

EXPLORING PSYCHOSOCIAL AND SITUATIONAL FACTORS THAT
INFLUENCE FEMALE COLLEGE STUDENTS' PARTICIPATION IN ORAL SEX

by

MARGARET BERGERON

GWENDOLYN CHILDS, COMMITTEE CHAIR
KYREL BUCHANAN
COMFORT ENAH
CANDACE KNIGHT
TINA SIMPSON

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MARGARET BERGERON

DOCTOR OF PHILOSOPHY IN NURSING

ABSTRACT

Although sexually transmitted infections (STI) are not officially reported via the route of transmission, the CDC (2016) reports that individuals who provide fellatio have the highest risk of oral transmission of a STI. Therefore, females who engage in fellatio are at risk for acquiring a STI. The majority of research studies on young adult heterosexual female sexual activities primarily focus on vaginal sex and the associated risks of pregnancy and sexually transmitted infections. Limited research exists on the oral sex behaviors of female college students and their understanding of the risk for contracting an STI through fellatio. The purpose of this qualitative descriptive study is to explore female college students' perceptions about oral sex, as well as the psychosocial and situational factors which may influence their participation with oral sex.

Sixteen female college students, ages 18 to 24 years, participated in individual semi-structured interviews. Interviews focused on participants' perceptions about their oral sex experiences and factors that influenced their participation in oral sex. Verbatim transcripts, demographic data, and sexual health data were the primary data for analysis. Thematic analysis was utilized to identify, analyze, and report themes within the collected data. Qualitative research software, NVivo 11 Starter for Windows, was used to facilitate the analysis of the data.

The mean age of participants was 20.3 years. All of the participants had engaged in oral sex. Approximately 63% ($n = 10$) of the participants had 3 or more lifetime oral

sex partners. Only 18.8% ($n = 3$) of participants reported using protective devices during oral sex. The majority of participants believed participation in oral sex within committed and casual relationships was the social norm. Six themes emerged from the data: defining virginity, comprehension and comfort, communication, social expectations and pressure, relationships, and equality.

Overall, findings provide insight on young women's views about oral sex related to virginity, risk, and social norms. Findings also give insight into the context of various relationships in which oral sex occurs. Lastly, findings suggest the need for better education on the risks associated with oral sex.

Keywords: oral sex, qualitative descriptive, college females, factors, relationships

DEDICATION

I dedicate this dissertation to my family. Thank you to my husband, Wayne, my oldest son, Josh, my daughter, Lauren, and my youngest son, Connor, for all of your love, encouragement, and above all patience with this dissertation journey. I am so blessed to have you all in my life.

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CHAPTER 1

INTRODUCTION

Despite an increased prevalence of oral sex activity among young adult females, limited research exists which specifically focuses on their oral sex behaviors. The majority of research studies on young adult heterosexual female sexual activities focus on vaginal sex and the associated risks of pregnancy, and sexually transmitted infections (Lindberg, Jones, & Santelli, 2008). However, increased research on female oral sex behaviors is warranted for many reasons. Oral sex involves oral arousal to the vagina, anus, or penis. Evidence suggests young adults have redefined oral sex as a behavior which does not constitute or classify as a sex act (Hans, Gillen, & Akande, 2010; Lindberg et al., 2008). This change in the meaning and classification of oral sex for young adults has occurred over the last few decades (Hans et al., 2010).

Study findings with college students revealed that in 1991 oral sex was classified as 'sex' by 40 % of students surveyed, yet in 2007 oral sex was classified as 'sex' by only 20% of the college students surveyed (Hans et al., 2010). Among young adult females, oral sex was viewed as a common and acceptable behavior with limited risk of contracting an STI or becoming pregnant (Malacad & Hess, 2010). Possible negative outcomes that have been associated with oral sex among females are shame, regret, decreased self-esteem and exposure to sexually transmitted infections (Copen, Chandra, & Martinez, 2012; Eshbaugh & Gute, 2008; Malacad & Hess, 2010).

Oral sex is the most commonly reported sexual behavior among college students (Buhi, Marhefka, & Hoban, 2010). In a national college sample of 42,549 students in 2007, greater than two thirds of all students (72.0%) reported having engaged in oral sex (Buhi et al., 2010). In regards to other sexual behaviors, an estimated 66.9% of students reported ever having had vaginal sex and 23.6% reported having engaged in anal sex (Buhi et al., 2010). Jozkowski and Satinsky (2013) examined heterosexual sexual behaviors in a sample of 970 undergraduate students and discovered 86.9% had engaged in performative oral sex and 88.2% had engaged in receptive oral sex. Higgins, Trussell, Moore, and Davidson (2010) surveyed 1504 undergraduate students and found that 83% reported they had experienced oral sex, while 76% had experienced vaginal sex.

One assessment of health behaviors specific to college students is an annual survey, the American College Health Association-National College Health Assessment, or ACHA-NCHA. This web survey is nationally recognized as a way to collect data on college students' health behaviors, such as alcohol use, nutrition, exercise, and sexual activities. College students surveyed report on the types of sex they have engaged in for the past 30 days, categorized as oral sex, vaginal sex, and anal sex. Current findings from ACHA-NCHA (2016) revealed that 42.2% of female college students had engaged in oral sex within the past 30 days and of those females, only 5.4% used a personal protective device or condom during oral sex. Approximately 25.6% of the female college students surveyed also reported that they had previously participated in oral sex, but not in the last 30 days (ACHA-NCHA, 2016).

According to the Centers for Disease Control and Prevention (CDC), oral sex is often considered less risky by adolescents and young adults when compared to vaginal

sex (Centers for Disease Control and Prevention [CDC], 2009). This perception of decreased risk suggests that the majority of individuals who participate in oral sex are likely to not use any form of sexual barrier protection, such as condoms or dental dams (Ballini et al., 2012). Participation in unprotected oral sex can lead to transmission of viral and bacterial sexually transmitted infections, or STIs (Centers for Disease Control and Prevention [CDC], 2013). Oral sex can transmit Human Papillomavirus, Herpes, Human Immunodeficiency Virus, Gonorrhea, Chlamydia, Syphilis, and Hepatitis (Ballini et al., 2011; CDC, 2013; D'Souza, Cullen, Bowie, Thorpe, & Fakhry, 2014; Saini, Saini, & Sharma, 2010). Although STIs are not officially reported via the route of transmission, the CDC (2013) reports that individuals who provide fellatio have the highest risk of oral transmission of a STI. Fellatio is oral stimulation of the penis to ejaculation. Therefore, females who engage in fellatio are at greater risk for acquiring a STI through oral sex, than females who do not engage in fellatio.

Limited research exists regarding sexual health related to gender differences and specific sexual acts among college students (Buhi et al., 2010). However, the exploration of specific gender differences with oral sex experiences as an aspect of overall sexual health among college students has received some attention in research. Research has shown that gender disparities exist with oral sex in that females give oral sex more than they receive oral sex (Chambers, 2007; Malacad & Hess, 2010; Oswalt, 2010; Vannier & O'Sullivan, 2012). Older adolescent females have reported they were more likely to perform oral sex on males, than to receive oral sex from male partners (Chambers, 2007). In Oswalt's (2010) study of sexual decision making among college students, significant differences with male and female participants were discovered with the level of sexual

experience which was identified as the self-reported number of sexual partners. Level of sexual experience was found to be a significant positive predictor of sexual decision making for females, but not for males in the study. Gender differences were also found with self-efficacy for sexual decision making, with self-efficacy as a significant predictor for females, but not for males (Oswalt, 2010). Males have reported they were more likely to receive oral sex, than to give oral sex to females (Jozkowski & Satinsky, 2013; Lindberg et al., 2008). Jozkowski and Satinsky (2013) found statistical significance with gender differences for the receipt of oral sex during last sexual experience, men more frequently reported receiving oral sex than women.

Significant gender differences have also been found to exist with the extent in which males and females engage in sexual activities they find enjoyable (Kaestle, 2009). The majority of male participants (84%) in Kaestle's 2009 study were found to like receiving oral sex, while only 40% of female participants reported they enjoyed fellatio. In regards to cunnilingus, which is stimulation of the female genitals using the tongue or lips, the majority of both male (62%) and female (75%) participants reported they liked this sexual activity very much (Kaestle, 2009). More female participants compared to male participants reported that they had repeatedly engaged in sexual activities they disliked, primarily fellatio (Kaestle, 2009).

Racial differences also have been found to exist with oral sex. Oral sex behaviors have been found to be more prevalent among Caucasians at approximately 75%, compared to African Americans at 62% and Hispanics at 63% (D'Souza et al., 2014). A higher percentage of Caucasian females reported they had given oral sex to males when compared to African American females and Hispanic females (Buhi et al., 2010;

Leichliter, Chandra, Liddon, Fenton, & Aral, 2007; Lindberg et al., 2008). Caucasian students have also reported greater rates of lifetime oral sex experiences than African American students (Buhi et al., 2010). Caucasian students were also less likely to use a condom during oral sex when compared to African American students (Buhi et al., 2010). These studies lend significance to further exploration of oral sex behaviors among older female adolescents, such as female college students 18 to 24 years old. Based on the current literature, more insight is needed to explore the behavioral and social norms specific to oral sex among college women.

Problem Statement

The problem of interest in this proposed study is female college students' perceptions about oral sex, as well as the factors which may influence their participation in oral sex needs to be further explored. An individual's intent to participate in a behavior is influenced by numerous factors. Sexual attitudes and behaviors are interrelated and may differ based on gender. Therefore, factors which influence attitudes toward oral sex and oral sex behavior are unique for female college students. An exploration of the psychosocial and situational factors which may influence female college students' participation in oral sex is warranted in order to provide more insight into female oral sex behaviors and experiences.

Numerous factors may influence females to participate in oral sex. A lack of any perceived health risks associated with oral sex, such as STIs, is a potential factor. In regards to decision making with oral sex participation, young adults have expressed they are not concerned with personal health risks (Oswalt, 2010). Research findings indicate

young adults, age 15 to 24 years old, believe oral sex is less risky compared to vaginal sex (Copen et al., 2012). In a study on oral sex behaviors, Chambers (2007) found that female college students perceived personal health risks to be lower with oral sex, despite engaging in risk-taking behaviors such as multiple oral sex partners and a significant lack of condom usage with fellatio. One study revealed that 85% of the young adults had participated in oral sex with an average of eight different lifetime partners (Stock, Peterson, Houlihan, & Walsh, 2013). An increased level of awareness about the personal health risks associated with oral sex is important because female college students' oral sex behaviors are increasing and condom usage with fellatio is rare (Higgins et al., 2010).

Another possible factor which may influence females' participation in oral sex is attitude toward the behavior. Research with female college students has revealed that they do not believe oral sex is the same as vaginal sex in terms of intimacy and virginal status (Chambers, 2007; Eshbaugh & Gute, 2008). Female college students have indicated that participation in oral sex maintains one's status as a virgin because they consider oral sex to be an abstinent behavior (Hans & Kimberly, 2011). Female college students have reported that oral sex is simply not as intimate compared to vaginal sex (Eshbaugh & Gute, 2008). One explanation for this perception of oral sex as less intimate than vaginal sex stems from the common belief among college students that oral sex does not classify as sex (Eshbaugh & Gute, 2008). How female college students categorize and perceive risks with certain sexual behaviors may affect their attitude towards and subsequent participation in that sexual behavior.

An individual's knowledge of personal protection with sexual activity is also a factor that can influence females to participate in oral sex. Hickey and Cleland (2013)

found a lack of knowledge with the prevention of sexually transmitted infections regarding sexual behaviors in the female college student population. Similarly, Chambers (2007) discovered that female college students were less knowledgeable about personal protection devices for use with oral sex, when compared to the male college students surveyed. Female college students have reported confusion about the health risks associated with oral sex, such as the possible transmission of STIs, and uncertainty about the use of possible protective devices, such as condoms or dental dams (Chambers, 2007).

Females, in a college setting, may encounter certain social factors, such as campus gender demographics, peer norms and alcohol use, which can impact their perceptions and participation in sexual behaviors. Uecker (2015) found that campus gender demographics had a direct effect on sexual behavior with more sexual behaviors among both genders on campuses which had more females as students (Uecker, 2015). Considering that statistically females account for the majority of college students with 11.5 million females, compared to 8.7 million males, gender demographics are important to consider (National Center for Education Statistics, 2014). College students have indicated that when they perceive their peer's sexual activity levels as high, they chose to participate with more sexual activities (Brandhorst, Ferguson, Sebby, & Weeks, 2012). Research on the social aspects of alcohol and drug use on college campuses has indicated that college students are also more likely than others in the same age category, to have multiple sex partners and use substances before and during various sexual activities (Higgins et al., 2010).

The influence of social norms and attitudes on oral sex has the potential to impact participation in oral sex. Previous research has provided insight into why another age group, early adolescents, participates in oral sex. Cornell and Halpern-Felsher (2006) explored the reasons why male and female adolescents in the 9th grade had oral sex. Their study revealed that adolescents have oral sex to avoid the health risks typically associated with vaginal sex, such as STIs and pregnancy, and due to certain social factors (Cornell & Halpern-Felsher, 2006). Female and male 9th grade students described the following as reasons to have oral sex: increased popularity, improved reputation, and pleasure (Cornell & Halpern-Felsher, 2006). However, the study revealed specific gender differences with the adolescents' perceptions of the reasons they have oral sex. Female participants listed the reasons to participate in oral sex as personal benefits, social factors, fear, control, and to improve relationships, more frequently than the male participants in the study (Cornell & Halpern-Felsher, 2006). The social reasons described for adolescent engagement in oral sex discovered in their study may offer insight for this study of factors which influence female college students' participation in oral sex.

Limited research exists with the specific reasons why female college students choose to participate in oral sex. Previous studies have typically explored oral sex as an additional, yet often limited, variable or aspect with research on various sexual risk behaviors. Perceptions and attitudes about vaginal sex compared to oral sex in terms of intimacy, timing, regret, and virginity among female adolescents and young adults has been explored in research. Risks associated with sexual behavior, such as lack of condom usage, hookups, and alcohol use among young women have all been examined in research.

Few studies have focused solely on the oral sex experiences of college students. Chambers (2007) examined oral sex perceptions and behaviors among male and female college students with an online survey. Major findings in this study were that female college students gave more oral sex than they received, and oral sex was also perceived by college females as less intimate than vaginal sex compared to male college students. In addition, college students were less knowledgeable about means of protection with oral sex compared to their knowledge about sexually transmitted infections risks with oral sex (Chambers, 2007). A qualitative study among young women aged 18 to 25 years explored the associated attitudes and emotions with oral sex experiences (Malacad & Hess, 2010). Findings from this study revealed that oral sex has the same emotional significance as vaginal sex for young women aged 18 to 25 years. Women in committed relationships stated positive emotions associated with oral sex experiences, while negative emotions were reported with oral sex experiences which occurred with casual partners (Malacad & Hess, 2010). Another qualitative study of Canadian college women explored perceptions of intimacy of sexual behavior, but explored oral sex and vaginal sex (Vannier & Byers, 2013). Vannier and Byers (2013) revealed that vaginal sex was viewed as more intimate than oral sex because vaginal sex is mutual, and involves more risks and benefits than oral sex.

Young women's oral sex experiences have been retrospectively analyzed to explore the relationship of age of initiation of oral sex to psychological functioning, sexual motivation, and sexual coercion (Fava & Bay-Cheng, 2012). Overall findings revealed that young women who had initiated fellatio at early ages had greater feelings of personal inadequacy and decreased self-worth (Fava & Bay-Cheng, 2012). Another area which has

been explored in research specifically related to women and oral sex has been with female sexual subjectivity and verbal consent to receive oral sex in a study which utilized an online survey among sexually active women aged 18 to 71 years old (Satinsky & Jozkowski, 2015). Findings from this study showed that the self-efficacy of women was a significant predictor regarding ability to verbally communicate sexual desires to a partner. Aspects of sexual subjectivity were found to play a major role with a woman's ability to communicate her desires in sexual situations due to negative social views and negative labels regarding women who are sexually assertive (Satinsky & Jozkowski, 2015).

Casual oral sex has been explored with the emotional implications for young women (Eshbaugh & Gute, 2008; Malacad & Hess, 2010). Eshbaugh and Gute (2008) found no significant feelings of regret among women who engaged in casual oral sex hookups, which suggest that college women may minimize the possible health risks, such as STIs, associated with oral sex. Malacad and Hess (2010) found young women associated more negative emotions such as disgust and boredom with fellatio when compared to vaginal sex and cunnilingus. The influence of the social context of college related to the formation of sexual relationships has also been examined, yet only vaginal sex relationships were addressed (Uecker, 2015). Findings from this study suggest that sexual behaviors of college students are affected by peer groups, campus demographics, and campus social environment (Uecker, 2015).

To date, only one study has examined young adults' oral sex experiences in the context of interactional and motivational reasons. Vannier and O'Sullivan (2012) used an online survey to examine the most recent oral sex experiences of 431 male and female young adults in Canada. This study revealed that fellatio was much more common (over

90%) compared to cunnilingus, and the most common motives for oral sex were physical and emotional reasons (Vannier & O'Sullivan, 2012). This study provided some insight about the oral sex experiences of young adults aged 18 to 24 years old in Canada and encouraged more research on young adults' oral sex experiences in order to better understand the context of oral sexual activities.

Limited studies exist on the specific context of relationships in which oral sex occurs among young adults (Oswalt, 2010; Vannier & Byers, 2013). To the best of the researcher's knowledge, no study currently exists which links a female college student's oral sex experience to the respective context of a relationship. The relationship context in which oral sex occurs may be a significant factor for female college students' oral sexual behaviors, thus this potential factor needs to be explored further in research.

Significance

In the United States, sexually transmitted infections have an extensive impact on public health (CDC, 2013). Young people, age 15 to 24 years old, account for approximately 50% of the new 20 million occurrences of STI's annually (CDC, 2013). When one considers that this group accounts for 27% of the overall sexually active population in the United States, the high rate of STI occurrences is a major concern (CDC, 2013). Oral sex activities have been shown to significantly increase in young adults 20 to 24 years old (Leichliter et al., 2007). Currently, sexually transmitted infections are not reported via route of transmission to the CDC, and the various sexual behaviors which may occur during one sexual experience could limit the identification of

which behavior transmitted the STI (D'Souza, Agrawal, Halpern, Bodison, & Gillison, 2009).

The most commonly sexually transmitted infection in the United States is Human Papillomaviruses (HPVs), which can be transmitted during oral sexual contact (National Cancer Institute, 2015). An estimated 70% of oropharyngeal cancers, which are cancers in the soft palate, the base of the tongue and the tonsils, are due to HPV (National Cancer Institute, 2015). In the United States, more than 50% of oropharyngeal cancers are due to a high risk HPV, known as HPV type 16 (National Cancer Institute, 2015). A significant increase with oral squamous cell carcinomas has occurred among a younger population (Rosenquist, 2012). Engaging in oral sex with multiple partners has been associated with oral HPV infections due to increased sexual exposure to the virus (Lewis, Kang, Levine, & Maghami, 2015). By 2020, the annual number of HPV mediated oropharyngeal squamous cell carcinomas has been projected to surpass the number of HPV related cervical cancer cases in the United States (Chaturvedi et al., 2011). It is important to expand our understanding of female college students' sexual risks related to oral sex and the context in which oral sex behaviors occur.

Purpose of the Study

The purpose of this qualitative descriptive study is to explore female college students' perceptions about oral sex, as well as the psychosocial and situational factors which may influence their participation with oral sex. Limited research exists about female college students' perceptions about oral sex and the associated risks. Few studies

have specifically addressed female college student's oral sex experiences with oral sex related to peer norms, social relationships, and situational contexts.

Aims and Research Questions

Aim 1: Explore female college students' perceptions about oral sex.

- What are female college students' perceptions about oral sex and the associated risks?

Aim 2: Explore the psychosocial and situational factors (behavioral, normative, and control beliefs) which may influence their participation with oral sex.

- How do female college students describe the psychosocial factors (behavioral beliefs and normative beliefs) that influence them to engage in oral sex?
- How do female college students describe the situational context in which oral sex occurs?
- How do female college students describe the types of relationships in which oral sex occurs?
- What are female college students' perceptions of their control over oral sex encounters?

Conceptual Framework

This study will be guided by Ajzen's Theory of Planned Behavior which examines how a person's attitude, subjective norms, and perceived behavioral control determine intention to engage in a behavior (Ajzen & Fishbein, 1980). The Theory of Planned Behavior, or TPB, has been used extensively with previous research on various

behaviors and has been shown to be an effective framework to use with sexual behavior research. The concepts of beliefs, attitudes, and norms related to potential psychosocial and situational factors which influence oral sex behavior among female college students will be explored through the TPB framework.

Design

The qualitative approach of descriptive inquiry will be utilized to produce comprehensive descriptions of the factors which influence female college students' oral sexual behaviors (Gillis & Jackson, 2002). Qualitative descriptive inquiry stresses the importance of straightforward descriptions about specific behaviors and perceptions as related to the research topic. This type of inquiry allows the researcher to richly describe experiences from the participant's perspective in order to increase understanding about a specific behavior or health related issue (Sullivan-Bolyai, Bova, & Harper, 2005).

Methodology

Purposeful sampling will be used to gain female study participants who have engaged in oral sex within the last year. The plan is to recruit 15 to 20 female college students aged 18 to 24 years old, from a small four-year university in the southern United States. Data collection will occur through the use of individual semi-structured interviews which follow an interview guide created by the researcher.

Definition of terms for this study

College females: Age group 18-24 years old, females currently enrolled as undergraduate college students on a traditional college campus setting.

Oral sex: Oral arousal to the vagina, anus, or penis.

Sexual self-efficacy: An individual's ability to communicate sexual needs; an awareness of self-concept; cognition about sexual risks and benefits.

Psychosocial: The interrelation of psychological and social aspects.

Situational: Events and experiences to a specific situation or a particular set of circumstances.

Summary

Oral sex is a prevalent sexual behavior among female college students. In order to increase awareness and decrease potential negative outcomes among female college students, we need to understand more about their oral sex behaviors. It is anticipated that the findings from this study will lead to an increased understanding of perceptions about oral sex, as well as the psychosocial and situational factors which influence participation in oral sex among female college students. Chapter 2 will provide the conceptual framework and a review of relevant literature.

CHAPTER 2

THEORETICAL FRAMEWORK AND LITERATURE REVIEW

This chapter includes a description of the theoretical framework and a review of the literature for the proposed study. The concepts of the chosen theoretical framework, the Theory of Planned Behavior (TPB) will help to guide the literature review. The review of literature is divided into specific sections in order to address the concepts within the TPB framework as they relate to the potential psychosocial and situational factors which may influence female college students to engage in oral sex. A table has also been provided (see Appendix A) to show the associations between the research questions, the Theory of Planned Behavior and the literature review.

Theoretical Framework

The Theory of Reasoned Action (TRA) focuses on understanding human behavior in a specific context and explores the relationship between an individual's behavior and their beliefs, attitudes, and intentions. The theory explores how an individual's intention to perform a behavior is affected by two main determining factors: attitude towards the behavior and subjective norms related to the behavior (Ajzen & Fishbein, 1980; Fishbein & Ajzen, 1975). The Theory of Reasoned Action was expanded to the Theory of Planned Behavior in order to better predict and explain various human behaviors and to allow for further exploration of how beliefs can influence behaviors. This expansion included the addition of the concept of perceived behavioral control, which refers to an individual's perception of their ability to perform a behavior (Ajzen, 1991). The addition of perceived

behavioral control also allows for certain situations where behavioral intention is influenced by internal and external factors beyond an individual's control, such as a person's perception of power and the availability of necessary resources.

The Theory of Planned Behavior (TPB) suggests an individual's intentions and behaviors are influenced by six concepts: 1) behavioral beliefs; 2) attitude toward behavior; 3) normative beliefs; 4) subjective norm; 5) control beliefs; and 6) perceived behavioral control (Ajzen & Manstead, 2007). Behavioral beliefs influence an individual's attitude, whether favorable or unfavorable, toward a specific behavior. These beliefs help guide the individual's consideration about the possible outcomes of the behavior. Normative beliefs are a result of perceived societal and peer norms and influence the concept of the subjective norm about a behavior. Control beliefs are the factors which either facilitate or hinder performance of the behavior and influence the concept of perceived behavioral control. Behavioral beliefs, normative beliefs, and control beliefs all interact and influence one another within the TPB framework.

The theory makes no assumptions that an individual's behavioral, normative, and control beliefs are accurate or unbiased. Beliefs emulate the current level of knowledge individuals possess related to the specific behavior in question (Ajzen, 2012a). Consequently, an individual's knowledge about any given behavior may be from inaccurate, biased, and irrational sources (Ajzen, 2012a).

TPB posits that the combination of the concepts of attitude toward the behavior, subjective norm, and perceived behavioral control are all formed and influenced by their respective beliefs. These beliefs and related concepts influence an individual's intention to perform a behavior (Ajzen, 2012a). Figure 1 depicts the Theory of Planned Behavior.

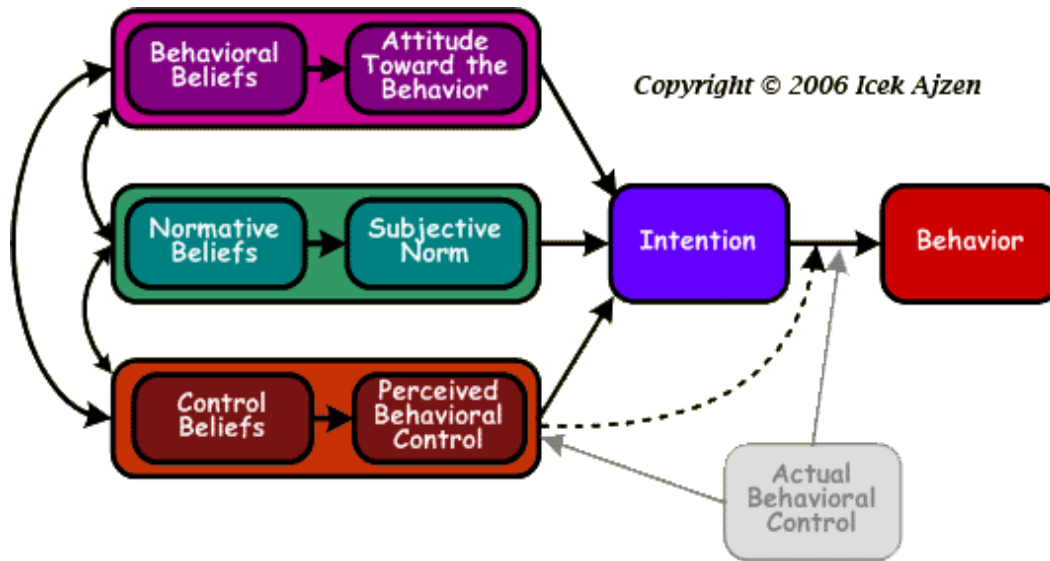


Figure 1. The Theory of Planned Behavior

Within the TPB framework, intentions are assumed as antecedents of the behavior (Ajzen, 2012a). The theory also considers that actual performance of a behavior may be influenced directly by perceived behavioral control. According to the theory, if an individual possesses realistic perceived behavioral control about the behavior in question, then this perceived control can serve as a substitute for actual behavioral control and can contribute to the prediction of the behavior. A key component of this theory is the acknowledgment that the predictive potential of attitude, subjective norms, and perceived behavioral control on intention is anticipated to change across different behaviors and contexts (Ajzen, 1991).

Conceptual Definitions of the Theory of Planned Behavior

Behavioral Beliefs

Behavioral beliefs are defined per the TPB theorists as an individual's subjective presumption that a specific act or behavior will cause a specific positive or negative outcome. Behavioral beliefs guide an individual's considerations of the possible outcomes which may be experienced. An individual may possess many different beliefs related to a specific behavior. However, when contemplating whether or not to engage in the behavior, an individual may only be able to access a few of their beliefs at that specified moment in time.

Behavioral beliefs directly influence an individual's attitude toward the behavior (Ajzen, 2012a). For example, if an individual believes that regular exercise is important, they will be more likely to consider the positive outcomes from exercise, such as an increased energy level. Conversely, if an individual believes that daily exercise is not important, they will be more likely to experience the negative outcomes associated with this belief such as a lack of energy. This concept relates to the proposed study because behavioral beliefs about oral sex will guide a female college student's considerations of the positive or negative outcomes. The evaluation of the outcome will then produce a favorable or unfavorable attitude about oral sex. Consequently, behavioral beliefs about oral sex will influence female college students' attitudes toward oral sex.

Attitude toward Behavior

As defined by Fishbein and Ajzen (1975), attitude toward a behavior relates to the extent to which the individual has a positive or negative evaluation of behavior. This evaluation is based on an individual's salient beliefs about the behavior and whether or

not the behavior will lead to specific outcomes (Fishbein & Ajzen, 1975). Fishbein and Ajzen introduce an expectancy-value model which serves as a basis for the concept of attitude toward a behavior in the Theory of Planned Behavior. In the expectancy-value model, attitude is regulated by the behavioral beliefs in an individual's memory about the behavior (Ajzen, 2012a). Only those beliefs that are readily accessible by an individual determine the current attitude toward the behavior. The expectancy-value model also suggests that not all possible outcomes may be anticipated by an individual (Ajzen, 2012a). This concept relates to the proposed study because a female college student's evaluation of previous experience with oral sex may influence her attitude toward oral sex. A female college student also may not anticipate all of the possible outcomes of engaging in oral sex. In fact, a female college student may or may not have readily accessible beliefs toward oral sex to determine her current attitude and subsequently her oral sex behavior.

Normative Beliefs

As defined by TPB theorists, normative beliefs are perceived behavioral expectations of significant persons or peer groups close to an individual (Fishbein & Ajzen, 2010). Injunctive norms are what individuals believe is expected of them through verbal communication or through assumptions about what significant others desire related to actions or behaviors. Descriptive norms are based on actions observed or inferred of those significant persons or peer groups (Fishbein & Ajzen, 2010). Normative beliefs are formed by an individual's motivation to abide by the injunctive and descriptive norms of the significant persons and/or peers in their lives. Normative beliefs influence the subjective norm about the behavior in question (Ajzen, 2012a).

For the proposed study, a female college student's normative beliefs about oral sex may be based on her peer groups' perceived norms about oral sex activities. In a relationship, female college students may receive verbal communication about sexual expectations from their male partners. Female college students may make assumptions about oral sexual behavior based on college norms, relationship norms, peer norms, and societal norms. The perceived behavioral expectations about oral sex shape the normative beliefs about oral sex among female college students, and these beliefs can influence her subjective norm about oral sex.

Subjective Norm

TPB theorists define the concept of the subjective norm as an individual's overall perceived social or peer pressure to engage or not engage in a specific behavior (Ajzen, 2012a). The subjective norm is decided by an individual's total set of normative beliefs and by an individual's motivational level to comply with the societal and peer norms (Ajzen, 2012a). For the proposed study, the subjective norm is influenced by normative beliefs, which are based on perceived norms about oral sex activities among a female college student's peer group. Societal norms, such as gender and sexual roles, may also affect a young woman's normative beliefs about oral sex, which in turn influences her subjective norm. With female college students, significant individuals may be potential or current sexual/romantic partners who have expectations about oral sex. A female college student's motivation to comply with significant individual or peer expectations will determine the subjective norm regarding her oral sexual behavior. For example, if a female college student is informed by peers that there is no risk with oral sex, then she in

turn may perceive no risk. Hence, the idea that oral sex is without risk becomes the subjective norm.

Control Beliefs

Control beliefs provide the foundation for an individual's perception of control over a behavior (Ajzen, 1991). An individual's control beliefs are based on the perceived presence of factors which can either help or hinder performance of the behavior in question. This perception of control is associated with whether or not certain resources and opportunities exist for an individual. Control beliefs can be influenced by the following: previous experiences with the behavior, second-hand information about the behavior, and peer group experiences (Ajzen, 1991). When individuals believe they have more resources and anticipate minimal obstacles, they possess a greater level of perceived control over the behavior in question (Ajzen, 1991). Control beliefs influence perceived behavioral control.

For the proposed study, control beliefs affect perceptions related to certain factors which can either facilitate or hinder a female college student's intent to engage in oral sex. Various psychosocial and situational factors may influence a female college student's perceptions about oral sex and subsequently her control beliefs. For example, a female college student's control beliefs can influence her perceived behavioral control in sexual situations with possible engagement in oral sex.

Perceived Behavioral Control

The concept of perceived behavioral control was part of the expansion of the Theory of Reasoned Action to the Theory of Planned Behavior (Ajzen, 2002). Perceived behavioral control is an individual's perception of their ability to perform a specific

behavior (Ajzen, 1991). Perceived behavioral control is influenced by an individual's control beliefs and the accessibility of those control beliefs during contemplation of a future behavior (Ajzen, 2002). Perceived behavioral control suggests that an individual has a biased level of control over their performance of the behavior (Ajzen, 2002). An individual's perceived behavioral control about a specific behavior can also differ across situations and timeframes.

Perceived behavioral control is often associated with Bandura's concept of self-efficacy, which is a person's belief in their ability to perform a behavior and is determined by human motivation and action (Ajzen, 1991). However, TPB explores more than motivational determinants to predict an individual's task performance (Ajzen, 2012b). TPB stresses that perceived behavioral control is applicable to any behavior, including other behaviors that may lack an individual's motivation to perform. Individuals who believe they are capable of a behavior will have stronger intentions to engage in the behavior, and individuals who lack confidence about a behavior will have less intention to engage in the behavior. Therefore, perceived behavioral control can indirectly influence whether or not an individual performs a behavior (Ajzen, 2012b).

For the proposed study, the concept of perceived behavioral control with oral sex relates to whether or not female college students perceive an ability to engage in oral sex. A female college student's perceived behavioral control regarding oral sex may relate to her self-concept, sexual self-efficacy, and communication abilities. The accessibility of an individual's control beliefs during contemplation of oral sex behavior also relates to the proposed study. A female college student's perceived level of control with oral sex may also differ based on the context and timing of the specific sexual situation.

Intention

A main concept with the Theory of Planned Behavior is an individual's intention to act on a specific behavior (Ajzen, 1991). Intention, defined as evidence of an individual's aptness to engage in a behavior, is assumed to immediately precede the behavior in the TPB (Ajzen, 2012b). Attitude toward the behavior, subjective norm, and perceived behavioral control can potentially predict an individual's intentions (Ajzen, 2012b). With the proposed study, the concepts of attitude toward oral sex, the subjective norm of oral sex, and perceived behavioral control will be explored related to how they potentially influence female college students' intent to engage in oral sex.

Actual Behavioral Control

The concept of actual behavioral control is defined as the degree to which an individual has the necessary skills and resources required to engage in the behavior in question (Ajzen, 2002). When individuals feel a sense of actual control over the behavior in question, then expectations exist that individuals will carry out their intentions regarding this behavior (Ajzen, 2002). Actual behavioral control affects perceived behavioral control and behavior in the TPB framework. For the proposed study, actual behavioral control over oral sex participation may be addressed by the female college students during the exploration of the concept of perceived behavioral control during the interview process.

Behavior

Behavior is defined as a recognizable response by an individual in a situation or setting (Ajzen, 2006). The notion that behavior is influenced by intentions is intrinsic to the TPB (Ajzen, 2012b). The performance of a behavior is a collective function of the

three sets of beliefs, attitude toward the behavior, subjective norm, perceived behavioral control and intention (Ajzen, 1991). TPB recognizes an individual's beliefs and attitudes are precursors to intention, and subsequently the performance of a behavior. Behaviors may vary related to the fact that an individual's readily accessible beliefs may alter in different contexts and during different times in one's life (Ajzen, 2012b).

Literature Review

The purpose of this literature review is to explore psychosocial and situational factors which may influence female college students' participation in oral sex within the context of the Theory of Planned Behavior. The literature review will also explore and analyze the existing research studies regarding oral sex. A general overview of oral sex prevalence and an exploration of knowledge related to oral sex among the college population will be provided. The review is organized into specific sections in order to address the concepts within the TPB framework as they relate to the potential psychosocial and situational factors which may influence female college students to engage in oral sex: 1) previous research on sexual behavior using the TPB framework; 2) attitudes about oral sex; 3) norms about oral sex; and 4) perceived behavioral control with oral sex.

The following electronic databases were searched: CINAHL, MEDLINE, SCOPUS, SAGE, ERIC Academic Search Premier, PsycINFO, SocINDEX, and PubMed. The keywords used in this search were: oral sex, sex, fellatio, sexual behavior, sexual activity, college students, college women, female college students, young adults, sexual decision making, sexual risk taking, sexual health, sexual health knowledge,

sexually transmitted infections, perceptions, abstinence, virginity, social norms, sexual norms, casual sex, relationships, hookups, hooking up, booty call, nonromantic sex, friends with benefits, intimacy, dating, romantic relationships, peers, peer groups, peer norms, and peer pressure. The initial publication dates searched were 2005 to 2015; however, the search was expanded to include 2002 to 2005 in an effort to increase the number of articles on oral sex specific to female college students, which included only one article in the original search. A total of three additional articles were added which utilized the Theory of Planned Behavior, only one of which was specific to females yet focused on various sexual behaviors. The majority of articles reviewed explored various sexual behaviors with oral sex as a small component and included both male and female participants.

Inclusion criteria for articles included the following: college populations, female college students or young adult females, sexual health, oral sex and/or studies that used the Theory of Planned Behavior. Articles were limited to those published in English with the full text available to be included as primary data sources. Abstracts were reviewed and articles not meeting the inclusion criteria were eliminated. The exclusion criteria consisted of studies concerned with oral sex among early adolescents, men who have sex with men, male only studies, sexual assault, date rape, nonconsensual sex, and sexual aggression.

