medicate among young people who have internalized stigma. Youth, especially young men who have sex with men, frequently cited a lack of self-love as a force underlying risky sexual behavior.

Risk Attitudes and Perceptions

- I am not personally at risk. (*youth generally: Breny & Lombardi, 2016; reservation-based American Indian teens: Chambers et al., 2016; sexually active adolescent and young women: Cipres et al., 2017; Black teen females: Craft-Blacksheare et al., 2014; young women who have sex with women: Doull et al., 2018; teens: Herrman et al., 2017; college students: King et al., 2014; YMSM: LaSala et al., 2015; Mustanski et al., 2014*).
- There's no real risk because I want/might want to have a baby to hold on to my partner or to bring love into my life (*American Indian teens: Chambers et al., 2016; homeless youth: Kennedy et al., 2015*).
- I am much more concerned about pregnancy than STIs (*teen bisexual WSW: Doull et al., 2018; college students: McLaurin-Jones et al., 2017; Tracas, 2015*).
 - I use condoms to prevent pregnancy—less so to prevent STIs (*homeless youth: Kennedy et al., 2015; college students: Tracas, 2015*).

“I mean, I always had like a sixth sense to see like
who’s dirty or not.”

- Young MSM (Arrington-Sanders et al., 2016)

“I can get their vibes and I can tell they're telling the truth.”

- Young woman in foster care (Ahrens et al., 2016)

“If they know the chick for a fact is on birth control,
they would forget the condom unless they
don't really know the chick.”

- Young man in foster care (Ahrens et al., 2016)

“Yeah, at the moment, I just didn’t care. I didn’t care what
happened, the only thing I was focused on was bed,
naked woman, me, that’s it, you know?”

- 16 year old male, homeless (Kennedy et al., 2015)

“Temptation hits and you may not be protected.”

- Teen focus group participant (Herrman et al., 2017)

“If you’re using a condom, there’s no need for a clinic.”

- Young Black man (Marcell et al., 2017)

- STIs are treatable and less obvious than pregnancy (*male college students: Breny & Lombardi, 2016*).
- I use/my partner uses another form of birth control, so I don't need to use a condom (*youth in care: Ahrens et al., 2016; college students: King et al., 2014; McLaurin-Jones et al., 2017; Mitiguy, 2018; Tracas, 2015*).
- I use withdrawal for birth control (*homeless youth: Kennedy et al., 2015*).
- I can judge for myself how risky a potential partner may be (*YMSM: Arrington-Sanders et al., 2016; Fields et al., 2017; Black heterosexual youth: Craft-Blackshere et al., 2014; Edwards et al., 2017*).
- I don't know much about STIs, and I'm not overly concerned about them (*college students: Mitiguy, 2018; Black teen females: Craft-Blacksheare et al., 2014*).
- Something bad may or may not happen. I'm not necessarily going to be deterred just because there's a risk. Benefits may outweigh the risks. (*College students: Breny & Lombardi, 2016; heterosexual teens: Templeton et al., 2016*).
- Sexual desire impacts my willingness to take a risk.
 - For some, strong desire made them willing to have condomless sex, overriding their judgment (*reservation-based American Indian teens: Chambers et al., 2016; YMSM: Goldenberg et al., 2014; LaSala et al., 2015; teens: Herrman et al., 2017*).
 - *For others, finding a partner especially attractive made them more likely to use condoms because they assumed that person would have many partners (*YMSM: Goldenberg et al., 2014*).

Attitudes Toward Sexual Health Services

- If I'm tested frequently/recently, I don't have to use condoms (*YMSM: Arrington-Sanders et al., 2016; Black teen females: Craft-Blacksheare et al., 2014; white and Latina females: Lemoine et al., 2017; college students: Tracas, 2015*). You could avoid STIs by only having sex after a negative test (*sexually inexperienced teen bi- and lesbian-identified females: Doull et al., 2018*).
- I don't need to get sexual health care services because I use condoms (*young men of color: Marcell et al., 2017*).
- Testing is not a priority for me (*male college students, Breny & Lombardi, 2016; young men of color: Marcell et al., 2017*).
- I don't want to get sexual health services...
 - Because I don't want to be touched by a provider (*young men of color: Marcell et al., 2017*).
 - Because I don't want to find out that I'm positive (*young men of color: Marcell et al., 2017*).
 - Because I don't want to have that specific test again (*young men of color: Marcell et al., 2017*).

“...I’m going to use condoms like every time. Like I’m always stressing—I don’t care, like male, female, to me everyone has HIV.”

- Black college student, man (Pass et al., 2016)

“I didn’t know the risk of not wearing condoms, because back then I thought that condoms were only supposed to prevent pregnancy, and I was like
‘I don’t need to use condoms. I’m gay.’”

- Black gay teen, male (Arrington–Sanders et al., 2016)

“Because I don't like them...Because they'll break. They break! So, they break...you still get pregnant. What's the difference?”

