

SISTER ACT: UNDERSTANDING SORORITY WOMEN'S
COMMUNICATION ABOUT CONDOM USE

A Thesis

by

RACHAEL AGNES HERNANDEZ

Submitted to the Office of Graduate Studies of
Texas A&M University
in partial fulfillment of the requirements for the degree of

MASTER OF ARTS

August 2010

Major Subject: Communication

Sister Act: Understanding Sorority Women's Communication About Condom Use

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ABSTRACT

Sister Act: Understanding Sorority Women's

Communication About Condom Use. (August 2010)

Rachael Agnes Hernandez, B.S., The University of Texas at Austin

Chair of Advisory Committee: Dr. Barbara Sharf

Young women's sexual health is declining. Sorority women face an intersectionality of risk for the negative consequences of sexual activity because of college attendance, sex, and age. The influence of peer communication about condom use can provide a buffer to the risk these women face. I investigated this communication through focus groups, using the theory of communication privacy management and grounded theory to understand focus group findings.

The results revealed themes regarding characteristics of communicators and context of communication including communication topic and setting. The women use strategies, boundaries and rules to negotiate communication privacy and engage in comfortable communication. Additionally, the women seek to maintain a good reputation for their social group, and follow explicit and implicit rules to do so. The implication of this analysis includes improvements in sorority and college student sexual health programming and continued research on communication in social support organizations like sororities.

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CHAPTER I
INTRODUCTION AND
LITERATURE REVIEW

Sitting cross-legged on a charter bus, a small group of young women are holding up their hands displaying one, two, three, four, or five fingers. Taking turns going around the circle, each woman says “Never have I ever,” and then describes some behavior or act, often sexual. If a woman in the circle has engaged in this act, she puts a finger down. Going around the circle, the women tell stories with intermittent giggling, slowly beginning to share more and more personal information. The bus is headed back to the sorority house, shuttling the sorority women home after a weekend of an initiation retreat and friendship-building activities. This game is a ritual some women in sororities use as a humorous tool to learn about each other, while becoming vulnerable through self disclosure about sexual activity.

Young women’s comfortable communication about sex and condom use is contingent on a safe nest of communication. For this project, I seek to understand the components of this nest, to discover how women in a sorority communicate about condom use. For many young women entering college, membership in a sorority is their first form of social support. I will argue that researchers interested in the health risk behaviors of young women should attempt to understand the nature of communication

This thesis follows the style of *Journal of Applied Communication Research*.

within tightly-knit organizations such as sororities. Sorority women face an intersectionality of risk that necessitates further investigation of these communication spaces. To uncover the nature of this communication, I conducted three focus groups with sorority women.

Sororities provide opportunities for philanthropy and socializing. Much time is spent with non-biological “sisters” in the sorority house. Some sorority women will spend one or more years living in the sorority house. This arrangement lends itself to a dynamic in which these young women engage in frequent, intimate conversations with one another. This thesis uncovers how young women in a sorority communicate about condom use.

Literature Review

Sorority Women and Risk

To those outside of the Greek community, communication within sororities may be mysterious, and access to this communication can be elusive. The origins of Greek organizations were “secret societies,” and a shroud of exclusivity has transferred to modern sororities through regulations, and rituals (www.npcwomen.org). It is important to investigate these communicative spaces, as literature has shown that sororities and fraternities can be sources of strong peer influence (Barry, 2007; Capone, Wood, Borsari, & Laird, 2007; Cashin, Presley, & Meilman, 1998; Goodwin, 1989; Larimer, 2004; Pike, 2000). The details of communication within tightly-knit friendship groups can be difficult for outsiders to access. The sororities I have studied utilize an aphorism that captures this evasive knowledge: “From the inside you can’t explain it; from the

outside you can't understand it." For this study, I conducted three focus groups with sorority members at two Texas universities. Through analysis of these focus groups, I will have identified themes and patterns in the communication of sorority women about condom use.

Understanding how young women feel and talk about condoms is important because of an increase in teen pregnancy and sexually transmitted diseases in the United States (Stein, 2010). I will argue that recent trends in young people's declining sexual health in addition to a high risk of pregnancy and disease compel investigators to focus on condom use communication among college age Greek women.

Sexual activity is often initiated at an early age. Young people are inconsistent users of protection resulting in declining sexual health (Sprecher, Harris, & Meyers, 2008). Sprecher et al. (2008) posits that the advent of these sometimes severe health risks have been a factor in the recent consideration of adolescent sexuality as a major "public health issue" (p. 17). Consequently, condom promotion should be a priority for health communication scholars and professionals. This relatively recent public health concern is impetus for investigators to understand the details of young people's sexual activity, and the intricacies of their communication about sex.

In recent years, there has been a rise in teen pregnancy in the United States. The Guttmacher Institute reported that for the first time since 1990, pregnancy and abortion rates among teens ages 15-19 are rising (Stein, 2010). Individuals under the age of 25 are at high risk for sexually transmitted diseases, (e.g., chlamydia, gonorrhea, syphilis, and genital herpes) and "make up half of the 19 million sexually transmitted infections

(STIs) diagnosed every year” (Wenstock, 2000). These pregnancy and STI trends call for improved prevention. Condom use in particular can help many young people avoid the negative consequences of risky sexual activity. Poppen (1994) states, “Condoms are recommended for adolescents and adults for prevention of disease and conception” (p. 505). While there are multiple avenues to prevent pregnancy and disease, condom use is an accessible, inexpensive and relatively simple way to approach safer sex.

In addition to facing a high risk because of age, women in particular face a higher risk for the negative consequences of sexual activity than men. Scott-Sheldon et al. (2009) states that physical susceptibility to STI’s exacerbates existing risks for women. Padian, Shiboski, Glass, and Vittinghoff (1997) found that women face eight times greater risk than men for heterosexual transmission of HIV or STIs. This increased risk for young women (relative to their male partners) signifies the need for studying young women’s communication regarding condom use. Young women are at particular risk for experiencing the negative consequences of risky sexual activity, and college students’ risky behavior can also intensify this danger.

Undergraduate students attending college today may be at great risk for many health risk-behaviors—a cache of research has been dedicated to identifying health risk issues particular to young people attending college (Dunleavy & Campbell, 2006; Greenleaf, 2006; Larimer, 2004; Lounsbury & DeNeui, 1995). However, few have investigated how peers communicate about these health risks. The participants in my study are particularly susceptible to health risk behavior as young women at college, and also members of a Greek organization.

Some Greek-specific health risk behaviors include excessive drinking, drinking and driving, drug use, eating disorders, sexual assault and unprotected sex (Dunleavy, 2006; Greenleaf, 2006; Larimer, 2004;). In particular, alcohol use is associated with sexual risk behaviors, for example when a woman and a non-primary partner are using alcohol, condom use is less likely (Brown, 2007).

