



Qualitative Research With Young Men About Sexual Health

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Abstract

Our Research Methods Case focuses on the topic of qualitative sexual health research with young men aged 15 to 30. We describe our experiences in designing and conducting qualitative research with young men, including how we choose and use methods and the challenges and benefits associated with these experiences. The methods and experiences we will describe include the process of attaining ethical approval from Human Subjects Committees to conduct research with young men (including young men under the age of majority) regarding: “controversial” issues such as sexual practices, sexuality, gendered power relations, and HIV criminalization; our experiences recruiting young men to participate in this type of research; how we designed and conducted semi-structured interviews about sexual health and young men; how we employed young men as peer-researchers in the research process; and our reflections on stereotypes regarding young men, including our own, and how we are using research to break down the stigma associated with ageism, hegemonic masculinity, and other forms of oppression.

Learning Outcomes

By the end of this case, students should be able to

- Articulate the various steps and procedures that are required to conduct semi-structured interviews with young men about sexual health
 - Understand how qualitative methods can provide important insights regarding the multiple factors (e.g., biological, contextual and structural) that interact to influence young men’s sexual health behavior and outcomes
 - Reflect on how stereotypes about young people’s sexual health can influence how empirical data are collected, analyzed, and reported
 - Describe how the generation of new evidence about young men’s sexual health can inform new approaches to break down the stigma associated with stereotypes associated with heteronormativity, patriarchy, as well as other forms of oppression
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Project Overview and Context

In this case, we provide insights into how qualitative research can improve our understandings of young men’s sexual health. In many global settings, sexually transmitted infection (STI) and HIV rates continue to rise, particularly among young gay, bisexual, and other men who have sex with men (MSM). New STI and HIV interventions are being launched to address this health challenge; however, there are limited understandings as to how social contexts affect young men’s uptake of new and unfolding STI/HIV interventions. Today’s young men are exposed to

evolving gender norms, a proliferation of online dating or “hook-up” apps (e.g., Grindr, Tinder), and many other factors that shape their sexual lives. Providing more “knowledge” to young men may help them become familiar with new interventions such as HIV Pre-Exposure Prophylaxis. However, adequately addressing the STI/HIV prevention needs of today’s generation of young men more likely depends on the successful and sustainable implementation of combinations of biomedical, behavior, or structural interventions.

We have developed a program of qualitative research to examine evolving social contexts (e.g., stereotypes about sexuality and gender) and shifting STI/HIV intervention “landscapes.” This research generates and analyzes empirical data to inform ongoing and new STI/HIV interventions to best address the sexual health of young men (e.g., STI/HIV outcomes, challenging stereotypes about gender and sexuality). In pursuit of this aim, we have conducted a number of Canadian Institutes of Health Research–funded studies during the past 10 years to address key questions, including the following:

1. What are the factors that influence how young men access sexual health care services (e.g., HIV and STI testing services)?
2. How do young men talk about their sexual health (e.g., with peers, sex partners, clinicians) in ways that improve (or detract from) their engagement in sexual health care?
3. What changes within clinical settings are needed to break down harmful assumptions about young men’s sexual health, including heteronormative stereotypes about young men?
4. How do young men try to prevent STI/HIV, and how does this change over the life course?
5. What implications do the answers to these and other questions have for meeting the needs of today’s young men?

Research Design

To answer these questions, we use *cross-sectional* and *longitudinal* study designs. In the cross-sectional studies, we capture a “snapshot” of young men’s experiences and perspectives at one particular point in time. We also use *longitudinal* approaches where we conduct repeat (e.g., annual or semi-annual) interviews with participants over a defined period of time (e.g., 3-5 years). Below we describe how we collect data from young men, including how we address ethical considerations, the various strategies we use for recruiting and interviewing young men, as well as how we interrogate gender stereotypes at each phase of the research process.

Doing It Ethically

There are many formal ethical standards that institutional research boards (IRBs) and other

human subjects committees (HSCs) require of researchers when conducting interviews. These standards are particularly important for research involving vulnerable populations (e.g., young people under the age of majority, street-entrenched young people). Doing this kind of research requires a set of strategies that can maintain the confidentiality of participants throughout the recruitment, data collection, and knowledge translation phases of research.

