Perceptions of Sex and Sexual Health Among College Men:

Implications of Maladaptive Habits in Physical and Social Relationship Formation

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Fear, vulnerability, stigma, and masculinity are important concepts to consider when promoting health among males. However, most health education efforts targeted towards males, particularly college-aged males, do not fully grasp the influence of these variables upon men to assist with them adopting healthier romantic and sexual relationships.

This discussion presents trends from a university-based seminar during the 2011-2012 academic year conducted with college students on maladaptive sexual habits, including promiscuity, subjective norms of sex and relationships, alcohol abuse, and inconsistent STD protection, as they pertain to physical and social relationships. Approximately 225 college-aged men and women attended the seminar. A particular emphasis was placed on perceived masculinity and gender roles within the social environment and how they influence physical and social relationship formation.

The seminar was a first step for future effectiveness testing of message-delivery systems in relationship and sexual health behavioral modification research among college men. This paper presents lessons learned from this exploratory approach in community health outreach efforts. We advocate that such seminars can be an efficient and effective way to raise awareness and promote wellness among male college students.

Keywords: sexual health, college men, relationships, gender, risk perception

Men's Health Disparity and Barriers to Services

Studies show that men are living sicker and dying younger than females at every stage of life (Leone, 2012; NCHS, 2009; Jeanfreau, 2011; Centers for Disease Control and Prevention, 2010; Singh-Manoux et al., 2008). This trend is perhaps most evident in college-aged individuals (ages 18-25), where 3 out of 4 deaths are men (APHA, 2011; CDCP, 2007).

It is commonly accepted that men generally seek health care less often and later in a disease process than women (Jeanfreau, 2011; APHA, 2011; Gottlieb & Green, 1984). Men face several barriers to health service utilization. For example, low-income and less-educated men face systemic challenges that serve to disengage them from health care access. These include a lack of affordable health care coverage as well as infrequent, perhaps even inadequate, medical counsel from primary care providers (The Commonwealth Fund, 2000). Further, a man's need to stay in control, take risks, and deny the severity of physical ailments leads him to avoid seeking healthcare until it is completely necessary (Jeanfreau, 2011).

Men are also less likely than women to have a holistic perspective of health, viewing their bodies mechanistically, underreporting to their medical providers the total range of symptoms they may be experiencing (Furman, 2010). In an effort to prove their masculinity, men often behave in ways that greatly increase their risk of disease, injury, and death (Courtenay, 2011). Torres et al. (2002) suggests that masculinity may be protective in some regards to healthy lifestyles, but for the most part acknowledges the negative affect it has upon certain cultures of men and how

they perceive societal gender roles. For example, machismo may assist in repressing emotions, failing to report symptoms of disease, suppressing the desire to seek help from others, increasing the hypersensitivity of men in feeling 'unmanly', and thus possibly lending to the trend of rising morbidity and mortality rates. (Nicholas, 2000; MacNaughton, 2008)

College-aged men may be particularly at risk for underutilization of health services. Jeanfreau (2011) suggests that this may be due to the fact that men are not likely to seek health care after their mothers and/or fathers stop scheduling appointments for them. Health services are generally free at the university level, but young men often display a lack of perceived vulnerability which keeps them from seeking these services (Davies et al., 2000). When asking men in college about their barriers to seeking health services, Davies et al. (2000) found that most males have a great need to be independent and conceal any weakness or possible susceptibility. Several young men revealed that because of their fear of being judged by their peers, they would not seek help for medical or emotional problems unless they were in extreme emotional or physical pain (Davies et al., 2000; Jeanfreau, 2011). Other reported barriers to health services include lack of time (efficacy), lack of knowledge/awareness, and lack of trust in healthcare providers (Jeanfreau, 2011).

Davies et al. (2000) also asked college men in focus groups to make suggestions about what would make it easier and make them feel more inclined to seek help. Several men said that graphic pictures and stories from peers who had experienced major health issues would increase their awareness of health risks, lending credence to components of the Fear-Drive Model. Gibbons and Gerrard (1995) illustrate how men were more likely to demonstrate a correlation between how they perceived negative images and change in risky behavior. They further demonstrated that the images of negative results related to risky sexual behavior have an effect in reducing these behaviors.