In several studies, participation in a fraternity or sorority has been indicated as an independent variable for risk factors (Dunleavy, 2006; Greenleaf, 2006; Larimer, 2004). This research demonstrates that Greek individuals likely face higher health risks than their non-Greek peers. Group private housing common to Greek organizations may contribute to these higher risks. Many Greeks will live in a house together for at least one year of college residency, and this private space can lead to increased health risk behavior (Wechsler, 2000). The availability of a private space can give individuals an opportunity to engage in clandestine risky activity they would not otherwise in public. Because college students in fraternities and sororities may be particularly prone to several of these health risk behaviors, it is important for researchers to search for ways organizations can ameliorate this risk and encourage positive peer influence. In comparison to fraternity housing, private spaces can protect sorority members.

Residence in a sorority house was found to moderate risky activity, indicating that peer influence in this private space can play a positive role (Larimer, 2004). In addition to facing higher risk, women in sororities also have an opportunity for unprecedented openness of communication and peer influence that can act as a buffer to these risks. There is a dialectical tension between the risk sorority women face through

alcohol access and abuse, and the protection provided by some supervision and the social support provided by communal living. Women who are members of a sorority face cumulative, increased risks relative to others because of their age, gender, sex, college attendance, and Greek affiliation. This intersectionality of risk spotlights this demographic and provides an exigency for future explorations of sorority women's communication about condom use.

In light of previous findings on sexual health risks for college women, I have explored the following research question through analysis of focus group discussions among members of college sororities;

- R1: How do women in sororities talk about condom use, including characteristics of communication such as context, content, strategies and comfort level?
- R2: How do women in these sororities negotiate communication privacy boundaries?

Peer Communication

College students are susceptible to choosing risky behavior, and strong peer communication has been shown to alter behaviors in both positive and negative ways (Halpern-Felsher, 2004). Unfortunately, little is known about peer communication about sex and condom use; a large segment of literature regarding communication about sex focuses heavily on parent-child communication (DiIorio, Kelley, Hockenberry-Eaton, 1999; Lefkowitz, Boone, & Shearer, 2004; Holtzman, & Rubinson, 1995; Lefkowitz, Espinoza-Hernandez, 2007; Pistella. & Bonati, 1998; Weinman, Small, Buzi, & Smith, 2008; Whitaker & Miller, 2000). There has been a call to shift from this focus toward investigating communication about how young people talk about sex with their peers

(Lefkowitz et al., 2004). This communication is important because according to some investigations, peer communication can promote safe sexual behavior (Boyer, Shafer, Wibbelsman, Seeberg, Teitle, & Loveil, 2000; DiClemente, 1991; Lefkowitz et al., 2004; Romer, Black, Ricardo, & Feigelman, 1994; Whitaker & Miller, 2000). However, little is known about the details of this communication.

For this study, I have shifted exploration regarding adolescent communication about sex to peer communication among sorority women. Residential college students are in a life stage of high levels of communication; they are open to new ideas and relationships. In one part, this openness exposes college students to higher risk for the negative consequences of risky sexual activity. Conversely, this openness provides the possibility for peer education. In college, where peers play an important role in socialization, peer communication about sex is especially important for residential college students because this age group will spend much more face time with peers than with parents (Lefkowitz et al., 2004). Consequently, college students receive more information and education about sex from their peers than from parents and media (Sprecher et al., 2008).

When trying to construct meaning in new or novel situations, peer influence is especially significant for adolescents (Sprecher et al., 2008). This sense-making and information sharing demonstrates that young people's communication about sex is heavily peer-driven. These high levels of peer communication about sex warrant a closer look at young people's peer communication about sex.

In addition to providing a primary reference group, college-age peers provide normative influence. Reviewing literature, Rimal (2003) found the following:

Presence of ambiguity [in college] enhances normative influence (Cialdini, 1993; Moscovi, 1976; Rice, 1993; Sherif & Sherif, 1964). The college experience is a suitable setting in which to study the impact of social norms. College life is also the beginning of new friendships, for many students as they are socialized into a new environment. (p. 189)

The first weeks in college are a time of high ambiguity and uncertainty, increasing peer influence. Young women pledging a sorority are often initiated into the organization one week before they begin their freshman year of college, a particularly impressionable time for most young women. That this transition phase coincides with increasing peer influence should be recognized by researchers as a special opportunity to maximize positive peer influence concerning health risk behavior. To learn how to maximize this positive peer influence, researchers should study how students communicate with their peers about condom use.

Communicating About Condoms

The potential for positive peer influence on condom use creates a need for further academic investigations of the details of communication that can shape young people's attitudes and behaviors. Rittenour and Booth-Butterfield (2006) found that among undergraduate college students, condom use was the most common topic of discussion regarding sexual health. There is evidence that beliefs and attitudes about condom use influence actual condom use. Weinman et al. (2008) emphasized the importance of peer beliefs and parent-child communication about condom use, stating that actual condom use is predicted by peer beliefs and parent-child communication about condoms.

Communication about condom use can impact attitudes about condom use. Schnike (1998) reported that young people learn attitudes about sex from peers. In support of this, Halpern-Felsher (2004) found that “for both males and females, a greater ability to communicate with peers was related to positive condom attitudes” (p. 442). Predictably, positive attitudes engender positive behaviors. Halpern-Felsher (2004) also reports that “among adolescents who are already having sex, those who report being able to discuss sex are more likely to have safer sex” (p. 450). So, the ability to communicate with peers about sex tends to improve sexually experienced adolescent males' and females' attitudes and behaviors regarding condom use. Rittenour and Booth-Butterfield (2006) found that students may chastise friends for engaging in risky sexual behavior, suggesting that students encourage each other to engage in safe practices. Researchers should seek out spaces where this communication occurs to better understand these helping interactions.

College years are an important time for interpersonal communication about condom use. Researchers have recognized the influence of interpersonal closeness and how young people gather information about sex, acknowledging that closeness in relationships can impact the content of communication, specifically communication feedback. For example, Lundgren and Rudawksy (1998) found that

Feedback in closer relationships tended to be more important, less negative, and less directly conveyed, which altogether led to less rejection of feedback. Thus important issues tended to be dealt with in close relationships, but these were apparently handled in relatively diplomatic, supportive, and less negative manners. (p. 422)

Consequently, the existence of closeness in interpersonal relationships is integral to communication ease and frequency, which are key components of successful communication about sex.

Young people in college acquire information about sex from peers as well as from independent reading. Spanier (1977) found in an undergraduate sample that independent reading and same-sex friendships were the most common resources of information about sex. However, even with the availability of online information through search engines like Google, and a cornucopia of sex advice websites, young people receive more information about sex from peers than from any other source (Sprecher et al., 2008). This finding supports the quest to investigate peer communication about sex.

