In the Dark: Young Men's Stories of Sexual Initiation in the Absence of Relevant Sexual Health Information

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A growing body of research has investigated the effectiveness of abstinence-only sexual education. There remains a dearth of research on the relevant sexual health information available to young men who have sex with men (YMSM). Drawing on a mixed-methods study with 526 YMSM, this study explores how and where YMSM receive relevant information on sexual health/behavior. Findings indicate that information related to gay men's sexuality is not readily available from family, friends, or schools. At initiation of anal intercourse, respondents generally had limited information about HIV and sexually transmitted infections (STIs). In some cases, this resulted in the perception that activities such as unprotected sex were "low risk." Many mentioned they first learned about anal sex during their sexual debut, describing painful and/or unpleasant experiences. Some relied on older/more experienced partners, the Internet, and pornography for information. Findings are discussed in relation to how providers can help YMSM build solid foundations of sexual education to protect them from STI and HIV infection.

Keywords: *sexual education; gay/young men who have sex with men; HIV/AIDS*

Sexual education is broadly defined as including but not limited to information related to sex and sexuality, abstinence, sexually transmitted infections (STIs), HIV/AIDS, contraception, relationship decision making, sexual orientation, human sexual development, the process of reproduction, and safe sex practices (Kirby et al., 1994; Strouse & Fabes, 1985). According to Strouse and Fabes (1985), the purpose of sexual education has been to promote healthy sexual relationships, encourage responsible decision making, and reduce the incidence of unintended teenage pregnancies and STIs. Lesbian, gay, bisexual, and transgender (LGBT) sexual health topics are frequently omitted from formal sexual education programs at schools (Forrest & Silverman, 1989;

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Telljohann, Price, Poureslami, & Eaton, 1995). This is alarming because data indicate that young men who have sex with men (YMSM) have high prevalence rates for HIV (Valleroy et al., 2000) and that those rates continue to increase (Centers for Disease Control, 2008). Research suggests that YMSM need HIV prevention knowledge, skills, peer support, and technology (i.e., condoms) in order to negotiate safer sex with sexual partners (Kegeles, Hays, & Coates, 1996; Mutchler, 2002). Without relevant sexual education, YMSM may be uninformed about how they can best protect themselves from contracting HIV and other STIs. This article explores the formal sexual education experiences of a sample of YMSM and the more informal sexual education sources they used to fill in their gaps in knowledge. Also described are the early sexual experiences of these young men, which oftentimes included risk behaviors due to their lack of knowledge on sexual risk.

Traditional Sources of Sexual Education: Schools and Parents

Currently, 35 states mandate either sex education or HIV/AIDS/STI education, which can take the form of abstinence-only sex education or comprehensive sex education—an educational technique that combines aspects of abstinence and safe sex (Guttmacher Institute, 2006). Data from the School Health Policies and Program Study in 2000 found that 92% of middle and junior high schools and 96% of high schools taught abstinence as the best way to avoid HIV and STIs (Centers for Disease Control, 2000). However, 11 evaluations of abstinence-only sex education showed little evidence of long-term changes on attitudes and intentions of youth (Hauser, 2004); among these studies, some showed negative impacts of abstinence-only education, including youths' reported unwillingness to use contraception when engaging in sexual behaviors.

While a national survey in 1989 indicated that abstinence, HIV/AIDS/STI education, and sexual decision making were the most common forms of sexual education among 7th to 12th graders (Forrest & Silverman, 1989), a more recent study found that although these remain the most common topics, only half of the teachers reported teaching their students about HIV/STI prevention techniques (Darroch, Landry, & Singh, 2000). Teachers' willingness and support for teaching sexual orientation in the classroom has also decreased significantly between 1989 and 1999 (Darroch et al., 2000). Furthermore, HIV/AIDS information provided in schools rarely addresses prevention specific to YMSM (Remafedi, 1993).

Homosexuality and safe sex are integral topics for the healthy sexual development of YMSM. Of the teachers who address homosexuality as part of their sexual education curricula, the topics most commonly addressed are defining homosexuality, tolerance and prejudice, health issues, and myths about homosexuality (Telljohann et al., 1995). A Massachusetts study found that LGB youth were less likely than heterosexual youth to report having received information about HIV or instruction related to condom use (Blake et al., 2001). However, in the same study, LGB youth who received gay-sensitive HIV curricula and materials were less likely to engage in sexual risk behaviors.

In addition to schools, another common source of sexual education is parents and other family members. In general, family discussions about sex focus on HIV/AIDS, STIs, condoms, reproduction, pressures to have sex, when to start having sex, and choosing sexual partners (Miller, Kotchick, Dorsey, Forehand, & Ham, 1998). The sexual messages parents deliver to children can influence the age of sexual debut, adolescent pregnancy, and use of contraceptives (Pick & Palos, 1995). The limited impact of parental sexual education may be related to embarrassment, lack of parents' knowledge,

poorly defined values, fear that talking about sex encourages sexual debut, and inability to initiate and maintain a conversation about sexual topics (Fitzgerald & Fitzgerald, 1987).

Alternative Sources of Sexual Education

Alternative sources of sexual education have become increasingly important for young people in general. Among the general adolescent population, alternative sources of sexual education include the media, peers, romantic partners, physicians, and the Internet (Borzekowski & Rickert, 2001; Mitchell, Finkelhor, & Wolak, 2003; Thornburg, 1981; Wellings et al., 1995). The lack of gay-related topics in sexual curricula at schools and at home may lead some YMSM to seek out relevant sexual education from these sources. There is limited research on the sources that YMSM are most likely to access for sexual education, but studies suggest that YMSM rely on alternative sources for sexual education, such as pornography, the Internet, and early sexual experiences (Kubicek et al., 2008; Mutchler, 2005).

The Internet provides accessible information for many youth. Moreover, sexuality topics can easily be found on the Internet through chat room discussions, Web sites that display sexual health information, and more explicitly, pornography (Borzekowski & Rickert, 2001; Spink, Ozmutlu, & Lorence, 2004). Among YMSM, Mutchler (2005) found that YMSM learned little from schools and family and learned mostly from pornography—both straight and gay—over the Internet.

