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# ‘Gay boy talk’ meets ‘girl talk’: HIV risk assessment assumptions in young gay men’s sexual health communication with best friends

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## Abstract

Young adults, particularly young gay men (YGM), are vulnerable to human immunodeficiency virus (HIV). Yet, little is known about how YGM discuss sexual health issues with their friends (‘gay boy talk’). We conducted semi-structured interviews with YGM and their best friends (11 YGM/YGM dyads and 13 YGM/heterosexual female dyads). In this paper, we examine risk assessment assumptions conveyed within YGM’s communication about sexual health with their friends and how, if at all, the sexual scripts guiding these assumptions may differ between YGM and young women. Findings demonstrated that, while these young adults clearly intended to support their friends and promote safer sex, they also conveyed assumptions about HIV risk assessment, especially regarding sexual partner selection, that may actually increase their friends’ risk for HIV infection. Since inaccurate HIV risk assessment assumptions were transmitted via sexual health communication between peers, it is suggested that such assumptions may need to be addressed in HIV prevention programs working with YGM and their friends. Further, gender differences were identified within the sexual scripts shared between YGM and their friends, suggesting that such interventions should be

tailored to the specific needs of different friendship networks.

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## Introduction

Young adults are vulnerable to human immunodeficiency virus (HIV) infection, a problem that is particularly serious among young gay men (YGM), who are presently becoming infected with HIV at alarming rates [1]. Valleroy *et al.* [2] found an overall HIV prevalence rate of 7.2% among young men who have sex with men (YMSM) in metropolitan areas, the vast majority of whom was infected through sex with men [3]. These trends are also evident in Los Angeles, CA, USA [4]. Additionally, it has been estimated that at least one-third of all new HIV infections are among young adults [5], suggesting the importance of HIV prevention interventions that address specific issues of relevance to young adults, who may have different needs than older adults [6]. Still, little is known about how YGM discuss sexual health topics with their friends. We conceptualize communication about sexual health issues between YGM and their close friends as a form of discourse that we refer to as ‘gay boy talk’ (GBT), based on the concept of ‘girl talk’ between female friends [7]. The term ‘GBT’ draws on language used by participants in the study and is intended to invoke the playful and empowering

ways in which many YGM, like young women, share stories about sexual health topics with their friends. Greater knowledge about GBT may help foster increasingly successful health communication that reduces HIV risk, while also informing effective HIV prevention strategies targeting YGM and their friends.

Sexual health communication between YGM and their friends may be a key source for the scripts that guide sexual behaviors, and one way in which sexual health norms are transmitted between peers. Peer norms have been shown to influence sexual risk behavior among adolescents in general [8], and among African-American YMSM specifically [9, 10]. Young adults navigate a myriad of sexual health issues, such as relationships, condom use and sex [11–14]; close friendships may be a key domain where these themes are discussed [15]. Since friendships with other gay men and heterosexual females have been found to be important social relationships for YGM [16, 17], research is needed to examine whether sexual health norms are in fact cultivated, transmitted and reinforced within the context of conversations with these friends.

Communication about sexual health topics with friends may be particularly important for YGM because many of them cannot safely discuss sexuality with their parents or teachers without being further stigmatized for being gay [18], and sex education courses usually do not address gay male sexuality [19]. Associations between communication with ‘sexual partners’ and safer sex among YGM have been documented [11, 13], but there remains a dearth of information about sexual health communication between YGM and their peers. However, research on related populations suggests that such conversations may influence risk and protective behavior. Studies of teens find that high-quality, comfortable sex-related communication with friends is associated with sexual experiences and with increased condom use, respectively [20, 21], and that parent–child sexual health communication has a protective effect among adolescents in general [22]. Given that sexual health communication plays an important role in sexual health for young adults, we sought to explore sexual health communication between YGM and their best friends.

Our analysis for this paper focused on how assumptions about HIV risk assessments are guided by discourses that may be produced and reinforced via sexual communication in interpersonal and sub-cultural contexts. Therefore, we draw primarily on recent developments in sexual scripts theory [23, 24], a conceptual framework that is useful for understanding how individuals construct sexualities in the context of social and cultural norms and values shaping their lives [25, 26]. Sexual scripts are narratives containing the expectations, assumptions and behavioral patterns associated with sexual behaviors at the cultural, interpersonal and intrapsychic levels [26]. For example, a common set of sexual scripts are the ‘procreative scripts’, which instruct that a morally sound person only has sex for procreative purposes within specific contexts, in contrast to ‘recreational scripts’ allowing for sex with casual partners—scripts in which gender often plays a prominent role [27]. Recent advances in sexual script theory [24] account for individual agency in the process, showing how individuals may adopt or change cultural scripts through interpersonal negotiation or self-reflection at the intrapsychic level. Because they contain implications about what kind of person does what kinds of things, and under what circumstances, sexual scripts are theorized to influence sexual behavior. Sexual health communication is one mode through which scripts may be exchanged and negotiated.

