

2015

Gay and Bisexual American Men in South Korea Who Reported Testing HIV Negative

Tony Lionel Sessoms
Walden University

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>

 Part of the [Lesbian, Gay, Bisexual, and Transgender Studies Commons](#), [Public Administration Commons](#), and the [Public Policy Commons](#)

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral dissertation by

Tony Sessoms

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee

Dr. David Kilmnick, Committee Chairperson,
Public Policy and Administration Faculty

Dr. Laura Haddock, Committee Member,
Public Policy and Administration Faculty

Dr. Mai Moua, University Reviewer,
Public Policy and Administration Faculty

Chief Academic Officer
Eric Riedel, Ph.D.

Walden University
2015

Abstract

Gay and Bisexual American Men in South Korea Who Reported Testing HIV Negative

by

Tony L. Sessoms

MPA/HSA, University of San Francisco, 2004

BA, University of North Carolina Greensboro, 2001

AAS, Durham Technical Community College, 1999

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Policy Administration

Walden University

June 2015

Abstract

Gay and bisexual men in the United States and South Korea have some of the highest HIV rates in their countries, and both have the fewest sex education programs and policies for gay and bisexual males in secondary and postsecondary school systems. Consequently, many South Koreans do not view HIV as a South Korean problem, and with American gay and bisexual men living in this type of environment, their HIV sexual protection knowledge and practices may be compromised. The purpose of this study was to gain more understanding and insight into the sex education experiences and sexual practices of gay and bisexual American men living in a large city in South Korea, to determine how they perceived their sex education experiences from the American school system. The theoretical framework was based on Husserl and Heidegger's theory of intentionality. A phenomenological method was employed, utilizing a purposeful and criterion sample of 6 gay and bisexual American men who experienced sex education in the American school system and reported testing HIV negative on their last HIV tests. Data were analyzed and coded to identify categories and themes. The findings revealed that the participants who experienced heterosexual-focused sex education did not find it useful to them as gay men. The implications of these findings for positive social change are to inform policy makers and education leaders of how gay and bisexual American men perceived their sex education experiences and of the value of providing diverse, comprehensive sex education in the school system as it relates to knowledge about HIV and HIV prevention, not only for gay and bisexual males but for all American students as a tool to reduce or prevent new HIV cases.

Gay and Bisexual American Men in South Korea Who Reported Testing HIV Negative

by

Tony L. Sessoms

MPA/HSA, University of San Francisco, 2004

BA, University of North Carolina Greensboro, 2001

AAS, Durham Technical Community College, 1999

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Policy Administration

Walden University

June 2015

Dedication

I would like to dedicate this work to my grandmother, Lula Sessoms (Grandma Doll), for being such an inspirational figure and force throughout my life. Her belief in my success as a student and as an educator gave me the drive to continue studying, learning, and teaching as a means of improving the quality of this wonderful world. Grandma Doll helped shape the person I am, enabling me to facilitate positive social change by loving and supporting those around me. In her wisdom, she imparted a most valuable lesson to me, which I live by. She told me that just because someone does something differently than I would do it, it does not mean his or her way is wrong. Those simple yet powerful words helped shape the way I view the human condition.

Acknowledgments

I would like to acknowledge several people for their valuable assistance throughout the completion of this doctoral degree. First, I would like to thank J. Paul Greene III for all his support as my peer reviewer and initial editor. Paul is also a doctoral student and he critiqued all of my written works during this PhD process. Paul's wife, Jennifer L. Greene, who is a graduate student, also assisted me throughout this process, with her intense grasp of the English language. My friend Betsy Taub has provided excellent editing support and has shown tremendous encouragement to me during this dissertation process. I am grateful for her love and support. Additionally, I would like to thank Drs. David Kilmnick, Laura Haddock, and Mai Moua for being such a knowledgeable, supportive, and patient supervisory committee of high integrity throughout this dissertation process. Dr. Kilmnick acted as chair for my committee and assisted me with maintaining the perseverance needed to fight through the difficult times throughout this arduous endeavor. Dr. Haddock acted as a loyal and encouraging content expert committee member. She helped me with the alignment of this dissertation and assisted me, with respect and professional friendship; from the first moment we met. Dr. Moua contributed her excellent insights as the university research reviewer (URR) for my committee. She assisted me in taking the necessary steps to move forward with this dissertation. Dr. Gary Kelsey and Dr. Mark Gordon, who are not official members of my committee, provided me with assistance throughout this entire university experience. Dr. Kelsey and Dr. Gordon accepted my dissertation topic right from the beginning and supported me as I advanced through each stage. Finally, I would like to thank all my

friends and family members, who believed in me and encouraged me throughout this process and throughout my life.

Table of Contents

Chapter 1: Introduction to the Study.....	1
Introduction.....	1
Background.....	2
Problem Statement.....	7
Purpose Statement.....	8
Research Questions.....	10
Central Research Question.....	10
Subquestions.....	10
Theoretical Framework.....	10
Nature of the Study.....	12
Definitions of Terms.....	15
Assumptions.....	16
Scope and Delimitations.....	18
Limitations.....	19
Significance of the Study.....	23
Summary.....	24
Chapter 2: Literature Review.....	26
Introduction.....	26
Literature Search Strategy.....	29
Theoretical Framework.....	30
Literature Review.....	32

Intentionality	32
Sexuality and Sex Education	33
HIV and Sex Education	37
Stigmas Surrounding HIV.....	40
Attitudes about Sexuality.....	45
Review of Methodological Literature.....	48
Importance of Education.....	48
HIV Prevention Interventions.....	48
Summary and Conclusion.....	52
Chapter 3: Research Method.....	54
Introduction.....	54
Research Design and Rationale	55
Research Design.....	55
Rationale	56
Research Questions.....	57
Role of the Researcher	58
Researcher’s Biases	60
Participant Selection	61
Instrumentation	63
The Recruitment, Participation, and Data Collection Procedures	64
Data Analysis Plan.....	68
Issues of Trustworthiness.....	73

Reliability and Validity.....	73
Ethical Procedures	74
Summary.....	80
Chapter 4: Results.....	81
Introduction.....	81
Data Collection and Analysis Process	82
Findings and Data Analysis	85
The Lived Experiences of Six Gay and Bisexual Men.....	86
Coding for Textural and Structural Descriptions and Themes	87
Step 1: Listing and Grouping.....	88
Step 2: Reducing and Elimination	89
Step 3: Grouping and Developing Themes.....	93
Step 4: Validating the Themes.....	93
Step 5: Individual Textural and Structural Descriptions.....	94
Textural Descriptions.....	94
Structural Descriptions.....	96
Themes.....	97
Step 6: Composite Description	105
Discrepant Cases and Nonconforming Data	107
Evidence of Data Quality.....	108
Summary and Transition.....	109
Chapter 5: Discussion, Conclusions, and Recommendations.....	110

Overview.....	110
Interpretation of Findings	112
Limitations	117
Implications for Social Change.....	118
Recommendation for Action.....	121
Recommendations for Further Study	125
Summary.....	125
References.....	127
Appendix A: Ethical Certificate.....	146
Appendix B: Initial Contact Message.....	147
Appendix C: Research Criteria Form	148
Appendix D: Informed Consent Form	150
Appendix E: Debriefing Document	155
Appendix F: Interview Questions	157
Appendix G: HIV Education and Prevention Tips	158

Chapter 1: Introduction to the Study

Introduction

For as long as there have been human beings on this earth, there have been debates and controversies surrounding sex and sexuality (Holland, 2004). Currently, in the United States and South Korea, there are political, cultural, and legal debates relating to sexuality education equality (Cho, 2008; Division of HIV and Tuberculosis Control Korea Centers for Disease Control and Prevention [Korean CDC], 2011; D. Drucker, 2012; Holland, 2004; McDermott, 2011), and the spread of the human immunodeficiency virus (HIV) as it relates to gay and bisexual males (McNeill, 2013) and gay and bisexual specific sex education inclusion in the American education system (Smith, McPherson, & Smith-Lovin, 2014). The HIV rates for both the United States and South Korea have been increasing since the first known case in the early 1980s (Centers for Disease Control and Prevention [CDC], 2001; Korean CDC, 2011). Findings from a 2011 National HIV/AIDS Surveillance System, established by UNAIDS, included information regarding how 92% of all the 8,444 reported cases in South Korea came from the male population (Korean CDC, 2011). Consequently, HIV rates have been higher in the United States than South Korea, and this may have contributed to an optimistic bias many South Koreans have towards HIV, based on a study conducted by Sohn, Chun, and Reid (2012). In another study, Cho (2008) noted that the highest rates of HIV in South Korea came from the international gay community and that many South Koreans continued to view the issue of HIV and homosexuality as taboo and as international issues. However, from an international perspective, South Korea is a global market (Global Alliance of SMEs,

2014; Noland, 2014) and has a large international military (Glaser, 2014; Yong-Hak, 2014) and expatriate presence that may influence the HIV prevalence rates for the country (Cho, 2008). Nevertheless, South Korean leaders have failed to educate South Korean citizens in the area of sex education as it relates to the spread of HIV (Sohn et al., 2012). Thus, a study exploring the sex education experiences and sexual practices of gay and bisexual American men living in South Korea was warranted.

This chapter introduces this study. The background section provides a brief review of the research literature and describes gaps in the research surrounding sex education policies and programs in the American school system. Included in this chapter are a description of the problem, the study's purpose, the research questions, and the theoretical framework. The chapter also includes the nature of the study, definitions of key concepts, the research assumptions, scope and delimitations, limitations, the significance of the study, and a summary.

Background

Sex education policies and programs have existed in the United States since the 1800s as risk reduction practices and preventive health care responses to cholera and syphilis outbreaks (Advocate for Youth, 2014; Bigelow, 1916). As early as 1892, the National Education Association promoted sex education in the school system by recommending that teachers train to provide sex education in the secondary education setting (Advocates for Youth, 2014; Bigelow, 1916; EBSCO Host Connection, 2015). The incorporation of sex education in the school system was a bold move considering sex was a moral issue, and the idea of adolescent sex or sex before marriage was taboo

(Advocate for Youth, 2014; Irvine, 2004), especially for females who were instructed intentionally to fear contracting syphilis from males through sexual promiscuity (Bigelow, 1916). However, discussions around sex education continued to grow, and more organizations became involved. Sex education took on a public health role, and in 1922, the Public Health Services published the *Manual on Sex Education in High School* (Advocate for Youth, 2014). In 1940, the Public Health Service noted that sex education was an urgent issue that the American school system needed to address (Advocate for Youth, 2014; Bigelow, 1916; EBSCO Host Connection, 2015).

The hypothesis around the necessity for sex education in the American education system focused on birth control, family planning, heteronormativity, and the prevention of sexually transmitted diseases (STDs) (McNeill, 2013; Williams, 2011). In addition, the population that these sex education programs and policies targeted was the heterosexual population. These heterosexual-focused policies and programs led to the creation and distribution of the first oral contraceptive, approved for sale by the Food and Drug Administration in 1960 (Advocate for Youth, 2014). However, the medical availability of oral contraceptives led to more opposition from the Christian Crusades, Parents Opposed to Sex and Sensitivity Education, and other groups and organizations against sex education for children, premarital sex, and birth control (Advocate for Youth, 2014; EBSCO Host Connection, 2015; Williams, 2011). Moreover, prescription contraceptives for married people did not exist until 1965, and it was 7 years later before single people could legally purchase and use contraceptives (Advocate for Youth, 2014; EBSCO Host Connection, 2015). Williams (2011) noted that during the 1980s, conservative Christian

groups rallied against sex education that taught family planning and disease transmission. The Christian groups believed these teachings about sex gave a message of encouragement and permission to adolescents to participate in sexual acts (Irvine, 2004; Williams, 2011). Williams (2011) also noted that Christian groups adopted new strategies to restrict the content of comprehensive sex education in the American education system. These Christian groups wanted the schools to focus more on abstinence until married programs (Corngold, 2012; Ogusky & Tenner, 2010; Powell, 2001; William, 2011). The religious community has continued to exercise a profound negative effect on sex education by keeping an intolerant culture alive through the use of emotions and feelings driven by fear, anger, and disgust towards sex education policies and programs (Irvine, 2004) that may benefit gay and bisexual men by focusing on their sex education needs (Olyan, 1998). Van Manen (1990) noted that culture and tradition influence individuals' and groups' attitudes so that people agree with what they consider right and wrong from a subjective perspective. The individual or group then takes this subjective view, when supported by a culture and enforced by laws and policies, as objective, based on ideas from Kafle (2011) and van Manen (1990). In addition, with the financial help of some United States Congressional allies, these groups gained the support needed to implement heteronormative, abstinence-only sex education programs for public school children (Corngold, 2012; Ogusky & Tenner, 2010; Powell, 2001; William, 2011).

However, in the 1980s, the concept of sex education changed from a heterosexual-only focus to include people who identified as gay and bisexual (Advocate for Youth, 2014; EBSCO Host Connection, 2015). This change resulted from the

discovery of HIV in the gay and bisexual male community and led to the need for a new level of sex education and HIV prevention (Advocate for Youth, 2014; EBSCO Host Connection, 2015; Powell, 2001). Even with the new level of sex education and HIV prevention, the topic of homosexuality remained controversial and mostly excluded from sex education programs and policies in the American education system (Powell, 2001). Conversely, with all of the present sex education programs and policies in place, the human sexual condition still consists of many areas that need greater understanding, particularly around sex education for young adult gay and bisexual men and the spread of HIV, based on information from Irvine (2004).

To date, there have been different types of educational practices and andragogy philosophies incorporated into the postsecondary education system for young adults, designed to create more sustainable and relevant learning, through the use of the individuals' experiences in autonomy-supportive classroom settings (Conklin, 2012). Smither and Zhu (2011) incorporated similar team autonomy and problem-solving methods that changed the young adult students into active learners by examining the young adults' physical education experiences. When young adults have been in an educational environment that promoted active learning, they could have focused on planned behaviors surrounding HIV prevention (Jeong, Jo, Jung, & Lee, 2012). However, with so many groups and organizations working against the implementation of positive, comprehensive sex education policies and programs that may reduce new HIV cases among gay and bisexual males in the United States, it may be difficult for males who do not identify as heterosexual to find educational environments that promote HIV

prevention from a gay and bisexual male point of view. Dale and James (2013) provided information about unwelcomed educational change from a psychodynamic perspective, which explored effective containment and allowed learners to fully experience their feelings about the change and used those feelings to be productive. Thus, when gay and bisexual men are able to learn to fully experience their feelings and become productive, some of the negative stigmas associated with being gay may lessen.

Based on information and data from the CDC (2001, 2008), negative stigmas surrounding gay and bisexual men and a negative association they have with spreading HIV make this study important, especially when considering the high rates of HIV in the gay and bisexual community, and the physical, social, and financial burdens the disease has had on Americans. Jeong et al. (2012) noted that societal norms and social culture contribute to attitudes and behaviors that may contribute to the spread of HIV. To overcome negative attitudes and behaviors associated with societal norms and social culture, McDonald and Sylvester (2013) and Farrant and Zubrick (2011) discussed learning as related to the social and cultural educating of students. There have been many negative stigmas and realities surrounding the sexual practices of gay and bisexual men and the spread of HIV (CDC, 2001, 2008), yet many men may not understand or have the knowledge to understand why they test negative during HIV screenings when so many other men do not. This study identified themes that may have resulted from sex education and sexual practices experienced by gay and bisexual American men living in Pyeongtaek, South Korea, which may lead to more knowledge and understanding as to how some gay and bisexual men avoided contracting HIV. Moreover, the potential

knowledge and understanding gained from this study could potentially lead to improvements in sex education policies and programs, which may reduce the spread and burdens of HIV not only for gay and bisexual American men in South Korea, but for all sexually active Americans--abroad or in the United States.

In addition, knowledge gained from sex education programs has proven effective in the prevention of STDs for Americans (Powell, 2001). According to Lieberman (2012), education has proven to be a principal part of learning and beneficial to the human condition. Moreover, sex education is a concept that many people learn from modeling parents, people of influence, educational settings, and the media (Shuttleworth, 2008). Learning has also proven useful when it brings about a desired behavior, as applied to sex education, for the prevention of HIV (Nleya & Segale, 2013). Chi, Hawk, Winter, and Meeus (2013) believed that adolescents and young adults could learn how to avoid negative sexual outcomes through role-playing exercises with peers and teachers knowledgeable in sex education.

Problem Statement

In 2010, HIV rates were disproportionately prevalent among gay and bisexual men and were evident because they accounted for 63% of the estimated new HIV infections in the United States (CDC, 2013a). The current issue is that, although there are many useful sex education programs and policies available to heterosexual adolescents and young adult males, similar programs do not exist for gay and bisexual males in the American secondary and postsecondary education system (Bruce, Harper, & the Adolescent Medicine Trials Network for HIV/AIDS Interventions 2011; CDC, 2013a;

Isacco, Yallum, & Chromik, 2012). While reviewing current literature from the *American Journal of Lifestyle Medicine*, I discovered a gap that showed that there were fewer useful sex education programs and policies related specifically to gay and bisexual males and the ways in which gay and bisexual males could gain knowledge and understanding about HIV and HIV prevention (Isacco et al., 2012). This is problematic for gay and bisexual American men living in South Korea, a country that has shown resistance to HIV-prevention education due to a belief in South Korea that HIV is a foreign disease (Sohn et al., 2012) and has required American expatriates who plan to live in the country for more than 90 days to test HIV negative (Herman, 2012; The Global Database, 2010) when over 8,444 South Koreans had tested positive for HIV (Korean CDC, 2011). The report from the Korean CDC (2011) included information regarding how over 90% of those reported HIV cases came from South Korean men, with 49% being gay and bisexual men. Due to the limited number of useful programs and policies catering specifically to gay and bisexual American male, this population may experience inadequate sexual protection knowledge, consequently placing the males at risk of contracting HIV (Lieberman, 2012).

Purpose Statement

The purpose of this phenomenological qualitative study was to gain more understanding and insight into the sex education experiences and sexual practices of selected American men, between the ages of 18 and 35, living in Pyeongtaek, South Korea, who had sex with other men, and reported a negative status for HIV. According to ideas of Husserl (as cited in Detmer, 2013), this philosophical investigation examined the

meaning of the participants' lived experiences from a subjective first-person perspective. This study is significant because it identified and explained important patterns of meaning (Marshall & Rossman, 2006) that resulted from sex education experiences and sexual practices experienced by the American gay and bisexual participants, which led to more knowledge and understanding as to how some gay and bisexual men avoid contracting the HIV virus. Furthermore, this study addressed whether or not sex education had an impact on the six participants' sexual practices.

One must consider that the HIV rate for gay and bisexual South Koreans would be much higher than for Americans residing in South Korea for more than 90 days, simply due to a South Korean judgment that supports expatriates testing HIV negative to reside in the country for more than 90 days (Herman, 2012; The Global Database, 2010). This is problematic because this ruling does not address the current issue of HIV in South Korea. By requiring American expatriates and all United States military personnel to be HIV negative, but not providing South Koreans with sex education relating to the spread of HIV (Sohn et al., 2012), it could become an issue if the expatriates, to include United States military personnel, later test HIV positive and are deported (Herman, 2012; The Global Database, 2010). Consequently, when sexually active American men, living in South Korea, return to the United States, they carry their HIV status with them. Additionally, when gay and bisexual men's sexual health is good, as a possible result of effective, comprehensive sex education policies and programs (Powell, 2001)--specific to gay and bisexual men--they may be able to reduce the new rates of HIV for future sexual partners abroad or in the United States. Gaining more understanding of gay and bisexual

American men's sex education experiences and sexual practices may determine if nonsexuality-specific human sex education policies and programs or the inclusion of nonheteronormative comprehensive sex education policies and programs in the United States' education system are potential factors in the prevention or reduction of new HIV cases.

Research Questions

Central Research Question

How do American men living in Pyeongtaek, South Korea, who had same-sex sexual contact in the last 12 months and have recently tested negative for the HIV virus perceive their sexual education experiences?

Subquestions

1. What value does American sexual education hold for gay and bisexual men living in South Korea?
2. How do gay and bisexual men describe their HIV prevention practices?
3. What types of HIV prevention practices do gay and bisexual men participate in that they associate with American sex education?

Theoretical Framework

The phenomenon under study concerned the sex education experiences and sexual practices of gay and bisexual American men living in South Korea who reported testing HIV negative on their last HIV tests. The motivation behind this study was from the lack of sexuality-specific sex education policies and programs in the American and South Korean secondary and postsecondary education systems (Isacco et al., 2012; Sohn et al.,

2012), the negative stigmas attached to gay and bisexual men related to the spread of HIV (CDC, 2001, 2008), and the six participants testing HIV negative when so many other gay and bisexual men tested HIV positive (AIDS.gov, 2009). The gay and bisexual male populations in the United States and South Korea have had some of the highest rates of reported HIV cases, according to reports from the CDC (2013a) and Korean CDC (2011), when compared to the heterosexual male population in America having fewer HIV cases and to the heterosexual and gay and bisexual male populations in South Korea with an almost equal rate of HIV infection. The gay and bisexual population has had the fewest sexuality-specific sex education programs in both countries, based on work by previous researchers (Cho, 2008; Isacco et al., 2012), yet the heterosexual population has had an abundant amount of sex education policies and programs in the education system (Advocate for Youth, 2014, William, 2011).

The framework used for the study was the theory of intentionality, which is a central concept in the philosophy of mind in Husserl's (1931/2012) and Heidegger's (1927/1959) phenomenology. Husserl viewed intentionality as the essential component of consciousness in the structure of thought and experience. This concept related to how the participants in the study consciously viewed and perceived the world, identified with their realities, and understood being--through social phenomenology. Based on Husserl's view of intentionality, when I think of nonheterosexuality, my perception is a perception of a nonheterosexual, and I am thinking of certain sexualities and a relation among them.

For many Americans, the concepts of heteronormativity and heterosexuality are moral, and the concept of nonheterosexuality is immoral (Corngold, 2012; McNeil, 2013;

Robinson, 2012), thus intentionally excluded it from sex education policies and programs in the American education system (Advocate for Youth, 2014). Husserl (1931/2012) viewed intentionality as conscious and intentional acts, and when interpreted for the sake of this study, those who consciously place more value in heterosexuality can analyze the intentional stage of heterosexism in terms of the discriminatory intentional acts (Head, 2015). According to Husserl's view of intentionality, the way of being exists in the conscious mind, thus supporting the idea that the gay and bisexual way of being exists in the conscious mind, yet separated from, and not considered equal to, the heterosexual way of being in the conscious minds of policy makers and education leaders in the American education system.

This perceived separation and inequality occurs because the gay and bisexual way of being is not in line with the essence of learned traditions and culture, based on views of Heidegger (1927/1959). These intended learned life experiences will determine people's consciousness and influence their decisions (Heidegger, 1927/1959; Husserl, 1931/2012; Tymieniecka, 2002; van Manen, 2007), suggesting that what people intentionally learn from their social and educational environments influences what educational policies and programs they believe to be a priority for future life events.

Nature of the Study

The research method selected for this qualitative study was phenomenology. Husserl (1931/2012) presented the concept of phenomenology as a science of experiences, judgment, perception, and thought based on data available to consciousness. Phenomenology is a systematic and disciplined methodology based on knowledge, and its

proponents focus on subjectivity while discovering the essence of experiences (Husserl, 1931/2012; Moustakas, 1994). Qualitative research method of analysis was appropriate for this study because the research consisted of elements that pertained to the identification, nature, essence, and accounts of the phenomenon shared by all the participants (van Manen, 2007). Moustakas (1994) discussed phenomenology as a way to understand participants' experiences, through their feelings, related to the phenomenon in the real-world setting (Moustakas, 1994). Understanding participants' experiences is accomplished through a naturalistic approach, and the findings are not from any quantifiable or statistical methods (Golafshani, 2003). Additionally, qualitative method of inquiry uses interviews, documents, and observations to gain depth and richness from a small pool of participants (Creswell, 2009). According to Golafshani (2003), the qualitative method works best for research that allows the researcher to use different philosophical assumptions, strategies of inquiry, data collection methods, analysis, and interpretations.

The findings from this study came from open-ended, face-to-face interviews, via Skype and FaceTime telecommunication applications, with six gay and bisexual American men between the ages of 18 and 35, living in Pyeongtaek, South Korea, who had had sexual encounters with other men in the previous 12 months and reported testing HIV negative on their last HIV tests. The six participants were located using Grindr, Adam4Adam, Jackd, Manhunt, and Facebook online social networks, and each participant met the inclusion criteria, covered in detail, in Chapter 3. Furthermore, by asking open-ended questions, researchers can encourage long, elaborate answers and

interact and collaborate with the participants during the data gathering process (Moustakas, 1994; Patton, 2002). Patton (2002) noted that because the real world is always changing, qualitative research is the ideal method. This is because the researcher is present during the change and can record the events before and after the change, for the researcher is the instrument (Patton, 2002).

In addition, the identified methodology for this study was a modification of van Kaam's method of analysis developed by Moustakas (1994). This methodology consists of steps used to analyze participants' transcribed interview responses. This method consists of the following steps:

1. list and execute a preliminary grouping of all relevant expression to the experience,
2. reduce and eliminate expressions to determine the "invariant constituents" that are considered the main categories of the experiences,
3. group and present the invariant constituents or categories into core themes of the experience,
4. identify and validate the categories and themes,
5. construct for each participant an individual textural and structural description of the meanings and essence of the experience using those validated themes, and
6. develop a composite description of the meaning and essence of the experience, representing the participants as a whole (Moustakas, 1994, pp. 1-2).

Definitions of Terms

The following terms are conceptually and operationally defined based on their use in the study:

HIV: Human immunodeficiency virus (HIV) is a virus that is spread through body fluids and affects specific immune system cells, known as T-cells, in the human body (CDC, 2015).

Psychodynamic: Mental and emotional forces that determine personality and motivation (Dale & James, 2013).

Andragogy philosophies: Teaching strategies for young adult learners, designed to create more sustainable and relevant learning, through the use of the individual's experiences in autonomy-supportive classroom settings (Conklin, 2012).