Learning about sex, sexuality, and HIV/STI prevention through sexual experiences is another method of sexual education. Mutchler (2005) suggests that YMSM learn about safe sex from sexual experiences with other men or "safer sex mentors" who teach YMSM about HIV and prevention strategies. These sexual experiences may assist YMSM with knowledge in sexual expression and appropriate sexual habits, which is information not readily available in traditional modes of sexual education. However, YMSM who engage in sexual acts with more experienced, perhaps older, MSM may find themselves in unwanted situations, which may include coerced or unprotected sex. Especially problematic are YMSM who are ill equipped with proper sexual education about HIV/STI prevention and responsible decision making (Mutchler, 2002).

This study aims to explore the different sources of sexual education that YMSM report accessing in order to better understand how YMSM learn about sexuality, sexual norms and behaviors, and HIV/STI prevention. The potential risks associated with a lack of relevant sexual education are discussed through the experiences of the YMSM enrolled in the Healthy Young Men's (HYM) Study. Understanding how and where YMSM obtain information related to sexual behavior is integral to the development of timely and culturally relevant intervention programs to provide YMSM with information to protect themselves and develop healthy sexual relationships.

METHOD

HYM Study: Design, Sampling, and Measures

Between February 2005 and January 2006, a total of 526 young men were recruited into the HYM Study, a 2-year longitudinal study of a cohort of ethnically diverse YMSM in Los Angeles. Young men were eligible to participate in the study if they

were (a) 18 to 24 years old; (b) self-identified as gay, bisexual, or uncertain of their sexual orientation and/or reported having had sex with a man; (c) self-identified as Caucasian, African American, or Latino of Mexican descent; and (d) a resident of Los Angeles County and they anticipated living in Los Angeles for at least 6 months. Young men were recruited from public venues (e.g., bars, clubs, street corners, and special events) using a stratified probability sampling design (MacKellar, Valleroy, Karon, Lemp, & Janssen, 1996; Muhib et al., 2001). Additional descriptions of the sampling procedures and methodologies are described elsewhere (Ford et al., in press; Kipke et al., 2007).

HYM participants completed an extensive 1- to 1.5-hour survey every 6 months over the course of 2 years. The surveys were administered in both English and Spanish, using audio computer-assisted, self-interviewing (ACASI) technologies and an online testing format. ACASI technologies have been found to improve both the quality of the data being collected and the validity of respondents' responses, particularly to questions of a sensitive nature, such as drug use and sexual behavior (Kissinger et al., 1999; Ross, Tikkanen, & Mansoon, 2000; Turner et al., 1998).

Demographic and Health Variables. Participants were asked to report their age, race/ethnicity, residence, employment status, sexual identity, HIV serostatus, HIV testing history, STI diagnosis since baseline interview, and whether they had ever engaged in sex exchange.

Qualitative Substudy Design, Sampling, Measures, and Analysis

In addition to the longitudinal study, qualitative substudies were conducted with smaller, targeted groups of respondents chosen from the larger HYM cohort for semi-structured qualitative interviews. These substudies were designed to gather more in-depth and contextual data on a number of constructs in the study, such as substance use, sex and sexual behavior, religion and spirituality, and discrimination. Data for this article were drawn from responses that emerged from these substudies. Because some of the themes presented in this article were identified as important in the second substudy ($N = 24$), similar questions were added to the third substudy ($N = 36$) to gather additional information and perspectives on learning about sex and sexuality. These questions included (a) "Where did you first learn about sex and sexuality?" (b) "What kinds of things did you learn when you were growing up?" (c) "Where do you think your ideas or attitudes about sex come from?" (d) "What or who has influenced your thinking about sex?" (e) "What are your family members' views on men who have sex with men?" and (f) "What are some ways they showed how they felt about it? What impact has this had on you?" Individuals were selected for the qualitative interviews based on responses to items on the quantitative survey. Qualitative respondents were then chosen randomly from the larger cohort and were stratified equally across the three racial/ethnic groups. For additional information on the sampling procedures, see Kubicek, Weiss, Iverson, and Kipke (in press).

Data were collected from September through December 2006 (Substudy 2) and March through June 2007 (Substudy 3). Each interview lasted 1.5 to 2 hours and was digitally recorded and professionally transcribed. All interviews were conducted in the HYM project offices or at a location convenient to the respondent (e.g., coffee house or park). Respondents were provided a $35 incentive for completing each interview. The research received approval from the Institutional Review Board of Childrens Hospital Los Angeles.

The qualitative analysis for this article used a "constant comparative" approach, an aspect of grounded theory that entails the simultaneous process of data collection, analysis, and description (Glaser, 1992; Glaser & Strauss, 1967). In this process, data are analyzed for patterns and themes to discover the categories that are most salient, as well as any theoretical implications that may emerge. As the data are collected, they are immediately analyzed for patterns and themes, with the primary objective of discovering theory implicit in the data. Atlas.ti was used for coding and analysis of relationships between and within text segments. More detailed information related to the qualitative analysis for this study has been published previously (Kubicek et al., in press).

The open coding process included refining the codes based on the data. Codes related to environmental influences and attitudes on same-sex relationships (e.g., family attitudes, friends, media), sources of information on sex and sexuality, and early sexual experiences were included in the analysis. Axial coding was then conducted to piece the data back together to fully describe the issue. This process of axial coding led to the structure of the present study, which (a) describes the perceived unsupportive environment of same-sex relationships and lack of relevant sexual education resources, (b) respondents' resourcefulness in seeking out other sources of information, and (c) the high-risk sexual situations that sometimes occurred due to insufficient or misinformation about anal sex. Throughout the article, pseudonyms are used to identify respondents.