Sexual Health of College Students

Several studies show that college students do not consistently practice safe sex (Smith et al., 2009; ACHA, 2006; Holland et al., 2012). The American College Health Association (2006) reported that 82% of students did not consistently use condoms during intercourse and 33% of those students never used condoms. Experts estimate that about 50% of reported cases of sexually transmitted diseases (STDs) are from college-aged individuals (Weinstock et al., 2000). These rates might be higher due to the fact that college students frequently have sex while under the influence of drugs and alcohol, have casual sex with multiple partners, and inconsistently use condoms and other types of birth control (Turchik & Gidycz, 2012; de Visser, 2007; Laska et al., 2009; Ravert et al., 2009).

While rates of STDs are steadily climbing among college students (CDC, 2007), 66% of young adults between the ages of 18 to 24 have never been tested for STDs (Johnson et al., 2010). This may be because college students misjudge their risk of contracting STDs, underutilize services, and/or associate a negative stigma with being tested. Sandfort and Pleasant (2009) asked over 1,500 students to rate their risk of contracting an STD. The mean score based on a 5-point scale was 1.65, indicating that students are underestimating their risk of contracting an STD (Sandfort & Pleasant, 2009).

Men may be particularly at risk for contracting STDs because they engage in intercourse at an earlier age, have more partners, are more likely to have sex while under the influence of drugs or alcohol, are more likely to engage in anal sex, and are more permissive to casual sex and sex outside of marriage (Petersen & Hyde, 2011; Ahrold & Meston, 2010; Davies et al., 2000). These traits may place college-aged men at an increased risk compared to their female counterparts.

Lack of knowledge may play a role in a students' choice to engage in risky behaviors. Carrera et al. (2000) gave a sexual knowledge quiz to a sample of college students and found that the average student only got 44% of the questions correct. Further, Jeanfreau (2011) and Sandfort and Pleasant (2009) suggest that men may have considerably less knowledge than their female peers about health in general, and specifically about sexual health, which can have a significant influence upon their decision-making skills regarding sexual behaviors.

Sexual Health Education for College Students

Sexual health discussion can be fascinating to young adults, but it can also be a very sensitive subject to discuss with family, peers, partners, or healthcare providers (Buhi et al., 2009; Hutchinson & Montgomery, 2007). Duly, there is a difference between where students prefer to get information on sexual health and where students actually get information on sexual health. When asked about their primary sources of information regarding sexual health, only 4% of college students listed their physician. Students more commonly listed television commercials, friends and relatives, and the internet as their primary source, not a physician nor any other health professional (Corbett et al., 2005; Sandfort & Pleasant, 2009). When asked where they would prefer to obtain information about sexual health, students overwhelming listed family physicians and gynecologists (Sandfort & Pleasant, 2009; Corbett et al., 2005). Therefore, there is a need to bridge this gap in where our students get their information on healthy sex and relationships.

The problem with getting information from informal sources such as friends, the internet, television and other media is that they can be biased, inaccurate, or incomplete and may portray risky behaviors such as unprotected sex, physical aggression, smoking, and drinking as thrilling and risk free (Corbett et al., 2009; Brown & Witherspoon, 2002). In addition, negative media messages may contribute to risky behaviors such as the decreased use of emergency contraception among college students who are at the highest risk of experiencing an unplanned pregnancy (Corbett et al., 2009).

However, formal sources of sexual health information are not perfect either. Some health care providers don't possess adequate knowledge about sexual health. One study found that only 56% of health care providers in a university medical department could correctly identify the mode of action of different types of contraception (Wallace et al., 2004). How are college students going to become educated if it is so difficult to find dependable information?

Several approaches have been attempted to disseminate information on sexual health to college students. Peer health education (PHE) is a method used to promote healthy behaviors at colleges all over the United States. PHE programs are designed to train students to teach health information, lead discussions, share values and opinions, and encourage reflection on health topics

with their same aged peers. A recent program evaluation study at the University of California, Santa Barbara found that PHE was an effective way of improving nutrition and drug use, but not an effective way of improving sexual health behaviors among students (White et al., 2009).