In peer communication, individual characteristics can influence knowledge about sex. Gender can influence the body of knowledge some individuals bring into communication scenarios. Sprecher et al., (2008) attributed this knowledge to socialized levels of sex education:

Men receive less sex education in general compared with women (Fisher, 2004), and [...] female sexuality is subject to more sources of formal and informal regulation compared with male sexuality. In support of our prediction that women would communicate more about sex than men, women had higher scores on sex communication with mothers, dating partners, physicians, and sex educators. (p. 23)

These sources of information and influence are of interest to the question of communication context in this study. The participants in this study have likely received some education about condom use that will impact their communication. Young women today may receive this education from different sources, and over time, sources of

information about sex have shifted. Sprecher et al., (2008) found that over a 17-year longitudinal study “young adults reported receiving increasing amounts of information from peers, professionals, and the media; and young adults became increasingly likely to report communicating with professionals about sex” (p. 24). This increase in education about sex is encouraging, as communication about sex can act as a buffer to risk.

Use of Humor in Discussing Sex

This research illuminates what is known about young people’s peer communication about sex. Through this study, I will present a more detailed depiction of sorority women’s peer communication about sex. In addition to the content of this communication, I am interested in how humor can help ease the stress some individuals experience when attempting to communicate about protected sex. While we know little about young people’s use of humor in conversations about sex, Dupre’s (1998) book *Humor and the Healing Arts: A Multimethod Analysis of Humor Use in Health Care* nicely elucidates multiple uses of humor in contexts of health communication.

There is a dearth of literature regarding interpersonal use of humor when speaking about “tough issues,” especially sex. This deficiency is unfortunate, as use of humor can encourage further communication and strengthen relationships (Dupre, 1998; Hay, 2000). Dupre (1998) explained that people use humor “to foster relationships, vent emotions, and exert social control” (p.19). One specific function is the use of humor as a “coping mechanism.” Humor serves several purposes in interpersonal communication about health, and is used in uncomfortable or difficult situations as a communication strategy.

Humor can assist in coping with difficult situations. Kuiper and Martin (1993) found that based on self-reports, individuals who use humor as a mechanism to cope receive psychological benefits. These benefits can encourage more communication about sex. Dupre (1998) also reported that literature suggests that humor can foster affinity and a safe space for communication. In a communal living situation such as a sorority or common apartment, a 'safe space' is imperative for engagement in open communication about sex and protection. Use of humor can have an impact on this communication environment. Dupre (1998) outlined an example of use of humor in a particular setting

Humor is used in breast cancer situations to create a non-threatening environment, communicate empathy and camaraderie, and avoid becoming an adversary. Humor use is actually a sophisticated means of organizing and influencing social transactions. (p. 183)

Humor can be used to create a non-threatening environment, build empathy, and solicit feedback (Dupre, 1998). Humor can diffuse an uncomfortable situation. Dupre (1998) explained, "Humor may also represent an acceptable way to comment on a threatening or embarrassing situation. Within the role of animated "commentator," a participant can make fun of otherwise embarrassing matters, and even good-naturedly complain" (p. 194). Humor can be used to create an encouraging communication space, which is imperative for sex-related communication.

In addition to altering communicative spaces, humor is also important for communication within organizational contexts. Dupre (1998) stated,

Overall, it seems that humor is an indicator of cultural patterns and a useful way to shape those patterns. Within organizations and broader contexts, humor seems to be a valuable tool of social negotiation. This may explain, in part, why the hospital humor I observed is particularly prevalent and bold. (p. 28)

In the case of my study on sororities, humor is used in an organization where multiple individuals are attempting to communicate about tough issues. Humor can be a means of negotiating with several individuals who identify as members of one group, like a sorority. This complex communication strategy serves several functions in interpersonal relationships.

Humor can reflect and foster intimacy in interpersonal relationships. Closeness and play were highly correlated in romantic and platonic interpersonal relationships (Baxter, 1992). As stated, the closeness humor can achieve is integral to communication about sex. Another positive effect of humor is the establishment of camaraderie and fellowship. Dupre (1998) explained, "Humor allows participants to collaboratively "break the rules" together. As such, it may defy institutional edicts while accentuating the solidarity of individuals" (p. 194). Hence, humor can allow individuals to converse about taboo topics, even in the face of societal norms and restrictions. The solidarity achieved by this tactic is one component of sisterhood, the goal of many women joining a sorority.

In addition to fostering closeness and solidarity, humor is especially important in health communication settings. Dupre (1998) found that because humor is ambiguous and affiliative, individuals can communicate without the concern of negative feedback, which is constructive in health communication settings. This negotiation is integral to theory of communication privacy management, a theory of interest to this study (Petronio, 2000; see Chapter II). While ambiguity can assist in communication negotiation, it can also be a difficult site of study because humor is subjective, and

difficult to measure. In regards to communication about sex, research on humor can inform how individuals negotiate sometimes difficult situations.

Humorous communication has been found to be gender-specific: “men, in general, are said to place importance on power and competition within conversation, and females prioritize the expression and maintenance of solidarity” (Hay, 2000, p. 734). Hay (2000) found that “the odds of women using humor to create or maintain solidarity are more than twice as high as men” (p. 734). Context also plays an important role, as “men’s style is used more often in public settings and ‘women’s’ in private interaction” (Hay, 2000, p. 734). The lightness created by the humor used in these conversations is one twig in the nest of safe communication among these women. This safe space can encourage young women to reveal personal information, strengthening interpersonal relationships. Hay (2000) found that “a group of women may share new, personal information about themselves in order to maintain solidarity with their friendship group” (p. 734). This finding supports the proposal that self-disclosure can foster closeness and occurs in a humorous context. In addition to humor, communicative rituals can provide insight on these communicative acts.

Ritual and Communication

Sororities are well known for their secretive and esoteric initiation ceremonies; however communicative rituals in a sorority setting can prove a richer site of investigation. Rimal (2003) defined ritualistic communication as “concerned with “the representation of shared beliefs” (p. 188). In this communication scenario, I define ritualistic communication as the “transmission and perpetuation of behavioral attitudes

and expectations.” These communication acts can function as more than simply the transfer of information. Rimal (2003) found that “Group identity is likely to be transmitted and ritualized through communication among group members” (p.188). In addition to the transmission of group identity, identities can be reinforced through this communication (Rimal, 2003). In this sorority, ritualistic communication can communicate group norms and expectations. While we know some details regarding young peoples’ communication about sex and the use of humor in health communication settings, there is still much to learn about these communication phenomena.

The need for improved understanding of peer communication has been asserted by Lefkowitz et al., (2004), as “there are few empirical data to help understand the extent to which college students talk to their friends about sex-related topics; nor are there data to explain the associations this communication may have with individuals’ behaviors and attitudes” (p. 339). The details of negotiation of this communication within a group are unknown. We have yet to investigate how college students communicate about condom use in group settings, and also how members of a Greek organization communicate about these issues. This study will provide a rich, detailed picture of communication about condom use in a sorority, filling several gaps in this body of research.