All unique identifiers (e.g., names of people or places) are removed from transcripts, and none are included in manuscripts. For those participants who are aged 15 to 18 years, we seek permission from the university and other relevant HSCs to consider them as emancipated minors. Emancipated minors are not required to have parental or guardian consent to participate in research. This is important to young people's safety and privacy. Many young people would face serious retribution or punishment if their parent(s) or guardian(s) were aware of their participation in a study regarding sexual health. In addition, youth under the age of majority who live in foster care or who are wards of the State often volunteer to participate in our research. These young people are often unable or unwilling to obtain their parents' or social workers' consent to do so. If parental or guardian consent is required for these youth, many would not be able to participate, which could potentially exclude their voices and further marginalize these vulnerable youth. We regularly ask HSCs to regard these youth as emancipated minors. See an article in the Further Reading section that describes our experiences with this in more detail (Chabot, Shoveller, Spencer, & Johnson, 2012).

Interviews in Action

Recruitment and Sampling

We recruit young men through the use of advertisements in washroom stalls at local coffee shops or posting ads at bus stops and youth community centers. We engage with clinical and non-clinical sites where our study promotion materials can be easily and discretely accessed by young people. In 2010, we began using a variety of online approaches for recruitment, including the use of social media platforms to create “ads” (e.g., Facebook, Craigslist)—a strategy which facilitates our efforts to recruit a diverse group of participants (e.g., a range of gender identities, ages, and places of residence).

Our studies include “small” samples of between 50 and 100 study participants (small when compared with the larger sample one might expect from a quantitative study). Rather than randomly selecting young men, we use a stratified purposive sampling strategy (Palinkas et al., 2015) that deliberately selects young men who can reflect on a variety of perspectives about various aspects of their sexual health. This approach involves a process of purposively recruiting young men with various social identities and lived experiences. For example, our

sampling strategies are designed to purposefully recruit and select participants who identify as gay, bisexual, transgender, MSM, economically disadvantaged, street-involved, new immigrants, racialized, as well as those who engage in unhealthy alcohol or drug use. We also try to recruit young men who are among the most vulnerable population subgroups regarding the health and social impacts of STI/HIV. In most of our studies, we also aim to recruit across several age ranges (15-19, 20-24, and 25-30 years).

Participants who see our recruitment ads are instructed to contact us if they are interested in participating. We provide them with the option of contacting us by phone, text message, or email. When they contact us, we ask a set of four to six questions to determine whether they match our sampling and eligibility criteria for the specific study (e.g., within a specific age range, have the ability to speak and understand English, previously been sexually active). For those who are eligible, we make an appointment for an interview at a location that is acceptable to both the participant and the interviewer to ensure participant confidentiality and safety for both the participant and the interviewer. Most of the interviews take place at the university or a street-front research office in Vancouver's Downtown South (a neighborhood where many street-entrenched young people live).

Strategies to Mitigate Recruitment and Retention Challenges

Young men can often be difficult to recruit and retain in research over sustained periods of time. This is particularly true for young men who are marginalized and "at high risk" of STI/HIV (e.g., MSM, street-involved men), as they tend to be highly mobile and less engaged in health care services. To mitigate challenges associated with both recruitment and retention, we use a financial incentive in the form of a cash honorarium, assertive tracking (e.g., following up, providing opportunities to "member check," sharing the emergent findings in "lay" formats), and tailored retention communications with each participant (e.g., regular texts, emails, or phone calls).

Preparing for the Interview

There are many complexities that can arise when interviewing men about health, including a reticence to talk about becoming ill or vulnerable. These and other issues can become even more pronounced when talking to *young* men about *sexual* health. Establishing *rapport* between participants and interviewers early on within the interviews is crucial to overcoming some young men's reticence to share relevant details about their sexual lives and to feel they are speaking with a trustworthy professional who will not judge them. We use a variety of strategies to do this, including making sure that participants feel comfortable in our interview space, using easy-to-understand vocabulary, and ensuring our body language is open, friendly,

and professional. This includes simply being a “good host” during their visit in our research space (e.g., offering participants water or tea, offering short bathroom or cigarette breaks throughout the interview). Some participants feel more comfortable being interviewed by someone of a particular gender, so we offer them a choice to be interviewed by a research team member of their preferred gender.