In the communication literature, much attention has been paid to sexual health communication in interpersonal contexts, particularly between sexual partners [28, 29]. Many studies focused on young adults find that the scripts guiding sex for men and women are highly gendered and that there are distinctive sexual scripts reported by young women versus young men [30–32]. For example, young women have traditionally been held to cultural scripts reinforcing the ‘sexual double standard’, in which having multiple sex partners is disapproved for women but lauded for men [33]. While fewer studies have focused on YGM, findings suggest that they too must navigate a complicated terrain of gendered expectations within sexual scripts. YGM are simultaneously accountable to traditional male

scripts reinforcing (hetero)sexual promiscuity, as well as 'romance scripts', and gay community standards calling on men to practice safer sex [34, 35].

Intermingling of gendered scripts may also occur as a result of the strong bonds that are often formed between YGM and young heterosexual women. In a study, exploring friendships among heterosexual and sexual-minority youth, Diamond and Dube [36] found that YGM had an unusually high proportion of cross-gender friendships. This may be related to the fact that YGM and heterosexual females both negotiate sexual relationships with men, albeit from differently gendered social positions. Although research indicates that gay males and straight females are common close friends [16, 17, 36–38], no research has explored sexual health conversations between YGM and their best friends specifically. Since the literature suggests that sexual scripts and health communication differ by sex and that sexual health communication is gendered, we explored how, if at all, the scripts for sex shared between YGM/YGM dyads and YGM/female dyads may also differ.

A critical topic area within peer sexual health communication consists of assumptions about HIV risk assessments or partner selection since it is clear that a significant proportion of YGM and young females consistently engage in unprotected sex within primary relationships [11, 12, 39–41]. Young adults rely on partner selection as a risk reduction strategy [42, 43], even though their assumptions about partners may be inaccurate [44]. YGM are also likely to feel safe engaging in unprotected intercourse within committed relationships, although communication about monogamy or other agreements about sex may be vague [45]. One study found that YGM aged 15–21 years old were likely to assume that their partners were HIV negative based on perceptible characteristics such as personality, appearance of health or cleanliness [14]. If fostered in sexual health communication between YGM and their friends, such assumptions may lead to increased risk for these groups.

Based on a sexual scripts framework, we theorize that YGM must navigate tensions and ambiguities

in the gendered sexual scripts they encounter, resist and (re)produce in the sexual health conversations that inform their sexual practices. To examine the scripts implicit in conversations with friends, we have departed from individualized models of sexual health and risk, focusing attention instead on the dyad as a site for the cultivation, transmission and reinforcement of sexual scripts relevant to sexual health. In this paper, we address the following research questions: how do YGM discuss sexual health topics with their best friends?; how, if at all, are the sexual scripts guiding these conversations different between YGM/YGM and YGM/female friendship dyads? and how, if at all, does the content of these conversations communicate helpful or harmful assumptions about safer sex behaviors?

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## Methods

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We conducted in-depth, semi-structured interviews with 24 dyads (11 YGM/YGM dyads and 13 YGM/heterosexual female dyads) between 2006 and 2007. Dyad pairs were interviewed together, with each interview lasting ~2 hours. Participants completed a screener and a brief quantitative survey before the qualitative interviews. Participants received \$50 compensation for their time. The study protocol was approved by the AIDS Project Los Angeles and California State University Dominguez Hills Institutional Review Boards.

### Recruitment and sample

Participants for the study were recruited through purposive methods, incorporating venue-based sampling [46], a method that has been used in similar studies of YGM [45, 47]. Consistent with this approach, we systematically identified all the venues in the region that targeted YGM ages  $\geq 18$ , focusing our recruitment at these venues, and randomly selecting dates and times for recruitment. We approached every other person entering the venues who appeared to be in the target age range and screened them for eligibility. To be eligible for inclusion, the target participants had to be (i) between 18 and 21 years of age; (ii) white, Latino

**Table I.** *Sample semi-structured interview questions and probes used to explore sexual health topics*

Topics	Sample interview questions and (probes)
Icebreaker: friendship characteristics	What kinds of activities do you enjoy doing together?
Content and comfort of conversations	What do you talk about most when you are together?
Communication about dating and relationships	When was the last time you both shared a story about dates? (What kinds of issues come up in your conversations about relationships?)
Communication about sex and HIV/AIDS	When was the last time you talked about sex? (Can you recall how the conversation went?) What does safer sex mean to you? (How if at all are your ideas about safer sex different from each other?)
Support and influence for condom use and safer sex	In that situation, did you ask your friend whether he/she used a condom?
Reflections about influence of conversations on sexual behavior	How, if at all, has your friend's perspective influenced your sexual behavior?

(English or Spanish speaking), African-American or other (multi-racial/ethnic including white, Latino or African-American); (iii) in a friendship with a gay male or heterosexual female they considered a best friend for at least one year and (iv) out as gay to their best friend. Purposive sampling is well-suited to exploratory research that seeks to identify particular types of cases, such as friendship dyads, for in-depth investigations [48]. We purposefully sampled roughly equal numbers of target participants with YGM and heterosexual female best friends. We also purposefully sampled target participants in approximately equal numbers of African-American, Latino, white and others (multi-racial/ethnic including white, Latino or African-American). Interviews were conducted in either English or Spanish (based on respondent preference); all study materials (consent form, interview guide, brief survey and incentive log sheet) were translated from English to Spanish. Three interviews were conducted partially in Spanish and partially in English by bilingual interviewers.