Another type of sexual health intervention was implemented at the University of Missouri, Kansas City. The intervention known as F.O.R.E.play (or F = Facts, O = Open Communication, R = Responsibility, and E = Enjoyment) was based on an Information-Motivation-Behavior Skills Model. Researchers evaluated three manners of information dissemination. Group one watched a video with a couple discussing sex and relationships, participated in a guided class discussion, and observed a demonstration about condoms. Group two listened to a lecture with a PowerPoint and watched a condom demonstration. Group three was instructed to visit at least 3 of a list of 10 sexual health websites. Groups one and two showed statistically significant improvement in sexual health knowledge, whereas group three did not. This suggests that the most effective way to disseminate sexual health information to college students is an in-person intervention with an instructor guiding the learning process (Moore et al., 2012).

Lastly, Lawrence and Fortenberry (2007) indicate that the Fear-Drive Model assists in educating, redesign behaviors and attitudes, to help modify what is considered to be the social norms, and to promote healthy sexual behavior by generating a discomfort that will motivate the reduction of this unpleasant feeling. These previous studies helped shape the message design of this presented outreach program.

The Men's Health Initiative's Sexual and Relationship Health Outreach to College-Age Students

The Men's Health Initiative (MHI) was founded in 2010 to promote healthy behaviors through three primary approaches: informing men about health and wellness, identifying risks unique to men, and implementing behavioral interventions. By offering men's health advocacy information and promotional services regionally and nationally, MHI aims to reduce the health disparity between the sexes and promote awareness and action among males.

As part of its community-based, grassroots effort, MHI has implemented initiatives to reach out to the college male population to promote men's health issues and bring about a general discussion on healthy lifestyles and overall wellness, including sexual health and relationship vitality. MHI's university outreach efforts center upon relaxed, formal seminars forged with elements of the Fear-Drive Model and the Theory of Planned Behavior to serve as a message medium to both men and women. This project's goal was to learn lessons from a tailored message on sexual and relationship health.

The main idea of the forum was to provide sexual and relationship health information in innovative ways to assist informing men of risks involved with sex and relationships. As opposed to a "fact and myth" point of view with an overload of statistics, gory pictures, and overview of what you should and should not be doing, the seminar was given from a relationship perspective in hopes of using scenarios and stories that the students could personally relate to while communicating sexual health information.

The following topics were discussed: what men's health is, what are some major sexual health issues affecting male populations today, what can be done to help increase a healthy lifestyle among men as it pertains to relationship-building and safe sex, and the importance of discussion among men with their physician, family, friends, and sexual partners on health and wellness topics (condom use and objectification of sexual partners, in particular). The goal was to facilitate discussion among the college male population on the influence of stigmatized gender roles and its role on sexuality, courting, relationship building, and ultimately, sexual health.

Approximately 225 university students were in attendance. Men and women attendees were encouraged to speak freely on what sexual health, relationships, and wellness meant to them, how they approach relationships, the role of being a man in society, and how men may contribute to a healthy relationship. A multimedia presentation designed with Fear Drive Model and Theory of Planned Behavior elements, including a slideshow of designed messages, helped steer the flow of communication and provided the audience with information and graphics on the given topic. We aimed to determine participant student reception of sexual health and relationship information delivered with 'fear' and 'subjective norms' as the communication conduit. In other words, we set out to determine how receptive college men would be to a sex and relationship conversation in a public forum that was rooted in a message portraying maladaptive behaviors as high risk both physically and emotionally.

Finally, we aimed to determine the effectiveness of fostering a rich discussion with both men and women in the audience by highlighting peer narratives on maladaptive behaviors and the damage caused by potential reckless behaviors. We wanted to highlight the fact that when college students hear other students of both sexes discuss their status and thoughts on sex and relationships, adverse sexual behaviors and opinions of sexual expectations of partners could be addressed, and possibly assuaged. In other words, possible maladaptive normative beliefs of college students surrounding sexual and relationship health could be transformed to adaptive when exposed to peer testimony on fears, pleasures, experiences, and items of concern.

Lessons Learned

A voluntary response form was available for students to fill out before and after the seminar to give their opinions on sex/relationships and the session itself. Out of the 130 students who completed the response forms, 43 were men (33%) and 87 were women (67%). The age range of participants was from 18 to 50 years old. Three-fourths of the students fell between the ages of 20 and 23, with the average age being 22. Eighty-five percent of the participants had either a junior or senior class standing. In terms of race, 47.7% were Caucasian, 18.5% were Hispanic, 17.7% were African American, 6.9% were Asian, 3.1% were biracial or multiracial, and the remaining 6.1% reported being another race that was not listed.