Previous Research on Sexual Behavior with the Theory of Planned Behavior

The Theory of Planned Behavior provides a useful framework for examining a behavior and predicting intentions to engage in a behavior. The proposed research will

explore psychosocial and situational factors which influence female college students' intent to engage in oral sex. To date, this researcher has not found any published research which has utilized the TPB to explore the specific topic of oral sex behavior among female college students only. However, a doctoral dissertation was found that investigated the predictive utility of the Theory of Planned Behavior for condom usage and oral sex behaviors among male and female college students (Valdez, 2006).

TPB has been effectively utilized in numerous research studies of sexual behavior including sexual decision making, sexual initiation behaviors, safer sexual behaviors, condom usage, and risky sexual behaviors. A total of nine studies met the inclusion criteria and were reviewed (see Appendix B). All of the studies were quantitative and utilized either an online survey or a written questionnaire for data collection. Five of the studies occurred in countries other than the United States. Only one study focused solely on young women. The majority of the studies examined all of the TPB concepts related to sexual behavior. In this section, the nine studies reviewed using TPB to predict and explain sexual behaviors will be discussed.

Six of the studies explored sexual behavior and condom usage using the TPB, three involving participants from outside the United States. Herren, Jemmott, Mandeya, and Tyler (2007) examined whether attitudes, subjective norms, and self-efficacy predicted condom use and condom use intention differently among male and female university students in the United States and South Africa. The concepts of attitude toward condom use and the subjective norm about condom usage were found to be significant predictors of intention to use condoms for the U. S. students, but not for the South African students. In contrast, the concept of self-efficacy with condom usage was

found to be a stronger predictor of intention to use condoms among the South African students compared to the U.S. students (Herren et al., 2007).

TPB concepts were found to be predictive of behavioral intentions related to condom use during sexual intercourse among Latino adolescents in the U.S. (Villarruel, Jemmott, Jemmott, & Ronis, 2004). Villarruel and colleagues (2004) found that attitudes toward condoms, subjective norms regarding condoms, and control beliefs and self-efficacy with condom use were all found to be significant predictors of intentions to use condoms. In another study, the use of an adapted version of the TPB framework (including two additional concepts of personal norm and goal enjoyment), was used to examine the predictability of condom availability among 282 participants in the Netherlands (Jellema, Abraham, Schaalma, Gebhardt, & Van Empelen, 2012). Findings from this study revealed the subjective norm (approval of peers and parents to have condoms) and the personal norm (personal principle to always have condoms available) were strongly related to the intention to use condoms (Jellema et al., 2012).

Safer sexual behaviors, including buying and carrying condoms, have also been examined within the context of the TPB. Bryan, Fisher, and Fisher (2002) examined the mediational role of preparatory safer sex behaviors, such as discussion about safer sex, in relation to psychological variables, such as attitudes and norms about safer sex, and condom use within the framework of the TPB. Attitudes, norms, and perceived behavioral control were explored related to the influence of intention for safer sexual behaviors among a sample of 160 college students. Findings revealed attitudes towards condom use, norms regarding condom use, and perceived behavioral control regarding

preparatory behaviors influenced intention with safer sex behaviors, which in turn influenced college students' condom use behavior (Bryan et al., 2002).

Two of the studies utilized both the Theory of Reasoned Action and the Theory of Planned Behavior to predict condom use. Munoz-Silva, Sanchez-Garcia, Nunes, and Martins (2007) compared the effectiveness of both theories to explore gender differences with intention to use condoms among 603 university students from Portugal and Spain. The study utilized questionnaires and also examined the concept of perceived behavioral control through two identified components, self-efficacy and control. Attitude about condoms was found to be a better predictor of condom usage intention among females, than among males. The subjective norm and the perception of communication and persuasion skills were found to be the best predictor of condom use intention for the male participants. This study specifically compared the usefulness of the perceived behavioral control concept, to two different concepts which the researchers labeled 'control' and 'communication and persuasion skills.' Findings revealed that female college students perceived a higher level of behavioral control over condom use, such as thinking they had better control and persuasion skills than their male companions. However, this higher level of perceived behavioral control failed to relate to the female college students' actual condom use behavior.

A doctoral dissertation which utilized the Theory of Reasoned Action, as well as the Theory of Planned Behavior, focused on the prediction of using condoms for protection during fellatio among female and male college students (Valdez, 2006). This quantitative study included 106 females and 125 males who had participated in fellatio. Findings from this study supported the concepts of attitude and subjective norm within

the TRA. Negative attitudes toward condom use were found to be related to a lack of intention to use condoms with fellatio. A participant's close friends and parents, or normative groups, were also found to be predictors related to intentions to use condoms with fellatio. The concept of perceived behavioral control with the TPB was found to not be related to intention in the correlation analyses performed. Past condom use with fellatio was shown to be significantly related to whether or not a participant believed that oral sex was real sex. The participants who reported past condom use with fellatio were more likely to believe oral sex was real sex (Valdez, 2006).

Intention to engage in various sexual behaviors was explored by McCabe and Killackey (2004) using an adapted version of the TPB with the inclusion of religion and past sexual behavior as additional variables to predict intention. Behavioral beliefs related to six sexual behaviors were explored in the context of sexual decision making among young women in Australia. The six sexual behaviors explored were hand holding, light kissing, hugging, breast petting, genital petting, and intercourse. The researchers did not state whether the sexual behaviors were defined in the questionnaires for the participants. Findings revealed that participants' beliefs and their perceived peer norms about the appropriateness of the sexual behavior were predictors of intention, but only for less intimate behaviors such as hugging (McCabe & Killackey, 2004). Parental norms were more likely to predict intentions than peer norms for more intimate behaviors, described only as those likely to occur in private. Although both peer and parental norms predicted intentions with sexual behaviors, intentions did not predict actual behaviors. Regarding the two additional variables, only the past sexual experience variable proved to be significant as a predictor of sexual behaviors. Religion was not shown to be

significant as predictor of intention to engage in sexual behavior. Lastly, the extent to which a woman perceived control over whether or not to engage in a specific sexual behavior was the strongest predictor of intention to engage in that behavior (McCabe & Killackey, 2004).

Gender differences in sexual initiation behaviors within dating relationships were investigated in a sample of 151 heterosexual, traditional college age (18 to 25 years) participants (Simms & Byers, 2013). Sexual initiation behaviors were described as direct or indirect. Direct behaviors involved asking someone whether they want to engage in sex, whereas indirect behaviors involved increased eye contact with a desired partner (Simms & Byers, 2013). The perception of social norms, such as the extent to which participants felt important people in their lives thought they should initiate sexual relations, were shown to be a significant predictor of engaging in sexual initiation behaviors. The more young adults felt confident in their ability to initiate sex, the stronger their intentions were to initiate sex. Results from this study revealed that young men reported more positive perceived social norms about sex initiation, which led to stronger intentions to initiate sex and an increased overall frequency of actually initiating sexual activities (Simms & Byers, 2013). When combined with perceived social norms, perceived behavioral control over the ability to initiate sex was also found to predict a participant's sex initiation behaviors. Findings showed that intentions fully moderated the relationship between perceived social norms, perceived behavioral control, and the initiation of sexual behavior. The strength of the intention to initiate sex was found to directly influence actual sexual initiation behaviors (Simms & Byers, 2013).

Risky sexual behaviors among college students have also been explored within the TPB framework. A study with 453 American college students utilized the TPB framework with the addition of six additional concepts related to intention and behavior, to predict risky sexual behaviors (Turchik & Gidycz, 2012). The six additional concepts consisted of the following: past behaviors, anticipated affect, moral norms, sexual excitation, sexual inhibition, and sensation seeking. Turchik and Gidycz (2012) examined intention and behavior for both safe sex and risky sexual activities over an eight-week time period. This study also explored differences between sexual behaviors related to partner type within the context of relationships and casual sex encounters. Findings support the addition of the variables to the TPB model. Analysis also revealed the importance of perceived behavioral control over sexual behaviors related to intention and behavior (Turchik & Gidycz, 2012).

The nine studies discussed have provided evidence for the effectiveness of the Theory of Planned Behavior in predicting various sexual intentions and behaviors among adolescents and the college aged population, with one study that specifically explored young women. This theory was developed to increase understanding about how an individuals' attitude, subjective norm, and perceived behavioral control influence their intentions to engage in a behavior. The proposed study will focus on the exploration of how female college students' attitudes toward oral sex, subjective norms about oral sex, and perceived behavioral control over oral sex influence their intent to engage in oral sex.

Prevalence of Oral Sex

Hans and Kimberly (2011) reported that approximately three-quarters of the U.S. population ages 20 to 24 years have participated in oral sex. A similarly high prevalence rate was also reported by Higgins and colleagues (2010) who reported that 65% to 85% of 18 to 24 year olds have participated in oral sex. Oral sex was the most commonly reported sexual behavior among 42,549 U.S. undergraduate students in a study on sexual health disparities, with 72% of those students reporting oral sex participation (Buhi et al., 2010). In a study of sexual health risk among 29,952 sexually active female college students, approximately 94% of all sexually active females had engaged in oral sexual activity and the majority did not use condoms (Lindley, Barnett, Brandt, Hardin & Burcin, 2008). Only 9% of surveyed female college students reported condom usage with fellatio, oral stimulation of the penis to orgasm (Lindley et al., 2008).

Jozkowi and Satinsky (2013) found that 86.9% of college students had engaged in performative oral sex and 88.2% reported receptive oral sex. A total of 212 young men (60.7%) in this study reported they had received oral sex in the past 30 days. A total of 337 young women (54.3%) reported they had performed oral sex in the past 30 days (Jozkowski & Satinsky, 2013). Young men in the study reported more frequent engagement in receptive oral sex, while the young women in the study reported more performative oral sex during their lifetime and at their last sexual experience. The use of personal protective devices such as condoms during oral sex, was not addressed. Since female college students are more likely to perform oral sex, they are more likely to be at risk for sexually transmitted infections (Jozkowski & Satinsky, 2013).

Research has shown differences in oral sex participation among college students, in regards to gender and race (Chambers, 2007; Hans et al., 2010; Higgins et al., 2010; Jozkowski & Satinsky, 2013). Gender differences with sexual behaviors among heterosexual college students have been noted with research studies (Higgins et al., 2010; Jozkowski & Satinsky, 2013). In regards to gender, college males have reported more receptive sexual behaviors, such as receiving oral sex (Hans et al., 2010; Jozkowski & Satinsky, 2013). College females have reported more performative sexual behaviors, such as giving oral sex (Hans et al., 2010; Jozkowski & Satinsky, 2013). Male college students also reported more sexual initiation for the receipt of oral sex followed by vaginal-penile intercourse, compared to female college students (Jozkowski & Satinsky, 2013). A greater proportion of women (55%) compared to men (45%), reported performing oral sex and 62% of women reported they had engaged in fellatio prior to their first vaginal sex experience (Stone, Hatherall, Ingham, & McEachran, 2006). Chambers (2007) study of female (n = 1,194) and male (n = 734) college students, 79 % of females reported that they had given oral sex. Chambers also reported that heterosexual female college students in the sample performed more oral sex than they received.

Findings from two studies have shown differences with gender and race related to oral sex participation in young adults (Brewster & Tillman, 2008; Buhi et al., 2010). The studies revealed that when compared to African American students, Caucasian students have greater rates of oral sex experiences and lower rates of condom usage with oral sex (Brewster & Tillman, 2008; Buhi et al., 2010). Buhi and colleagues (2010) performed a secondary analysis on the American College Health Association-National College Health

Assessment data and found more Caucasian females (71.7%) reported ever having oral sex when compared to African American females (58.1%). Female African American students also reported greater condom usage with oral sex compared to female Caucasian students (Buhi et al., 2010). Brewster and Tillman (2008) looked at oral sex data from the National Survey of Family Growth, which included a sample of females (n = 1402) and males (n = 1418), 15 to 21 years old. Findings revealed that more of the participants had engaged in oral sex than vaginal sex, a greater percentage of males who had only received (not given) oral sex, and a greater percentage of Caucasians who reported oral sex participation (Brewster & Tillman, 2008).

The prevalence rates are concerning due to the frequency of oral sex in this young population, the minimal use of personal protective devices, as well as the gender and racial differences regarding giving and receiving of oral sex. The rising incidence of sexually transmitted infections and their long term implications are directly associated with a high prevalence of oral sex. Students who engage in unprotected oral sex are at risk for oral transmission of these infections. The studies reviewed in this section on prevalence are listed in a matrix (see Appendix C). More research is needed to examine female college students' attitudes about oral sex to determine effective ways to increase awareness about safer oral sex practices for those who choose to engage in this behavior.

Knowledge Related to Oral Sex

A simple definition of the word 'knowledge' is "information, understanding, or skill you get from experience or education" (Merriam-Webster Incorporated, 2015). Knowledge related to oral sex varies based on the information a college student has

received about oral sex. Oral sex information is received through formal or informal education and experiences. Knowledge reflects understanding of a specific topic, which means college students, may vary regarding their understanding of oral sex. A college student may have received information on oral sex through sexual health education programs, but lack full understanding of the information. Knowledge of oral sex can also be gained through experiences, a college student's experiences or the oral sex experiences of others as relayed to them by their peers.

Knowledge level regarding sexual health information has been researched in order to determine the gaps within a college population. A total of seven articles were reviewed related to knowledge (see Appendix D). In their assessment of sexual health knowledge among 242 college students, Moore and Smith (2012) discovered that participants were not aware of other types of sex, such as oral and anal sex, primarily because sex to the participants only included vaginal sex. After a sexual health information intervention which included videos, discussion, and a power point presentation on sexual behavior, sexually transmitted infections, and safer sex methods, participants were asked to write a response paper about the intervention. Twelve percent of participants indicated they had learned that sexual infections could be transmitted in other ways besides vaginal intercourse, such as oral sex, and stated they were previously unaware of transmission risks with other sexual activities (Moore & Smith, 2012). In response to learning about sexual behavior, only 4.1% wrote they learned something new about the definition of sex, mainly that sex included activities besides penile penetration of the vagina. In the study, a female participant stated that she learned a person can have sex without having intercourse (Moore & Smith, 2012). Students in the study also

reported they were shocked to learn that they could contract a sexually transmitted infection from sexual activities other than vaginal sex. Study findings revealed that 69.4% of students reported having had oral sex, yet only 2.5% reported condom usage with oral sexual activities (Moore & Smith, 2012). Findings suggested that college students often believe that they are knowledgeable about sexual health and safer sexual behaviors, yet their actual behavior may not reflect this knowledge (Moore & Smith, 2012).

Definitions of sexual behaviors can provide an increased understanding of why college students consider certain behaviors as “sex,” or “not sex.” Sewell and Strassberg (2014) explored definitions of “having sex” among 267 male and 327 female heterosexual undergraduate students and found three main themes related to what constituted full definitions of sex. These themes were as follows: degree of sex, sexual situation, and type of sex. Degree of sex related to behaviors that were deemed as “close to but not real sex”, sexual situations related to behaviors that were “sexual, but not sex,” and type of sex such as “a form of sex, but not penile-vaginal sex.” Findings suggested gender differences about definitions of sex among undergraduate students. The authors suggested that gender differences with sex may relate more to why certain behaviors fit with the female definition of sex, compared to the male definition of sex.

Factors specific to the sexual situation can influence how college students define sexual behaviors, such as oral sex. College students may differ in which factors influence how they choose to define a specific sexual behavior. In a study which explored individuals’ definitions of sex, a sample of 51 female and 49 male college students were asked to write about one of four types of sexual situations related to personal sexual experiences and behaviors (Peterson & Muehlenhard, 2007). The sexual situations to be

described were categorized as the following: almost but not quite sex, just barely sex, uncertainty about if the experience was sex, and disagreement about whether the experience qualified as sex. Findings showed that oral sex experiences were reported as “not quite sex” by 22 of the participants, with 5 of those 22 participants writing “oral sex is not sex.” Oral sex was reported by 13 other participants as “just barely sex,” yet all of these 13 participants also wrote that “oral sex is sex.” Inconsistencies with definitions of sex and factors which influenced these definitions were found. One female participant in the study wrote that an experience counted as “an act of sex” depending upon her sharing the experience with others. The participant wrote that she only tells people about her vaginal sex experiences, not her oral sex experiences, when asked questions about with whom she has had sex. However, this same female participant also expressed that “it’s all sex in the end” (Peterson & Muehlenhard, 2007). Certain narratives by young women in the study also revealed inconsistencies with labels attached to specific sexual behaviors, such as oral sex. One female participant wrote her definition of sex included “even just seminal fluid involved,” yet she defined her own oral sex experience as a “blow job” but considered it “not quite sex.” This same woman who did not identify a “blow job” as sex also checked “no” related to a question about if she had ever had sex and checked “yes” to being a virgin. Peterson and Muehlenhard (2007) found that many of the respondents in their study were motivated to label their sexual experiences as “not sex,” even when the experiences constituted the definition they listed as “sex.” The authors referred to this inconsistency as a motivational definition. The most common motives for women to label experiences as “not sex” were as follows: the ability to

maintain personal classification of themselves as virgins and the avoidance of negative self-evaluations (Peterson & Muehlenhard, 2007).

Other studies regarding the classification of sexual behaviors related to virginity and abstinence behaviors among college students also demonstrated ambiguity and conflict. In a 2010 study of 477 college students, only 20% of the participants believed that oral sex constituted having sex (Hans et al., 2010). In the study by Hans and Kimberly (2011), 454 college students were surveyed about sexual behaviors and found that the majority believed that oral sex maintained virginity status and was consistent with abstinent behavior. Students who are not certain about what behaviors constitute sex and the associated risks of those behaviors often engage in risky behaviors due to a lack of knowledge.

Confusion about the possible transmission of sexually transmitted infections through oral sex exists in the college population. In a study among male and female college students, Downing-Matibag and Geisinger (2009) found that the majority of participants who had engaged in oral sex expressed confusion about protection against orally sexually transmitted infections. Some of the students were alarmed by the idea that they needed to use protection with oral sex, mainly because they were unaware that STI's could be transmitted with oral sex. Many expressed that they were not concerned about the health risks associated with oral sex. Less than 5% of the students interviewed stated they were concerned about potential STIs resulting from oral sex (Downing-Matibag & Geisinger, 2009). Female students were noted to be particularly vulnerable in sexual hookups regarding self-efficacy and the use of personal protective devices.

In a study examining oral sex behaviors and perceptions among college students, the majority of students reported confusion related to knowledge, transmission, and protection against sexually transmitted infections with oral sex (Chambers, 2007). Male college students in this study were slightly more aware of oral sex protection compared to female college students. However, awareness of oral sex protective devices, such as condoms, failed to equate with the actual use of these devices during oral sex (Chambers, 2007). College students in a separate study also reported a lack of education about the use of possible protection methods which can be used for oral sexual acts (Hans & Kimberly, 2011).

Strengths and Limitations of the Reviewed Studies

The studies described above increased understanding of some aspects related to knowledge about oral sex, particularly differences in definitions of sexual behaviors and knowledge of protective devices. Sewell and Strassberg (2014) explored definitions of sex among college students quantitatively and qualitatively, which allowed for pairing of the results. The quantitative findings revealed that male and female college students did not differ about which of the sexual behaviors presented constituted sex. However, women in their study differed from men within the qualitative research portion; with women offering significantly more reasons for their definitions of sexual behaviors than men. Women in the study offered phrases such as “virginity loss” and “only penis in vagina is sex” as the specific reasons they defined a behavior as sex (Sewell & Strassberg, 2014). This finding suggests that more information about knowledge related to different types of sex might be obtained through the use of qualitative data collection

methods in sexual behavior research because participants are able to explain their responses to questions. The researchers also reported that young people consider a wide variety of contextual factors related to decisions about the definitions of sexual behaviors, such as the presence or absence of orgasm, which warrants further exploration. Sewell and Strassberg (2014) also suggested the need for research within the areas of following areas: relationship status of sexual partners and how uncertainty about the classification of a specific sexual behavior might influence decisions about that behavior. The proposed study will qualitatively explore factors, such as relationships and self-efficacy, which may influence females to engage in oral sex.

Downing-Matibag and Geisinger (2009) differentiated between the types of sexual behaviors during hookups among college students related to the perception of risk and protective barriers, which added strength to their qualitative study. Another strength of this study was the exploration of how a student's self-efficacy with the use of protective devices against sexually transmitted infections can be affected by situational and social factors. Based on the findings from this study which were previously discussed, further exploration of self-efficacy in the use of protection against sexually transmitted infections with female college students is warranted due to an increased vulnerability found with young women in their study. Downing-Matibag and Geisinger (2009) also suggested the need to explore sexual behaviors among college students in different regions of the United States because one of the limitations was the sample of Midwestern, predominately white students. The proposed dissertation study will obtain a racially and sexually diverse sample of female college students from the Southern region of the United States.

The study by Peterson and Muehlenhard (2007) described above had strength because participants wrote about actual personal sex experiences related to classifications of sexual behaviors, which revealed inconsistencies between definitions and motivated definitions. Research with participants' actual sexual experiences versus hypothetically proposed sexual experiences may help increase our comprehension about which aspects in sexual situations are the most important to participants and how personal motivations can influence a person's thoughts about a specific sexual behavior. The proposed study will use semi-structured individual interviews to explore female college students' previous oral sex experiences in order to increase understanding of the factors which influence participation in oral sex. The next section will explore the literature related to attitudes about oral sex.

Attitudes about Oral Sex

This section will discuss attitudes about oral sex, as well as the behavioral beliefs and perceived risks associated with oral sex. Attitudes about oral sex are important to consider because an individual's attitude toward a behavior may influence their intention to engage in the behavior. A total of 14 studies related to attitudes about oral sex were reviewed, six of which specifically included oral sex in the title. The studies on attitudes which did not include oral sex in the title, still explored oral sex but in the context of the following topics: risks with sexual behaviors, definitions of sex, beliefs about sex, and hooking up. Five of the studies reviewed involved only female participants. The majority of the studies reviewed were quantitative (see Appendix E for matrix). The majority of the quantitative studies utilized online surveys for data collection. Each of

the three qualitative studies utilized different data collection methods (Fantasia, Sutherland, Fontenot, & Iearldi, 2014; Downing-Matibag and Geisinger, 2009; Vannier & Byers, 2013).

Two of the quantitative studies about attitudes (Eshbaugh & Gute, 2008; Hans & Kimberly, 2011), indicated that a noticeable shift in attitudes has occurred with oral sex compared to vaginal sex in regards to risks, classification as a sexual act, and virginal status among young women over the past three decades. Oral sex is viewed as a common safer sex option with absent or lower risk for the occurrence of sexually transmitted infections when compared to vaginal sex (Hans & Kimberly, 2011). Findings specific to female college students in both of the studies revealed that oral sex is perceived as different from vaginal sex, maintains one's virginity, and can be considered an abstinent behavior (Eshbaugh & Gute, 2008; Hans & Kimberly, 2011). If a young woman possesses an attitude that a specific activity or behavior is nonsexual, such as oral sex, then she may underestimate the associated health risks which may result from the behavior (Eshbaugh & Gute, 2008).

In one of the few studies about women and oral sex behaviors, attitudes about oral sex were explored using a questionnaire administered to young women aged 18 to 25 years in Canada (Malacad & Hess, 2010). The majority, 76.8%, of the young women were full-time undergraduate students. Malacad and Hess (2010) investigated the attitudes and emotions which young women relate to oral sex behaviors. The study defined oral sex as 'oral-genital contact' and also differentiated fellatio as 'performing oral sex' and cunnilingus as 'receiving oral sex.' Findings showed that 74% of the sample had performed fellatio and 72% had received oral sex. In regards to attitudes of

intimacy and oral sex, 50% of the participants indicated that oral sex was less intimate than vaginal sex, while 40% indicated that oral sex and vaginal sex were equally intimate activities (Malacad & Hess, 2010). A minority of participants, 8% felt that oral sex was more intimate than vaginal sex. Malacad and Hess (2010) also found that emotional aspects differed among the young women related to oral sex activities and when oral sex was compared to vaginal sex. Fellatio was found to be associated with more negative emotions than cunnilingus. Young women expressed the following attitudes related to fellatio: less stimulating, less fulfilling, and not as exciting as either vaginal sex or receipt of oral sex (Malacad & Hess, 2010). Participants reported feelings of 'disgust' and 'boredom' associated with fellatio. However, about 31% of the young women noted that fellatio made them feel more 'powerful' than vaginal sex and cunnilingus (Malacad & Hess, 2010). Attitudes about relationships also revealed that participants who reported negative emotions with oral sex were more likely to also report not being in love with their partner. Participants who reported they were in love with their partner expressed more positive emotions toward oral sex (Malacad & Hess, 2010).

Behavioral Beliefs about Oral Sex

Perceptions of risk, perceptions of intimacy, and emotional implications have been explored in three studies related to behavioral beliefs and oral sexual behaviors (Chambers, 2007; Vannier & Byers, 2013; Vannier & O'Sullivan, 2012). Perception of intimacy levels and perceptions of risk have been shown to differ for various sexual behaviors, such as oral compared to vaginal sex, among college students (Chambers, 2007; Vannier & Byers, 2013). Differences also exist in college students' perceptions and beliefs regarding oral sex related to gender and ethnicity (Brewster & Tillman, 2008;

Buhi et al., 2010; Chambers, 2007; Vannier & Byers, 2013; Vannier & O'Sullivan, 2012).

Chambers (2007) was the first investigator to actually assess college students' motives for participation in oral sex. Her seminal study remains as one of the few studies that have specifically addressed oral sex behavior among college students. Chambers (2007) explored oral sex perceptions with 2,147 female and male college students in an online survey. The majority (88%) of participants indicated they had engaged in oral sex; 12% of participants indicated they had not engaged in oral sex. In regards to perceptions of intimacy with oral sex, the majority of females (54.2%) believed that oral sex was intimate. Oral sex was perceived as not intimate by 22% of females, with 24% of females who indicated they were neutral about the intimacy of oral sex (Chambers, 2007). Female college students reported that they gave oral sex more than they received oral sex. Pleasure for the receiver was the primary reason for giving oral sex by the majority (78.6%) of female participants. The findings provided some insight about perceptions of oral sex among college students. However, due to the online survey format, participants' responses could not be clarified and explored further. Chambers (2007) expressed the need for research with oral sex and type of relationship, as well as how planned oral sex is among participants who engage in this sexual behavior. Finally, findings from this study also revealed that over 20% of those surveyed were unaware of any health risks such as sexually transmitted infections with oral sex participation (Chambers, 2007).

In another quantitative study, Vannier and O'Sullivan (2012) examined young adult (male and female) participants' most recent oral sex experiences to better

understand oral sex interaction through the use of an online survey. The most common sexual activity reported was fellatio (61%) and the least common was cunnilingus (5.6%). The most frequent motives for engaging in oral sex were physical, emotional, and insecurity. Males reported more physical motives for oral sex while females reported higher levels of emotional motives, listed as love and commitment. Behavioral beliefs related to insecurity motives, listed as self-esteem boost, mate guarding, and duty/pressure, were reported by more female than male participants (Vannier & O'Sullivan, 2012). The authors highlighted the need to better understand the characteristics of oral sex experiences among young adults, as well as relationship context with oral sex and gender differences with oral sex motives. Similarly, another quantitative study (Brewster & Tillman, 2008) highlighted the need for more research with the context of relationships with sexual experiences due to the potential for gender differences. Similar findings were also reported by another study using secondary data analyses from national samples regarding oral sex experiences related to gender and race/ethnicity (Buhi et al., 2010). Females were found to give oral sex more than they receive oral sex and Caucasians were more likely to participate in oral sex compared to other youth (Buhi et al., 2010; Brewster & Tillman, 2008).

Vannier and Byers (2013) present qualitative data supporting the quantitative findings of Chambers, and Vannier and O'Sullivan presented above. In this study of both female and male college students' perceptions of intimacy with sexual behaviors, the majority (91%) of college students perceived vaginal sex as a more intimate sexual behavior than oral sex. Five themes emerged from the data about study participants' perceptions of intimacy. Four of the themes viewed intercourse as more intimate for the

following reasons: 1) it is a symbol of love and commitment; 2) it is mutual; 3) has greater risks and benefits; 4) it is talked about (Vannier & Byers, 2013). Vaginal sex was viewed as a sign of love and commitment in a relationship by over half (58%) of the participants. One female participant expressed that oral sex was less intimate than vaginal because “after sex you have an amazing bond to your partner but after oral not as much” (Vannier & Byers, 2013, pp. 1576). The participants expressed differences in the types of relationships related to type of sexual behavior. Oral sex did not have certain requirements associated with vaginal sex, such as being in a committed relationship. Oral sex was not viewed as a shared or reciprocal experience, with participants using words such as ‘subservient’ to describe their experiences of performing oral sex (Vannier & Byers, 2013). Participants perceived more risk for negative emotions, such as regret, with vaginal sex when compared to oral sex. The students also described feeling that the lack of discussion about oral sex in formal educational venues contributed to the feeling that oral sex was less important than vaginal sex. An example of this is a female participant who expressed that oral sex was never mentioned in any part of formal sexual health education; teachers never discussed oral sex. College students also reported that the topic of oral sex was never discussed by parents, yet the consequences of intercourse were discussed openly, which led the students to feel that oral sex was simply not an important sexual behavior. The final theme which emerged from this qualitative study representing a small proportion of the sample (4%) was that oral sex is more intimate because you are focused solely on your partner. This theme was expressed only by the male study participants as a willingness to focus on your partner’s sexual pleasure as more intimate because giving oral sex did not involve one’s own sexual gratification.

Another significant finding was risks such as unwanted pregnancies and transmission of sexually transmitted infections, were more associated with vaginal sex when compared to oral sex. A female participant expressed that she felt engaging in oral sex presented fewer risks than vaginal sex, especially if a condom was used with oral sex (Vannier & Byers, 2013). Next, a review of studies related to perceptions about the risks associated with oral sex will be discussed.

Perceived Risks Associated with Oral Sex

Research with sexual risk perceptions typically involves the exploration of risk related to sexual behaviors among college students, without specification to risks with oral sex. Research on risk perception related to sexual behaviors and female college students has focused on sexually transmitted infections, sexual decision making, consent, alcohol consumption, and hookups (Downing-Matibag & Geisinger, 2009; Fantasia et al., 2014; Hickey & Cleland, 2013; Oswalt, 2010; Purdie et al., 2011). At times, researchers have failed to clarify what constituted sexual risk behavior regarding which specific sexual activity among college students. Hickey and Cleland (2013) explored risk perception of sexually transmitted infections among female college students using an online survey. The majority of female college students felt they were not at risk for sexually transmitted infections, despite low condom usage. Participants reported a low perception of risk specific to condom use and relationship status, as well as a lack of general knowledge with preventive sexual behaviors. However, the researchers did not tie condom usage to a specific type of sex and failed to state whether or not they defined the term 'sexual activity' in the survey.

Oswalt (2010) did differentiate between the types of sexual activities in a survey of risk with sexual decision making among college students. Oral sex was listed separately from vaginal sex and anal sex. The study revealed that with sexual decision making, female college students' perceived a lower level of risk with oral sexual activity. The exploration of how relationships are associated with sexual decision making led to an unexpected finding, the context of a relationship was not significant for the decision to engage in oral sex among study participants (Oswalt, 2010).

Stock, Peterson, Houlihan, and Walsh (2013) noted that minimal research exists on risk cognitions associated with oral sex among college students. Similar to Vannier and Byers (2013), these investigators reported that students who were willing to engage in unprotected oral sex had lower levels of risk perception associated with that behavior. Other findings from this quantitative study of college students on oral sex risk cognitions in relation to HPV revealed those students who were willing to engage in unprotected oral sex had more oral sex partners and lower levels of condom usage during oral sex. Eighty-five percent of participants reported oral sex participation with an average of eight lifetime oral sex partners. However, less than 5% of those participants who reported oral sexual activity reported using condoms (Stock et al., 2013). Participants who were in the research intervention group that received information about oral sex and HPV reported increased knowledge, HPV vaccination likelihood, and increased perceived risk about oral STI transmission. However, the beneficial effects of information were limited to female participants. The investigators also revealed that female college participants regarded oral sexual activity differently dependent upon receipt of the HPV vaccination. Females who received the vaccine reported higher willingness to give oral sex, lower

levels of perceived risk with oral sex and greater levels of condom use (Stock et al., 2013). In regards to oral sexual-risk cognitions, higher knowledge levels about oral sex and HPV and decreased levels of oral sex willingness were associated with higher levels of perceived risks with oral sex. Continued research on risk cognition is important due to the perception of oral sex as a low risk sexual activity among the college population (Stock et al., 2013). This study highlighted the need for more research regarding oral sex among college students, specifically more gender specific studies related to perceptions and oral sex behaviors. Lastly, the investigators called for research which specifies giving oral sex versus receiving oral sex related to the thought processes associated with willingness and perceived risk of oral sex in this population.

Two studies, one quantitative (Purdie et al., 2011) and one qualitative (Fantasia et al., 2014) shared similar findings regarding risk and the influence of alcohol on young women's sexual behaviors. In an experimental study, female participants who were social drinkers projected themselves into a story which depicted a sexual situation with a man (Purdie et al., 2011). Purdie and colleagues (2011) found that alcohol enhanced both the belief of a partner being low risk and increased appraisal of the sexual experience. After alcohol had been consumed, the expectation of having sex was enhanced with a partner whose sexual risk was unknown in the study (Purdie et al., 2011). Fantasia and colleagues (2014) explored college females' knowledge, attitudes, and beliefs about contraception and sexual consent during dating relationship and one of the themes that emerged from the data was the influence of alcohol on sexual behaviors. Alcohol was described by study participants in focus groups as a main factor for the occurrence of sexual activities due to the strong influence over sexual situations (Fantasia

et al., 2014). Young women in the study expressed that alcohol also affected consent because of pressure to have sex when one or both partners had been drinking alcohol (Fantasia et al., 2014).

Limitations of the Reviewed Studies

Limitations of the reviewed studies were associated with the data collection methods, the lack of specification of sexual activities, and the sample populations. The use of online surveys in several of the studies may have limited clarification and further exploration of the participants' responses (Chambers, 2007; Hans & Kimberly, 2011; Hickey & Cleland, 2012; Oswalt, 2010; Stock et al., 2012; Vannier & O'Sullivan, 2012). The survey used by Hickey and Cleland (2012) to examine STI risk perception among female college students lacked specification with types of sex and condom usage. This survey also only had a response rate of 20% and at a predominately white private university in an affluent area of the mid-Atlantic region. These are major limitations of this study because this is a low response rate and the population limits the generalizability to other sociodemographic groups. Interestingly, Vannier and O'Sullivan (2012) reported that a limitation with their study was use of online surveys, due to a lack of specification with whether their most recent oral sex experience was unidirectional, bidirectional, or if other sexual activities were involved. Gaps were identified in several of the studies (Hans & Kimberly, 2011; Malacad & Hess, 2010; Vannier & O'Sullivan, 2012) regarding sexual education materials for young adults, such as a lack of information about addressing oral sexual activity and the risk of sexually transmitted infections have been identified. Findings from several other studies reviewed also suggested the need for

increased sexual education among young adults and more focus with the possible predictors with sexual decision making (Chambers, 2007; Oswalt, 2010).

Previous studies have expressed the need for the following: more research to investigate attitudes with oral sex, perceptions of risk with oral sex, as well as social norms regarding oral sex among college students (Brewster & Tillman, 2008; Buhi et al., 2010). Research with females on the personal classification of sexual behaviors needs further exploration related to the associated risks due to the potential for health consequences, especially in the young female population (Hans & Kimberly, 2011). These studies clearly identified perceptions of oral sexual behavior and the associated risks with oral sex participation in college females as a gap in research (Oswalt, 2010; Chambers, 2007).

Interestingly, three of the studies which focused specifically on oral sex were conducted in Canada. The three Canadian studies reviewed allowed for an increased understanding of oral sex experiences for this specific population, yet each study also expressed the need for more research regarding oral sex among young adults (Malacad & Hess, 2010; Vannier & Byers, 2013; Vannier & O'Sullivan, 2012). One of the Canadian studies which qualitatively explored oral sex with open ended intimacy questionnaire among both male and female college students (Vannier & Byers, 2013). Yet, questionnaires limited clarification with study participants, such as reasons for oral sex not being viewed as a shared experience and why words such as 'subservient' were being used to describe feelings about oral sex participation. Vannier and Byers (2013) suggested that more research is needed to look at intimacy specific to fellatio and cunnilingus from the perspectives of the giver and the receiver. These studies involved

male and female participants in order to explore gender differences and found gender differences exist with oral sexual behaviors. A major limitation with these studies was the lack of specificity of perceptions related to the giver and the receiver with oral sex.

Another Canadian study discussed in the review used a self-report questionnaire to look at vaginal sex and oral sex specifically among young women (Malacad and Hess, 2010). A limitation of this study was questions about oral sex were accompanied by questions about vaginal sex regarding sexual relationships, as well as views of intimacy. The constant comparisons of vaginal sex to oral sex may also be perceived as a limitation within this study because the objective was to explore attitudes and emotions young women associated with oral sex, not vaginal sex as it related to oral sex. The proposed study will explore college females' perceptions of oral sex through the process of semi-structured interviews which will allow for exploration and clarification of participant response.

Findings from each of the studies reviewed showed that further research on the context of relationships and oral sex is warranted with young women, to include the emotional implications (Malacad & Hess, 2010; Vannier & Byers, 2013); Vannier & O'Sullivan, 2012). Malacad and Hess (2010) also supported the need for further research with the possible relationship between performing oral sex and empowerment for young women. A limitation with each of these Canadian studies was they are not necessarily generalizable to other countries. Also, the study samples were predominately Caucasian which may limit generalization to other populations in the exploration of oral sex experiences. The proposed study will seek out a diverse population of female college students.

Summary

As discussed in this section, behavioral beliefs have the potential to influence attitudes toward oral sex among female college students. Perceptions of intimacy, perception of risk and emotional implications may differ among a population of college students. Beliefs, perceptions, and emotional implications may also be of particular importance among female college students. The next section will explore literature related to norms about oral sex.