**Measures**

Semi-structured interview schedules were used for qualitative data collection. The purpose of the dyad interviews was to elucidate shared and differing beliefs, norms and perceptions of sexual health themes explored in sexual health communication be-

tween friends. We probed for how they communicated about topics found to be salient in our own preliminary research with YGM and their friends participating in a youth group at a collaborating social service agency (unpublished formative research), and other research with YMSM [34, 49]. Table I lists sample interview topics alongside sample interview items. The style of interviewing followed qualitative methods [50, 51] designed to provide opportunities to explore both anticipated and unanticipated (i.e. 'emerging') themes [52]. This process involved building rapport, sequencing interview items to begin with less personal items and using open-ended questions followed by probes to elicit participants' stories about their sexual health communication experiences.

Although this study is based primarily on qualitative data, we collected limited quantitative data in our eligibility screener and a brief survey administered before the interview. These items included age, gender, sexual orientation and race/ethnicity (see Table II). Both the interview schedule and brief survey were evaluated for content and face validity with a team of four professional experts in the field and pilot tested with two individuals and two target group dyads recruited from a collaborating social service agency.

**Analysis**

Qualitative research methods were used to gain an understanding of respondents' subjective norms,

**Table II.** Description of the study sample (n = 48)

Variables (survey item)	Categories	n	Mean
Age (What is your age?)	Target participants	24	19.5 (SD = 1.3)
	Gay male friends	11	20 (SD = 2.1)
	Female friends	13	19 (SD = 1.6)
	Total	48	19.5 (SD = 1.6)
		n	%
Target and friends sexual identity (What is your sexual orientation?)	Target gay males	24	50
	Gay male friends	11	23
	Heterosexual female friends	13	27
	Total	48	100
Race/ethnicity of target participants (What is your race/ethnicity?)	African-American	5	21
	Caucasian	8	33
	Latino	5	21
	Other	6	25
	Total	24	100
Race/ethnicity of gay male friends	African-American	2	18
	Caucasian	0	0
	Latino	8	73
	Other	1	9
	Total	11	100
Race/ethnicity of heterosexual female friends	African-American	4	31
	Caucasian	3	23
	Latina	5	39
	Other	1	8
	Total	13	101 <sup>a</sup>

SD = standard deviation.

<sup>a</sup>Total percentage may add up to >100 due to rounding up.

shared experiences and meanings attributed to their behaviors and social contexts [53, 54]. Consistent with the strengths of qualitative health research [55], our goal was to better understand a social process (sexual health communication between peers) and the meanings of such conversations to the members of our target group. Through an iterative process of analysis, we reached theoretical saturation once we continued to see the same key themes emerge around our key questions (and did not see new themes emerging) [56, 57].

Trained professionals transcribed all of the interview data. All personal identifying information was removed in the final version of transcripts produced. Pseudonyms were assigned using the same letter for the first initial of each friend in a given dyad (e.g., Anthony and Art). Interview transcripts were cleaned and indexed. As soon as several interview transcripts were completed, team members

discussed a sample of transcripts and developed the initial codes. This strategy of investigator triangulation [58, 59] facilitates analytical cooperation and exchange—the active involvement of multiple investigators in the analysis process, in which relative consensus regarding emergent themes takes precedence over individual interpretations of data [60]. Transcripts were entered into a qualitative data analysis software program (QSR International, NVivo, Version 7) for coding [61]. The research team then conducted the first level of coding ('open coding'), including such basic codes as 'condom talk' and 'partner assumptions'. Team members discussed these coded data reports, reviewed remaining transcripts and identified emergent sub-themes.

As sub-themes were identified, they were coded and then compared with other sub-themes for similarities and differences for categorization using

a constant comparison method [62]. In this second level of ‘axial coding’, some of the original codes were refined or re-organized around these sub-themes. For instance, condom talk was re-coded into sub-themes such as ‘valuing safer sex’, ‘endorsing and monitoring condom use’ and ‘condom talk: limited in nuance’. Emerging categories were subjected to a process of member validation in which key participant interviewees and other community stakeholders offered feedback to assess and establish credibility [63]. Finally, we engaged in ‘selective’ or ‘targeted’ coding to focus on the data relevant to our analysis. The first and last authors discussed any discrepancies between coders, reconciling differences by consensus. We established inter-rater reliability for coding of key themes by using rates of agreement, with 80% as a baseline criterion for reliability. Consistent with qualitative research principles, we report the frequency of themes in categories such as ‘a few’ or ‘many’ in order to roughly characterize the relevance of the theme to the overall sample [19, 34, 64]. The number of cases reflected in each theme was tabulated to determine qualitative frequencies referenced in the results. Since we found that there were differences in the frequency and nature of themes reported by YGM/YGM dyads versus YGM/female dyads, we reported the approximate frequency of codes for each type of dyad. Similarly, because differences were observed between males and females within YGM/female dyads, these frequencies were reported as well (see Table III).