RESULTS

Description of the Sample

Table 1 presents the demographic data for the full sample of HYM respondents (N = 499) who completed the Wave 2 survey. Qualitative respondents do not differ considerably from the rest of the sample. However, a larger proportion (18% of qualitative vs. 12% of total sample) reported having an STI since their last interview. Both groups reported similar HIV testing patterns, with 63% of the sample reporting being tested for HIV in the past year and qualitative respondents reporting a similar frequency (62%). The majority of the HYM sample (77%) identified as gay, with 15% identifying as bisexual.

Traditional Sources of Sexual Education

Schools: "They Didn't Talk About Gay Sex at All." Respondents reported receiving sexual education in schools at various time points. Several mentioned receiving basic anatomical information in elementary school when the boys and girls were separated into groups and shown a video about developmental changes. For the most part, sexual education was usually provided in 7th or 8th grade through life sciences, health classes, or special seminars. For many of the respondents, additional information was provided in high school. During these classes, young men reported learning about pregnancy, STIs, HIV, abstinence, and the use of condoms. For many, this was their first exposure to learning about STIs. For some, learning about something this serious in junior high school felt awkward or embarrassing. They reported that students were "giggling" and asking "stupid questions." Regardless, most felt that the information provided at that time was helpful because this was a time when they felt many of their peers were initiating sex. One respondent reported that what he learned in 6th grade about HIV was the first and only time that the actual effects of the virus were explained to him:

Table 1. Description of the Study Sample From Wave 2 Survey ($N = 499$) and Qualitative Respondents ($N = 58$)

		Total Sample		Qualitative Respondents	
Variables	Categories	*n*	%	*n*	%
Age	18 to 19 years	143	29	16	28
	20 to 21 years	186	37	26	46
	22+ years	170	34	15	26
Race/ethnicity	African American	115	23	18	32
	Caucasian	188	38	20	35
	Mexican descent	196	39	19	33
Residence	Family	255	51	31	54
	Own place/apartment	199	40	21	37
	With friends/partner	35	7	5	9
	No regular place/other	10	2	0	0
Employment	In school	78	16	12	21
	In school, employed	146	29	16	28
	Employed, not in school	227	46	22	39
	Not employed, not in school	48	10	7	12
Sexual identity	Gay	384	77	41	72
	Other same-sex identity	27	5	6	11
	Bisexual	76	15	8	14
	Straight	5	1	1	2
	Don't' know/refused	7	1	1	2
Sexual attraction	Males only	363	73	38	67
	Males and females	126	25	18	32
	Females only	4	1	0	0
	Neither/don't know	6	1	1	2
HIV Serostatus	Positive	17	3	3	5
	Negative	412	83	45	79
	Don't know	69	14	9	16
STI (since last interview)	Yes	58	12	10	18
HIV testing status[a]	Never tested	83	18	11	19
	Tested ≥ 1 year ago	92	20	7	12
	Tested 6 months to 1 year ago	109	23	10	18
	Tested ≤ 6 months ago	188	40	25	44
Sex exchange (ever)		70	14	11	19

NOTE: STI = sexually transmitted infections.
a. Only those reporting any lifetime sexual activity are included in this analysis. Other missing respondents include those who could not remember the date of their last HIV test.

> I think that video taught me the most I know about AIDS than anything else. . . . Now, I get all of this literature "Use a condom, be safe" . . . but nobody has actually come up to me and said, "This is what AIDS is, this is what AIDS does to your body."

In general, sex education focused on vaginal sex and the related risks of pregnancy and STI prevention. When anal sex was introduced, it was typically in the context of heterosexual couples engaging in anal sex in an effort to prevent pregnancy. When this topic came up, most young men said they were taught "just that it was wrong."

Discussions about same-sex sexuality were practically nonexistent. Caspar, upon reflecting about what was taught in school, stated that it was "real straight like. They didn't give me no love now that I think about it." Young men reported that "gay sex" was usually only brought up if someone in the class asked a question or made a comment—and that these questions were usually met with laughter from their peers. In this environment, most reported that it would be difficult to actually ask a question about anal sex or anything related to homosexuality, stating there was "just no way to ask" because:

> If someone were to ask, it was doomsday for them . . . they would be ostracized, they would be called names, possibly picked on, fought with.

Young men were split somewhat as to whether they felt that the actual mechanics of anal sex should be taught in school. Some were cognizant of the potential issues this would cause in the schools with parents and other students. Fernando represents these respondents when stating, "If you are not mentally ready to learn about the gay world, then I think that will create problems in the long run." Others felt that they should "teach all aspects of sex, because that's really what happens." Learning about anal sex would have prepared some of them for their first sexual experiences, particularly for those like Dwayne who never knew anal sex was possible until he was in college:

> If I was taught that or introduced to that in high school then I wouldn't have been so dumb in that sense where I didn't know that that was possible. Rather, it was something that was designed to happen that way . . . but hmm, just didn't think it was possible.

While unsure whether the focus of sexual education should be on the actual acts of sexual intercourse, most seemed to be in agreement that information on sexuality should be presented. Young men felt that offering information on different types of relationships would perhaps create a more welcoming environment for people to ask questions. As David stated:

> I think homosexuality should be embraced as much as heterosexuality. I don't think it should be something that is frowned upon. I don't think it should be taught as something that is different or I hate the term "alternative lifestyle." . . . The moment we sit there and tell people that homosexuality is wrong or we don't teach them about it, they begin not to understand it and they fear it. Which is what leads to prejudice . . . it's not a lifestyle. It is who we are.

While young men reported learning about condoms and practicing placing condoms on bananas or dildos, some reported that the reason behind the use of condoms was often glossed over. The basic facts and potential effects of different STIs were presented, but the connection between those infections and prevention was often missed. As Emmett stated, "I think they need to push the reason why we need to wear condoms." This was important to several of the respondents who remained confused or uninformed on how STIs were transmitted and the best ways to protect themselves. Jamie, a young man who reported contracting several STIs while in high school, took a college course on sexuality and reported that he learned a great deal that helped him make better decisions about sex. He stated that:

> I'm one of those people, you can preach to me all you want about using a condom and if I don't know why you need me to use a condom, I won't. I don't see any purpose in it . . . I finally realized what all these diseases, these STDs did to my body.