The pre-seminar response forms suggested that approximately 80% of attendees were sexually active with nearly 41% never tested for STDs (50% of males and 30% of females) and 45% reporting that they engage in risky sexual behavior (56% of males and 40% of females). Risky sexual behavior was defined as having sex without protection or sleeping with multiple partners simultaneously. When asked about condoms, 69% of students reported inconsistent use of condoms with

26% of those students never using condoms. These percentages are more positive than what has previously been reported by the American College Health Association (ACHA) in 2006 who found that 82% of students inconsistently use condoms and 33% percent never use condoms. Only 5% of males and 8% of females reported having contracted an STD at least once in their lifetime. This statistic is comparable to and possibly better than a similar finding by the ACHA (2009) that 3.3% of males and 5.7% of females had contracted an STD in the last year alone.

When it comes to questions on perceived risk and sexual health knowledge, our students seemed to score better than what has previously been reported (Stanford & Pleasant, 2009; Carrera et. al, 2000). Surprisingly, 61% of males and 53% of females overestimated the number of cases of Chlamydia per 100,000 people in Florida, indicating that students' perceived risk of contracting an STD might be higher than previously assumed (Sandfort & Pleasant, 2009).

The post-seminar response forms showed that approximately 71% of the respondents (67% of males and 72% of females) have been in an unhealthy relationship (self-defined). A majority of those students (56% of males and 77% of females) claimed that the unhealthy relationship was more their partner's fault than their own. The post-seminar response forms also suggested that as a result of the seminar, students' views about sexual health had changed and they were willing to change their sexual behavior for the better. Almost 100% of students believed it was necessary to be tested for STDs when sexually active with multiple partners. Additionally, students overwhelmingly (93% of males and 100% of females) indicated that they will be more vigilant about wearing a condom while engaging in sexual activities when under the influence of alcohol. Additionally, 95% reported they will be more judicious when selecting sexual partners (91% of males and 97% of females) and more apt to pursue STD testing (95% of both males and females).

Response forms also suggested that a seminar-style of health information delivery is acceptable and maybe even be preferred by both male and female college students. Approximately 72% of the attendees(68% of males and 75% of females) stated that they will absolutely attend similar seminars in the future and if we add those who stated they might attend similar seminars in the future, the statistic rises to 97% (95% of males and 98% of females). This lends credence to the theoretical design of the messages delivered, both in the slideshow and the oral expression of thought.

After the seminar was over, students were given a chance to individually reflect on the topics covered. A total of 88 students (22 males and 66 females) shared their thoughts and several trends were discovered aloud amongst the audience. Students were not directly asked questions or otherwise prompted on what to say during their reflection. If they wanted to continue sharing, they were encouraged.

Out of the 88 students who participated in reflection, approximately 83% brought up the overall success of the seminar. Above all, the students enjoyed the interactive nature of the discussion as it gave them an opportunity to freely voice their opinions and personal experiences as opposed to the hierarchical, top-down, lecture-style approach, which may discourage experience-sharing. Many mentioned that it was nice to hear other students' perspectives. A few male members of the audience mentioned that even though the lecture was geared toward men,

they were glad that women were in attendance because they added a different viewpoint to the discussion.

Students appreciated that the tone was light-hearted and humorous at some points and serious and enlightening at other points. Many students indicated that they appreciated how the presenter was vulnerable and admitted that he had made mistakes in his past relationships. They also liked that the talk was not just about STDs, but that it also covered a wide range of topics that are considered taboo in an educational environment.

Just over 65% of the students admitted that they had learned something new during the seminar (77% of males and 65% of females). Many confessed that they did not know how prevalent STDs were in Central Florida. Students also mentioned that they were astounded by how many unplanned pregnancies happened while women were under the influence alcohol. They were also shocked about the costs associated with having a baby. Others were surprised at how many men and women in monogamous relationships cheat on their partner. Many students also mentioned a change in their perceptions about the opposite sex. A few students mentioned that most of what they heard during the seminar confirmed their previous assumptions. Even those who claimed that they already knew everything covered in the discussion had good things to say about it. They said it was good to hear again at an older age when the information was more relevant and when they were mature enough to take it seriously, which is important for education where repetition may reinforce the learning process.