Norms about Oral Sex

This section of the review will address norms about oral sex. First, normative beliefs specific to the college population will be explored, as well as beliefs about sexual behaviors and expectations among female college students. Next, peer groups, social norms, and peer pressure related to sexual behaviors among college students will be discussed. Finally, norms among college students regarding oral sex will be addressed within the context of different types of personal relationships.

A total of 28 studies related to norms about sex were reviewed (see Appendix F for matrix). Only one of the studies included oral sex in the title and that study was also included in the previous section on attitudes about oral sex (Vannier & Byers, 2013). The majority of studies reviewed explored oral sex, but in the context of the following topics: social norms with sexual behaviors, sexual decision making, sexual hookups, influence of peers on sexual activity, and sexual health. The majority of the studies reviewed were quantitative, only three were qualitative. Each of the three qualitative studies utilized a different data collection method: open ended questionnaires, semi

structured interviews, and simulation scenarios (Vannier & Byers, 2013; Downing-Matibag & Geisinger, 2009; Menegatos, Lederman, & Hess, 2010). Six of the 28 studies reviewed, involved only female participants.

Normative Beliefs

Normative beliefs influence what individuals believe is typical or usual regarding a behavior. If college is viewed as a social structure, then the college environment has unique influencing factors not present in other types of social environments. Selection of sexual partners and the type of relationships which are appropriate could be influenced by a variety of factors within this social structure, as could types of sexual behaviors. College students are influenced in different ways about sexual behaviors depending on factors such as: peers, alcohol/drug use, religious and/or personal beliefs, and relationships.

For most college students, the transition to college means more autonomy and the ability to live in their own residence or dormitory. This new independence allows young adults more opportunities to engage in sex than previously experienced. Sex during college is often thought of as a normative aspect for adult sexual development (Halpern, 2010). College students are more likely to have multiple sexual partners compared to non-students in the same age range (Higgins et al., 2010). College students who engage in substance use also frequently use drugs and/or alcohol prior to engaging in sexual activities. Alcohol use is typically more common during an individual's college years than in other years of life and has been linked to multiple sex partners (Higgins et al., 2010). Casual sexual encounters in the college population generally involve oral sex, vaginal sex or anal sex. Over two-thirds of casual sex encounters among college students

consist of sexual practices that do not involve vaginal penetration of a female by a male partner, such as oral sex (Barriger & Velez-Blasini, 2013).

Social norms

Social norms of peer groups often influence sexual behavior. Uecker (2015) examined social context and sex among students at 28 different colleges and found that peer groups had significant effects on sexual behavior. The study found that religion played a role in sexual behavior with religious peer groups reinforcing morals related to sexual behaviors, respective to that religion, for an individual. In contrast, peer groups who valued partying in college promoted sexual behavior for an individual. Gender demographics also had a significant effect on sexual behavior, with more sexual behaviors among both genders on campuses with higher female enrollment (Uecker, 2015). The size of a college campus also has an effect on sexual behavior with non-virgins at larger schools being less likely to have sex. Conversely, females who are virgins at larger schools have been shown to be more inclined to have sex. Uecker (2015) suggests this effect of virginity may be attributable to virgin females favoring the greater anonymity found on larger campuses and engaging in sex. Unfortunately, the term virgin was not clearly defined for participants in this study other than the classification of “had sex,” which has the potential to mean something different from person to person. However, this study highlights the need for further exploration of influences on sexual behavior for the college population and the social context of sexual behaviors.

As previously noted, peer influence has a major influence on sexual activity level among college students. For example, Brandhorst, Ferguson, Sebbly, and Weeks (2012)

reported that when college students perceived their peer's sexual activity levels as high, they engaged in a higher level of sexual activity. Similar findings were revealed in a study of 833 college students which also found significant misperceptions about sexual behaviors of other college students (Martens et al., 2006). In this study, college students overestimated the sexual behaviors among their peers, and those students who commonly engaged in sex were more likely to view the behavior as normative (Martens et al., 2006).

Differences between perceptions of sexual behaviors versus actual sexual behaviors have been shown to be an influencing factor among college students. Adams and Rust (2006) explored what they referred to as 'normative gaps' in sexual behaviors among college students using data collected via the National College Health Assessment conducted by the American College Health Association. 'Normative gaps' were defined as the gap between perceived and actual behavior within the context of social norms theory utilized in the study. The variables explored included: number of partners in the last 12 months, sexual activity in the past 30 days, and condom usage in the past 30 days. Sexual activity was computed as a summation of a participant's reports of oral, vaginal or anal sex. However, the findings shared did not include a breakdown of frequencies specific to each of the sexual activities. The findings suggested that college students had misperceptions about all three of the variables studied related to norms, which is consistent with previous research (Brandhorst et al., 2012; Martens et al., 2006). Findings also revealed significant (larger) normative gaps with sexual activity among Caucasian females, especially freshmen, versus African American and Asian females. There was also a large normative gap for the number of sexual partners of female college freshman (Adams & Rust, 2006).

Overestimation of the social norm for hookup behavior among college students was explored in ten of the research studies reviewed (Adams & Rust, 2006; Barriger & Velez-Blasini, 2013; Brandhorst et al., 2012; Fielder & Carey, 2010a; Katz & Schneider, 2013; Lewis, Litt, Crouce, Blayney, & Gilmore, 2014; Martens et al., 2006; Napper, Kenner, & LaBrie, 2015; Oswalt, 2010; Owens, Rhoades, Stanley, & Fincham, 2010). Social norms are often classified as injunctive and descriptive. Injunctive norms are perceptions of whether a behavior receives approval or disapproval by others, while descriptive norms are actual behaviors. Barriger and Velez-Blasini (2013) explored individuals' comfort level with hooking up as the injunctive norm and frequency of hookup behaviors as the descriptive norm in an online survey. Findings revealed that women in the study overestimated others' comfort with intimate sexual behaviors, such as oral and vaginal sex. Both male and female participants overestimated their peers' actual participation in these sexual behaviors (Barriger & Velez-Blasini, 2013).

Normative perceptions of alcohol related sexual behavior have been explored in the college population and significant associations have been found. Lewis et al. (2014) examined norms for protective and risky sexual behaviors in a survey of college students. Participants overestimated the number of peers drinking prior to sex, as well as the typical number of drinks peers consumed prior to sex. College students overestimating peer behaviors were themselves more likely to report frequent drinking prior to sex and more frequent casual sex. Findings showed no gender differences with normative perceptions and behaviors (Lewis et al., 2014).

Oswalt (2010) also explored social norms and pressure as an influencing factor with sexual decision making among undergraduate students. Contrary to the studies

reported above, results showed that social norms and pressure were not significant as an influencing factor with sexual decision making in college students. Factors which were predictive for oral sex in this study included: sense of future, self-efficacy with communication, physical gratification, and level of sexual experience/previous number of partners. Physical gratification was the most significant predictor for sexual behavior for both genders. However, gender differences were noted with self-efficacy for sexual decision making being significant predictor of vaginal sex for females but not for males (Oswalt, 2010).

Relationship Norms and Oral Sex

One of the norms explored with sexual behaviors among college students involved the range of relationship types. College students may have serious long term relationships without sex, serious long term relationship with sex, short term casual relationships without sex, short term casual relationships with sex, or long term casual relationships with sex. One of the most frequently researched type of relationships among college students is casual sex (Fielder & Carey, 2010b; Fielder, Walsh, Carey, & Carey, 2013; Letcher & Carmona, 2015; McGinty, Knox, & Zusman, 2007; Owen et al., 2010). Casual sexual relationships are often described by terms such as friends with benefits, hookups, hooking up, or booty calls. An important concern about casual relationships among college students is the potential increase in risky sexual behaviors attributable to both increased number of sex partners and increased number of overall sexual experiences (Fielder et al., 2013; Letcher & Carmona, 2015).

Friends with benefits, as a type of relationship among college students, can involve emotions with sexual activity but are not long term romantic-type relationships

(Letcher & Carmona, 2015) and was explored in four of the studies reviewed. A friends with benefits relationship (FWBR), often causes individuals to feel safer but also leads to a false sense of security and riskier sexual behaviors (Letcher & Carmona, 2015). These riskier sexual behaviors include inconsistent condom usage, alcohol consumption, and inconsistent or unclear communication between sex partners (Letcher & Carmona, 2015). FWBRs may also be perceived differently related to gender in college students (McGinty et al., 2007; Owen et al., 2010). Female college students have expressed more emotional involvement with FWBRs and are more likely to believe that the FWBR would eventually evolve into a romantic long term relationship (Owen et al., 2010). Females have also been found to be less likely than males to engage in casual sex relationships (Owen & Fincham, 2011). However, Letcher and Carmona (2015) reveal no gender differences with FWBRs or sexual risk behavior. More research is needed to examine the factors influencing the likelihood of engaging in FWBRs and other casual sex relationships among female college students.

Hookups or hooking up refers to sexual activities between strangers or acquaintances on one occasion with no future expectations for continued sexual experiences with that partner or development of a relationship (Owen et al., 2010). The fourteen studies reviewed focused on sexual hookup behavior among college students, prevalence related to risk factors, and which risk factors serve as predictors for hookup behaviors. Hookups often involve risky sexual behaviors such as unprotected oral, vaginal, and anal sexual activities and multiple sexual partners (Fielder & Carey, 2010b). The common predictors explored in research for college student hookups have typically consisted of intentions, alcohol use, marijuana use, situational triggers, partner

familiarity, and relationship status (Fielder & Carey, 2010b; Fielder et al., 2013; Roberson, Olmstead, & Fincham, 2015).

In a study on the prevalence of hookups among 118 first semester college females, Fielder and Carey (2010b) used a survey to reveal 36% participated in a hookup during their first semester and 60% by the end of the first semester. Participation with sexual activity in hookups was as follows: 56% oral sex, 42% vaginal sex, and 5% anal sex. The study also found that 51% of the first semester college females had already experienced oral, vaginal, or anal sex prior to the transition to college (Fielder & Carey, 2010b). Findings also revealed that the majority (64%) of hookups were preceded by the use of alcohol. Friends (47%) or acquaintances (23%) were the most common hookup partners, compared to strangers (14%) for the first semester females. A lack of condom usage was also characteristic of oral sex hookups; all of the study participants reported no condom use during any recent oral sex hookups (Fielder & Carey, 2010b).

In a similar study, which also utilized a survey to explore hookups among 483 first year female college students over the past academic year, Fielder et al. (2013) found that 20% had engaged in a hookup where they received oral sex, 25% had performed oral sex in a hookup, and 25% had engaged in a vaginal sex hookup. Those females who had engaged in performative oral sex reported an average of six hookups during the first year of college. Protective factors against sexual hookups included subjective religiosity and self-esteem. This study also explored how risk factors such as depression, marijuana use, situational triggers, and impulsivity affected young women's participation in hookups. Findings revealed that predictors for performing oral sex with hookups were strong intentions to have oral sex, drinking alcohol, and frequent marijuana use (Fielder et al.,

2013). Other predictors for giving oral sex were the degree to which a female compared her behavior to others' behaviors, as well as a greater number of situational triggers, such as other college students hooking up. Females who reported higher levels of self-esteem engaged in fewer hookups and were less likely to have performed oral sex (Fielder et al., 2013).

Another variable of interest in college student hook up behavior is alcohol consumption. Findings from four studies indicate that alcohol consumption plays a major role in hookup behaviors among this population (Fielder et al., 2013; LaBrie, Hummer, Ghaidarov, Lac & Kenney, 2014; Roberson et al., 2015; Thomson Ross, Zeigler, Kolak, & Epstein, 2015). In a study on patterns of hooking up, Thomson Ross and colleagues (2015) found that participants who frequently binge drink engage in more hooking up behavior than those who do not binge drink. Similar study findings by LaBrie and colleagues (2014) revealed that out of 187 female participants, 65% drank alcohol prior to hooking up and consumed an average 4.82 alcoholic drinks. Females who drank also had higher rates of hooking up with a partner they had known less than 24 hours (LaBrie et al., 2014).

Simulation has also been utilized in research efforts to explore sexual risks related to hookups with alcohol use. In a qualitative analysis, Menegatos, Lederman, and Hess (2010) explored male and female college students' decisions when presented with a hypothetical scenario to see whether they would protect a drunken female friend from engaging in a sexual hookup. Findings demonstrated that 78.6% of participants chose the lower risk option for their friend, which meant preventing the hookup. However, 21.4%

of participants chose the higher risk option for their friend, which meant engaging in the hookup while drunk (Menegatos et al., 2010).

Hooking up is related to physical, psychosocial, and situational factors. Owen, Quirk, and Fincham (2014) explored the effects of hooking up on the social network, sexual sense of self, and academic performance of female college students. Results from this study demonstrated more positive than negative effects of hooking up. The positive effects of hooking up behaviors were related to a heightened awareness or sexual confidence which included increased communication in sexual situations, such as condom negotiation with partners. One particularly interesting finding was the influence of the hookup on the female's perception that academic performance and social network were enhanced following hookup activity (Owen et al., 2014). Female participants stated their peers' main motives for hookups were also for social reasons, primarily acceptance within peer group (Owen et al., 2014). This study conflicts with an earlier study of Owen, Rhoades, Stanley, and Fincham (2010) which reported negative reactions related to sexual hookups reported by female participants.

As demonstrated above, relationship norms play a significant role in sexual hookups among college students. Napper, Kenney, and La Brie (2015) conducted a longitudinal study of the associations between relationships and hook up behaviors in college students. Analysis revealed that proximal group norms, such as close friends and parents, were better overall predictors of hookup behaviors compared to distal norms which were classified as other college students. Sexual hookups occur more frequently than traditional dating with young adults, making hookups the norm (Napper et al., 2015). Bradshaw, Kahn, and Saville (2010) examined which gender benefits more from

hook ups and dating. Findings demonstrated the benefits of hooking up among college students are as follows: no expectations about commitment, exciting experiences, feeling wanted, and sexual gratification. However, more female than male college students indicated that they preferred traditional dating to hookups.

Findings from multiple studies indicate female college students often experience adverse outcomes with hookups (Downing-Matibag & Geisinger, 2009; Eshbaugh & Gute, 2008; Fielder Walsh, Carey, & Carey, 2014; Fielder & Carey, 2010a; Katz, Tirone, & van der Kloet, 2012; Owen et al., 2014). Regret experienced by young women following a hookup was addressed by six of the studies in this review. For example, Eshbaugh and Gute (2008) examined whether 152 college aged females experienced sexual regret resulting from vaginal and oral sex hookups, and found that the majority of females (74%) did report some level of regret. Eshbaugh and Gute (2008) also reported approximately 12.5% of females performed oral sex on males that they had known for less than a 24 hour time period.

Regret has been voiced by young adult females related to the lack of protective devices used with penetrative sex in hookups. Explanations for the failure to use protection include “lapses in judgment” due to alcohol use and feelings of being “swept away” by the situation and the partner (Downing-Matibag & Geisinger, 2009; Katz et al., 2012). In both of these studies, alcohol use occurred prior to or during the hookup in an estimated 80% of participants. Many of the young women reported shock with their actions (having a sexual hookup) because the alcohol had affected their ability to make decisions about participation level in sexual activities and requests for condom usage (Downing-Matibag & Geisinger, 2009; Katz et al., 2012).

Another type of casual sexual relationship, booty calls, differs from both friends with benefits and hookups. Booty calls are a type of relationship where one person contacts another person for desired sexual activity, often in the context of a friendship (Jonason, Li, & Cason, 2009). In two separate studies of college students, findings revealed that female college students receive more booty calls than male college students, and acceptance/rejection of the call was generally based on physical attractiveness of the potential partner for both genders. Booty calls were also found to differ from other casual sex relationships in that more planning went into the request for sex than required by a chance encounter (Jonason et al., 2009).

Only one of the studies in this review specifically explored the association between type of relationship and oral sex among college students (Vannier & Byers, 2013). The purpose of the qualitative study was to explore factors which contributed to perceptions about the intimacy of sexual behaviors among college students. Findings revealed that participation in oral sex occurred across all relationship types, yet vaginal sex was reserved for a long term committed relationship. Oral sex was also described by participants as 'uneven' and 'subservient' because the partner providing oral sex was not sexually satisfied, primarily because the behavior was not reciprocal (Vannier & Byers, 2013).

The role of sexual expectations within relationships has also been addressed in regards to participation in sexual acts; 43% of women agreed men expect to be given oral sex in relationships (Stone et al., 2006). Participation in hookups related to self-perceptions has also been addressed. Katz and Schneider (2015) explored the relationship between compliance with unwanted hookups and sexual self-perceptions of

female and male college students. No gender differences were found for either compliance with casual vaginal sex or receipt of casual oral sex. However, significant gender differences were noted for performing oral sex. More female than male college students reported they had complied with giving oral sex to a casual sex partner. Katz and Schneider (2015) suggested that this gender difference may be explained with gendered sexual scripts, in that women focus on giving someone pleasure rather than receiving pleasure. A young woman who learns that a sexual experience should focus on a partner's pleasure, not their own personal pleasure or desire, may engage in a unwanted sexual activity in order to please a sexual partner (Katz & Schneider, 2015). Sexual scripts may develop over time with sexual experiences for females, yet individual sexual scripts may differ within the female gender.

Limitations of the Reviewed Studies

The studies reviewed have demonstrated that normative beliefs can influence the sexual behavior of college students contributing to our understanding of ways college students form sexual relationships. Within the social context of college, Uecker (2015) found that beliefs within a college student's peer group influenced their sexual behavior. However, this study was based on data from a probability sample, which limited generalizability because students from the selected colleges may differ from those attending other colleges. Uecker (2015) also limited the investigation to intercourse between virgins and non-virgins in this secondary data analysis from surveys. This is a limitation because surveys do not allow for clarification and further probing of responses.

Findings from several of the studies reviewed support the premise that normative sex behaviors involved misperceptions and exaggerated rates of sexual activities among college students (Adams & Rust, 2006; Brandhorst et al., 2012; Martens et al., 2006). Peer participation in sexual activities including oral sex has been shown to be overestimated by college students (Barriger & Velez-Blasini, 2013). Findings from the reviewed studies showed that college students overestimate frequency and amount of alcohol consumption during sexual activity of peers (Lewis et al., 2014). Studies have explored norms related to various types of casual sex relationships among college students, some of which have showed significant associations with increased rates of sexual risk behaviors (Fielder et al., 2014; Letcher & Carmona, 2015). One study found significance with oral sex among female college students specifically; peer norms were shown to be significant for females giving oral sex (Fielder et al., 2013). Findings from other studies have shown that social norms do not seem to influence sexual decision making among college students (Oswalt, 2010). However, the authors of these studies acknowledge that more research on the influences on sexual behaviors among college students is needed.

The study findings reviewed have shown that norms play a significant role in casual sex among young adult females (Barriger & Velez-Blasini, 2013; Bradshaw et al., 2010; Napper et al., 2015). Findings on risky sexual behaviors during casual sex among female college students have shown significance with alcohol use, which for some also led to feelings of regret regarding sexual behaviors (Eshbaugh & Gute, 2008; Fielder & Carey, 2010; Katz et al., 2012). Conversely, findings from Owen and colleagues (2014) demonstrated that hookup behaviors were considered as positive experiences for some

female participants. A limitation with the reviewed studies was that sexual behaviors were often grouped together, rather than inquired about separately. Future research with norms is needed for each of the specific sexual behaviors. Self-report methods using online surveys and questionnaires are limitations due to potential biases, such as selective recall by participants. Although more informative than online surveys, open-ended questionnaires are also limited by the failure to allow for detailed explanations and response clarification. Future research using interviews on oral sex among college students is warranted to obtain more detailed accounts of the actual sexual experiences.

The findings of Eshbaugh and Gute (2008) allowed for an increased level of understanding about hookups among college women; however, a main limitation was item analyses only included those college women who had previously engaged in vaginal sex. Eshbaugh and Gute (2008) acknowledged this as a limitation due to the potential exclusion of college women who had engaged in oral sex and may have had significant feelings of regret. The proposed study will explore the relationship status and context of oral sex experiences of female college students through the use of semi-structured interviews to allow for elaboration and clarification.

Fielder and colleagues (2013) increased understanding about predictors of sexual hookups for first year female college students with the use of longitudinal design, an established conceptual framework, and a high response rate with a survey. This study also differentiated oral sex hookups with separate exploration of giving oral sex and receiving oral sex among female college students. Limitations for this study include a lack of generalizability to other classes of female college students and survey methodology which relied on self-reports. In addition, participants were from a private

university in upstate New York whose results may not generalize to female first-year college students from other regional and socioeconomic backgrounds.

Summary

Normative beliefs about sexual behaviors have been shown to significantly affect sexual behavior, including oral sex. An individual's peer group and their perceptions about peers are influencing factors which may impact sexual behaviors of college students. A wide range of norms about sexual relationships also exists among college students, with associated gender differences. The next section will explore literature related to factors which can affect an individuals' perceived behavioral control over sexual behaviors.

Perceived Behavioral Control with Oral Sex

This section will discuss perceived behavioral control with oral sex, specifically control beliefs and sexual self-efficacy. A total of eight studies related to perceived behavioral control were reviewed. None of the studies reviewed specifically included oral sex in the title. Commonalities in the titles of the studies reviewed were as follows: sexual motivation, sexual satisfaction, sexual communication, sexual identity, and sexual well-being. Three of the studies reviewed involved only female participants. Five of the studies reviewed were quantitative, one was mixed methods, and two were qualitative (see Appendix G for matrix). All of the quantitative studies utilized surveys for data collection. The mixed method study utilized an online survey and nine focus group

interviews. Each of the two qualitative studies utilized a different data collection method, one used focus groups and the other used semi-structured interviews.

A female college student's intent to engage in oral sex may be influenced by her perceived level of behavioral control over sexual behaviors. Her perceived behavioral control with oral sex may be influenced by factors such as control beliefs and sexual self-efficacy. These factors have been examined in previous research with sexual behaviors and will be discussed in this section.

Control Beliefs

The feeling of being in control of one's behavior is related to one's control beliefs and has been explored among young women regarding sexual behaviors. For example, control regarding progression of sexual activities, such as knowing "how far" sexual interactions would go, has been explored among young adults. Lindgren, Schacht, Pantalone, and Blayney (2009) explored perceptions and experiences of sexual communication and sexual goals among 29 heterosexual college students. Findings specific to the female college students in the study revealed that females know their sexual limits and have fixed sexual boundaries. The term 'gatekeepers' was utilized in this study to describe the female responsibility for decisions about whether sex occurs or does not occur, as well as the degree of sexual interactions (Lindgren et al., 2009). The term 'gatekeepers' has been used in other research studies related to women, feelings of control and sexual behaviors, with reference to why some women feel they are in more control of sexual interactions than their partners. Oswalt (2010) suggested that females may have been influenced by society's preference for women to serve as "gatekeepers"

for sexual activities leading female college students to believe they are in control of sexual situations.

Whether or not a female college student views herself as a “gatekeeper” can also relate to her perception of power over sexual behaviors. Power can be viewed as a type of control belief, and has been shown to be a primary factor with types of relationships and sexual behaviors for college students (Hall, Lee, & Witherspoon, 2014). In their study of factors which influenced the dating experiences of African American (AA) college students, power dynamics related to gender ratio emerged as a main influencing factor. AA college students reported that an unbalanced gender ratio was related to both power with sexual behaviors and the types of relationships on campus. On campuses with greater female than male enrollment, both female and male participants reported lower expectations for committed relationships and higher rates of casual relationships. A higher rate of females on college campuses was viewed as more favorable for men by both genders, because men could be involved with numerous casual relationships and therefore possessed more power in the relationship. Power was expressed by one of the female participants as ‘control over sex in a relationship,’ because to her power and sex were the same. Differences regarding perceptions of power may influence participation in sexual activities among college students (Hall et al., 2014).

Control beliefs, as related to self-efficacy, have been explored related to casual sex and sexual risk taking among college students. For example, Downing-Matibag and Geisinger (2009) used semi-structured interviews to explore self-efficacy in terms of preventive behaviors, knowledge level, planning, and communication related to sexual hookups among 71 female and male college students. One notable finding was that a

lack of personal control over sexual behaviors during hookups led to reported feelings of failure, disgust, and emotional distress among the female participants (Downing-Matibag & Geisinger, 2009).

Sexual Self-efficacy

Self-efficacy relates to sexual behavior because young adults possess beliefs about their abilities regarding control over their own sexual behaviors. Therefore, sexual self-efficacy may influence sexual intentions and sexual behaviors. One factor in self-efficacy is communication (Kooyman, Pierce, & Zavadil, 2011). A young woman's ability to communicate with her sexual partners relates to her self-efficacy, which in turn influences her sexual behaviors. Young women who lack an ability to talk about sex with a potential partner may engage in risky sexual behaviors (Kooyman et al., 2011).

Sexual communication, self-efficacy and sexual behavior have been examined among female college students. For example, a study with 1181 female undergraduate students in Vietnam found that the lower a female student rated her ability to communicate about sexual behaviors, the lower her rating for safer sex discussions with her sexual partner (Bui et al., 2012). However, the term 'safer sex' in Vietnam generally refers to non-penetrative sex; therefore, sexual activities which do not involve penile-vaginal sex, such as oral sex are deemed to be safe (Bui et al., 2012). The restriction of analyses to communication about penile-vaginal sex was a limitation within this study.

Communication has also been explored related to sexual interest and interactions. Sexual disinterest was described as body language expressions, such as pulling away physically and avoidance of eye contact (Lindgren et al., 2009). Sexual interest was communicated as sexual language and direct eye contact with potential partners.

Lindgren and colleagues (2009) noted that young women report more indirect communication (distancing oneself), than direct communication (speaking to potential partner) in regards to sexual disinterest. Men also have reported preferences for indirect and nonverbal communication about sexual interest. Both sexes reported that young men generally saw more sexual intent than young women intended to communicate (Lindgren et al., 2009).

Oswalt's (2010) study on sexual decision making among college students explored self-efficacy regarding alcohol use, communication, and sexual decision making. Alcohol was not a significant predictor for engaging in oral sex among college students. Conversely, self-efficacy regarding alcohol was a significant negative predictor for the decision to engage in vaginal sex. Self-efficacy regarding communication was shown to be a significant negative predictor for oral sex with both male and female college students. Findings suggested self-efficacy was a significant predictor for female college students' decision to have sex. However, this finding was limited to vaginal sex.

Female college students report that a stronger sense of self following the transition to college results in increased sexual autonomy (Lindgren et al., 2009). Personal desires related to sex and relationships become more important to females with the transition to college (Lindgren et al., 2009), and it thus becomes important to consider personal satisfaction as it relates to self-efficacy. Women have reported their own desires and personal satisfaction as more influential with sexual activities in college, with casual sex characterized as more acceptable (Lindgren et al., 2009). More physical freedom and increased privacy were cited as reasons for increased sexual activities. Conversely, Kaestle (2009) explored disliked sexual activities among young adults and found that

more women than men engaged in sexual activities they disliked. Significantly more women than men were shown to have repeatedly engaged in a sexual behavior they did not like, which were identified by these women as participation in fellatio and anal sex. Regarding gender differences in enjoyment of fellatio, the majority of men (84%) who had received oral sex reported they liked the activity, while only 40% of women who had performed oral sex reported they liked the activity (Kaestle, 2009). Regarding cunnilingus, the majority of both men (62%) and women (75%) reported that they liked the activity.

A young woman's sexual well-being also relates to her sexual self-efficacy due to the associated factors of sexual awareness, clarity of sexual beliefs and values, and ability to feel comfortable with sexual communication. Sexual well-being was examined among 293 female heterosexual college students (Muisse, Preyde, Maitland, & Milhausen, 2010). Survey findings revealed that higher levels of exploration with sexual identity and committed relationships predicted a strong sense of sexual well-being in females (Muisse et al., 2010). The study also demonstrated that college females who chose sexual goals and ideals based on personal consideration were more likely to have experienced greater levels of satisfaction with sex and had higher sexual esteem (Muisse et al., 2010).

Conversely, females who are reliant on relationships for self-worth have been shown to engage in sexual activities which do not give them satisfaction (Sanchez, Moss-Racusin, Phelan, & Crocker, 2011). Females who participated in sexual activities to gain a partner's approval in order to maintain a relationship, termed relational sex motives, reported greater feelings of sexual dissatisfaction and inhibition (Sanchez et al., 2011). Findings also revealed that women who had intimacy motives, or the desire to create

intimacy in relationships, reported greater levels of sexual satisfaction and self-determination (Sanchez et al., 2011).

Limitations of the Reviewed Studies

The studies reviewed demonstrated that control beliefs and self-efficacy are significant for sexual behaviors among college students. Five of the reviewed studies explored both genders, thus lacking specificity regarding college females. In addition, one of the two studies restricted to female participants was conducted in Vietnam (Bui et al., 2012), limiting generalizability to American female college students. As discussed previously, surveys fail to capture detailed explanations and are subject to selective recall.

None of the studies presented explored oral sex specifically; instead oral sex was grouped into sexual activities. Gender differences and relationship characteristics were explored by Kaestle (2009) who found that female college students were more likely to participate in disliked sexual activities. The Kaestle (2009) study's self-report method has the potential for bias which may have influenced the findings. The Kaestle (2009) survey was also restricted to questions about current relationships, and thus failed to explore the relationship of previous sexual experiences to potential gender differences.

Focus groups were utilized in two of the studies reviewed. Hall and colleagues (2014) examined sociocultural factors and potential impact on the sexual experiences of heterosexual African American college students through nine focus groups and an online survey. Focus groups were stratified for gender and age which allowed for diversified representation. The focus group design allowed for the emergence of topics not directly

addressed by the interview-type questions, which led to the concept of power emerging as an important factor related to sexual attitudes, types of relationships, sexual decision making, and sexual behaviors among the participants. Lindgren and colleagues (2010) conducted four same sex focus groups. These sessions enabled participants to elaborate on comments and for the clarification of a participant's responses, which can be viewed as study strength. However, one limitation of focus groups can be self-presentation or self-preservation. Participants may have limited comments or withheld responses due to being in a public environment with peers. Participants may have actively chosen to have their responses reflect how they present themselves to others in the various social settings of college, a limitation of this methodology.

Downing-Matibag and Geisinger (2009) utilized semi-structured interviews to explore factors with sexual risk taking among college students, demonstrating that situational and social characteristics weakened students' sexual self-efficacy. The study included participants who had experienced oral sex as their sexual activity during their hookup; this was a strength within the study because oral sex was included as a sexual activity. Data analysis was also performed through the theoretical lens of the Health Belief Model, HBM, which allowed for the examination of situational and social factors regarding self-efficacy.

Further qualitative exploration of factors, such as self-efficacy, influencing female college students' sexual behavior is needed. Particular attention to influencing factors specific to oral sex participation among college females is missing in the literature. A qualitative study using semi-structured individual interviews on the oral sex

experiences of female college students could increase our understanding of the possible factors which influence intentions with this behavior.

Summary

This chapter has presented a detailed description of the theoretical framework, the Theory of Planned Behavior, for use with the proposed study. An overview of the problem related to prevalence and knowledge level of college students was provided. The chapter also included an extensive review of the literature related to sexual behaviors among college students, including studies focused on oral sex. The strengths and limitations of the previous studies presented in the review were also discussed.

Therefore, the purpose of the proposed qualitative study is to explore female college student's perceptions about oral sex and the factors which may influence their participation with oral sex. The proposed research will address knowledge gaps about oral sexual behaviors and perceptions about oral sex participation. Insight about the psychosocial and contextual factors which may potentially influence female college students to engage in oral sex could potentially lead to more innovative approaches with educational programs on this topic. Findings from this study also add to the existing body of knowledge about oral sexual behaviors specifically among college females. The next chapter will present the qualitative research design and methods for the proposed study.

CHAPTER 3

METHODOLOGY

This chapter includes discussion of the research design, sample and setting, and methods for the proposed research. The use of qualitative design selected for this study will be addressed. Inclusion and exclusion criteria, recruitment plan, and sampling strategy will be explored. The use of interviews for data collection, as well as informed consent and strategies to ensure credibility with findings will also be discussed.

Specific Aims and Research Questions

Aim 1: Explore female college students' perceptions about oral sex.

- What are female college students' perceptions about oral sex and the associated risks?

Aim 2: Explore the psychosocial and situational factors (behavioral, normative, and control beliefs) which may influence their participation with oral sex.

- How do female college students describe the psychosocial factors (behavioral beliefs and normative beliefs) that influence them to engage in oral sex?
- How do female college students describe the situational context in which oral sex occurs?
- How do female college students describe the types of relationships in which oral sex occurs?
- What are female college students' perceptions of their control over oral sex encounters?

Characteristics of Qualitative Research

Qualitative research has four philosophical assumptions to help guide researchers. These assumptions are ontological, epistemological, axiological, and methodological (Denzin & Lincoln, 2005). Qualitative researchers must embrace the idea of different realities of participants, the ontological assumption, and present subjective evidence from the participants' individual views, which is the epistemological assumption. The axiological assumption acknowledges that values and biases exist with research, while the methodological assumption focuses on the research as inductive and emerging throughout the inquiry (Creswell, 2013; Denzin & Lincoln, 2005). These philosophical assumptions are ingrained within the interpretive paradigms often utilized by qualitative researchers. Research paradigms are beliefs or worldviews utilized by researchers to guide an inquiry (Creswell, 2013). With the interpretive paradigm, the researcher assumes there are multiple interpretations of realities which are created through our social interactions with the world and others (Scotland, 2012). Interpretive methodology focuses on gaining an understanding of the phenomenon of interest from the participants' perspectives. Actions and behaviors are explained from the participants' view with interpretive methods, such as interviews (Scotland, 2012).

The purpose of qualitative research is to discover meanings, form concepts, and describe multiple personal realities related to a particular issue (Nicholls, 2009). According to Creswell (2013), qualitative research should be conducted when an issue needs exploration and when we need a specific understanding about an issue. Qualitative research is commonly conducted in the naturalistic setting and acknowledges context as details of the phenomenon of interest (Welford, Murphy, & Casey, 2012). Common

characteristics of qualitative research are as follows: researcher as the data collection instrument, reasoning through inductive and logic, focus on the participants' meanings, and reflexivity of the researcher (Creswell, 2013). The goal of qualitative research is for the researcher to identify commonalities through interpretation from the exploration of specific events and experiences of participants (Welford et al., 2012).

In qualitative research, multiple forms of data are gathered with a focused effort on learning more about the multiple perspectives which study participants may possess related to the particular research topic (Creswell, 2013). Qualitative researchers also consider the complex interrelationships of factors with any given situation (Creswell, 2013). Qualitative research allows for increased comprehension of the personal behaviors with specific situations through the use of verbal communication with participants' interviews (Hollins, Martin & Fleming, 2010). The proposed research topic was appropriate for a qualitative research design because of the need for a more detailed exploration of the perceptions of oral sex among female college students with the consideration of factors which may influence this behavior.

Research Design

The design of this study was qualitative descriptive inquiry. Qualitative descriptive research is influenced by the common beliefs of naturalistic inquiry, which means no pre-selection of variables to study (Sandelowski, 2000). Qualitative descriptive inquiry emphasizes concern for personal and accurate descriptions of a societal occurrence (Gillis & Jackson, 2002). Descriptive inquiry enables the researcher to describe experiences and perceptions from the participant's perspective with the use of

everyday language (Sullivan-Bolyai et al., 2005). A descriptive study yields detailed descriptions, in the participant's words, which may offer insight and increase comprehension of participant's experiences. Descriptive inquiry was the most appropriate design for the proposed research because of the interest with open and honest descriptions about specific behaviors related to oral sex behaviors among young women.

With descriptive inquiry, there is interest with the beliefs, attitudes, and social processes which occur with the phenomenon under exploration. Qualitative descriptive studies generate findings which are close to the data, yet still allow for interpretation to occur (Polit & Beck, 2012; Sandelowski, 2010). The goal of this study was to gain a better understanding of the oral sex experiences among female college students, and the psychosocial and situational factors which potentially may influence their participation in oral sex. Descriptive inquiry should assist with answering the research questions for this study. The descriptions of personal situations with oral sex among participants' depend on their individual perceptions of oral sexual behaviors. This approach generated detailed descriptions of the factors which influenced college females' participation in oral sex.

Sample and Setting

Prior to the start of the study, the researcher submitted the study protocol, informed consent form, flyer, and all data collection instruments to the UAB Institutional Review Board (IRB) for review and approval. Once approval was received from the UAB IRB, the same documents along with the UAB approval letter were submitted to the University of North Alabama (UNA) IRB and approved. The documents were submitted

to UNA because the researcher is a UNA employee and the study was conducted on the UNA campus. An amendment regarding the IRB approval from UNA was then filed with UAB IRB (see Appendix H).

The target population for this study was female college students aged 18 to 24 years. The inclusion criteria for the study's sample included the following: 1) female, currently enrolled at UNA; 2) age 18 to 24 years old; 3) single, never married; 4) able to read and speak English; 5) must be willing to participate in individual interviews about personal sexual behaviors and 6) must have participated in oral sex. The inclusion of 'single, never married' was chosen as criteria because 97% of female college students at UNA between the ages of 18 and 24 classified as single and never married (Office of Institutional Research, Planning, & Assessment [OIRPA], 2015). Exclusion criteria were as follows: 1) any female college student in the designated age group that has not ever participated in oral sex; and 2) any student in the UNA College of Nursing, where the researcher is faculty.

With a qualitative descriptive study, the sample is purposively selected (Magilvy & Thomas, 2009). Purposeful sampling is a strategy commonly utilized in qualitative studies to select cases or participants who will be most constructive for the study (Polit & Beck, 2012). Potential participants must have experienced the phenomenon of the study and they must be willing to communicate with the researcher about their experiences with the phenomenon (Magilvy & Thomas, 2009). Purposeful sampling was utilized with this study in order to select participants, but only after the completion of a screening process. The screening determined if potential female participants had previously participated in oral sex, because only those who have engaged in oral sex were enrolled in the study.