CHAPTER II
METHOD AND
THEORETICAL GROUNDING

Method

To understand communication about condom use, it is important to observe how women interact, and the focus group format is ideal to uncover this interaction. IRB approval was obtained for these focus groups. The focus groups lasted between 1 hour 15 minutes and 2 hours. The focus groups were held in the living and dining rooms of these sororities. All of the focus groups were conducted in a private or semi-private space in the house. Focus groups allowed for new phenomena to emerge organically; the women participating often readjusted the agenda to better reflect their own experience. The women in the focus group often spoke in examples and told stories. One such phenomenon that would have gone undiscovered without qualitative methods was the phenomenon of closeness through short, intense moments of self-disclosure. This circumstance was revealed while the women were speaking to each other about past experiences with closeness and communication about protection. The focus group is an excellent way to spur conversations, and “riffing” off each other’s experiences and memories allowed for a collective memory to emerge, as well as an *en scene* example of group communication about condom use.

The use of focus group format fostered in-depth group discussion among women who have previously established friendships, encouraging the expression of a shared history. Lefkowitz et al., (2004) expressed a need for a nuanced understanding of communication about sex and sex-related topics beyond the small body of existing research, most of which employs one-item measures, in contrast to qualitative methods.

[One-item measure] assessment of communication fails to capture the multidimensionality of sex-related communication. Therefore, we know little about how adolescents and emerging adults discuss different sex-related topics with their friends, how specific topics may be associated with demographic characteristics, and how topics may differentially be associated with sexual behavior and attitudes (Lefkowitz et al., 2004, 340).

Qualitative research is an excellent approach to uncover this multidimensionality.

Allowing these women to share their stories in greater detail fosters deeper understanding of this communication.

It is important to be mindful that communication and behavior is not a unidirectional process of influence. Lefkowitz et al. (2004) reminds us that bidirectionality is integral to understanding peer influence on behavior; “students influence each other’s behaviors through their conversations, while at the same time their conversations reflect their experiences” (p. 348). This cyclical relationship is evidence that a researcher must provide a space for individuals to reveal these relationships and communication behaviors on their own terms.

Participants

As a member of this sorority, I had special access to the women in this group. Had the inquirer been an outsider, they may not have gained such easy access the

participant pool. The participants in this study are undergraduate students and members of a sorority at two Texas universities.

<i>Participant Information</i>				
Alias	Age	Ethnicity	Religion	Hometown
Focus Group 1				
Annabel	22	White	Christian	Houston, TX
Mackenzie	19	White	Catholic	Wylie, TX
Paige	19	White	Christian	Austin, TX
Marilyn	20	White	Christian	Montgomery, TX
Lucy	19	White	Catholic	Burleson, TX
Gwen	19	White	Methodist	Houston, TX
Carla	20	White	Atheist	Texarkana, TX
Athena	21	Hispanic	No Religious Affiliations	Mission, TX
Focus Group 2				
Uma	19	Hispanic	Catholic	Corpus Christi, TX
Abby	19	White	Catholic	Wiley, TX
Susie Q	19	White	Southern Baptist	Austin, TX
Cheerios	20	White	Christian	Austin, TX
Fruit Loop	20	Hispanic	Catholic	El Paso, TX
Barbie	20	White	Christian	Houston, TX
Saturn	20	White	Sort-of-Christian	Mesquite, TX
Focus Group 3				
Shannon Gaga	19	White	Christian	Midland, TX
Jane	20	Pacific Islander	Christian	Bastrop, TX
Britney Spears	20	White	Christian	Dallas, TX
Eugenia	21	Declined to report	Catholic	Friendswood, TX
Olga	22	Caucasian	Christian	Austin, TX
Alphie	22	Declined to report	Catholic	Denton, TX
Mom	22	White	Catholic	Austin, TX
Lady Gaga	19	White	Christian	San Antonio, TX
Sarah	19	White	Declined to report	San Antonio, TX
Jasmine	19	White	Episcopalian	Round Rock, TX

The 25 participants consist of volunteers who were not compensated for their time. As shown in Table 1, the women ranged in age from 18-22; the average age of

participant was 20 years old. The group was fairly homogenous; all but four women identified as Caucasian or White, and all but three identified as Catholic or Christian, with one responding “sort-of-Christian”. All of the respondents reported being from Texas.

Many of the women participating in the focus groups live in the sorority house, and could easily access the focus group session. Many of these sorority women will all have lived in a sorority house or communal living space with sisters for at least one year of college residency. The year (freshman, sophomore, etc.) they live in the house varies from university to university. These women spend a great deal of time in their sorority houses; they perform rituals such as initiation and chapter meetings, and prepare for recruitment week in this home.

For the purpose of this inquiry, it is important to establish a stable definition of “peer” or “friend,” as researchers and participants may interpret the term friend to signify varying levels of closeness or quantity of friends (Lefkowitz et al., 2004). Because of this ambiguity, focus group questions referred to interpersonal relationships within this sorority as “sisters,” meaning women who have been initiated into the organization, and who likely live, plan to live, or have lived in the sorority house or a communal space. Participants have engaged in activities and experiences such as social and philanthropic projects designed to encourage friendship. Intimacy varies among sisters, but there are structures in place to ensure a shared meaning of the word “sister.” All of these women have experienced common, intensive rituals, and participated in activities to learn about each other, establish camaraderie, and foster closeness.

There was a general sense of goodwill surrounding the focus groups, and my conversations with these women rang true with my experience in a sorority. One of the focus groups took place in the completely private chapter room where secret meetings are held, the second focus group took place in the informal dining room, and the last took place in a formal dining room. All focus groups were held at an oval or rectangular table. As a facilitator, I sat near the middle of the table. The focus groups were audio recorded, and I took notes. I found myself often sharing small personal anecdotes, such as experiences I had in the sorority house I lived in, or divulging some background information about my research. This personal disclosure further confirms the assertions of communication privacy management theory. As somewhat of an outsider, I felt compelled to reveal some details about my life, reciprocating personal disclosure for the details these young women were sharing about their lives.

Recruitment Strategies

To recruit women to participate in these focus groups, a sorority officer made an announcement at a meeting, and soon after, I made an announcement at a community meal to distribute information sheets and consent forms. At two focus groups, sorority leaders also recruited women for the study via email. Sorority size ranged from 122 to over 200 members, rendering recruitment fairly easy. All potential participants were notified of the purpose and subject of the questioning in advance, and were aware of their ability to refuse to answer any questions or leave at any time (for focus group guide with introductory statement, see Appendix A). In addition, the women were informed in advance via the attached information sheet and consent form about the subject matter

(see Appendix B and Appendix C). Participants were urged to maintain voluntary confidentiality regarding any information discussed in the focus group to protect the privacy of each individual, and each participant created a pseudonym while speaking in the focus group (see Appendix B for focus group guide). Pseudonyms were used in the focus group to aid in anonymity of participants during transcription. The creation of pseudonyms was a point of humor for the women in the focus groups. The women were creative with their aliases, choosing names ranging from the names of cereal boxes (Fruit Loop) to celebrity names (Lady Gaga). I believe this initial endeavor into humor and novelty relaxed the women, breaking the ice.