Adolescents: For the sake of this study, males between the ages 12 and 17, who focus on what is done to them. This age range includes Erikson's (1963) ego development outcome stage, where males are not considered a child or an adult. This study did not include adolescents.

Young adults: For the sake of this study, men between the ages of 18 and 35, who seek companions and love through mutually satisfying relationships (Erikson, 1963)

Positive behaviors: For the sake of this study, positive behaviors are behaviors that promote health and well-being and may or may not satisfy the desires of the participant (Geisel, 1944).

Positive HIV results: Positive results are results after two HIV tests have come back positive for the HIV antibodies (AIDS.gov, 2009).

Negative HIV results: Negative results, when accurate, are results after an HIV screening that confirms that the HIV virus does not exist in the body fluids of the person tested or that the person has not come in contact with the HIV virus (I-base, 2007)

Emic voice: The voice of the participants in this study as the experts and the focus for information (Mehra, 2002).

Hermeneutic phenomenology: In essence, the study of lived experience or the life world (van Manen, 1990).

Assumptions

Moustakas (1994) supported the notion that researchers should be open to numerous possibilities of paradigms--as such, this phenomenological framework fit this study's inquiry into the phenomenon of gay and bisexual American men who have sex with men and reported testing HIV negative on their last HIV tests. Phenomenological research holds the assumption that there is an essence of shared experiences (Patton, 2002). There is an assumption that there is some universality of experiences, based on themes of the participants, as a reason to take the phenomenological approach for this study, centered on views of Husserl (1931/2012). It was an assumption that participants were intimately connected to and experienced the world around them through intentionality, as supported by views from Heidegger (1927/1959).

With the limited amount of research performed surrounding the sex education experiences and sexual practices of gay and bisexual men who test HIV negative (Advocate for Youth, 2014), there were a number of key assumptions applied to this study as related to the phenomenology framework. One of the assumptions of this study

was that heterosexuality is a normal part of sexual development, and that nonheterosexuality is not a normal part of sexual development, supported by findings from studies conducted by McDermott (2011) and McNeill (2013). Another assumption was that the recognition and the teaching of diverse sex education in the American school system may allow people to accept a gay and bisexual identity as part of a normal sexual development, based on information from the American Psychological Association (2008). I assumed that participants potentially gained some knowledge and understanding from sex education programs, applied learned sexual knowledge when they practiced same-sex sex acts, and knew how to prevent contracting HIV because they reported testing HIV negative on their last HIV tests. I also assumed that participants in this study received their education from the United States education system, in the United States or abroad.

Constructed on data from the CDC (2001, 2008), it was an assumption that gay and bisexual men have a negative association with the spread of HIV in the United States and in South Korea. Moreover, heterosexual-identified people have had the lower rates of HIV in the United States. This may be due to the abundance of sex education specific to the heteronormative position. Then, if assuming nonheterosexual-identified men received equal nonheterosexual-male-specific sex education as that received by heterosexual-identified men, then the number of HIV cases between the two groups may not be so staggering, based on research supported by Bruce et al. (2011), Isacco et al. (2012), and the CDC, (2013a). According to views from Mehra (2002), I, as the researcher and an American man who identifies as nonheterosexual, it was assumed that I would

acknowledge any biases, personal assumptions, and beliefs that may devalue the study. It was another assumption that I as the researcher was able to understand the participants' views and gain meaning of their experiences, while not attempting to guide their responses.

There was an assumption that a small sample for qualitative research was appropriate and that the sample size of no more than 20 participants would enhance the validity of the study, based on information obtained from Crouch and McKenzie (2006). I believed that the number of participants and the data from the interviews were a sufficient representation of the population. It was an assumption that, during the interviews, the participants in this study were willing to speak openly and truthfully about their sex education experiences and sexual practices and that the participants understood the interview questions (see Appendix F). It was assumed that the open-ended interview questions were written objectively and were not guiding the participants to respond in a way that did not align with their experiences, based on Patton's (2002) views.

Scope and Delimitations

When considering the scope and delimitations for this study, it was important to understand that there are negative stigmas associated with HIV and some people have avoided HIV screenings due to those negative stigmas (Avert, 2014). In spite of the barriers that accompany negative stigmas associated with HIV, the participants reported testing negative for HIV in the last 12 months. The scope of this study, geographically, was in the moderate-size city--with around 466,720 people--of Pyeongtaek, South Korea (National Statistical Office of the Republic of Korea, 2015). The gay and bisexual

American male population ages 18 to 35 living in or near the Pyeongtaek area, educated in the United States education system, and who reported testing HIV negative on their last HIV tests were the participants for this study. I used Internet social websites to request participants for this study. Some of the participants were possibly United States military personnel who may or may not have identified as gay and bisexual, yet did admit to having had sex with men, as a criterion to participating in this study.

This study focused on the idea that sex education policies and programs in American secondary and postsecondary educational settings have been limited to heterosexual sex education (Advocate for Youth, 2014; EBSCO Host Connection, 2015; William, 2011), thus excluding nonheterosexuals (gay and bisexuals) from sexuality-specific sex education that may play a factor in the prevention of new HIV cases in the gay and bisexual population. There was a gap--even in the research literature--with regard to the lack of sex education policies and programs specifically for gay and bisexual men (Isacco et al., 2012). The lack of gay and bisexual-specific sex education is a cause for immediate concern (Isacco et al., 2012). It is reasonable to suggest that the spread of HIV in gay and bisexual men's communities, in South Korea and in the United States, may be negatively influenced by this lack of positive gay and bisexual male-specific sex education policies and programs, in their education systems.

Limitations

A limitation that came with this phenomenological study was the subjectivity of the data, which made it hard to establish validity and reliability. To make the study reliable and valid, I recorded detailed notes during the interviews and admitted my

subjectivity when I compared my notes to the recorded interviews. By allowing myself to be a learner--during the interview process--and recorded the information from the participants (experts) as they provided their experiences, reduced potential subjective inputs from me (Armour, Rivaux, & Bell, 2009; Mehra, 2002). Another limitation was the decision not to require participants to test for HIV, with a community partner, as part of being accepted into the study. This lack of data led to questions of credibility about their status after having reported their negative HIV status to me. To overcome this limitation, I accepted that the participants were the experts, and I as the learner valued their statements as truths.

The small sample size was another limitation of this study, which could lead to the question as to whether or not the study was truly representative of the larger population (van Manen, 1990). To resolve this limitation, I made sure that the qualitative sample size was sufficient and representative of the population by getting as many participants as necessary to make sure that the data were sufficient and not overly repetitive. Creswell (2007) suggested keeping the sample size small, no more than 20 participants; to follow his suggestion, I considered six gay and bisexual men an adequate sample. It was my goal as the researcher, when determining sampling size for this qualitative study, to get meaningful input, by immersing myself in the research field, in order to establish strong relationships with the participants (Crouch & McKenzie, 2006; Marshall & Rossman, 2006). Crouch and McKenzie (2006) also noted that selecting a sample size with no more than 20 participants enhances the validity of the study, and

Mason (2010) noted that smaller sample sizes for qualitative studies are less time consuming, more practical, and alleviate repetitive and superfluous data.

Likewise, if participants who agreed to take part in the study were activated for military duty or if the participants' visas expired and they had to leave the country before the completion of the interviews, the study could potentially experience a limitation. However, potential participants who had to leave the country before the completion of the research could have communicated with me via online networks and other modern technological means. If I, the researcher for this study, had to leave the country before the completion of the study, I would have been able to communicate with the study participants, using online networks and other modern technological means, such as Skype and FaceTime.

Another limitation was the difficulty in detecting or preventing bias from my perspective as the researcher, which could have posed limits to this study. To minimize bias, I had others familiar with this subject matter peer review the results for possible bias. As the researcher for this study, I shared personal biases openly to participants, committee members, and peer reviewers to gain credibility. Also to minimize bias, I established rigorous criteria to avoid confounding data and selected participants from the same population based on suggestions by Mehra (2002). I encouraged participants to tell their experiences during the interviews without requiring approval or confirmation from me, as recommended by Mehra. I managed subjectivity by viewing myself as a learner and viewing the participants as the experts, for the participants had the most knowledge about their sex education experiences and sexual practices. Taking on the role as learner

for this study allowed me, as the researcher, to learn about the phenomenon from different perspectives and move beyond personal bias (Mehra, 2002). When I presented the study's findings, I presented them as truths while understanding that other truths exist and that these truths are in line with the idea and context of this study. Also, when I wrote the findings, I focused on the participants' responses by making the emic voice the predominant voice when telling their story. At the same time, I kept my own personal interpretations out of the narrative as best possible, as a means to remain neutral, as supported by Mehra's views.

The final limitation discussed in this study was the possibility of having to expand the scope of the participant selection area from Pyeongtaek to surrounding South Korean cities. This was necessary in order to get the participants needed to answer the research questions and to find out what I needed to know for the study, based on Kvale's, (1996) views. The need to expand to other cities to gain the needed participants was a limitation that I could justify as a limitation that was not stressful for the participants, considering the cities were in close proximity to each other. There are two United States military bases for United States military personnel and a large number of American expatriates located in the Pyeongtaek area, and it was not a major limitation to expand to a neighboring city, such as Suwon. Suwon is 15 minutes from Pyeongtaek by train, and the city has a large number of American expatriates and a United States military base for military personnel.

Significance of the Study

The significance of this study was to stimulate a needed positive social change by gaining more understanding and knowledge of the phenomenon and to possibly reduce new HIV cases and the burdens that are further created by the virus for Americans living abroad and in the United States. Policy makers and education leaders who gain a better understanding of the phenomenon of gay and bisexual men's sex education experiences, sexual practices, and negative HIV screenings can potentially provide more adequate sex education programs and policies in the American secondary and postsecondary education system, specifically for males who may have sex with males, in the future.

The effects of HIV continue to be a financial, social, emotional, and physical burden on American citizens (CDC, 2014b; Institute for Health Metrics and Evaluation, 2013). Results from this study led to a better understanding of how participants in the study tested HIV negative, and the data may assist others in remaining HIV negative. The data released by the CDC (2012) supported the importance that at-risk youth between the ages of 13 and 24 should be educated early about HIV prevention, with information that is both understandable and useable, suggesting that themes resulting from this study may be beneficial to this population as well.

With the results from the study, policy makers could implement sex education policies and programs in American secondary and postsecondary education systems that could assist male adolescents and young adults in testing HIV negative, after experiencing sex with other males. The reduction of new HIV cases would also reduce the burden of the disease on the American people. However, HIV may continue to be a

burden for Americans if young adult men continue to lack knowledge gained from adequate and effective gay and bisexual male-specific sex education policies and programs (CDC, 2013a; Isacco et al., 2012). The prevention of HIV is possible among gay and bisexual men, and when young adult American males can participate in sexual acts, heterosexual or nonheterosexual, with knowledge and understanding of how to effectively protect themselves from contracting HIV, all sexually active Americans can benefit.

Summary

According to data released by a recent Gallup poll, the majority of American citizens favored equality for people identified as gay and bisexual (Newport, 2012). With this favor and the benefits that come with such favor, the population identified as gay and bisexual should receive the same quality of sex education as the population identified as heterosexual. American sex education policies and programs in the school system should be inclusive of gay and bisexual males, which may allow this population to reduce new HIV cases, in the United States or in South Korea. The goal of this chapter is to provide an understanding of how HIV and sex education knowledge can affect sexually active American gay and bisexual men when living abroad, in a country where citizens view themselves impervious to HIV. Because HIV does not discriminate and that many South Koreans view the disease as a foreign issue are reasons for concern for all sexually active Americans traveling to and from the country. Recent literature from Cho (2008) and Isacco et al. (2012) documented the aforementioned problems, and the findings of this

study may prove useful and beneficial to American citizens in the United States and South Korea.

There were a number of assumptions and limitations regarding this study, which could potentially cause problems, if not monitored and minimized effectively. Moreover, as a person living in South Korea who can identify with the phenomenon, I had to work to eliminate personal bias from the study, while maintaining strong relationships with the participants, as recommended by Marshall and Rossman (2006). This study is significant because it may assist policy makers and leaders in education with the incorporation and inclusion of sex education policies and programs in the American education system specifically for gay and bisexual males. Considering when Americans travel abroad to a country like South Korea, which does not place a high value on sex education as it relates to the prevention and spread of HIV, they may have to rely more on knowledge and skills they may have learned in the United States education system to continue testing HIV negative. The inclusion of gay and bisexual male-specific sex education policies and programs in the American education system may prove their worth in the reduction of new HIV cases among the gay and bisexual male populations in the United States and potentially South Korea. Chapter 2 includes details and examples of past and present sex education policies and programs designed more for the heterosexual community in secondary and postsecondary educational settings. The literature review included details that highlight the importance of learning through education and community.

Chapter 2: Literature Review

Introduction

HIV prevalence among gay and bisexual men has been evident because in 2010, over 78% of reported infections among all newly infected men in the United States came from the gay and bisexual male population (CDC, 2013a). The current issue is that, although there are many useful sex education programs and policies available to heterosexual male adolescents and young adults, similar programs do not exist for gay and bisexual male adolescents and young adults in the American secondary and postsecondary education system (Bruce et al., 2011; CDC, 2013a; Isacco et al., 2012). While reviewing current literature from the *American Journal of Lifestyle Medicine*, I discovered a gap that showed that there were fewer useful sex education programs and policies related specifically to gay and bisexual males and the ways in which gay and bisexual males could gain knowledge and understanding about HIV and HIV prevention (Isacco et al., 2012). This is problematic due to the limited amount of effective gay and bisexual male-specific sex education programs and policies for American gay and bisexual males, which may result in inadequate sexual protection knowledge (Lieberman, 2012), consequently placing American men in South Korea and in the United States at risk of contracting HIV.

The purpose of this phenomenological qualitative study was to gain more understanding and insight into the sex education experiences and sexual practices of selected American men, between the ages of 18 and 35, living in Pyeongtaek, South Korea, who had sex with other men, and reported testing HIV negative on their last HIV

tests. This study was important because it identified themes that resulted from sex education experiences and sexual practices from gay and bisexual participants, which lead to more knowledge and understanding as to how some gay and bisexual men avoided contracting the HIV virus. Furthermore, when sexually active American men, living abroad, return to the United States, they carry their HIV status with them. When gay and bisexual men's sexual health is good, as a possible result of effective, comprehensive sex education policies and programs (Powell, 2001)--specific to gay and bisexual men--they may be able to reduce the new rates of HIV for future sexual partners abroad and in the United States. In the study conducted by Powell (2001), data revealed that 94% of parent participants supported the idea of their children being taught safer sex education as a means to prevent HIV/AIDS. The study also revealed that less than 6.5 hours of classroom instruction was devoted to sexuality education and 50% of those student participants reported that they received sexuality education in junior high (Powell, 2001). However, only 5% of the students reported receiving sexuality education yearly while in school (Powell, 2001). The study concluded that school-based curricula are successful at accomplishing educational goals to simply increase knowledge, yet to improve social and health-related goals other interventions may be necessary (Powell, 2001). Gaining more understanding and knowledge of gay and bisexual American men around their sex education experiences and sexual practices may determine if sex education policies and programs in the United States' education system are actually factors in the prevention of HIV.

Most of the literature explored in this study about sex education policies and programs in the United States' education system focused on the heterosexual population, as discussed in articles by Baker and Richards (2013) and Ogusky and Tenner (2010). However, the population identified as gay and bisexual males has continued to have the highest rates of HIV (CDC, 2013a). Yet, this population has not had gay and bisexual males-specific sex education programs and policies dedicated to potentially assist them with adequate and effective knowledge gained from the American education system, based on views from Isacco et al. (2012). Educational programs and policies that are comprehensive and focused on enhancing the health and well-being of males who identify as gay and bisexual or males who practice same-sex sex acts may prove beneficial. Much of the literature also suggested and indicated a negative stigma that linked HIV and gay and bisexual men, as revealed in research articles by Bruce et al. (2011), Flowers and Davis (2013), Grov, Ventuneac, Rendina, Jimenez, and Parsons (2013), Isacco et al. (2012), McNeill (2013), Nleya and Segale (2013), Washington and Brocato (2011), and Wilkinson and Pearson (2013). This negative stigma, along with inadequate learning, has allowed the gay and bisexual male population to appear destructive, due to the lack of heteronormativity (Bruce et al., 2011; Flowers & Davis, 2013; Grov et al., 2013; Isacco et al., 2012; McNeill, 2013; Nleya & Segale, 2013; Washington & Brocato, 2011; Wilkinson & Pearson, 2013). Moreover, the history of sex education programs and policies in the United States secondary and postsecondary education system extended back to the 18th century, and in all of that time

nonheterosexuality has been considered less important when compared to heterosexuality (Baker, & Richards, 2013; D. Drucker, 2012).

This literature review included current literature from studies surrounding sex, sexuality, and sex education in the United States and internationally for adolescents and young adults while describing how researchers in these disciplines approached the issues. This literature review also included literature about the importance of education and learning as discussed in the theoretical framework, attitudes towards sexuality, issues of heteronormativity and heterosexism, the religious views towards sex education, heterosexuality, and homosexuality, and HIV in the United States and South Korea to include stigmas and rates.

Literature Search Strategy

As the researcher for this study, I used several different search methods or strategies to complete the literature search. The initial approach to finding peer-reviewed articles and written works for this literature review was using databases that listed only peer-reviewed articles, such as Sage, for most of the literature. By typing keywords into Google and Google Scholar, such as *sex education, history of sex education in the US, gay sex education, HIV education, education policy and programs in the US and South Korea, history of sex education in South Korea, nonheterosexuality, sexual behavior, HIV prevention education, authors' names, intentionality, journal names, and article titles*, current literature was made available.

To keep the data current, I used articles published between 2010 and 2015. Furthermore, to gain a better sense that the articles were peer-reviewed, I used

information from the articles found using Google and Google Scholar to search for peer-reviewed articles in Sage online publications. I found many articles using that method. I also used reference lists from articles that provided insightful information and supported the research, by researching written works from authors listed in the reference lists to find additional sources. Using cited works helped me to locate literature and made the process seamless. Moreover, many of the current articles surrounding sex education that dated between 2007 and 2013 were from the same authors. Google Scholar and Sage provided peer-reviewed and scholarly articles and research content from Journals such as *Asia-Pacific Journal of Public Health*, *Theory and Research in Education*, *The Journal of American Medical Association*, *History of the Human Science*, *Journal of European Studies*, *AIDS and Behavior*, *The Journal of School Nursing*, *Sexualities*, *Health Promotion Practice*, and many additional credible sources.

Theoretical Framework

Husserl (1931/2012) believed that people should retain understandings of obtained education while avoiding misconceptions, suggesting that because people learn positive and negative behaviors from their social environment, they should avoid misunderstandings as much as possible, in order to be able to make better informed decisions (Tymieniecka, 2002). According to Husserl (1931/2012), intentionality could also be interpreted in such a way to explain gay and bisexual men who test HIV negative because intentional acts are possible in the intentional stage, when they are conscious of their acts based on their levels of reason and rational. Langdridge and Butt (2004) explored the phenomenon of sadomasochistic identities and found that intentional or

conscious learned sexual behaviors played a large role in participants' safety while seeking sexual pleasure. Education has been a significant part of intentional learning, and when parents or figures of influence teach people diversely, people will learn that they have options (Lieberman, 2012) and may be able to protect themselves intentionally from preventable diseases. Learned sex education can be attributed to modeling parents to some degree, school settings, instrumental figures, peers, and media (Shuttleworth, 2008). However, a lack of socially learned sex education behaviors from positive role models like parents, influential members of society, and professionals in education institutions may have contributed to the spread of HIV, based on views from Lieberman (2012).

Learning through intentionality to be conscious of self and conscious of others as people may allow the discriminatory heterosexual individual to accept the gay and bisexual individual from a worldview, based on ideas from Heidegger (1927/1959), Husserl (1931/2012), and Tymieniecka (2002). When considering how and what people learned as children and how those things socially influenced their decisions as they matured throughout childhood, adolescence, and young adulthood, they need to understand that those learned social norms continue to influence people (Shuttleworth, 2008). The concept of intentional learning has proven to be of great significance in the advancement of the human condition. When American policy makers make the conscious decision to intentionally recognize the gay and bisexual way of being as equal to the heterosexual way of being, sex education policies will change to include all sexual identities. Furthermore, it is my theoretical proposition that learned positive sexual

behaviors from secondary and postsecondary educational settings for American gay and bisexual males might be a conceivable factor in the reduction of new HIV cases in the United States.

Literature Review

Intentionality

Based on views from Heidegger (1927/1959), Husserl (1931/2012), and Tymieniecka (2002), learning through intentionality to be self-aware, and conscious of others, as people, may allow the discriminatory heterosexual individual to accept the gay and bisexual individual from a worldview. A study conducted by Buhi, Goodson, Neilands, and Blunt (2011) used the concept of intentionality to explore social and behavior factors of adolescents' intentions to remain abstinent. The researchers believed that the 451 participants' beliefs, norms, and level of self-efficacy were intention predictors. Data from this study also revealed that adolescents makeup only 25% of the sexually active population but account for almost 50% of all sexually transmitted infections yearly. The study also revealed that between 74% and 95% of all American teen pregnancies are not intentional. The study included information regarding how, 91% of the 451 participants reported being sexually abstinent and that all the variables in the study proved to be significant at the .05 levels. The study concluded that environmental factors investigated most regularly in relations to sexual behavior and sexual abstinence research is parental involvement (Buhi et al., 2011).

In another study, Harden (2014) noted that participants agreed that when sexual acts were intentional the experience was more positive. These finding from the study

coincided with Husserl's views of intentionality as the essential component of consciousness in the structure of thought and experience. Dumitrescu, Wagle, Dogaru, and Manolescu (2011) noted that attitudes, subjective norms, and perceived behavioral control influenced intentions to perform behaviors. The theory of planned behavior influenced this study and the results revealed the success of planned, intentional behaviors for many areas to include HIV/AIDS-related behaviors for prevention (use of condoms) with an objective measured variance of 27% and 39% (Dumitrescu et al., 2011). The goal of this study was to evaluate the improvement of oral health behaviors by predicting intentions. As in previous studies relating to intentionality, attitude, subjective norms, perceived behavior control, and knowledge variables proved significant, "which together explained 52% of the variance in intention to improve oral health behaviors" (Dumitrescu et al., 2011, p. 375). In addition, ideas from Heidegger (1927/1959), Husserl (1931/2012), and Tymieniecka (2002) supported that learning and gaining knowledge from sex education program through intentionality and being self-aware, and conscious of others, as people, may enhance the human health condition and prove effective in the prevention of STDs for Americans (Powell, 2001).

Sexuality and Sex Education

Issues of sex, sexuality, and sex education have been under continuous research and debate among scientists, religious groups, and among other groups as those issues relate to American political and cultural values (D. Drucker, 2012). These groups have yet to link the cause of sexuality to genetics or environment (D. Drucker, 2012), suggesting that the root of sexuality may be unknown. Nevertheless, many scientists who

have focused on the study of human sexuality have made comparisons between heterosexual and gay and bisexual identified people and how those people fit into a given society (Baker, & Richards, 2013; D. Drucker, 2012). In their comparison of people identified as heterosexuals and nonheterosexuals, inequalities formed from social divisions (McDermott, 2011). From that social division, many people viewed people who identified as heterosexuals as being normal; while they viewed people who identified as nonheterosexuals, as being abnormal (McDermott, 2011; McNeill, 2013). A socially-learned concept of normality shaped the views of many people throughout the world and these views shaped what issues, policies, and programs are considered important or of highest priority in education systems (Alegre, Collet, & Gonzalez, 2011). For many Americans, sex education from a normal perspective has been heterosexual normative (McNeill, 2013). There would be little-to-no-desire to educate individuals who identify themselves as nonheterosexual, for they are not considered normal (McNeill, 2013). This normal versus abnormal labeling has led to inequalities in policies and programs relating to sex education (Alegre et al., 2011).

Robison (2012) discussed the importance of sex education for children and shared some of the many drawbacks when dealing with sexuality that is not heterosexual normal. Heterosexual citizens are the good citizens and have been entitled to the best education (Robison, 2012). Individuals identified as gay and bisexual can only be good citizens when they have conformed to heteronormative social principles (Robison, 2012). The perception has been that the only way adolescents and young adult males could have been successful and have had happy, fulfilling lives were by living Christian heteronormative

lives (Robinson, 2012). This subsegment of society, likewise believed that educating adolescents about sexual knowledge would be negative for a society and could corrupt children's innocence (Robinson, 2012).

To maintain inequality, at the mention of sex education equality in the American school system, from a political standpoint, a conservative government and right-wing Christian groups would go into a moral uproar, protecting the heteronormative social order (Robinson, 2012). According to a study conducted by Marshall and Hernandez (2013), Christianity views and attitudes towards sexuality education has depended mainly on the context, in that some religious groups have been completely against the idea or the nature of homosexuality identity, while other Christian groups have supported homosexuality. The study involved information concerning how 56% of the mainline Protestants in the study agreed that homosexuality should be accepted, compared with only 40% of historically Black Protestants (Marshall & Hernandez, 2013). Marshall and Hernandez (2013) went on to state that the White evangelicals Protestants were the main opposition to homosexuality issues with only 25% of them agreeing to accept homosexuality as a way of being. The view by some Americans has been that the aforementioned political and religious groups have oppressed people identified as nonheterosexuals, by stating and insisting that nonheterosexuality should not exist (McNeill, 2013; Wilkinson & Pearson, 2013), thus people who identified as gay and bisexual should not have a place in a heteronormative society. Many Americans believed that the recognition of gay and bisexual identity and sex education, linked with the gay and bisexual population, may influence young adult's sexuality and possibly make it

easier for many to identify as gay and bisexual (American Psychological Association, 2008). Nevertheless, the right to be able to express one's true nature is a right that all humans should have, as stated in a human rights speech by United States President Barack Obama (Finley & Esposito, 2011), suggesting that sex education, specific to human sexuality, is a right that all Americans should have.