Medical Professionals and Other Providers. Young men reported that they became more comfortable seeking information about sex from physicians or other medical professionals once they were older and seeing a doctor who had not treated them as a child. Issues of privacy and confidentiality were mentioned in relation to young men's concerns that family doctors may speak with parents about their sexual behavior or medical condition. However, young men in these interviews did not typically report seeking advice from health professionals unless they suspected they had a medical problem, such as an HIV scare or symptoms of an STI. In addition, some respondents reported learning about different STIs when going to a clinic or provider for an HIV test. For those who sought advice from providers, regardless of the circumstances, they typically reported a positive experience where they learned some of the things they wished they had learned in school: "I learned it from when I used to go and take my test. They told me about them, STDs, what they are and what [happens] if you don't protect yourself."

Some of the respondents reported seeking out information from providers who work specifically with gay men; however, very few accessed these providers while in high school or younger. Their knowledge of these providers at that time was minimal. Several mentioned that they currently visited gay and lesbian centers and other providers who provide HIV counseling and other services.

Parents: "Be Safe. Use a Condom." In general, respondents reported receiving very little instructive information on sex from their parents or other family members. A surprising number of respondents reported that they "never had the talk" with their parents. For those who did have a discussion on sex, it typically consisted of sex between a man and a woman, how a woman could become pregnant, and that condoms should be used to prevent the pregnancy. Several reported that their parents gave them condoms after this discussion and were told to "be safe." While condoms were mentioned and even provided, very few of the respondents reported learning anything about HIV or STIs from their parents:

> She didn't really educate me on the STDs. I learned about that through the gay scene itself. That's the thing my mother never really had to deal with because during her age, it wasn't really a big deal.

Not surprisingly, many of the respondents described these discussions with their parents as "awkward" and embarrassing—both for themselves and for their parents. None of the respondents reported their parents ever initiated a talk about same-sex sexuality. Even as they grew up, respondents reported that any discussion about sex—regardless of the orientation—was awkward, as Victor explained:

> I always feel a little awkward when it comes up because I know it's probably a little awkward for her but maybe that's just me putting the awkwardness and projecting it onto her.

This sense of awkwardness was related to the general family attitudes about sex and sexuality. If a young man felt that his parents were unsupportive or uncomfortable about the topic, it made them feel that they could not approach their parents about their questions or concerns. Xavier shared how his father got a book on the "hormoned male growing up" and told him to read it. The book confused him further, and his father's attitude made him feel he "couldn't ask any questions because my dad doesn't want to talk about it. . . . So I didn't ask any questions."

A few respondents reported that their mothers sat them down at an early age to talk about "the birds and the bees." David, who described himself as comfortable with his sexuality and a "sexual icon"—one who was "very sexual" and desired in the gay community—had very specific rules related to condoms that he associated with his mother's openness and teachings:

> I will not, not use a condom. There have been times when I hooked up with somebody . . . and he didn't wanna use one and he kept trying to get me to penetrate without one and I said, "You know what? No. I'm not willing to give my life to you. I'm not gonna not use a condom."

David reported that his mother started teaching him about sex at the age of 5, and she had been "very open with me about everything that I've ever needed to know." He reported that he always felt he could go to her with any questions about sex or his own sexuality. Deren too reported that his mother sat him down at an early age to explain about sex. He felt that this early education prevented him from doing "something [having sex] by age 14 or 13 . . . you know, a lot earlier."

Alternative or Informal Sources of Sexual Education

In the absence of relevant and useful sexual health information from those sources that may be considered "traditional," the young men in the study were resourceful in finding ways to learn about sex and sexuality from a number of sources that may be considered "alternative." Many young men in our study described environments they saw as unsupportive, and therefore, respondents rarely reported going to individuals such as parents or teachers. Instead, they most often described learning about sex through pornography, the Internet, sexual experimentation, and their boyfriends or sexual partners.

"Don't Forget Porn 'Cause It Was Very Important." One of the most common informal sources of sexual information was pornography in its various forms. Pornography was usually described as one of the only resources available to them: "Because there's really no information on [anal sex] . . . there's really no strong definition nor strong advice about anal sex. It's usually just through word of mouth or from porn."

Respondents described looking at magazines they found in their own or others' homes, videos, and Internet porn—both pictures and video. Young men typically reported finding pornography on the Internet between the ages of 12 and 13 and from magazines, cable, or videos between the ages of 4 and 10. These early viewings of pornography were often described as a way of learning about "how it works" or the mechanics of sex. For many, this was their first glimpse of sexual intercourse, whether anal or vaginal. For some, the actual idea of anal intercourse was a foreign concept: "I didn't know it could actually go up there." Caspar described seeing photos in a magazine available at a gay club:

> I just saw this guy doin' it in the butt. 'Cause that was the first time I had actually seen a full like, "Oh my God, is that what they do? Like, I don't think I'm gonna be able to do that."

In addition to providing some information on anal sex (e.g., "what goes where"), viewing pornography offered some young men a confirmation of their growing awareness of

their sexual attractions. When young men first encountered the Internet as children, they typically reported using early search engines such as Yahoo or AOL. Many respondents reported that they were not sure of the label that was attached to their sexual attractions; they had heard the word *gay* but were not sure what it meant or how it might apply to them. Thus, these early searches may have included keywords such as *naked men* or *men with men*. Not surprisingly, these search terms usually led them to pornography—and as a result, pornography provided them some confirmation of their sexual attractions: "I was more interested in the guy than the woman." Several reported that their first encounter with "gay culture" was through gay pornography, such as Jamie, who reported that "I started going to gay porn sites and I was like 'That's hot.' So then that's kind of how I got exposure to, I guess, gayness." Pornography was also a venue for teaching young men about subcultures within gay communities, such as "bears," S&M, and leather.