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## Results

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### Sample characteristics

Forty-eight participants took part in this study. We recruited 24 gay male target participants; self-selection of either a gay male or a heterosexual female as their best friend was a requirement for inclusion in our study, resulting in 11 YGM/YGM dyads and 13 YGM/female dyads, and a total of 35 individual gay male participants and 13 female participants. Basic demographic data for the sample are presented in Table II. We did not set eligibility

requirements for the race/ethnicity of friends, the majority of whom were Latino.

### Safer sex themes

YGM and their friends discussed many of the topics we investigated, but safer sex issues, such as talking about the importance of using condoms, were prominent. Both males and females strongly emphasized the value of safer sex, conceptualizing it as closely related to self-respect. Many encouraged friends to maintain high standards of sexual safety, and some even checked in regularly with friends about whether they had used condoms in various situations. However, communication about condom use also tended to be fleeting and vague, limited in exploration of the underlying reasons why individuals might engage in unprotected sex in emotionally or socially complex situations. See Table IV for illustrative quotes.

#### *Valuing safer sex*

Nearly, all participants strongly endorsed the importance of safer sex for themselves and their best friends (Quote 1). This view was sometimes framed in terms of prioritizing personal health and safety over what one’s partner may want or expect, especially if the partner wishes to have unprotected sex. For example, Vinnie conveyed his view of how self-respect entailed prioritizing safety even in the context of a loving relationship with a partner. For him, ‘respecting yourself’ meant ‘having high standards for yourself, [seeing] the future ... like putting yourself first no matter how much you love somebody’.

#### *Endorsing and monitoring condom use*

Most participants described a clear determination to use condoms and support their friends in doing so, sometimes urging them to make condom use a regular habit—particularly with new or unfamiliar partners.

In addition to simply encouraging condom use, some participants actively monitored whether their friend was practicing safer sex. For example, many would check in with their friend after the friend had

**Table III.** Frequency of themes by dyad type and by sex of individual in YGM/female dyads

Themes	Definitions	Frequency by dyad type		Frequency by sex (YGM–female dyads)	
		YGM–YGM (n = 11)	YGM–female (n = 13)	Females (n = 13)	YGM (n = 13)
Valuing safer sex <sup>a</sup>	Emphasizing the importance of engaging in safer sex in general	Nearly all <sup>b</sup>	Nearly all	Nearly all	Nearly all
Endorsing and monitoring condom use <sup>a</sup>	Emphasizing condoms and checking on friends' condom use	Most	Most	Most	Most
Condom talk: limited in nuance <sup>a</sup>	Communicating about condom use in ways that lack specificity or follow through	Nearly all	Nearly all	Nearly all	Nearly all
'Monogamy will protect you' script <sup>a</sup>	Assuming that a committed relationship eliminates HIV risk	About half	About half	About half	A few
'Knowing him will protect you' script	Assuming that gaining information about a potential sexual partner confers safety from HIV	A few	Most	About half	About half
Mini sexual history takers	Making efforts to gather concrete information about a partner's prior sexual experiences	None	Some	Some	None
Stay away from 'whores' and 'sluts' script	Assuming that avoiding 'promiscuous' partners will confer protection against HIV	A few	About half	A few	Some
Condom use 'no matter what' script	Emphasizing the value of using condoms, even with partners who are known and trusted	Some	About half	None	About half
Reassuring friends after unprotected sex	Assuring a friend that an incident of unprotected sex was low risk	A few	A few	A few	A few

<sup>a</sup>These themes were anticipated based on the research literature, and were systematically asked about in all interviews. Other themes were unanticipated, emerging spontaneously in the interviews. The frequencies of emergent themes may underestimate how many participants would have endorsed these themes if they had been asked about in every interview.

<sup>b</sup>Where there were fewer than four cases, this was indicated by the term 'a few', while the words 'several' and 'some' were used when fewer than half of the cases were referenced. We used 'about half' to indicate themes that were prevalent in about half of the interviews. The terms 'many' and 'most' indicate that the theme was found in more than half of the cases and 'nearly all' was reserved for instances where themes were found in almost all of the cases.