Obtaining Informed Consent

Before we begin any data collection activities, we make sure that participants have all of the information they need to make an informed decision about participation prior to beginning the interview. First, we ask each participant whether they would prefer to read through the informed consent form themselves or to have us read it to them. Some participants do not have a high literacy level, so we offer them this choice as a way to ensure they can complete the consent process without having to openly say that they have difficulty reading. We ensure that participants are provided the time they need to read through our informed consent form, which includes complete details about our study protocol and the potential benefits and risk of participating in the study. These consent forms are written in non-academic language and at a Grade 7 readability level (based on the Flesch–Kincaid Readability Score).

After the informed consent form has been read, it is also important that we review some of the key points to ensure they have fully understood. We also ask them whether they have any questions about the interview process. At the outset of all of the interviews, we review with the participants the reason why we are conducting the study, the process that will be used to anonymize the data, as well as how the analysis of our data will be used (e.g., to inform interventions). We emphasize that participants do not have to answer any question that they do not wish to and that they can just ask us to move on to the next question. Participants are also informed they can choose to end the interview at any time and with no penalty (e.g., loss of honorarium). Participants also have the choice to not have their interview audio-recorded. If they choose this option, we inform them that we will be taking detailed notes during the interview instead. (Since 2006, we have interviewed more than 312 young men, and to date, only one young man has asked us not to audio-record his interview.) We also tell participants that we are required by law to report any allegations or reports of abuse or neglect of minors to the British Columbia Ministry of Children and Family Development.

“Why Take Part in an Interview About Sexual Health?”

Once the participant has the information he needs, has provided us with a written informed consent, and has no further questions, we ask whether we may begin recording the interview with our digital audio-recorder. We always start interviews with a couple of broad, general

questions. One question we have found to be particularly effective is, “What made you decide to participate in this study?” This question can provide an opportunity to learn what motivated participants both to go out of their way and participate in a study and to “break the ice” within the first formal part of the interview. Based on our experience, about one-third of participants describe wanting to receive the cash honorarium. The remaining two-thirds of participants report volunteering to participate for other reasons. We are often struck that many participants tell us that they want to take part in an interview as a means to interrogate some of the stereotypes about young people’s sexual health that they have witnessed or experienced within their communities. Others have told us they wanted to take part in an interview about sexual health because it was an issue they had never previously had an opportunity to discuss openly, and they thought our interview would be a good opportunity to both provide researchers with information and for them to be able to talk about their sexual health.

A small subset of participants describe that they have chosen to participate in the interview so that they could learn about various sexual health–related issues, including STI/HIV treatment and prevention. We provide a referral sheet to all of participants that includes a list of health services that are available in their respective communities, as well as a list of other resources (e.g., websites) that can provide them with information and answer to some of their questions. We also take this opportunity to emphasize that we are not in a role to provide educational or clinical counseling about sexual health–related issues.

In-Depth, Semi-Structured Interviews

We use qualitative, in-depth semi-structured interviews to elicit detailed understandings about men’s sexual health and illness. We “semi-structure” our interviews, meaning that we have a list of questions that we have prepared in advance to ask participants. However, we also allow free interactions between our interviewers and participants. Some of the men we interview are reticent to provide details or to talk a lot during interviews. By using prompts (e.g., How did that happen?), probes (What is an example of that?), and loops (if a question or theme is initially misunderstood or could benefit from more discussion, we’ll loop back to it) (Olliffe and Mróz, 2005), we are able to gather in-depth insights into men’s various experiences, including among those men who may not provide very much detail with their initial responses. In interviews where a participant provides brief answers, we also often wait a moment before asking the next question. This provides a participant with a “space” in which to think further about the question and add further detail if he wishes, without feeling rushed by the interviewer to move on to the next question. This is important in the context of interviewing young men because asking structured questions can often result in responses that focus primarily on biological outcomes (e.g., with less discussion about their social and relational experiences). We also want to

understand the young men's subjective meanings and interpretations attributed to their experiences with doing things like going to a clinic and asking for an HIV or STI test, discussing condom negotiation with sex partners, or learning other details about the context in which all of these behaviors and outcomes occur.