- Young woman, homeless (Kennedy et al., 2015)

“I HATE using condoms. I hate it. They almost dismiss the intimacy of sex and make it more of a business exchange. Not to mention feeling not even half as good, haha.”

- 18 year old MSM (Mustanski et al., 2014)

“So when I am drunk and/or under the influence, I’m like—I want it.
You know what I’m saying?”

- Black college student, man (Pass et al., 2016)

“Again, I make it a rule, like if you drunk, like we going to save that [sex] for the next day.”

- Black college student, man (Pass et al., 2016)

Condom Attitudes and Perceptions

- I don't need to use condoms because I don't have to worry about birth control (*teen MSM: Arrington-Sanders et al., 2016; Mustanski et al., 2014; teen WSW: Doull et al., 2018*).
- *I use condoms for birth control and STI protection: they're effective, inexpensive, and I can get them easily (*young Black women: Longmire-Avita & Oberle, 2016*).
- Condoms are expensive (*teens: Herrman et al., 2017; YMSM: Mustanski et al., 2014*).
- *I (would) always use condoms because I want to protect myself and my partner from STIs (*YMSM: Mustanski et al., 2014; young Black men: Pass et al., 2016; Woodhams et al., 2018*).
- *I use condoms to back up my birth control (*Lemoine et al., 2017; Longmire-Avita & Oberle, 2016*).
- Using condoms is the right thing to do, even if I don't always do it (*youth in care: Ahrens et al., 2016*).
- *Using condoms shows respect for others and/or yourself (*youth in care: Ahrens et al., 2016; YMSM: Arrington-Sanders et al., 2016*).
- *Condoms make sex better: some youth find that sex is easier and more relaxed with condoms, and some find that condoms enhance pleasure (*YMSM: Arrington-Sanders et al., 2016; Crosby & Mena, 2017*).
- Condoms/barriers make sex worse: other young people find that condoms ruin the moment, are awkward, unsexy, cause discomfort, and/or might make sex less intimate and enjoyable (*youth in care: Ahrens et al., 2016; YMSM: Arrington-Sanders et al., 2016; Mustanski et al., 2014; college students: Breny & Lombardi, 2016; King et al., 2014; Lefkowitz et al., 2018; Pass et al., 2016; teen WSW: Doull et al., 2018; Black youth generally: Camacho-Gonzalez et al., 2016; Edwards et al., 2017; homeless youth: Kennedy et al., 2015; teens: Herrman et al., 2017*). One study found that Black YMSM with higher internalized homophobia scores were less likely to enjoy using condoms (*Crosby & Mena, 2017*).
- I'm skeptical that condoms work (*college students: McLaurin-Jones et al., 2017; Tracas, 2015*).
- If I'm drinking alcohol or using drugs, I don't always use condoms (*YMSM: Arrington-Sanders et al., 2016; reservation-based American Indian teens: Chambers et al., 2016; homeless youth: Kennedy et al., 2015; Black and Latinx teen gang members: Dickson-Gomez et al., 2017*) or have conversations with my partner about using condoms (*college students: King et al., 2014; Reynolds-Tylus et al., 2015*).
 - Drinking makes it more likely that I'll decide to have sex—but doesn't influence my decisions about using condoms (*Black college men: Pass et al., 2016*).

A nationally representative survey of heterosexual adolescents and young adults found that **the belief that condoms reduce pleasure was strongly associated with condom nonuse** for both males and females.

This association **was stronger than any other sociodemographic, sexual history, or psychosocial factor** explored by the survey.

(Higgins & Wang, 2015)

“And I think the end goal in sight is like, so important to—what you envision your life looking like, and does a child factor into that? Because I want the fairytale life, I want to get married and then I want to have kids after I get married and have my own successful career and make like, six figures and we have our own house, so there’s no way to accomplish that if you are not taking the proper precautions.”

- Black college woman (McLaurin-Jones et al., 2017)

“A very low percentage [of peers use condoms]. For example, I would be extremely embarrassed to ask for them, and wouldn’t even know where to get them (I think they’re sold in vending machines! And pharmacies). Also, some don’t know how to use them properly and would feel awkward using them.

- 14-year-old gay or bisexual male (Mustanski et al., 2014)

“[They] don’t get love at home and maybe they wanna be loved.”

“They don’t think they are good enough for somebody, that’s where the multiple sex partners came from.”