Maximum variation sampling, a commonly used strategy for purposive sampling was also applied (Polit & Beck, 2012). This strategy allowed for more exploration and increased comprehension in participants with preselected criteria (Sandelowski, 2000). The preselected criterion with screening was age, because the researcher wanted good representation from all ages within the set inclusion criteria of ages 18 to 24 years. Maximum variation was also used to purposefully select information-rich cases, which represented a diverse sample (Sandelowski, 1995). The researcher also sought to include variation among sexual orientation and race as criteria, which was sought through the inclusion of different recruitment sites to maximize differences with potential participants.

The sample size of this study was expected to be 15 to 20 participants. With descriptive inquiry, a smaller sample size was justified due to the in-depth level of specific topic exploration via interviews (Sandelowski, 2010). Typical sample size for qualitative descriptive design studies ranges from 3 to 20 participants, dependent upon the research topic (Magilvy & Thomas, 2009; Nusbaum et al., 2008). The determination of a sample size may also be guided by two basic principles with qualitative research, data saturation and sensitivity of the research topic (Marshall & Rossman, 2011; Polit & Beck, 2012).

Sampling should continue until data saturation occurs, which is when no new information is obtained and participants' responses become redundant (Marshall & Rossman, 2011; Sandelowski, 1995). The quality of data gathered from participants can affect data saturation. If the participants are excellent informants who are able to fully communicate their experiences with the topic of interest, then data saturation can be achieved with a smaller sample (Polit & Beck, 2012). The research topic of oral sex

behaviors was acknowledged by the researcher as highly sensitive, with the potential to limit certain participants' responses and therefore possibly affect sample size. Saturation was met with ten participants.

The setting for this study was the University of North Alabama (UNA), which is a public four-year university in the southern United States. This University has a total enrollment of approximately 7,078 students and 58.8% of these students are female (OIRPA, 2015). The majority (70.4%) of female students are Caucasian, 13.4% of female students are African American, and 2.5% of female students are Hispanic (OIRPA, 2015). The average age of undergraduates at this specific University is 22 years old (OIRPA, 2015).

The researcher is employed as faculty in the College of Nursing at UNA. Access to the setting was gained through the established work relationships with several recruitment sites. Potential participants were recruited from the following campus facilities at UNA: Student Health, Residence Halls, Women's Center, and other locations under the direct control of the Division of Student Affairs. Recruitment for this study involved several strategies to reach the target population. The researcher distributed approved recruitment flyers about the study to potential participants in each of the approved settings and at various campus wide events over the first four weeks of the fall semester 2016. Additionally, the researcher posted the flyers in designated high student traffic areas on campus (see Appendix I). Permission to advertise with these specific departments at the University was obtained from the Vice President of Student Affairs and from each of the directors of the specific departments. Recruitment efforts were specifically aligned with

the researcher's desire to achieve a diverse sample. The process of recruitment was also concurrent with data collection and analysis.

Due to the sensitive nature of the study, the researcher sought and gained IRB approval to use an alternate title for advertisement purposes only. The advertising title was "Perceptions of Sexual Health (POSH)." The flyers did not include any information about the specific topic of oral sex, only a general interest with female college students' perceptions about sexual health. The flyers stated a broad purpose of the study, eligibility criteria, data collection method, compensation, and the benefits regarding participation in the study. Interested female college students were encouraged to contact the researcher by phone.

When a potential participant contacted the researcher, a phone screening script was used by the researcher (see Appendix J). This script was followed in the same order with all potential participants. The actual title of the study was discussed with all of the potential participants. The researcher used the screening script to explain the purpose of the study and to determine whether the potential participant met the inclusion criteria, which included asking about oral sex participation. This involved a simple "yes" or "no" response from the participant.

If the potential participant was eligible to participate in the study, the researcher explained what their participation in the study would entail. The researcher also addressed any questions the potential participant had about the study. If the potential participant expressed that they would like to participate in the study, then the researcher scheduled a date and time for the interview. A screening log was used by the researcher for all potential participants (see Appendix K).

Over an eight week period of enrollment, 22 potential participants contacted the researcher about the study. All potential participants contacted the researcher via phone and were screened for eligibility with the study. Two of the potential participants were not eligible due to their status as enrolled students in the College of Nursing. Two of the potential participants did not meet the inclusion criteria because they had not participated in oral sex. One potential participant declined participation in the study. Another potential participant left a voice mail for the researcher, but was lost after several attempts by the researcher to contact her. The potential participants who were eligible were each asked if they would be willing to participate in the study. All of the eligible participants who expressed interest with participation in the study were scheduled an agreed upon time and date to meet on campus.

A total of 16 female college students at UNA were enrolled in the study. This enrollment number met the typical sample size for qualitative descriptive design studies range of 3 to 20 participants (Magilvy & Thomas, 2009). Those enrolled were recruited from receipt of a flyer distributed by the researcher at a major welcome back event known as “The Big Deal” (n=4), from receipt of a flyer distributed at a campus event entitled “The Dating Doctor” (n=3), seeing the flyer at the Women’s Center on campus (n=3), seeing the flyer in their dormitory building (n=3), seeing the flyer in building where they attended classes (n=2), and seeing the flyer at Health Services on campus (n=1).

Data Collection

The primary method of data collection with this qualitative study was the use of individual semi-structured interviews with participants. All 16 of the interviews were

conducted in a private conference room in an isolated campus building, with entry only via the researcher's secured identification card and key access. Prior to the interview, each participant was provided with an informed consent form to read. The informed consent form included the following: title of research, IRB protocol number, name of the researcher, sponsor, purpose of research, explanation of procedures, risks and discomforts, benefits, alternatives, confidentiality, voluntary participation and withdrawal, no cost with participation, payment for participation and research-related injuries, questions, and legal rights (see Appendix L).

When the participant had fully read the informed consent form, the researcher reviewed the information provided in the consent and addressed any questions the participant had, if any. The researcher emphasized that participation in the study was voluntary. The researcher also fully explained the measures which were taken to protect the participant's confidentiality. A waiver of informed consent documentation was requested and approved for this study through the IRB process; due to confidentiality risks (see Appendix M). With this waiver, the informed consent process did not require the participants' signatures on the informed consent form due to the sensitive nature of the research. Verbal consent was obtained from each of the participants. A random number generator coding process available online was utilized and each participant was assigned a random four digit number by the researcher for the waiver of informed consent documentation form (see Appendix N). This form allowed the researcher to document the consent process by referring to participants with this number code (which contained no personal identifiers), yet stated the date and receipt of verbal consent by the

participant for documentation purposes. The participant was provided with a copy of the informed consent form.

After the completion of the consent process, each participant completed two written documents; a demographic data sheet and a sexual health form (see Appendices O and P). Each of the 16 participants took part in individual interviews that were conducted by the researcher. An interview guide which was developed by the researcher was utilized and questions were asked in the same exact order for each of the individual interviews for consistency (see Appendix Q). The interview questions were related to the specific aims and research questions. All of the interviews were audio recorded using a digital recorder. Each participant was asked to use an alias for the interview, or their 4 digit random number in order to protect their confidentiality. The interviews with the participants lasted an average of 40 minutes.

At the conclusion of each interview, the researcher thanked the participant for her time and issued each participant a \$30 gift card. After each interview was completed, the researcher recorded any observations about the participants which were noticed during the interview process. Each interview recording was reviewed by the researcher before transcription occurred. All of the interviews were transcribed verbatim by an experienced transcriptionist. All digital recordings and electronic transcripts were stored in a password protected computer file on the computer in the researcher's office. Additionally, a password was required to access any files on the researcher's computer. After the transcripts were reviewed for accuracy by the researcher, the recordings were destroyed. The screening log was stored separately from the completed demographic

data forms and sexual health questionnaires in a locked file cabinet in the researcher's locked office.

Instruments

With qualitative research, data is frequently collected through an interview process with study participants to establish a better understanding of a particular phenomenon (Creswell, 2013). The research questions with this study explored female perceptions related to oral sex and the influencing factors with participation in oral sex behaviors. Individual semi-structured interviews were appropriate for the proposed study design because of the researcher's interest with capturing the participant's perceptions and descriptions related to the purpose of the study.

The instruments utilized in this qualitative descriptive study included the following: an interview guide, a demographic data form, and a sexual health questionnaire. These instruments were developed by the researcher in order to effectively answer the research questions. The interview guide consisted of 12 open-ended questions to gain information about individual perceptions of oral sex as they relate to the research questions and the overall purpose of the study. Each of the interview questions also included several probing questions which were designed to evoke more information from participants, if necessary (Polit & Beck, 2012). The interview guide consisted of various types of interview questions for the study participants, such as introductory, specifying, indirect and direct questions, to seek answers related to the research questions (Kvale & Brinkmann, 2009). In July of 2016, the interview questions were pilot tested with eight female college students at UNA to assess the clarity and meaningfulness of questions. A demographic data form of 17

questions was created and included general demographic information (i.e., age, race) and specific questions for a college population, such as academic major and involvement with student organizations. The sexual health questionnaire consisted of 15 questions for participants to answer related to sexual orientation, sexual activities, sexual history, and sexual health status.

The interviewer should also be considered as an important instrument with qualitative interviews because their ability to phrase questions and actively listen to participants in the interview process is crucial with the data collection process (Kvale & Brinkmann, 2009). The interviewer should be prepared to ask probing questions to follow-up and clarify participants' responses to questions. Probes also may enable participants to elaborate on specific responses to an interview question (Marshall & Rossman, 2011).

Data Analysis

Data collection and data analysis occurred simultaneously in order to develop a coherent interpretation (Marshall & Rossman, 2011). The researcher began the analysis process by listening to each audio recording prior to transcription. When the interviews had been transcribed, the researcher cross checked each transcription with the taped interview for accuracy (Polit & Beck, 2012). After receipt of the verbatim transcripts, the researcher read and re-read each of the transcripts while listening to the corresponding audio-recording. This enabled the researcher to write notes on the transcripts about thoughts regarding specific participant's statements and also as a way to denote pauses with participant's answers.

Thematic analysis was utilized in the analysis of the transcripts from the individual interviews. Thematic analysis allows for a thorough account of the data collected (Vaismoradi, Turunen, & Bondas, 2013). The thematic analysis is a method which identifies, analyzes, and reports themes within the collected data (Braun & Clarke, 2006). In qualitative research, a theme depicts some type of relationship between responses or repeated meanings with the data. A theme reveals something deemed important about the data collected, as related to the research questions.

Thematic analysis involves six steps: (1) reviewing transcripts and notes taken from the individual interviews, (2) coding data by sorting and categorizing the data, (3) formulating themes based on codes, (4) identifying patterns among themes, (5) refinement of the themes, and (6) developing narratives (Braun & Clarke, 2006; Vaismoradi et al., 2013). With the first step of this analysis, the researcher actively read and re-read the interviews to search for meanings. Then, the data was explored to produce an initial set of codes, or basic elements of the information. This process allowed the researcher to organize and group the data. The third step involved the researcher's analysis of the codes into potential themes and then reviewing the themes created. Next, the themes were explored for possible relationships. The researcher defined and refined each of the themes, then identified the subthemes. Data extracts, the participants' statements, were chosen as representations based on each of the themes. This type of data analysis also typically involves drawing of a thematic map as a visual presentation of the themes and the relationships between the themes (Vaismoradi et al., 2013). A thematic map was designed to show the relationships between the six themes and the corresponding subthemes relationships (see Appendix R).

Thematic analysis allowed for themes to emerge directly from the interview data. With thematic analysis commonalities and patterns of themes may be revealed among participants. However, themes may only be applicable to certain participants or certain situations. A qualitative researcher who utilizes thematic analysis must be perceptive about relationships within the data (Polit & Beck, 2012). Therefore, the researcher acknowledged the possibility of different relationships within the data and among the themes which emerged.

The qualitative research software, NVivo 11 Starter for Windows, was used to facilitate the analysis of the data. This software enabled the researcher to code and sort data into categories, and also to explore and analyze possible relationships in the data (QSR International Pty Ltd., 2015). IBM SPSS Statistics software version 23 was used to perform descriptive analyses of the demographic data and the sexual health questionnaires (IBM Corporation, 2015). These descriptive statistics were used to describe the study participants in relation to demographics and responses on the sexual health questionnaire. The overall data analysis plan was appropriate for answering the research questions which explore perceptions related to oral sexual behaviors and influencing factors with participation in oral sex among female college students.

Rigor and Credibility

Several strategies were utilized by the researcher to ensure rigor and credibility of the study findings. One strategy is the acknowledgement of the potential for researcher bias (Polit & Beck, 2012). The researcher clarified any biases or assumptions which may have shaped the interpretation of the findings, through the use of a journal kept by the

researcher. Another strategy used to ensure rigor was peer debriefing, which involved an impartial peer of the researcher who asked questions to reveal possible researcher biases in order to assure truth value. Peer debriefing also involved the researcher seeking out knowledgeable peers, such as the committee chair and a mentor, to obtain feedback on the coding (Marshall & Rossman, 2011).

An audit trail is another common strategy used with qualitative research (Marshall & Rossman, 2011). The development of an audit trail serves as a procedure to follow the researchers' interpretive efforts with data findings through meticulously kept records and clearly presented findings (Polit & Beck, 2012). Finally, the researcher engaged in authenticity, which meant active attention to the participants' voices in order to remain true to the research topic being studied to enhance rigor with the study (Neergaard, Olesen, Jensen, & Sondergaard, 2008).

Protection of Human Subjects

All potential participants had the purpose of the study fully explained to them. They were all assured that the decision to participate was voluntary and they had the right to withdraw from the study at any time without any consequences. Prior to each of the 16 interviews, the researcher reviewed the informed consent form with the participant and allowed for any questions. Each participant was informed that she would be audio recorded during the interviews and that the interview would last approximately one hour. All participants who consented to the study were instructed that they had the right to refuse to answer any question (Polit & Beck, 2012). All of the interviews were

conducted in a private conference room with closed doors to promote confidentiality and protection of the participant's privacy.

Anonymity of all participants was protected by the researcher's request for participants to use an alias or the random four digit code during the interviews.

Emotional aspects related to sexual research with young women were acknowledged and required a level of sensitivity during the interview process (Polit & Beck, 2012). The researcher strived for an increased level of awareness with possible signs of emotional distress related to past sexual experiences among all of the participants' during the interviews. None of the participants experienced any visible distress during interviews. None of the participants reported any emotional or physical distress during the interviews. All of the interviews were fully completed with each participant. However, a list of campus resources, such as University Counseling Services, was provided to all participants in case any emotional distress was experienced after the interview process.

Summary

This chapter has presented a detailed description of the research design, sample and setting, and the methods for the proposed research study. Qualitative descriptive design was discussed related to the study. This chapter also included an overview of data analysis with specifics related to thematic analysis, as well as the strategies used which enhanced rigor, and the protection of human subjects for the study. The next chapter will present the results of the study.

CHAPTER 4

FINDINGS

The purpose of this study was to explore female college students' perceptions about oral sex and the psychosocial and situational factors that may influence their participation with oral sex. In this chapter, the results of this qualitative descriptive study are organized and reported in two sections. The first section is a description of the characteristics of the sample, which includes the sociodemographics and sexual behaviors. The second section is the presentation of the six themes with the corresponding sub-themes. The demographic and sexual health questionnaire data were analyzed using IBM SPSS Statistics Version 23 (IBM Corporation, 2015). The qualitative data included the 16 individual interviews that were analyzed using thematic data analysis methods aided by NVIVO 11 Starter version (QSR International Pty Ltd., 2015).

Sample Characteristics

Twenty-two college females were recruited and screened for eligibility. Six of the females did not meet the eligibility requirements and could not participate in the study. Therefore, 16 college females were enrolled and completed the demographic data form, the sexual health form, and individual interviews. All of the participants fully completed the demographic data form. The participants were able to self-identify the following on the demographic data form: race/ethnicity, sexual orientation, religion, and relationship status. Specific demographics of the participants are listed in Table 1.

Table 1

Sociodemographics of the Participants (n = 16)

Characteristic	<i>n</i>	%
Age		
18	5	31.3
19	2	12.5
21	4	25
22	3	18.8
23	1	6.3
24	1	6.3
Race/Ethnicity		
Caucasian/White	12	75
African American/Black	2	12.6
Asian/Black	1	6.3
Native American	1	6.3
Sexual Orientation		
Heterosexual/Straight	13	81.4
Bisexual/Pansexual	2	12.6
Queer	1	6.3
Student Classification		
Freshman	6	37.6
Sophomore	1	6.3
Junior	1	6.3
Senior	6	37.6
Graduate	2	12.6
Relationship		
Single	11	68.8
Dating	2	12.6
In a relationship	3	18.9
Religion		
Catholic	1	6.3
Christian	7	43.8
Methodist	2	12.6
Baptist	1	6.3
Non-Denominational	5	31.5

The participants ranged in age from 18 to 24 years, with a mean age of 20.3 years. The majority were White/Caucasian ($n = 12$, 75%), heterosexual ($n = 13$, 81.4%), and more than half ($n = 11$, 68.8%) identified that they were single. More than half ($n = 11$, 68.8%) of the participants lived off campus and the majority ($n = 12$, 75%) were employed other than as a student. Half of the participants received an academic scholarship. Over half ($n = 9$, 56.3%) of the participants also reported they received a federal PELL grant. The majority of participants were involved as members of various campus student organizations, with less than half ($n = 6$, 37.8%) in sororities.

All of the participants completed the sexual health form, which included information about sexual education, sexual communication, and sexual practices. The majority ($n = 15$, 93.8%) reported they had received some type of sexual education in middle school or high school. However, the participants identified the primary sources of information about sexual health as the internet ($n = 6$, 37.5%), friends ($n = 5$, 31.3%), parents ($n = 4$, 25%), and school ($n = 1$, 6.3%). More than half ($n = 11$, 68.8%) reported that sexual health/sex was not discussed openly in their home. The mean age for initiation of oral sex was 17 years with a range from 12 to 21 years old.

The majority ($n = 13$, 81.9%) of the participants indicated they did not consider themselves to be virgins and all 13 indicated they had participated in vaginal sex. Three (18.9%) of the participants considered themselves to be virgins, yet had engaged in oral sex but not vaginal sex or anal sex. The majority ($n = 13$, 81.3%) of participants had engaged in vaginal sex. Six (37.5%) of the participants had engaged in anal sex. The sexual behavior characteristics of the sample are listed in Table 2.

Table 2

Sexual Behaviors of the Participants (n = 16)

Characteristic	<i>n</i>	%
Age first engaged in oral sex		
12	1	6.3
13	1	6.3
15	1	6.3
16	3	18.8
17	3	18.8
18	1	6.3
19	3	18.8
20	2	12.5
21	1	6.3
Current relationship with oral sex		
Yes	7	43.8
No	9	56.3
Total number of oral sex partners		
1	4	25.0
2	2	12.5
3	5	31.3
4	3	18.8
6	1	6.3
30	1	6.3
Participation in vaginal sex		
Yes	13	81.3
No	3	18.8
Participation in anal sex		
Yes	6	37.5
No	10	62.5
Protective devices with oral sex		
Yes	3	18.8
No	13	81.3

Half of the participants had engaged in oral sex in the last 30 days and six (37.8%) of those eight participants reported they were currently in a relationship that involved oral sex. Two (12.6%) of the participants who had engaged in oral sex in the last 30 days indicated they were not currently in a relationship which involved oral sex. One participant ($n = 6.3\%$) identified that they were currently in a relationship that involved oral sex, but had not engaged in oral sex in the last 30 days. Three (18.8%) of the sixteen participants identified that they had not have any oral sex partners over the last 12 months. Five (31.3%) of the participants reported they had one oral sex partner over the last 12 months and another five (31.3%) of the participants reported two oral sex partners over the last 12 months. Two (12.5%) of the participants reported three oral sex partners over the last 12 months; one (6.3%) participant indicated a total of 12 oral sex partners over the last 12 months.

Approximately 63% ($n = 10$) of the participants had 3 or more lifetime oral sex partners; one participant indicated a total of 30 lifetime oral sex partners. Three participants (18.8%) indicated that they had engaged in oral sex with someone they had known for less than 24 hours. Despite the majority ($n = 15$, 93.6%) of participants having received some type of sex education in school, only 18.8% ($n = 3$) of participants reported that they had ever used protective devices with oral sex.

Themes with Corresponding Sub-Themes

The 16 individual interviews revealed rich, descriptive data analyzed using thematic analysis methods (Braun & Clarke, 2006). Six major themes resulted from the thematic analysis, which reflected the young women's perceptions about oral sex and

their oral sex experiences. The first theme, “defining virginity,” was related to the young women’s beliefs about what constitutes virginity and how that relates to participation in oral sex. The second theme, “comprehension and comfort” reflected the young women’s knowledge about oral sex and comfort level with engaging in oral sex. The third theme, “communication,” was related to the young women’s thoughts about how communication with their sexual partners affected their oral sex experiences. The fourth theme, “social expectations and pressure,” involved the participants’ perceptions about the social norms and peer/partner pressure related to oral sex. The fifth theme, “relationships,” encompassed the participants’ thoughts about the types of relationships in which oral sex happens and the level of intimacy associated with the interaction. The final theme, “equality” emerged from discussions about the young women’s experiences with giving and receiving oral sex.

The six major themes are further described in the following sections. Four of the major themes had sub-themes; the first theme, defining virginity, and the final theme, equality, did not include sub-themes. To illustrate the themes and each of the sub-themes, the participants’ direct quotations are included. In order to maintain anonymity, each participant has a pseudonym listed with the quotation presented.

Defining Virginity

The participants differed on oral sex participation and virginity status. All of the participants in this study indicated on the sexual health questionnaire and during the interview that they had engaged in oral sex. Three of the young women reported that they had only engaged in oral sex, but not vaginal or anal sex. Despite having engaged in oral sex, the three young women maintained that they were virgins. They believed the

act of vaginal penetration during sexual intercourse equated to the loss of virginity. Ava expressed, “Uh, well in my personal opinion how I define sex is like, vaginal penetration.” In a separate interview, Olivia made a similar statement:

I think a lot of people don't really um, think of oral sex as sex, like what you think of like, personally. I still consider myself a virgin in that sense because I haven't had penetrative sex yet, but um, I have had oral.

Another young woman, Lily, had similar beliefs. She explained, “I personally believe that [you are still a virgin] because you can't have a baby from having oral sex and you can from having vaginal sex.” In another interview, Grace stated, “I guess I don't picture it as, I don't like picture it [oral sex] as sex, I guess.” During the interview she also remarked, “I consider oral sex much different than vaginal sex.” When asked to explain this statement she continued, “I was raised very strict, so I kind of pictured oral sex as not, (long pause) not so bad.”

Only two of the young women, Avery and Emma, believed that a person who had participated in oral sex was not a virgin. Avery explained, “technically no, you haven't had sex, a typical definition of penetration...if you haven't done that, then you might consider that to be virginity kept. But, I think it is the same as vaginal sex.” Emma explained:

I just feel like that [oral sex] is crossing a boundary that is the line. I mean, a lot of people think of losing your virginity as you have ruptured whatever is down there...but I feel like if you have gone to the line of [oral] sex with someone, then you have crossed that line. Sex is sex.

Religion related to virginity status was mentioned by a few of the women. This factor is relevant considering the study was conducted in the southeast, commonly known as the Bible Belt. Sophia described how she engaged in oral sex and was able to maintain feeling “pure.” She shared:

I wanted to be a virgin until like I am married...you know, it [oral sex] was something that I could still, you know, kind of be an angel and I can still be pure...you know, we didn't have to worry about getting pregnant.

Another young woman, Grace, felt a person could have oral sex and still be a virgin. She described how she never received oral sex in order “to keep [her] innocence or something.” She explained that she did not receive oral sex from her boyfriend until after they had engaged in vaginal sex. Grace shared, “I guess letting him on me, maybe I did kind of feel like it would take away...like my innocence or something...that's why I didn't feel comfortable until after we had vaginal sex.”

Several of the young women felt that they could not give a simple answer about virginity status related to participation in oral sex because they thought being a virgin was individualized.

Claire was open to the idea of different views about virginity, that each individual determines how he/she views virginity. Anna also expressed this sentiment, “it really depends on them, I wouldn't want to give a definition for someone else to go by, it is pretty much all on what they think.” Anna felt that virginity status was something that each woman defined for herself.

Hailey, who identified as a virgin, discussed the importance of why she felt that virginity status was individualized. She strongly stated, “I define virginity as something

somebody claims for themselves...I worked as a volunteer [at a crisis center] and one of the things we told victims of sexual assault or abuse is that nobody can take your virginity. That is something you give.” Hailey believed that each person should define their own virginal status and should be comfortable when they choose to “give” their virginity to someone.

Comprehension and Comfort

The young women in this study possessed varied levels of knowledge about oral sex and comfort levels with giving and receiving oral sex. To learn more about the young women’s perceptions about risks with oral sex, they were asked, ‘what is your understanding of the health risks associated with engaging in oral sex?’ The young women were also asked if they had ever received any education about personal protection with oral sex and if they had ever used protection with oral sex partners. To understand more about the oral sex experiences among college-aged females, one broad interview question, ‘tell me about your most recent oral sex experience’ was asked during each interview. The theme, *Comprehension and Comfort*, had three sub-themes: *knowledge level*, *confusion of risk*, and *comfort level*.

Knowledge Level

The majority of participants reported in the interviews that they did not receive any education about oral sex from school. However, the majority had indicated on the sexual health form that they had received sexual education in middle school or high school. Avery, expressed, “to be honest I think the book, like our text book [for health class in high school] might have said oral sex is whatever...but the teachers didn’t talk about it.” Serenity expressed, “a little bit in my science class...it is hard for me to

remember, but I remember my science teacher um just briefly talking about it and um encouraging us not to participate in sex.” Sarah said, “They [teachers] never really talked about it [oral sex], I can’t recall any time we discussed it at all.”

The sexual education received in middle school was specifically recalled by a few of the young women. Claire voiced:

I had, like in middle school, we had like a small class but it was very short and I don’t think that it ever really touched on the basis of oral sex and those things. I think that was something more that like you learning doing it or you learned like hearing about it from friends especially...and I think that it should have been touched on in high school.

Zoe stated, “ I remember in 5th grade having the talk about your period...maybe in middle school...they talked to us about STDs, pregnancies, condoms, but not really the doing head aspect.”

Only one young woman, Emma, reported that she had received information about oral sex in her sexual education course in high school, “my high school touched on it [oral sex] quite a bit...they talked about the fact that you need to still use protection.” She further explained that this class was part of a special health safety class and “not everyone at my school received the same [education].”

When asked about college programs or college courses, the majority of participants replied that they had not received any information on oral sex. One exception was Avery, who was a psychology major and had taken a course on sexuality in society that included some information about oral sex. Sarah mentioned that, “we have talked about safe sex in college but not necessarily oral sex...I lived on campus, we

had talks...but mostly about practicing safe sex and staying out of dangerous situations, like alcohol.”

Regarding knowledge level about personal protection for oral sex, the majority of the young women were unaware about any forms of personal protection devices, such as condoms or dental dams, for use with oral sex. Serenity shared, “I didn’t know, um, that you were supposed to use a condom with oral sex” until she learned about condoms after talking with her friends. When asked if she had ever used a condom with oral sex. Serenity replied, “No, no.” Conversely, Claire stated she knew she should use protection with oral sex, but failed to do so:

I guess it was just because I didn’t... I guess know about and it is just something that I didn’t like, I mean, I know that you should use protection for those things, but it doesn’t seem like that is something that protection is used in.

A few of the young women discussed the social reasons condoms are not used during oral sex. Emma stated the following about condoms and oral sex, “That is not exactly a popular thing to do. There is an ‘ew’ factor and there is an, I don’t know, a social factor, it’s [oral sex with condoms] not a thing that happens.” When asked if she had ever used any protection or condoms with oral sex, Emma replied, “no, never.” Mia also discussed her beliefs about why condoms are not needed with oral sex:

I think it [oral sex] just kind of happens because it’s just one of those things that you don’t really think about, considering that you wear condoms to keep from getting pregnant...I have also known my partners. With two of them I knew for a fact that there was no way that they could have anything, and then I don’t know, you really just don’t think about it [condoms with oral].

Only two of the young women had used protection (condoms and dental dams) with oral sex. Hailey, self-identified as bisexual, specified that she had used “condoms and dental dams” during oral sex. Zoe, self-identified as ‘bi/pansexual’ (not limited in sexual choice with regard to biological sex, gender, or gender identity), reported that she had used “condoms” with fellatio.” However, she did not mention the use of protective devices during oral sex with other women.

Confusion of Risk

Oral sex was viewed by the majority of the young women as less risky than vaginal and anal sex. Questions were asked about health risks, such as STIs, associated with oral sex and whether those risks were the same when compared to vaginal and anal sex. Sarah stated, “I mean obviously I know there is risk there with oral sex, but I guess I constitute it as not being as risky as vaginal sex.” One of the young women perceived the “safest” type of sex as anal sex. Sophia stated, “I know that we live in the south and the Bible Belt, so I have not taken a great health class, but um, I mean I have just been taught that you know anal is safest, and then next is oral, and the next is vaginal.”

In contrast, Emma reported that oral sex had greater risks than anal sex, “people are more likely to have open sores or you have fluid, I mean saliva and stuff in your mouth and stuff, but anally you don’t.” Emma believed that oral sex was more risky than anal sex, due to fluids such as saliva being present with oral sex, but not being present with anal sex.

A few other young women were confused about whether sexually transmitted infections could be contracted with oral sex. Maya responded, “Probably not because um, there is like different body fluids I guess. Um, I guess [you can get] syphilis, maybe

HIV or Herpes. I don't think you can get Chlamydia that way, could you? I mean I would like to learn." One of the young women equated risk for STI transmission with the differences between the structural makeup of the vagina and mouth. Zoe stated:

I would want to say yes [you can get an STI], but again, I am ignorant on it, but I would think there are less risks with oral than there are with vaginal sex... with vaginal, I feel like maybe there is more going on with the female...the walls, labia, and with the male's penis entering with that connection. With your mouth, I would think it is a different format...that sounds weird, it's different.

Ava acknowledged some level of risk for STIs with oral sex, "some [STIs] I don't know about all, but I definitely know there is a possibility of getting something." Some of the women voiced that they thought Herpes could be transmitted via oral sex. Grace commented directly about what she had learned from her friends about Herpes:

From what I have heard, I guess just from friends is that if someone has like an open Herpes sore or something you can, that can be transferred, if there is an active sore or something that can be transferred, even from kissing.

Herpes was also mentioned by Ella, "I have heard of Herpes, getting it like that [oral sex]...and that is it...I don't know if you can get anything else."

Avery also acknowledged that oral sex was risky, "I know that any infection or virus is transmitted thru fluids and you are exchanging fluids with oral sex, unless someone is using protection." Avery further described oral sex as just "as risky as other types of sex...you are still at risk for HIV, AIDS, STDs, as far as I know." She explained, "I would personally think that they are more [at risk] because I think a lot of people take for granted that you can still contract any infection through oral sex." Avery

believed that people could potentially be more at risk due to their inaccurate perceptions about the risks with oral sex participation.

Comfort Level

The young women were asked to describe their feelings about their most recent oral sex experience and whether they were comfortable with engaging in oral sex. Mia expressed, “you are sexual with this person that, um, if you are both comfortable with it [oral sex], it could be like a normal thing, that just kind of occurs.” Zoe also expressed how her oral sex partner increased her comfort level because “he was older than me, so he had experienced more when it came to anything sexual...and he made me comfortable...in the sense where there is nothing wrong with this [oral sex].”

Zoe further discussed how she wants other women to feel more comfortable with oral sex, “I would want them to feel comfortable, feel comfortable with yourself and with this [oral sex] being normal to talk about.” Ava also described how she wanted other women to be more comfortable with oral sex:

Like, people my age can speak up about what they are comfortable with and what they are not. I feel like it’s just because women since a young age are taught that they can’t talk about what they want and they can’t be assertive. When they are, it is a negative thing, but it’s like really important to be assertive and talk about what you want and like what feels good to you. And what you don’t want to do and what doesn’t feel good. Like, you shouldn’t just be silent because you think that you might hurt somebody’s feelings, just what I have learned.

The amount of time which you had known your partner was important to Olivia who reported, “like knowing him over time I have gotten more comfortable, like the more that

I have known him and the more that [oral sex] has happened, the more comfortable I have gotten.”

The ability to feel comfortable with her partner in order to engage in oral sex was expressed as a type of requirement for Hailey:

I am not saying that I have been in love with everybody that I have had oral sex with but it is somebody that I have been comfortable with...that is one of my requirements, um, like people that I have been with, I am very comfortable with.

Many of the young women expressed that they were not comfortable with engaging in oral sex. Mia stated, “It just depends on how comfortable you are [with giving oral sex] and like at first it was just kind of weird, but that could just have been like [because] it was my first partner.” Sarah identified her discomfort with giving oral sex being related to a lack of experience:

I wasn't comfortable, but I feel like I was more inexperienced then, so I didn't know what I was doing and I wasn't as comfortable with the person, like I was ok with the situations but I was still nervous because I didn't know what I was doing.

A lack of comfort with receiving oral sex was expressed by Grace, “I wasn't comfortable receiving oral sex, he asked me and he asked me if he could and I said no, so I didn't for a very long time cause the thought kind of creeped me out.” Mia voiced a concern over the appearance of her vagina as a source of discomfort with receiving oral sex, “I think like every female pretty much thinks that their vagina looks weird, so I think that is really the only aspect that is not very comforting.”

Communication

The young women in this study were asked whether they had discussed oral sex with their friends or partners. A few of the women revealed close relationships and open communication about sexual activities with their partners. Others relayed how they mainly talked about oral sex with their friends. Interview questions also explored whether the young women talked to their partners about expectations related to oral sex. Some of the young women in this study felt that good communication about oral sex with their partners was essential, while others voiced opinions about the overall lack of communication about oral sex with their partners. Two of the women expressed how they never talked about oral sex because of living in the “Bible Belt” and due to “personal privacy” reasons. The theme, *Communication*, included two sub-themes: *open communication* and *lack of communication*.

Open Communication

For the majority of women, the general topic of sex, including oral sex, was openly discussed among college friends and acquaintances. Mia shared, “In college, we just talk about it [oral sex], well describe...and go into some details.” She further explained, “once you get to college it is just a lot easier to talk about.” Sarah shared a similar response:

Everyone is kinda open about it [oral sex] now. I guess depending on the friend group you are talking to because you can have a group of friends in relationships and then another group that just hooks up and can talk about it. So, everyone will talk about it.

Sarah further explained, “I feel like our generation will talk about sex more than other generations have.” This was echoed by Ella who expressed, “I feel like it [oral sex] is more open in college to talk about...like I didn’t know for a long time that people actually used condoms for oral sex, like I didn’t know that.”

Good friendships enabled the young women to talk more openly about oral sex in general. Sophia shared how she could talk to her friends about anything related to oral sex:

I have gone to my friends...I need advice on oral sex...like how do you do it, what do you do, are there any techniques that you do or you know what do you do with it once it is up or you know stuff like that. You know, how did you get it [penis] up and how long does it take...there were so many questions.

Sophia had a look of relief on her face when discussing this ability to talk to her friends about oral sex. Ava also shared how open she was with her friends about oral sex. She described:

We are all real open about it, we are super open with each other so you know one of us will do something...and will come home and tell me exactly what they did or if we are all like together in a big group of people and just talk, and share our sexcapades is what we call them...yeah, we just have fun talking about all that.

Another young woman shared how her friends were open to sharing experiences and were non-judgmental. Olivia voiced, “Like my friends and I are very open as far as like we all just tell it how it is, we are not going to judge you for it [participation in oral sex].

Conversely, Claire expressed the need for more open communication about oral sex in the college environment. She stated:

I think for freshman, I think that is something that needs to happen; it needs to be something that um, I guess is taught. That it is not, like it's [oral sex] not something that you have to do. But if you are willing to do it, then you can, it shouldn't be something that you are forced to do.

Open communication about oral sex with partners was viewed as positive by the majority of women. When asked whether she talked to her partner about oral sex, Avery stated, "It was in the moment, but we did have discussion and then there after um, there was always a discussion about it [oral sex]." Grace also expressed having open communication with your partner:

We do generally discuss, you know, that like we tell each other what we like and don't like...we are very open so we discuss pretty much everything...during the act we won't because you don't want to hurt the other person's feelings but, then afterwards we will talk and tell each other what, what we prefer.

Sophia discussed how open communication was a key factor for her sexual health and personal safety. She stated:

I am very open about it [past sexual partners and sexual health history], like hey how many [partners] have you had? I am really animated and a lot of guys have noticed that like you are just open about it, but I am like yeah it's my health and it's your health too, because you know if something happened I want to know and I am sure that you want to know to.

Sophia also shared more about open communication with her first partner, "it was such a learning process and I was so grateful to have someone who wasn't like you know, I want you to do this now and be like so demanding about it." She further described:

If a guy wants to have oral sex, I definitely think that he, that we need to talk about it, you know. I think that you know we need to communicate about that and I think that if I'm open to it it's fine, but if not, then it just becomes weird... if your heart is not in it, then you know, if you're not like in it full out, it's gonna show...it's not going to be pleasurable for both. I definitely think that like communication while oral sex is happening too, because I mean if you're not it's not going to be fun. With communication, it should be that openness that I really want to have with oral sex and you know, to have and to already establish that relationship almost like a friendship with my partner before we even engage in that.

Hailey expressed similar thoughts about open communication about oral sex in relationships:

I think everyone's expectations are different when it comes to a relationship, but um, the only way to be on the same page is to communicate...communication beforehand, but communication also during the process [or oral sex]. I wanna know if I'm doing something that is making you uncomfortable, and I want to know if I am doing something that is bringing you pleasure.