While often their main source of sexual information, several mentioned that pornography was not necessarily the best source of information. Some young men reported learning only about kink and fetish activities, which some termed as the "nasty stuff people do" (e.g., fisting, water sports, bestiality). Some young men were critical about these kinds of images and content in pornography and expressed a disdain for what they saw as "unhealthy." Julio, who reported learning only about heterosexual sex in school, said that through gay pornography he "only learned dirty stuff because they really do dirty things, not healthy. And I'm like . . . I would learn nothing positive from those movies. No, nothing." Viewing these types of activities made some respondents go "off porn" for a period of time.

"The Internet Played a Big Role." In addition to Web-based pornography, respondents described accessing the Internet for a variety of reasons, most commonly to seek information and advice about gay-related issues. Many also reported using general interest search engines (e.g., Google, Yahoo) to learn about gay sexuality. Respondents often reported that if they currently had a question about sex or STIs, the first place they would go is the Internet:

> I learned on the Internet 'cause I was researching HIV and how you can contract it. And after that, I learned it from a doctor that told me only through bodily fluids and everything.

Some reported using the Internet when they suspected they had a health problem or had been told by a doctor or other medical professional that they had an STI. David reported that after having symptoms that he thought might be either a urinary tract infection or Chlamydia, he went online for information. He said that he found "contradictions online on some of the different Web sites" and only then did he seek professional advice.

The Internet was described as "unjudging" and the preferred source of information for many young men who reported that they would be embarrassed or uncomfortable looking up information in a library or bookstore. Respondents generally reported going online when they were "discovering" their sexuality in their preteen years or when they were unsure what their feelings meant. Jamie, who grew up in a "conservative" town, said that through the Internet he realized, "Oh, there is a name for this thing that I've been experimenting with all these years and it's called being gay." Likewise, for those who lacked social support, the Internet provided a venue to learn about sexuality:

> Back then, I didn't have anyone to talk to . . . I didn't come out to any of my friends yet and so I guess I was kind of alone. No one was there to tell me, "It's not wrong what you did. You're just feeling these feelings and it's just the way you are."

In contrast, young men who did not have access to the Internet reported having little to no exposure to gay communities or culture until their late teens. Benicio reported not learning about men having sex with other men because "I didn't really have access to any of that. I didn't have the Net, I couldn't read about it. It was something really, really . . . out of my reach."

Friends and Peers: "I Learned About It on the Playground." Additional sources of information about sex were friends and peers. Respondents reported that their friends played an important role in exposing them to different aspects of sex. In general, talking frankly about sex and sexuality was easier with friends than it was with parents or other adults. Friends and peers were sometimes the first people to teach respondents about sex. As young men began to be sexually active, they tended to increasingly rely on friends for sexual information.

Respondents typically described first hearing about sex in general through school friends and peers. The types of things they learned on the "school bus" or the "playground" usually were about sex between men and women, both vaginal and oral sex. While young men reported hearing about sex from friends at a young age, most of the real information was provided in junior high and high school when "there were kids that were hooking up with each other and having sexual intercourse."

What friends talked about was described as being "different" from what was taught in sex education classes. Friends shared information on how sex felt, different positions, and slang terms for sexual activities. Interestingly, the types of information that young men learned from friends was similar both in topic as well as comprehensiveness to that which they learned from pornography, such as the mechanics of sex. One young man stated, "[In school] they don't teach you all that stuff . . . that's something you learn from peers." Friends were also described as often being the ones who first exposed respondents to pornography in an effort to share information about sex.

Early sexual information from friends focused solely on heterosexual sex because, as Stuart explained, you would not want to ask or volunteer information about anal sex at that time: "Nobody was gonna be out there at that age." However, as young men began to better understand their sexual attractions and found friends who identified as gay, most felt more comfortable in asking questions. These friends helped respondents learn not just about the mechanics of anal sex but also about what it means to be gay. These early friendships with other gay men and boys seemed to have a profound influence on the respondents' lives. Eddie reported that he was always "curious" about why he found boys more attractive than girls. It was not until his junior year of high school when he met a gay friend who exposed him to new information that he began to better understand those attractions; as he stated, this friend "helped me discover who I am and what I am."

Meeting other young men who were openly gay was key to respondents' ability to gather information. Most seemed uncomfortable asking specific questions about anal sex or homosexuality with other friends. Similarly, some young men reported having mentors, generally young men a couple years older than they were, often called something such as a "gay big brother," who helped them navigate the gay communities. Several of the young men were so inspired by their mentor that they assumed a similar

role with a younger friend. Liam reported such an experience and said that his "best friend did make a difference in my life ever since I've been like 16 . . . I found myself, man. But really, honestly, I didn't know myself."

"Experimenting" and "Trial and Error." While many young men reported that pornography offered their first glimpse of anal sex, several also reported that "experimenting" or "trial and error" was their first knowledge of sex between two men. This experimentation was often described as "awkward" and "weird," with one young man reporting that "I don't know what I first did, but I know I just explored." Young men in this group often said that by the time schools provided sexual education, they had "already had a lot of sex."

Many of the respondents reported that their growing awareness of their sexuality led them to explore the possibilities at a young age. It was not unusual for young men to describe early sexual experiences such as mutual masturbation, oral sex, and "grinding" at the age of 7 or 8. Danny, a young man who reported that the sexual education in school was "nothing about gays," described his first anal sex experience as occurring in the 7th grade with a partner who was in the 10th or 11th grade. He reported that he had explored sexual activity through "blow jobs" but had never kissed his partners; in fact, until his first anal sex experience in his tree house, he "didn't know how to take a step forward . . . didn't even know you could do that [anal sex]." Chad too reported that he "didn't hear anything [about anal sex] until after the deed was done." He said that he could not really recall how he learned about anal sex but thought it must have been through "process of elimination" and through the guidance of his partner who was "older and had been with a couple of people."