The access to equal and diverse education has been important for all adolescents, and the inclusion of sex education specifically for nonheterosexuals has been justified and could prove beneficial to all adolescents and young adults (Robinson, 2012). The issue of sex education relating to sexuality and diverse sexualities taught in the school system has been a critical matter (Robinson, 2012). However, some religious groups and political figures have felt that diverse sex education will destroy the child's innocence when sex education policies and programs veers away from the process of heteronormalizing students, as a means for producing heteronormative adolescents and young adults (Robinson, 2012), suggesting that sex education is good only when it is heterosexual focused. Hodzic, Budesa, Stulhofer, and Irvine (2012) noted that 90% of primary and about 75% of secondary school children in Croatia received sex education via Catholic instruction. The findings from the study also supported that when sexuality discussion, not related to the heteronormative context of sexuality, around marriage, arose; the responses to the discussions were viewed as obstacles to meaningful relationship (Hodzic et al., 2012). The study also contained information regarding how 30% of all the primary and secondary schools in Croatia adopted an abstinence-based sex education program. In another study conducted in Croatia, by Modric, Soh, and Stulhofer

(2012), 83.8% of the 1005 participants agreed that Croatian schools should implement sex education programs, which would offer youths the role of going after their own gender-specific sexual and healthcare needs. Robinson (2012) noted that diverse education and knowledge from diverse sex education is critical for the immediate and long-term health and well-being of students.

HIV and Sex Education

According to data released by the CDC (2011b), over 35 million people around the world are living with HIV. In the United States there are over 1.1 million people living with HIV, and over 15% of those people do not know they have HIV (CDC, 2011b). With such high numbers of infections around the world to include the United States and South Korea, data released by the CDC (2011c, 2013c) and the Korean CDC (2011) supports the significance of HIV education and testing, early diagnosis of HIV, sustained care and antiretroviral therapy as methods of reducing transmission of the virus. A study conducted by Howard-Barr, Wiley, Moore, Lang, and Zipperer (2011) showed that 99% of the participants agreed that health education programs should include HIV education. Additionally, the results of a national and state polling of 196 participants in the United States revealed that 87% of the participants supported teaching sexuality education as a means of reducing HIV among adolescents and young adults (Howard-Barr et al., 2011). Results from the poll revealed that 91% of the participants believed that sexuality education is a role that public school should perform. The poll also revealed that 72% of the participants agreed that comprehensive sexuality education programs would address adolescents' needs regardless if they chose to abstain from sex

or to become sexually active (Howard-Barr et al., 2011). The issue of condom education was an area that 85% of the participants agreed was an important piece for adolescents who choose to become sexually active (Howard-Barr et al., 2011). The national and state polling focused on communications, collaboration, and consensus building as a means to support education programs and policies among education providers (Howard-Barr et al., 2011). The results of the poll concluded that 98% of the participants agreed that many adolescents decided to have sex and that there was an urgent need for HIV education (Howard-Barr et al., 2011).

Sex education, as it related to HIV, has been a needed area; therefore, political leaders and school leaders must learn to work together to provide equity sexuality education policies and programs in the school system, that would include students who identify as nonheterosexuals (Marshall & Hernandez, 2013). This study encouraged students to reflect on their beliefs surrounding equity in the structure of the American school system and to consciously confront and identify how curricula that focused on the power of heterosexism, may have negatively affected students who identified as gay and bisexual (Marshall & Hernandez, 2013). Education related to sex education has proven beneficial among the heterosexual population in the area of family planning and disease prevention (Ogusky & Tenner, 2010). Sex education in the United States has focused primarily on the heterosexual population as a priority (Baker & Richards, 2013). However, recently, disease prevention has been a factor in the push for alternative sex education policies, as a means to reduce the spread of HIV in the United States, among the population of adolescents and young adult males, who have sex with males (Ogusky

& Tenner, 2010). Ogusky and Tenner (2010) noted that adolescents should have access to medically accurate, age-appropriate sexual and HIV education, which they can understand.

Tung, Cook, Lu, and Yang (2013) noted in a study that HIV disease prevention could show improvements when students have gained a better understanding and knowledge of their environments. The study included information that described how participants between the ages of 20 and 29 revealed incomplete knowledge about HIV and noted that there should be programs dedicated to providing education focusing on risky misconceptions (Tung et al., 2013). Due to misconceptions and incomplete knowledge for many groups, Tung et al. (2013) conducted a study that focused on the politics of masturbation training, as a means to reduce HIV and an expression of sexuality for people with intellectual disabilities, people in prisons, military personnel, and other institutions that have regulated and restricted everyday life for residents. The study also included data about how trained masturbation would have benefited male prisoners who have sex with other male prisoners in the area of HIV prevention; yet the sex education materials provided for these individuals focused on education oriented toward opposite sex acts, (Gill, 2012), thus not specifically providing educational materials oriented towards same sex acts.

Some scientists believed that males needed to be educated about human sexuality throughout life, as a means, of improving sex education practices (D. Drucker, 2012; Isacco et al., 2012; Nleya & Segale, 2013). Ancient Greeks placed a lot of emphasis on the sex education function of older lovers for their younger partners, as a means of

mentorship (P. Drucker, 2012). Cultural learning is another area grounded in social motivation, as a result, of interacting and learning from others (Farrant & Zubrick, 2011). Cultural learning has suggested that children learned best when they were in an environment that promoted positive learning, designed to enhance their knowledge for future use (Farrant & Zubrick, 2011). Sex education programs and policies in the United States school system and in other institutions have continued to promote heteronormativity while demonstrating an ambivalence toward people identified as gay and bisexual (Gill, 2012; McNeill, 2013), suggesting that sex education oriented towards the same sex is inappropriate and not normal. The United States federal and state, sex education laws identified and linked heteronormativity acts with constructive effects for the family unit (Corngold, 2012; McNeil, 2013), and gay and bisexual acts, with destructive, affects towards individuals identified as homosexuals (McNeill, 2013). Furthermore, McNeill (2013) noted that federal and state sex education laws and policies, mentioned the word homosexuality only once; as a behavior that puts males, who have sex with males, at risk of contracting HIV. Thus, have continued to exclude the gay and bisexual population from sex education programs and policies specific to their gender, which may have contributed to the negative stigmas associated with gay and bisexual men and HIV, based on data from the CDC (2013a).

Stigmas Surrounding HIV

The Botswana modeled an instructional television project implemented in Brazil, designed to contribute to preventing and reducing the impact of HIV, by educating and increasing teachers' knowledge about HIV and sexual reproductive issues so that they

could act as behavior change agents for adolescents in the Botswana school system (Nleya & Segale, 2013). The study highlighted traditional myths, superstitions, misconceptions, and stigmas around HIV/AIDS. Nleya and Segale (2013) noted that 70% of all teacher respondents, in the study, strongly agreed that the traditional way of thinking about HIV/AIDS was confusing to teacher and student. Yet, the remaining 30% of the respondents strongly agreed that the myths, superstitions, misconceptions, and stigmas about HIV/AIDS are prevalent for students and teachers in Botswana (Nleya & Segale, 2013). The goal of that program was to infuse what teachers and students learned from the program into other areas of the school curriculum, thereby giving students a voice, so that they could speak out freely about their views regarding HIV issues (Nleya & Segale, 2013). However, 67% of the teacher respondents disagreed that the program was effective, which was possibly due to still prevalent stigmas, fears, and discriminations among teachers (Nleya & Segale, 2013).

Literature from *Asia Pacific Journal of Public Health*, suggested that many South Koreans view foreigners as dangerous disease (HIV) spreaders (Sohn et al., 2012), thus required many foreigners who planned to live in the country over 90 days to undergo mandatory HIV screenings (Herman, 2012). Currently, there are nearly 30,000 American troops deployed in South Korea, and American troops have been in the country since the early 1950s (Glaser, 2014; Yong-Hak, 2014). Pyeongtaek is the second largest city in the Gyeonggi-do province in South Korea, approximately 40 miles south of Seoul, and there are two military bases bordering the city, which are Camp Humphreys and Osan Air Base (U.S. Army Garrison Humphreys, 2014). Moreover, the U.S. Army Garrison Humphreys

noted that the largest American military base in South Korea, currently located in Yongsan, would be moving to Pyeongtaek in 2015. The combination of the two bases has been the largest construction and transformation project in the history of the United States Department of Defense, thus making Pyeongtaek the fastest growing city in South Korea, and Camp Humphreys the largest military base in South Korea (U.S. Army Garrison Humphreys, 2014). This combined military base would house a United States military community population of over 36,000 to include soldiers, civilian personnel, and their family members (U.S. Army Garrison Humphreys, 2014).

There are also many nonmilitary related American expatriates living in South Korea (Gone2Korea ESL Employment Services, 2014). In 2013, a nationality report noted that there were large amounts of university graduates from the United States, teaching English in South Korea, which numbered close to 9,000 expatriates (Gone2Korea ESL Employment Services, 2014). There were also university students, tourists, and business people among hosts of other Americans in South Korea for various reasons (Gone2Korea ESL Employment Services, 2014). According to the Korean CDC (2011) and HIV Travel Restrictions and Retreats (2013), a number of male expatriate teachers tested positive for HIV after having lived in South Korea. When the teachers tested positive for HIV, their contracts ended immediately, and they had to return to their home countries with the HIV virus (HIV Travel Restrictions and Retreats, 2013).

Many South Koreans have learned that HIV is a foreign issue and have failed to educate South Korean citizens in the area of sex education as it related to the spread of HIV (Sohn et al., 2012). According to Pebody (2012), there have been many negative

stigmas associated with HIV. In a report by NAM Aids Map, Roger Pebody (2012) noted that gay males and male-to-male sex acts have had a negative association with the spread of HIV. Many South Koreans have placed negative stigmas around HIV, and these stigmas have hindered many of them from testing for HIV (Sohn & Park, 2012).

Research conducted by Sohn and Park (2012), provided insight into the knowledge and stigmatizing attitudes, many South Koreans have had towards HIV/AIDS. The data revealed that knowledge regarding HIV among high school students was low, with the correct responses of 54% based on results from a survey (Sohn & Park, 2012). Sohn and Park also found that data indicated that out of the 1548 students, in the study, 50.2% answered correctly about HIV transmission through kissing (Sohn & Park, 2012). The results from the study also showed a high level of discriminatory attitudes related to HIV-infected persons, yet only 39% of the sexually active male students, in the study, reported using condoms (Sohn & Park, 2012). The data from the study included information regarding how the majority of the 7,835 people diagnosed with HIV up to 2011, 91.8% of them were males (Sohn & Park 2012). The fact is, many South Koreans are not required to test for HIV and the stigma associated with HIV detours many from ever wanting to get tested, thus not providing an accurate HIV rate for the South Korean population (Sohn & Park, 2012). The findings from the study “highlight the need for increasing HIV knowledge, reducing HIV stigma, and providing sex education focusing on safer sex practices” (Sohn & Park, 2012, p. 2).

In addition, a study conducted by Nachega et al. (2012) revealed that 81 out of 100 South Korean participants, in the study, believed that people with HIV engages in

risky behaviors, in comparison to the United States, where only 41 out of 201 participants believed this stigma. According to the study conducted by Nachega et al. (2012), over 65% of the participants, in the study, believed that the media was the best way to educate the public about attitudes towards HIV and 46% of the participants suggested that school-based education programs are ways to decrease HIV-related stigma and discrimination. This is important because evidence showed that reducing stigmas lead to improved outcome in HIV prevention (Nachega et al., 2012). The study also included information regarding how 100% of the American participants admitted to disclosing their positive HIV status, to at least one person, in comparison to South Korean participants who only admitted to disclosing their HIV status, to at least one person, was only 71%. In addition, the number of South Korean participants who admitted to not disclosing their HIV status to their sexual partners in a relationship was 45%. This act of nondisclosure of positive HIV status to intimate partners can have serious consequences, such as continued acts of unprotected sexual activity, which could lead to the partner testing HIV positive. Nevertheless, a study conducted by Sohn et al. (2012) revealed that South Korean adolescent participants individually believed they have a lower chance of contracting HIV than peers and others in the general South Korean population, suggesting that many South Koreans continue to not take HIV as serious as other regions of the world and this lack of seriousness may affect foreigners living in the country.

Many United States citizens, health practitioners, and Congress members have continued to discuss sex education surrounding HIV (Corngold, 2012; Gill, 2012; Hodzic et al., 2012; Howard-Barr et al., 2011; Isacco et al., 2012; Lieberman, 2012; Ogusky &

Tenner, 2010). Many United States citizens, recommended sex education programs and systems that promote and encourage abstinence until marriage, as a method of reducing HIV (Corngold, 2012; Gill, 2012; Hodzic et al., 2012; Howard-Barr et al., 2011; Isacco et al., 2012; Lieberman, 2012; Ogusky & Tenner, 2010), thus not providing sex education specific for gay and bisexual men. With all of the time and financial resources spent on abstinence-only education, while the rates of HIV continue to increase among adolescents and young adults, the United States Federal Government has continued its advocacy for these abstinence programs that have proven ineffective (Corngold, 2012; Ogusky & Tenner, 2010), thus widening the gap between heterosexual and nonheterosexual-specific sex education.

Attitudes about Sexuality

Corngold (2012) revealed information from a 2006-2008 national survey that stated that 47% of the adolescents, in the study, who had sex for the first time felt unsure about the sex act. Seven percent of the female participants, in the study, felt their first sexual experiences were involuntary and, another 10% felt it was unwanted. Corngold (2012) noted that statistics suggests that many young people find themselves coerced into sex acts.

Corngold (2012) noted in the study that sex education need to be more than cognitive information about the mechanics of sex, birth control, disease prevention and independent sexual decisions. Yet, sex education should also include the students emotional and character development. Corngold noted that students in sex education classes could reflect on their sexuality through autonomy promotion, suggesting that

students should be open about their sexuality. This study led more towards autonomy facilitating, because autonomy facilitating equips students with the tools to think critically about their lives and what it is to have a good healthy life without someone dictating or influencing their ideas (Corngold, 2012). Teachable skills, have been another area discussed in this study as a means of influencing the developing minds of students, without having to coerce or manipulate them into a conditional lifestyle based on concepts educators, or parents consider best for students (Corngold, 2012), thus providing students with an opportunity for gaining comprehensive sex education specific to their sexuality.

Chi et al. (2013) conducted a study among freshmen college students in Southwest China that evaluated if comprehensive sex education programs would improve sexual health knowledge in reproduction, the use of condoms and contraception, reduce the spread of HIV, and improve the attitudes of heterosexual students towards individuals identified as gay and bisexual. The study revealed that 36.5% of the participants knew when people generally used condoms, yet 60% of the female students fail to fully understand reproduction and contraceptives. The data from the study included information about how young people in China had an unreasonable fear of AIDS and had limited knowledge about HIV (Chi et al., 2013). There is also a strong negative stigma attached to gay and bisexual identified people that may definitely relate to higher rates of STDs (Chi et al., 2013). Data from a 2002 study, discussed by Chi et al. (2013) revealed that 78.6% of men and 66.4% of women do not approve of homosexuality and another 40% of the general population viewed homosexuality as “completely wrong.” The study

also included data on HIV prevalence, increasing from 10.4% in 2006 to 12.5% in 2007 among gay and bisexual men. The strong attitude many Chinese people feel toward the homosexual population may hinder them from seeking health services, which may encourage safer sexual behavior as a means to prevent HIV (Chi et al., 2013).

The study used the social learning theory as a model because it has proven useful when applied to many health education areas to include HIV. With this theory, it is believed that adolescents and young adults can learn how to avoid negative sexual outcomes through role playing exercises, with peers and teachers, knowledgeable in sex education (Chi et al., 2013). The results of this study showed that it is possible to implement effective, comprehensive sex education programs, among young adult populations in Southwest China, where HIV rates have been extremely high (Chi et al., 2013). The study involved information regarding how comprehensive sex education programs could positively influence attitudes of people who identify as heterosexual towards people who do not identify as heterosexual (Chi et al., 2013). Moreover, this type of sex education focused on educating, in a way, that would reduce sexuality discriminatory attitudes, as a means to provide students with adequate education, not influenced by educators' attitudes (Chi et al., 2013).

Farrag and Hayter (2013) explored the phenomenon of Egyptian school nurses' experiences and attitudes toward sex education in the school system. The research findings showed that the participants, in the study, seemed influenced by their personal beliefs surrounding sex education. Farrag and Hayter (2013) also noted that the nurses found it difficult to teach sex education and that policy makers were careful when they

made policies and programs for the school system, due to family values, thus allowing personal attitudes to interfere with the teaching of sex education. However, regardless of educators' attitudes, sex education related to HIV promoted lots of discussion on the health agendas of many countries (Farrag & Hayter (2013).

Review of Methodological Literature

Importance of Education

The literature search revealed only a few viable research articles, relating to sex education in the secondary and postsecondary school system, specifically for gay and bisexual people. There were articles that included information about education inequality; discussed in this literature review and an abundance of articles related to sex education specific to the heteronormative population. A phenomenological study conducted by West (2013), noted that all American students should receive a comprehensive education so that they will have the opportunity to excel in the classroom and in life. Educational institutions should provide appropriate education to all students, as part of their purpose and expectation (West, 2013). Education acts as a precursor to social catapulting to advancement and the molding of young adults, who will make positive contributions to the American society (West, 2013), suggesting that if students receive excellent education around sexuality, from a heterosexual and a gay and bisexual perspective, diverse sex education policies and programs may be able to benefit all Americans.

HIV Prevention Interventions

The disclosure of sexual health to potential sexual partners may have also been an intervention to reduce onward transmission of HIV (Flowers & Davis, 2013). The

aforementioned study conducted by Nachega et al. (2012) revealed that 100% of the American participants admitted to disclosing their positive HIV status to at least one person, in comparison to South Korean participants who only admitted to disclosing their HIV status to at least one person was only 71%. In addition, the number of South Korean participants who admitted to not disclosing their HIV status to their sexual partners in a relationship was 45%. This act of nondisclosure of positive HIV status to intimate partners could have had serious consequences, such as continued acts of unprotected sexual activity, which could have led to the partner testing HIV positive. School-based education programs were suggested by many of the participants, in the study, as a way to reduce HIV-related stigma and discrimination. To be able to adequately address issues of sex education for adolescents and young adults as it relates to male-to-male sex and the contraction and spread of HIV; lawmakers and legislators must collect data surrounding the issue and create policies that will benefit American populations at risk of contracting or spreading HIV (Ogusky & Tenner, 2011). Ogusky and Tenner (2011) argued that more steps need to be taken to slow the spread of HIV in Washington D.C., considering a social service organization (Metro TeenAIDS) that provided critical HIV/AIDS prevention information to only 10% of D.C. adolescents. The study revealed that when a disease exceeds 1% it is considered severe and in D.C., Blacks rate at 4.3%, Hispanics at 1.9%, and Whites at 1.9% of the population currently living with HIV/AIDS (Ogusky & Tenner, 2011). The study also included information regarding how HIV was growing in D.C. adolescent's population and rates tripled from 2000 to 2005 for youth ages 13 to 24. Members of Metro TeenAIDS advocated for a greater systems change approach that

would focus on social change, service, and behavior change, because they believed that the contraction of HIV was largely the result of social circumstances shaped by public policy and not completely by people's behavior (Ogusky & Tenner, 2011). The study concluded that 90% of D.C. parents believe the D.C. schools are responsible for teaching comprehensive, age-appropriate HIV prevention and sex education.

Although researchers have conducted numerous studies related to sex education, most of the studies focused on the heteronormative social order while excluding the concept of gay and bisexual sex education and sexual health in relation to preventing HIV. The association HIV has with gay and bisexual men continues to exist, since the first confirmed cases in the United States and abroad in the early 1980s (CDC, 2001; Korean CDC, 2011) and the rates of HIV among this population continues to rise (Flowers & Davis, 2013; Rendina, Jimenez, Grov, Ventuneac, & Parsons, 2014). Flowers and Davis (2013) also noted in their phenomenological study that gay and bisexual men carry a great burden of poor sexual health, indicating that this population should receive better sex education programs and policies as a means of preventing or reducing new cases of HIV. A study conducted by Rendina et al. (2014) about gay and bisexual men in New York City, who use a Mobile application known as Grindr, revealed that 90% of the 135 participants have taken steps to know their HIV status by getting tested at least once in their lifetime. Additionally, 71% of those men tested for HIV at some point within the prior year (Rendina et al., 2014). The study also revealed that of the 135 participants, 33.3% practiced unprotected anal sex three months before the study and 33.3% of them identified themselves as HIV negative (Rendina, et al., 2014). This study revealed that 1

in 10 men in New York City who use Mobil application and 1 in 5 ages between 18-24 years had never received an HIV test. According to Rendina, et al. (2014) using mobile technology to link gay and bisexual men to HIV information about HIV screening may prove to be an influential prevention strategy.

West (2013) offered a solution to assist in closing the gap in education towards American students, by understanding that there is an inherent social complexity, which accompanies the education process, and that decision and policy makers should accept students as they come, and build on their prior knowledge and experiences. Smart devices are potential research solutions, used as possible methods for closing the gap in sex education, specific to adolescents and gay and bisexual men, in relation to HIV prevention (Groves et al., 2013; Rendina, et al., 2014). The study conducted by Groves et al. (2013) used a sample size of 660 participants from gay bars, clubs, and bathhouses in New York City, which may not be an accurate representation of the gay and bisexual men population. The study revealed that 90.3% of the participants identified as gay and the latter identified as bisexual. Of the participants, in the study, 86.4% noted that they were HIV-negative, 10% were HIV positive and the remaining 3.6 % did not know their status (Groves et al., 2013). Sexual activity was an area discussed, in the study, and “59.1% of the participants reported having sex with at least one new guy in the past 30 days and 39.9% reported having sex with multiple new guys in the previous 30 days” (Groves et al., 2013, p. 277). Further results from the study, showed that 72% of the participants owned a smart device, and this new technology could possibly assist researchers and health care providers, who are currently developing sex education applications, targeted towards

people identified as nonheterosexuals, in the reduction of new HIV cases (Groves et al., 2013). According to the findings of another study surrounding disease prevention, the Internet proved to be an excellent method of providing future health education in relation to education and knowledge about HIV prevention, among adolescents and young adults (Lieberman, 2012).

Summary and Conclusion

In summary, this literature review revealed a few themes about sex education. One theme that came from the literature review was that heterosexuality is normal, and the teaching of sex education should come from a normal perspective. The heteronormative concept was made clear, and nonheterosexuality is not normal, and may not have had a place in the American school system. Another theme from the literature review was that many educators found it difficult to educate outside of the heteronormative construct, thus continued to exclude sexuality-specific sex education for the gay and bisexual population. Abstinence until marriage sex education was an important theme. Many groups were not in favor of providing adolescents with sex education that has been classified as “normal” (male-to-female), thus abstinence until marriage was the next best practice. Furthermore, the idea of providing “abnormal” (male-to-male) sex education was out of the scope of many conservative groups’ understandings. Another theme from the literature review was that HIV has been a major concern and burden for not only the United States but for people in South Korea, who do not believe they will contract the HIV virus because HIV is a foreign issue. However, many Americans and Koreans agree that school-based education could lead to a reduction

of new HIV cases. While these factors are evident in the American education system surrounding sex education, a gap remains in the literature about sex education specific to male-to-male sex or gay and bisexual males in the America school system and this study investigated that gap. I used the phenomenological qualitative study design to gain more understanding and some descriptions of the sex education experiences and sexual practices of selected American gay and bisexual men, who reported testing HIV negative on their last HIV tests.

Chapter 3: Research Method

Introduction

Education is a foremost part of learning and is beneficial to the human condition (Lieberman, 2012). When education is limited, or not present, the human condition might suffer. Human sex education for many adolescent and young adult Americans may have developed from modeling parents to some degree, from influential figures, from secondary and postsecondary educational settings, from peers, and from media (Shuttleworth, 2008). However, many men who identify as gay and bisexual may be limited to positive role models in the American society when it comes to gay and bisexual human sexuality.

The purpose of this phenomenological qualitative study was to gain more understanding and insight into the sex education experiences and sexual practices of selected American men, between the ages of 18 and 35, living in Pyeongtaek, South Korea, who had sex with other men, and reported testing HIV negative on their last HIV tests. The gap in the literature for this study was that there have been fewer effective sex education programs and policies related specifically to gay and bisexual males and the ways in which gay and bisexual males could gain knowledge and understanding about HIV and HIV prevention (Isacco et al., 2012). By addressing this gap in the literature, this study can help gay and bisexual American men, policymakers, health practitioners, and others gain more understanding and knowledge about how gay and bisexual men perceived their sex education experiences. In addition, this gained knowledge and understanding may assist in determining if nonsexuality-specific human sex education

policies and programs or the inclusion of nonheteronormative comprehensive sex education policies and programs in the United States' education system are potential factors in the prevention or reduction of new HIV cases.

This chapter reviews the purpose of the study and the research questions for the purpose of alignment. In this chapter, I also describe the research design, the rationale for the design, the central phenomenon, and the research tradition. Finally, this chapter includes discussion and explanation of my role as the researcher for this study, the methodology I selected for this study, data collecting and analysis procedures, ethical considerations pertaining to working with the selected participants, and issues of trustworthiness before the summary.

Research Design and Rationale

Research Design

The research design selected for this qualitative study derived from works of Husserl (1931/2012). Husserl offered the concept of phenomenology as a science of experiences, judgment, perception, and thought based on data accessible to consciousness. Phenomenology is an organized and systematic methodology based on awareness and focuses on subjectivity while discovering the essence of experiences (Husserl, 1931/2012; Moustakas, 1994). Moustakas (1994) discussed phenomenology as a way to understand participants' experiences through their feelings related to the phenomenon in the real-world setting.

According to Creswell (2007), Moustakas (1994), and van Manen (2007), phenomenological research describes the meaning of individuals' lived experiences.