Hailey also voiced that she feels strongly about openly asking about sexually transmitted infections, "I have asked you know...are you clean, have you been tested?"

Zoe explained that certain questions need to be asked of a partner prior to oral sex, "you need to ask have you ever received oral before, do you like it, are you comfortable giving it, are you comfortable receiving it, it all needs to be discussed." She voiced concerns about whether people actually have open discussions about oral sex:

But, is it [oral sex] discussed? I don't think so, I don't think it is established, I really don't. I think people just fly by the seat of their pants and they get into these relationships...and now he or she is like, ok so are you gonna do this and she is like, whoa I have never done it. You should know before you get into a relationship with somebody if they have ever given or received [oral sex].

Lack of Communication

Less than half of the young women expressed a lack of communication with their partners or other people about oral sex. For one of the young women, Emma, the interview process for this study was the most she had ever talked about sex. She reported that, "usually I pretty much keep to myself, so I don't feel like I have ever really talked... like, this is the longest conversation I have ever had about sex in my life."

When asked whether she talked to her partner about oral sex, Emma responded:

I didn't ever feel comfortable telling him that no...it's just I didn't feel comfortable talking with him about it and if he brought up like the subject of sex and stuff I was like ok. I addressed whatever he had to ask and then it was done because I just, I feel uncomfortable talking about it sometimes...especially with someone that I am in the relationship with.

Whether or not the oral sex partner was an acquaintance or friend was important regarding communication. When Ella was asked whether she had ever talked to a potential oral sex partner before engaging in oral sex she replied, "No, because I usually like I always have known them...like it has never been a random person." Ava replied with a similar answer, "No, not usually, because most of the people that I would ever consider any type of um sexual involvement are people that I already know pretty well."

Each of these young women felt that because the potential partner was known, no communication prior to engaging in oral sex was necessary.

For several of the young women even if the partner is someone close to the young woman, hesitancy or shyness to discuss oral sex still exists. Serenity blushed and softly stated, “No, it’s not for me [talking to partner about oral sex].” She further explained, “I normally don’t voice my opinion while having sex, I kind of just let things happen.” When asked if she ever talked with a partner about what she wanted with oral sex, Serenity hesitantly replied, “um...no, I don’t personally, uh so” and then looked down at her hands. She also described that she just did not feel comfortable asking a guy to give her oral sex because, “I don’t know if it’s because I know every guy has certain preferences, um, I don’t know necessarily if my partner would be into that, um, or like, if that would be something they necessarily wanted to do.”

Hailey openly described how she felt about the lack of communication about oral sex from a societal perspective:

It is sad in our society that we do not talk about [oral] sex as open as we should...because I know a lot of women...in my peer group that are involved with oral sex, but they don’t receive it [oral sex] that way that I do.

When asked why she thought that, Hailey explained, “I think it is a societal thing, we are just uncomfortable as a society... I think it [oral sex] makes them [people] uncomfortable and anything that makes them uncomfortable, they shy away from it.”

Social Expectations and Pressure

The interview questions that relate to this theme focused on social expectations by friends, other college students, and partners to engage in oral sex. Additionally,

questions focused on how the young women made the decision to engage in oral sex and whether anyone influenced them to have oral sex. The theme, *Social Expectations and Pressure*, included four sub-themes about the social expectations and pressure with oral sex: *not a big deal*, *assumptions and opportunities*, *media and sexual scripts*, and *relationship pressure and expectations*.

Not a Big Deal

Some of the participants expressed oral sex was “not a big deal.” Sophia said:
I think that oral sex is almost a precursor to vaginal sex, I think it’s, it’s almost smaller, you know not as comparable to vaginal sex. It is not a big deal...penetrative sex is a big deal, rather than oral sex is a big deal.

For Sophia, oral sex should occur before vaginal sex. Lily expressed similar beliefs about oral sex:

I don’t think that there are expectations; I just think that a lot of people have done it [oral sex]. I guess it’s just more broadcasted these days than it was...it’s not as big of a deal as like vaginal sex is. They [boyfriend] just kind of made it [oral sex] like it wasn’t really a big deal.

For both of these young women, oral sex was not perceived to be as important as vaginal sex.

This perception was also reflected in another statement by Mia, who expressed the following about social expectations for oral sex as:

Once you get past high school it just, something clicks that it’s [oral sex] just like this really isn’t as big of a deal as everyone makes it to be...it’s just what society expects nowadays...it is just kind of what everyone expects. I have a feeling that

like the main social expectations are more geared towards having sex and everyone engaging in all of these things.

Mia perceived that oral sex was not a big deal and was expected by society. When she was asked to clarify what she meant by “all of these things” she stated, “all types of sex.”

Many of the young women explained how giving or receiving oral sex is “just something that happens.” Serenity described receiving oral sex from her male partner as, “it just happened...he just decided on his own.” She indicated that she that she had first engaged in oral sex this year and has had three oral sex partners.

Oral sex was also described by participants as something that “normally happens” and “just something that is done.” Claire said, “I think it was more like hey, this is like what you have seen, this is something that normally happens and then they [partner] had mentioned it so that was how I was lead to doing that.” She went on to explain that in some relationships there were expectations for oral sex, “I guess that’s just something that I guess people, it [oral sex] is just like something that’s done.”

Assumptions and Opportunities

The transition to college for some of the young women equated to more opportunities to engage in oral sex and certain assumptions about oral sex. Claire described this transition:

When coming to college my freshman year, I guess living in like the freshman dorms and like being around a group of people like it [oral sex] was more open...cause we started seeing people do that more...you saw people leaving their rooms to do those things or coming back from those rooms.

The young women also shared assumptions about oral sex in specific situations, such as college parties. Anna stated, “I would say that it is normal expectations, like when you get in that certain situation, and you are alone with person or um, it is like during a party or something you know you have those expectations.” Serenity remarked, “you are around more people...you are at parties and you have the opportunity to participate in um, activity [oral sex].” Lily, a freshman who lived on campus said:

I just feel like when you come to college like hookups happen more often because you start going to like more parties and like, every weekend there is a party and guys are like on the prowl. It seems like the parties I’ve been to so far so I feel like it [oral sex] happens more often in college cause you’re not with your parents. So like, they [guys] are like, no, you don’t have to go home. You are just going to your dorm room by yourself. So, it’s ok or it seems to be more ok, to like just go to the guy’s house and spend the night. So, it feel like it [oral sex] happens more often, the opportunity.

The opportunity to go home with a person was also expressed by Sarah, “if they [friends] are hanging out and if they go home with a guy, then that is expected like even if sex [vaginal] isn’t expected, they kind of expect that [oral sex].” She laughed and further remarked, “They [the guy] are at least expecting or hoping they are going to get something.”

Alcohol use, as part of college life, was also described by a few of the young women. When asked about whether alcohol and other drugs play a role in whether a person engages in oral sex, Sarah expressed:

They definitely do. I don't know about drugs really but, alcohol for sure because it's a college campus and everyone is drinking and that gets...I mean it has happened to me a couple of times, not in a bad way. Alcohol makes you feel all crazy and you can do anything. So, if you were nervous about it [having oral sex] before, you probably aren't if you are drinking.

When asked about her decision to engage in oral sex Sarah also shared a personal experience with alcohol use and oral sex as:

I guess it [engaging in oral sex] really wasn't a decision. The first time it happened was my freshman year, and it just kind of happened. It wasn't really an active decision. It was like after a party so there was alcohol involved, but it wasn't like bad or anything. It [oral sex] just happened.

Alcohol use also led to descriptions of the assumption that oral sex was, 'something that should be done' by one of the young women. Claire described alcohol use as:

I think that alcohol gives people more confidence, so they are led to doing those things and it's [oral sex] become something that I guess it's just done. Like, it's not really thought about in those aspects... of should I be using protection for this, should I be doing this, is this something I want to do? So, it's more of it [oral sex] is just done because...and again I think I am not saying that guys force it, but it is something that guys are like here...this is something you should do.

Conversely, Olivia explained that there was actually more pressure to not engage in the party scene as part of college life or with her sorority. She shared:

Honestly, I think there is more pressure not to [party with alcohol]. I think especially here...I don't know very much about sororities, I'm still just like new,

um, here. There is such a push to like not; we are trying to get away from that type of thing. They are honestly like we are not going to tell you what to do, but don't like post things to social media. Don't put a picture up like with a cup in your hand of any kind. So, there is a really big push, like hey, let's change it and make it really academic based.

Media and Sexual Scripts

The majority of young women mentioned various media sources as possible factors that shape social expectations for oral sex and perceived pressure for participating in oral sex. Claire said, "I think it's [oral sex] more of a social aspect and something that we do see in the media that it's a part of sex. It's a part of the normal, the normal thing to do." Anna expressed her view on the role media plays with sex as follows:

The media has such a twisted view on everything like sex wise because it's all so like domineering and consent doesn't ever really play a huge part in it. It's all about like, you know, if a woman says no, that means convince me or she is playing hard to get and it is like the man is hoping to convince her. And I feel like that, you know, it plays into rape culture and everything. The media doesn't portray women very well anyway, especially when it comes to being in charge of themselves like, in a sexual way.

Another young woman, Emma, stated, "I feel like it [the media] trivialized it [oral sex] quite a bit." She explained:

I feel like it makes it [oral sex] seem oh it is just, you know something that can happen whenever, wherever you know. And so it's a lot more blasé and it is losing something in that significance if that makes sense...it's not a big deal.

Several of the women also expressed learning about oral sex through the media. Avery stated:

I don't think it is in a good way...um, there's a lot of songs these days more and more with a lot of references to like you know going down on somebody or especially like a lot of rap songs, and I hate to pick on them, but they talk about like giving head and so if you don't know what it is you kind of learn what it [oral sex] is through songs.

Sophia discussed pornography:

I know that like in pornos...the girl is wet all the time and you know it's not, and the guy always gets her off... but you know there might be a time when it just doesn't work...you know that's something that you know you, you need to realize with that expectation that sometimes it's not gonna work and sometimes your just gonna have to stop and be like I'm tired, are you tired? Yes, let's go eat pizza and go to bed.

Pornography was also discussed by two other women. Zoe stated:

From a young age, I started watching porn and so most of the porn that's how they started off right before sex...it was straight pants down and girl's mouth on some penis...as a child I just saw porn as the girl gives the guy head and then the guy has sex with the woman.

Zoe expressed that she learned about oral sex mostly from the internet, watching pornographic videos. Anna also reported, "I went through a phase watching porn...all the women gave oral sex."

Others expressed how certain media sources provided them with information on oral sex. Avery expressed the internet as a positive source, “there are a lot of websites that do give positive information [about oral sex].” She also reported that, “magazine sites like Cosmo [provide information] and like how to give the best [oral sex].” Sarah expressed, “There’s a site called TSM, and it is total sorority move. And they will talk about blow jobs and stuff on there and like how to give the best blow job.” Grace reported, “There were terms I didn’t understand [about oral sex] on social media sites and I would look them up in Urban Dictionary.”

Another young woman, Maya, expressed, “it [the information] wasn’t good. I mean a lot of movies nowadays promote sex and I don’t like that. I think it just...it influences people in a bad way.” Maya felt the information received about oral sex from the media was a negative influence on her possible participation in oral sex.

Relationship Pressure and Expectations

The majority of young women discussed pressure or expectations that they felt to engage in oral sex in their relationships. Two of the young women spoke about pressure to give oral sex in order to stay in a relationship. Anna spoke of the influence to participate in oral sex by previous partners. She shared:

I would say a good majority of the time they [sex partners] influenced me, sometimes it is by who they are and sometimes it is by, um, the conversations we would have leading up to that time or that day. That is kind of what it was in my mind and how it happened was that if I didn’t do this that would be the end of it like they would never talk to me again.

Another young woman, Zoe, shared concerns about her relationships, “So, when it comes to oral there may be a part of your mind that says I am not ready to go all the way, but he is gonna leave me if I don’t do something.” She clarified that she gave him oral sex to “keep him.”

Emma expressed the following about oral sex in relationships, “There is a great deal of stigma that is involved with someone who doesn’t do it [oral sex] in a long term relationship and it usually leads to the relationship ending or them being unhappy.”

Grace discussed her relationship:

I would say there was probably some pressure. We had been dating for quite a while and maybe I might have initiated the foreplay, but then I feel like I may have gotten pressured into giving him [oral sex]. Maybe not the first time, but then I kind of felt like, maybe he expected it.

Upon inquiry about the decision to have oral sex, Lily expressed pressure from a male partner to participate in oral sex. She stated, “I guess just being asked [to give him oral sex] over and over again, I was just like, ok whatever, I will.” She appeared frustrated when talking about this experience. Claire also expressed pressure to give oral sex:

I think it was more of it was just something that happened. Like, I wasn’t forced to do it but it was something that was brought to my attention by the guy. So, I feel like in my perception it’s not something that I would just like go and openly do, it is something that kind of like the guy pushes it.

Emma discussed engaging in oral sex earlier than expected in a relationship:

With my last relationship, um it [oral sex] came about in a manner that I was not used to, I mean like, we just... it kind of was like a lot more fast paced then I was used to...it just kind of happened.

Expectations to give oral sex were voiced by a few of the women. Lily reported, "Well, I really don't like it that much so I'd be fine not doing it, but I feel like the guy usually expects it so." She shrugged her shoulders after making this statement. Ava expressed:

I think it's just like how women have been taught for years. Your job is to pretty much make sure that your man is happy, and you do whatever you need to, and you make sure that he is satisfied. Sometimes, you may not be feeling it [giving oral sex], but if he is, it is like you owe him. You should provide him whatever his wanting and asking for...I mean it is not correct in any way, but I feel like it is what is expected of women, is just to be like subservient and to always give in.

Pressure and expectations were also described as "nudges" by one of the young women.

Emma stated:

With him...um like I said it was kind of a buildup, like we took steps until we finally had sex but it was like it [giving him oral sex] was expected of me...you know you will have little nudges or something that they will do... where you know that they expect it and you know it was just like they are like gearing you in that direction.

Lily remarked, "I was just asked and like, both people that I did it [oral sex] with were my boyfriends, so like, I don't know I just felt like, I needed to. I should because they asked me to." Olivia commented:

I think it depends mainly on the person and the pressure. This is going to sound sexist, but the guy, um... because a lot of times the guys can be overbearing in that sense you do have to just kind of have your guard up. But, it also just depends on the guy, and it depends on the girl. It depends on what they are wanting from the relationship, honestly.

For Serenity, feelings of love for a partner were described as a form of personal pressure to engage in oral sex. She expressed, "I feel like there is some pressure, um, obviously if you love that person um, and you are close to that person um, there is pressure um, from I guess yourself um, to have sex with that person."

Avery expressed her beliefs about oral sex expectations in relationships as:

I don't think it is fair for me to expect that [oral sex] of somebody or for somebody to expect it of me...I think there shouldn't be pressure on either one of the parties, but if there is gonna be oral sex involved in the relationship, I think it helps to explore you know safely and to know what each other likes, and to kind of have that trying to please each other mutually...I don't want anything expected of me, so maybe I am expecting not to be pressured if that counts...I am a big believer there should not be expectations on anybody regarding oral sex.

Relationships

The young women in this study had different views about relationships, intimacy, and participation in oral sex. Many of them verbalized what was important to them in relationships and some of the challenges they had faced with previous relationships. The young women also had differing views about whether oral sex was an intimate

experience. The theme, *Relationships*, included two sub-themes: *committed relationship*, and *casual thing*.

Committed Relationship

The young women were asked about the meaning of a committed relationship. The majority of the women used words such as: “strong connection,” “emotionally invested,” “a defined relationship,” and “monogamous.” Avery expressed that with a committed relationship there is, “a mutual agreement to look out for the other’s happiness and well-being...when you are in a committed relationship, if not love there should be a strong connections there.” Sophia described putting a title on the relationship as important:

We are in a committed relationship, put a title on it... this is my girlfriend, this is my boyfriend, this is my significant other, this is my partner, you know so you have almost defined, you have defined the relationship.

Sarah expressed monogamous relationships as important, “[a relationship was] between two people whether same sex or different sex, that have been committed to each other, not dating other people, not talking to anyone else, not doing anything with anyone else.” One of the women, Hailey, who self-identified as bisexual, stated:

I have had more female partners than I have male partners...we were more than friends, we were in a relationship and we didn’t really define it as a relationship, but it was understood that if we were being sexual active with each other we wouldn’t be sexually active with other people, unless we discussed it.

Zoe also mentioned monogamy:

A committed relationship is where two people are monogamous with each other, sexually, emotionally, spiritually, you are connected and you have agreed that you don't want to see anyone else. You don't want to flirt or talk to anyone else.

Some of the young women shared why they felt that oral sex was intimate due to emotions in their relationships. Avery made the following comparisons with vaginal and oral sex:

I think in my perception that vaginal sex sometimes is like both partners may not be trying to please each other. Often they are, but sometimes they are not. They are trying to get satisfaction. I think giving somebody oral sex is more um... you are trying to please them. So, it is more intimate because you are thinking about their feelings and taking that into consideration.

Hailey discussed:

For me, it is, um...I am not saying that I have been in love with everybody that I have had oral sex with, but it is somebody that I have been comfortable with...that I am willing to share that type of intimacy with, so it is very intimate for me.

Zoe shared her belief that oral sex allowed for a better connection with her partner. She remarked, "You all have a connection beyond...like it's deeper...and formed a bond, um, it's personal and it can be emotional." The ability to create a connection with her partner during oral sex, equated to a deeper relationship.

Oral sex was viewed by one of the women as something that enhanced her relationship. Sophia specified that she had been dating her boyfriend for a couple of

years and they both were from “super conservative houses” when they first engaged in oral sex. She stated:

I mean, we were making out one time and he just kind of asked, and I was like are you ready for this, and you know he said yes...he engaged it [oral sex] on me first...it felt right at the time...you know we didn't feel any pressure, we didn't feel any guilt afterwards and it, it really did, it enhanced our relationship and that was really good...I mean you know I knew that he was a virgin and I was a virgin...it was just, I connected with him so much and it was so good because it was really good to have someone that didn't know what they were doing too, so that you know we learned together.”

She smiled after this statement and stated, “So, it was really nice.”

Casual Thing

The majority of women did not differentiate between a casual relationship and a hookup. Some of the phrases used to define or describe casual relationships and hookups were basically the same, such as: “like any sort of casual thing,” “spontaneous,” “to satisfy the body,” and “whatever happens, happens.” Sarah summed up her feelings about casual relationships and hookups as, “You are not there for the love or a relationship. You are there for the physical aspects of it.” Avery described a casual relationship as, “a selfish relationship, but maybe lust, um less committed, um less, less looking out for the other person, more convenience...[an easy way to do] whatever you want, whenever you want with this person, it's easy.” Hailey shared the following about casual relationships, “for a casual thing, that's more of you know I really don't want to date, I just want to have fun and orgasm.” Zoe voiced:

I would say a casual relationship is where dating takes place, you may be dating more than one person, you have a couple of people you are texting...and when it comes to oral [sex] maybe you have more than partner because you are not committed to anything.

Only one of the young women discussed specific negative emotions experienced in casual relationships. Sophia expressed:

With like any sort of casual thing, one person is going to say we either need to grow in this...or we need to cut it off. And when you cut it off, you still have emotions about that person. And one person gets hurt and one person doesn't really care.

When asked about if she had experienced these emotions with a previous casual relationship, she quietly stated, "yes, and I was the one who got hurt."

Views also differed on oral sex in casual relationships and hookups. Olivia remarked, "Whenever people think of a hookup, they think of like real penetrative sex, like more than they do anything else, not oral sex." Others discussed how oral sex was a part of hookups. Mia stated, "When I think about a hookup, I do want to say that oral would be one of the first things that come to mind from like a social view."

Sarah discussed how her participation with giving oral sex differed depending on whether it was a committed relationship or a hookup. In a relationship, she explained her participation in oral sex, "because you like love this person and you want to do this for them...with my boyfriend I am doing it [oral sex] because I know he likes it." She smiled broadly after this statement. When discussing hookups, she then stopped smiling and declared:

It is someone you are just hooking up with and you are like, I am just doing this so you will do it back to me...if it was a hookup I was like, ok I will do this, but I am not going to enjoy it.

Lily discussed how oral sex was not intimate for her due to the following:

Personally for me, in my experiences, it [oral sex] really hasn't been intimate...not for me mainly because I probably wouldn't have if it wasn't for like the guy wanting me to, so I feel like it's more just like to make them happy.

Emma made a similar statement about oral sex being less intimate, "I feel like it [oral sex] is less intimate, a lot of times it is actually kind of for me at least, it is like I don't like it as much." The researcher clarified with the participant to determine if she meant giving or receiving oral sex, the participant stated, "Giving him oral." Ava, who identified her sexual orientation as 'queer' voiced, "I think for me it depends on who it is, cause there have been times that I have done it [oral sex] and I have just been like can I just hurry up and get this over with."

Anna seemed to be conflicted about whether or not oral sex was an intimate sexual activity. She voiced:

Um...I would say yes and no, it really kind of just depends on how like you view that person. Like if you know them really well, then yeah it is an intimate thing.

But if you really don't know them well then it is not really intimate.

For Anna, intimacy with oral sex was directly associated with her overall view of the person and how much she knew about that person.

Equality

The sixth and final theme, *Equality*, did not include any sub-themes. The young women had a multitude of opinions concerning the giving and receiving of oral sex. Others discussed how they do not enjoy giving oral sex to their partners and how women typically give oral sex more than they receive oral sex. The phrase, “if I am gonna give it, then I am gonna get it” was specifically verbalized by four of the women. A few of the women mentioned societal views about women giving oral sex. Claire stated, “I think that it’s more of the women should be giving oral sex, like society says that it should be women. I don’t think that it’s something that men are giving women as often.” Ava talked about the differences with societal expectations for women and men:

We [women] are expected to be like I guess kempt and clean and I guess if they are not, then that gives men an excuse to be like, oh well I am not going down there. Like for men, they don’t have any expectations about how they should be groomed or present themselves in any way and it is gross...can you do some man scaping?

The majority of the young women declared that they give oral sex to partners more than they then receive oral sex from partners. Grace voiced, “He got oral sex much earlier than he gave me oral sex, if that makes sense...usually he receives a lot more than I receive.” Claire expressed that with some oral sex encounters, “sadly it would be probably be the female or myself would be giving [oral sex] instead or receiving...it is the norm...it’s the norm, I think that it is.” Emma specified how much she gave oral sex in a previous relationship:

It was almost like every time that we had sex; oral sex was involved from his standpoint. Uh for me, it was like a 10 to 1 ratio. I got the feeling from other people that was not how it was supposed to be. Like, I have a best guy friend and I talk to him about it sometimes, but he said that it was supposed to be like give and take. But, that was definitely not the way it was. It was very much like it was a rare occasion if I ever received it, but I was expected every time to give it.

Emma also remarked how being expected to give him oral sex made her feel, “used, I really didn’t like it, um, not just because I didn’t enjoy the act in and of itself, but just because I felt like it was a job.”

Sarah easily compared receiving with oral sex to “icing on the cake.” She voiced:

In this relationship, I don’t expect to you know have oral sex every single night, I don’t expect to receive it but it would be nice, it would be really nice...I always kind of think of it as kind of the icing on the cake (laughing). You know, I give it to you and if you give it to me I am like, ok we are good.

The phrase “if I’m gonna give it, then I’m gonna get it” was explicitly expressed by several of the women. Sarah stated, “I guess they always expect the guy to get it, and they don’t realize the girl is not going to give without getting it also, unless she is just really nice.” She laughed briefly after making this statement and further described her feelings, “If you want it [oral sex] then I want it too, like we are going to share the responsibilities if we are having oral sex, and if you are getting it, then I am getting it.”

Hailey openly shared how she felt about oral sex and equality as:

I’m more in charge if I decide I wanted to have oral sex, um, for me it’s always if I’m gonna give, I’m gonna receive. There’s going to be equality to it...if

somebody is not willing to give, I am not going to give it either. There has to be a balance.

Olivia also specified her thoughts on equality and oral sex:

Personally, I am more of very much a giver and in like all senses of my life so, I take receiving very hard, um, just cause I don't know... I am a giver. And so in that sense, I guess that still plays into that but receiving is...I think it is still nice like I said. In relationships, you have to be on an equal playing field.

Even though Olivia acknowledged that she was a giving type of person, she still felt that equality was important in her relationships that involved oral sex.

Hailey appeared to be extremely comfortable with our discussion about oral sex. She spoke openly about her expectations for equality with orgasms during the interview:

If you hit the big O, like if you orgasm and you hit it and stuff, I expect me to hit it too. If it is not working with oral sex then we are just going to do some other stuff...I mean introduce toys, you know, fingers, whatever you want to do. If you orgasm, I expect to orgasm. It doesn't have to be right then and there but it is...it's definitely...equality is very important.

Overall, equality with oral sex was significant to these young women.

Summary

A total of 16 female college students participated in this study to explore the psychosocial and situational factors which influence participation in oral sex. Six themes emerged from the thematic analysis of the 16 individual interviews. The themes were: defining virginity; comprehension and comfort; communication; social expectations and

pressure; relationships; and equality. The participants' views and statements during the interviews were presented with each of the themes and subthemes. The next chapter will address a discussion of the findings, strengths and limitations of the study, as well as implications and recommendations for future research.

CHAPTER 5

DISCUSSION

The purpose of this qualitative descriptive study was to explore female college students' perceptions about oral sex, and the psychosocial and situational factors that influence female college students' participation in oral sex. Throughout this study, the researcher sought to eliminate any personal biases about college females' sexual behaviors and to accurately present the participants' descriptions about their oral sex experiences. The 16 female college students shared their thoughts about oral sex and described their personal experiences with oral sex during the individual interviews. The results of the thematic analysis yielded six themes with corresponding sub-themes. This chapter will present the following: (a) discussion of the major findings, (b) strengths and limitations of the study, (c) implications, and (d) recommendations for future research.

Discussion of Major Findings

Thematic data analysis revealed many perceptions about oral sex among the participants. The themes reflected the descriptions voiced by the participants concerning various factors, such as knowledge, virginity, relationships, communication, expectations, and equality related to their participation in oral sex. The results of this research provide insight into the factors that can influence female college students' perceptions about oral sex and participation in oral sex.

All but one of the participants reported on the sexual health questionnaires that they had received some form of sexual health education in school. However, during the interviews, the majority of the participants were confused when questioned about the risks of oral sex. This confusion could be attributed to the exclusion of oral sex from basic sex education. Education about oral sex was lacking for the majority of participants who stated that oral sex was never discussed in their formal sexual health education in middle school and high school. This finding was consistent with findings from previous studies regarding the exclusion of oral sex from sex education (Chambers, 2007; Downing-Matibag & Geisinger, 2009; Moore & Smith, 2012; Vannier & Byers, 2013).

Although sexual health education was available on campus for the students, these programs included information about safe vaginal sex and alcohol safety issues, but not oral sex. Findings from this study suggest that the majority of young women believe that oral sex is not sex. This finding that oral sex is not considered a form of sex, was consistent with numerous study findings on perceptions of sexual behaviors among young adults (Chambers, 2007; Eshbaugh & Gute, 2008; Fahs, 2016; Hans et al., 2010; Hans & Kimberly, 2011; Lefkowitz, Vasilenko, & Leavitt, 2016; Peterson & Muehlenhard, 2007; Sewell & Strassberg, 2014; Vannier & Byers, 2013). According to the Theory of Planned Behavior, knowledge of a behavior may influence a person's participation in that behavior (Ajzen, 2012a). Failure to discuss or include oral sex in sex education may perpetuate the misconception that oral sex is not really sex. When one considers that oral sex is the most common sexual behavior in this age group, the need exists for it to be addressed in sex education programs.

The participants in this study were also confused about the health risks associated with oral sex. This confusion may be attributed to the possibility that the participants

received inaccurate information from the internet and their friends, which were listed as the primary sources of information about oral sex. Findings suggest that young women are completely unaware that sexually transmitted infections could occur when both giving and receiving oral sex. This finding may stem from the participants' expressed belief that oral sex is not the same as vaginal sex, which means the risks for STIs with oral sex are underestimated by young women. This finding was consistent with results of previous research on perceptions about oral sex (Chambers, 2007; Downing-Matibag & Geisinger, 2009; Hickey & Cleland, 2013; Vannier & Byers, 2013). Findings further suggest that the participants' beliefs about oral sex differ greatly from beliefs about vaginal sex because they do not perceive any risks associated with oral sex, such as pregnancy or sexually transmitted infections. These findings are concerning because if young women perceive vaginal sex to have more health risk, they may choose to engage in oral sex more than vaginal sex to avoid consequences. Young women may experience unexpected consequences, such as an STI, when they engage in oral sex.

Consistent with numerous findings in the literature, the majority of participants in this study were unaware of the risks for sexually transmitted infections associated with participation in oral sex (Eshbaugh & Gute, 2008; Hans & Kimberly, 2011; Malacad & Hess, 2010). Findings from this study also suggest that young women may erroneously perceive oral sex as a risk-free sexual behavior. However, oral sex is an active mode of transmission for STIs (CDC, 2016; Saini et al., 2010). Oral sex is associated with high-risk oral HPV infections, which have been shown to result in oropharyngeal cancers (Chaturvedi et al., 2011; D'Souza et al., 2009; Guo, Eisele, & Fakhry, 2016; Lewis et al., 2015; Mishra & Verma, 2015). When comparing risks with giving oral sex versus receiving oral sex, the type of oral sex that is the riskiest is mouth to penis (CDC, 2016).

Therefore, women who perform oral sex on men are at the greatest risk. The participants also failed to realize that the vaginal area could be a point of entry for STIs when receiving oral sex, due to bacteria or viruses contained in someone's mouth. From a health risk perspective, the young women in this study were uninformed and possessed inaccurate perceptions about the health risks associated with participation in oral sex.

Previous research has identified the need for a more effective distinction between the various types of sexual behaviors and the perceived risks associated with each type of behavior (e.g. oral versus vaginal versus anal sex) (Eshbaugh & Gute, 2008; Fielder & Carey, 2010; LaBrie et al., 2014; Ross et al., 2015). This dissertation differentiated the types of sexual behaviors through specific questions about oral, anal, and vaginal sex. Participants in this study, who perceived some level of risk with oral sex, nonetheless believed that the risk level was lower than with vaginal sex.

Although anal sex was not the focus on this study, over one-third of the young women in this study reported that they had engaged in anal sex. Findings suggest that several of the participants chose to engage in anal sex because they believed it was safer than vaginal sex and similar to oral sex because the behavior was less risky. This finding was consistent with Salazar and colleagues' (2009) findings that heterosexuals may perceive anal sex to be a less risky behavior than vaginal sex. These findings are concerning because anal sex involves the exchange of fluids which is salient for acquiring STIs. A high rate of infectivity of HPV exists with anal sex, which may also result in anal cancer (Owen et al., 2015). Anal sex has the highest risk for HIV transmission, compared to oral sex and vaginal sex and the receptive partner during anal sex is at an even higher risk for HIV transmission due to the thin lining of the rectum

(CDC, 2016). Minimal research exists on anal sex in the heterosexual population; the majority focuses on the male homosexual population (Owen et al., 2015; Salazar et al., 2009). More research on the perceptions and prevalence of anal sex among heterosexuals, especially heterosexual women, is warranted due to this misconception.

Participants' perceptions about virginity varied regarding a woman's participation in oral sex versus vaginal sex. According to the Theory of Planned Behavior, a behavioral belief, such as the belief that oral sex maintains one's virginity status, influences one's attitude about oral sex and that attitude influences one's intentions to engage in the behavior (Ajzen, 2012a). The majority of young women in this study believed that a woman could engage in oral sex and still classify as a virgin. Findings suggest young women's normative belief about oral sex is influenced by the social norms (college) that dictate oral sex is not the same as vaginal sex and virginity is preserved. Consistent with existing research, some of the young women in this study viewed participation in oral sex as a way to stay "pure" and maintain one's status as a virgin because there is no vaginal penetration (Bersamin, Fisher, Walker, Hill, & Grube, 2007; Byers, Henderson, & Hobson, 2009; Esbaugh & Gute, 2008; Fahs, 2016; Hans & Kimberly, 2011). However, this belief may also result in under reporting of sexual activity with partners which could lead to increased exposure of STIs to and from multiple oral sex partners.

Only two of the participants differed on their opinions of virginity with oral sex and believed that if you engage in oral sex, you are no longer a virgin. Although this is a limited number of participants, this is an important finding because these two participants believed that oral sex still constituted as a sex act, and for that reason a loss of virginity.

This finding suggests that some young women actively construct their own beliefs about classifications of sex and are not influenced by social norms regarding oral sex. This finding was consistent with previous work of Hans and Kimberly (2011) who also found that a minimal number of college students felt that oral sex did not maintain virginity.

Several of the participants had a difficult time defining the term virgin because they felt that young women had different conceptualizations of what it means to be a virgin. These findings suggest that some women acknowledge the importance of personal beliefs and self-concept related to virginity status. This was consistent with findings in a study (Sprecher & Treger, 2015) of virgins at a Midwestern university that found women typically support personal beliefs, such as religious involvement and moral upbringing, as reasons for maintaining virginity. However, Sprecher and Treger (2015) only addressed virginity as related to vaginal sex, not oral sex. More research is needed on young women's perceptions about virginity and oral sex, as well as how individual differences may exist with attitudes about oral sex and virginity among young women.

The majority of the young women in this study demonstrated a definite lack of knowledge about personal protection for use with oral sex. However, several of the young women in this study who reported they knew about possible forms of personal protection, still failed to use any form of personal protection during oral sex. This finding was consistent with Moore and Smith (2012) who suggested that many college students feel they are knowledgeable about sex, but their actual behaviors fail to reflect their expressed knowledge level. The majority of participants reported no condom use while giving oral sex to their male partners. Lack of condom use with fellatio among young women was consistent with findings in the literature (Chambers, 2007; Fielder &

Carey, 2010; Higgins et al., 2010; Lindley et al., 2008; Stock et al., 2013). Findings in this study showed that several of the participants perceived condom usage with oral sex as unpopular and unnecessary. This perception may be associated with an established normative belief that condoms are not needed with oral sex, which could influence the subjective norm about oral sex and condoms among this population. Hence, further research is needed to identify the factors which influence condom usage with oral sex among young adults.

The majority of participants in this study expressed that communication was crucial regarding their oral sex experiences. Communication has been identified as a key dynamic with sexual self-efficacy (Montesi, Fauber, Gordon, & Heimberg, 2010; Quinn-Nilas et al., 2016; Zimmer-Gembeck, 2013). Sexual self-efficacy relates to the ability to communicate to sex partners about desires (Satinsky & Jozkowski, 2015). Although sexual self-efficacy was not explicitly discussed, many of the participants described how open communication about oral sex with their peers and sex partners was important to them. Open communication enabled the participants to learn more about oral sex, experience greater comfort and have heightened sexual enjoyment. These findings are consistent with the previous findings that demonstrate open communication is related to autonomy, self-esteem, and greater satisfaction with sexual behaviors (Galinsky & Sonenstein, 2011; MacNeil & Byers, 2005; Montesi et al., 2010).

Findings suggest that a young woman's ability to discuss oral sex expectations with her partner can be an influencing factor in her oral sex experiences. Several of the participants reported that they were not comfortable with openly talking about oral sex with their partners. This was consistent with findings from Satinsky and Jozkowski

(2014), which suggested that if women experience discomfort when talking about sex or feel that their partner will not be responsive to requests they will be less likely to discuss sexual desires. Women, who are unable to communicate with their partners about sex, often voluntarily participate in sexual behaviors without desire or enjoyment and may even be more inclined to engage in risky sexual behaviors (Bui et al., 2012; Impett & Peplau, 2003; Kooyman et al., 2011).

Most of the young women in this study expressed comfort with oral sex in their committed relationships, but not in their casual relationships. This finding was consistent with Chambers' (2007) seminal study. However, findings in this dissertation illustrate that participation in oral sex can differ based on relationship status. This finding was inconsistent with a previous study (Oswalt, 2010), which found that the context of a relationship was not significantly associated with the decision to engage in oral sex among female college students. The majority of participants viewed casual relationships and hookups as the same. Some of the participants believed that oral sex was the main sexual behavior in casual relationships, while others expressed the belief that casual relationships only involved vaginal sex. These findings suggest that young women's sexual behaviors differ individually based on personal views about relationships.

Findings in this study revealed differences with participation in oral sex based on emotions that occur between casual and committed relationships. With oral sex experiences in committed relationships, some of the participants experienced more positive emotions due to love and the ability to give pleasure to their partners. Previous research findings revealed that women in committed relationships associated positive emotions such as 'love' and a 'willingness to give pleasure to a partner' as reasons to engage in oral sex

(Fielder & Carey, 2010; Kaestle and Halpern, 2007; Malacad & Hess, 2010; Vannier and O'Sullivan, 2012). Only one of the participants expressed enjoyment and empowerment with giving oral sex. This finding was similar to previous findings of women who had reported that they felt empowered by performing fellatio (Malacad & Hess, 2010).

Conversely, some of the participants expressed more pressure or negative emotions related to giving oral sex in their relationships. Participants in this study reported negative views of giving oral sex, such as 'boredom' and 'disgust,' which were consistent with findings in the literature (Malacad & Hess, 2010). The participants also described how in both their casual and committed relationships, they felt an obligation or expectation to give their partner oral sex, which led them to engage in oral sex. Findings suggest that young women give oral sex to their partners regardless of their personal feelings, such as a lack of enjoyment. Kaestle (2009) confirmed that females will repeatedly engage in sexual acts they dislike, primarily fellatio. Only one participant voiced a personal belief that no expectations or pressure should exist for oral sex between partners. These findings suggest that young women may lack a feeling of personal control over their oral sex behaviors. More research on women's feelings about personal control with oral sex experiences is needed.