Sexual Partners: "He Knew What He Was Doing Already." The experience and knowledge of the respondents' sexual partners were also associated with their sexual "experimenting." More experienced partners often determined the nature of the sexual experience because they "seemed pretty educated." These partners typically controlled the sexual encounter, and respondents reported "doing what he told me." Fernando described learning from his boyfriend (of a similar age) how to have "Angelina Jolie sex," which meant "crazy and wild, aggressive stuff." More experienced partners often determined the sexual role of the respondent. Several, like Emmett, reported that in their first sexual encounter, their partner determined whether they would "bottom" or "top": "I bet if he was a top I probably would have ended up bottoming and I probably would have been a bottom."

Respondents relied on these partners to teach them some of the mechanics of anal sex, such as sexual positions and preparations. Some of these activities and advice reduced risk (e.g., condom use), and others brought increased risk, such as douching or unprotected sex. For example, one young man reported his partner told him that only "bottoms" were susceptible to STIs such as gonorrhea.

A substantial number of the respondents reported that their early sexual partners were "older" (2- or 3-year difference); however, a smaller proportion described being young teenagers (ages 12 and 13) when partnering with men in their 20s and 30s. It should be noted that none of the young men who fit in the latter group described these experiences as rape.[1] There were similar themes present in the stories of both groups related to learning about sexual activities and deferring to an older and/or more experienced partner; however, there were some elements in the stories of this younger group that require additional discussion, which is provided at the end of this section.

Alvaro, one of the respondents in this group, lost his virginity at the age of "12 about to be 13" to a man in his "mid- to late 30s." He related that due to family problems at the time, including an older brother who became violent toward him after learning of his sexuality, he "didn't want to be at home." For this reason, he was out with his friends late one night to "look for a boyfriend for the night." At the time of this first experience, he reported that he "didn't have a clue [about anal sex]." He described this experience in great detail, disclosing the intense pain, anxiety, and fear. He said that it happened "so fast that I couldn't speak." After this initial experience, he continued to have encounters with older men over a period of several years. In spite of having a great deal of sexual experience at an early age, he related how he had been really "ignorant" about sex and its related risks and, as a result, relied on these older partners to assure a safe sexual experience:

> Everyone used condoms with me. I never heard oh like "protect yourself." . . . I never heard of anything or I never heard of HIV before that time, I was just ignorant about it because no one talked about it. Not even school. I would just see them wear a condom . . . so I'm like "OK, I'm not gonna get pregnant but OK, I'll use it."

Young men who were in their early teens and having sexual relationships with older adults often described how they sought out these older sexual partners, often finding them online or in known public spaces, where older men would "pick 'em up." At times, these experiences were prior to their learning anything about HIV or STIs. Jonah reported that when he was in 8th grade, AOL was launched and "that's when I started looking in chat rooms." He shared that he would enter these spaces and say, "'Hey I'm this young' . . . I was just honest when talking with them and trade pictures." He related that most of these partners were in their mid-20s and that it was "slim pickins" because he had to find someone who was "comfortable doing what I was comfortable doing, which was usually only receiving head." Orlando, too, reported that he started looking for older men on the Internet when he was 13 or 14 because he "didn't want anyone my age."

The experiences of these respondents are not necessarily representative of the larger sample. However, their experiences offer some unique opportunities to identify the potential risks related to these early sexual experiences. Sexual experiences with significantly older partners create situations with potentially unhealthy consequences, with risks related to psychological harm, anxiety, and unbalanced power dynamics within the relationship. Data related to these outcomes were not obtained in these interviews; however, it was clear that these experiences occurred at a time when respondents were ill equipped to advocate for their health and safety due to their lack of sexual education.

Early Sexual Experiences

As reported in Table 2, the average age of initiating anal intercourse within the HYM cohort was about 17. Some of the young men in the qualitative sample reported engaging in anal intercourse as young as 12 years old—prior to receiving any information about sex and how to protect themselves. The incomplete nature of most young men's sexual education led some to have unpleasant and, at times, unsafe early sexual experiences.

"A Pain That I Really Can't Describe." Reporting painful sexual debuts was not unusual among the qualitative respondents. Young men reported that they did not know

Table 2. Age of Sexual Debut of HYM Respondents

	Age of Initiation Full Sample		Age of Initiation Qualitative Sample	
Sex Act	*M*	*SD*	*M*	*SD*
Oral Sex	15.2	3.04	14.9	3.24
Received	15.5	2.92	15.0	3.23
Gave	15.5	3.12	15.4	3.31
Anal Sex	16.9	2.33	17.0	2.47
Insertive	17.2	2.22	17.1	2.32
Receptive	17.2	2.35	17.4	2.82

NOTE: HYM = Healthy Young Men's Study.

how to prepare themselves or their body for anal intercourse, particularly those who "bottomed" or engaged in receptive anal intercourse. Some, like Danny, did not know that using a lubricant could make the experience less painful and safer: "We weren't trying to lube or anything. I think we were trying to thrust it in there, so it felt like an axe."

Experiences such as these led some young men to believe that anal sex was supposed to be painful. Given that most young men did not have people in their lives with whom they felt they could talk, they reported that they just "assumed it was supposed to feel that way." This realization made some question their sexuality further, believing that they would never be able to engage in a pleasurable or healthy sexual relationship. As Liam stated:

> That was my first time . . . it was like WOW . . . it hurt so I didn't wanna do it no more. I just wanted to change my whole life right there . . . I mean 'cause after that point it's like, I don't wanna be gay no more! 'Cause it was that bad. It hurt that bad.

"I Didn't Know About the Risk Back Then." In addition to having painful early experiences, some young men reported engaging in sexual activities that were potentially harmful. Given the young age of some of the respondents' sexual debut, some were unequipped to advocate for their safety. With their lack of experience and knowledge, some believed that the pain and bleeding they were experiencing was "normal" and so did not feel they could or should say anything to their partner. Others, like Sergio, stated that they did ask their partners to stop or change their position and were ignored or not heard:

> Like the first instance when I had painful intercourse, he heard me but he wasn't listening to me. And he showed that all he really cared about was him getting off and it didn't really matter how. But it was hurting me.