Qualitative research approach was suitable for this study because the research consisted of features that focused on the identification, nature, essence, and accounts of the phenomenon shared by all the participants (van Manen, 2007). For this research study, I used a phenomenological methodology to describe and examine the sex education experiences and sexual practices of selected gay and bisexual American men, between the ages of 18 and 35, living in Pyeongtaek, South Korea, who had sex with other men, and reported testing HIV negative on their last HIV tests. The participants shared their conscious sex education experiences and sexual practices in the form of face-to-face, voice-only recorded interviews. I then reduced those experiences to the very essence of meaning as recommended by Creswell (2007). The goal of the study was to gain a greater understanding of the experiences of the participants as possible substantiation for incorporating gay and bisexual men-specific sex education policies and programs in the American education system.

Rationale

This study is important because it stimulates positive social change, not only for gay and bisexual men, but for all Americans affected by HIV. The aim of this study was to gain more understanding of the phenomenon of gay and bisexual men's sex education experiences, sexual practices, and negative HIV screenings. I anticipated that results from the study would unearth themes that could potentially lead to more knowledge and understanding of the phenomenon, effective sex education programs and policies for gay and bisexual men in the future, and a reduction in new HIV cases. HIV has continued to be a financial, social, emotional, and physical burden on American citizens (CDC, 2013b;

Hutchinson et al., 2006). Some of the findings from this study demonstrated behaviors, themes, and practices that could potentially lead to a better understanding of how young adult men in the study tested HIV negative, and the data may assist others in following a similar course of action as the men in the study with the result of testing HIV negative as well.

With the dissemination of the published results from this study, sex education programs and policies could be implemented that could possibly assist adolescents and young adult males who will experience sex with males in the future. The reduction of new HIV cases may also reduce the burden of the disease on the American people as a whole. Moreover, HIV may continue to be a burden for Americans, if young adult males do not receive comprehensive sex education related to male-to-male sex, in light of the fact that gay and bisexual men have the highest rates of reported HIV cases (CDC, 2013a) and that HIV is preventable. When young adult males can participate in man-to-man sexual acts with knowledge and understanding gained from gay and bisexual-specific sex education policies and programs on how to protect themselves from contracting HIV, there could be a time when all sexually active Americans can benefit.

Research Questions

This study was directed mainly by a central research question: How do American men living in Pyeongtaek, South Korea, who had same-sex sexual contact in the last 12 months and have recently tested negative for the HIV virus perceive their sexual education experiences? To examine this central research question pertaining to gay and

bisexual American men living in Pyeongtaek, South Korea, I developed the following subquestions:

1. What value does American sexual education hold for gay and bisexual men living in South Korea?
2. How do gay and bisexual men describe their HIV prevention practices?
3. What types of HIV prevention practices do gay and bisexual men participate in that they associate with American sex education?

Role of the Researcher

As the researcher for this qualitative study, my responsibility was to ask open-ended questions, to encourage long, elaborate answers, and to interact and collaborate with the participants during the data-gathering process, as recommended by Moustakas (1994) and Patton (2002). Qualitative research that consists of interviews is excellent for collecting rich data (Creswell, 2009; Moustakas, 1994; Patton, 2002). When collecting data, I needed to remain impartial and refrain from bias and preconceived notions about the phenomena as recommended by Husserl (1931/2012) and Moustakas (1994) with the use of the epoche concept. The epoche process allowed me, as the researcher, to bracket personal experiences away from the experiences of the participants as a way of keeping the participants' experiences original or uncontaminated (Husserl, 1931/2012; Moustakas, 1994).

For most of my life, I have understood that I was gay and bisexual but feared sharing my sexuality due to the negative stigmas associated with being gay. I had just begun to understand my sexuality when HIV emerged in the gay community. Mine is the

perception of an adolescent and young adult American male who peaked sexually in the 1980s, a period when HIV was, in my opinion and the opinion of many Americans, the most terrifying disease at that time (CDC, 2001). Furthermore, having to watch friends and loved ones get sick and die from HIV made the idea of male-to-male sex extremely terrifying. I viewed male-to-male sexual desire as a curse and thought that if I participated in that form of sex, I would contract HIV and die. This fear originated from the most current information and education during that time. I did not know how to protect myself as an adolescent and initially as a young adult American male who desired to have sex with males. However, as a young adult male in university, I studied public health education and gained a wealth of knowledge and understanding about the transmission of HIV, methods of HIV prevention, and other areas regarding the disease. The exposure to this knowledge provided me with sufficient understanding to protect myself when I decided to have man-to-man sex.

As an older male in my 40s, I can now look at the issues of male-to-male sexual desire and acts from a broader perspective and with less bias. I no longer view male-to-male sexual desires and acts as a curse or a precursor to contracting HIV. I view male-to-male sex, when associated with HIV, as public policy and public health issues. Dukes (as cited in Creswell, 2007) noted that a human experience is logical to those who have experienced it, and those humans are capable of expressing their understanding of the experience. As the researcher exploring this gap in the literature, I understand the issue of man-to-man sex; yet want to gain a greater knowledge and understanding of the sex

education experiences and sexual practices of young adult American gay and bisexual men, who test HIV negative.

Researcher's Biases

Another area that I needed to be aware of and take responsibility for, as a researcher, was my personal bias and preconceived notions (Moustakas, 1994), generated by the topic of gay and bisexual men's sex education experiences and sexual practices. Further, I needed to show consideration for the bias I have toward the lack of effective gay and bisexual male-specific sex education programs, policies in the American education system, and the spread of HIV among the gay and bisexual men population, with which I identify. I had to be mindful of the knowledge, education, and practices I have gained and incorporated, as part of protecting my health and preventing HIV, so as not to influence the responses of the participants as recommended by Moustakas (1994). I understood that this sensitive subject could have revealed things about my own personal experiences, and those experiences could have potentially influenced the way I coded and translated the data from the participants' interviews. To remain as neutral as possible and to avoid influencing the participants, I had the written and verbal support of my dissertation committee. I also had the support of a heterosexual-identified PhD student, who did not seem biased in the area of male-to-male sexuality, review the study findings and provide open conversation with me about any areas in the research that may have appeared biased. It was my goal to acknowledge my personal and professional position from an ethical perspective, and to maintain those ethical standards set forth by Walden University while conducting this study.

I established rigorous criteria to avoid confounding data and selected participants from the same population to minimize bias (Mehra, 2002). I also allowed participants to tell their experiences without requiring approval or confirmation from me (Mehra, 2002). I viewed myself as a learner and viewed the participants as the experts to manage subjectivity, as recommended by Mehra (2002), for the participants have the most knowledge about their conscious sex education experiences and sexual practices (Heidegger, 1927/1959; Husserl, 1931/2012). Taking on the role as learner, allowed me to learn about the phenomenon from different viewpoints and move beyond personal biases (Mehra, 2002). When I recorded, analyzed, coded, and presented the descriptions of the participants' experiences, I presented their experiences as truths; while understanding other truths existed and that these truths were in line with the idea and context of this study (Mehra, 2002). When I transcribed the findings from the interviews, I focused on the participants' responses, by making the emic voice the predominant voice when telling their story, while keeping my personal interpretations out as much as possible, as a means to remain neutral (Mehra, 2002). I explained the purpose of the study to all participants in the same manner and avoided sharing my level of understanding, education, and methods of HIV prevention with the participants as part of ethical practices for this study.

Participant Selection

According to ideas from Frankfort-Nachmias and Nachmias (2008) and Patton (2002), the sample or unit of analysis for this qualitative research was a subset of the total population, which were 6 young adult American gay and bisexual men, between the ages

of 18 and 35, living in Pyeongtaek, South Korea, who had sex with men, and reported testing HIV negative on their last HIV tests. Creswell (2007) suggested keeping the sample size small and following his suggestion; I considered six gay and bisexual men an adequate sample. It was my goal as the researcher, when determining sampling size for this qualitative study, to seek meaning by immersing myself in the research field, so as to establish strong relationships with the participants, as supported by ideas from Crouch and McKenzie's (2006) and Marshall and Rossman (2006). Crouch and McKenzie (2006) also noted that selecting a sample size with no more than 20 participants enhances the validity of the study, and Mason (2010) noted that smaller sample sizes for qualitative studies are less time consuming, more practical, and alleviate repetitive and superfluous data. Glaser and Strauss (as cited in Creswell, 2007) noted that small sampling sizes for participants' data, which do not provide any further information on the phenomenon under investigation, follows the concept of saturation. Moreover, the ability to grasp the nature of the phenomenon through interviews can happen with a small sample of individuals with the same lived experience (Moustakas, 1994; van Manen, 1990).

The sampling method used for this qualitative research was a nonprobability sample design with a purposeful sampling strategy because it placed emphasis on strategically and purposefully selecting information-rich cases, which yielded insights and in-depth understandings for the questions under research based on views and recommendation by Moustakas (1994) and Patton (2002). Following other ideas from Patton (2002), I also used a criterion sample because I wanted to select participants that meet the same criteria. The selected criteria include: all participants reported they tested

HIV negative on their last HIV tests, tested HIV negative in the previous 12 months, were men between 18 and 35 years of age, had consensual sexual contact with a man or men in the last 12 months, created a new Gmail account using a prescribed pseudonym, and were educated through the American education system (see Appendix C).

To evaluate for the initial criteria, I sent an electronic introductory message accompanied by the informed consent (see Appendix D) form to the potential participants' message inboxes. I sent the introductory message and the informed consent form to potential participants, possibly educated in the United States secondary and postsecondary education system. The participants, who met the criteria for the study, electronically signed the informed consent forms and the research criteria forms (see Appendix C), and e-mailed them to me.

This sampling strategy for the study was appropriate because the criteria for the study ensure that all participants experienced the same standards. According to Hammersley and Atkinson (as cited in Creswell, 2007), the researcher bases the criteria for selecting who or what, after gaining some perspective on the social lives of the people in the population under study. According to Polkinghorne (as cited in Creswell, 2007), when all participants have met the set criteria for the study, data collected for the study will be more valid because all participants would have experienced the phenomenon.

Instrumentation

For the purpose of this study, the method of collecting data came from in-depth interviews, using Quick Time Player on my MacBook Air, and using me as the researcher for data collection for the researcher-designed open-ended interview questions, as

recommended by Creswell (2009), Moustakas (1994), and Patton (2002). The researcher-designed questions were similar to questions from a previous study, conducted by Howard-Barr et al. (2011), originating from the Florida HIV/AIDS Prevention Education Project, which I researched before formulating the questions for this study. The verification of similar questions, tested in previous studies, provided the content of the questions I formulated with more validity.

The Recruitment, Participation, and Data Collection Procedures

The recruitment, participation, and data collection procedures for this phenomenological study are as follows. I accessed the Internet social utility sites from his MacBook Air, iPhone, and iPad. I searched for gay and bisexual American men in Pyeongtaek on Grindr, Adam4Adam, Facebook, Jackd, and Manhunt social utility sites, who identify as gay and bisexual men on their profile pages. Note: Grindr, Adam4Adam, Jackd, and Manhunt cater to gay and bisexual men for dating, sex, chatting... After locating potential participants, I sent an initial contact message and the informed consent form to the potential participants messenger on the social utility sites stating who he is, the purpose of the message, the study expectations, and some of the study details (see Appendix B). The informed consent provided details about how the participants should go about establishing new Gmail accounts using prescribed pseudonyms, for the purposes of confidentiality. The participants' privacy had to be maintained and protected. The pseudonyms assisted with maintaining and protecting the participants' privacy. Creswell (2009) and Patton (2002) noted that the participants' privacy have to be maintained and protected. This was important because the potential participants privacy coincided with

the research criteria. After the potential participants responded to the initial contact message from their new Gmail accounts--stating their interest in the study--I e-mailed them the Research Criteria Form (see Appendix C), which had details about how, where, and which forms to sign electronically and return to me at the e-mail address I created specifically for correspondence related to this study.

Once the potential participants responded by Gmail with electronically signed consent forms and the research criteria forms from their newly created Gmail accounts, verifying they are interested in participating in the study, consenting to the terms of the study, and meet the research criteria I e-mailed the participants about potential dates for their interviews.

The participants scheduled individual face-to-face voice-only recorded interviews, with me by e-mail. I discussed, by e-mail, which means of face-to-face telecommunication the participants have to confirm compatible devices. The scheduled interviews took place by using my computers, smart phones, and iPad, via FaceTime and Skype. I discussed informed consent with the participants when the electronic face-to-face telecommunication interview started and ended, as recommended by Creswell (2009) and Moustakas (1994), just in case he had a change of mind about his participation in the study. Participants were made aware that they could have withdrawn from the study at any time they desired. The individually semi-structured interviews that came from an oral researcher-designed questionnaire, scheduled to last for no more than two hours, elicited more in-depth responses, to gain rich data from the participants' sex education

experiences and sexual practices, based on ideas from Creswell (2009), Frankfort-Nachmias and Nachmias (2008), Moustakas (1994), and Patton (2002).

I informed the participants of their ethical rights immediately after each voice-only recorded interview, using Quick Time Player on his MacBook Air. I then saved the individual interviews to a password-protected Toshiba external hard drive and checked each interview to make sure the stored files (using the pseudonym as file name) opened properly and have excellent sound quality. I debriefed the participants after they completed the initial interview process. The participants received a list of resources in case they needed support, due to feeling discomfort and stress after talking about their sex education experiences and sexual practices. The participants also received information from me that related to HIV education and prevention. Creswell (2009) noted that when the interviews conclude, the data collected, and the participants are ready to exit the study, the researcher will inform the participants of steps that follow the interviews and inform them that their anonymity remains a major factor in this study, as part of the debriefing process (see Appendix E). Moreover, the participants in the study understood that they could withdraw from the study at any time and they could request the deletion of their recorded interviews, without feeling any pressure from me, based on views from Creswell (2009) and Moustakas (1994).

I addressed the issue of follow-up and the possibility of needing more information from the participants, by giving the participants a time when they could expect a follow-up, as recommended by Creswell (2009) and Moustakas (1994). I also wanted the

participants to understand when their part in the study ended, and I wanted each participant to experience the exiting process.

After I completed transcribing the written interview transcripts from the participants' interview responses, I e-mailed each participant a copy of their transcript and had each participant review their written interview transcripts for accuracy. If there were problems with any transcripts, I scheduled follow-up meetings with those participants to clarify any issues or discrepancies from the written interview transcripts. These changes to the transcripts, based on the participants' statements, took place in front of the participants by using Skype or FaceTime, and I stored all data on the password-protected external hard drive after each analysis. After I completed all needed changes, based on the participants' statements, I informed the participants, via e-mail, when their part in the study ended and made sure that each participant experienced the exiting process. The exiting process was included in the study as a means to

1. Provide participants with more information about the expectation of the study after the completion of the interviews and follow-up.
2. Inform the participants of their ethical rights to withdraw from the study
3. Review the debriefing document and the HIV education and prevention tips document (see Appendix G), to make sure that participants understands the list of resources available to them and the information relating to HIV education and prevention.
4. Inform participants about data retention, security measures for e-mail accounts, and about their continued confidentiality.

5. Inform the participants that they would receive a 1- to 2-page summary of the study findings, after the completion and approval of the study.

After the completion of the research, I asked the participants, via e-mail, to close their e-mail accounts, for added protection and personal safety, due to the sensitive nature of the study. To verify that participants closed their e-mail accounts, I e-mailed participants another request to close their accounts. If those e-mails returned as undelivered, because the e-mail accounts did not exist, then the participants closed the accounts as I had instructed. When participants failed to respond to my request to close their e-mail accounts for privacy, I sent the participants another e-mail stating that the study process had ended and that the participants were responsible for closing their e-mail accounts, based on the research criteria, to which they had consented. Additionally, when participants participate in the exiting process they can eliminate any confusion they have about the research process. The exiting process can also confirm the data's trustworthiness and validity and the accuracy of participants' interview responses (Maxwell, 1992).

Data Analysis Plan

Moustakas (1994) noted that phenomenological research has systematic steps in the data analysis process. The six steps used in this study came from a modification of van Kaam's method of analysis for phenomenological data. The steps were as follows:

1. List and execute a preliminary grouping of all relevant expression to the experience.

2. Reduce and eliminate expressions to determine the “invariant constituents” that are considered the main categories of the experiences.
3. Group and present the invariant constituents or categories into core themes of the experience.
4. Identify and validate the categories and themes.
5. Constructing for each participant an individual textural and structural description of the meanings and essence of the experience using those validated themes.
6. Developing a composite description of the meaning and essence of the experience, representing the participants as a whole (Moustakas, 1994, pp. 1-2).

These data analysis steps assisted in the development of a description of the essence of the participants’ sex education experiences and sexual practices, and what it meant for the participants to have sex with men and test HIV negative. Moustakas (1994) noted that the researcher should understand the common experience of the participants, in order to develop a deeper understanding of the phenomenon. As a method of gaining a greater understanding of phenomenological research, I looked at other examples of phenomena that other researchers had studied. I wanted to understand, from the viewpoint of the participants, what it meant to them to be men who have sex with other men, in an era where gay and bisexual male-specific sex education policies and programs were not present or limited, and the participants were able to test HIV negative. As the

researcher for this study, who has experienced the phenomenon, I recognized the philosophical assumptions from personal experience (van Manen, 2007).

Van Manen (2007) also noted that, for me as the researcher attempting to fully describe the sex education experiences and sexual practices of the participants, I needed to bracket out my own personal, conscious lived experiences about the phenomenon, when I asked the interview questions (see Appendix F). According to Moustakas (1994), specific interview questions asked of the participants, would lead to a textural and structural description of the lived experiences, as a means to provide an understanding of the general experiences of the participants. An example would be interview question one, which asked what are your sex education experiences from secondary education and postsecondary education, in the American school system. Question two followed by asking how are your learned sex education experiences useful for you as a gay or bisexual male. Another question asked what sexual practices did you perform, that may have assisted you in testing negative for HIV. The data developed from question to question, and the general questions flowed with the needs of the study. I used NVivo software package to code the data and record possible themes.

NVivo is a qualitative data-analysis, computer-software program, designed to assist researchers in organizing and analyzing qualitative data (QSR, 2013). Based on ideas from Strauss & Corbin (as cited in Creswell, 2007), I used transcripts to analyze the data by building theoretical sensitivity, which brought me closer to the data, to answer the question “What does the data say?” The use of transcripts also helped me analyze and improve the interview process. As the researcher for this study, I transcribed the written

text, that is, field notes and supporting documents, using my viewpoints based on the data findings and individual characteristics, with the use of content analysis (Cabraal, 2012). I assessed the different ways I could interpret the data and decide what to transcribe to assess what the data means, while working to keep personal bias out of the study. I interpreted the data by focusing on the participants' responses, while making the emic voice the predominant voice when telling their story, while keeping my personal interpretations out of the narrative as much as possible, as a means to remain neutral, based on ideas by Mehra (2002). I inductively coded the data using NVivo to assess themes, frequency counts, and for other areas of interest and needs provided by the program, in support of views by Cabraal (2012).

I coded the interview transcripts line-by-line to help focus on the details and content of the data provided by the experts (participants), as suggested by Khandkar (n. d.). Codes emerged from data free of bias, assumptions, and past literature because this technique concentrated on finding new topics, concepts, terms, and keywords in the data (Creswell, 2007). I based other techniques used for coding on the work of Strauss and Corbin (as cited in Creswell, 2007) that included word repetitions, key-words-in-context, metaphors and analogies, transitions, and connectors. I used descriptive coding because it essentially formed a summary description from interview questions, based on Taylor and Gibbs's (2010) ideas.

NVivo assisted in categorizing the data, and I was able to search for comparisons and labeled the data with nodes as a means of reducing the amount of data conceptually (Cabraal, 2012). NVivo allowed me to track my ideas and actions easily and allow me to

display those ideas using visual tools like charts, maps, and models (QSR, 2013). NVivo also assisted me in unearthing subtle trends by allowing me to dig deeply into the data and create detailed summary reports (QSR, 2013).

However, when the presented data showed discrepant cases, it was my responsibility as the researcher for this study, to further evaluate and observe the participants who provided the discrepant cases as recommended by Erickson (as cited in Freeman, deMarrais, Preissle, Roulston, & St. Pierre, 2010). I established some evidence for the claims the participants made, according to Erickson (as cited in Freeman et al., 2010). I tested and retested the cases against collected data, which provided an excellent means for confirming or disconfirming the discrepant cases, as recommended by Erickson (as cited in Freeman et al., 2010). Further evaluation and observation of discrepant cases were achievable, by working closely with the participants, who provided the discrepant cases with follow-up questions for clarity. This further evaluation added to the validity of the study. Patton (2002) stressed that there is no analysis formula for the transformation of qualitative data into findings. The inquirer had to draw out patterns and themes located in qualitative text, and it was the inquirer's responsibility to make sense of the text, by reducing the large amounts of raw data into an organized system. According to Patton (2002), the human attribute has been a great strength and a major weakness when analyzing qualitative data. What he meant was that the amounts of intellect placed in the coding process, the greater themes, patterns, and organization; inquirers can have over large amounts of data.

Issues of Trustworthiness

Reliability and Validity

In qualitative research, validity and reliability have been two factors researchers needed to pay attention to; when designing a study, analyzing the results, and judging the quality of the study (Patton, 2002). Some of the issues of validity and reliability are that qualitative research is mostly inductive, focusing on understanding particulars, rather than generalizing, viewing threats as an opportunity for learning by not controlling for bias, not being fully aware if the accounts are accurate, and limited sustained trustworthiness (Golafshani, 2003; Patton, 2002). Some ways I checked the reliability of this qualitative study were to check interview transcripts for obvious mistakes, make sure that the definitions for all codes matched up, communicated with peers and committee members effectively to make sure I remained unprejudiced, and cross-checked codes to assure that I properly represented the data (Creswell, 2009). Based on views from Gibbs (as cited in Creswell, 2009), another way to check the reliability of this qualitative study was to make sure that my approach was the same when dealing with different researchers and projects. Yin (as cited in Creswell, 2009) suggested that to do this; researchers should document their studies step-by-step or with as many steps as possible, to allow other researchers to replicate the study.

Some ways I, as the researcher, checked the validity of this study were to use committee members and peers to check the accuracy of the findings, use rich, vivid descriptions when sharing the findings, triangulation, and discuss and clarify my bias (Creswell, 2009). The use of committee members and peers to review the data was an

attempt to minimize bias and enhanced the quality of the written and published work (Patton, 2002; Solomon, 2007). Peer-reviewed data also provided me with needed feedback to enhance and improve the written work, for many times I had missed or overlooked specific issues, and a critical eye from a peer or dissertation committee member often caught the problem as recommended by Solomon (2007).

The use of vivid descriptions provided an in-depth understanding of the phenomenon as viewed by the participants, and equally any areas of the phenomenon not included, I provided an explanation (Law et al., 1998; Patton, 2002). As the researcher for this study, I included as much relevant information about the participants as possible. I used some demographic data to provide readers with as much clarity as possible, and this data provided more credibility to the research, based on views of Law et al. (1998). According to Patton (2002), triangulation provided consistency of findings from different methods and data sources. Triangulation also captured and respected many different perspectives to interpret one set of data (Patton, 2002). Moreover, no single-research method was capable of adequately solving a problem; triangulation was ideal and by using it, I was able to show different aspects of pragmatic authenticity (Patton, 2002).

Ethical Procedures

There are always ethical concerns when performing research, according to Walden University (2013) ethical standards, and the trustworthiness of a qualitative study depends greatly on the ethics of the researcher (Merriam, 2009). When dealing with human subjects for the sake of research, I wanted to make sure that the participant's privacy remained secure and that no harm came to them, as a result, of this study. The

IRB process and approval were important and beneficial to the participants because they assured, in advance and by periodic review, that I took the necessary steps to protect the rights and well-being of human subjects, participating in this research, per the U. S. Food and Drug Administration (2013) standards. Moreover, when I met the necessary steps, they could feel assured that my research met ethical standards (FDA, 2013). History has educated us on the malicious practices humans are willing to place other humans through, as a premise for performing research.

As a recap, before any research took place, I had the approval from the IRB. The IRB is responsible for making sure all students and faculty members, planning to conduct research comply with the University's ethical standards and the United States federal ethical regulations (Walden, 2009). The University does not accept any responsibility for research that a researcher conducts, without the approval of the IRB (Walden, 2013). The IRB approval is done to make sure students, such as I, in a doctoral program, are not able to receive credit for any research submitted that does not meet Walden University's ethical standards.

Ethical issues have been a concern when conducting research dealing with human subjects. Some of the ethical issues that I became aware of spanned the range of ethical and personal issues that I processed after collecting data from participants. Taking advice from Creswell (2007) and Patton (2002), I, as the researcher, respected and protected the rights, needs, values, and desires of the participants. I also maintained awareness, when receiving sensitive information, according to Patton (2002). Research dealing with sex, sex education, gay and bisexual identity and sexual experiences are sensitive topics. If I

did not handle the information carefully, it could have caused issues that could have led to harm for the participants. According to Patton (2002), to help avoid issues that may lead to harm, I communicated the research purpose verbally and in writing, to the participants. Patton (2002) also supported the notion that participants should read and sign informed consent forms before the interviews, and I addressed the issue of consent before the interviews, as well, made sure the participants had not changed their minds.

I formatted a password-protected-external hard drive to store the data participants provided during the interviews. I did this to protect the confidentiality and privacy of the participants. However, it was possible for data to fall into the wrong hands, thereby placing the participants in potential harm's way. I made sure that each participant was well aware of what would happen with the data and that their identities would remain unassociated with the research findings. When I discussed sensitive issues, like the issues of confidentiality for their protection, some of the participants seemed threatened. It was necessary to mention confidentiality and informed consent because it also protected me, as the researcher, during this study. I also got each participant's verbal informed consent, at the start of the interview process, as supported by ideas from Patton (2002).

The potential minimal risks for this study were as follows: psychological stressors that could have resulted from participating in this study as they related to sexuality, HIV, sex education, and from the revealing of participants' true identities. I provided the participants with a list of helpful resources in the debriefing documents to assist them in dealing with such potential stressors. Each participant was prescribed a pseudonym, which kept his identity confidential.

The breach of data was another potential minimal risk. To minimize the risk of a data breach, all voice-recorded interview data were deleted immediately from my MacBook Air recording device after the interviews were saved to the password-protected, external hard drive, and checked to make sure that the data were retrievable and in a usable status. Furthermore, the use of pseudonyms allowed for another level of security to protect the participant's identity. The consent form does not have any participant information located on it, and this added to the participant's privacy and protection. The participants also signed the consent forms, using their prescribed pseudonyms, to maintain their privacy.