Findings also suggest that some women may feel that they have to give their partner oral sex in order to stay in their relationship. This finding was consistent with several studies. For example, Vannier and O'Sullivan (2012) found that young adult females were more likely than males to list 'mate guarding' and 'duty pressure' as reasons to have oral sex. Sanchez and colleagues (2011) suggested that young women participate in sexual activities to maintain their relationships, often at the expense of their own sexual preference

and satisfaction. Cornell and Halpern-Felsher (2006) explored oral sex among 9th grade females and found that these teen girls often engaged in oral sex in order to keep a boyfriend. Although, age and developmental stage differ, this is an interesting factor to consider because this finding indicates that mate guarding through oral sex participation may develop as an early sexual behavior in young women.

Views on intimacy and oral sex were split among the participants in this study. Some of the women viewed oral sex as not intimate or less intimate. A lack of intimacy was primarily attributed to feelings of displeasure with giving oral sex and oral sex as less face to face contact compared to vaginal sex. The perception that oral sex is not intimate and vaginal sex is more intimate was consistent with previous research among young women (Eshbaugh & Gute, 2008; Malacad & Hess, 2010; Vannier & Byers, 2013). Conversely, other participants associated greater intimacy with giving and receiving oral sex in their relationships. This finding was consistent with Chambers' (2007) seminal study, in which a little over half of her female participants viewed oral sex as intimate. The reasons that young women felt oral sex was more intimate than vaginal sex related to descriptions of the following: a type of shared intimacy, a way of giving someone pleasure, and a deeper, more personal connection with one's partner. These findings on perceptions about oral sex as an intimate sexual activity for some women were consistent with previous research on oral sex and intimacy (Vannier & Byers, 2013).

Consistent with previous findings (Lewis et al., 2014; Uecker, 2015), the participants in the current study also expressed how certain social environments, such as parties influenced their participation in oral sex. These social events were associated

with more casual oral sex encounters among the young women due to perceived social pressure to engage in oral sex from friends and partners. Findings suggest that alcohol played a role in casual oral sex experiences for some of the participants, which was consistent with other findings (Higgins et al., 2010; Lewis et al., 2014). In this study, 18.8% of the participants had engaged in oral sex with a partner they had known for less than 24 hours. This finding was similar to Eshbaugh and Gute's (2008) study which revealed that 12.5% of 152 college aged females participated in casual oral sex encounters with someone they had known for less than 24 hours. Although 18.8% is a small percentage of the sample, the potential for negative health outcomes with casual oral sex experiences among young women must not be dismissed. Previous research has revealed that young women experience negative emotions with casual oral sex partners (Downing-Matibag & Geisinger, 2009; Katz et al., 2012). Interestingly, only one participant in this study expressed feelings of regret about her casual oral sex experiences. The majority of study participants expressed no regrets about engaging in casual oral sex experiences. This finding may be connected to the participants' belief that oral sex is socially less important than vaginal sex and without risk.

Distinctions between giving and receiving oral sex were also explored with participants in this study. Consistent with prior research, this study found that women feel they give oral sex, more than they receive oral sex (Buhi et al., 2010; Chambers, 2007; Fahs, 2016; Jozkowski & Satinsky, 2013; Leichter et al., 2007; Malacad & Hess, 2010; Oswalt, 2010; Vannier & O'Sullivan, 2012; Wood, McKay, Komarnicky, & Milhausen, 2016). The participants also perceived that their male partners expected to be given oral sex; this is consistent with qualitative findings exploring perceptions of oral sex (Vannier

& Byers, 2013). Findings from this study support previous findings (Katz & Schneider, 2015) regarding a distinction between men and women; more women reported that they had complied with giving oral sex. Findings suggest that some women may be influenced to engage in oral sex due to perceived sexual norms, which dictate that women assume the role of 'givers.' This finding of women being expected to give oral sex was consistent with previous research by Fahs (2016), who also noted the use of the term 'giver' in women's discussions of oral sex. This finding was also consistent with previous research that found women feel a responsibility to give men oral sex, yet women do not receive oral sex or even feel that they deserve to receive oral sex (Jozkowski & Peterson, 2013).

Participants' perceptions of receiving oral sex differed greatly in this study. Findings suggest that young women may not like to receive oral sex due to a lack of satisfaction and pleasure. This finding was consistent with research that has shown young men report more physical satisfaction from oral sex, when compared to young women (Galinsky & Sonenstein, 2011). Findings indicate that participants were also concerned over the appearance of their vaginas which caused discomfort and anxiety related to the possibility of receiving oral sex. This finding was consistent with previous research that revealed some women experience anxiety with oral sex due to being self-conscious about the appearance of their vaginas (Braun, 2005; Fahs, 2016; Lewis & Marston, 2016). High anxiety and insecurities could possibly lead young women to giving oral sex more often to their partner as a way to avoid receiving oral sex.

On the other hand, some of the participants in this study reported enjoyment with receiving oral sex. Findings suggest that only a limited number of women acknowledged that men enjoy giving oral sex. This finding supports previous findings from a quantitative

study, which examined young women's experiences with cunnilingus, and found that some participants believe their partners enjoy giving oral sex (Bay-Cheng & Fava, 2010). Findings from the current study also revealed that bisexual women may possess distinct preferences about receiving oral sex. Greater enjoyment with oral sex was experienced when oral sex was received from a female partner, compared to a male partner. Due to the scarcity of research examining the female perspective of receiving oral sex, an inability exists to draw meaningful conclusions with this population. More research on specific perceptions about cunnilingus among a diverse population of women is needed.

Findings in this study suggest that young women desire more equality and balance with oral sex in their relationships. This finding was consistent with other recent research findings on reciprocity and oral sex among young adults (Lewis & Marston, 2016; Wood et al., 2016). Participants voiced increased satisfaction and greater overall pleasure when both partners had given and received oral sex. This finding was consistent with research examining the oral sex experiences and pleasure rating among heterosexual university students in Canada (Wood et al., 2016). Even though the participants in the current study expressed that oral sex should be a mutually pleasurable activity, the majority reported that they had only experienced giving oral sex more than they had ever received oral sex. Further exploration about perceptions of equality in oral sex experiences among young women is necessary.

The findings from this study addressed a specific gap in the literature. Findings add new insight about young college women's perspectives on the context of relationships in which oral sex occurs. The findings also extend past research by providing insight into the psychosocial (knowledge, attitude, communication, relationships) and situational

(college environment, equality) factors that influence oral sex behaviors among college-aged females, as well as their perceptions about oral sex. The next section of this chapter will discuss the strengths and limitations of this study.

Strengths and Limitations

The section will discuss the strengths and limitations of this qualitative descriptive study. This study sought to address a gap in knowledge through research, the exploration of female college students' perceptions about oral sex, and the possible factors that influence their participation in this sexual activity. This study contributed to the literature by exploring young women's perceptions related to virginity, knowledge- to include risk, comfort level, relationships, and communication related to oral sex. This study provided an exploration of young women's views on both giving oral sex and receiving oral sex, to include social expectations and pressure associated with oral sex.

Although the majority of the sample was Caucasian, different racial groups were represented to include African American, Asian, and Native American. Strengths of the study were the qualitative interviews, which revealed detailed descriptions of oral sex experiences from the perspective of college females. The demographics of the participants were representative of the campus demographics and also represented various sexual orientations: bisexual, heterosexual, pan sexual (open to anything with anyone) and queer. Participants were able to discuss their oral sex experiences based on their identified sexual orientation(s).

A few limitations must be considered in the interpretation of the findings from this study. This study explored previous oral sex experiences of young women, which

varied in time periods from recent participation (last 30 days) to participation in the last 12 months. Recall bias by the participants may have occurred, especially in those who had participated in oral sex months before the interview. Future research would benefit from a set time period of participation, to decrease the chances of limited or altered recall by participants about their oral sex experiences. Also, oral sex experiences of young women should be researched using a longitudinal design to explore how perceptions may change over time.

Another limitation of this study is the possibility that the young women may have provided what they assumed would be socially desirable responses on the sexual health questionnaires and during the interviews. However, the researcher sought to decrease this risk by an increased level of confidentiality (such as the waiver of signed informed consent) and privacy measures (a secure location on campus) throughout the study. In the interviews, the young women were assured their responses to the questions would be kept confidential. Based on the descriptions and openness in the individual interviews, it is believed that the participants were honest in their responses.

Another limitation of this study is the small sample size of predominately Caucasian female college students. For this reason, it is difficult to generalize the findings of this study to a broader population of college-aged females. Future research is needed on oral sex behaviors among larger samples and more diverse ethnicities. Future research should focus on college students at various other types of institutions, in different areas of the United States and worldwide. More research on the factors that influence participation in oral sex is also warranted with young women who are not

college students. More research with early adolescent girls is also needed to explore the formation of different perceptions about oral sex.

Implications

The findings of this study have important implications for sexual health education. One of the factors evident in this study was the lack of knowledge among the young women about the risks associated with oral sex. The participants in this study were unaware of the risks for sexually transmitted infections with participation in oral sex, and thus the majority had engaged in oral sex without the use of protective devices. Brandhorst and colleagues (2012) identified a gap in the need for more educational interventions on sexual activities related to perceptions and risky sexual behaviors. In order to design and implement an educational intervention, it is imperative to first explore the existing perceptions about sexual behaviors. This study explored some of the existing perceptions about oral sex for young women at this specific university.

The majority of the young women in this study expressed the need for more oral sex education in various formats: discussions with health care providers, formal sex education classes, and casual discussions in small, same sex groups. Educational interventions about oral sex need to have different approaches and/or a combination of approaches in comprehensive school based and community level interventions (Hogden, Ford, Becasen, & Brown, 2015). Different domains, such as knowledge, attitudes, and communication skills must also be considered with sexual health interventions for young adults (Hogden et al., 2015). If we want young women to make informed decisions about oral sex, then we must provide them with sexual health discussions that include oral sex.

There are specific implications for health care due to the lack of knowledge about the associated risks of unprotected oral sex. For example, the CDC (2016) has noted that individuals who provide fellatio have the highest risk of oral transmission of a STI. However, the incidence of STIs transmitted through oral sex is unknown because the CDC does not report STIs via the route of transmission. Research has shown an increased incidence of oropharyngeal cancers from oral sex transmission of HPV, the most commonly transmitted STI (Guo et al., 2016; D'Souza et al., 2014; Mishra & Verma, 2015). Although the oral cavity and throat are considered at risk for the transmission of STIs with oral sex, we also must consider other potential sites for the acquisition of STIs. In a case study report, Smith, Holzman, Manesh, and Perl (2016) discussed a clinical case in which a young woman was diagnosed with gonococcal conjunctivitis due to exposure to seminal fluid during fellatio with a sexual partner with untreated gonorrhea. By contracting gonococcal conjunctivitis, the woman was at risk for corneal perforations and permanent vision loss had the STI gone untreated (Smith et al., 2016). Health care providers should be aware of a greater need to take thorough sexual health histories, to include sexual activities such as oral sex behaviors, as related to overall health status.

Recommendations for Future Research

The results of this study indicate the need for continued research on oral sex among young women. Replication of this study in other regions of the United States and other universities is recommended. Additional research should include more diversity in ethnicity and sexual orientation. Future research is definitively needed to address the

need for formal sex education programs, to include oral sex education. The specific health risks, such as STIs and oropharyngeal cancers, and use of protective devices with oral sex must also be addressed with early adolescents and emerging adults.

Equality and personal satisfaction with oral sex for women also warrants further exploration due to the perceived inequality which currently exists. Comparisons of perceptions of oral sex behaviors among young adolescent females and college-aged women may also provide further insight on how behavioral beliefs and attitudes about oral sex are developed. More research is also needed on the various types of relationships in which oral sex occurs, as well as differences in intimacy related to sexual behaviors among young women.

Summary

Most sexual research addresses vaginal sex, with oral sex often viewed as a type of comparison sex (Lefkowitz et al., 2016; Wood et al., 2016). Minimal attention has been given to the oral sex experiences of young adults (Buhi et al., 2010; Chambers, 2007; Vannier & O'Sullivan, 2012). Given the fact that oral sex is the most common sexual behavior among young adults, it was important to explore the reasons why young adults have oral sex. Gender differences have been shown to exist with previous research on oral sex, with greater disparities evident among young adult women (Chambers, 2007; Jozkowski & Satinsky, 2013; Kaestle, 2009). Therefore, this dissertation addressed oral sex behaviors among young women and their perceptions of this sexual activity.

This study addressed a specific gap in the literature, the context of oral sex in different types of relationships from the perspective of young women. The need for more studies to focus on ‘how’ oral sex occurs in different types of relationships was cited by Oswalt (2010) and Vannier and Byers (2013). Questions in the interviews addressed how oral sex occurred in committed and casual relationships. This study also included participants’ descriptions of oral sex among both heterosexual and same sex relationships. The study also explored the giving and receiving oral sex in various types of relationships. Young women’s perceptions about intimacy, comfort level, and communication with oral sex were also explored.

In summary, this study provides an understanding of the psychosocial and situational factors which influence participation in oral sex among college females. The findings provide insight on how young women view oral sex related to virginity, education, risk, social norms, expectations, and communication. Additionally, this study explored oral sex in the context of various relationships to include perceptions about intimacy, as well as the giving and receiving of oral sex. The findings suggest the need for better education on the risks associated with oral sex, the importance of communication in sexual relationships, and the significance of equality with oral sex for young women.

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APPENDIX A

TABLE OF RESEARCH QUESTIONS, THEORY OF PLANNED BEHAVIOR AND
LITERATURE REVIEW

Table of research questions, TPB framework, and literature review

Research question	Theory of Planned Behavior	Literature review
What are female college students' perceptions about oral sex and the associated risks?	Behavioral beliefs Attitude	Prevalence of oral sex Knowledge about oral sex Attitudes about oral sex Perceived risks associated with oral sex
How do female college students describe the psychosocial factors (behavioral beliefs and normative beliefs) that influence them to engage in oral sex?	Behavioral beliefs Normative beliefs Subjective norm	Attitudes about oral sex Behavioral beliefs about oral sex Norms with oral sex Normative beliefs
How do female college students describe the situational context in which oral sex occurs?	Normative beliefs Subjective norm	Norms with oral sex Relationship norms and oral sex
How do female college students describe the types of relationships in which oral sex occurs?	Subjective norm Normative beliefs Control beliefs Perceived behavioral control	Relationship norms and oral sex
What are female college student's perceptions of their control over oral sex encounters?	Control beliefs Perceived behavioral control	Perceived behavioral control with oral sex Control beliefs Sexual self-efficacy

APPENDIX B

THEORY OF PLANNED BEHAVIOR LITERATURE MATRIX

Theory of Planned Behavior Literature Matrix

Author, title, journal	Purpose	Design	Variables/ Categories/Aspects	Sample	Characteristics	Data collection methods	Findings	Comments, gaps
McCabe & Killackey (2004). Sexual decision making in young women. <i>Sexual and Relationship Therapy</i> , 19(1),15-27.	To investigate if model based on TPB with 2 additional variables would predict intention to engage in a range of sexual behaviors among young women.	quant	Religion, Behavioral beliefs, parental norms, peer norm, perceived behavioral control, intention, past behavior, behavior	194 at time one 155 at time two (6 months later)	Women aged 18-21 Melbourne Australia	questionnaire	TPB useful with exploration of intention to engage in sexual behavior. Whether or not the women perceived control over engage or not engage in behavior was strongest predictor of intention	Suggested further research needed on cognitions and emotions for women with sexual experiences Limitation: self selected nature of sample
Simms & Byers (2012). Heterosexual daters' sexual initiation behaviors: Use of the theory of planned behavior. <i>Archives of Sexual Behavior</i> , 42, 105-116.	To investigate sexual initiations of dating relationships within the framework of the Theory of Planned Behavior, and impact of sexual initiations on sexual satisfaction	quant	5 hypotheses Perceptions of social norms Attitudes Strength of intentions to initiate Perceived behavioral control Sexual satisfaction	151 (33% men and 66% women)	18-25 In a heterosexual relationships Had engaged in genitally-focused sex acts 88% were college students Location: Canada 88% Caucasian, 4% biracial, 2% African-Canada	Online survey	Theory supported, more a person perceived that peers would approve of initiation of sex, more positive their evals were about the outcomes of initiating sex Men initiated more frequently than women	Limits: Large Caucasian, students were all highly satisfied with their relationships- therefore underrepresented with those who are less comfortable with sexuality Need for larger more gender equal sample

Theory of Planned Behavior Literature Matrix

<p>Villarruel, Jemmott, Jemmott, & Ronis (2004). Predictors of sexual intercourse and condom use intentions among Spanish-dominant Latino youth: A test of the Planned Behavior Theory. <i>Nursing Research</i>, 53(3), 172-181.</p>	<p>To examine the TPB predictors of sexual intercourse and condom use with a sample of Spanish-dominant Latino youth</p>	<p>quant</p>	<p>Behavioral beliefs for sexual intercourse, condom use Control beliefs for condom use Intentions for condom use</p>	<p>141 (77 girls and 64 boys)</p>	<p>Spanish speaking Latino adolescents Age range 12-18 years Part of a larger randomized control intervention to reduce risk of HIV among Latino youth</p>	<p>Spanish questionnaire</p>	<p>Significant effects: attitudes, perceived partner approval, self-pride, parental approval on intent to engage in sexual intercourse.</p>	<p>Theory supported Further studies needed with differences and similarities of different ethnic groups and between genders</p>
<p>Bryan, Fisher, & Fisher (2002). Tests of the mediational role of preparatory safer sexual behavior in the context of the Theory of Planned Behavior. <i>Health Psychology</i>, 21(1), 71-80.</p>	<p>Statistical examination of preparatory behaviors, psych variables and condom use with 2 samples within the Context of TPB</p>	<p>quant</p>	<p>Safer sex communication, attitudes, condom usage</p>	<p>1st sample N=226 (42% female, 58% male) 2nd sample N=160 (86 women, 74 men)</p>	<p>226 inner city high school students from 2 different schools, 9th graders (61% African American, 20% Hispanic, 4% Caucasian, 2% Asian, 7% mixed racial, 1% Native American, 5% other) heterosexual only 160 college students Predominately Caucasian (no racial %'s listed) sexually active heterosexual only from large state university in northeastern US</p>	<p>Initial questionnaires with follow-up at 1month Pretest, questionnaire with follow-up at 2 months</p>	<p>High school sample study support for theory except a lack of relationship b/t PBC and intentions Influence of intentions on behavior significantly mediated by preparatory behavior. PBC lack of direct effect on preparatory behaviors</p>	<p>Results confirm the contributions of the TPB concepts as determinants of safer sex behaviors for study 1 Condom usage less with college students Limits: heterosexual populations only, nothing on frequency of sexual activities, need to assess preparatory behaviors before condom use assessments</p>

Theory of Planned Behavior Literature Matrix

<p>Jellema, Abraham, Schallma, Gebhardt, & van Empelen (2013). Predicting having condoms available among adolescents: The role of personal norm and enjoyment. <i>British Journal of Health Psychology, 18</i>, 453-468.</p>	<p>To examine whether or not personal norms & goal enjoyment contribute to the having condoms available in cognitive context specified by TPB.</p>	<p>quant</p>	<p>Sexual experience, condom use, TPB variables, norms (personal & descriptive) and enjoyment towards having condoms available</p>	<p>282 (74% female)</p>	<p>In Netherlands Adolescents aged 14-17 87% Dutch 13% from former Dutch colonies and children from immigrant workers</p>	<p>Questionnaire at 2 different time periods</p>	<p>TPB variables related to having condoms available Personal norms and goal enjoyment helped to explain variance with condom availability Having condoms available better predicted by self-efficacy than intentions</p>	<p>Consider role of other structural and social influences with condoms Effect of cognitions needs more exploration Need for more replication with greater representation of boys</p>
<p>Turchik & Gidycz (2012). Prediction of sexual risk behaviors in college students using the Theory of Planned Behavior: A prospective analysis. <i>Journal of Social and Clinical Psychology, 31</i>,(1). 1-27.</p>	<p>To explore whether an extension of the TPB model would aid in better predictability of casual sex engagement, condom use, contraception, and dual use compared to the TPB model.</p>	<p>Prospective design to look at the prediction of sexual risk over an 8 week time period Used specifically to permit one to make stronger inferences with the relationship of TPB variables and</p>	<p>Extensive variables Demographics (32 items) Past behavior measure Attitudes measure Subjective norms measure Perspective behavioral control measure Intentions measure Personality Moral norms</p>	<p>453</p>	<p>18-21 years Mid sized univ. Oral sex participants were 84% Most were unmarried, female, Cauc., Christian, in 1st and 2nd years of school</p>	<p>Fixed order online Self administered Survey administered then 8 weeks later same participants surveyed to assess intentions with various sexual health aspects.</p>	<p>Support for the use of extended versions of TPB with some of the additional variables having direct effects on intentions and/or behavior in each of the extended TPB models.</p>	<p>Study was entitled, "Social Behaviors and Personality" On most campuses No well implemented theory based STI prevention or intervention program in place Simply changing attitudes or intentions may not lead to behavioral change Those campuses with prevention and intervention program (theory based and behavioral skills</p>

Theory of Planned Behavior Literature Matrix

		risky sexual behavior.						focused) have had some positive effect in decreasing STI risk behaviors.
Munoz-Silva, Sanchez-Garcia, Nunes, & Martins. (2007). Gender differences in condom use prediction with Theory of Reasoned Action and Planned Behaviour: The role of self-efficacy and control. <i>AIDS Care</i> , 19(9), 1177-1181.	Compare the effectiveness of the two models with prediction of condom usage, specific to self-efficacy and control with the TPB model	quant	Constructs under both models explored also looked specifically at gender differences	603 (290 from Portugal and 313 from Spain)	University students mean age 21.6 years 57% female	questionnaire	Females higher average with all TPB variable except with condoms (females report less condom usage) TPB model better predicts condom usage than TRA With prediction of intention attitude more significant for females	Important to further explore what is most influential on behavior Need for improvement with self-efficacy in communication
Valdez, B.S. (2006). <i>Prediction of condom use for protection against HIV and STDs: Testing the utility of the theories of Reasoned Action and Planned Behavior for oral sex behaviors</i> (Doctoral Dissertation). Available from ProQuest Dissertations and	To investigate the predictive utility of these theories for condom use for fellatio.	quant	12 attitude items 4 subjective norm groups Perceived behavioral control assessed by a multi-items scale and a single-item Measure self-efficacy was assessed with both multi-item and single-item measures.	106 females and 125 males	Intro psych students large Midwest university with fellatio experience mean age of 19.3. 87.4% European American/White 3.4% African American/Black 2.6% Hispanic American 4.3% Asian American	questionnaire	oral sex is "real sex" was significantly related to past condom use for fellatio, with participants who believed oral sex is "real sex" having been more likely to have reported condom use for fellatio in	research pertaining to oral sex limited A more comprehensive view of sex and outcomes of how attitudes toward oral sex and beliefs about oral sex

Theory of Planned Behavior Literature Matrix

<p>Theses database. (UMI No. 3214827).</p>			<p>Participants' belief about whether oral sex is "real sex" was assessed to test the hypothesis that perception of oral sex as "real sex" would be related to condom use for fellatio.</p>		<p>1.3% international students 1.3% "other," 0.9% Native American/American Indian 68.8% were 1st year students, 97.4% Identified as heterosexual 1.3% bisexual; 0.4% gay or lesbian 0.9% "undecided."</p>		<p>the past. participants considered the opinions of close friends & parents when thinking about their intentions with condoms for fellatio.</p>	
<p>Heeren, G.A., Jemmott, J. B., Mandeya, A., & Tyler, J.C. (2007). Theory-based predictors of condom use among university students in the United States and South Africa. <i>AIDS Education and Prevention, 19</i>(1), 1-12.</p>	<p>To compare the predictive value of the theory of planned behavior in university students in South Africa and the United States</p>	<p>quant</p>	<p>Sexual behaviors TPB variables</p>	<p>411</p>	<p>South Africa (<i>N</i> = 251) United States (<i>N</i> = 160) 53% of all students female 22.1 mean age of all students</p>	<p>anonymous self-administered questionnaire</p>	<p>Significant interactions between country and predictors indicated that subjective norm predicted condom use and intention more strongly in the American sample than in the South African sample; attitude predicted intention more strongly in the American sample than in the South</p>	<p>Limits: University students may not generalize to others Self-reported behaviors may be inaccurate Need for more longitudinal studies</p>

Theory of Planned Behavior Literature Matrix

							African sample; but self-efficacy predicted intention more strongly in the South African sample than in the American sample.	
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APPENDIX C
PREVALENCE LITERATURE MATRIX

Prevalence Literature Matrix

Author, title, journal	Purpose	Design	Variables/ Categories/Aspects	Sample	Characteristics	Data collection methods	Findings	Comments, gaps
Chambers, W. (2007). Oral sex: Varied behaviors and perceptions in a college population. <i>Journal of Sex Research</i> ,44(1). 28-42	To pose old and new questions pertaining to oral sex to college population Knowledge assessment STI transmission with oral sex	Anonymous, Online survey (survey was constructed)	Questionable due to article format Number of sex partners Id as virgin vs never had intercourse Description of oral sex	1,928	Univ of Georgia 18 and older, 90% was under age 21 and heterosexual 61.9% female Intro Psy course Time period of June to December of 2004	Online survey	Few considered themselves virgins even though had intercourse Virgins more likely to engage in oral Oral sex not perceived as intimate Women gave more oral sex than received Pleasure of the receiver cited as primary reason for oral sex Some (over 20%) unaware STI transmitted with oral sex	Lack of thorough investigation with level of knowledge with STI transmission via oral sex and varied methods of protection Unclear how well oral sex STI risk is understood Women less knowledgeable about protection with oral sex Deficiencies with education Oral sex is a sexual health issue that deserves more attention esp due to confusion with virgin status
Buhi, et al. (2010). The state of the union: Sexual health disparities in a National Sample of US college students. <i>Journal of American College Health</i> , 58(4), 337-346.	To examine sexual health disparities between blacks and whites in a national sample of US college	ACHA-NCHA survey Secondary data analysis	Sexual behavior Condom use Number of sexual partners HIV testing and STIs Contraceptive use and unintended pregnancy	44,165	Not married Undergrad 64% female 94.7% white	Most recent data set for ACHA NCHA used, 2007 spring sample	Whites more experience with oral and anal sex and Less likely to use condoms overall and less likely to have been tested for HIV	Need for more access to contraception and early STI screening/txs Need for improved testing Need for increased condom usage and promotion

Prevalence Literature Matrix

	students.						compared w blacks Blacks more partners, lower use of OBCPS, and higher rates of STI's and preg.	
Brewster & Tillman (2008). Who's doing it? Patterns and predictors of youths' oral sexual experiences	To describe patterns of oral sex experiences ld social demographic correlates of oral sex among youth who have not had vag sex	Secondary data analysis of National Survey of Family Growth- cycle 6	Outcome variables were ever given oral sex, ever received oral sex, and ever engaged in vaginal sex Covariates were categorical indications	1402 females 1418 males	Age 15 to 21 never married	survey	Receiving oral sex more common than giving (yet fewer females receive compared to males) Whites more likely to have oral sex	Race and ethnic differences with acceptable sex behaviors important
Hans, Gillen, & Akande. (2010). Sex redefined: The reclassification of oral-genital contact. <i>Perspectives on Sexual and Reproductive Health</i> , 42(2), 74-78.	Examine whether the classification of oral-genital contact has changed over time.	quant	Sexual experiences Behaviors that constitute sex	477 (328 females, 149 males)	University students, convenience sample Age range 18-41, majority (98%) were 24 or younger 87% white 8% black 5% other races 97% hetero	survey	Females reported had given more oral sex to more partners than males had Males reported having received more oral sex than women had Only 20% of sample said oral sex classified as sex	More needed on behavioral and attitudinal characteristics Need for more studies

Prevalence Literature Matrix

Higgins, Trussell, Moore, & Davidson. (2010). Young adult sexual health: Current and prior sexual behaviors among non-Hispanic white U.S. college students. <i>Sex Health</i> , 7(1), 35-43.	Explore the degree college students are engaging in oral and anal sex instead of vaginal sex as a way of retaining "virginity"	quant	16 category sexual activity matrix of 4 sexual activities: solitary masturbation, oral sex, vaginal sex, anal sex	1504 (1026 women & 478 men)	2 campuses students from One Midwest One southwest Non-Hispanic white heterosexual Mean age 20	surveys	Women less likely than men to have ever masturbated Alcohol use more common linked to more partners	Reporting bias Survey didn't allow for further exploration of answers Oral sex variable did not distinguish between received and given which is important r/t possible gender differences
Hans & Kimberly (2011). Abstinence, sex, and virginity: Do they mean what we think they mean? <i>American Journal of Sexuality Education</i> , 6(4), 329-342.	Examine and compare definitions of sex, abstinence, and virginity b/t 2 different samples	quant	11 behaviors	454 one sample college students 125 certified sex professionals other sample	undergrads in 2 human sexuality courses from large university (65% females) racial diversity reflected population American Association of Sexuality Educators, Counselors, and Therapists professionals (73% female, 92% white)	Online surveys for both	Virginity related to vaginal penile sex 77% students feel oral sex not sex compared to 15% of prof Students more likely to indicate maintains virginal status	Forced choice/selection of items after providing behavior without other details is a limitation. Differences with perceptions
Lindley et al. (2008). STDs among sexually active female college students: Does sexual orientation make a difference? <i>Perspectives on Sexual and Reproductive Health</i> ,	Review of NCHA data specific to sexual orientation and sexual practices/behaviors	quant	Respondent characteristics, behavioral risk factors, and recent STD	29,952	Sexually active females aged 18-24 White 78% Undergrad 93% Single 42% Heterosexual 94%	ACHA NCHA survey	94% had engaged in oral sex, 91% vag sex, 23% anal sex With oral sex only 9% use condoms	Sexual health programs need more focus with behavioral risks associated with sex More with risk taking with all types of sex for all sexual orientations

Prevalence Literature Matrix

40(4), 212-217.								
Stone et al. (2006). Oral sex and condom use among young people in the United Kingdom. <i>Perspectives on Sexual and Reproductive Health</i> , 38(1), 6-12.	Address knowledge gap with timing of oral sex and use of protective devices.	Mixed	Knowledge of protective devices	1,373 21 Institutions	56% were young women 90% white	Survey questionnaire Focus groups Sexual event diary	26% didn't know STI's could be transmitted through oral sex More women than men participate in oral sex 64% of women engaged in fellatio prior to vaginal sex	Prevalence of oral sex is increasing. Need more research related to risk with oral sex.
Jozkowski & Satinsky, (2013). A gender discrepancy analysis of heterosexual sexual behaviors in two university samples. <i>Journal of Community Health</i> , 38,1157-1165	To offer a large scale enumeration of students' lifetime sex behaviors and apply gender discrepancy lens to student's sexual behaviors	quant	Demographics Lifetime sex behavior Sexual activity at most recent event Perception of the quality of most recent engagement in sex	970	18-27 years old from 2 large universities in the U.S. 64% female 80.5% white Mean age 21.2 57.5% indicated single	Paper pencil questionnaire	Most engaged in some type of sex Men reported more receptive sex (more of receiving oral sex) and women reported more performative sex behaviors (more giving of oral sex)	Gender differences occur with sex behaviors Social norms interventions Potential pleasure gap between men and women More creativity with sex education

APPENDIX D
KNOWLEDGE LITERATURE MATRIX

Knowledge Literature Matrix

Author, title, journal	Purpose	Design	Variables/ Categories/Aspects	Sample	Characteristics	Data collection methods	Findings	Comments, gaps
Chambers, W. (2007). Oral sex: Varied behaviors and perceptions in a college population. <i>Journal of Sex Research</i> ,44(1). 28-42	To pose old and new questions pertaining to oral sex to college population Knowledge assessment STI transmission with oral sex	Anonymous, Online survey (survey was constructed)	Questionable due to article format Number of sex partners Id as virgin vs never had intercourse Description of oral sex	1,928	Univ of Georgia 18 and older, 90% was under age 21 and heterosexual 61.9% female Intro Psy course Time period of June to December of 2004	Online survey	Few considered themselves virgins even though had intercourse Virgins more likely to engage in oral Oral sex not perceived as intimate Women gave more oral sex than received Pleasure of the receiver cited as primary reason for oral sex Some (over 20%) unaware STI transmitted with oral sex	Lack of thorough investigation with level of knowledge with STI transmission via oral sex and varied methods of protection. Unclear how well oral sex STI risk is understood Women less knowledgeable about protection with oral sex Deficiencies with education Oral sex is a sexual health issue that deserves more attention esp due to confusion with virgin status
Peterson & Muehlenhard (2007). What is sex and why does it matter? A motivational approach to exploring individuals' definitions of sex. <i>Journal of Sex</i>	3 purposes to get info on indiv. Defintions of sex, evaluate assumptions of clear def. of sex, and explore	quant	Criteria based off of research questions	100	51 women 49 men Undergrads in intro psy class at Univ. Kansas Mean age 19.2 96 heterosexual Majority European American (88)	Questionnaire use of scenarios to describe sex Also space to write out their own def. of sex Sexual history	Oral sex not sex or just barely sex found Inconsistent defs w oral sex Beh is sex with penile vag penetrations Id as virgin w	Need for further explanation of answers qualitative could yield valuable insights about thoughts and behaviors. Role of motivation in def. and classification needs more

Knowledge Literature Matrix

<i>Research</i> , 44(3). 256-268.	motivated def. us to label sex experiences					checklist	only oral sex beh.	exploration
Hans & Kimberly (2011). Abstinence, sex, and virginity: Do they mean what we think they mean? <i>American Journal of Sexuality Education</i> , 6(4), 329-342.	Examine and compare definitions of sex, abstinence, and virginity b/t 2 different samples	quant	11 behaviors	454 one sample college students 125 certified sex professionals other sample	undergrads in 2 human sexuality courses from large university (65% females) racial diversity reflected population American Association of Sexuality Educators, Counselors, and Therapists professionals (73% female, 92% white)	Online surveys for both	Virginity related to vaginal penile sex 77% students feel oral sex not sex compared to 15% of prof Students more likely to indicate maintains virginal status	Forced choice/selection of items after providing behavior without other details is a limitation. Differences with perceptions
Sewell & Strassberg (2014). How do heterosexual undergraduate students define having sex? A new approach to an old question. <i>The Journal of Sex Research</i> , 0(0), 1-10.	Examine how people define having sex, decisional processes	Mixed methods	21 physically intimate behaviors Which scenarios counted as sex	267 men 327 women	Mean age 23.3 80.65 Caucasian, no other ethnicity amounted to more than 7% of the sample	Online survey that then allowed for explanations of their reasoning	Uncertainty about oral sex as sex Women offered more reasons as to why a behavior was "sex" such as "only penis in vagina is sex"	Volunteer bias of participants More to be learned about the cognitive process with sex definitions Variable important to consider is relationship status What influence behavioral decisions
Downing-Matibag & Geisinger (2009). Hooking up and sexual risk taking	Explore college students' rationales for sexual risk	qual	Perceptions of sex and dating norms Perceptions of peers' hooking up	71 (39 females and 32 males)	Large mid-western university Had to have participated in one	Demographic and sexual history 4 part semi-	Majority not concerned with contracting an STI with oral sex	Need for larger quant samples More diverse samples

Knowledge Literature Matrix

among college students: A health belief perspective. <i>Qualitative Health Research</i> , 19(9), 1196-1209.	taking during hooking up with the use of the Health Belief Model.		Evaluation of hooking up experiences Perceptions of sexual risk taking with hooking up		hookup Predominately white, heterosexual, Christian	structured interviews	hookup Unaware of vulnerability to STIs Self-efficacy affected by social and situational contexts	
Hans, Gillen, & Akande. (2010). Sex redefined: The reclassification of oral-genital contact. <i>Perspectives on Sexual and Reproductive Health</i> , 42(2), 74-78.	Examine whether the classification of oral-genital contact has changed over time.	quant	Sexual experiences Behaviors that constitute sex	477 (328 females , 149 males)	University students, convenience sample Age range 18-41, majority (98%) were 24 or younger 87% white 8% black 5% other races 97% hetero	survey	Females reported had given more oral sex to more partners than males had Males reported having received more oral sex than women had Only 20% of sample said oral sex classified as sex	More needed on behavioral and attitudinal characteristics Need for more studies
Moore & Smith, (2012). What college students do not know: Where are the gaps in sexual health knowledge? <i>Journal of American College Health</i> , 60,(6), 436-442.	To understand the gaps in college students' knowledge regarding sexual health information	Randomized assignment into 3 intervention groups, survey, short response paper	8 categories of learning identified STI- transmission, symptoms, testing/tx and general. Sex behavior and relationships STI prevalence and stats condoms misinformation	242	Average age: 19.5 Female 70% Hetero= 90% Race demos Sex. Exp Broken down into oral and vag sex and condom usage	The survey was completed immediately preceding presentation of interventions, short response paper written by students	Females learned more about condoms Surprise over STI transmission with oral sex	Future should aim for formats best suited for educating student on specific sexual topics Explore regional and institutional differences regarding gaps in sexual health knowledge levels of college students

Knowledge Literature Matrix

						turned in 1 week after interventions, and a survey 2 months after intervention. Response paper		
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APPENDIX E
ATTITUDES LITERATURE MATRIX