In some cases, this inability to effectively communicate their needs to their sexual partner exposed the respondents to a great deal of risk. Julio reported that his first anal sex experience was unprotected. He said that at the time, he wanted to have sex with this partner, but "I didn't want to say like use a condom or whatever. I just wanted to do it . . . I was shy. Like, I don't know if he wants to use a condom or not."

For others, the gaps in their knowledge of sexual education led them to have some misconceptions at the time of their initial sexual experiences. For some, this misinformation made them anxious about their sexual activities, such as Danny, who reported

having unprotected sex in the 7th grade. After that experience, he said he was "scared" because he "didn't know someone had to have [HIV]. I thought it could be made by not using a condom, I didn't know you have to catch it from someone that has it." Similarly, Cory, who grew up in a rural area that had no accessible resources for YMSM, reported that his first experience with anal sex was unprotected. At the time, he did not believe that this was a potentially risky activity because he took the insertive role in the sexual encounter and believed this was safe because:

> I thought that the penis was the one that causes all of the problems. But I did end up getting anal warts from somebody and that's when I was like, oh . . . it was just lack of education on my part.

Early initial sexual experiences posed other elements of risk. Several young men reported that they did not use lubrication in these encounters and as a result experienced some tearing and bleeding. In the absence of lubrication, some used other substances, which can actually increase HIV risk, such as lotion or Vaseline, to make insertion a little easier. Dorian reported learning about anal sex in high school through friends who had already engaged in it. He reported that they talked about how to make the experience more pleasurable: "You have to douche before you have sex with a guy. You have to use Vaseline. Back then, they were using Vaseline. We didn't know that Vaseline wasn't good."

DISCUSSION

The data presented in this study indicate that there are relatively few traditional sources of relevant sexual education for YMSM. The issue of sexual education in schools has long been contentious and debated (Irvine, 2004). More recent federal legislation promoting abstinence has further limited the types of sexual education provided in schools, making it more challenging for all adolescents, particularly YMSM, to obtain information that can help them protect their health. Current policies around sexual education provide large financial incentives for states to adopt abstinence-only sexual education. Three existing federal programs are dedicated to funding restrictive abstinence-only sexual education to schools throughout the United States; however, recent research indicates that abstinence-only programs provide inaccurate information about condom effectiveness and have shown little evidence to support long-term changes on attitudes about sex, delay of sexual debut, and positive effects on any sexual behavior (Advocates for Youth, 2004; Kirby, 2008; Lin & Santelli, 2008). These policies are particularly restrictive for YMSM, since schools may be one of the only resources available with the potential to provide accurate and complete information on sexual health issues.

YMSM in this study reported that they rarely if ever heard anything about same-sex sexuality in their schools' sexual education classes. While some remembered learning about HIV and other STIs in these classes, others were unsure if that information was presented. What was remembered by these young men was the omission of anything related to a same-sex relationship and an emphasis on heterosexual relationships and intercourse. This is important to note as YMSM may be less inclined to pay attention to sexual education that only addresses relationships and sexual interactions between heterosexual individuals.

In addition to schools, parents are also generally considered a traditional source of sexual education information. Among the respondents in this study, many reported that they did not disclose their sexuality to their parents until a later age. Even among those whose parents knew about their sexuality, coming to parents for same-sex sexual education information was seen as embarrassing or otherwise challenging.

In light of this lack of education, the young men in this study demonstrated resourcefulness in finding relevant information. Many went online to learn about homosexuality and were often introduced to pornography on the Internet as well. While pornography is certainly a source of sexual education for the general adolescent population (Mitchell et al., 2003), among YMSM it is one of the only sources that provides a snapshot of the mechanics of anal sex. These sources provided some information on the mechanics of sex as well as more general information on sexuality. As prior research has found (Rhodes, 2004), young men in this study often used the Internet because of its perceived anonymity and privacy.

Young men also reported learning about sex through actual experimentation and/or their sexual partners. This often required young men to place a great deal of confidence and trust in their partners to guide them through the sexual experience and to take the necessary steps to make sure it was safe and pleasurable. In some instances, these encounters occurred when the respondents were in their early adolescence and with adult men. While none of the respondents reflected on their experiences as rape, they each described scenarios that are clearly defined as statutory rape and contain additional issues around risk and vulnerability. The information shared around access to physical and virtual venues where they could meet older men for sex speaks to a need for greater research on and outreach within such venues to better protect LGBT adolescents.

While resourceful in learning about sex, many young men still had significant gaps in their sexual knowledge at the time of their sexual debut. This led many to engage in high-risk sexual activities and often to be ill equipped to advocate for their own sexual preferences or health. This is similar to research with female adolescents and the idea of young women's sexual agency, defined as the ability to advocate for one's interests in the sexual domain (Bay-Cheng, 2003). Research in this area has consistently found a relationship between a young woman's ability to be conscientious about and fully present in her sexual experiences and her ability to act as an "agent" (Thompson, 1990; Tolman, 1991; Welles, 2005). YMSM are vulnerable by virtue of their age and their developmental period; thus, providing relevant information and resources will give them the tools they need to develop more fully their own sense of sexual agency.

There are several limitations to this study. Attempts at generalizablity cannot be made with these data given the small sample size and the fact that the study respondents may have had a limited range of experiences and perspectives. This is common among qualitative studies, which typically do not rely on large samples to explore and contextualize more general findings. Thus, in spite of this limitation, we feel the data presented here are important and provide clear directions for providers and policy makers to develop and/or advocate for new programs designed for YMSM. There is currently a dearth of data surrounding the sexual education of YMSM, and these findings are critical in designing more effective and relevant sexual education programs. Larger scale studies should also consider these findings to better understand how the lack of relevant sexual education may affect YMSM and others. In addition, because this study's recruitment efforts were conducted at gay-identified venues, the information obtained from this sample may not represent perspectives and experiences of YMSM who do not attend such venues. Most research conducted with YMSM has recruited

respondents from venues such as bars and clubs, and little is known about those who do not have access to and/or choose not to attend gay-identified venues. Therefore, research focusing on YMSM who do not frequent these venues may reveal different perceptions or behaviors.