Meeting ethical standards was not an easy process, but it was possible when I focused on being honest and not worried about trying to have, my research findings produce, exactly, what I desired. Being above reproach and honest with my work showed that I was in the right frame of mind. I had to take an ethical stance to make sure I eliminated as much bias from my research as possible. To do this, I, as the researcher, transcribed the data exactly as the participants provide it during the interviews. The voice-recorded interviews allowed for more accuracy when transcribing word-for-word. I e-mailed the transcribed data to the participants for a review of accuracy. When necessary, I met with the participants a second time to discuss any needed changes to the transcript. Those transcript changes occurred, in front of the participants, to verify the accuracy of data, before being re-stored in the password-protected external hard drive for a five-year period.

After the 5-year data retention window expires with Walden University, I will delete the data on the external hard drive, and close the private research e-mail account, used for interaction throughout the study. I will delete all data stored on the password-protected, external hard drive for added security and privacy of the participants. The hard drive only has data pertaining to the research stored on it.

I know that it is impossible to not have any bias as human creatures, because people all have things that they like or dislike, and given the chance to express their opinions in the form of research, they could allow their research to take on a biased tone. I did not conduct this research as an expression of my personal experiences; however, I performed the research as a means of filling a gap in literature and adding to the body of knowledge surrounding gay and bisexual men's sex education experiences and sexual practices as they relate to testing negative on HIV screenings. Moreover, the participants who agreed to take part in the study understood that they could withdraw from the study at any time, without any pressure from me. Participants who wished to withdraw from the study had the option to request the deletion of their recorded interviews and exclusion from the study.

I provided a list of resources to the participants in case they need support during and after the study, as a result, of feeling discomfort after talking about their sex education experiences and sexual practices. An example would be when a participant was providing a description of a past sex education experience or a sexual practice and showed signs of distress, I would have referred that person to one of the support resources for gay and bisexual counseling, listed on the debriefing form (see Appendix

E). Also, several helpful sources to include the Camp Humphrey's ministry team's Chaplain, trained in LGBT issues, are listed on the initial contact e-mail, the consent form, and the debriefing letter, as the first level of contact for any participants who need counseling. All potential participants received important information before, during, and after the study. This debriefing document was available during the interview process and provided to participants during the debriefing session, directly after the interviews. Participants were e-mailed 24 to 48 hours after the debriefing session to inquire about their condition, from the perspective of feeling excited about being able to participate in the study, to feeling stress or anxiety related to discussing their conscious sex education experiences and sexual practices (see Appendix E).

It is my hope that this research has provided more understanding and knowledge about sex education experiences and sexual practices of gay and bisexual men, as it involved sex education policies and programs in the American school system and the spread of HIV. Participants may not currently know or have a complete understanding as to why they test negative after having sex with other men. This study has provided themes based on the participants' experiences, which may provide more understanding and knowledge of how their sex education experiences and sexual practices assisted them in testing negative, as a means of continued negative HIV testing. The potential knowledge and understanding gained from this study may lead to a reduction of new HIV cases for gay and bisexual men, and the formation of new, expanded, productive comprehensive sex education policies and programs--not only for gay and bisexual men--but for all sexually-active Americans, abroad and in the United States.

Summary

This chapter included an explanation and a justification of the research methodology and design used for this phenomenological study. HIV has proven to be a burden on American citizens and society as a whole for a number of years, and to date; the disease has remained prevalent among gay and bisexual men (CDC, 2013a, 2013b). Because this topic and the research questions hold both a personal and social meaning, the phenomenological research method was the ideal choice for this study. This chapter included the interview process based on the research questions. This chapter also included an explanation of the participant selection, the study's criteria, and the data collection and analysis process. Lastly, this chapter included discussions about the role of the researcher, issues of trustworthiness, researcher bias, and ethical procedures. The next chapter will include the results of the study.

Chapter 4: Results

Introduction

The HIV rates for gay and bisexual men in both the United States and South Korea have been increasing since the first known case in the early 1980s (CDC, 2001; Korean CDC, 2011). At the time of this study, gay and bisexual male-specific comprehensive human sex education programs and policies were limited in the American and South Korean secondary and postsecondary education systems. In Addition, many South Koreans have continued to view homosexuality and HIV as a taboo subject and have failed to educate citizens in the area of sex education as it relates to the spread of HIV (Sohn et al., 2012). This study allowed the six participants to share their experiences of sexual practices with other men, to include condom use as a form of STD prevention, while living in South Korea and them testing HIV negative. Research has shown that condom use is one of the most effective methods of preventing HIV (CDC, 2013d; Fridlund, Stenqvist, & Nordvik, 2014). Research has also shown that most men do not use condoms consistently when engaging in sex (Braun, 2013). This inconsistent use of condoms combined with the lack of HIV knowledge through sex education may be contributing factors in the high rates of HIV among the gay and bisexual male population (Garofalo et al., 2014). The purpose of this phenomenological qualitative study was to gain more understanding and insight into the sex education experiences and sexual practices of selected American men, between the ages of 18 and 35, living in Pyeongtaek, South Korea, who had sex with other men, and reported testing HIV negative on their last HIV tests.

Phenomenology was selected as the research design for this study because it focused on discovering the essence (Husserl, 1931/2012) and describing the meaning of the individuals' lived experiences (Creswell, 2007; Moustakas, 1994; van Manen, 2007). Phenomenological design allowed me to take the rich, in-depth, firsthand descriptions of the American gay and bisexual participants' sex education experiences and sexual practices and integrate them into shared themes. This chapter includes the findings from the participants' face-to-face interview responses.

Data Collection and Analysis Process

I commenced the data collection process by searching on Grindr, Adam4Adam, Facebook, Jackd, and Manhunt social utility sites for gay and bisexual American men in Pyeongtaek who identified as gay and bisexual men on their profile pages, after receiving IRB approval (approval number 01-15-15-0378525, expiration date of January 14, 2016) via e-mail. Once I located potential participants on the social utility sites, I sent photocopied images of the initial contact message and the informed consent form to the potential participants' message inboxes. The sites Grindr, Adam4Adam, Jackd, and Manhunt, which cater to gay and bisexual men for dating, sexual encounters, and chatting, do not accept Word documents. To contact potential participants on Facebook, I uploaded the initial contact message and the informed consent form to the potential participants' message inboxes. I submitted over 60 initial contact messages, accompanied by the informed consent form, to potential participants. I also posted the initial contact message to several group pages that catered to gay and bisexual men. When a person responded from one of the group pages (Rainbow Gathering Party, LGBT and Allies in

Korea, Gay Friends in Seoul) on Facebook with interest, I sent him the informed consent form, which provided more information about the study. Of all the messages sent and postings to group pages, 26 gay or bisexual men responded with interest in participating in the study and of that 26, six met the set criteria and were interviewed for this study.

There were a few challenges presented during the recruiting process. Identifying participants was easy; getting them to follow the protocol to participate in the study proved to be difficult. Many of the participants expressed being uncomfortable about openly sharing their gay or bisexual sex education experiences and sexual practices with me. Some stated that they were afraid of losing their jobs if outed as gay men to their schools by participating in this study. In my experience over the past 6 years as a resident living in South Korea, I have heard about the discrimination nonheterosexual-identified Koreans and expats faced when outed. McDonald (2014) shared some information about how the issue of sexuality comes up during interviews for some nonheterosexual-looking people (particularly men who look like women and women who look like men), and many employers deny those people jobs. Cho (2009) and the United Nations High Commissioner for Refugees (2015) described how a South Korean actor (Suk-Chun Hong) lost his job after coming out publicly in 2000 as a gay man. Cho (2009) went on to express that, because of the strong Confucian tradition in South Korea, homosexuality is foreign to the older generations in South Korea and to discuss it is considered taboo. This taboo accompanied with the actions of employers transitions throughout the society and many foreigners internalize and adopt these fears and hide their sexuality. Eyck (2014) discussed how her employer and some of the adult students she taught at night spoke

about homosexuality as a real problem. Eyck continued to explain how she was afraid to share her homosexuality with her employer due to job security and she felt that she could not be her true self. Participants' fear associated with being outed as a gay or bisexual man was the greatest challenge I had with recruiting participants for this study.

There were other instances where some gay and bisexual men responded to my request for participants because they were interested in a possible sexual encounter with me. Still, some others--who responded with what appeared to be genuine interest--failed to follow through with the established protocol. The six, who accepted their prescribed pseudonyms and created new Gmail accounts as part of the protocol, e-mailed me, and the interview process began. The American gay and bisexual community in South Korea is small, which is expected, considering less than 4% of the total American population identify as gay and bisexual, according to the CDC's (2014b) National Health Interview Survey. The six participants who agreed to participate in this study were a sufficient representation of the American gay and bisexual population, based on Creswell's and Glaser and Strauss's (as cited in Creswell, 2007) views of saturation. The data from the participants' interviews were not providing any further information, and with the present information I was able to grasp the nature of the phenomenon because the participants shared many of the same experiences.

The participants scheduled individual face-to-face voice-only recorded interviews with me by e-mail. The first e-mail I sent the participants included the informed consent form and the research criteria form. I also used e-mail to discuss the types of face-to-face telecommunication the participants used to determine if we had compatible devices

before scheduling the interview appointments. The six participants had compatible devices and the face-to-face; telecommunication interviews were conducted using Skype and FaceTime, after receiving electronically signed informed consent and research criteria forms from individual participants. Each interview was voice-only recorded using Quick Time Player on my MacBook Air. I played and listened to the recorded interviews in the presence of the interviewees for sound quality before storing the recorded interviews on a password-protected external hard drive.

I transcribed the voice-only recorded interviews word-for-word to include nonlexical conversational sounds such as ums, ahs, and laughs to create an accurate presentation of the content. After I transcribed the interviews, I e-mailed the transcripts to the participants for member checking. The participants viewed their transcripts for accuracy, and one participant requested a follow-up interview to clarify who provided his sex education.

Data for this study were analyzed based on a modification of van Kaam's method of analysis, developed by Moustakas (1994). This method suggested several steps, outlined in Chapter 3 of this dissertation, which begin with listing relevant expressions into categories and themes and then constructing textural and structural descriptions of the meaning and essence of the experiences, representing the participants as a whole.

Findings and Data Analysis

The problem for this study was that although there have been many effective sex education programs and policies available to heterosexual adolescents and young adult males, similar programs do not exist for gay and bisexual males in the American

secondary and postsecondary education system. According to the *American Journal of Lifestyle Medicine*, the lack of effective sex education programs and policies related specifically to gay and bisexual males men may influence the ways in which they could gain knowledge and understanding about HIV and HIV prevention (Isacco et al., 2012). The participants for this study all lived in South Korea and were exposed to a South Korean culture that viewed homosexuality and HIV as foreign issues (Cho, 2008). The lack of knowledge many South Koreans have about HIV transmission, due to how the virus is viewed in the country, may be a problem for gay and bisexual Americans living in South Korea, considering knowledge about HIV transmission is a possible contributing factor to contracting HIV (Garofalo et al., 2014). The purpose of this study was to gain more understanding and insight into the sex education experiences and sexual practices of selected participants. These gay and bisexual participants openly recalled and discussed their conscious sex education experiences based on the sex education they gained from the American education system, family members, and from common, available knowledge. The participants discussed their sexual practices based on how they went about participating in or abstaining from sex and how the fear of contracting HIV factored into their sexual practices.

The Lived Experiences of Six Gay and Bisexual Men

The six participants shared some common experiences. The participants are all adult gay or bisexual males between the ages of 18 and 35, who had consensual sexual contact with a man or men within the last 12 months. They all reported having their last HIV screenings within the last 12 months and that those tests results were negative for

HIV. All of the participants were educated in the American education system in the United States or abroad. The six participants lived in South Korea and experienced a conservative culture where many South Korean citizens has had an optimistic bias towards HIV (Sohn et al., 2012) and viewed homosexuality as taboo and as international issues (Cho (2008). The participants all used some form of social media and created Gmail accounts as a criterion for this study.

Due to the confidential nature of this study and the participant's safety and well being, other demographic and identifying questions were not included, for reasons of anonymity and confidentiality. Each participant was prescribed a pseudonym, which kept his identity confidential. The interview questions were designed to focus on the conscious recollection of the participants' sex education experiences and sexual practices, and probing questions were not introduced during the interviews as a means to allow each participant to reflect on the individual interview questions independently. I wanted the participants to answer the questions without my assistance. I felt that if I had probed, I might have biased their answers in the process of trying to gain a suitable answer based on my personal experiences. I provided an overview of the discussions with the participants about their individual sex education experiences and sexual practices in the following sections.

Coding for Textural and Structural Descriptions and Themes

Following a modification of van Kaam's method of analysis for phenomenological data, developed by Moustakas (1994), I analyzed the interview data. The first step involved listing and grouping all expressions relevant to the sex education

experiences and sexual practices of the gay and bisexual participants. In Step 2, I reduced and eliminated irrelevant expressions. Step 3 involved grouping and presenting the categories into themes. In Step 4, I identified and validated the themes. Step 5 involved constructing an individual textural and structural description of each participant's experiences. Finally, Step 6 involved developing a composite description of the meaning and essence of the experience, representing the participants as a whole. These steps will demonstrate how I coded the data, developed categories, and identified themes that emerged from the interview data.

Step 1: Listing and Grouping

To code the data, I imported the interview transcripts into the NVivo program. I bracketed my personal experiences away from the experiences of the participants. I kept my notes taken during the interviews separated from the interview transcripts. I imported the interview transcripts into the NVivo program, read them again and took more notes as I identified relevant expressions relating to the sex education experiences and sexual practices of the gay and bisexual participants. With the NVivo program, I performed a word frequency count using the twenty most frequent expressions. I immediately eliminated twelve of those expressions, and I grouped the remaining eight expressions into categories, in relations to their relevance to the participants' sex education experiences and sexual practices. The interview responses for each question were repetitive, and categories were easily drawn from the interview responses, as I read through the transcribed, interview transcripts. The repetitive expressions gathered by coding the interviews assisted me in creating nodes, which are collections of references

about specific themes. These nodes were easily taken from the interview responses and imported into the NVivo program.

Step 2: Reducing and Elimination

The categories quickly emerged from the five interview questions. The repetitive expressions (sex, education, experience, sexual, useful, practice, condoms, HIV) assisted me in creating categories because the interview responses, from the six gay and bisexual participants, were similar.

Interview Question 1: What are your sex education experiences from secondary education and postsecondary education, in the American school system? The participants responded similarly to this question and three significant categories emerged. All of the participants reported having some form of sex education experience during their secondary or post-secondary school years. Adam, Andy, and Zachary shared that they discussed the use of condoms and Adam, Andy, and Tyler reported they discussed STDs during their sex education experience in the American school system. Adam and Andy experienced all three of the relevant categories associated with this question (sex education, condom uses, STDs).

Adam initially explained what he remembered by stating, “I did not remember experiencing sex education in school.” However, in a later statement he noted, “I learned about STDs in high school.” Learning about STDs is a form of sex education, yet Adam did not consider what he learned about STDs as sex education. Adam also stated, “I was encouraged by my aunt to use condoms when engaging in sexual encounters.” Adam recalled gaining his sex education experiences from his aunt and not from a sex education

course in school. Andy experienced sex education in elementary school, and he learned about condom usage and STDs. Logan experienced sex education in High school. Manson experienced sex education in the public schooling system, and he learned about abstinence and different protection types but not how to use them. Tyler experienced sex education in High school, and he learned about STDs. Zachery did not remember his sex education experience in detail but did remember the teacher's advice to always wear condoms. The six participants admitted to experiencing some form of sex education courses during their secondary and postsecondary school years, and in those courses they learned about STDs and condom usage.

Interview Question 2: How are your learned sex education experiences from secondary and postsecondary school settings useful for you as a gay or bisexual male? Nearly all of the participants reported that the sex education they experienced was not overall useful to them as gay men, yet they did learn about STDs and condoms usage. Adam did not state if his sex education experience was useful for him, but he did state, "I was encouraged to use condoms and never to assume because a person look healthy or appear to be healthy that they are healthy and/or STD and HIV negative." Andy explained that his sex education class was not useful at all, but they did teach him how to put on a condom. Andy also explained that the sex education he experienced was not useful for him by stating, "They did not discuss gay sex practices at all when I was taking sex educ." Logan stated:

Well I did not feel like, my, the sex education course I took was very useful for me because, ah like I said, most of it was generic information and it was, ah it

wasn't geared towards gay or either bisexual males, or females for that matter. It was just mostly geared toward straight people, so it wasn't very useful for me I would say.

Manson stated:

I do not think that they were very useful because teachers did not talk about GLBTQI issues. They talked about HIV/AIDS and maybe some history with it but the teachers also discussed ways to prevent getting HIV/AIDS, as in using protection, not sharing needles, and mother to baby issues. They did not discuss gay anal sex though, so I was um a little bit confused.

Tyler did not state if his sex education experience was useful, but he stated, "Well I think they, I guess, made me aware of what can happen. Understanding, ah different diseases and things that are bacteria verses, you know virus related." Zachery stated, "Well, it was useful in that it scared me from not having sex with other people because I was always afraid of getting HIV or STDs." Zachery learned about the negative consequences associated with sex, he did not learn how to protect himself from contracting HIV, and was afraid to have sex as a result of his sex education experience. The participants' sex education experiences were not geared towards gay and bisexual males sex, and this caused many of the participants to view their sex education experiences as not useful.

Interview Question 3: What sexual practices did you perform that may have assisted you in testing negative for HIV? All of the participants reported using or incorporating some form of sexual protection practices during their sexual encounters.

Adam stated, "I use condoms and I never assumed a person is clean." Adam further stated, "I randomly as the person when they were last tested. Did they test positive or negative for STDs and HIV?" Andy stated, "I practiced safe sex, I had to use condoms and I get tested regularly." Logan stated, "Ah just, I guess, condoms use and getting tested um every once in a while, I guess well, probably not as often as I should have but just that I guess." Manson believes that he did not use condoms often enough, suggesting that he did use condoms sometimes. Tyler reported that he wore condoms when having sex, and sometimes he decided not have sex. Tyler also explained that he has used antiretroviral drugs when dating an HIV positive man. Zachery reported that he had sex when he was in a serious relationship, and he and his partner practiced anal and oral sex only. The six participants were all aware of the spread of HIV and they all seemed concerned about contracting HIV and periodically used methods that they thought would prevent them from contracting the HIV virus.

Interview Question 4: When having sex with men, what HIV prevention practices did you use from your learned sex education experiences? The responses to this question reflected exactly what the participants reported experiencing in question three. Adam, Andy, Logan, and Tyler all responded to this question in the same manner as they did to question number three. Manson explained that when not using condoms, which he stated that he rarely used, he practiced pulling his penis out of the man's rectum at the brink of the organism, to stop the semen from entering the anus. Zachary explained that when planning to be sexually active he would get tested at the HIV clinic before having sex. He noted that if he did not get tested with the person, he would wear condoms each and

every time they had sex. The sexual practices the participants experienced, derived from ways they believed they could reduce the risk of contracting HIV.

Interview Question 5: What else can you tell me about your sex education experiences and sexual practices that may be helpful for this study? This question did not offer any new information that was relevant to grouping of categories other than the reiteration of using condoms.

Step 3: Grouping and Developing Themes

From these categories, three relevant themes emerged in relations to the sex education experiences and sexual practices of the six gay and bisexual participants. There were three themes that emerged from the interview data. The first theme was sex education experience, which all the participants reported experiencing. The second theme included information regarding how the participants' sexual practices for preventing HIV/STDs translated to condom use. The third theme included information regarding how sex education value translated to the usefulness of the information the participants received during their sex education experiences in secondary and postsecondary school setting. I described these themes in greater detail in Steps 5 and 6.

Step 4: Validating the Themes

I validated the three themes by checking each theme against the transcribed interview responses of each participant. When checking for themes, I looked for common expressions from the participants and for expressions not clearly stated; I found the general expressions to be similar in nature and in context and relevant to the participants' experiences. I omitted the themes that were not relevant or compatible to the participants'

sex education experiences and sexual practices. The three themes that emerged are relevant to the participants' sex education experiences and to their sexual practices. The relevant themes may have also contributed to the participants' negative HIV results

Step 5: Individual Textural and Structural Descriptions

In this step, I wrote individual descriptions of the participants' experiences. Creswell (2007) describes textural descriptions as written descriptions of what the participants experienced while structural descriptions as written descriptions of the context or setting that influenced how the participants experienced the phenomena.

Because of the nature of the study and the at-risk population of gay and bisexual men in the study, certain questions were asked of all participants as part of the criteria to participate in the study. These criteria included being educated in the American education system in the United States or abroad, living in South Korea, had sex within the last 12 months with a man or men, and reported testing HIV negative on their last HIV tests taking within the last 12 months.

Textural Descriptions

Adam's textural descriptions. Adam referred to his sex education experiences from the American secondary and postsecondary education system as a course he never experienced. Adam received his sex education from his aunt. His aunt made him aware of the importance of his sexual health during intercourse. Adam believed that he must know about the person's HIV and STD status, and he randomly asked potential sex partners when they were last tested for HIV and STDs. He never assumed a person was STD and HIV free, just because the person looked healthy or appeared to be healthy.

Andy's textural descriptions. Andy believed that his sex education experience was not useful because they only taught him how to put on a condom. He felt that because he did not learn about gay sex practices the sex education he experienced from his secondary or postsecondary school was not useful for him, as a gay man, when participating in gay sex.

Logan's textural descriptions. Logan recalled being forced, by the school, to take the one sex education course that he experienced during his secondary and postsecondary school years. Logan believed that the course was not very educational for him because the information was generic, common knowledge about heterosexual sex. Logan also believed that the course was not geared toward gay and bisexual people.

Manson's textural descriptions. Manson's sex education experience was more involved than the rest of the participants. He remembered that they mostly learned about the human body and how it works, but they did not discuss sex, how to use protection or gay and bisexual issues. He did not find his education experience useful as a gay male.

Tyler's textural descriptions. Tyler believed that his sex education experiences made him more aware of sex related issues for his sexual practices now. He understood the possibility of what can happen when it came to contracting HIV.

Zachery's textural descriptions. Zachery was fearful of sex for many years, and he abstained until he met his first serious partner. Zachery believed that the sex education course he took during his secondary or postsecondary school years did not teach him how to protect himself from contracting HIV when engaging in sexual intercourse with men. He felt that his brief recollection of his sex education class was useful, in that it scared

him from having sex, due to the thoughts of not knowing how to protect himself from contracting HIV. Zachery allowed fear to control his sexual practices and activities. The sex education Zachery experienced created fear, instead of ways to educate him about the virus and providing him ways to protect himself from HIV and STDs when considering sexual encounters.

Structural Descriptions

Adam's structural descriptions. Adam seemed bleak about his sex education experiences to the point where he could vaguely recall a ninth-grade experience where he learned about STDs in his high school. Most of Adam's sex education experiences, during his secondary and postsecondary years, came from his aunt, in a home setting, as a means to prepare him for nonspecific sexual acts.

Andy's structural descriptions. Andy remembered that his short sex education course took place during his sixth grade year in elementary school. The instructor discussed condom usage and STDs for 1 to 2 hours over 2 days.

Logan's structural descriptions. Logan took only one sex education course in high school, and he described the course as not focused on sex education, yet rather just doing busy work unrelated to sex education. Logan acquired general sex education knowledge through everyday life, which encouraged his use of condoms during sexual intercourse. Logan felt that people "should" use condoms when engaging in sexual acts.

Manson's structural descriptions. Manson was the only participant who reported experiencing sex education courses all through his public school years. He did not learn about sex education in the home setting. Manson also discussed, having lots of

sexual intercourse during his life and much of it was unprotected, yet was still about to test negative for HIV as a possible result of his sexual practices. Manson practiced the pulling out method, as a means to keep semen from entering his partner's anus. Manson did not seem sure as to how he tested negative on his HIV tests as the insertive partner. Regardless of his knowledge, the insertive partner does bear less of a risk of contracting HIV than the receptive partner (Aids Map, 2015; Vittinghoff et al., 1999). The HIV virus also must be present in order for it to pass from one person to another.

Tyler's structural descriptions. Tyler experienced sex education once in his elementary school, and he took another course during his ninth grade year in high school. The course he took during high school was one term, and he recalled learning about STDs, the human body, and sexual protection.

Zachery's structural descriptions. Zachery did not remember when he took his sex education course. However, he remembered that one of his schoolteachers instructed the course, and he remembers his teacher saying to "always use a condom." Zachery also used testing for HIV and monogamy with his partner as HIV prevention methods.

Themes

Three themes emerged as an outcome of the Skype and FaceTime, face-to-face interviews with the six gay and bisexual participants from Pyeongtaek, South Korea. I used Skype to interview Adam, Manson, Tyler, and Zachery, and I used FaceTime to interview Andy and Logan. The themes that emerged from the face-to-face interview responses were: sex education experience, condom use, and usefulness. The theme sex education experiences emerged from one-interview question responses. The theme

condom use as sexual practices for preventing HIV emerged from at least three of the interview questions' responses. The theme usefulness as related to sex education value emerged from at least one of the interview questions' responses. The three themes emerged from the six participants' responses to the five interview questions about their sex education experiences and sexual practices.

Sex education experience. The six participants in this study had all experienced some degree of sex education from the American secondary and postsecondary education system. These sex education experiences were evident and based on the common themes from the interviewees' responses. Some of the participants did not all recall their sex education experiences, but they all spoke about education to some degree. The sex education, most of the participants experienced, included, preparing adolescent and young adult heterosexual males and females for future sexual experiences that may result in unwanted pregnancies, STDs and HIV when they fail to use adequate sexual protection during sexual encounters. None of the sex education experiences reported by the participants catered towards gay and bisexual sexual encounters.