Attitudes Literature Matrix

Author, title, journal	Purpose	Design	Variables/ Categories/Aspects	Sample	Characteristics	Data collection methods	Findings	Comments, gaps
Oswalt (2010) Beyond risk: Examining college student's sexual decision making <i>American Journal of Sexuality Education</i> , 5(3). 217-239.	What components affect SDM for oral, vag sex & other sex behaviors and are there differences b/t genders w SDM	Quant Cross sectional study Recruitment 6 diff. undergrad courses	Numerous Has specific to oral as:sense of future, self efficacy w comm., phys. Gratif. , level exp.	422	18-38 yrs Mean age 20 66% female 33% male Large SE univ Cauc 367 AA 32 Asian 15 Hisp 4 Other 4 Hetero 416	Survey Scale likert Each SDM component scale factor analysis separate	Concern for risk no effect on decision oral sex Perceived risk of oral lower than for vag	Need to address all areas of sex activity, not just vag sex Differences w male and female r/t sex ed
Stock, et al. (2013). Influence of oral sex and oral cancer information of young adults' oral sexual- risk cognitions and likelihood of HPV vaccination. <i>Journal of Sex Research</i> , 50(1), 95-102.	To examine the effect of a brief informational intervention regarding HPV and oral sex on the sexual risk cognitions of young adults	Quant Told study examined sexual attitudes and behaviors Questionnaire completed Random assignment to oral sex & HPV reading or control	Had pre and post manipulation Ex's Knowledge Risk perception HPV concern Oral sex willingness Oral sex beh STI dx Relationship status	238	Undergrads Participated psychology course credit Age range 18-35, mean 19.73 years Hetero=95% Male=45% White= 77% AA=7% Asian=8% Other 8%	Random and control groups Info vs no info Questionnaire to assess knowledge Each measure post and pre manipulation involved diff items/data coding and scales	85% report engage oral sex Average of 8 partners Less than 5% report condom usage w oral sex Women who had HPV vaccine reported higher oral sex willingness lower levels of perceived risk, and greater levels condom usage	Women were significantly more affected than men in the sample regarding oral sex info Unprotected oral sex willingness r/t lower STI risk perception, lower levels condom use, and higher number of oral sex partners. MORE diverse population studies needed

Attitudes Literature Matrix

<p>Chambers, W. (2007). Oral sex: Varied behaviors and perceptions in a college population. <i>Journal of Sex Research</i>, 44(1), 28-42</p>	<p>To pose old and new questions pertaining to oral sex to college population Knowledge assessment STI transmission with oral sex</p>	<p>Quant Anonymous, Online survey (survey was constructed)</p>	<p>Questionable due to article format Number of sex partners Id as virgin vs never had intercourse Description of oral sex</p>	<p>1,928</p>	<p>Univ of Georgia 18 and older, 90% was under age 21 and heterosexual 61.9% female Intro Psy course Time period of June to December of 2004</p>	<p>Online survey</p>	<p>Few considered themselves virgins even though had intercourse Virgins more likely to engage in oral Oral sex not perceived as intimate Women gave more oral sex than received Pleasure of the receiver cited as primary reason for oral sex Some (over 20%) unaware STI transmitted with oral sex</p>	<p>Lack of thorough investigation with level of knowledge with STI transmission via oral sex and varied methods of protection. Unclear how well oral sex STI risk is understood Women less knowledgeable about protection with oral sex Deficiencies with education Oral sex is a sexual health issue that deserves more attention esp due to confusion with virgin status</p>
<p>Eshbaugh & Gute (2008). Hookups and sexual regret among college women. <i>The Journal of Social Psychology</i>, 148,(1), 77-89.</p>	<p>To examine "hooking up" as a predictor of sexual regret in 152 sexually active women</p>	<p>Quant questionnaire</p>	<p>Predictor and outcome variables Feelings about sexual decisions Intensity of religious beliefs Cheated on a partner Age of intercourse Number of partners Age first oral sex Intercourse w</p>	<p>152</p>	<p>Female students Mid sized Mid western US university 97% hetero 96% white Mean age 20 years Religion specific Attitude about sexuality(liberal)</p>	<p>Self reported questionnaire</p>	<p>College women do not think oral sex is really sex Oral sex hookups may allow compromise socially for them Don't have same level of regret with oral sex may mean underestimate</p>	<p>Regrets may cause health and well being issues Impact with preventive health implications Role of anticipated regret with programs</p>

Attitudes Literature Matrix

			someone once Intercourse w someone known less than 24 hours Performed/received oral sex on someone known less than 24 hours				risk associated with oral sex	
Malacad & Hess. (2010). Oral sex: Behaviours and feelings of Canadian young women and implications for sex education. <i>The European Journal of Contraception and Reproductive Health Care, 15, 177-185.</i>	Explore attitudes and emotions young women in Canada associate with oral sex	quant	Prevalence of oral se Oral sex more casual than vag sex Emotions associated with oral compared to vag sex	181 women	Women aged 18-25 90% Canadian born	Self report questionnaire	Oral sex reported as less intimate Anxiety and guilt neg. emotions reported Fellatio reported w more negative emotions compared to vag sex & receipt of oral sex Reports of boredom and disgust w fellatio	Looked at both vagina and oral sex, yet title and purpose clearly stated oral sex Need for comparison b/t teen and college women More w emotional aspects w oral sex needed
Brewster & Tillman (2008). Who's doing it? Patterns and predictors of youths' oral sexual experiences	To describe patterns of oral sex experiences Id social demographic correlates of oral sex among youth who have not had vag sex	quant Secondary data analysis of National Survey of Family Growth- cycle 6	Outcome variables were ever given oral sex, ever received oral sex, and ever engaged in vaginal sex Covariates were categorical indications	1402 females 1418 males	Age 15 to 21 never married	survey	Receiving oral sex more common than giving (yet fewer females receive compared to males) Whites more likely to have oral sex	Race and ethnic differences with acceptable sex behaviors important

Attitudes Literature Matrix

<p>Vannier & O'Sullivan (2012). Who gives and who gets: Why, when, and with whom young people engage in oral sex. <i>Journal of Youth Adolescence</i>, 41. 572-582.</p>	<p>Examine characteristics of emerging adults' most recent oral sex experience Gender differences in motives for oral sex</p>	<p>quant</p>	<p>Last experience of oral sex Motives for oral sex (physical, goal attainment, emotional, insecurity)</p>	<p>431</p>	<p>309 females 122 males Canadian Ages 18-24, mean 21 years Half were students</p>	<p>Background questionnaire Sexual history form Online survey format</p>	<p>Lifetime average of 12 oral sex partners Average of 8 occasions of oral sex within last 30 days Most common sex activity was fellatio (61%) least was cunnilingus (10%) Females report more emotional motives than males</p>	<p>Limitation of had to have had oral sex in last 30 days No specification about the direction of oral sex-uni, bi, or inclusion of other sex acts Need wider range of interactions, more diverse sample</p>
<p>Hans & Kimberly (2011). Abstinence, sex, and virginity: Do they mean what we think they mean? <i>American Journal of Sexuality Education</i>, 6(4), 329-342.</p>	<p>Examine and compare definitions of sex, abstinence, and virginity b/t 2 different samples</p>	<p>quant</p>	<p>11 behaviors</p>	<p>454 one sample college students 125 certified sex professionals other sample</p>	<p>undergrads in 2 human sexuality courses from large university (65% females) racial diversity reflected population American Association of Sexuality Educators, Counselors, and Therapists professionals (73% female, 92% white)</p>	<p>Online surveys for both</p>	<p>Virginity related to vaginal penile sex 77% students feel oral sex not sex compared to 15% of prof Students more likely to indicate maintains virginal status</p>	<p>Forced choice/selection of items after providing behavior without other details is a limitation. Differences with perceptions</p>

Attitudes Literature Matrix

Hickey & Cleland. (2013). Sexually transmitted infection risk perception among female college students. <i>Journal of the American Association of Nurse Practitioners</i> , 25, 377-384.	To describe perceived risk for STI's and sexual risk behaviors among sexually active female college students.	quant	Various to explore risk perceptions, STI knowledge, condom usage, and sex under influence	458 female	Convenience sample 18-24 years old, average age 21 years 70.9% white, 11.9% black, 13.7% Hisp 9% Asian (all consistent with univ. pop. Demos) Private university in mid-Atlantic	Online survey	Low risk/ no risk perceptions, poor knowledge of STI's, low condom usage	Further investigation of factors related to risk perceptions
Purdie et al. (2011). The effects of acute alcohol intoxication, partner risk level, and general intention to have unprotected sex on women's sexual decision making with a new partner. <i>Experimental and Clinical Psychopharmacology</i> , 19(5), 378-388.	Investigate the process of general intention for women to have unprotected sex, alcohol consumption, and partner risk influence on condom request and unprotected sex via hypothetical interactions with a man	Quant Experimental study (lab)	General intention to have unprotected sex Primary appraisal of sexual potential Secondary appraisals: impelling cognitions Assertive condom request Likelihood of unprotected sex	234 women	Average age 25 62% Caucasian 11% African American 9% Hispanic 6% Asian 3% American Indian 9% multiracial 9% other 33% were full or part-time students Mean number of drinks per week were 10.96	Procedures included beverage administration stimulus story	Partner risk-more women wanted sex the stronger the belief for the benefits of not requesting condom use and having unprotected sex Alcohol enhanced both belief of low risk partner and increased appraisal of sex	Individual and situational differences with unprotected sex intentions needs to be further explored More with cognitive appraisals.
Fantasia, Sutherland, Fontenot, & Iearldi (2014). Knowledge, Attitudes and Beliefs about contraception	To explore college females' knowledge, attitudes, and	Qualitative descriptive	Various related to topic	26 women	2 campuses in the northeast 19-21 years old 94.3 % white 84.6 % Non-Hispanic	5 focus group interviews	Influence of alcohol on sex behaviors Lack of negotiation for	Need to explore more on the complex social interactions and norms Influential factors

Attitudes Literature Matrix

and sexual consent negotiation among college women. <i>Journal of Forensic Nursing, 10(4), 199-207.</i>	beliefs about contraception and sexual consent during date relationships.						sexual consent & contraception, and fear of pregnancy	As well as partner negotiation and communication
Buhi, et al. (2010). The state of the union: Sexual health disparities in a National Sample of US college students. <i>Journal of American College Health, 58(4), 337-346.</i>	To examine sexual health disparities between blacks and whites in a national sample of US college students.	Quant ACHA-NCHA survey Secondary data analysis	Sexual behavior Condom use Number of sexual partners HIV testing and STIs Contraceptive use and unintended pregnancy	44,165	Not married Undergrad 64% female 94.7% white	Most recent data set for ACHA NCHA used, 2007 spring sample	Whites more experience with oral and anal sex and Less likely to use condoms overall and less likely to have been tested for HIV compared w blacks Blacks more partners, lower use of OBCPS, and higher rates of STI's and preg.	Need for more access to contraception and early STI screening/txs Need for improved testing Need for increased condom usage and promotion
Downing-Matibag & Geisinger (2009). Hooking up and sexual risk taking among college students: A health belief perspective. <i>Qualitative Health Research, 19(9), 1196-1209.</i>	Explore college students' rationales for sexual risk taking during hooking up with the use of the Health Belief Model.	Qualitative	Perceptions of sex and dating norms Perceptions of peers' hooking up Evaluation of hooking up experiences Perceptions of sexual risk taking with hooking up	71 (39 females and 32 males)	Large mid-western university Had to have participated in one hookup Predominately white, heterosexual, Christian	Demographic and sexual history 4 part semi-structured interviews	Majority not concerned with contracting an STI with oral sex hookup Unaware of vulnerability to STIs Self-efficacy affected by social	Need for larger quant samples More diverse samples

Attitudes Literature Matrix

							and situational contexts	
Vannier & Byers (2013). A qualitative study of university students' perceptions of oral sex, intercourse, and intimacy. <i>Archives of Sexual Behavior</i> , 42.1573-1581	Improve understanding of the factors contribute to university students' perceptions of intimacy of sex behaviors	Qualitative/ exploratory	Looked at various items such as demographic and sexual history	50 females 35 males	Undergrad students 17-24 years old Mid-sized Canadian university 95% heterosexual	Background questionnaire Intimacy questionnaire Open ended questions Could answer questions with details and examples	Vag sex more intimate than oral (91% perceived this) Vag more mutual w greater risks and benefits Vag sex more intimate because it is discussed Little attn. to oral sex-lack of discussion	Research needed that looks at relative intimacy of fellatio and cunnilingus from both perspectives (giver & receiver) How messages about sexuality are received Need for more divers samples Longitudinal design would be good to see how perceptions change over time

APPENDIX F
NORMS LITERATURE MATRIX

Norms Literature Matrix

Author, title, journal	Purpose	Design	Variables/ Categories/Aspects	Sample	Characteristics	Data collection methods	Findings	Comments, gaps
Barriger & Velez-Blasini (2013). Descriptive and injunctive social norm overestimation in hooking up and their role as predictors of hook-up activity in a college student sample. <i>Journal of Sex Research</i> , 50(1). 84-94.	Examine norms with hookups in college students	Quant	Injunctive and descriptive norms, personal alcohol drinking patterns, and personality dimensions	186	127 were females Small liberal arts college in northeast US	Online survey	69.8% hookup, 1/3 oral Women overestimate peer's level of comfort Overestimate peer activity	Need to look at differences with ethnic groups and sexual orientation, norm influence
Martens et al. (2006) Differences between actual and perceived student norms: An examination of alcohol use, drug use, and sexual behavior. <i>Journal of American College Health</i> , 54(5). 295-300.	Compare perceptions of peer norms in alcohol use, drug use, and sexual beh. With actual behavior See if relationship existed b/t normative and actual	Secondary analysis of data NCHA	Frequency of substance abuse in last 30 days Frequency of Substance Abuse in past 30 days Number of sex partners	833	Mean age 21 58% of sample women Majority 76% Cauc 8% Asian 7% AA 6% Hispanic Large public university in northeast	Survey	Students overestimated alcohol/drug use and sexual behavior among peers	Limits w/ self report, lack specificity w responses, lack of explanation why students overestimate peers' behaviors More exploration of social norms based interventions are needed
Adams & Rust (2006) Normative gaps in sexual behaviors among a national	To characterize "normative gaps"	Retrospective design with	Three dep variables Perceived vs actual difference in number of partners last 12	20,869	18-24 , mean 20 Sexually active	NCHA survey	Perceived norms for all three variables were larger than actual	Freshman females and both genders in frat/sorority had significantly higher

Norms Literature Matrix

sample of college students. <i>American Journal of Health Education</i> , 37(1), 27-34	between perceived and actual sexual behaviors to facilitate the design of sexual norms interventions for college students	Secondary analysis of cross sectional data From ACHA/NC HA Social norms theory used	months Perc. Vs actual Sex act. Past 30 days And P vs A Condom usage last 30 days		US college students Completed spring 2002 or 2003 semester NCHA First yr 34% White 78% Female 59.4% Lived in res hall 50.7%		behaviors for majority of sample had norms greater than actual was: Number partner =77.2% Sex act = 98.3% Condom usage = 67%	norm gaps Had both larger absolute and relative normative gaps b/t perceived and actual sx behaviors Sexual norms interventions need to be designed and evaluated on a campus by campus
Oswalt (2010) Beyond risk: Examining college student's sexual decision making <i>American Journal of Sexuality Education</i> , 5(3). 217-239.	What components affect SDM for oral, vag sex & other sex behaviors and are there differences b/t genders w SDM	Cross sectional study Recruitment 6 diff. undergrad courses	Numerous Has specific to oral as:sense of future, self efficacy w comm., phys. Gratif. , level exp.	422	18-38 yrs Mean age 20 66% female 33% male Large SE univ Cauc 367 AA 32 Asian 15 Hisp 4 Other 4 Hetero 416	Survey Scale likert Each SDM component scale factor analysis separate	Concern for risk no effect on decision oral sex Perceived risk of oral lower than for vag	Need to address all areas of sex activity, no just vag sex Differences w male and female r/t sex ed
Eshbaugh & Gute (2008). Hookups and sexual regret among college women. <i>The Journal of Social Psychology</i> , 148,(1), 77-89.	To examine "hooking up" as a predictor of sexual regret in 152 sexually active women	questionnaire	Predictor and outcome variables Feelings about sexual decisions Intensity of religious beliefs Cheated on a partner Age of intercourse Number of partners Age first oral sex	152	Female students Mid sized Mid western US university 97% hetero 96% white Mean age 20 years Religion specific Attitude about sexuality(liberal)	Self reported questionnaire	College women do not think oral sex is really sex Oral sex hookups may allow compromise socially for them Don't have same level of regret with oral sex may	Regrets may cause health and well being issues Impact with preventive health implications Role of anticipated regret with programs

Norms Literature Matrix

			Intercourse w someone once Intercourse w someone known less than 24 hours Performed/received oral sex on someone known less than 24 hours				mean underestimate risk associated with oral sex	
Brandhorst, et al.(2012). The influence of peer sexual activity upon college students' sexual behavior. <i>North American Journal of Psychology</i> , 14(1), 111-122.	To examine following: would greater sexual knowledge by college students relate to greater self-reported sexual activity; would perception of greater peer sexual activity relate to higher sexual activity among the participants.	"objective sexual knowledge measure" An anonymous questionnaire	Estimate own level of sexual knowledge Provide info on own sexual activity Estimate sexual activity of peers The IV was level of self perceived sex knowledge and the 3 scores on the sex knowledge test were the DV's The 3 scores were: number correct, Number of 'I don't know,' and the third was actual knowledge	321	157 male 165 female Undergrad 66% age 19 and under Moderate sized Mid western university 88% Caucasian 8.7% African American Remaining classified as other 64% were freshman	Questionnaires 3 separate scores based on answers	Two main findings: College students are accurate in their perception about how much they actually know about sex and peer sexual activity differentiates participant sexual activity.	Actual knowledge level was low, even though they had a greater than expected self awareness of their level of sexual knowledge. Greater knowledge seems related to more sexual activity. Overestimate their knowledge increases the risk of unintended consequences.
Thomson Ross, Zeigler, Kolack, & Epstein (2015). Sexual Hookups and	To investigate role alcohol, specifically heavy	quant	Prevalence of hooking up Alcohol and hookups Sex and ethnicity diffs	227	18-25 mean 19 Southeastern university Caucasian 197	Survey over several semesters	Alcohol plays a major role W hookups for males and	Further research needed on larger pops and more diverse sample

Norms Literature Matrix

<p>Alcohol Consumption among American and Caucasian College Students: A pilot study. <i>The Journal of Psychology: Interdisciplinary and Applied</i>, 149(6). 582-600</p>	<p>drinking, in college student hookups, potential differences r/t sex and ethnicity</p>				<p>African Amer 30 Women 153 Men 74</p>		<p>females Those who frequently binge drink engage in more hookups Men w higher rates of hookups more partners and more intense hookup activity</p>	<p>Examination of situational factors can help id students more inclined to hook up Consider situational context, such as housing. Relationship relevant issues need more examination Explore motives and consequences for hookups</p>
<p>Jonason, Li, & Cason. (2009). The "Booty Call" : A compromise between men's and women's ideal mating strategies. <i>Journal of Sex Research</i>, 46(5), 460-470.</p>	<p>To obtain descriptive measures on booty call initiation, acceptance, rejection. Characteristics, specific aspects to distinguish differences w booty call compared to other relationships</p>	<p>Quant 2 study format</p>	<p>5 predictions examined Attractiveness importance Use of communicative tech Gender diffs w Initiation/receipt, accept/denial, and why don't transition to long term relationships</p>	<p>61 in study 1 at Univ Texas 75 in study 2 at New Mexico State</p>	<p>Undergrads in psyc course 69% women Mean age 19.6 Texas 50% women, mean age 21 New Mex</p>	<p>Survey</p>	<p>women received more requests for booty calls than men Attractive impt to both Men more likely to report booty calls don't transition to long term rel</p>	<p>Need for larger samples Role of social environments</p>
<p>Vannier & Byers (2013). A qualitative study of university students' perceptions of oral sex, intercourse, and intimacy. <i>Archives of</i></p>	<p>Improve understanding of the factors contribute to university students'</p>	<p>Qualitative/ exploratory</p>	<p>Looked at various items such as demographic and sexual history</p>	<p>50 females 35 males</p>	<p>Undergrad students 17-24 years old Mid-sized Canadian university 95% heterosexual</p>	<p>Background questionnaire Intimacy questionnaire Open ended questions Could answer</p>	<p>Vag sex more intimate than oral (91% perceived this) Vag more mutual w greater risks and benefits</p>	<p>Research needed that looks at relative intimacy of fellatio and cunnilingus from both perspectives (giver & receiver) How messages about sexuality are received</p>

Norms Literature Matrix

<i>Sexual Behavior</i> , 42.1573-1581	perceptions of intimacy of sex behaviors					questions with details and examples	Vag sex more intimate because it is discussed Little attn. to oral sex-lack of discussion	Need for more diverse samples Longitudinal design would be good to see how perceptions change over time
Downing-Matibag & Geisinger (2009). Hooking up and sexual risk taking among college students: A health belief perspective. <i>Qualitative Health Research</i> , 19(9), 1196-1209.	Explore college students' rationales for sexual risk taking during hooking up with the use of the Health Belief Model.	qual	Perceptions of sex and dating norms Perceptions of peers' hooking up Evaluation of hooking up experiences Perceptions of sexual risk taking with hooking up	71 (39 females and 32 males)	Large mid-western university Had to have participated in one hookup Predominately white, heterosexual, Christian	Demographic and sexual history 4 part semi-structured interviews	Majority not concerned with contracting an STI with oral sex hookup Unaware of vulnerability to STIs Self-efficacy affected by social and situational contexts	Need for larger quant s More diverse samples
Halpern, C T (2010). Reframing research on adolescent sexuality: Healthy sexual developments as part of the life course. <i>Perspectives on Sexual and Reproductive Health</i> , 42(1), 6-7.	To look at sexuality thru framework of the life course	Article on perceptions	Not a study	Not a study	Not a study	Not a study	Not a study	Used as a reference rela
Higgins, Trussell, Moore, & Davidson. (2010). Young adult sexual health: Current and prior	Explore the degree college students are engaging in	quant	16 category sexual activity matrix of 4 sexual activities: solitary masturbation, oral sex, vaginal sex,	1504 (1026 women & 478 men)	2 campuses students from One Midwest One southwest Non-Hispanic	surveys	Women less likely than men to have ever masturbated Alcohol use more common linked	Reporting bias Survey didn't allow for f Oral sex variable did no

Norms Literature Matrix

sexual behaviors among non-Hispanic white U.S. college students. <i>Sex Health</i> , 7(1), 35-43.	oral and anal sex instead of vaginal sex as a way of retaining "virginity"		anal sex		white heterosexual Mean age 20		to more partners	
Fielder & Carey (2010b). Prevalence and characteristics of sexual hookups among first-semester female college students. <i>Journal of Sex and Marital Therapy</i> , 36(4), 346-359.	To explore 2 questions: How common are hookups? What characterizes a hookup?	quant	Partner type Duration of relationship Alcohol & drug use Motivation for hookup Specific sex behaviors Condom use Emotional reactions Differences between romantic relationships & hookups	118 females	Average 18 years old 71% Caucasian 12% Asian 10% Hispanic 5% African American 2% other	2 surveys	Hookups involving oral, vag, anal sex reported by 51% prior to college, 36% during 1 st semester, 60% by end of 1 st semester More common to have hookup w friend an alcohol preceded hookup Oral sex hookups no condoms used by any participants	Need for more diverse Report limit was no sor Future research other
Fielder, Walsh, Carey, & Carey (2013). Predictors of sexual hookups: A theory-based, prospective study of first-year college women. <i>Archives of Sexual Behavior</i> , 42, 1425-1441.	To identify predictors of sexual hookup behavior among first-year female college students.	Prospective longitudinal design stated	Use of conceptual framework based on problem behavior theory Psychosocial and behavioral risk and protective factors for sexual hookup behavior during the first year of college	483 females	First year college Private university upstate New York 67% white 12% Asian 12% Black 9% Latina	One baseline and 8 monthly follow ups	25% engaged in 1 hookup w performative oral sex 20% in 1 hookup involving receiving oral sex 25% one hookup w vaginal sex Average of 6 performative oral	Called for more research More Partner specificity More research with oth

Norms Literature Matrix

							sex hookups Self-esteem significant for performative oral sex hookups	
Uecker (2015). Social context and sexual intercourse among first-year students at selective colleges and universities in the United States. <i>Social Science Research</i> , 52, 59-71.	Examine how institutional and peer-group characteristics influence the incidence of sexual intercourse among students during freshmen year.	Quant secondary data analysis	Social contextual model Institutional characteristics Peer groups	3924	28 colleges	surveys	Virginity status of peers associated with virginity status of individuals Social peer norms significant Gender composition of campus affects sexual behaviors	Look at contextual factors Social context of adults
Fielder & Carey (2010a). Predictors and consequences of sexual "hookups" among college students: A short-term prospective study. <i>Archives of Sexual Behavior</i> , 39, 1105-1119	To explore a range of possible predictors of sexual hookups and to investigate short-term psychological consequences of hooking up	quant	18 predictors: Examples, Sexual history Religiosity Self esteem Distress Intentions Social norms Hookup limits Descriptive norms Peak intoxication level Situational triggers, etc.	140 (109 females, 31 males)	First semester college students	surveys	Specific to oral sex: 33% of sample report oral sex hookups Number of oral sex hookup partners significant for parental discouragement, situational triggers, peak intoxication level	More investigation of m

Norms Literature Matrix

Letcher & Carmona (2015). Friends with benefits: Dating practices of rural high school and college students. <i>Journal of Community Health</i> , 40,522-529	To examine FWB among rural high school and college students.	quant	FWB relationships Sexual risk behavior	50 (college)	Ages 20-23 years Rural pop. Classified as 30,000 or less	Surveys	Those who participated in FWBR's reported higher sexual risk behaviors-no gender differences Contrary to previous lit	More research on factors Retrospective reports of More ethnically diverse
Fielder, Walsh, Carey, & Carey (2014). Sexual hookups and adverse health outcomes: A longitudinal study of first-year college women. <i>Journal of Sex Research</i> , 51(2), 131-144.	To examine the effect of hooking up on depression, sexual victimization, and STIs in women.	Longitudinal design with baseline and 12 monthly follow-ups.	Covariates alcohol use, impulsivity, sensation seeking Sexual behavior Depression Sexual victimization STIs	483 females	First year college Private university upstate New York 66% white 11% Asian 10% Black 9% Latina 13% as other	Surveys	By end of study 72% reported they had engaged in oral or vaginal sex. Hookup correlated with depression One quarter reported one event of SV during the year Hookup beh. Positively correlated with SV	Limited generalizability Depression was self-rep Possible qual. with posi More on mental emotio
Napper, Kenney, & LaBrie (2015). The longitudinal relationships among injunctive norms and hooking ups attitudes and behaviors in college students. <i>The</i>	To examine the longitudinal relationships among perceived injunctive norms,	quant	Hooking up injunctive norms & approval Hooking up behavior	525 (54.5% female)	Sample included heavy drinkers that were part of a larger alcohol intervention at 3 U.S. universities 18-26 years, M= 20 61% white 20% Hisp	surveys	Students' overestimated peers approval of hookups women's hookup behaviors influenced more by contextual	Future research needs t

Norms Literature Matrix

<i>Journal of Sex Research</i> , 52(5), 499-506.	personal approval, hooking up behavior and effects of gender				15% Asian 7% multi 4% black		factors(peers & alcohol) report felt pressure to engage in unwanted sex More neg outcomes for women	
Katz & Schneider (2015). (Hetero)sexual compliance with unwanted casual sex: Associations with feelings about first sex and sexual self-perceptions. <i>Sex Roles</i> , 72, 451-461.	To examine experiences and correlates of compliant sex with casual partners	quant Used sexual scripts theory to guide study	Questions on lifetime partners, number hookups, first oral and vag sex exps, feelings, awareness, refusal efficiacy, compliance	258 (72.5% female)	Undergrads small northeastern public liberal arts college in U.S. 18-23, 86% white heterosexual, had to have had past consensual sex, and a hookup	Questions provided with participants Self report	Oral sex almost always involves male partners receiving, women more likely to comply w form casual sex to promote partner sexual pleasure rather than their own	Oral sex needs to be stu
Katz, Tirone, & van der Kloet (2012). Moving in and hooking up: Women's and men's casual sexual experiences during the first two months of college. <i>Electronic Journal of Human Sexuality</i> , 15.	To investigate casual sexual behaviors, known as "hookups" among college students during initial transition stage	quant	Hookup frequency Sexual permissiveness Descriptive social norms Risk for negative social reputation Unwanted sex	134	Public university American northeast Recruited in October of first year of school Heterosexual only 74.6 %female Average age 18.10 79% White	Self-report surveys	More women reported unwanted sex during the transition to college compared to men Perceived acceptability: oral and vag hookups were rated as socially unacceptable for women but not men.	Need to explore the pos Wider range of consequ Limits: small homogene

Norms Literature Matrix

<p>Bradshaw, Khan, & Saville (2010). To hook up or date: Which gender benefits? <i>Sex Roles</i>, 62, 661-669.</p>	<p>To analyze the relative benefits and costs associated with dating and hooking up for each gender</p>	<p>quant</p>	<p>Preference Risks for each Benefits for each</p>	<p>221 (71 men & 150 women)</p>	<p>Southern public university Heterosexual 96.4% White 89.1% Aver age 18.72 115 single Majority first year students</p>	<p>Surveys- self report, checklist format</p>	<p>More women (41%) than men (19%) preferred trad. dating 17% men prefer hookups to 2% of women Benefits of hookups expressed by both men & women were no commitment expectations, fun Women only expressed preferred hookup over dating was when alcohol was consumed w an attractive person</p>	<p>More research needed Other populations Other research have pa More qualitative resear</p>
<p>LaBrie, Hummer, Ghaidarov, Lac, & Kenney. (2014). Hooking up in the college context: The event-level effects of alcohol use and partner familiarity on hookup behaviors and contentment. <i>Journal of Sex Research</i>, 5(1), 62-73.</p>	<p>To examine various dimensions of hooking up behavior among college students</p>	<p>quant</p>	<p>Alcohol consumption Hooking up Event specific hooking up behavioral assessment Event specific hooking up and alcohol involvement</p>	<p>828 (67% female)</p>	<p>Private mid-sized West Coast university Mean age 20.08 years 58.8% Caucasian 19.4% Latino 6.3% multiracial 10.3% Asian/Pacific Islander 6% African American 3% Native American</p>	<p>Web based survey</p>	<p>Female students more likely to have been drinking prior to hookup 30.7% females and 27.9% males indicated would not have hooked up w partners had alcohol not been involved. Greater number</p>	<p>More longitudinal asses Limit: Lack of informati</p>

Norms Literature Matrix

							drinks associated w more sex beh	
Roberson, Olmstead, & Fincham (2015). Hooking up during the college years: Is there a pattern? <i>Culture, Health & Sexuality</i> , 17(5), 576-591.	To develop a synthetic cohort to examine changes in the rates of hookups across semester in college	quant	Indep variables: semester in college Binge drinking Gender relationship status Dep. Variable: Hooking up	1003 (590 women & 412 men)	Large public university in the Southeast US Average age 19.2 71% white, 11.4% Latino/a, 11.3% African American, 2.5% Asian American	3 surveys at different times in semester	Gender significantly r/t hooking up, women w fewer hookups Alcohol use means more likely to hookup	More longitudinal rese
Owen, Rhoades, Stanley, & Fincham (2010). "Hooking up" among college students: Demographic and psychosocial correlates. <i>Archives of Sexual Behavior</i> , 39(3), 653-663.	To examine how demographic and psychosocial factors relate to whether college students hooked up in last year and emotional reactions to the hookups.	quant	5 demographic variables and 6 psychosocial factors related to whether individuals had hooked up in the past year	832 (578 females & 247 males-7 didn't indicate gender)	Data from 2 large public universities in southeast and western US average age 20 Majority were juniors 62.5% white 11.1% Asian Amer 9.8% African Amer 7.1% Hispanic 6.3% multiracial 93.4% heterosexual	Online survey	Women less likely to report hooking up was a positive emotional experience than men Higher likelihood of hookups w white race, more alcohol use, more favorable attitude about hookups, and previous hookup experiences	Limits: Failed to distinguish Didn't address if hookups Need to look at factors
Owen, Quirk, & Fincham (2014). Toward a more complete understanding of	To examine how young women perceive hooking up	quant	Social, academic, romantic, and sexual hooking up reactions scale Sex motives scale	190	Had to have hooked up in last year From Florida State University Average age:19.54	surveys	Reported greater sexual/romantic reactions, social/academic reactions	Lack of specificity with d

Norms Literature Matrix

reactions to hooking up among college women. <i>Journal of Sex and Marital Therapy</i> , 40(5), 396-409.	affects normative developmental tasks with social/peer network, sexual and romantic sense of self, academic performance		Experiences in close relationship scale-short form Type of physical intimacy Loneliness Depressive symptoms Alcohol use		74 were freshmen 69 sophomores 34 juniors 13 seniors 129 white 5 Asian Amer 18 Black 22 Hispanic 13 multi 3 no response		compared with negative reactions. More positive than negative reaction with hookups	
Lewis, Litt, Cronce, Blayney, & Gilmore (2014). Underestimating protection and overestimating risk: Examining descriptive normative perceptions and their association with drinking and sexual behaviors. <i>Journal of Sex Research</i> , 51(1), 86-96.	To document norms—behavior relationships for both risky and protective sexual behaviors, including alcohol-related sexual behavior	quant	various measures of drinking and sexual behavior	759 (58.0% female)	18 to 25 61.0% Caucasian, 23.2% Asian, 9.4% multiracial, 6.4% other, Hispanic (5.6%) mean age 19.9 63.1% reported not currently in a monogamous relationship 94.4% identified as heterosexual majority sexually experienced, with 68% having had sex at least once	Web-based survey	Students underestimated sexual health-protective behaviors (condoms) and overestimate the risky behaviors (frequency of drinking prior to sex, typical number of drinks prior to sex, and frequency of casual sex) of their same-sex peers	Future research examin Relationship status and
McGinty, Knox, & Zusman (2007). Friends with benefits: Women what “friends,” men want “benefits.” <i>College</i>	To assess the prevalence, attitudes, sex differences of involvement in “friends	quant	Prevalence Attitudes Sex differences	170	Large southeast university Mean age 20 75% female, 25% male 86.5 white	23 item questionnaire	Women more emotional w FWBs Men more sex focused and polyamorous	Need qualitative intervi

Norms Literature Matrix

<i>Student Journal, 4, 1128-1131.</i>	with benefits” FWB relationships.						with FWBs	
Menegatos, Lederman, & Hess (2010). Friends don’t let Jane hook up drunk: A qualitative analysis of participation in a simulation of college drinking-related decisions. <i>Communication Education, 59</i> (3), 374-388.	To examine what young adults decide to do and why they decide to do it when their female peers are in situations involving both alcohol and sex.	qualitative exploration	Factors considered when deciding to extract a female friend from an alcohol and sex related situation Communicative strategies used when trying to protect female friends in alcohol and sex related situations	141	Nine classes in which the field notes were taken. All under the age of 20, majority (73.7%) at the age 18. 69 men and 69 women 3 responses missing 96% full-time students and 99% first year students. 135 reported being heterosexual	LET’S TALK ABOUT IT (LTAI) a scenario based alcohol prevention simulation, a specific scenario involving “Jane,” a hypothetical female friend who has been drinking with a new male acquaintance who then invites her to go to his place. During the sim, students asked to decide whether or not they would try to extract Jane from the	Over three-quarters of participants chose the low-risk or moderate-risk options Most students, used communicative strategies to influence their friend, Jane, to make a safe or moderate choice 21.4% chose the high risk option in the scenario of wishing Jane a fun time	Future research is need More research with the consider the beliefs in the “hookup culture’

Norms Literature Matrix

						situation, and then discuss how and why they would do so.		
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APPENDIX G

PERCEIVED BEHAVIORAL CONTROL LITERATURE MATRIX

Perceived Behavioral Control Literature Matrix

Author, title, journal	Purpose	Design	Variables/ Categories/Aspects	Sample	Characteristics	Data collection methods	Findings	Comments, gaps
Sanchez, Moss-Racusin, Phelan, & Crocker (2011). Relationship contingency and sexual motivation in women: Implications for sexual satisfaction. <i>Archives of Sexual Behavior</i> , 40, 99-110.	Examine the role of contingencies of self-worth in shaping motivation in sexual relationships	quant	Contingency of self-worth scale Relationship contingency Approval sex motives Intimacy sex motives Sexual autonomy Sexual satisfaction Approval Contingency	462	300 women in heterosexual relationships 159 in lesbian relationships 81% white 6% black 5% multiracial 4% Asian 3% Hispanic Age range 18-62 Mean age 29.57	Internet survey	Women reliant on relationships for self-worth shown to have sex without satisfaction Those who have sex to gain partner's approval or stay in relationship more feeling of sexual dissatisfaction and inhibition Those who have sex for intimacy motives have greater satisfaction	Limited due to self report More research with gender socialization related to self-worth in relationships is needed Studies needed on women's sexuality, sexual satisfaction
Hall, Lee & Witherspoon. (2014). Factors influencing dating experiences among African American emerging adults. <i>Emerging Adulthood</i> , 2(3), 184-194.	To examine the impact of sociocultural factors on dating and sexual decision making and behaviors among African American	Mixed methods	mate availability and type of relationship involvement on dating experiences	57 (25 men and 29 women, 3 participants didn't provide gender data)	Self-identified heterosexual undergrad ages 18-25 attending a HBCU in southeast U.S.	Online survey Nine Focus group interviews	Competition among women, acceptability of mates, high rates of casual relationships, lower expectations for commitment Power dynamics related to gender	Need further examination of the complexity of college relationships and factors associated with sexual decision making

Perceived Behavioral Control Literature Matrix

							ratio a main factor	
Bui et al. (2012). Perceived gender inequality, sexual communication self-efficacy, and sexual behaviour among female undergraduate students in the Mekong Delta of Vietnam. <i>Sex Health</i> , 9(4), 314-322.	Examine associations between gender-based relationship inequality and sexual communication ability and actual use of condoms among undergrad female students in Vietnam.	quant	Perceived subordination Sexual communication self-efficacy Actual sexual communication Sexual behavior at first sex	1181	21.6 average age 3 rd year students from 2 universities in Mekong Delta	Cross sectional survey	Females with a greater perception that women were subordinate to men, lower self-efficacy for sexual communication and lower her actual frequency of communication about condom usage	More studies needed on self-efficacy related to sexual communication
Lindgren, Schacht, Pantalone, & Blayney (2009). Sexual communication, sexual goals, and students' transition to college: Implications for sexual assault, decision-making, and risky behaviors. <i>Journal of College Student Development</i> , 50(5),	To understand college students' experiences and perceptions of sexual communication and sexual goals.	Qual	Questions drawn from existing lit on sexuality, sexual communication, intentions and dating.	29 (14 men & 15 women)	Undergrad students from large Pacific Northwest university 73% Caucasian 14% Asian American 10% biracial 3% African American	Four focus groups	Women reported more use of indirect communication Men reported being more direct with sexual interest than women Women w more fixed sexual boundaries, less flexible sense of self	Self-presentation may have limited responses in focus group setting. Need for more diverse sample-esp w sexual orientation Lack of in-group feedback with about conclusions

Perceived Behavioral Control Literature Matrix

491-503.								
Muise, Preyde, Maitland, & Milhausen (2010). Sexual identity and sexual well-being in female heterosexual university students. <i>Archives of sexual Behavior</i> , 39(4), 915-925.	To test if the relationship between sexual identity and sexual well-being was similar to relationship b/t identity and well-being	quant	Sexual identity Sexual well-being Sexual satisfaction Sexual awareness Body esteem	293 females	Heterosexual From a university in Canada Age 17-27 years Majority Caucasian 224 reported previous sexual intercourse	survey	Results not significant. Due to possible sexual exploration which may be in conflict with an individuals' values Yet women whose values and sexual goals are based on personal consideration are more apt to have higher self-esteem and better sexual satisfaction	More research needed on sexual well-being and potential influence of sexual risk taking and sexual behaviors More with behavioral aspects of sexuality
Kaestle (2009). Sexual insistence and disliked sexual activities in young adulthood: Differences by gender and relationship characteristics. <i>Perspectives on</i>	To examine the relevance of relationship characteristics as context for sexual negotiation, also participation in disliked sexual	Secondary analysis of the National Longitudinal Study of Adolescent Health, Wave 3	Sexual insistence Repeated disliked sexual activities Relationship characteristics Demographics	4,469	Age 18-26 In current heterosexual relationship sexually active	Computer assisted in home questionnaire computer-assisted self-interviewing technology	8% women had unwanted sex at partner's insistence, more women (12%) than men (3%) engaged repeatedly in sexual activities they disliked-	More on relationship dynamics, power and compromises related to gender and gender scripts. Sexual insistence related to factors within a relationship. Limits: underreporting with

Perceived Behavioral Control Literature Matrix

<i>Sexual and Reproductive Health</i> , 41(1), 33-39.	activities with current partners						primarily fellatio & anal sex	self-report format Only current relationships were examined
Kooyman, Pierce, & Zavadil (2011) Hooking up and identity development of female college students. <i>Adultspan Journal</i> , 10(1), 4-13.	To examine the relationship between hooking up culture of casual sex and identity development of female college students.	Review of lit from feminist and development perspective on hooking up	Exploration of phenomenon in context of sexual risk taking w physical and psychosocial consequences	None , review	none	none	Discussion of certain aspects related to purpose throughout, no findings because not a study	Calls for better understanding of gender bias, societal expectations and predictors of sexual risk taking among female college students Understanding what influences female college students to have casual sex
Oswalt (2010) Beyond risk: Examining college student's sexual decision making <i>American Journal of Sexuality Education</i> , 5(3). 217-239.	What components affect SDM for oral, vag sex & other sex behaviors and are there differences b/t genders w SDM	Cross sectional study Recruitment 6 diff. undergrad courses	Numerous Has specific to oral as:sense of future, self efficacy w comm., phys. Gratif. , level exp.	422	18-38 yrs Mean age 20 66% female 33% male Large SE univ Cauc 367 AA 32 Asian 15 Hisp 4 Other 4 Hetero 416	Survey Scale likert Each SDM component scale factor analysis separate	Concern for risk no effect on decision oral sex Perceived risk of oral lower than for vag	Need to address all areas of sex activity, not just vag sex Differences w male and female r/t sex ed
Downing-Matibag & Geisinger (2009). Hooking up and sexual risk taking among college students: A health belief perspective.	Explore college students' rationales for sexual risk taking during hooking up with the use of	qual	Perceptions of sex and dating norms Perceptions of peers' hooking up Evaluation of hooking up experiences	71 (39 females and 32 males)	Large mid-western university Had to have participated in one hookup Predominately white,	Demographic and sexual history 4 part semi-structured interviews	Majority not concerned with contracting an STI with oral sex hookup Unaware of vulnerability to	Need for larger quant samples More diverse samples

Perceived Behavioral Control Literature Matrix

<i>Qualitative Health Research</i> , 19(9), 1196-1209.	the Health Belief Model.		Perceptions of sexual risk taking with hooking up		heterosexual, Christian		STIs Self-efficacy affected by social and situational contexts	
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APPENDIX H
IRB APPROVAL DOCUMENTS



Institutional Review Board for Human Use

Form 4- IRB Approval Form
Identification and Certification of Research
Projects Involving Human Subjects

UAB's Institutional Review Boards for Human Use (IRBs) have an approved Federalwide Assurance with the Office for Human Research Protections (OHRP). The Assurance number is FWA00005960 and it expires on January 24, 2017. The UAB IRBs are also in compliance with 21 CFR Parts 50 and 56.