Interviewer-Participant Power Dynamics

We have noted that young men tend to assess and gauge the interviewers' positionalities (e.g., perceived sexual and gender identities, social class, or ethnic identity), and they develop their responses within the context of these impressions. Given that the majority of our interviews take place at our research offices in the University of British Columbia's School of Population and Public Health and that our interviews are conducted by research team members of various ages and gender identities (including co-author R.K., a White, 36-year-old gay cisgender man), there is a possibility that the context of these interviews serves to influence young men's responses. For example, some of our team is older than our study participants (average age of participants is about 22 years). The social positioning(s) of each interviewer may have influenced both how participants present themselves and how they respond to various questions.

A key component of our study protocol includes the writing of interview notes after each interview (Chabot & Shoveller, 2010; Gubrium & Holstein, 2001). These notes serve several purposes. First, the interviewer can summarize the key points a participant raised and identify potential future topics that could be addressed in subsequent interviews. Second, interview notes capture aspects of the "unspoken communication" that takes place in interviews (e.g., observations about the participant's and interviewer's body language) but cannot be audio-recorded. Third, the interviewer can do an initial analysis of the interview and identify potential themes to explore further during later stages of analysis. Fourth, interview notes are an excellent way for researchers to reflect on how our positionalities (e.g., gender, sexual orientation, ethnicity) and the interviewer's unexpressed emotional responses to what a participant said might influence the interview dynamic. As a result, we use our interview notes as both another form of data and an analytical tool.

Youth Co-Researchers

We have also employed young men to work as paid staff members of our research team by drawing on participatory approaches to youth sexual health research (Chabot, Shoveller, Spencer, & Johnson, 2012; Funk et al., 2012). By employing young men as co-researchers (e.g., experiential interviewers/analysts), we facilitate their meaningful engagement in research, offer opportunities for youth skills development, and operationalize empowering conditions for young men who are affected by health inequities. This also provides our research with team

members who have unique insights into how we can best respond to the experiences and preferences of today's generation of young men (e.g., recruitment strategies, development of the interview guides).

Case Study: Findings From Our Interviews With Young Men About Heteronormativity, Masculinity, and STI/HIV Testing Behavior

Our work in this area has led us to examine how discourses function within clinical settings where young men access STI and HIV testing services. Our aim was to better understand the extent to which dominant masculine ideals are (re)produced or resisted within sexual health clinical contexts and to identify the social and contextual conditions which facilitate or create barriers to effective sexual health communication for young men. We used qualitative methods, including in-depth, semi-structured interviews with men (ages 15-25) and clinicians (doctors, nurses). A thematic analysis of our data (Knight et al., 2013) revealed instances in which heteronormative expectations within clinical encounters “hurt” all men (including heterosexual men). For example, clinical discourses (e.g., STI/HIV risk assessments) labeled gay men as “risky” while concurrently alleviating STI/HIV concern for straight men by virtue of their sexual identity—thereby shutting down opportunities for meaningful discussions about their sexual health. Ultimately, testing experiences emerged as unique encounters where participants’ sexual identities, biological sex, and socially constructed expectations of gender were explicitly “interrogated.”

In this study, we also examined how men talk about sexual health (Knight et al., 2012). Using similar methods and employing critical discourse analysis, we found that men’s conversations about sexual health focused primarily around their sexual encounters (e.g., hyper-sexualization of sexual encounters; teasing humor), something many participants termed “guy talk.” There were also instances in which men explained that they needed to “man up” so that they could discuss sexual health, and this was done in two different ways. First, men employed these discourses to exert *power over* others with disregard for potential repercussions (e.g., indifference to their sex partners’ reactions when notifying them of the need to get tested due to a potential STI/HIV exposure). But amid these discourses were important “breaks” from the demands of dominant masculinity to permit talk about sexual health in ways that promoted health. These discourses deployed *power to* others to affirm their own hyper-masculine identities while concurrently using their personal masculine power to *help* others (e.g., describing to their guy friends their own experiences with STI symptoms and/or testing).