Adam felt that he did not truly experienced sex education from secondary and postsecondary education in the America school system, yet he believed that he was in high school when he learned about STDs. STDs are sexually related, and when taught in a school setting, sexual activity is a direct part of the STD education. Adam learned a more in-depth level of sex education from a family member, in the home setting. He recalled that it was his aunt who encouraged him to use condoms, if and when engaging in sexual intercourse, as a means to protect his health from STDs and HIV.

Andy discussed his sex education experience from the American secondary and postsecondary school system this way, “The only sex education experience I could recall was from my elementary school.” Andy laughed as he reported; “I might have been in the sixth grade when I took the one or two-hour course over maybe two days.” He went on to say, “They only talked about condom usage, sexually transmitted diseases and such.”

Logan remembered that he had only one sex education class, and it was during high school. He believed that the course was for a half a year and that all the students were forced to take the class. Logan elaborates more about the class by stating:

I don't feel like it was very educational for me, it was generic information and ah my teacher wasn't there for most of the year. She was out ah on medical leave I guess, and we just did a lot of busy bookwork, kind of, and I didn't have any sex education in my university.

Manson believed that he attended sex education classes all through his public schooling years. He also noted, “My parents did not discuss any sex education with me, what so ever.” Manson went on to state, “They just left it up to the school.” He then added:

I felt that the public education system did a mediocre job of explaining sex education to us. They were more concerned about teaching us how our bodies changed, like through puberty than teaching us about abstinence. They also did not show us how to use protection. They spoke about the protection types, but not how to use them.

Tyler recalled that he gained his sex education experiences through the center of education; from a short, half-a-term sex education class in when he believed might have been the ninth-grade. Tyler's high school instructors covered some of the health principles, which were briefly addressed during one of his middle school health classes. Tyler believed that some of those principles addressed the autonomy of the human body, STDs and things of that nature. Tyler continued by stating, "In postsecondary I took a few courses in health science, and I gained a bit more information about sexual health and reproduction."

Zachary slowly stated:

I don't really remember sex education in secondary school. I just remember the teacher saying to always use a condom. I remember, having a demonstration in our classroom, where we had to practice putting a condom on a banana, that's all I really remember.

Condom use: Sexual practices for preventing HIV. Sex education and sexual practice worked well together, and they developed into one theme. The study focused on sexual practices that may potentially lead to HIV negative testing as a possible result of sex education. It made sense to combine these concepts. The data released from the CDC (2014b) support the importance of HIV prevention practices. The CDC's HIV prevention practices included: wearing condoms, discussing your sexual health with your partner through a form of disclosure, having a monogamous relationship, practicing abstinence, getting tested regularly and with your sex partners, and other practices to include circumcision. All of the participants admitted to practicing some form of HIV prevention.

Adam was very direct when he stated:

I use condoms, and I never assume a person is clean. I randomly ask the person when they were last tested. Did they test positive or negative for STDs and HIV? I was informed that just because a person looks healthy doesn't mean they are free of sexually transmitted diseases. Finally, I was even encouraged to abstain from sex until marriage.

Adam seemed very confident when sharing his HIV prevention practices, and he may be influencing others' lives without even knowing it, just by asking these questions of them. Asking these types of question may be a form of sexual health awareness and the disclosure of sexual health, for those being asked. This type of HIV prevention practice is important for young American men who may not be consistent with condom use, lack knowledge of HIV transmission and are sexually involved with young South Korean men who do not believe that contracting HIV is a major concern for them, which may result in not always using sexual protecting, as supported by a study conducted by Sohn et al. (2012).

Andy laughed and stated, "I guess the only form of prevention practices I incorporate in my sex life, other than getting tested regularly, is using a condom." He felt that he practiced safe sex, and he used the term 'had to' when he discussed using condoms. Andy used the term 'had to' as an imperative; almost as if his life depended on following a certain practice. Andy stated, again, "The only thing I really learned from those educational settings would be to use condoms though." Andy did not acknowledge other methods to prevent or reduce the risk of contracting HIV that did not include the

use of condoms. Reports from the CDC (2014a) included information regarding how condom use is the most effective method of preventing HIV for sexually active people. However, practicing monogamy with an HIV negative partner, practicing only oral sex, and engaging in sex with only men he tested HIV negative with are other examples of how to prevent or reduce the risk of contracting HIV.

Logan reported using condoms and getting tested every once in a while, yet probably not as often as he should have. Even though Logan reported using condoms as a form of HIV prevention, he stated, "I use condoms, but I don't feel like that has anything to do with my sex education class just because, it was kind of common knowledge, I feel like you should be using condoms." Logan did not state where he experienced and learned about condom use, from a common knowledge perspective. Logan's common knowledge may be attributed to public service announcements, general sexual knowledge and education in conversations, and other means of communication about mutually known facts.

Manson reported using condoms but failed to use them regularly. He emphasized other means of preventing HIV by stating, "I do not use intravenous drugs. I am not a female, so mother to child does not apply."

Tyler responded to HIV preventing practices by stating, "Well, that would be mostly ah, ah wearing condoms use, ah maybe even sometimes not having sex. Ah, I guess that's a practice." Tyler dated someone, for a short time, who was HIV positive and while they were dating he practiced safe sex by using condoms. Tyler also stated, "I took antiretroviral medication and some of my partner's HIV medication, just to kind of assure

that nothing would happen.” Tyler used these added precautions to prevent contracting HIV from his HIV positive partner.

Zachary only had sex with his one serious partner and is currently not sexually active. He only practiced oral and anal sex with his serious partner. Zachary stated, “If I were sexually active now, I would get tested with each new partner at the HIV clinic before engaging in sex, or I would use a condom each and every time we engaged in sex.”

Usefulness: Sex education value. Usefulness of sex education would involve how useful the participants felt their sex education experiences were from secondary and postsecondary education settings. All of the participants gained some sorts of sex education experiences, and they all reported how the experiences were for them.

Adam did not believe that he gained any useful sex education during his secondary and postsecondary school years. However, that short and vague lesson about STDs in high school, accompanied with his aunt’s teachings, conditioned him to use condoms when he had sexual encounters. Adam learned not to trust potential sex partners’ healthy looking appearances and stated, “I was encouraged to use condoms and never assume because a person looks healthy or appear to be healthy that they are healthy and/or STD and HIV negative.”

Andy did not find his sex education from his secondary and postsecondary school experience useful at all. Andy added, “I guess the--only thing is--they taught us how to put on a condom. But other than that it is not really useful (laugh). They didn't discuss ah, gay sex practices at all when I was taking sex education.”

Logan did not feel like the sex education course he took was very useful. He described the experience as such:

I don't feel like the sex education course I took was very useful for me because, ah like I said, most of it was generic information and it was, ah it wasn't geared towards gay or either bisexual males or females for that matter. It was just mostly geared towards straight people, so it wasn't very useful for me, I would say.

Manson did not feel the sex education he received was useful for him. He explained his experience by stating:

I do not think that they were very useful because teachers did not talk about GLBTQI issues. They talked about HIV/AIDS and maybe some history with it. But, the um teacher also discussed ways to prevent getting HIV/AIDS, as in using protection, not sharing needles, and mother to baby issues. They did not discuss gay sex though, so I was um, a little bit confused.

Tyler explained his sex education experience a little different than the other participants by stating, "Well, I think they, I guess, made me aware of what can happen. Understanding, ah different diseases, and things that are bacteria versus, you know, virus related and just understanding those kinds of concepts." Tyler felt that people who have not gained the aforementioned education might not necessarily know certain situations or how to handle certain things.

Zachery placed a little different spin on how he remembered and viewed his sex education experience from his secondary and postsecondary school. Zachery stated:

Well, it was useful in that it scared me from not having sex with other people because I was always afraid of getting HIV or STDs. I just always learned that, you should always be careful and even from my parents, we never talked about sex, so not that much information there and school.

Step 6: Composite Description

The composite description represented the participants as a whole and was constructed from the participants' individual textural and structural descriptions. This step provided a description of the meaning and essence of the participants as a group. Gay and bisexual specific, comprehensive human sex education programs and policies are limited in the American education system, which caused many of the participants in this study to feel that their sex education classes were not useful. However, the little education they did acquire seemed to have had an impact on their sexual practices. Many of the participants admitted to using condoms as an HIV prevention method. Some of the participants reported that the lack of education and knowledge of knowing how to protect themselves from STDs and the fear of contracting HIV led them to abstaining from sex, which is an HIV prevention method (CDC, 2014b). Abstaining from sex is the safest and surest method, of not contracting HIV through sexual contact risks. However, if all people abstained, there would be no sexual practices or sexual experiences for gay and bisexual men and hence there would be no need for such a study.

The gay and bisexual men in this study all engaged in some sort of sexual contact with other men and tested HIV negative. The concept of remaining abstinent for what would appear to be healthy young adult gay and bisexual men is not practical when living

in a sex-driven society. American abstinent only programs in the education system focus on the heterosexual relationship as they involve, the reduction of unwanted pregnancies and the risk of contracting STDs and HIV (CDC, 2011a). The goal for such programs was to remain abstinent until marriage. The concept, of gay and bisexual marriage, was not part of the debate and inclusion when many of the policies, in use today, were formed. Additionally, most gay and bisexual adult men would not remain abstinent for life. According to an article from the student health center at the University of California Santa Cruz (2014), when adults practices abstinence for a long period of time, many adults often end their period of abstinence without being prepared to protect themselves against infection (STDs and HIV). The article also stated that a disadvantage of abstinence is that people may find it difficult to abstain from sexual contact for extended periods of time.

All of the participants reported having had sexual contact with other men and practiced what they learned about STD and HIV prevention during their sexual encounters as a means to test HIV negative or to prevent contracting HIV. The men in this study also reported feeling that their sex education experiences, from the American secondary and postsecondary school system, were not useful for them as gay and bisexual men. Sex education for gay and bisexual males has proven limited in the American secondary and postsecondary education system. Most of the participants only mentioned learning about condom use as a form of sexual protection from STDs and HIV and how they learned to be fearful of sex. Most of the participants did not report learning about the human body, they did not report learning about the nature of the HIV virus, and other

methods of reducing the risk of contracting HIV, as stated earlier under the theme condom use.

The odds of contracting HIV are greatly stacked against the participants, based on statistics from the CDC (2011a), showing that new HIV infections in the United States were 475,000 and that 63% of those estimated infections came from gay and bisexual men who have sex with men. Additionally, data released by the CDC (2012) supports the importance that “at-risk youth between the ages of 13 and 24” should be educated early about HIV prevention. The participants in this study--sexual practices--have allowed them to test negative for HIV after having had sex with men. The prevention of HIV is possible among gay and bisexual men, and when young adult American men can participate in sexual acts, heterosexual or nonheterosexual, with knowledge and understanding of how to effectively protect one’s self from contracting HIV, the United States may experience a decline in new HIV cases.

Discrepant Cases and Nonconforming Data

Based on the interview responses from the six gay and bisexual men, there was at least one discrepant case of nonconforming data relating to sexual practices for preventing HIV. All of the participants admitted to some form of sex education experiences during their time in secondary and postsecondary school settings. They all reported practicing some sort of HIV prevention methods, which were mostly using condoms. When the topic of HIV protection and condoms came up, Manson admitted that he used condoms but believed that he did not practice using them enough. Manson also admitted that he practiced “pulling out”, which is a term used to explain how this

practice prevents large amounts of semen from entering the anus. Manson added, “But this does not prevent HIV infection as a prevention, I suppose.” Manson did not seem sure if he as the insertive partner practicing pulling out would prevent him from contracting HIV. During anal sex the insertive partner, at 0.06 % or 1:1666, has a much lower chance of contracting HIV than the receptive partner at 0.82% or 1:123 (Aids Map, 2015; Vittinghoff et al., 1999).

Manson also remembers a concept his fifth-grade teacher told him about sexual practices. This concept made him mindful of his sexual practices. He stated that his teacher told him, “Someday you are going to meet someone, and that person is going to have had sex with [like X amount of people] and then there will be you that have had sex with X amount of people as well.” Manson went on to state that,

My X amount of people is extremely high, and I think this has scared some partners away. I also think that people are forgetting that when you have sex with someone, you are having sex with everyone that they have had in their whole lives. So, all of our X amount of people is very high.

None of the other participants reflected in the manner, which Manson did about his sexual practices and beliefs. Each participant shared his sex education experiences and sexual practices based on the interview questions. The open-ended interview questions allowed each participant to respond to the best of his recollection and in his own manner.

Evidence of Data Quality

As the researcher, I kept an open mind, as I learned about the sex education experiences and sexual practices of the participants. I made a point to simply listen to the

participants' responses and asked them to clarify confusing or hard to understand statements, based on sound quality or rough word and sentence structure. I used epoche to separate my personal experiences, knowledge, and expectations from the participants' responses by transcribing their comments as they expressed them in the interview.

Bracketing my experiences and practices assisted me in limiting my personal bias about any of the responses from the participants. I used member checking, by e-mailing each participant a copy of his word-for-word interview transcript. Only one participant needed to have a follow-up interview to clarify responses about who provided his sex education experience. Member checking allowed the participants to review their interview transcripts for accuracy.

Summary and Transition

Chapter 4 included the findings from the six-gay and bisexual men participants' sex education experiences and sexual practices. I conducted face-to-face interviews using Skype or FaceTime, while voice-only recording the interviews and saving them to a password-protected external hard drive. Three key themes emerged from the transcribed interview responses from the participants, which were: sex education experience, condom use, and usefulness. The six participants explained that they experiences some sort of sex education in the American school system, they all reported using condoms as a HIV prevention method and they all reported that they found their sex education experiences from the American school system not useful. Chapter 5 includes an overview of the study, an interpretation of the findings, implications for social change, recommendations, and a reflection of my experience with this study before concluding with a summary.

Chapter 5: Discussion, Conclusions, and Recommendations

Overview

The secondary and postsecondary sex education experiences and sexual practices of American gay and bisexual men have not been well documented, and most of the participants in the study felt that the sex education they received from their American secondary and postsecondary school settings was not useful for them as gay men. The purpose of this study was to gain more understanding and insight into the sex education experiences and sexual practices of American men living in Pyeongtaek, South Korea, who had sex with other men and reported a negative status for HIV. Gay and bisexual men sex education experiences are unique in that they participated in sex education courses that were not geared to their nonheterosexuality. There has been a noticeable inequality of sex education in the American school system due to a conservative government and right-wing Christian groups' fight to protect the heteronormative social order (Robinson, 2012), thus leaving the gay and bisexual individual uneducated about gay and bisexual sex. Many participants admitted that they did not find their sex education experiences useful and they also admitted to using condoms as a form of sexual protection. However, condom use is considered common knowledge for most adult men from an American society, but is not always considered a common practice for many young adult South Korean men (Sohn et al., 2012). Wong, Chan, and Koh (2007) noted that HIV has been rapidly increasing in Asia and is a concern for many men traveling abroad to Asian countries. The concern is that many young men practice unsafe casual sex as a result of having a low perceived risk of contracting HIV, limited sexually

transmitted infection knowledge, and drug and alcohol abuse. American men living in South Korea may perceive their risk of contracting HIV low while in South Korea due to the limited presence of HIV prevention topics in the media and in general conversation. Unlike in South Korea, Americans living in the United States hear about condom use on the television and the radio, they read about condom use on billboards, they hear about condom use in general conversation, and they learn from many other venues. Unfortunately, this common knowledge of HIV prevention is no indication of secondary and postsecondary sex education from the American school system.

Sexually transmitted HIV is steadily increasing in the gay and bisexual community, yet this population has continued to receive the least amount of sex education from the American secondary and postsecondary education system, which could potentially assist them in not contracting HIV. The six participants shared their expert experiences as a significant voice for this phenomenological study. The six participants had common views about their sex education experiences and their sexual practices in response to the interview questions. The overarching research question was as follows: How do American men living in Pyeongtaek, South Korea, who had same-sex sexual contact in the last 12 months and have recently tested negative for the HIV virus perceive their sexual education experiences? Subquestions were as follows:

1. What value does American sexual education hold for gay and bisexual men living in South Korea?
2. How do gay and bisexual men describe their HIV prevention practices?

3. What types of HIV prevention practices do gay and bisexual men participate in that they associate with American sex education?

Five interview questions emerged as a means to respond to the research questions. Participants' responses to the five interview questions produced three themes: sex education experiences, condom use, and usefulness. The themes occurred among all of the participants to some degree.

Interpretation of Findings

The three themes that emerged after coding the data included a detailed description of how the six gay and bisexual men remembered their sex education experiences and sexual practices. This study addressed the research question of how the participants perceived their sex education experiences. The participants perceived their sex education experiences by expressing how they valued sex education and the HIV prevention practices associated with their secondary and postsecondary sex education. The interpretations of finding for the participants' sex education experiences and sexual practices aligned with literature discussed in Chapter 2 and Husserl's (1931/2012) theory of intentionality, which were used to address how the participants consciously viewed and perceived their world, identified with their realities, and understood being--through social phenomenology. Because many Americans view the concept of nonheterosexuality as immoral and view the concept of heterosexuality as moral (McNeil, 2013), the gay and bisexual individual was intentionally excluded from sex education programs and policies in the American secondary and postsecondary education system (Advocate for Youth, 2014). The six participants in this study discussed what they could recall about their sex

education experiences. Half of the participants remembered experiencing at least one course in elementary school, and the other half recalled experiencing at least one course in high school.

Adam did not consciously remember taking a sex education course, but he did remember learning about STDs in high school. Adam was limited in his perception of secondary and postsecondary education from the American education system due to not being able to recall the experience. Adam experienced sex education in his home environment from his aunt. He was encouraged to wear condoms when engaging in sexual intercourse and never to assume that a person is HIV negative just because they look healthy. Adam used condoms when he practiced sex, and he often asked his sex partners when they were last tested and if they tested negative or positive for HIV and STDs. Dumitrescu et al. (2011) noted that attitudes, subjective norms, and perceived behaviors control influenced intentions to perform behaviors, such as using condoms to prevent HIV.

Andy experienced sex education in elementary school when he was in the sixth grade. Andy learned about condom use and STDs in his class, which was 1 to 2 hours over 2 days. Andy's sex education was not useful for him as a gay male because his teachers did not discuss gay sex practices. Gay and bisexual sex practices do not have a place in a heteronormative society, and according to the American Psychological Association (2008) many Americans believed that the recognition of gay and bisexual identity and sex education would influence young adults' sexuality, thus making it easier for them to identify as nonheterosexual. Robinson (2012) noted that the access to equal

and diverse education is important for all adolescents, and the inclusion of sex education specifically for nonheterosexuals is justified and beneficial. Andy learned how to put on a condom from his sex education experience, he used condoms when engaging in sexual intercourse, and he got tested regularly for HIV.

Logan experienced his sex education course in high school for a half year. He felt forced to take the course, which he did not find very useful because the information he received was very generic and not geared towards gay or bisexual males. For many Americans, the concept of heterosexuality is moral, and the gay and bisexual identity is immoral (Corngold, 2012; McNeil, 2013; Robinson, 2012), thus intentionally excluded from sex education policies and programs in the American education system (Advocate for Youth, 2014). The sex education Logan experienced catered towards heterosexual people. Logan used condoms when practicing sex, yet did not feel his knowledge to use condoms had anything to do with his sex education class, just common knowledge. Logan felt that people “should” use condoms, and he got tested for HIV every once in a while.

Manson experienced sex education classes all through his public schooling. Manson’s parents left his sex education up to the schooling system, and he felt that the school system did a mediocre job of explaining sex education to the students. Manson learned more about how the body works, changes, and how to abstain from sex than he learned about sex education. According to Howard-Burr et al. (2011) and Corngold (2012), many Americans—including health practitioners, Congress members, and educators—have recommend sex education programs and systems that promote and

encourage abstinence until marriage as a method of reducing HIV. Manson did not think his sex education experience was very useful because the teachers did not talk about gay, lesbian, bisexual, transgender, and queer issues (GLBTQI). The realities of nonheterosexuals marrying were not included in the American school systems' sex education policies or programs. Manson learned about HIV prevention as it related to condom use, but the teachers never discussed gay anal sex, and the sex education he experienced confused him. Condom use for Manson was important but not his first choice in the prevention of HIV. Sohn and Park (2012) discussed the findings from their study, where the participants showed a high level of discriminatory attitudes towards HIV-infected persons, yet only 39% of the sexually active participants admitted to using condoms during sexual intercourse. Manson reported not often using condoms when he practiced sex, yet he practiced the "pulling out" method, and understood that this method may not prevent him from contracting HIV. However, as the insertive partner he suffered less of a risk of contracting HIV than the receptive partner, according to information provided by Aids Map (2014) and Vittinghoff et al. (1999). The United States Department of Health and Human Services (2014) noted that the insertive partner could, however, contract the HIV virus from the receptive partner's rectal fluids during unprotected sex when the HIV virus is present. Manson did not often use condoms when he practiced sex, yet managed to test HIV negative on his last HIV test. The reality of contracting HIV, regardless of whether one used condoms or not, is that the HIV virus must be present, there must be a sufficient amount of the virus, there must be a portal of entry for the virus to enter the blood stream, and the virus must be in a comfortable

environment in order to thrive. When and if a person can possibly control for those factors, they may be able to reduce contracting HIV.

Tyler experienced sex education in high school for half a term, and he learned some of the principals of the human body discussed during middle school. Tyler's sex education course made him more aware of what could happen. Ideas from Heidegger (1927/1959) and Husserl (1931/2012) supported that learning and gaining knowledge from sex education programs through intentionality and being conscious of self and conscious of others as people may enhance the human health condition and prove effective in the prevention of STDs for Americans (Powell, 2001). Tyler dated an HIV-positive man and he used condoms when they practiced sex. Tyler also took antiretroviral medication for a short time and at times he took some of his partner's medication as an added HIV prevention practice. With such high numbers of infections around the world to include the United States, the CDC (2013c) reports included information that suggested HIV education and testing, early diagnosis of HIV, sustained care, and antiretroviral therapy as methods of reducing transmission of the virus.

Zachery did not remember the details from his sex education course during secondary school, yet he did remember the teacher saying, "Always use a condom." Zachery learned how to use a condom by putting it on a banana in class. According to Howard-Burr et al. (2011), condom education is important for adolescents who choose to become sexually active. Zachery's sex education was only useful for him in that it scared him from having sex until he found a serious partner. Bigelow (1916) and Irvine (2004) discussed how students were intentionally instructed, in the school system, to fear

contracting STDs through promiscuity. Zachery did not feel that his sex education experience was useful, but what he did learn was to be afraid of getting HIV. However, when Zachery finally decided to have sex, he first got tested with his partner to become aware of their HIV status together. Zachery did not admit to ever using condoms, yet was educated about the use of them. Zachery stated, “I am not sexually active at this time, and I will get tested with future sexual partners or wear a condom each and every time when engaging in sex.”

Limitations

Due to the nature of this study there were several limitations highlighted in Chapter 1 of this study. The first limitation of this study involved reliability and validity as it related to data subjectivity for phenomenological studies. To eliminate or control for subjectivity, participants were used as the experts for this study. Bias always exists but when interviews were transcribed word-from-word it was less difficult to eliminate my bias. The second limitation of this study related to the participants’ HIV statuses. The participants are the experts about their lives and their experiences. The trust that comes with any study or the trust I had to place in the participants allowed me, as the researcher, to accept the participants’ statements as truths. The participant’s statements about their HIV status provided the credibility needed for this study. Nevertheless, for transferability purposes for this study, the future researchers would have to decide if accepting the HIV negative statements of the participants are credible or if HIV testing is required.

The small sample size was another limitation of this study. The American gay and bisexual men population in Pyeongtaek is small and the concerns of having a

representative sample was addressed. The end sample size for this study was six participants. Additionally, due to the small population of gay and bisexual American men in the South Korean population, the six participants sufficiently represent the population because the data, from the six participants, were repetitive but not excessive, yet practical. Another limitation of this study was the possibility of expanding the scope of the participant's selection area from Pyeongtaek to other South Korean cities. After the first week of searching for participants in Pyeongtaek and only finding two, I expanded the scope of participant's selection to include the whole Gyeonggi-do province. This expansion included Suwon, Osan, Pyeongtaek, Seoul, and other surrounding cities. To expand the search, I used Facebook groups that catered to the gay and bisexual population. Many of the groups consisted of the same people from the other social sites. Because the population is so small, there was lots of overlapping from one social site to another. All of the potential limitations for this study were met.

Implications for Social Change

The lack of effective gay and bisexual male-specific sex education programs and policies for American gay and bisexual males, may have resulted in inadequate sexual protection knowledge, consequently placing many American males at-risk of contracting HIV (Lieberman, 2012). According to the literature found in Chapters 1 and 2 of this study, sex education focus has primarily been on the heteronormativity construct, and the gay and bisexual individuals received the same sex education as the heterosexual individuals. All of the gay and bisexual participants in this study reported experiencing some sort of heterosexual focused sex education. Most of the gay and bisexual

participants felt that their sex education courses were not useful for them as gay and bisexual men. Based on the finding from the interview responses, the participants' believed that their secondary and postsecondary sex education needs were not met, because the American school system did not recognize the gay and bisexual student's sexuality. The findings also showed that some gay and bisexual men do not always wear condoms during sexual intercourse with other men who may or may not be HIV positive. Having a knowledge of how to protect ones sexual health is important for young adult American men living abroad in a country, like South Korea, that has failed to educate its gay and bisexual citizen about the risk HIV poses to them. With American gay and bisexual men living in this type of environment their sexual protection knowledge may have been compromised due to the Korea culture of viewing HIV as someone else's problem. The limited exposure to HIV coverage--for American men living in Korea--in the media, on billboards... may result in the American gay and bisexual men's lax in their need or desire to practice safer sex. It is documented in research that many men prefer sex without the condom. Because men prefer not using condoms during sexual encounters as many find that there is more pleasure without the condom (Siegler, et al., 2014), it is important to know and understand other ways to reduce contracting HIV.