Development of Focus Group Guide

Prior to embarking on this study, I conducted a pilot focus group at a local sorority to test focus group guide questions. Informed by my pilot results, I conducted individual interviews with several more sorority women prior to the actual study, shaping focus group questions to better discover communication phenomena among these women. In addition, the theory of communication privacy management specifically informed the wording of questions two and eight, asking “In what way does your chapter address women’s health issues?” and “How do you decide who to talk to about condom use and your personal experiences with sexuality? What happens when a trust in communication is broken?” (for focus group guide, see Appendix A).

Theoretical Grounding

Analysis of Focus Group Data

To analyze the focus group data, I used grounded theory and the theory of

communication privacy management. I have transcribed the three focus groups and searched for themes. I have discovered themes that explain how these women communicate about condom use, and themes that correspond with concepts from the theory of communication privacy management, while allowing unanticipated themes to emerge in grounded theory.

Grounded theory. To understand what unpredicted issues arise from the sorority women's interactions and the focus group discussion, I have employed a grounded theoretical approach. To develop grounded theory, I employed constant comparative method, utilizing a line-by-line analysis, and then collapsed the 25 categories until I identified core themes. Using axial coding, I have created a typology to understand how these categories relate to each other (Mills, Bonner and Francis 2006). Originally, I had intended to conduct a fourth focus group, but discovered that I had reached conceptual saturation with the data collected from three groups. The grounded theory developed in this study specifically addresses communication content and context, unveiling what sorority women talk about regarding condom use, who they communicate with, and the details of communication setting. Using the focus group results, I am working toward a theory of sorority women's communication about condom use.

Communication privacy management. To some extent, analysis of the focus group discussions were theoretically informed by the theory of communication privacy management, augmenting a partially grounded theory approach. Communication privacy management theory's (CPM) explanation of collective and personal privacy boundaries

(Petronio, 2000) can help explain how these women communicate about condom use.

CPM is a grounded theory involving individual and group decision making and negotiation of boundaries. While attempting to uncover how sorority women communicate about condom use, it is useful to examine the negotiation of boundaries of communication in large social support groups. CPM can help inform this exploration.

In CPM, the process of revealing and concealing information are in dialectical tension, taking place through a rules-based management system (Petronio, 2000). The coordination of these boundaries is of interest to this project. A privacy management system employs boundary structures. Boundary structures are defined by four dimensions: ownership, control, permeability, and levels (Petronio, 2000). We own our private information, and control our privacy boundaries. Permeability refers to how freely information flows, or how closed or open a boundary is. There are two levels of boundary, “personal management” and collective systems” (Petronio, 2002, p.11). These boundary structures are permeable, addressing the dialectical tension of revealing and concealing (Petronio, 2000). Permeability can vary, and when boundaries have high permeability, people are more likely to disclose, while impermeable boundaries are more closely guarded (Petronio, 2000). This activity can be understood as a continuum, with intermittent moments of full disclosure, or indefatigably held secrets (Petronio, 2000). The boundary structure is the frame by which individuals negotiate privacy.

These structures are managed by a rules-based system, protecting or granting right to knowledge of private information. Petronio (2000) names the four essential concepts as “boundary rule formation, boundary rule usage, boundary rule coordination,

and boundary rule turbulence” (p. 39). Boundary turbulence, or a “disruption in the coordination of privacy rules,” reveals the dark side of CPM (Petronio, 2007). The disruption of privacy rules will be addressed in the analysis of these focus groups.

In an organization, boundaries exist on a personal and collective level (Hoseck & Thompson, 2009). Hoseck and Thompson (2009) explicate these boundaries, stating, “Personal boundaries relate to the ways in which individuals control information about themselves, and collective boundaries relate to information about the group (e.g., family, organization, dyad). Privacy rules are created to control the permeability of the boundary” (p. 330). These privacy rules are the means by which individuals manage privacy in interpersonal relationships and groups. Privacy rules exist in the communication sphere, managed and negotiated by individuals in relationships.

As people participate in interpersonal self-disclosure, those to whom they disclose become partial owners of the information, linking the privacy boundary to both parties (Hoseck & Thompson, 2009; Petronio et al., 2004). Consequently, co-ownership can bring the responsibility of maintaining the expected privacy boundary. This process of negotiation is present in large groups like sororities.

CPM involves an individual’s coordination of privacy and disclosure with the motivation to manage potential risk. This coordination is important, because the ramifications can impact interpersonal relationships and future communication acts. Hoseck and Thompson (2009) expand on the definition of privacy disclosure, stating that “privacy disclosures” encompass both the “elements of privacy and the process of disclosure” (p. 330). Individuals believe they own their private information, and have the

right to control the flow of this private information to others. Using rules to decide whether to open these privacy boundaries, if a person decides to reveal information, s/he makes others shareholders of this information. Shareholders entrusted with information are presumed to follow existing privacy management rules or coordinate new ones.

Individuals choose to disclose private information based on communication characteristics and relationships. Interpersonal liking is related to self-disclosure.

Petronio (2000) describes this relationship:

Self-disclosure and liking are thought to be related in at least three ways: An individual's self-disclosure to a partner leads to the partner's liking of the individual (the "disclosure—liking hypothesis"), an individual's liking for a partner leads to the individual's disclosure to the partner, and an individual likes a partner as a result of having disclosed to him or her. (p.29)

To further explicate these three mechanisms, perceptions of other's disclosure can impact interpersonal liking. Derlega and Berg (1987) concluded that "personalistic" self-disclosure (divulged to one) increased liking, in contrast to "nonpersonalistic" self-disclosure (divulged to many). Therefore, if an individual perceives that s/he is the sole recipient of some private information, they may have increased liking for the discloser. Furthermore, interpersonal liking can influence self-disclosure; a person is more prone to disclose to someone they like. In addition, Petronio (2000) notes that self-disclosure because of interpersonal partiality may be "more likely to lead to liking than self-disclosure that is viewed as a result of a personality trait ('he or she is disclosing to me because he or she is a high discloser')" (p.31). In this communication process, the reason for disclosure is important; liking will probably come from the perception that the recipient was specially selected for said communication. Ultimately, Petronio (2000)

finds a “bidirectional causal relationship between self-disclosure and liking” (p.31). Petronio (2000) posits that an individual’s self-disclosure may encourage communication partner’s reciprocity of disclosure. This reveals that self-disclosure can have several functions in interpersonal relationships. CPM informs an understanding of how sorority women decide to communicate about condom use. Using rules and expectations, sorority women employ strategies to manage privacy.

Disclosure of personal information in a sorority provides an interesting lens by which to study CPM. As with many other studies examining CPM, information gathered for this thesis is self-reported by participants. I have uncovered the coordination of privacy rules within this sorority, revealing how these women decide to open or close privacy boundaries within this group. I have investigated how these women “are able to coordinate successfully the regulation of the collectively held private information” (Petronio, 2007, p. 219). The patterns of self-disclosure within this group can impact their interpersonal relationships and future communication about condom use. This can affect their level of comfort with discussing condom use, and in turn, impact their attitudes and behaviors. I have also probed the concept of boundary turbulence, investigating how breaking privacy rules can alter interpersonal relationships and future communication.