**Table IV.** *Representative quotes of key themes in dyad interviews*

Themes and definitions	Quotes
Valuing safer sex Emphasizing the importance of engaging in safer sex in general	1. Ingrid: It's always been an influence to me to have my friends. And all of them say wear condoms—well not me, but you know, my [male] partner—make sure that he wears condoms. Be protected, and if you need money for condoms or something, I'll let you borrow some money or I'll buy them for you.
Endorsing and monitoring condom use Emphasizing condoms and checking on friends' condom use	2. Ian: She always asks me, 'Did you use a condom? Are you being protected?' I'm like, 'Yes, Ingrid'. Sometimes I'm like, 'Yes, Ingrid, yes. Leave me alone' [laughs]. But at the same time, it's like, 'Thank you for caring'. 3. Jerry: Condoms? We don't even talk about it like that. Like, 'condoms are the safe way to go'. Jason: Yea we don't talk like that. Jerry: We pretty much just know.
Condom talk: limited in nuance Communicating about condom use in ways that lack specificity or follow through	Jason: Yeah, just know.
'Monogamy will protect you' script Assuming that a committed relationship eliminates HIV risk	4. David: Be monogamous—that's one of the biggest things I've learned cause as you know as she's said ... you know don't go and with all these different guys. I think that's the biggest thing that's changed [because of his friendship with Diana].
'Knowing him will protect you' script Assuming that gaining information about a potential sexual partner confers safety from HIV	5. Gertrude: If you really know the person then you don't really have to worry about [STDs] ... , cause if you really know the person, you know that they don't have anything cause you know them for a long time. Like I told Gary—he used to go find some random persons—you don't know anything 'cause you just met that person. So, I mean he has a lot more risks ... I still think he needs to learn from my example.
Mini sexual history takers Making efforts to gather concrete information about a partner's prior sexual experiences	6. Hermione: We just have to trust the person, feel comfortable, feel like they are who they say they are. May be having a little bit of history, like who they've been with somewhat. 7. Ingrid: Since I've only had one partner and I knew for a fact that I was his first, it didn't apply so much to me at the time. But if I were to date somebody new and he's like, 'I've had sex with three girls prior to you' then definitely I would have to talk to Ian and be like, 'This guy's not a virgin and he claims that he's had sex with girls. What do I do about that?'
Stay away from 'whores' and 'sluts' script Assuming that avoiding 'promiscuous' partners will confer protection against HIV	8. Interviewer: How if at all, do you guys talk about HIV? Odie: Only on that one occasion because she has a very low chance of catching HIV. I think it's more me ... Olivia: Then he doesn't really sleep around so it's just ... Odie: Just that one incidence I didn't use a condom and we knew that guy. Interviewer: And when you say that Olivia has a low chance of catching HIV what do you mean? Odie: Because the people she usually fools around with aren't



Table IV. Continued

Themes and definitions	Quotes
Condom use 'no matter what' script	<p>... junkies or they're not usually bisexual lovers. They're like, better. The people we go for are usually not trashy dirty ... . They usually aren't that kind of way. Interviewer: When you say 'kind of know', what do you mean? Odie: Not 'kind of'. We knew he didn't. Interviewer: How did you know? Odie: I asked him. Olivia: We knew him.</p> <p>9. Interviewer: You used condoms?            Rex: Yeah cause Steve's a whore and that would be just—            Ryan: I couldn't even believe you were having sex with him!            Rex: He was a cute whore. And that would just have been horrible wrong, dangerous ... It wasn't worth the risk.</p> <p>10. Tom: Even with the guy I was with two years ... . We're going to use condoms because, I know I'm not cheating on you and I'm holding it down for you but you're out there and you're still a man. So I trust you, I love you but I got to face reality. I say, 'You here with me every day? Put on a condom'.</p>
Emphasizing the value of using condoms, even with partners who are known and trusted	<p>11. Kim: When I'm in a monogamous relationship then I don't use a condom.            Ken: Yeah and I tell her that you should wear a condom every time because ... you don't know if they're cheating or not.            Kim: If they're cheating, I know. But that's why there's a trust factor in the relationship.            Ken: Yeah but Kim, you shouldn't trust people like that. You know I tell you that.</p>
Reassuring friends after unprotected sex Assuring a friend that an incident of unprotected sex was low risk	<p>12. Art: I came to [best friend] Anthony and I asked him 'I didn't use a condom and I'm scared', and he's like 'Is he a virgin?' and I'm like, 'I am really positive he's a virgin' and he's like, 'Have you been tested?' and I'm like, 'Yeah I got tested like two months ago and it was negative' and he's like 'Then you don't have to worry about it. As long as you're both negative, you can have sex all you want without a condom'.</p>

engaged in a sexual encounter, and ask whether condoms were used. Alternatively, individuals might provide reminders to use condoms prior to their friend having sex (Quote 2).

*Condom talk: limited in nuance*

Although condom use was often the first safer sex strategy cited by participants, communication with friends about condoms was nearly always very limited in nuance or detail. For instance, nearly all participants would ask their friend whether they had used a condom, but would not explore contextual details or seek to understand a friend's

underlying motivations for not using condoms. Conversations rarely touched on such questions as how to advocate for condom use with a reluctant partner, whether to use condoms for oral sex or the steps involved in 'negotiated safety' [65]. Although most participants aimed to be supportive, the 'bare bones' character of their conversations on this topic could limit the positive impact of such efforts on their friends' actual sexual decisions or efforts to negotiate condom use with sexual partners. Moreover, because so many of them assumed they shared an ethic of consistent condom use, participants tended to also assume their

friends were using them, rendering discussion of the topic superfluous (Quote 3).

### **Partner selection themes**

The second category of themes consisted of assumptions about HIV risk assessments and partner selection (see Table IV). Themes in this group centered on staying safe from HIV by knowing a partner, learning his sexual history or establishing a committed relationship. Partner selection also often meant avoiding sex with people who were perceived as promiscuous or 'dirty', although some male participants emphasized the importance of condom use 'no matter what' the perceived characteristics of their partner. A few participants spoke about reassuring each other that unprotected sex could be safe, often based on questionable logic regarding assessments of the partner rather than the relative risk of the sexual behaviors. We also found that YGM and women communicate similar and different assumptions about partner selection and safer sex strategies that may influence the sexual risk behaviors of their best friends.