- Teen focus group participants (Herrman et al., 2017)

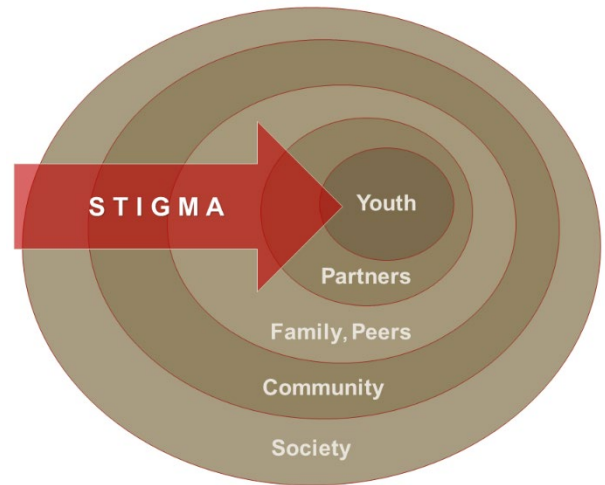
- Smoking marijuana does not affect my sexual decision making (*Black college men: Pass et al., 2016*).
- I can't always get condoms when I need them (*youth in care: Ahrens et al., 2016; college students: Breny & Lombardi, 2016*).
- I'm not sure how to use condoms/barriers correctly; I have trouble using them and/or negotiating their use (*youth in care: Ahrens et al., 2016; reservation-based American Indian teens: Chambers et al., 2016; Black college women: Chandler et al., 2016; teen girls w/same-sex attraction: Doull et al., 2018; homeless youth: Kennedy et al., 2015; YMSM: Mustanski et al., 2014*).
- *I use condoms because I want to stay healthy to achieve my goals (*YMSM: Garcia et al., 2016*). I definitely want to avoid pregnancy so that I can achieve my goals (*Black college women: McLaurin-Jones et al., 2017*).
- *I take responsibility for using condoms/safer sex strategies because of past experiences; e.g., prior pregnancy, STI, or sexual violence (*college students: Mitiguy, 2018; Black teen females: Craft-Blacksheare et al., 2014*).

Internalized Stigma and/or Lack of Self-love

- “They don't think they are good enough for somebody—that's where the multiple sex partners came from” (*teens: Herrman et al., 2017*).
- If I can't accept my own sexuality, I'm not going to educate myself about sexual risks and how to protect myself (*Black & Latino MSM: Murray et al., 2018*).
- I'm not really gay, so I'm not at risk—even though I'm a man having sex with a man. Gay people are at risk, but not me and the people I know (*YMSM: Garcia et al., 2016*). Denial of one's own sexuality can lead to the idea that one is not at risk—the belief that one is not really having sex with people who might have STIs.
- When you don't care about yourself, you don't care about what you do. Lack of comfort with yourself can make you turn to alcohol/drugs/risky sex (*Black & Latino MSM: Murray et al., 2018*). Lack of self-love can lead one to ignore health risks (*YMSM: Garcia et al., 2016*).
- I use drugs/alcohol to mask my feelings of shame and avoid feeling anything, thereby increasing my risk (*YMSM: Garcia et al., 2016*).
- “Females don't have respect for their own body, their own self, because they are under boys' control” (*teens: Herrman et al., 2017*).

Conclusion

This report documents the voices of young people telling us that social forces such as structural racism, homophobia, sex negativity, and traditional gender norms critically impact their ability to maintain sexual health. Below are just a few of the implications of this research.



Society

- Youth **activism for social change** can influence the inequities and stigmas that ultimately affect sexual health. Adults and adult-led organizations can intentionally join these efforts to uproot racism, homophobia, sexism, poverty, ageism, and sex negativity and create the social supports needed for health.
- **Media and culture can offer powerful tools** for spreading needed information and promoting healthy norms—or they can do the reverse.

Community

- When communities **attend to local public health crises** such as police and community violence, youth and family homelessness, and addiction, they are also helping set the stage for positive sexual health. Young people can co-lead these efforts.
- Health care providers can **overhaul their approach to adolescent care** through training, tools, and processes like those recommended by the Adolescent Health Initiative of Michigan Medicine (<https://www.umhs-adolescenthealth.org/>).
- Youth, parents, teachers, and organizations can advocate for **comprehensive sexual health education** and information that is relevant to youth of every gender and sexual orientation. Researchers and program developers can work to design effective interventions that resonate with today's young people.
- Adults can commit to **interrupting stigma** against youth, youth sexuality, homophobia, and transphobia in their cultural and religious groups.

Family

- **Early modeling of healthy communication** can reshape patterns in support of risk-reducing behaviors.
- Parents and other adult family members can commit to **talking often and openly with their children about sexuality and sex** and seek support to do that well. Many resources for

parents exist (such as this guide on Health.gov:

<https://health.gov/myhealthfinder/topics/everyday-healthy-living/sexual-health/talk-your-kids-about-sex>

or the resources listed here by Planned Parenthood:

<https://www.plannedparenthood.org/learn/parents/resources-parents>).

Young people are pointing to complex and interconnected threats to their sexual health. Sexual decision-making occurs within the contexts of our wider society's historical and prevailing gender norms, the youth-friendliness of health care settings, a parent's comfort with discussing sex, partner's condom preferences, and individual's feelings of trust and passion. While no single intervention offers the solution, we can all take responsibility for interrupting these norms and social forces to change the script of sexual engagement and create the conditions for positive sexual health.

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