This exploration of how sorority women negotiate boundaries of privacy within their group and the “outside world” will shed light on how women in social support organizations negotiate privacy and disclosure. Some argue that self-disclosure is a personality trait, or enduring attribute (Hoseck & Thompson, 2009); however, I will

argue that for some, self-disclosure can be encouraged in a setting that fosters closeness, openness, and reciprocity. The results of these focus groups reveal the patterns of communication content, context, and strategy among sorority women.

CHAPTER III

FINDINGS

The focus group conversations were lively, funny, poignant discussions that provided rich and highly detailed information about communication among sorority women. Analysis of the focus group data revealed 3 main categories: communication content, context, and strategy. The focus group results ultimately answered six journalistic questions of “who?” “where?” “when?” “why?” “what?”, and most importantly for this inquiry, “how?”

I will explain the levels and scope of communication within a sorority, as well as the content of this communication. Communication content includes communication functioning to garner advice, information, or listening, and the learning group norms. These sorority women use several communication strategies to create a comfortable nest of communication, and these strategies answer the question of how sorority women communicate about condom use. These women attempt to establish comfort with the subject matter through humor, and fostering closeness and trust. There are rules to communication privacy management within a sorority. For conversations about condom use, these women seek peers they perceive as similar to themselves, and desire an equal exchange of information, supporting Petronio’s (2000) theory of communication privacy management.

Characteristics of Communicators

Communication Within the Sorority

The organizations participating in these focus groups range in member size from 122 to over 200 members. There is a strong hierarchy of authority in sororities, including a president, vice-president, and standards board who enforce rules regarding personal conduct. These women oversee operations and sanction women who have broken *de jure* sorority rules. There are several levels of communication that can occur within these organizations. Chapter-wide communication can include messages from chapter advisors and the executive board. Workshops and meetings were cited as the main source of information disseminated on a chapter level. The participants of the focus groups and interviews were unable to identify chapter-wide communication addressing women's use of condoms for protection.

The sorority women in the focus groups strongly emphasized that much of the communication about condom use occurs on an interpersonal level. Saturn (FG 2) points out the distinction between chapter level and interpersonal communication. "It's not discussed in the whole chapter, but with my roommates and people who I'm close to." Saturn is one of several participants who were reluctant to engage in this communication at a chapter level. Responding to a question about the scale of this communication, Marilyn (FG1) testified to the preference for interpersonal communication:

I [prefer] staying on the interpersonal level, because [...] you would need to have an emotional connection with them [to say], "You are really not practicing something healthy," [...] "What's going on?" and "You know I need to help you make a better choice."

Mom (FG 3) admits that interpersonal communication is preferred, but that in response to certain events, chapter-wide communication is initiated:

I think [we communicate] interpersonally more than anything [...] If there is an issue, you know you address it one on one. [...] We've even had to say things to the chapter as a whole unfortunately, but I think that there are 122 very watchful eyes in our organization.

This interpersonal communication was cited as the most comfortable and appropriate level of communication for most conversations about condom use. Establishment of privacy is integral to comfortable communication, as privacy helps the women control who is granted access to their private information. Uma (FG 2) explains, “You definitely have to close the door. [...] I like to talk about it with people I want to talk about with, not people who are listening in.” This is important, because within a large organization the boundaries are often negotiated to prevent the risk of a leak of private information. In this case, interpersonal communication is an avenue to avoid the risk mass communication of private information.

Interpersonally, certain individuals play a more central role in many of these women’s communication about condom use. Roommates or “roomies” were frequently cited as important and recurring communication partners. Fruit Loop (FG 2) says, “My roommates are by far my best friends in the world. So they’re definitely who I talk to about everything more, and ‘adopted roommates.’” Fruit Loop reveals a process by which women in the sorority can “upgrade” the status of their friendship to roommate through closeness, even if they do not live in the same room. Annabelle (FG 1), an outspoken and enthusiastic focus group participant, recalls the impact of her living situation on communication,

I don't have a roommate, and I haven't for a year now, a year and a half [...] When you come home, and you have had a bad day, and something is bothering you [...] your roommates notice, they see it on your face. [Now,] I don't have anyone in my room to be like "What's wrong with you?" [...] In order to get those things off my chest I have to seek someone out, as opposed to when you have a roommate and you come home and you are upset, and you just have to lay it out.

For Annabelle, a roommate provided an instant, accessible, and sometimes unavoidable source of social support. When she moved into her own apartment, this communication did not come as easily, and she had to seek out support. Some women in the sorority chose who they would communicate with by the sensitivity of the subject matter.

Mackenzie (FG 1) explained how the topic of conversation may impact who she chooses to confide in: "It just depends on the question I guess... I guess if it was really private I would just talk to one of the roomies. 'Cause those are probably the closest to me."

Mackenzie shares that her roommates are the women with whom she is closest, and that these are the women she would turn to with highly sensitive information. In all three focus group, women expressed that roommates often provided important social support.

However, this co-habitation does not always equal communication comfort. Olga (FG 3) expands on the inescapable eye of her roommate,

Sometimes when I make really poor decisions the last person I want to find out is my roommate [...] out of fear that she will look at me differently. Because that's not who I am, I just hit the bottle a little too hard. But, the reason I have [hidden things is] out of shame, and then I realize that if I don't talk about it it's going to drive me crazy [...] 'Cause I tried to hide stuff from the roommate but she knew for months.

Olga knows that she will be held accountable by her roommate, but struggles to share private information because of the perceived risk of facing judgment. Paige (FG 1)

explains how an individual's life stage and living space can affect proximity, thereby influencing who she communicates with:

Last year, I would have wanted to talk to my roommates on campus in the dorm, because I was closer to them. Now, I am closer to [...] my sisters at the house, so I would rather talk to them. So it kind of depends on where you are.

It is apparent that as a college student transitions and moves into new spaces, friendships and closeness can vary with these physical moves.

In addition to physical space, personality and individual differences can guide who in the sorority these young women choose to talk to about condom use. Fruit Loop (FG 2) explains how open communication can be contingent on individual personality,

I know some people are a lot more conservative and religious, and practice abstinence so I wouldn't talk to them about using condoms, ever. And then I have some friends that I joke around with all the time and they'd be going out on a date, and [...] you are like, "Wrap it up!" It just depends on the person you are addressing.

This reinforces the idea that simple co-habitation and affiliation with an organization does not instantly provide uninhibited communication. To decide whether to engage in this communication, women learn about each other's different personalities. Some women self-reflexively admitted that they were not often the individuals women went to for information or advice about sex. Mom (FG 3) says: "They kind of don't want to be a disappointment to me [...] But I don't pry, you know, if someone doesn't want to disclose something to me I just kind of let it be." Mom goes on to express the desire to be perceived as an open communicator. After self-identifying as someone who sisters rarely turned to for communication, Lady (FG 3) chimes in,

I'm not good at letting it be. Because I am very nosy [...] so that person thinks that I'm gonna judge them even though they've told me stuff before. But I think

that they're just kind of embarrassed, in a way, and they can only tell another girl that acts the same way that they do. [...] But it would be nice to be a person that appeared more open [...] they probably don't want to tell me because they know I have my 2 cents and I'm not afraid to say it.