#### *'Monogamy will protect you' script*

Among the most common partner selection themes was the idea that being in a relationship in which the partners have agreed to be monogamous will protect a person from HIV. This view was reported by about half of the dyads; although among those in YGM/female dyads, it was more often expressed by women. A few peers actively encouraged their friends to adopt monogamy as a risk reduction strategy. Some male participants also commented that their friends had influenced them to seek a monogamous relationship (Quote 4).

#### *'Knowing him will protect you' script*

There was an overall tendency in many female participants' communication to emphasize 'person-based' risk reduction strategies, rather than 'condom-based' strategies. Whereas many men also endorsed such person-based strategies, the female friends were more likely to endorse and enforce the idea of 'just trusting' your primary partner, a theme that

arose much more often in communication within YGM/female dyads than in YGM/YGM dyads. Thus, a common assumption communicated between peers was that knowing a partner well was the most crucial factor to preventing HIV. In fact, some friends advised their peers that if individuals knew their partners fairly well, they could have unprotected intercourse without any risk whatsoever. Conversely, they considered the riskiest action to be sex with a partner about whom little was known, and perceived anyone who has sex with unfamiliar partners as being inherently at high risk of infection (regardless of what they did or whether they used condoms). As a result of holding this view, peers also sometimes encouraged their friends to avoid anonymous partners or find a consistent boyfriend (Quote 5).

#### *Mini sexual history takers*

As a strategy for 'knowing him', some participants also advised their friends to find out their partner's history. This was a strategy that the young women tended to use when having sex with a new partner, namely to conduct a 'miniature sexual history' screening to evaluate their potential partner's risk level. While this theme was observed in about half of the YGM/female dyads, none of the YGM/YGM dyad reported it. Those who reported discussing their 'mini sexual histories' with friends typically also felt fairly confident in its effectiveness as a risk assessment method, and did not discuss the potential dangers involved in trusting that a partner may not be telling the whole truth or may not know their HIV status. For many participants, knowing a partner's history was key (Quote 6). Thus, some individuals only felt it was necessary to consider HIV risk if their partner explicitly stated that he had had prior sex partners (Quote 7).

#### *Stay away from 'whores' and 'sluts' script*

A further assumption often shared between friends was that sex with anyone who had had numerous prior partners constituted an especially high-risk activity. Such partners were sometimes characterized as a discrete category of individuals—'dirty' people from whom one would be likely to catch HIV or another sexually transmitted disease. They

were stereotyped as having few personal boundaries, always 'going all the way' sexually, and sometimes referred to as 'sluts' or 'whores'. Although both males and females used these terms, they were more common in YGM/female dyads than between male best friends, and mostly used by the YGM within these dyads. Friends especially encouraged each other to use condoms with these types of partners, or to avoid sex with them entirely. Communication about them was sometimes laced with varying degrees of dislike or disgust, particularly about the idea of having sex with them—although at times such language was also used in playfully humorous ways. For some participants, sex with sluts or whores was categorically avoided. Comments also showed the strong sense of certainty that some participants felt about the efficacy of these strategies for avoiding HIV (Quote 8). Determinations about who was a 'whore' or 'slut' were made in a fairly unsystematic manner. However, that fact did not reduce the sense of safety they got from discussions about avoiding sex with them and thus mutually confirming their current perceived state of safety from infection (Quote 9).

#### *Condom use 'no matter what' script*

In interviews and conversations with friends, young men often used the phrase 'no matter what', to describe their ideal condom use behavior. The phrase conveyed the idea that condoms should be used regardless of the circumstances, the character of the partner, intimacy level of the relationship or the assurances they may have received that the partner is HIV negative. As Peter put it, 'You never know if they're cheating on you or not. That's why I always say use a condom, no matter what'. This ethic was transmitted and reinforced between YGM, as a shared standard of behavior that was felt strongly and, for many dyads, frequently reiterated, or as Nick stated, 'Ned told me to always, no matter what, use protection'.

The common phrase 'no matter what' captures the essence of how the men's ethic about condom use differed from that of the women, as neither this phrase itself nor the underlying concept was invoked by female participants. Both male and female

participants were typically inconsistent in their actual use of condoms; however, the men tended to endorse a different set of beliefs about when condoms should be used, manifested in different ways of communicating about which kinds of sexual risk behaviors were normative. For the women, whether one should use condoms was typically dependent on an evaluation of the partner, on the seriousness of the relationship and the level of trust and commitment. However, for many of the YGM who endorsed the ethic that condoms should be used with all partners, 'no matter what', this attitude was based on an assumption that sex partners should not always be trusted implicitly. In their view, even individuals in extended, committed relationships may sometimes lie about sexual behavior, cheat on their partners or be infected with HIV without being aware of their status (Quote 10).

The view that condoms should be used 'no matter what' was not expressed by the female participants, who were far more likely to take the view that trusting the partner is the 'only available strategy' to stay safe—that, as Sarah stated, 'all you can really do in the moment is to trust them'. These different risk reduction scripts held by YGM and young women sometimes led to conversations in which YGM urged their female friends to be more 'realistic' about partners (Quote 11). Many young women, meanwhile, encouraged their gay male friends to stop having anonymous sex and find a partner whom they can 'trust'. Given that research indicates adolescents and young adults in committed sexual relationships have concurrent sexual partners with some regularity [66], it appears that some of the YGM in our sample may be more realistic than their female friends regarding the potential risks involved in trusting sexual partners, by recognizing, as Vinnie, put it, that 'everybody is human'.