Principal Investigator: BERGERON, MARGARET H

Co-Investigator(s):

Protocol Number: **X160610003**

Protocol Title: *POSH: Perceptions of Sexual Health (Exploring Psychosocial and Situational Factors that Influence Female College Students' Participation in Oral Sex)*

The IRB reviewed and approved the above named project on 7-8-16. The review was conducted in accordance with UAB's Assurance of Compliance approved by the Department of Health and Human Services. This Project will be subject to Annual continuing review as provided in that Assurance.

This project received EXPEDITED review.

IRB Approval Date: 7-8-16

Date IRB Approval Issued: 7-8-16

IRB Approval No Longer Valid On: 7-8-17

Expedited Reviewer
Member - Institutional Review Board
for Human Use (IRB)

Investigators please note:

The IRB approved consent form used in the study must contain the IRB approval date and expiration date.

IRB approval is given for one year unless otherwise noted. For projects subject to annual review research activities may not continue past the one year anniversary of the IRB approval date.

Any modifications in the study methodology, protocol and/or consent form must be submitted for review and approval to the IRB prior to implementation.

Adverse Events and/or unanticipated risks to subjects or others at UAB or other participating institutions must be reported promptly to the IRB.

470 Administration Building
701 20th Street South
205.934.3789
Fax 205.934.1301
irb@uab.edu

The University of
Alabama at Birmingham
Mailing Address:
AB 470
1720 2ND AVE S
BIRMINGHAM AL 35294-0104

Informed Consent Document

TITLE OF RESEARCH: POSE: Perceptions of Sexual Health (Exploring Psychosocial and Situational Factors that Influence Female College Students' Participation in Oral Sex)

IRB PROTOCOL NO.: X160610003

INVESTIGATOR: Margaret Bergeron, PhD student, MSN, RN

SPONSOR: University of North Alabama College of Nursing

Purpose of the Research

You are being asked to take part in a research study. The purpose of this research is to explore female college students' perceptions about oral sex, as well as the psychosocial and situational factors which may influence participation with oral sex. The study will help us understand more about female college students' perceptions about engaging in oral sex, in order to increase awareness about the risks associated with unprotected oral sex and to decrease potential negative outcomes for college aged females.

Explanation of Procedures

This study will involve 20 female college students. You are being asked to be in the study because you are a female college student who is between 18 and 24 years old. If you decide to participate in the study, you will be agreeing to take part in a one-on-one interview that will take approximately one hour. The interview will involve questions about personal experiences with oral sex. Before the interview, you will be asked to complete two brief questionnaires. One of the questionnaires includes basic questions about your age, major, and ethnicity. The second questionnaire includes basic questions related to your sexual health, such as sexual activities. Your name or identifying information will not be included on either of these questionnaires. Your total time for participation in the study will be approximately 90 minutes.

The one-on-one interview will be audio recorded for research purposes only. All recordings will be stored in a password protected file on a computer in the investigator's office and destroyed once they have been transcribed. The researcher and her advisor will be the only people who have access to the tape recording and transcript of the interview. If you do not wish for your interview to be recorded, please let the researcher know and she will take written notes of the interview.

Risks and Discomforts

Risk to you for being in the study is minimal. You may experience some emotional discomfort as you talk about certain sexual situations. There is a potential for loss of confidentiality; however, to protect your confidentiality, your name will not be mentioned during the interview or written on any questionnaires.

Page 1 of 3
Version Date: 7/1/16

UAB IRB
Date of Approval: 7-8-16
Not Valid On: 7-8-17

Benefits

You will not benefit from taking part in this study. However, you will be providing information that will help us better understand the factors which influence female college students to participate in oral sex.

Alternatives

This study involves you participating in a one-on-one interview with the investigator. You have the alternative to not participate in the study.

Confidentiality

Information obtained about you for this study will be kept confidential to the extent allowed by law. However, research information that identifies you may be shared with the University of Alabama Birmingham (UAB) Institutional Review Board (IRB), the University of North Alabama and others who are responsible for ensuring compliance with laws and regulations related to research, including people on behalf of the UAB School of Nursing and the Office for Human Research Protections (OHRP). The information from the research may be published for scientific purposes; however, your identity will not be given out.

Only the investigator and her advisor will know your name. No names will be attached to any data records; these will be coded in a way that makes it unlikely to identify individual participants. The recorded interview will be typed word for word, omitting any names or other identifying information. All recorded interviews and typed transcripts of the interviews will be stored in a password-protected computer file on the computer in the investigator's office. At the completion of the study, all questionnaires will be destroyed.

Voluntary Participation and Withdrawal

Whether or not you take part in this study is your choice. There will be no penalty if you decide not to be in the study. You are free to withdraw from this research study at any time. Your choice to leave will not affect your relationship with this institution. You can refuse to enroll or withdraw from the study after enrolling at any time before the study is over with no effect on your class standing or grades at the University of North Alabama. You will not be offered or receive any special consideration if you take part in this research.

Cost of Participation

There will be no cost to you for taking part in this study.

Payment for Participation in Research

You will be given a \$30 gift card for participation in the study at the end of the individual interview. This gift card is to reimburse you for your time and travel expenses.

Payment for Research-Related Injuries

UAB, UAB School of Nursing, and University of North Alabama College of Nursing (sponsor) will not provide for any payment if you are harmed as a result of taking part in this study. If such harm occurs, treatment will be provided. However, this treatment will not be provided free of charge.

Questions

If you have any questions, concerns, or complaints about the research or a research-related injury including available treatments, you may contact Margaret Bergeron at 256-335-6786 or 256-765-4581. She will be glad to answer any of your questions.

If you have questions about your rights as a research participant or feel that you have not been treated fairly, please call the University of North Alabama Office of Sponsored Programs (256) 765-4523.

If you have questions about your rights as a research participant, or concerns or complaints about the research, you may contact the UAB Office of the IRB (OIRB) at (205) 934-3789 or toll free at 1-855-860-3789. Regular hours for the OIRB are 8:00 a.m. to 5:00 p.m. CT, Monday through Friday. You may also call this number in the event that Margaret Bergeron cannot be reached or you wish to talk to someone else.

Legal Rights

You are not waiving any of your legal rights by participating in this study.



Project Revision/Amendment Form

Form version: June 26, 2012

In MS Word, click in the white boxes and type your text; double-click checkboxes to check/uncheck.

Federal regulations require IRB approval before implementing proposed changes. See Section 14 of the IRB Guidebook for Investigators for additional information.

Change means any change, in content or form, to the protocol, consent form, or any supportive materials (such as the investigator's brochure, questionnaires, surveys, advertisements, etc.). See Item 4 for more examples.



1. Today's Date		7/19/2016	25443
2. Principal Investigator (PI)			
Name (with degree)	Margaret H. Bergeron MSN/ PhD Student	Blazer ID	pegberg
Department	SON	Division (if applicable)	
Office Address	NB 444	Office Phone	256-335-6786
E-mail	pegberg@uab.edu	Fax Number	
Contact person who should receive copies of IRB correspondence (Optional)			
Name	Dr. Gwen Childs	E-Mail	gchilds@uab.edu
Phone	996-4687	Fax Number	
	Office Address (if different from PI)		
3. UAB IRB Protocol Identification			
3.a. Protocol Number	X1606610003	X1606610003	
3.b. Protocol Title	POSH: Perceptions of Sexual Health (Exploring Psychosocial and Situational Factors that Influence Female College Students' Participation in Oral Sex).		
3.c. Current Status of Protocol—Check ONE box at left; provide numbers and dates where applicable			
<input checked="" type="checkbox"/>	Study has not yet begun	No participants, data, or specimens have been entered.	
<input type="checkbox"/>	In progress, open to accrual	Number of participants, data, or specimens entered:	
<input type="checkbox"/>	Enrollment temporarily suspended by sponsor		
<input type="checkbox"/>	Closed to accrual, but procedures continue as defined in the protocol (therapy, intervention, follow-up visits, etc.)	Number of participants receiving interventions:	
	Date closed:	Number of participants in long-term follow-up only:	
<input type="checkbox"/>	Closed to accrual, and only data analysis continues	Total number of participants entered:	
	Date closed:		
4. Types of Change			
Check all types of change that apply, and describe the changes in Item 5.c. or 5.d. as applicable. To help avoid delay in IRB review, please ensure that you provide the required materials and/or information for each type of change checked.			
<input type="checkbox"/>	Protocol revision (change in the IRB-approved protocol) In Item 5.c., if applicable, provide sponsor's protocol version number, amendment number, update number, etc.		
<input type="checkbox"/>	Protocol amendment (addition to the IRB-approved protocol) In Item 5.c., if applicable, provide funding application document from sponsor, as well as sponsor's protocol version number, amendment number, update number, etc.		
<input type="checkbox"/>	Add or remove personnel In Item 5.c., include name, title/degree, department/division, institutional affiliation, and role(s) in research, and address whether new personnel have any conflict of interest. See "Change in Principal Investigator" in the IRB Guidebook if the principal investigator is being changed.		
<input type="checkbox"/>	Add graduate student(s) or postdoctoral fellow(s) working toward thesis, dissertation, or publication In Item 5.c., (a) identify these individuals by name; (b) provide the working title of the thesis, dissertation, or publication; and (c) indicate whether or not the student's analysis differs in any way from the purpose of the research described in the IRB-approved HSP (e.g., a secondary analysis of data obtained under this HSP).		
<input type="checkbox"/>	Change in source of funding; change or add funding In Item 5.c., describe the change or addition in detail, include the applicable OSP proposal number(s), and provide a copy of the application as funded (or as submitted to the sponsor if pending). Note that some changes in funding may require a new IRB application.		

<input type="checkbox"/>	Add or remove performance sites In Item 5.c., identify the site and location, and describe the research-related procedures performed there. If adding site(s), attach notification of permission or IRB approval to perform research there. Also include copy of subcontract, if applicable. If this protocol includes acting as the Coordinating Center for a study, attach IRB approval from any non-UAB site added.
<input type="checkbox"/>	Add or change a genetic component or storage of samples and/or data component—this could include data submissions for Genome-Wide Association Studies (GWAS) To assist you in revising or preparing your submission, please see the IRB Guidebook for Investigators or call the IRB office at 934-3789.
<input type="checkbox"/>	Suspend, re-open, or permanently close protocol to accrual of individuals, data, or samples (IRB approval to remain active) In Item 5.c., indicate the action, provide applicable dates and reasons for action; attach supporting documentation.
<input type="checkbox"/>	Report being forwarded to IRB (e.g., DSMB, sponsor or other monitor) In Item 5.c., include date and source of report, summarize findings, and indicate any recommendations.
<input type="checkbox"/>	Revise or amend consent, assent form(s) Complete Item 5.d.
<input type="checkbox"/>	Addendum (new) consent form Complete Item 5.d.
<input type="checkbox"/>	Add or revise recruitment materials Complete Item 5.d.
<input checked="" type="checkbox"/>	Other (e.g., investigator brochure) Indicate the type of change in the space below, and provide details in Item 5.c. or 5.d. as applicable. Include a copy of all affected documents, with revisions highlighted as applicable. ▶ Submission of IRB approval from the University of North Alabama dated 7-14-16

5. Description and Rationale In Item 5.a. and 5.b., check Yes or No and see instructions for Yes responses. In Item 5.c. and 5.d., describe—and explain the reason for—the change(s) noted in Item 4.	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5.a. Are any of the participants enrolled as normal, healthy controls? If yes, describe in detail in Item 5.c. how this change will affect these participants.
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5.b. Does the change affect subject participation, such as procedures, risks, costs, location of services, etc.? If yes, FAP-designated units complete a FAP submission and send to fap@uab.edu . Identify the FAP-designated unit in Item 5.c. For more details on the UAB FAP, see www.uab.edu/fap .
5.c. Protocol Changes: In the space below, briefly describe—and explain the reason for—all change(s) to the protocol. ▶ Submitting the IRB approval from UNA, where study activities will occur.	
5.d. Consent and Recruitment Changes: In the space below, (a) describe all changes to IRB-approved forms or recruitment materials and the reasons for them; (b) describe the reasons for the addition of any materials (e.g., addendum consent, recruitment); and (c) indicate either how and when you will re-consent enrolled participants or why re-consenting is not necessary (not applicable for recruitment materials). Also, indicate the number of forms changed or added. For new forms, provide 1 copy. For revised documents, provide 3 copies: • a copy of the currently approved document (showing the IRB approval stamp, if applicable) • a revised copy highlighting all proposed changes with "tracked" changes • a revised copy for the IRB approval stamp. ▶ N/A	

Signature of Principal Investigator Margaret H. Boger Date 7/19/16

FOR IRB USE ONLY

Received & Noted Approved Expedited* To Convened IRB

Signature (Chair, Vice-Chair, Designee) *Johni* Date 7/20/16

DOLA 7/8/16

Change to Expedited Category Y / N / NA

*No change to IRB's previous determination of approval criteria at 45 CFR 46.111 or 21 CFR 56.111



Date to Committee: July 13, 2016

Principal Investigator(s): Margaret Bergeron

Title of Research Proposal: POSH: Perceptions of Sexual Health
(Exploring Psychosocial & Situational
Factors that Influence Female College
Students' Participation in Oral Sex)

Protocol Number: **113**

Date Approval Ends: One Year From Date Approved

IRB Action: This proposal complies with University and Federal Regulations
For the protection of human subjects (45 CFR46). Approval is
effective for a period of one year from the date of this notification.

This approval expires 7-14-17. Investigators who wish to
continue collecting data beyond the expiration date must submit a *Continuing
Review Form* 30 days prior to the protocol expiration date. Continuing Review
Forms can be found at:

[http://www.una.edu/sponsored-
programs/Human%20Subjects%20Research/policies-guidance-forms.html](http://www.una.edu/sponsored-programs/Human%20Subjects%20Research/policies-guidance-forms.html)

Dr. Eric O'Neal, Vice Chair
Human Subjects Committee

Date Approved: 7-14-16

APPENDIX I
POSH FLYER

PERCEPTIONS OF SEXUAL HEALTH



- ◆ *What is the purpose of this study?*
To explore female college students' perceptions about sexual health.
- ◆ *Who is eligible to participate?*
Any female, currently enrolled at UNA
Age 18 to 24 years old
Single, never married
Able to read and speak English
Willing to participate in an individual interview
- ◆ *If I agree to participate, what will I have to do?*
You will take part in a one-on-one interview and complete two questionnaires. The study visit will last approximately 90 minutes.
- ◆ *What are the benefits of participating in the study?*
You will help to further increase our understanding about female college students' sexual health.
- ◆ *Will the participants be compensated?*
A \$30 gift card will be provided to participants upon completion of the study visit.

**TO ENROLL IN THIS STUDY OR OBTAIN MORE INFORMATION
PLEASE CONTACT:
PEGGY BERGERON, UAB PhD student, MSN RN
Office: 256-765-4581**

APPENDIX J
PHONE SCREENING SCRIPT

Phone Screening Script for POSH

When the researcher is contacted via phone by a potential participant the following conversation points (noted in bold and italicized) will be addressed with each person.

“Hello, potential participant’s name thank you for contacting me about the POSH or Perceptions of Sexual Health study.”

Wait for a response from the potential participant.

“I know the study was advertised on campus as sexual health. However, the study will focus specifically on female college students’ perceptions on oral sex. The study is entitled, “Exploring Psychosocial and Situational Factors that Influence Female College Students’ Participation in Oral Sex.”

Wait for a response or any questions from the potential participant.

“The study will involve questions about oral sex behaviors of single female college students who are 18 to 24 years old, enrolled at UNA. Participants will be individually interviewed in a private setting. Female college students who have not participated in oral sex and/or are nursing students in the College of Nursing will be excluded.”

Wait for a response or questions from the potential participant.

“Now I need to ask you a personal question, do you have oral sex experience?”

Wait for a response from the potential participant.

If no is the answer, then the researcher will thank them for calling and their time.

If yes is the answer, then ask...

“Would you be interested in participation with this study?”

If yes, they are willing to participate, the researcher will set up a time/date for informed consent and an interview.

If no, the researcher will thank them for their call and express to them to please feel free to contact the researcher again for any questions about the study.

APPENDIX K
SCREENING LOG

Screen Log

Study: Exploring Psychosocial and Situational Factors that Influence Female College Students' Participation in Oral Sex
 Researcher: Margaret Bergeron, PhD student, MSN, RN

Screening Number	Screening Date	Age	Oral Sex Experience	Screening Status (use codes below)	Consent Obtained	Enrolled (if no, indicate reason from codes below)	Date Enrolled
□□□□	/ / mm/dd/yyyy	—	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ / mm/dd/yyyy
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Screen/Enrollment Status Codes: 1-Eligible
 2-Eligible, declined participation
 3-Not Eligible
 4-Eligible, lost to follow-up
 5-Other, specify in space provided

APPENDIX L
INFORMED CONSENT FORM

Informed Consent Document

TITLE OF RESEARCH: POSH: Perceptions of Sexual Health (Exploring Psychosocial and Situational Factors that Influence Female College Students' Participation in Oral Sex)

IRB PROTOCOL NO.: X160610003

INVESTIGATOR: Margaret Bergeron, PhD student, MSN, RN

SPONSOR: University of North Alabama College of Nursing

Purpose of the Research

You are being asked to take part in a research study. The purpose of this research is to explore female college students' perceptions about oral sex, as well as the psychosocial and situational factors which may influence participation with oral sex. The study will help us understand more about female college students' perceptions about engaging in oral sex, in order to increase awareness about the risks associated with unprotected oral sex and to decrease potential negative outcomes for college aged females.

Explanation of Procedures

This study will involve 20 female college students. You are being asked to be in the study because you are a female college student who is between 18 and 24 years old. If you decide to participate in the study, you will be agreeing to take part in a one-on-one interview that will take approximately one hour. The interview will involve questions about personal experiences with oral sex. Before the interview, you will be asked to complete two brief questionnaires. One of the questionnaires includes basic questions about your age, major, and ethnicity. The second questionnaire includes basic questions related to your sexual health, such as sexual activities. Your name or identifying information will not be included on either of these questionnaires. Your total time for participation in the study will be approximately 90 minutes.

The one-on-one interview will be audio recorded for research purposes only. All recordings will be stored in a password protected file on a computer in the investigator's office and destroyed once they have been transcribed. The researcher and her advisor will be the only people who have access to the tape recording and transcript of the interview. If you do not wish for your interview to be recorded, please let the researcher know and she will take written notes of the interview.

Risks and Discomforts

Risk to you for being in the study is minimal. You may experience some emotional discomfort as you talk about certain sexual situations. There is a potential for loss of

confidentiality; however, to protect your confidentiality, your name will not be mentioned during the interview or written on any questionnaires.

Benefits

You will not benefit from taking part in this study. However, you will be providing information that will help us better understand the factors which influence female college students to participate in oral sex.

Alternatives

This study involves you participating in a one-on-one interview with the investigator. You have the alternative to not participate in the study.

Confidentiality

Information obtained about you for this study will be kept confidential to the extent allowed by law. However, research information that identifies you may be shared with the University of Alabama Birmingham (UAB) Institutional Review Board (IRB), the University of North Alabama and others who are responsible for ensuring compliance with laws and regulations related to research, including people on behalf of the UAB School of Nursing and the Office for Human Research Protections (OHRP). The information from the research may be published for scientific purposes; however, your identity will not be given out.

Only the investigator and her advisor will know your name. No names will be attached to any data records; these will be coded in a way that makes it unlikely to identify individual participants. The recorded interview will be typed word for word, omitting any names or other identifying information. All recorded interviews and typed transcripts of the interviews will be stored in a password-protected computer file on the computer in the investigator's office. At the completion of the study, all questionnaires will be destroyed.

Voluntary Participation and Withdrawal

Whether or not you take part in this study is your choice. There will be no penalty if you decide not to be in the study. You are free to withdraw from this research study at any time. Your choice to leave will not affect your relationship with this institution. You can refuse to enroll or withdraw from the study after enrolling at any time before the study is over with no effect on your class standing or grades at the University of North Alabama. You will not be offered or receive any special consideration if you take part in this research.

Cost of Participation

There will be no cost to you for taking part in this study.

Payment for Participation in Research

You will be given a \$30 gift card for participation in the study at the end of the individual interview. This gift card is to reimburse you for your time and travel expenses.

Payment for Research-Related Injuries

UAB, UAB School of Nursing, and University of North Alabama College of Nursing (sponsor) will not provide for any payment if you are harmed as a result of taking part in this study. If such harm occurs, treatment will be provided. However, this treatment will not be provided free of charge.

Questions

If you have any questions, concerns, or complaints about the research or a research-related injury including available treatments, you may contact Margaret Bergeron at 256-335-6786 or 256-765-4581. She will be glad to answer any of your questions.

If you have questions about your rights as a research participant or feel that you have not been treated fairly, please call the University of North Alabama Office of Sponsored Programs (256) 765-4523.

If you have questions about your rights as a research participant, or concerns or complaints about the research, you may contact the UAB Office of the IRB (OIRB) at (205) 934-3789 or toll free at 1-855-860-3789. Regular hours for the OIRB are 8:00 a.m. to 5:00 p.m. CT, Monday through Friday. You may also call this number in the event that Margaret Bergeron cannot be reached or you wish to talk to someone else.

Legal Rights

You are not waiving any of your legal rights by participating in this study.

APPENDIX M

WAIVER OF INFORMED CONSENT DOCUMENT

UAB Waiver of Informed Consent Documentation

- **Use this form** to request a waiver of the requirement
 - to obtain a signed consent document (cannot be used for FDA-regulated research) or
 - to give participants a signed copy of the document.
- **Do not use this form** to request a waiver of part or all of the informed consent process. Instead, use the [Waiver of Consent](#) or [Waiver of Authorization and Informed Consent](#).

1. IRB Protocol Title: X160610003

2. Principal Investigator: Margaret Bergeron

3. Choose one of the checkboxes below, indicating why the waiver of documentation is being requested for this research, and provide protocol-specific details as requested.

- Confidentiality Risk—Respond to Items a-c, below.
- a. Would the only record linking the subject and the research be the consent document? Yes No
- b. Would the principal risk be the potential harm resulting from a breach in confidentiality? Yes No
- c. Describe your plans to ask each subject whether he/she wants documentation linking his/her name with the research, and how each subject's wishes will govern (e.g., a document could be used for the informed consent process, subjects would be asked if they wanted a signed copy to document their consent, and those who did not would receive an unsigned copy). Due to the sensitive nature of this research, the informed consent process will be conducted without requiring the participants' signature on the informed consent form. A random number generator coding process will be used and participants will be assigned a number. The investigator will document in her notes the consent process, referring to participants by the number code which contains no personal identifiers. Verbal consent will be obtained from participants. Each participant will be provided with an unsigned consent form.
- The research involves no greater than minimal risk and no procedures for which written consent is normally required outside the research context. Respond to Item a, below.
- a. Describe plans, if any, that you have for providing subjects with a written statement regarding the research. (Note: The IRB may require that a written statement be given to the subject.) _____

By signing this request for waiver of informed consent documentation, I certify the information included in it.


Principal Investigator's Signature

7/5/16
Date

APPENDIX N

WAIVER OF INFORMED CONSENT DOCUMENTATION

Waiver of informed consent documentation

ID # _____ Verbal consent received _____ Date: _____

ID # _____ Verbal consent received _____ Date: _____

ID # _____ Verbal consent received _____ Date: _____

ID # _____ Verbal consent received _____ Date: _____

ID # _____ Verbal consent received _____ Date: _____

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APPENDIX O
DEMOGRAPHIC DATA FORM

ID # _____

Demographic Data Form

1. Race/Ethnicity (self-identify) _____
2. Age _____
3. Sexual orientation (self-identify) _____
4. Religion (self-identify) _____
5. Type of current residence: On campus Off campus
6. Relationship status (self-identify) _____
7. Are you a member of a sorority? Yes No
8. Are you an athlete for a recognized sport at UNA? Yes No
9. Employment, other than student? Yes No
10. UNA Major, list please: _____
11. Current GPA, list please: _____
12. Student classification, list please: _____
13. Do you have an academic scholarship? Yes No
14. Do you have a scholarship, other than academic? Yes No
15. Do you have a PELL grant? Yes No
16. Childhood residence: Rural Urban Suburb
17. Are you a member of any Recognized Student Organizations (RSO) on campus? If yes,
list please: _____

APPENDIX P
SEXUAL HEALTH FORM

ID # _____

Sexual Health Form

1. Did you have sexual education in middle school or high school: Yes No
2. Was sexual health/sex discussed openly in your home? Yes No
3. What has been your primary source of information about sexual health?
 Internet Friends Parents School Church Other
4. Do you consider yourself to be a virgin? Yes No
5. At what age did you first engage in oral sex? _____
6. Are you currently in a relationship that involves oral sex? Yes No
7. How many total oral sex partners have you had? _____
8. How many oral sex partners have you had in the last 12 months? _____
9. In the past 30 days have you engaged in oral sex? Yes No
10. Have you ever engaged in oral sex with someone you have known for less than 24 hours?
 Yes No
11. Have you ever engaged in vaginal sex? Yes No
12. Have you ever engaged in anal sex? Yes No
13. Have you ever been tested for any sexually transmitted infections? Yes No
14. Have you ever been treated for any sexually transmitted infections? Yes No
15. Have you ever used any protective devices (condoms) with oral sex? Yes No

APPENDIX Q
INTERVIEW GUIDE

Interview Protocol

Exploring Psychosocial and Situational Factors that Influence Female College Students' Participation in Oral Sex

Materials and Equipment

2 digital recorders
2 pens
2 consent forms

Introduction and Informed Consent

Welcome the participant when they arrive and describe the purpose of the interview. Give the consent form to the participant and ask her to please read the form completely. After they have read the form, emphasize the following points:

"You have been invited to participate in a one-on-one interview about perceptions on oral sex among female college students. Your views and experiences will help to increase our understanding about the factors which may influence college aged females to participate in oral sex. Your participation in this study is voluntary and you may withdraw from the study at any point during the interview. The interview should take approximately one hour. I will be tape recording the interview. If you are uncomfortable with being recorded, please say so."

"Consent forms, demographic and sexual health questionnaire forms will be stored in a locked file cabinets in a locked office. The consent forms will be stored separately from demographic data forms and sexual health questionnaires. All digital recordings will be stored in a password-protected computer file on a password-protected computer in a locked office. Once the recordings have been transcribed and their accuracy verified, they will be destroyed. At the completion of the study, all forms will be destroyed. In any reports of the findings, only group data will be reported. I will also ask you to please choose an alias for our use during the interview to increase confidentiality with the interview."

At this point, ask the participant if they have any questions. Once all questions have been answered to their satisfaction, ask the participant to initial the write their random number on the waiver of informed consent documentation form. one copy of the consent. Each participant can receive a copy of the informed consent form for their personal records. Following the consent process, ask the participant to provide the alias they wish to use for interview purposes. Also, the interviewer will describe the expectations of the participant in terms of the interview process.

"Before we begin, let me please make a few requests of you. First, please speak up so all of your comments are captured by the digital recorder. Please let me know if you need me to clarify or repeat any of the questions. Also, please say exactly what you think. I don't want you to be concerned about what I think about any possible responses. There are no right or wrong responses to any of the questions. I value your input and your responses are very important."

Introduction of the Interview Questions/Topics

The interviewer will introduce each question and allow the participant adequate time to provide detailed descriptions/answers. The interviewer will use probes as needed to assist the participant with providing responses. Questions are to be addressed in the following order:

General introductory, icebreaker questions:

1. Tell me about yourself:
Probes:
 - Where are you from?
 - What is your major?
 - What do you like to do in your spare time?
2. Tell me about your friends:
Probe:
 - What types of things do you and your friends like to do?
 - Do you all share similar interests?

Questions related to specific aims and research questions:

3. Tell me how you define oral sex?
Probes:
 - What is oral sex?
 - Does oral sex differ from other types of sex?
 - Is oral sex different than vaginal sex?
 - Can an individual have oral sex and still be a virgin?
 - Do you feel that oral sex is an intimate sexual activity? Tell me why you believe that.
4. What information have you received about oral sex?
Probes:
 - What information have you received from your parents?
 - What information have you received from your friends?
 - When you were in high school, did you have a class about the different types of sex? Tell me about that experience.
5. What is your understanding of the health risks associated with engaging in oral sex?
Probes:
 - What types of sexually transmitted infections can you contract through engaging in oral sex?
 - Can the same STIs that can occur with vaginal sex be transmitted during oral sex? Tell me why you believe that.
 - Are the risks for STIs with oral sex less than with vaginal sex or anal sex? Tell me why you believe that.

- What types of information have you heard from friends about possible risk with STIs and oral sex?
 - Have you ever received any educational information about protection from STIs with oral sex?
6. What is your understanding of how to protect yourself from getting an STI when engaging in oral sex?
- Probes:
- What types of protection have you used with oral sex?
 - *Used protection:*
 - Did you discuss using protection with your partner?
 - If yes, tell me about that conversation.
 - If no, tell me how you made the decision not to discuss it.
 - Tell me how you decided what type protection to use.
 - *Did not use protection:*
 - Tell me how you made the decision to not use protection.
7. Have you ever been tested for a sexually transmitted infection?
- Probes:
- If yes, what led you to get tested?
 - If no, what would cause you to be tested?
8. Have you ever asked a potential sex partner about previous STI testing or treatment for STIs prior to engaging in oral sex?
- Probe:
- If yes, what led you to discuss this with your partner? Tell me about that conversation.
 - If no, under what circumstances, would you initiate this conversation with your partner?
9. What are the social expectations by your friends and other college students related to engaging in oral sex?
- Probes:
- Tell me how you made the decision to engage in oral sex.
 - Did your friends influence you to engage in oral sex? Tell me how your friends influenced you.
 - Did your sex partners influence you to engage in oral sex? Tell me how your partners influenced you.
 - Do you believe alcohol or other drugs play a role in whether a person engages in oral sex? Tell me why you believe that.
10. How do you define a relationship?
- Probes:
- What is a committed relationship?
 - What is a casual relationship?
 - What is a hook-up?

12. What do you believe is the difference between a casual relationship and hook-up?

Probe:

- What are the social expectations for oral sex in a casual relationship?
 - How are you made aware of the social expectations?
 - Do you talk to your partner about those expectations?
 - If yes, what led you to discuss this with your partner?
 - If no, under what circumstances, would you initiate this conversation with your partner?
- What are the social expectations for oral sex in a hook-up?
 - How are you made aware of the social expectations?
 - Do you talk to your partner about those expectations?
 - If yes, what led you to discuss this with your partner?
 - If no, under what circumstances, would you initiate this conversation with your partner?

13. What are the social expectations for engaging in oral sex when you are in a committed relationship?

Probe:

- How are you made aware of the social expectations?
- Do you talk to your partner about those expectations?
 - If yes, what led you to discuss this with your partner?
 - If no, under what circumstances, would you initiate this conversation with your partner?

14. What are your expectations for oral sex in a:

- Committed relationship?
 - How you did determine those expectations?
 - Do you believe your expectations differ from social expectations? Tell me more that.
- Casual relationship?
 - How you did determine those expectations?
 - Do you believe your expectations differ from social expectations? Tell me more that.
- Hook-up?
 - How you did determine those expectations?
 - Do you believe your expectations differ from social expectations? Tell me more that.

15. Tell me about your most recent oral sex experience?

Probes:

- Tell me about your partner.
 - How would you describe your relationship with your partner?

- Did you and your partner have the same expectations for oral sex?
 - If yes, how were your expectations similar?
 - If no, how were your expectations different?
- In this situation, tell me about your expectations for giving oral sex?
 - Were you comfortable with the expectations?
 - If yes, what made you feel comfortable?
 - If no, what made you feel uncomfortable?
- In this situation, tell me about your expectations for receiving oral sex?
 - Were you comfortable with the expectations?
 - If yes, what made you feel comfortable?
 - If no, what made you feel uncomfortable?
 - What was this experience like for you? Do you have any feelings about it?

Closing comments:

“Before we end the interview, is there anything else you would like to share about your perceptions and thoughts about oral sex among college females that you feel we may have not discussed during the interview”

The interviewer will allow time for the participant to respond, if they choose to share any comments.

“Thank you for taking the time to talk with me today. Your input has been extremely helpful.”

At this time, the interviewer will give the participant the \$30 gift card and have the participant sign with their random number as receipt of the gift card.

APPENDIX R
THEMATIC MAP