Jane (FG 3): So you're mean.

Lady: No, I'm not mean, I'm just very honest, and my best friend, my Panamanian lover Carlos, told me that I'm not a bitch, I'm just very honest. And I think that's a good quality because I'm a genuine person.

Jane (FG 3): Sounds like a pageant.

It was clear that Jane not appreciate what Lady described as 'honesty.' In this group, Lady self-identified as a woman was rarely trusted with self-disclosure about condom use and sexual activity. Lady's unabashed negative feedback caused some sorority women to avoid communication with her. The desire to communicate about sex and condom use varied among the women. One woman revealed herself as someone who doesn't often communicate about sex. Susie (FG 2) admits,

I'm one of those conservative people that Uma was talking about... I'm not crazy conservative, but I like tell my boyfriend straight up, you know, we're not having sex. And so and he like gasps, cause he's like my best friend, so [...] he still jokes about it all the time and it really annoys me. That's how I always have been [...] I want to wait 'til marriage, and I never really had to talk about it so I never really had those conversations.

Because Susie is not sexually active, she does not believe she needs to communicate about sexual activity and protection. In contrast, other women proudly expressed nonchalance with the subject matter. Britney (FG 3) expresses comfort:

I feel like it's not like an uncommon conversation just to have. Like it's kind of natural to just [say] "How are you?" the most basic thing. You know we are always checking up on each other and making sure we're always good.

This ease of communication can be contingent on interpersonal relationships. Annabelle (FG 1) describes an individual, whose personality can add to her own comfort with communication,

They feel like they just don't have shame, so when you go to talk to them, you don't have any shame. [...] Some topics that normally are piggy backed with shame, but when you go talk to someone, like Lucy [...] they are not embarrassed about it, they're not shy. They're not going to go shout it to the world, but when you go talk to them about it, they're like, "It's not a big deal for you to ask me that question." "I want you to be honest and I don't want you to have to round about it." "We're friends, so just tell me and this is like a safe space."

Annabelle knows that she can confide in certain individuals due to their lack of judgment of others and openness to communication. Annabelle also values that whoever she discloses to follows the rule to maintain privacy. For some, membership in the sorority has provided an opportunity to become close with many women. Shannon (FG 3) says,

I feel like, were are all literally best friends and I feel like whenever something is going on with someone, no one is going to let you walk away alone. And I feel like I'm close to enough people in my chapter that I can go to like 15 or 20 of them and tell them what's on my mind and they'll be there for me in a heartbeat [...] and I feel that that is just how everyone is. You can just tell when something is going on and you're not like afraid or embarrassed or ashamed to be like, "Hey this is going on, help me."

Shannon describes both intuitive and expressly requested communication among sisters. In addition to individual characteristics, there are levels of power that can shape communication practices.

In this organization, there are certain individuals who hold power over others. Executive board members must punish women if they break the rules of the sorority.

When asked whether sorority members were reluctant to communicate with members of the executive board, Britney (FG 3) replied,

It kind of goes both ways, either a member will really trust you, because oh, you're exec¹, like "I can trust you," or they'll go to the extreme opposite and kind of shy away, like "I can't tell her cause she's on exec." It kind of depends on the person.

It appeared that membership on the executive board was not an absolute barrier to communication, but based on individual perception of trust in executive members.

Communication Outside of the Sorority

The women in these sororities identified a marked transition from communication about condom use and sex in high school, to communication in college. Lucy (FG1), a good natured and giggly participant takes on a serious tone when she reflects, "I need to learn [about protection] because I am an adult, and it is not fun and games any more like it is in high school. My mom can't come down and save me every time something happens." For Lucy, this newfound independence marked an exigency to engage in communication with individuals other than parents. Annabelle (FG 1) also experienced this shift; "For me, it was a transition or at least a stepping stone for me going from being a kid to being an adult. Cause for me [...] if I was sick, I had to go see a doctor, I'm like, "Mom!" and [sex is] something I was not comfortable asking my mom about." While Annabelle relied on her mother for other health advice and information, she would not communicate with her about sex. For many women, it was apparent that parent-child communication was not a desirable source of information about sex.

¹ Slang for executive board, including the President, Vice-President, and Morals and Standards committee

The stated reasons for avoidance of parent-child communication about sex varied from general “ickyness” to a fear of being seen in a negative light. Soft-spoken Mackenzie (FG 1) expressed fear that her parents would be disappointed if they became aware of her sexual activity,

I think that, for me, it would be very awkward talking to my parents about it, but if I were to talk to my mom about condom use, she would like totally look down on me, and just be disappointed... and since I know my parents would be disappointed, I just kind of have this notion that doctors, or anyone with any kind of authority over me would be disappointed, so I wouldn't talk to them.

This potent fear was common to other women in this focus group. Lucy (FG 1) shared this concern, revealing,

I don't want my parents to look at me in a different light. I always want to be that same little girl in their house, like I don't want them to think that I am growing up. [...] I think if I ever brought it up, it would be really different, it would be really hard for them to take, and I just don't want to put them through that.

For Lucy, this avoidance functioned not only to maintain her comfort, but to maintain her parent's satisfaction with their relationship as well. Olga (FG 3) recalls a dearth of communication about sex in her household. “At least with me, sex was never something that we discussed in the household. It was just like “Here's a Judy Blume book, figure it out for yourself.” And the illustrated books...” For Olga, literature replaced communication about sex until she went to college. Saturn (FG 2) also received books in lieu of sexual education. She recalls how books replaced communication about sex:

My parents and I never really talked about sex- ever. My mom gave me a book that says that's what's going to happen to you when you get your period- don't have sex. [...] They're super conservative. Way more conservative than I am.

For some, a parent's openness of communication did not encourage parent-child communication about sex. Although she believed her mom was aware of her activities

and ready to communicate, Annabelle (FG 1) was not interested in participating in this communication.

I've noticed my mom is more open, I know that she probably has the realization that we probably do [have sex] 'cause I have a brother and sister that are both in college too. I mean she wouldn't be shocked to know that we did, but, [...] I don't want that to be what my mom is associating me with. Even if though she is probably worrying about it [...] I don't really want to talk to my mom, about I don't know, I don't want to associate my mom with sex, that just really grosses me out.

Annabelle does not want to associate her parents with sex, sexual activity or protection.

To explain her discomfort, Olga (FG 3) describes intergenerational communication about sex,

There's a difference between talking with a peer and then between an adult. I lived with my grandma, so she's two generations older, and it's very awkward because things have really changed since then so it's safer for me to go to someone my age. And more comfortable I would say, in general.

Not all the women in the focus groups were uncomfortable talking to parents about sex.