A little over two-thirds of the students (68%) discussed relationships and how they realized that media had given them unrealistic expectations about how their partners should act. They stated that these misperceptions were probably the root of their relationship problems. Women revealed that the discussion about idealized, romanticized notions of men and women opened their eyes to the fact that they should not be using fairy tale- or 'chick flick'- stereotyped men to set their criteria for a good man. Men mentioned that the discussion on pornography brought them to the realization that it was not reasonable to expect their woman to look act in a sexually-suggestive, permissive role as idealized in popular media.

About 13% of students (5% of males and 15% of females) who participated in the reflection said they would share the information they learned with their friends and family members. Twenty-seven percent of males and 15% of females mentioned that they would immediately change their behaviors in regards to relationships and sexual health. Roughly 40% of students (41% of males and 38% of females) said they were curious to know the results of the pre and post-seminar response forms and that they enjoyed themselves so much that they were looking forward to future seminars.

Discussion

MHI's seminar and its health relationship perspective was used as an attempt to explore the culture of sexual health and how sexuality and gender conformity has normalized among the college population. We aimed to support sexuality as opposed to criminalizing it. The seminar gave students the opportunity to not only share personal experiences but also to hear and learn

about what really their peers are doing and what sex meant to others. This gave students a better perspective on the issue around them, especially for those who overestimated and/or underestimated what their peers were doing. The power of peer perception allowed students to reflect on their individual expectations in themselves and their relationships.

The medium we used allowed students to reflect on their own experiences (the power of autonomy) and examine their own relationship and sexual values in hopes of making connections with what they ideally want. The use of scenarios on subjective norms of sex and relationships (The Notebook and Maxim/Playboy magazine) to create alternative realities for sexual health (beyond the expectations from these movies and magazines), was discussed as creating false expectations about intimacy. The sense of ownership of their current state of sexual health and relationships, when defined in the light of the aforementioned mediums, was evident in terms of their claimed responsibility in possibly adopting maladaptive behaviors and/or contributing to failed relationships. In fact, one of the most receptive pieces of the seminar was the advice given towards keeping a happy and healthy relationship: It takes two people who genuinely want to be with each other to "make it work" as opposed to advice on having safe sex and what not do to, which is what they are previously accustomed to. The norm has been to lecture on safe sex as opposed to a focus on the relationship aspect of courtship. Perhaps that is what is causing the breakdown of adaptive sexual health behaviors? Perhaps the objectification of sexual health into specific anatomy lessons is undergirding the problem? As seen by the feedback on this seminar, we believe discussions on relationship-building are essential for true success.

The style of an unorthodox, non-lecture format raised the attention of the audience. This style requires a certain "facilitator" to actively engage the audience. However, we acknowledge that this may be a problem too where engaging the speaker to talk about some of their experiences might be embarrassing and have the opposite effect of what we are trying to achieve. However, we only chose those volunteers to share their experiences aloud. We were sure to preserve the tone of the discussion where the audience was free to voice opinions or experiences without the sense of feeling judged by integrating personal and related stories.

It is clear from MHI's relationship and sexual health seminar that there is a need for more forums where college-aged men can comfortably engage in topics that can help increase their awareness of risky sexual practices and improve their overall sexual hygiene. The discussions we had clearly supported previous research on knowledge and awareness of sex and relationship health among this population.

College male students should be specifically targeted by health professionals to promote healthy sexual and romantic relationships. The issue is not that we need to do more, but that we need to try something new. This approach should make it more personable and much more relatable. So why not use relationships and expectations? The qualitative lessons learned demonstrated are sufficient and necessary to lay the foundations for larger, more in-depth analyses on the use of such seminars to promote sexual and relationship health and wellness issues among college students populations. As we think of developing interventions for college men, and men in general, consideration needs to be given to the systemic issues that serve as barriers for men to access health services. Social and behavioral explanations alone only serves to pathologize and

stereotype men while disregarding the multilevel forces that contribute to gendered health disparities. In addition to providing education to promote healthy sexual practices, future research should explore the ways in which the health care system, including campus health centers, can better engage males in order to close the gap in gender-based health inequalities.

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