#### **Reassuring friends after unprotected sex**

In spite of the fact that some participants endorsed fairly realistic views about the risks associated with unprotected sex and the necessity of condoms, a few participants, both male and female, described a variety of conversational ways of minimizing their own perceived risk and that of their peers,

albeit as an effort to be supportive. A primary example of this often occurred following unprotected sex, when friends sometimes reassured each other that their actions were low risk, provided they knew their partner well enough. Although this theme was relatively uncommon, it nevertheless suggests the presence of a problematic limitation in sexual health communication among some emerging adults. These reassurances after unprotected sex generally did not appear to incorporate a discussion of the assumptions that were made about the partner or the possibilities for infection if one of the partners had engaged in sex outside the relationship (Quote 12).

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## Discussion

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This study is the first to delineate how assumptions contained in scripts about sexual health may be generated, transmitted and reinforced within sexual health conversations between YGM and their best friends. The findings demonstrate that sexual scripts guiding YGM and their best gay male and straight female friends do not exist in individual vacuums. YGM clearly engage in conversations about sexual health that may influence their risk for HIV infection. While YGM and their friends support safer sex norms and condom use in their conversations with each other, they also share questionable assumptions regarding partner risk assessment as a strategy for risk reduction. Nearly all participants made efforts to encourage their friends to practice safer sex consistently, and even to actively monitor their risk behavior by following up about it in conversations, indicating the significant place held by safer sex practices within these young adults' sexual scripts. These data show how assumptions may differ in subtle ways between gay male and straight female best friends (i.e. between GBT and 'girl talk'). Additionally, different assumptions in the sexual scripts they communicate to one another (such as 'monogamy will protect you', 'knowing him will protect you', 'stay away from whores and sluts' and use condoms 'no matter what') may create unique patterns of influence around specific sexual health themes, including partner selection and condom use. However, even commu-

nication intended to discourage risk may be limited in its efficacy, if the scripts for sex that are transmitted are based on faulty assumptions. The intersections of girl talk and GBT provided avenues for mutual influence around these themes, and in particular for female friends to communicate partner selection assumptions to YGM, and for YGM to attempt to influence their female friends to use condoms 'no matter what'.

Consistent with the literature on the construction of individual notions about partner risk [40, 41], many of the female participants and some of the male participants based these assumptions on 'who' they were having sex with rather than 'what' they were actually doing that might transmit HIV. These views included assumptions that risk could be eliminated by being in an avowedly monogamous relationship, or by quizzing a potential partner on his sexual history. Although the female friends often wanted to help their gay male friends 'settle down' and find a good partner, they also sometimes encouraged their gay male friends to adopt practices based on trusting their partners without addressing the potential risks that such strategies might entail. This approach typically failed to take into account the possibility that the partner might not be entirely honest about their sexual history, the ambiguities of what is defined as sex or the challenges of being objective in evaluating the risk level of a romantic partner [44]. Lacking these considerations, such an approach could not be considered 'negotiated safety', which is an established safer sex framework for committed partners involving HIV testing, clear agreements and explicit communication between partners [65].

The conversations also reflected widespread cultural scripts about romantic love and monogamy held by YGM and young women [33, 34]. Romantic love scripts tend to emphasize partner selection over condom use, by implying that sex within the context of marriage or a monogamous relationship is always safer, and that loving partners do not need to use condoms. While these cultural scripts also emphasize who you have sex with, not what behaviors you do to protect yourself, participants employed particular sub-cultural scripts regarding

how to do this, such as conducting 'mini sexual histories' and 'watching out for whores and sluts'. Like the young women in our sample, the YGM relied on scripts about trust and partner selection—especially those who had female best friends. This is consistent with previous research revealing that many YGM depend on perceived partner characteristics to assess HIV risk [14] and that gay men in general are more likely to engage in unprotected anal sex with primary partners than with casual partners due to the importance they place on trust and romantic love [67–70].

However, YGM in our sample also conveyed contradictory scripts, such as using condoms 'no matter what', often endorsing such scripts simultaneously with seemingly incongruous scripts framing partner selection as the basis of sexual health. YGM tended to reinforce each others' sense that condoms should be used 'no matter what', and some of those with female best friends made efforts to encourage the young women to also adopt this script. The frequency of this theme among these YGM may be due in part to the successful dissemination of safer sex scripts within gay communities. Given that the majority of HIV infections in gay men may occur within relationships with primary partners [71], YGM might actually be at greater risk if they relied solely on partner selection scripts while abandoning scripts for condom use that make sense in populations in which HIV is endemic. Such attitudes appeared to create an internal contradiction for some young men, who held to assumptions that 'monogamy will protect you' simultaneously with scripts about using condoms 'no matter what'. Young women are also at risk if they simply trust their partners [72], especially since few seem to be influenced by their gay male friends to use condoms with all partners. Yet, it may be particularly difficult for young women to 'break away' from these partner focused safer sex strategies since women are held accountable to rigid double standards [33] and are not as acculturated into gay community scripts for safer sex. Given that having concurrent sexual partners is relatively common in late adolescence [66], some of the YGM in our sample appear to hold more realistic views on this topic than their

straight female friends. While there may be situations in which trusting a male partner in the context of negotiated safety may be warranted and protective, it is clear that the young adults in this study used trust to account for unprotected sex without having such agreements in place.