Interviews as Meaningful Experiences: Lessons Learned

Interview experiences can represent “intense”—yet meaningful (and potentially transformative)—experiences for study participants, as well as for the interviewer. Interviews about young men’s sexual health can also be difficult terrain. Below we provide some “lessons learned” from our experience interviewing young men about sexual health:

- *Interviews can provide meaningful opportunities for young men to talk about sexual health, including opportunities to reflect on sexuality and sexual identity.* In several instances, participants have spontaneously told us that they had never before been afforded opportunities to discuss sexual or gender identity. They also have told us that their interviews were one of the first instances in which they could explicitly “reflect” on various features of their own sexuality, as well as the sexual health practices that they engage in. For example, during one interview, a participant “came out” as gay to our interviewer—something he said he had not previously disclosed to anyone else. Indeed, participants frequently underlined how young men *want* more opportunities to express themselves with regard to sexuality. They also underscored how their generation of men may be amenable to public health interventions that seek to promote more socially just gender norms.
- *Interviews with young men about sexual health can be, at times, difficult terrain to navigate, including situations in which young men express sentiments of misogyny and/or homophobia.* Some interviews also elicit experiences where we are exposed to deep gender biases (e.g., misogyny) and other forms of discrimination (e.g., homophobia, racism). Clearly, these prejudices reflect broader social mores, but when a study participant espouses those biases, there are moments when it is challenging to resist feeling uncomfortable with these viewpoints. For example, co-author R.K. once interviewed a participant who explained that the legal rights of people living with HIV should be severely restricted. This participant described how he believed people living with HIV should wear “markers” to reveal their seropositive status to both their sex partners and the community.
- *Oppressive narratives (e.g., misogyny, homophobia) can be analyzed to identify how young men’s socio-cultural contexts influence their sexual health.* When participants describe such beliefs, it is important that we do not reveal our own discomfort (or strong disagreement) with their narratives during the interview. Instead, during the de-briefing sessions and subsequent analysis, we position these sorts of characterizations as “data.” Although some participants may mistake our interest in these kinds of views as “endorsements,” the semi-structured qualities of the interviews allow for opportunities to focus on exploring the *reasons* that these men had expressed these opinions, in addition to how these feelings and perceptions may influence their own health-related practices and/or interactions with others (e.g., clinicians; peers). Within the broader context of our research, these viewpoints indeed “matter” (i.e., in as much as they influence young men’s experiences with various

health-related practices). However, we are not seeking to simply describe what men believe, but, rather, to capture how and why their individual beliefs, attitudes, and masculine dispositions can influence health outcomes (e.g., their health behavior).

Conclusion

The various steps and procedures involved in conducting interviews with young men are multifaceted, including at the phases of study design (e.g., designing longitudinal or cross-sectional approaches), recruitment (e.g., using a variety of techniques, including the use of social media platforms), data collection (e.g., allowing for free interactions between our interviewers and participants; taking detailed notes to capture aspects of the “unspoken communication” that takes place in interviews), and analysis (e.g., critically analyzing oppressive sentiments to “deconstruct” various features of unjust social structures). Doing this kind of research requires a set of strategies that can protect participants (e.g., maintain confidentiality) throughout the recruitment, data collection, and knowledge translation phases of research. In using these qualitative approaches to conduct in-depth, semi-structured interviews, we have been able to examine how young men’s sexual health experiences are situated within contemporary socio-cultural contexts (e.g., changing norms pertaining to masculinities, femininities, and gender regimes; conceptions of desire, pleasure, and intimacy). And, ultimately, we hope that the data generated in this area can be used to inform the adaptation and scaling up of STI/HIV interventions for young men in highly effective and ethical ways that meet the needs of *today’s* young men.

Exercises and Discussion Questions

1. Think about how gender can “play out” within an interview. How do you think *your* gendered expressions and identity might influence the various interactions and responses to some of the questions that you might have about young men’s sexual health (e.g., sexual health-seeking practices)?
2. What are the strategies you would use in your community to invite young men who are most affected by STIs and HIV to participate in an in-depth interview about their sexual health?
3. What are the challenges (including ethical challenges) you might face in recruiting young men to participate in an interview, and how would you seek to mitigate those challenges?
4. Consider an intervention that is designed to test, treat, and/or prevent STIs/HIV (e.g., Pre- and Post-Exposure Prophylaxis, online or home-order testing services). What are the questions that are important to ask young men regarding their experiences or perceptions of that intervention (e.g., to produce evidence that can optimize the effectiveness of that

intervention)?

Further Reading

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Web Resources

<http://www.youthsexualhealth.ubc.ca>

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