Regardless if Americans are heterosexual or nonheterosexual, all Americans should have comprehensive, sexuality appropriate sex education that is designed to be beneficial to the human condition. The inclusion of diverse and sexuality appropriate sex education programs and policies in the American education system is important, considering the disproportionately high prevalence rates of HIV among gay and bisexual

American males (CDC, 2013a). Another, CDC (2012) report included information that suggested, at-risk youth between the ages of 13 and 24 should be educated early about HIV prevention, with information that is both understandable and useable, suggesting that themes resulting from this study may have explained how valuable or useful gay and bisexual men perceived sex education that did not cater towards them or their sexuality.

This study contributes to positive social change by providing policy makers and leaders in education, more information about how gay and bisexual American men perceived their sex education experiences from the American secondary and postsecondary school system. Ideally, sex education programs and policies are inclusive of all sexually active groups, considering bisexual males have sex with both males and females. Americans should have the latest knowledge about HIV and ways to prevent contracting and spreading it. It is common knowledge that people are living with HIV longer today with medication in comparison to the 80s and 90s (CDC, 2001, 2008, 2011b, 2013b, 2013e, 2015; Jacobs et al., 2012) The gay and bisexual male community in the United States is roughly 4% of the total population, but accounts for nearly 53% of Americans living with HIV (CDC, 2010). South Korea gay and bisexual population is much smaller, and is estimated to be roughly 0.1% of the total population (Hyams, 2015). When considering sexual opportunities, gay and bisexual American men have a greater chance of being exposed to HIV due to the large number of gay and bisexual men living with HIV (Jacobs et al., 2012). Such knowledge about HIV should be made available to adolescents and young adults as a means to prepare them for what they may be face with in their sexual futures.

When American policy makers make the conscious decision to, intentionally recognize the gay and bisexual way of being--as equal--to the heterosexual way of being, sex education policies and programs will change to include all sexual identities. This knowledge with the inclusion of diverse sex education policies and programs--addressing sex education inequality--will provide more valuable and beneficial sex education opportunities, for not only gay and bisexual male but for all Americans. According to Lieberman (2012), education has proven to be a fundamental segment of learning and favorable to the human condition. With diverse comprehensive sex education programs and policies incorporated in the American education system students could learn more about the human sexual condition before, during, and after sexual encounters and how to protect their sexual health, which should potentially reduce new HIV cases.

Recommendation for Action

There were several recommendations for action from this study's findings. These recommendations should require policy makers and educational leaders to recognize that gay and bisexual males have different sexual education needs than heterosexual males. To support sex education policy change, policy makers must gain more understanding and knowledge that applies to gay and bisexual American men's sex education experiences and sexual practices so that the policy makers can evaluate if the inclusion of nonheteronormative comprehensive sex education policies and programs in the United States' secondary and postsecondary education system are potential factors in the prevention or reduction of new HIV cases.

Andy made a recommendation by stating that he wishes that educators went into further details about sex education in postsecondary educational settings. He believed that providing students with more details about sex education would make the education clearer and, thus, more useful. Instead of educators being very selective about what they choose to provide in relations to sex education, they should provide detailed and comprehensive sex education at a time when students can gain the most from it.

Tyler recommended providing sex education that does not feel difficult to discuss. He believes that people should talk openly about things like STDs and sexual health. Corngold (2012) noted that students in sex education classes could reflect on their sexuality through autonomy promotion, suggesting that students should be open about their sexuality. Taboos related to sex education should change, in a way that the discussion of sexual health is considered an important topic and this would make the sex education more educational and beneficial. Flowers and Davis (2013) recommended that the disclosure of sexual health to potential sexual partners might also be an intervention to reduce onward transmission of HIV. All of the social sites used in this study, which catered to chatting, dating and sexual encounters for gay and bisexual men provides an area on the profile that allows men to state their HIV status. Some men state that they are positive or negative, while others leave the space blank or filled in with need discussing. Using these electronics methods of communicating about sexual health may enhance awareness about personal protection of one's sexual health. This form of communication could also create a dialogue between potential sex partners about their known HIV

statuses. There are many ways to provide sex education to adolescents and young adult males that are comprehensive and sexuality appropriate, through modern technology.

I would recommend a comprehensive human sex education program and policies that focus more on the human condition than merely sexuality. Programs that move away from the traditional methods of sex education that mainly include heterosexuals' sexual encounters and abstinence only until marriage programs and policies, to more universal human sex education programs and policies. Human sex education programs and policies are currently addressed in a way that some may find offensive or immoral. With our modern society and the access to modern technology, sex education can be addressed in ways that can appear more accepting to a large range of viewers of all ages. One venue of communicating human sex education is through animation. This potentially fun and exciting way of educating is a possibility for adolescences and young adults to gain more knowledge and understanding about the human body as it relates to sexual practices and the spread of HIV. These sex education programs can be developed without having a pornographic nature, while focusing directly on the human body parts as organs and how individual organs work in response to other body organs and bodily fluids.

These new programs taught by trained and certified teachers and policies enforced by the United States government as mandatory for all schools, could potentially provide HIV knowledge that secondary and postsecondary students could use to protect their health as they develop into sexual beings. The program would model a biology construct, were students would learn more about the body's functions through the body systems. This education would focus on the human reproductive system as individual organs and

their purposes. The program would also include the social and emotional construct to accompany the cognitive and physical. The sex education program would provide different information and methods about how to prevent unwanted pregnancies, STDs, and HIV that is not considered common knowledge at this time. The sex education would no longer be considered heteronormative or nonheteronormative, yet it would be human sex education and all-inclusive. The program would allow for discussions surrounding diverse human sexuality as a normal way of being.

The use of modern technology like smart devices and computers would allow policymakers, educators, health practitioners, parents, students, and communities as a whole to gain more sex education that is openly discussed as important to human health. The use of modern electronic devices will allow students to access the latest information in their classroom settings. Several of the participants in this study believed that their sex education experiences were not useful because they did not learn about gay and bisexual sex in their secondary and postsecondary school settings. Participants for this study all owned or used some sort of smart devices as a means of communication. Grove et al. (2013) recommended the use of smart devices technology as a method to assist researchers and health care providers, who are currently developing sex education applications, targeted towards people identified as gay and bisexual, in the reduction of new HIV cases. Lieberman (2012) recommended using the Internet as a method of providing future health education in relation to education and knowledge about HIV prevention, among adolescents and young adults.

Recommendations for Further Study

The purpose of this phenomenological qualitative study was to gain more understanding and insight into the sex education experiences and sexual practices of selected American men, who had sex with other men, and reported a negative status for HIV. This study was limited to six gay and bisexual men, between the ages of 18 and 35, living in Pyeongtaek or in cities surrounding Pyeongtaek, South Korea.

As the researcher for this study and a person who has similar experiences to the six participants, I would recommend moving away from looking at gay and bisexual males experiences and sexual practices to a comprehensive look at how a new form of sex education would impact American secondary and postsecondary students. The participants in the study felt that their sex education experiences were not useful. A large scale government funded longevity study could follow a group of students and teachers trained and certified to provide the comprehensive education over a period of years and evaluate them periodically to assess their level of knowledge about the human condition to include: emotional well-being, reproductive health, casual sex, STDs, HIV, and a wealth of other areas student may learn to feel comfortable about when discussing inside or outside of educational settings. From a parent's point of view, I would want my young children, gay and bisexual or heterosexual, to have the best sexual education they could get. As a parent I would be assisting in protecting my children's lives.

Summary

This study explored the sex education experiences and the sexual practices of selected gay and bisexual men. The results of this study revealed that gay and bisexual

men who experienced heteronormative-only sex education in their secondary and postsecondary school setting did not find the sex education useful to them as gay men. The study added new information and knowledge to a body of literature, as it related to how gay and bisexual American men, who reported having had sex with other men and tested negative for HIV, perceived their heterosexual only focused, sex education from the American education system. Conversely, literature is overly saturated with information about gay and bisexual men who have sex with other men and test positive for HIV. The participants in this study all tested negative for HIV, and many of them learned how to practice safe sex, by using condoms, as the one way to reduce the risk of them contracting HIV. The results suggest that if these gay and bisexual men can test HIV negative after having sex with other men; other HIV negative gay and bisexual men might be able to continue to test HIV negative after future sex acts with men. Many of the participants understand the need for more inclusive sex education programs and policies in the American secondary and postsecondary education system. They understand that the implementation of diverse sex education programs and policies in the American school system, could provide more knowledge and understanding about the human body and the human condition before, during and after sexual contact, not only for Americans, but for all people.

References

- Advocate for Youth. (2014). Sex Education Resource Center. Advocates for Youth. Retrieved from www.advocatesforyouth.org/serced/1859-history-of-sex-ed
- Avert. (2014). HIV & AIDS stigma and discrimination. Retrieved from www.avert.org/hiv-aids-stigma-and-discrimination.htm
- AIDS.gov. (2009). HIV positive. Retrieved from <https://www.aids.gov/hiv-aids-basics/just-diagnosed-with-hiv-aids/overview/newly-diagnosed/>
- Aidsmap. (2015). Estimated risk per exposure. Retrieved from <http://www.aidsmap.com/Estimated-risk-per-exposure/page/1324038/>
- Alegre, M. A., Collet, J., & Gonzalez, S. (2011). How policies of priority education shape educational needs: New fabrications and contradictions. *Educational Policy*, 25, 299. doi:10.1177/0895904809351688
- American Psychological Association. (2008). Answers to your questions: For a better understanding of sexual orientation and homosexuality. Retrieved from <http://www.apa.org/helpcenter/sexual-orientation.aspx>
- Armour, M., Rivaux, S. L., & Bell, H. (2009). Using context to build rigor: Application to two Hermeneutic phenomenological studies. *Qualitative Social Work*, 8, 101. doi:10.1177/1473325008100424
- Baker, M., & Richards, C. (2013). What does Bancroft's human sexuality and its problems tell us about current understanding of sexuality? *Feminism & Psychology*, 23, 243. doi:10.1177/0959353511434664
- Bigelow, M. A. (1916). *Sex-Education: A series of lectures concerning knowledge of sex*

in its relation to human life. New York, NY: Macmillan.

- Bruce, D., Harper, G. W., & the Adolescent Medicine Trials Network for HIV/AIDS Interventions. (2011). Operating without a safety net: Gay male adolescents and emerging adults' experiences of marginalization and migration, and implications for theory of syndemic production of health disparities. *Health Education & Behavior, 38*, 367. doi:10.1177/1090198110375911
- Buhi, E. R., Goodson, P., Neilands, T. B., & Blunt, H. (2011). Adolescent sexual abstinence: A test of an integrative theoretical framework. *Health Education & Behavior, 38*, 63. doi:10.1177/1090198110375036
- Cabraal, A. (2012). Why use NVivo for your literature review? Retrieved from <http://anujacabraal.wordpress.com/2012/08/01/why-use-nvivo-for-your-literature-review/>
- Center for Disease Control and Prevention. (2001). HIV and AIDS --- United States, 1981—2000. *Morbidity and Mortality Weekly Report, 50*(21), 430-434. Retrieved from <http://www.cdc.gov/mmwr/>
- Centers for Disease Control and Prevention. (2008). Trends in HIV/AIDS diagnoses among men who have sex with men—33 states, 2001-2006. *Morbidity and Mortality Weekly Report, 57*(25), 681-686.
- Center for Disease Control and Prevention. (2011a). Effective HIV and STD prevention programs for youth. Retrieved from www.cdc.gov/healthyyouth/sexualbehaviors/effective_programs.htm
- Center for Disease Control and Prevention. (2011b). HIV in the United States: At a

glance. Retrieved from <http://www.cdc.gov/hiv/statistics/basics/ataglace.html>

Centers for Disease Control and Prevention. (2011c). *HIV risk, prevention, and testing behaviors—National HIV behavior surveillance system: Men who have sex with men, 20 U.S. cities, 2011*. Retrieved from

http://www.cdc.gov/hiv/pdf/HSSR_8_NHBS_MSM_PDF-03.pdf

Centers for Disease Control and Prevention. (2012). HIV among youth in the US: Protecting a generation. Retrieved from

www.cdc.gov/vitalsigns/HIVAmongYouth/index.html

Centers for Disease Control and Prevention. (2013a). HIV among gay, bisexual, and other men who have sex with men: Fact sheet. Retrieved from

<http://www.cdc.gov/hiv/risk/gender/msm/facts/>

Centers for Disease Control and Prevention. (2013b). *HIV surveillance report, 2011, 23*.

Retrieved from

http://www.cdc.gov/hiv/pdf/statistics_2011_HIV_Surveillance_Report_vol_23.pdf#Page=69

Centers for Disease Control and Prevention. (2013c). Compendium of evidence-based interventions and best practices for HIV prevention. Retrieved from

<http://www.cdc.gov/hiv/prevention/research/compendium/rr/hiveducationtesting.html>

Centers for Disease Control and Prevention. (2013d). Condom fact sheet in brief.

Retrieved from <http://www.cdc.gov/condomeffectiveness/brief.html>

Centers for Disease Control and Prevention. (2014a). HIV prevention. Retrieved from

<http://www.cdc.gov/ActAgainstAIDS/basics/prevention.html>

Centers for Disease Control and Prevention. (2014b). *Sexual orientation and health among U.S. adults: National health interview survey, 2013*, 77. Retrieved from <http://www.cdc.gov/nchs/data/nhsr/nhsr077.pdf>

Centers for Disease Control and Prevention. (2015). About HIV/AIDS. Retrieved from www.cdc.gov/hiv/basics/whatishiv.html

Chi, X., Hawk, S. T., Winter, S., & Meeus, W. (2013). The effects of comprehensive sex education program on sexual health knowledge and sexual attitude among college students in southwest China. *Asia-Pacific Journal of Public Health*, XX(X), 1-18. doi:10.1177/1010539513475655

Cho, B. (2008). *HIV/AIDS policy in South Korea*, 9. Retrieved from http://www.aidsdatahub.org/sites/default/files/documents/HIVAIDS_Policy_in_South_Korea.pdf

Cho, J. (2009). Breaking the gay taboo in South Korea. Retrieved from abcnews.go.com/International/story?id=7351116

Conklin, T. A. (2012). Making it personal: The importance of student experience in creating autonomy-supportive classrooms for millennial learners. *Journal of Management Education*, 37(34), 499-538. doi:10.1177/1052562912456296

Corngold, J. (2012). Autonomy-facilitation or autonomy-promotion? The case of sex education. *Theory and Research in Education*, 10(1), 57-70. doi:10.1177/1477878512437456

Creswell, J. W. (2007). *Qualitative inquiry & research design: Choosing among five*

approaches. (2nd ed.). Thousand Oaks, CA: SAGE Publication.

Creswell, J. W. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches*. (3rd ed.). Thousand Oaks, CA: SAGE Publication.

Crouch, M., & McKenzie, H. (2006). The logic of small samples in interview-based qualitative research. *Social Science Information*, 45, 483.

doi:10.1177/0539018406069584

Dale, D., & James, C. (2013). The importance of affective containment during unwelcome educational change: The curious incident of the deer hut fire. *Educational Management Administration & Leadership*.

doi:10.1177/1741143213494885

Detmer, D. (2013). *Phenomenology explained: From experience to insight (ideas explained)*. Chicago, IL: Open Court Publishing Company.

Division of HIV and Tuberculosis Control Korea Center for Disease Control and Prevention. (2011). HIV/AIDS control in the Republic of Korea. Retrieved from [http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/ce_KR_Narrative_Report\[1\].pdf](http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/ce_KR_Narrative_Report[1].pdf)

Drucker, D. (2012). 'A most interesting chapter in the history of science': Intellectual responses to Alfred Kinsey's sexual behavior in the human male. *History of the Human Science*, 25, 75. doi:10.1177/0952695111432523

Drucker, P. (2012). Byron and Ottoman love: Orientalism, Europeanization and same-sex sexualities in the early nineteenth-century Levant. *Journal of European Studies*, 42(2), 140-157. doi:10.1177/0047244112436906

- Dukes, S. (1984). Phenomenological methodology in the human science. In J. Creswell (Eds.), *Qualitative inquiry & research design: Choosing among five approaches*. (p. 54). Thousand Oaks, CA: Sage Publication.
- Dumitrescu, A. L., Wagle, M., Dogaru, B. C., & Manolescu, B. (2011). Modeling the theory of planned behavior for intention to improve oral health behaviors: The impact of attitude, knowledge, and current behavior. *Journal of Oral Science*, 53(3), 369-377.
- EBSCO Host Connection. (2015). History of sex education. Retrieved from <http://connection.ebscohost.com/education/sex-education-schools/history-sex-education>
- Erickson, F. (1986). Qualitative methods in research on teaching. In M. Freeman, K. deMarrais, J. Preissle, K. Roulston, & E. A. St. Pierre (Eds.), Standards of evidence in qualitative research: An incitement to discourse. *Educational Research*, 36, 25. doi:10.3102/0013189X06298009
- Erikson, E. H. (1963). *Childhood and society*. New York, NY: W. W. Norton and Company.
- Eyck, M. T. (2014). What it's like to be gay in South Korea. Retrieved from <http://matadornetwork.com/abroad/like-gay-south-korea/>
- Farrag, S., & Hayter, M. (2013). A qualitative study of Egyptian school nurses' attitudes and experiences towards sex and relationship education. *The Journal of School Nursing*, 00(0), 1-8. doi:10.1177/1059840513506941
- Farrant, B. M., & Zubrick, S. R. (2011). Early vocabulary development: The importance

of joint attention and parent-child book reading. *First Language*, 32, 343.

doi:10.1177/0142723711422626

Finley, L. L., & Esposito, L. (2011). Barack Obama as a human rights president: A strengths, weakness, opportunities and threat (SWOT) analysis. *Humanity & Society*, 35, 100–127. doi:10.1177/016059761103500105

Flowers, P., & Davis, M. DM. (2013). Understanding the biopsychosocial aspects of HIV disclosure among HIV-positive gay men in Scotland. *Journal of Health Psychology*, 18(5), 711-724. doi:10.1177/1359105312454037

Frankfort-Nachmias, C. and Nachmias, D. (2008). *Research methods in the social sciences* (7th ed.). New York, NY: Worth Publishers.

Fridlund, V., Stenqvist, K., & Nordvik, M. K. (2014). Condom use: The discrepancy between practice and behavioral expectations. *Scandinavian Journal of Public Health*, 42, 759-765. doi:10.1177/1403494814550518

Garofalo, R., Gayles, T., Bottone, P. D., Ryan, D., Kuhns, L. M., & Mustanski, B. (2014). Racial/ethnic differences in HIV-related knowledge among young men who have sex with men and their association with condom errors. *Health Education Journal*, 0(0), 1-13. doi:10.1177/0017896914549485

Geisel, J. B. (1944). Positive behavior: Definition and illustrations. *The School Review*, 52(6), 362-369. Retrieved from <http://www.jstor.org/stable/1081537>

Gibbs, G. R. (2007). Analyzing qualitative data. In J. Creswell (Eds.), *Research design: Qualitative, quantitative, and mixed methods approaches*. Thousand Oaks, CA: Sage Publication.

- Gill, M. (2012). Sex can wait, masturbate: The politics of masturbation training. *Sexualities, 15*(3/4), 472-493. doi:10.1177/1363460712439655
- Glaser, B., & Strauss, A. (1967). The discovery of grounded theory. In J. Creswell (Eds.), *Qualitative inquiry & research design: Choosing among five approaches*. Thousand Oaks, CA: Sage Publication.
- Glaser, J. (2014). Are U.S. troops in South Korea still necessary? Retrieved from <http://america.aljazeera.com/opinions/2014/1/are-u-s-troops-insouthkoreastillnecessary.html>
- Global Alliance of SMEs. (2014). South Korea's policy for market volatility: Talking. Retrieved from http://globalsmes.org/news/index.php?func=detail&detailid=1009&catalog=37&lan=en&search_keywords=
- Golafshani, N. (2003). Understanding reliability and validity in qualitative research. *The Qualitative Report, 8*(4), 597-606. Retrieved from <http://www.nova.edu/ssss/QR/QR8-4/golafshani.pdf>
- Gone2Korea ESL Employment Services. (2014). Teaching in Korea. Retrieved from www.gone2korea.com/teaching-in-korea.html
- Grov, C., Ventuneac, H., Rendina, J., Jimenez, R. H., & Parsons, J. T. (2013). Perceived importance of five different health issues for gay and bisexual men: Implications for new directions in health education and prevention. *American Journal of Men's Health, 7*, 274. doi:10.1177/1557988312463419
- Hammersley, M., & Atkinson, P. (1995). Ethnography: principles in practice. In J.

- Creswell (Eds.), *Qualitative inquiry & research design: Choosing among five approaches*. Thousand Oaks, CA: Sage Publication.
- Harden, K. P. (2014). A sex-positive framework for research on adolescent sexuality. *Perspectives on Psychological Science*, 9, 455. doi:10.1177/1745691614535934
- Head, T. (2015). Heteronormativity. Retrieved from <http://civilliberty.about.com/od/gendersexuality/g/heteronormative.htm>
- Herman, S. (2012). S. Korea challenged over mandatory HIV testing. Retrieved from <http://www.voanews.com/content/s-korea-hit-with-discrimination-claim-over-mandatory-hiv-testing-of-foreign-teachers/1441789.html>
- Heidegger, M. (1959). *Being and time*. New Haven, CT: Yale University Press. (Original work published 1927)
- HIV Travel Restrictions and Retreats. (2013). Positive migrants. Retrieved from <http://plwha.org/positive-migrants/>
- Hodzic, A., Budesa, J, Stulhofer, A., & Irvine, J. (2012). The politics of youth sexuality: Civil society and school-based sex education in Croatia. *Sexualities*, 15, 494. doi:10.1177/1363460712439656
- Holland, E. (2004). *The nature of homosexuality: Vindication for homosexual activists and the religious right*. Lincoln, NE: iUniverse, Inc.
- Howard-Barr, E. M., Wiley, D., Moore, M. J., Lang, D., & Zipperer, K. (2011). Addressing sexual health in Florida youth: Improving communication, collaboration, and consensus building among providers. *Health Promotion Practice*, 12, 600. doi:10.1177/1524839909353737

- Hutchinson, A. B., Farnham, P. G., Dean, H. D., Ekwueme, D. U., del Rio, C., Kamimoto, L., & Kelleman, S. E. (2006). The economic burden of HIV in the United States in the era of highly active antiretroviral therapy: Evidence of continuing racial and ethnic differences. *US National Library of Medicine National Institutes of Health*, 43(4), 451. Retrieved from www.ncbi.nlm.nih.gov/pubmed/16980906
- Husserl, E. (2012). *Ideas: General introduction to pure phenomenology*. New York, NY: Routledge Classics. (Original work published 1931)
- I-base. (2007). What does HIV negative mean? Retrieved from <http://i-base.info/qa/217>
- Institute for Health Metrics and Evaluation. (2013). Global burden of disease. Retrieved from <http://www.healthdata.org/gbd>
- Irvine, J. M. (2004). *Talk about sex: The battles over sex education in the United States*. Berkeley and Los Angeles, CA: University of California Press.
- Isacco, A., Yallum, N. K., & Chromik, L. C. (2012). A review of gay men's health: Challenges, strengths, and interventions. *American Journal of Lifestyle Medicine*, 6, 45. doi:10.1177/1559827611402580
- Jeong, H., Jo, H., Jung, S., & Lee, J. (2012). Factors related to condom use behaviors among club working women in South Korea: Importance of subjective norms and customer-related attitudes. *Asia-Pacific Journal of Public Health*, XX(X), 1-13. doi:10.1177/1010539512436873
- Kafle, N. P. (2011). Hermeneutic phenomenological research method simplified. *Bodhi: An Interdisciplinary Journal*, 5, 181-200. Retrieved from

http://www.ku.edu.np/bodhi/vol5_no1/11.%20Narayan%20Kafle.%20Hermeneutic%20Phenomenological%20Research%20Method.pdf

Khandkar, S. H. (n. d.). *Open coding*. Retrieved from

<http://pages.cpsc.ucalgary.ca/~saul/wiki/uploads/CPSC681/open-coding.pdf>

Kvale, S. (1996). *InterViews—Learning the craft of qualitative research interviewing* (2nd ed.). Thousand Oaks, CA: Sage.

Langdridge, D., & Butt, T. (2004). A hermeneutic phenomenological investigation of the construction of sadomasochistic identities. *Sexuality, 7*, 31.

doi:10.1177/1363460704040137

Law, M., Steward, D., Letts, L., Pollock, N., Bosch, J., & Westmorland, M. (1998).

Guidelines for critical review of qualitative studies based on guidelines for critical review form-qualitative studies. Retrieved from

<http://www.usc.edu/hsc/ebnet/res/Guidelines.pdf>

Lieberman, L. D. (2012). Relationship and context as a means for improving disease prevention and sexual health messages. *Health Education & Behavior, 39*, 255-258. doi:10.1177/1090198112446337

Marshall, C., & Rossman, G. B. (2006). *Designing qualitative research*. Thousand Oaks, CA: Sage Publication.