These findings extend prior research indicating that peer norms influence sexual risk behaviors among YGM [9, 10] by exploring how norms and beliefs are transmitted via the sexual scripts contained within sexual health conversations. Drawing on recent work on sexual scripts theory [24], we contend that YGM and their best friends reinforce and negotiate these sexual scripts on the interpersonal level through conversations with their best friends. Further, GBT meets girl talk in particular contexts in which different sub-cultural scripts for sex are produced and revised. When YGM discuss sexual health topics with their female friends, in particular, different versions of larger cultural scripts are shared and reflected upon in their sexual health conversations. Sometimes, these different scripts are adopted, while in other cases they are resisted or modified by YGM. For instance, some of the male participants talked about wanting to take their female friends' advice to find a single committed partner, while simultaneously drawing on their own sub-cultural norms for risk, in some cases noting that they probably should still use condoms, even with primary partners. The fact that female friends resisted the advice given by their gay male friends to use condoms with their primary partners (citing the belief that they just had to trust their partners) may in turn reflect a process of reconciling health messages with their own value systems [73]. Clearly, conversations between YGM and their best friends represent an important site in which different scripts for sex co-mingle and regenerate, potentially leading to revised scripts that may not always be protective against HIV transmission.

### **Limitations and future steps**

There are limitations to any study. Though we recruited participants using a systematic methodology, the sample in the present study may not be

generalizable to larger populations of YGM or their friends. However, by combining a venue-based sampling method with purposeful sampling, we increased the chance that every member of the target population had an equal opportunity to be in the study. This technique helped to reduce sampling bias while increasing the likelihood that the findings will be relevant to other YGM with best YGM and female friends who attend similar venues across the United States—a critical population for HIV risk reduction. In our view, the key findings are likely to be highly relevant to YGM attending such venues given that they are also consistent with studies of sexual health communication among ‘individual’ young adults [42] and quantitative studies of gay men that find a tendency to make assumptions about partner risk assessments [70]. Nevertheless, these data do not reflect the experiences of all YGM, since localized and cultural differences are also present, and some may not attend these types of venues, while others were not eligible for our study. It is recommended that future research examine how partner selection assumptions may be transmitted between peers via sexual health communication in probabilistic samples from which generalizations may be drawn with more certainty. An additional limitation is that our strategy only included certain categories of dyads based on sexual orientation, gender and race/ethnicity. For instance, we did not include YGM with heterosexual male, transgender or lesbian best friends. In the present study, the racial/ethnic groups included were those most affected by HIV/AIDS in Los Angeles and California [4, 74]. The types of conversations these young men have about sex and relationships may differ based upon cultural factors such as race/ethnicity and preferred language, as YGM of color sometimes face issues not typically experienced by white gay youth [9, 17, 75, 76]. Further research across and within different friendship dyads is recommended.

### **Implications and program recommendations**

Our understanding of how peer norms are communicated in YGM’s friendships may help make HIV

prevention interventions focused on friendship dyads more effective. Sexual health communication between peers appears to be a source for the transmission of sexual scripts. As a nexus of communication about sexual health, these friendships provide an opportune site for addressing faulty assumptions about sexual risk between YGM and their friends in the sexual scripts that are conveyed via GBT. Since social support in general is also linked to overall well-being among sexual-minority youth [77], building on the good intentions of YGM’s friends seems to be a promising avenue for increasing health behaviors. Interventions can build on peers’ strong desires to help each other, enabling YGM’s friends to facilitate revised sexual scripts that discourage unsafe sexual encounters and reinforce the values underlying safer sex scripts. Therefore, HIV prevention interventions may be most effective if they target dyad-level communications where these beliefs are reinforced, in addition to addressing traditional sexual health topics [78–80]. Such interventions should guide and support youth in effectively challenging peers’ problematic assumptions regarding partner selection. It is further recommended that programs address the different assumptions conveyed within YGM/YGM versus YGM/female friendships. For example, interventions could interrogate the validity of faulty assumptions conveyed by sexual health communication between peers by educating young adults about the basis of some misconceptions in gender socialization (e.g. that women are expected to trust that their partner is monogamous). Encouraging YGM to focus on what activities they are engaging in with partners, rather than trying to identify and avoid sluts as a risk reduction strategy, may also help reduce HIV risk. It may also be possible to incorporate ideas about ‘trusting’ a partner to ‘take care of each other’ by using condoms, while promoting modified versions of partner selectivity based on choosing sexual partners who value protecting their partner. Such programs may include training young adults to communicate about negotiated safety agreements with their friends and with their sexual partners. Thus, working with YGM and their friends to help them re-write the sexual scripts

shared in their conversations may produce more innovative and protective scripts that can become part of ongoing GBT and girl talk.

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### Conflict of interest statement

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None declared.

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