Implications for Practice

Young men in this study often reported that discussions about sex with their parents were "awkward" and embarrassing—both for themselves and for their parents. While this is not surprising, it does speak to the need to consider designing programs that can make these types of discussion for parents and YMSM more comfortable. A small proportion of young men in this study reported that their parents, specifically their mothers, provided them with a great deal of sexual education information and made it clear to the young men that they were available for questions and advice. However, it was also clear that parents often are uninformed about same-sex sexuality, and therefore, interventions designed to provide parents with additional tools and education to more fully support their children are needed.

Understanding how young men develop comfort in communication and trust with a parent is critical to developing family-based HIV intervention programs. Family-based approaches to HIV prevention have been recommended by the National Institutes of Health and have shown promise in other populations but have not yet been implemented with YMSM (Garofalo, Mustanski, & Donenberg, 2008; Pequegnat & Szapocznik, 2000). While including parents in interventions can be challenging, particularly if parents are unsupportive and/or the young man has not disclosed his sexuality, families can play an important role in HIV prevention. However, given the potential harm that could occur if a young man discloses his sexuality before he is ready, it is of primary importance to understand the family dynamics and perceived supportiveness prior to initiating this type of intervention.

Data from this study also indicate that YMSM do not typically approach traditional HIV service providers until they are in their early 20s or possibly older. Reasons for this included a discomfort in talking with a family doctor, lack of knowledge of MSM specific services, and a need for privacy and confidentiality. During their adolescence, YMSM often reported seeking sexual health information from the Internet. The Internet was seen as a source of information for a variety of topics and was preferred due to the sense of privacy and confidentiality it afforded. When using the Internet, YMSM typically reported using a search engine such as Google or Yahoo to find the information they sought. Rarely did YMSM report going directly to a health-related Web site (e.g., WebMD, Centers for Disease Control and Prevention). Given this knowledge, providers working with YMSM should continue to consider how to make sexual health information more accessible so that the most up-to-date and correct information is readily available. More interactive Web-based spaces should also be considered, such as chat rooms and virtual environments where YMSM can learn from their own and others' ideas (Bull, McFarlane, & King, 2001; Read et al., 2006). New Web-based interventions have been developed that are eroticized and have the potential to attract YMSM; one example is Sexpulse, which includes "pictures of nude men, cartoons, and cheeky icons" (Marcotty, 2008; Rosser et al., 2008). These and others should be considered in order to reach a larger audience and have greater impact. While none of the young men in this study reported parental monitoring of their Internet usage, this is becoming increasingly common (Wang, Bianchi, &

Raley, 2005) and should also be considered when developing Internet-based intervention programs.

Working with Internet sites used for locating sexual partners as well as pornographic companies should also be considered for providers and other advocates. For example, a popular Internet site in the Netherlands created a computerized algorithm at the entrance to the site that allowed patrons to enter information describing themselves and their preferences. The site then provided them with tailored feedback, such as providing information on how long one should use condoms with a primary partner and advice on how to use the Internet safely for younger, closeted men seeking partners online (Wohlfeiler & Potterat, 2005). These companies should be made aware that for many YMSM, this is one of their only sources for sexual education information. Service providers and other HIV advocates should consider collaborating with these Web sites to allow for links and banner advertisements that can provide more accurate and complete sexual health education to YMSM who access online pornography.

Finally, while YMSM may not typically seek out information from HIV service providers or other medical professionals, the vast majority of YMSM do attend schools, which may be better able to reach large numbers of YMSM and other sexual minority youth. The recent shift in school-based sex education to an abstinence-only focus presents some challenges in this area. However, as several of the respondents in this study related, providing information on general sexuality and different kinds of intimate relationships may contribute to a more welcoming and open environment in the schools for all students. School districts and others should consider developing curricula in this area. For example, the Los Angeles Unified School District (LAUSD, 2005) created a sexual health textbook with a chapter on same-sex sexuality; all LAUSD high schools use this text in their sexual education classes. This book was developed locally and was selected by the state as an approved textbook for high school sexual education.

It should also be noted that schools providing comprehensive sexual education continue to focus their discussion on pregnancy prevention and vaginal sex; however, recent research indicates that the general adolescent population engages in a variety of sexual behaviors, including oral and anal sex (Ompad et al., 2008). Additional curricula need to be developed that address the myths and misinformation these young men reported in this study, such as insertive sex being safe sex and the use of Vaseline and other oil-based materials as lubricants.

Young men in this study reported a lack of relevant information in their sexual education classes as well as anxiety in asking questions about same-sex relationships or sexual practices, similar to what has been found in prior research (Uribe & Harbeck, 1992). Ensuring that teachers are well trained and comfortable in discussing homosexuality, HIV, and risk-reduction strategies is imperative and should be made a priority for school administrators and policy makers. In addition, school policies that foster an environment where YMSM feel comfortable approaching teachers or staff should be put into place; if these policies already exist, greater accountability should be placed on school administrators to ensure that these policies are enforced. These policies may involve including information about homosexuality in sexual education classes, school staff openly discussing homosexuality, more stringent and enforced antibullying rules, and/or the formation and sustainment of gay support groups in schools.

Perhaps the most essential aspect of HIV prevention is to provide accurate, comprehensible, and meaningful education. It is not enough to assume YMSM will be able to access this education alone. Providers, advocates, and policy makers must work together to provide this information in the various forms and venues that YMSM frequent,

including schools, the Internet, community providers, and families. Advocates in this area should consider organizing forums or workshops that bring these different parties together with the intent of initiating a dialogue on how to address this important issue. This collective effort is essential to implement the individual- and structural-level HIV interventions required to provide this type of sexual health education.

Note

1. Data related to the experiences of YMSM who reported early sexual experiences as a minor with older adult partners are limited to this section of the manuscript. While their stories are important and require additional consideration, they do not necessarily represent the larger spectrum of experiences described in the qualitative sample. Thus, subsequent discussion related to risks associated with early sexual experiences include only those respondents with similarly aged partners.

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