Marshall, J. M., & Hernandez, F. (2013). “I would not consider myself a homophobe”:

Learning and teaching about sexual orientation in a principal preparation program. *Educational Administration Quarterly, 49*, 451.

doi:10.1177/0013161X12463231

- Mason, M. (2010). Sample Size and Saturation in PhD Studies Using Qualitative Interviews [63 paragraphs]. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*, 11(3), Art. 8. Retrieved from <http://www.qualitative-research.net/index.php/fqs/article/view/1428/3027>
- Maxwell, L. A. (1992). Understanding and validity in qualitative research. *Harvard Educational Review*, 62, 279-300. Retrieved from http://mkoehler.educ.msu.edu/hybridphd/hybridphd_summer_2010/wp-content/uploads/2010/06/maxwell92.pdf
- McCabe, T. C. (2011). *The experiences of non-heterosexual collegiate athletes: A phenomenological investigation* (Doctoral dissertation, Capella University). Retrieved from <http://search.proquest.com.ezp.waldenulibrary.org/dissertations/docview/878167306/fulltextPDF/14100053DF91D15F5CB/1?accountid=14872>
- McDermott, E. (2011). The world some have won: Sexuality, class and inequality. *Sexuality*, 14, 63. doi:10.1177/1363460710390566
- McDonald, B., & Sylvester, K. (2013). Learning to get drunk: The importance of drinking in Japanese university sports clubs. *International Review for the Sociology of Sport*, 0(0), 1-15. doi:10.1177/1012690213506584
- McDonald, S. (2014). Discrimination lingers for queer community in South Korea. Retrieved from <http://www.sbs.com.au/news/article/2014/03/19/discrimination-lingers-queer-community-south-korea>
- McNeill, T. (2013). Sex education and the promotion of heteronormativity. *Sexualities*,

16, 826. doi:10.1177/1363460713497216

- Mehra, B. (2002). Bias in qualitative research: Voices from an online classroom. *The Qualitative Report*, 7, 1. Retrieved from <http://www.nova.edu/ssss/QR/QR7-1/mehra.html>
- Merriam, S. B. (2009). *Qualitative Research: A Guide to Design and Implementation*. San Francisco, CA: Jossey-Bass.
- Modric, J., Soh, D., & Stulhofer, A. (2012). Attitudes about comprehensive school-based sex education: Results from a national probability study of young Croatian adults (in Croatian). *Sociological Review*, 41(1), 77-97. doi:10.5613/rzs.41.1.5
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage Publications.
- Nachega, J. B., Morroni, C., Zuniga, J. M., Sherer, R., Beyrer, C., Solomon, S., Schechter, M., & Rockstroh, J. (2012). HIV-related stigma, isolation, discrimination, and serostatus disclosure: A global survey of 2035 HIV-infected adults. *Journal of the International Association of Physicians in AIDS Care*, 11, 172. doi:10.1177/1545109712436723
- National Statistical Office of the Republic of Korea. (2015). Pyeongtaek-si (City, Gyeonggi-do). Retrieved from www.citypopulation.de/php/southkorea-admin.php?adm2id=31070
- Newport, F. (2012). Half of Americans support legal gay marriage: Democrats and independents in favor; Republicans opposed. Retrieved from <http://www.gallup.com/poll/154529/half-americans-support-legal-gay->

marriage.aspx

- Nleya, P. T., & Segale, E. (2013). How Setswana culture beliefs and practices on sexuality affect teachers' and adolescents' sexual decisions, practices, and experiences as well as HIV/AIDS/sexually transmitted infection prevention in Botswana selected secondary schools. *Journal of the International Association of Providers of AIDS Care*, 00(0), 1-10. doi:10. 1177/2325957413488174
- Noland, M. (2014). South Korea: The backwater that boomed. Retrieved from <http://www.korea.net/NewsFocus/Business/view?articleId=116857>
- Ogusky, J., & Tenner, A. (2010). Advocating for school to provide effective HIV and sexuality education: A case study in how social service organizations working in coalition can (and should) affect sustained policy change. *Health Promotion Practice*, 11, 34S. doi:10.1177/1524839910362314
- Olyan, D. (1998). *Sexual orientation and human rights in American religious discourse*. New York, NY: Oxford University Press.
- Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). Thousand Oaks, CA: Sage Publication, Inc.
- Pebody, R. (2012). *HIV, stigma & discrimination* (3rd ed.). Retrieved from <http://mobile.aidsmap.com/files/file1001097.pdf>
- Polkinghorne, D. E. (1989). Phenomenological research methods. In J. Creswell (Eds.), *Qualitative inquiry & research design: Choosing among five approaches*. (p. 59-63). Thousand Oaks, CA: Sage Publication.
- Powell, L. H. (2001). The case for sex education in a religious context. *Review &*

Expositor, 98, 173. doi:10.1177/003463730109800203

QSR International. (2013). NVivo features and benefits. Retrieved from

http://www.qsrinternational.com/products_nvivo.aspx

Rendina, H. J., Jimenez, R. H., Grov, C., Ventuneac, A., & Parsons, J. T. (2014). Patterns

of lifetime and recent HIV testing among men who have sex with men in New

York City who use Grindr. *AIDS and Behavior*, 18(1), 41-49.

doi:10.1007/s1046101305732

Robinson, K. H. (2012). 'Difficult citizenship': The precarious relationships between

childhood, sexuality, and access to knowledge. *Sexualities*, 15, 257. doi:10.

1177/1363460712436469

Shuttleworth, M. (2008). Bobo doll experiment. Retrieved from

<http://explorable.com/bobo-doll-experiment>

Siegler, A. J., Voux, A. D., Phaswana-Mafuya, N., Baral, S. D., Winskell, K., Kose, Z., . . .

. Stephenson, R. (2014). Elements of condoms-use decision making among South

African men who have sex with men. *The Journal of International Association of*

Providers of AIDC Care, 13(5), 414-423. doi:10.1177/2325957414535979

Smith, J. A., McPherson, M., & Smith-Lovin, L. (2014). Social distance in the United

States: Sex, race, religion, age, and education homophily among confidants, 1985

to 2004. *American Sociological Review*, 79(3), 432-456.

doi:10.1177/0003122414531776

Smither, K., & Zhu, X. (2011). High school students' experiences in a sport education

unit: The importance of team autonomy and problem-solving opportunities.

European Physical Education Review, 17, 203. doi:10.1177/1356336X11413185

Sohn, A., Chun, S., & Reid, E. A. (2012). Adolescent optimistic bias toward HIV/AIDS in Seoul, South Korea. *Asia Pacific Journal of Public Health*, 24, 816.

doi:10.1177/1010539511404395

Sohn, A., & Park, S. (2012). HIV/AIDS knowledge, stigmatizing attitudes, and related behaviors and factors that affect stigmatization attitudes against HIV/AIDS among Korean adolescents. *Osong Public Health and Research Perspectives*, 3(1), 24-30. Retrieved from www.ncbi.nlm.nih.gov/pmc/articles/PMC3738688/

Solomon, D. J. (2007). The role of peer review for scholarly journals in the information age. *The Journal of Electronic Publishing*, 10, 1. Retrieved from <http://quod.lib.umich.edu/j/jep/3336451.0010.107?rgn=main;view=fulltext>

Strauss, A., & Corbin, J. (1990). Basics of qualitative research: Grounded theory procedure and techniques. In J. Creswell (Eds.), *Qualitative inquiry & research design: Choosing among five approaches*. (p. 54). Thousand Oaks, CA: Sage Publication.

Taylor, C., & Gibbs, G. R. (2010). How and what to code? Retrieved from http://onlineqda.hud.ac.uk/Intro_QDA/how_what_to_code.php

The Global Database. (2010). Korea (South) – regulations on entry, stay and residence for PLHIV. Retrieved from <http://www.hivtravel.org/Default.aspx?PageId=143&CountryId=99>

Tung, W., Cook, D. M., Lu, M., & Yang, W. (2013). HIV knowledge and behavior among Chinese college students in China and the United States. *Western Journal*

of Nursing Research, 35(9), 1171-1183. doi:10.1177/0193945913486201

Tymieniecka, A. T. (2002). *Phenomenology world-wide: Foundation, expanding dynamics, life-engagements: A guide for research and study*. Dordrecht, The Netherlands. Kluwer Academic Publishers.

United Nations High Commissioner for Refugees. (2015). Korea, Republic of: Treatment of homosexuals, including legislation, availability of state protection and support services. Retrieved from www.refworld.org/docid/4b7cee8137.html

University of California Santa Cruz. (2014). Abstinence. Retrieved from <http://healthcenter.ucsc.edu/shop/sexual-health/abstinence.html>

U.S. Army Garrison Humphreys, Public Affairs. (2014). Welcome to Camp Humphreys, South Korea. Retrieved from http://www.army.mil/article/117803/Welcome_to_Camp_Humphreys__South_Korea/

U.S. Food and Drug Administration. (2013). Institutional review boards frequently asked questions-information sheet. Received from www.fda.gov/regulatoryinformation/guidances/ucm126420.htm

van Manen, M. (1990). Phenomenology. Retrieved from www.health.herts.ac.uk/immunology/Qualitative%20research/phenomenology.htm

van Manen, M. (2007). Phenomenology of practice. *Phenomenology & Practice*, 1(1), 11-30. Retrieved from <http://www.maxvanmanen.com/files/2011/04/2007-Phenomenology-of-Practice.pdf>

- Vittinghoff, E., Douglas, J., Judson, K., McKirnan, D., MacQueen, K., & Buchbinder, S. P. (1999). Per-contact risk of human immunodeficiency virus transmission between male sexual partners. *American Journal of Epidemiology*, *150*, 306-311. Retrieved from <http://aje.oxfordjournals.org/content/150/3/306.full.pdf+html?sid=24e896b6-68bf-4a6b-9ced-6b101c6c7fc2>
- Walden University. (2009). Research ethics review application to the Walden University Institution Review Board requesting approval to conduct research. Retrieved from http://researchcenter.waldenu.edu/Documents/Walden_IRB_Application_2009.doc
- Walden University. (2013). Institutional review board for ethical standards in research. Retrieved from <http://researchcenter.waldenu.edu/Institutional-Review-Board-for-Ethical-Standards-in-Research.htm>
- Washington, T. A., & Brocato, J. (2011). Exploring the perspectives of substance abusing black men who have sex with men and women in addiction treatment programs: A need for a human sexuality educational model for addiction. *American Journal of Men's Health*, *5*, 402. doi:10.1177/1557988310383331
- West, E. T. (2013). A phenomenological case study of the experiences of African American high school students. *Sage Open*, *3*, 1-11. doi:10.1177/2158244013486788
- Wilkinson, L., & Pearson, J. (2013). High school religious context and reports of same-sex attraction and sexual identity in young adulthood. *Social Psychology*

Quarterly, 76, 180. doi:10.1177/0190272513475458

Williams, J. C. (2011). Battling a 'sex-saturated society': The abstinence movement and the politics of sex education. *Sexualities*, 14(4), 416-443.

doi:10.1177/1363460711406460

Wong, M. L., Chan, R. K., & Koh, D. (2007). HIV prevention among travelers: Why do men not use condoms when they engage in commercial sex overseas? *Sexually Transmitted Diseases*, 34(4), 237-244. doi: 10.1097/01.olq.0000233644.66090.05

Yin, R. K. (2003). Case study research: Design and methods. In J. Creswell (Eds.), *Research design: Qualitative, quantitative, and mixed methods approaches*.

Thousand Oaks, CA: Sage Publication.

Yong-Hak, J. (2014). United States sending more troops and tanks to South Korea.

Retrieved from <http://www.reuters.com/article/2014/01/08/us-korea-usa-troops-idUSBREA061AU20140108>

Appendix A: Ethical Certificate

Certificate of Completion

The National Institutes of Health (NIH) Office of Extramural Research certifies that **Tony Sessoms** successfully completed the NIH Web-based training course, “Protecting Human Research Participants”.

Date of completion: 12/19/2012

Certification Number: 1063458

Appendix B: Initial Contact Message

To Whom It May Concern:

I, Tony L. Sessoms, am contacting you in search of potential research participants. I am a Walden University doctoral student living in Pyeongtaek, South Korea, and would like the assistance of young adult gay and bisexual American men.

If you are interested in assisting me with this study, please direct your attention to the attached document (Informed Consent Form) and reply to this message after having read the consent form in detail. After receiving your reply stating your interest in participating in the study, the researcher will provide you with the research criteria for the study. Thanks for your consideration, and I look forward to hearing from you.

Tony L. Sessoms

Doctoral Student

Walden University

Appendix C: Research Criteria Form

Thank you for agreeing to participate in this important study. Your prescribed pseudonym to establish a new Gmail account is chrisresearch. As a recap from the informed consent form, to take part in this study, potential participants will have to meet the following criteria:

1. You must create a new Gmail account using a prescribed pseudonym, for purposes of confidentiality and security. (Note: The researcher has prescribed the pseudonym above. However, you (participant) are responsible for the four-digit number that will accompany your new Gmail account, i.e. jamesresearch1002@gmail.com). (Note: The participants will also be responsible for closing their newly created Gmail accounts at the close of the study, based on the researcher's request).
2. You must be a gay or bisexual male between the ages of 18 and 35.
3. You must have been educated through the American educational school system (in the United States or abroad).
4. You must have had consensual sexual contact with a man or men in the last 12 months.
5. You must report testing HIV negative on your last HIV test and that test must have been within the last 12 months.
6. You must electronically sign and return the informed consent form and the research criteria form with the pseudonym from your newly created Gmail account.

7. You must meet with the researcher at least twice--within a 30-day period--for one scheduled 1-2 hour face-to-face interview at a local library or an electronic interview using a telecommunication application for video chat (Skype, FaceTime, Facebook...), and one possible 30-minute follow-up interview, to discuss the accuracy of the transcript from the interview.

If you currently meet the seven aforementioned criteria, please type your newly created Gmail address in the space provided below as an electronic signature.

This _____ is to confirm that I understand what is expected of me and that I meet criteria 1-7, as a precursor to potentially participate in this study. Please e-mail this form--from your newly created Gmail account--to XXXX@gmail.com. Thanks for your consideration, and I look forward to communicating with you.

Tony L. Sessoms

Doctoral Student

Walden University

Appendix D: Informed Consent Form

You are invited to take part in a qualitative research study with other American men living in or near Pyeongtaek, South Korea between the ages of 18 and 35, who had sex with men and reported testing HIV negative on their last HIV tests. This form is part of a process called “informed consent,” to allow you to understand this study, before deciding whether or not to take part in it. I, Tony L. Sessoms, am conducting this study as part of my requirement towards completing my doctoral degree at Walden University.

The purpose of this phenomenological qualitative study is to gain more understanding and insight from the sex education experiences and sexual practices of selected American men. If you are interested in assisting me with this study, please reply to this message. After receiving your initial reply, I will provide you with the research criteria for the study. One of the first criteria is to create a confidential Gmail account--using the pseudonym prescribed for you--based on the following example (jamesresearch____@gmail.com). The researcher will provide you with the pseudonym and general instructions in the reply message, in response to your show of interest. An example of the instructions would be: You, the potential participant, will be responsible for selecting a four digit number that will accompany your pseudonyms + research, for your new Gmail account. The number that will accompany your Gmail can be any four digit number that the Gmail system allows you to use to accept the prescribed pseudonym + research. [I will send you **jamesresearch**--you will prescribe your own four-digit number—i.e. 2114—the results accepted by Gmail, as a valid account would be jamesresearch2114@gmail.com]. These steps in which I am asking you to experience are

in place to add more protection for you, when participating in a study with such a sensitive topic about sex.

If you agree to take part in this study, the researcher will ask you to:

- Create an e-mail account using a researcher, prescribed pseudonym as part of the e-mail in the form of name+research+2908@gmail.com (XXXX@gmail.com). (Note: The participants will also be responsible for closing their newly created Gmail accounts at the close of the study, based on the researcher's request).
- Report being between the ages of 18 and 35
- Report having been educated through the American education school system (in the United States or abroad)
- Report having consensual sexual contact with a man or men in the last 12 months
- Report testing HIV negative on your last HIV test and that test must have been within the last 12 months
- Electronically sign this consent form.
- Meet with the researcher at least twice--within a 30-day period--for one scheduled 1-2 hour face-to-face interview at a local library or an electronic interview using a telecommunication application for video chat (Skype, FaceTime, Facebook...), and one possible 30-minute follow-up interview, to discuss the accuracy of the transcript from the interview.

To provide you with an idea of what to expect during the interview, a sample of an interview question would be: What are your sex education experiences from secondary education and postsecondary education, in the American school system?

This study is strictly voluntary and there will be no financial gain or compensation for any participants involved in this study. All parties associated with this study will respect your decision to participate or to not participate in the study. No one with Walden University will treat you disrespectfully, if you decide not to participate in the study. If you decide to join the study at this time, you can still change your mind later, because you have the freedom to stop participating in the study at any time. For your understanding, participating in this type of study may involve some potential risks, of a minor nature that you can encounter in your daily life, such as being identified as a gay and bisexual and becoming upset, as a result, or being targeted for acts of hate, due to your wiliness and freedom to participate in a study of this nature. These potential risks may cause you stress.

Some potential benefits of this type of study would be more knowledge and understanding gained from your, gay and bisexual men's, sex education experiences and sexual practices, which may lead to data findings that could continue to assist you and others, in testing negative, on future HIV tests.

To provide you with as much protection as possible—the researcher prescribed the pseudonym as a means to maintain the secrecy of your identity—hence; any information you provide is confidential. I will not use any of your personal information for any reasons outside of this research study, and I will not include your name or

anything else that could identify you in the study reports. I, the researcher, will store the data for a period of at least five years, as required by Walden University, on an external hard drive, that is password protected, to assist in maintaining your privacy.

Due to the sensitive nature of this research topic and questions about sexuality can be emotional difficult for some, I took precautionary measures to set up resources for any potential participant's use. Whether or not you decide to assist with the study the resources are still available to you, if needed. Feel free to ask any questions you have now, and if you have questions later, you may contact me via e-mail, from your newly created Gmail account, at XXXX@gmail.com. If you are military personnel and have any anxiety or stress over the study, based on responses before, during and after the interview process, and need a counselor trained to address gay and bisexual issues, please contact the on-duty Chaplain at 010-9496-7445, or you can access the website for more information at: <http://usarmy.vo.llnwd.net/e2/c/downloads/328708.pdf>. There is also a psychologist trained to deal with gay and bisexual issues at the Army Health Clinic, for on-or off-post emergencies, at xxx-xxx-xxxx. For all expatriates, to include service members, who experience stress and need to communicate with someone, please call Good Morning Hospital at xxx-xxx-xxxx, or a 24/7 medical, legal, mental, and other services information help line that may result from this study while in South Korea at +82-031-1330. Participants may also contact PhD Charles Jasper Clinical Psychologist specializing in third generation behavior therapies, DBT, ACT--who also identify as gay and bisexual and is knowledgeable in gay and bisexual issues--after returning to the United States, at xxx-xxx-xxxx or an American crisis hotline by dialing 1-800-784-2433

and you will receive the guidance and help you need. In addition, if you want to talk privately about your rights as a participant, you can call Dr. Leilani Endicott. She is the Walden University representative who can discuss the issue with you. Her phone number is xxx-xxx-xxxx. Walden University's approval number for this study is 01-15-15-0378525 and it expires on January 14, 2016. I will give you a copy of this form to keep for your records.

Statement of Consent

I have read the above information and I understand the study well enough to make a decision about my involvement. By signing below, I understand that I am agreeing to the terms described above.

Date of consent:

Participant's Electronic Signature:

Researcher's Electronic Signature: XXXX@gmail.com

Appendix E: Debriefing Document

The researcher designed this document to provide participants with resources that may assist them, if they need someone to communicate with, before, during and after the study. It is understandable and normal for participants to experience levels of discomfort, which might cause undue stress. As the researcher for this study, it is my goal to alleviate as much stress potentially caused by the study as possible, to not cause harm to the participants. Below is a list of resources and referrals for you to access, if you need assistance. You can also contact me by e-mail at XXXX@gmail.com or phone me, at xxx-xxx-xxxx.

Resources

1. South Korea Suicide Hotlines at www.suicide.org/hotlines/international/south-korea-suicide-hotlines.html

Phone numbers for the 24-hour hotline (2) 715-8600, (2) 716-8600, (2) 717-8600 (2) 718-8600

2. A 24/7 information help line may prove useful for participants in need of medical, legal, mental and other services that may result from this study. For participants in Pyeongtaek, dial +82-031-1330

3. Access to an American Suicide Hotline, by dialing 1-800-784-2433 or 1-800-suicide

4. Guidebook for Living in Korea for Foreigners at:

http://www.google.co.kr/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&ved=0CC0QFjAB&url=http%3A%2F%2Fcms.kd.ac.kr%2Fuser%2Fkdeng%2Fdownload%2FGuideBook.pdf&ei=6UwkU_TIDYS6kgXLqoDYAw&usg=AFQjCNF1mD7d-

7hm7eDUSQXLx15duP6r0Q&sig2=OKserek7pjaH_mV_TYqSug&bvm=bv.62922401,d.
dGI&cad=rjt

5. For military personnel, there is **OutServe Korea**, through Facebook social site, which is a private group for military members who may not identify as heterosexuals while stationed in South Korea. If you are not familiar with this service as a service member, please e-mail me a request for an invite. There are service members who may be able to provide you with additional support from a military perspective.

6. PhD Charles Jasper Clinical Psychologist specializing in third generation behavior therapies, DBT, ACT, at xxx-xxx-xxxx, for participants who may need someone to communicate with if they experience stress, as it relates to the study, after returning to the United States. Charles Jasper is a man who also identify as gay and bisexual and he is knowledgeable in gay and bisexual issues.

7. Camp Humphreys Religious Support Team offers many services and much support to soldiers and community members. The following websites provide information about how to schedule appointments for counseling with behavior health and spiritual health specialists. There is also an on-duty Chaplain for after-hour emergencies and weekends, at xxx-xxx-xxxx, and a number for on- and off-post emergencies, for behavior health at xxx-xxxx or xxx-xxx-xxxx.

Unit Ministry Team - <http://usarmy.vo.llnwd.net/e2/c/downloads/328708.pdf>

Behavior Health - <http://archive.is/tRBk>

8. Good Morning Hospital has a counseling center for mental health needs, xxx-xxx-xxxx
<http://www.skhealth.net/page/hospital/good-morning-hospital>

Appendix F: Interview Questions

Question 1: What are your sex education experiences from secondary education and postsecondary education, in the American school system?

Question 2: How are your learned sex education experiences from secondary and postsecondary school settings useful for you as a gay or bisexual male?

Question 3: What sexual practices did you perform, that may have assisted you in testing negative for HIV?

Question 4: When having sex with men, what HIV prevention practices did you use from your learned sex education experiences?

Question 5: What else can you tell me about your sex education experiences and sexual practices that may be helpful for this study?

Appendix G: HIV Education and Prevention Tips

The researcher for this study designed this document as a means to provide you with added knowledge about HIV based on his expertise as a Health Educator and Human Behavior Specialist. In the researcher's experiences, most American men have an understanding regarding the meaning of HIV. Because of this understanding the researcher will not spend time explaining what HIV is, yet he will explain some means of transmission and prevention as it relates to sex education and sexual practices among gay and bisexual men.

Transmission Factors

In order for one person to transmit the HIV virus to another person, there have to be three main factors involved. Naturally, there must be the presence of the HIV virus in order for someone to transmit the virus to someone else. When the HIV virus is present, there must be a portal of entry for the virus, a sufficient amount of the virus, and a comfortable environment in order for the virus to thrive in a new environment. Without these factors, working together the HIV virus is not transmittable or sustainable in the new environment.

Portal of Entry

The virus must have a portal of entry into the bloodstream. The virus enters the bloodstream through open wounds, abrasions, tears, and cuts. There are other ways to transmit the virus, but for the sake of this document, the researcher will only discuss transmissions possibilities that are sexually related. The anus is an area that many gay men use for sexual pleasure. The anus consists of porous tissues that responds like a

sponge and is capable of absorbing and releasing fluids to include blood, rectal fluids, and other body fluids during sexual contact (United States Department of Health & Human Services, 2014). When men have condom-less, anal sex, and there is a presence of blood or semen released in the anus, the anus absorbs that bodily fluid. If the fluid consists of the HIV virus, it is possible to spread the virus to the person whose body is absorbing the infected fluid. The insertive partner (top) can also contract the HIV virus from the receptive partner's rectal fluids when HIV is present (United States Department of Health & Human Services, 2014).

Sufficient Amount

There must be a sufficient amount of the virus present in a person's blood or other bodily fluids in order to infect another person. Some HIV medication reduces the amount of virus present in the human body. When the virus count is low, due to medication or other factors, it is possible to transmit the virus from one person to another but the risks are low due to the amount of the HIV virus present in the bloodstream. If there are not sufficient amounts of the HIV virus present in a person's bodily fluids, it is still possible to transmit the virus but the risk of transmitting the HIV virus are lowered (United States Department of Health & Human Services, 2014).

Comfortable Environment

The virus must have a comfortable or suitable environment in order to survive. In order for the virus to survive, it must be in a comfortable environment. One factor that assists in destroying the HIV virus is air. When the virus is openly exposed to air, it dies quickly. Exposure to air is one of the factors that work during oral sex as a means of

reducing the risk of spreading and contracting the HIV virus. However, anal-oral or analingus, where the tongue is placed on or in the rectum carries a low risk of HIV transmission it is theoretically possible to transmit the HIV virus (see the section on malice).

A Hypothetical Malice Act

Malice is an area that is at work when someone wants to transmit the virus to another person, when standard protection methods and practices such as condoms are used during insertive sex acts. Some men intentionally set out to infect others with the HIV virus, by making sure those aforementioned transmission factors align.

Malice

An example of a hypothetical malice act that one can incorporate into a sex act could take place during anal-oral sex. This method of transmission is possible but not well documented. The researcher examined several sex videos where men practiced anal-oral and not one single man receiving anal-oral sex checked to make sure there was no blood present. The lack of knowledge of what the person, providing the oral service, is doing to the anus may place the receiving person at risk of contract HIV. If there is blood present, due to a small bit on the tongue or bleeding gums, may lead to an increased risk of spreading and contracting the HIV virus when the blood from the mouth enters the bloodstream through the anus. The risk of contracting the HIV virus, through a malice act, can be reduced when the person receiving anal-oral sex can control the environment with such things as a dental dam or a piece of plastic wrap. This barrier adds protection to the anus, which may reduce the spread of HIV.

Educate yourself about HIV as it relates to the human body and practice these five HIV Prevention Tips according to the United States Department of Health & Human Services, 2014 (<https://www.aids.gov/hiv-aids-basics/prevention/reduce-your-risk/sexual-risk-factors/>) and the Centers for Disease Control and Prevention (2014a) (<http://www.cdc.gov/ActAgainstAIDS/basics/prevention.html>).

1. Choose less risky behaviors such as oral sex over anal sex
2. Use condoms and other barriers correctly and consistently
3. Reduce the number of sex partners
4. Consult a physician about pre-exposure prophylaxis
5. Get HIV tested regularly and get tested with sex partners (request testing and results together) to learn about each others HIV status—This is a practice the researcher values as a means of learning about a sex partner’s HIV status. This tips works best before the sex act but not always realistic or practical, considering the nature of sexual attraction and the sexual habits among many gay and bisexual men.