Lady (FG 3) describes a shift in communication comfort over time,

When I told my mom that I had sex, all she could say was, "A rubber's not enough! A rubber's not enough!" and cry. Now we have like more of an open relationship, not that I talk to her all the time, but when I really need to talk to her about serious stuff [...] I feel like if I need advice I'll go there, but if I just want to talk about it, I would talk to my friends.

Lady distinguishes who she talks to about protection based on the nature of her concern.

It is possible that her mother's immediate reaction framed future mother-daughter communication about sex. This discomfort does not span all the women's experiences.

Jane (FG 3) says, "I actually like going to my mom for [talking about sex] [more] than I do my friends. I don't know, she tells me things, [...] I don't get offended 'cause I'm

like ‘You’re my mother.’” Jane perceives her mother’s feedback as positive due to their closeness and trust. In hearing this, Eugenia (FG 3) responded,

I don’t like to go to my mom ‘cause she gets really into it, and I just get awkward, she’s very dramatic. I don’t want to hear her stories. [...] I’ll tell her like, “Yah, I made out with somebody,” but I won’t go into detail in front of her.

It is clear that personal experiences surrounding parent-child communication about sex varied. For those who felt discomfort, explicit details were mentioned as a source of stress. Jasmine (FG 3) stated,

My Mom likes to go into a lot of detail now I’m older, and it gets really uncomfortable, but I’m honest with her to a degree, because there’s just certain stuff I feel like my mother does not need to hear, [...] it just gets really uncomfortable when she starts talking, cause it’s like, “That’s you and Dad, stop.”

The details of communication about sex reminded Jasmine of her parent’s own sexual activity, but she admits that she does have a level of honesty with her mother. Uma (FG 2) attributes her lack of communication with her parents to their political affiliation.

My parents are really conservative [...] we don’t talk about it all. Whenever my mom calls, she’s just like, “So what are you doing?” and I’m like, “I’m at my boyfriend’s, house, Will’s house,” and then she’s like, ‘Do y’all kiss?’ And then I’m like, “Mom, just stop.” Like that’s as far as I’ll let it go. Bring up anything else. That’s as awkward as it gets for me and my parents. And I don’t even talk to my dad about it.

It is significant that none of the young women in the focus groups mentioned communication with a father figure about sex.

Several women mentioned communication with a sexual partner about protection. Saturn (FG 2) explains, “I have a boyfriend, [...] we’ve been going out for like a week now which is weird. We’re both virgins, so, I mean it’s kind of weird we’ve talked about [condoms].” Even though condoms may not be relevant to Saturn and her

partner, she has still engaged in this communication early on in their relationship. Barbie (FG 2), a new member to the sorority and eager participant described her communication with her boyfriend as “open”, and expressed complete comfort with communication about condoms.

In addition to concerns about parent-child communication about sex, and communication with partners, Lucy (FG 1) predicted that some health care professionals may use technical jargon, “[Peers are] just like on our level, like I think that if I ever talked to a doctor, they just like spit out all of these terminologies, and I’d be like, “Whoa, slow down, what did any of that mean?” For Lucy, technical terms are not an ideal language to use when talking about condom use. Fruit Loop (FG 2) attributes increased comfort with communication to humor and lack of judgment,

Talking about it with my sisters is more upbeat. It’s serious, but you can be funny about it, and take it not as seriously. If you talk about it with your boyfriend, it’s kind of awkward at first, but then you get comfortable, so its o.k. But like I feel it’s the most uncomfortable talking about it with your doctor because they don’t know you. I feel like you’re judged more because they don’t know you like, my friends know me, they know I’m a good person despite the choices I made, or what I do [...] I feel like when you need to talk about that kind of stuff with your doctor it’s more uncomfortable.

Once again, this participant shared a comfort with a parent due to lack of judgment or what Fruit Loop later called “unconditional love,” a quality not shared by a medical professional. Britney (FG 3) takes a different view on communication with medical professionals,

I feel like I would just like tell them. When they ask you “When was your last period?” you need to know this information, they are not going to judge you for whatever you say, they need to know for medical reasons so I’m not going to hide anything from them.

The crux of communication comfort with medical professional was a lack of judgment. There were mixed responses regarding comfort communicating with parents and medical professionals. The women chose to communicate about condoms with certain individuals based on proximity, personality, and perceived judgment.

Characteristics of Communication Setting

Time and Place for Communication

In the focus groups, sorority women cited specific times of the day and week when they are more comfortable with communication about sex and condom use. The women overwhelmingly reported that these discussions occur at night, or after the weekend. Shannon (FG 3) explains how the influence of alcohol can lubricate this communication, “When we get ready to go out, [...] that is a time [to] lay down the rules, or while you’re out, you’ll talk. When you’re influenced a little bit.” Shannon reveals that it can be more comfortable to have conversations about condom use after drinking. Lucy (FG 1) remembers that she was is more likely to engage in this communication before going to bed, “because at this point you're all delirious and tired, and someone said [...] a sexual joke, [...] it just goes off on tangents.” Lucy finds that she is more relaxed at night, and can use humor in these conversations before she goes to bed.

Annabelle (FG 1) further described how timing can contribute to joking about condom use. “Because 7 [pm] is before they go out on dates, and then you're [communicating] more in a joking manner.” Annabelle found that she is able to

communicate with a sister before they go on a date, an important time for communication about condom use.

Marilyn (FG 1) echoes the preference for nighttime communication and explains why mornings are not always the best time for this communication:

We're all home, but you're also like maybe kind of getting ready for bed, and like winding down from the day so you feel more comfortable about it. So I feel like, in the morning when I wake up, [...] I gotta go to a class, [...] the last thing I wanna do on my to-do list is have sex jokes with my roommates. I just feel like at the end of the day, me personally, I allow myself to relax a little bit more, and just talk about things more, and to laugh about them.

Here, relaxation is tied with the ability to view a situation humorously, which is integral to ease of communication.

Additionally, physical space plays a role in the women's comfort level. These women talk about condom use in their personal rooms, inside the car, and in the community bathroom. Some women felt more comfortable engaging in these discussions in their own rooms. Gwen (FG 1), declared, "In my room, conversations about condoms... It flows freely." Sara (FG 3) found sanctuary on her bed,

I know that when I'm upset about random stuff like this, I'm comfortable talking about it with one of my sisters if I'm in my own bedroom. I have my own bed, it's like a comfort thing. And then also to have that support system with someone like that, then it makes it a lot easier.

Sara expresses that a familiar space can help her feel more at ease with communication about sex. For Annabelle (FG 1) a particular room in the sorority house called for this communication,

If we have a serious conversation, we'll be quieter. But if we are joking around, [we'll talk about it in] that room we call it the summer camp room, because we'd stay up all night, giggling in our beds talking about [...] sex and condom use.

And just the other day I was in my friend's room and she pulled me aside, because her friend who was overseas brought back designer condoms.

Marilyn (FG 1) goes further to emphasize the important role the sorority house plays in their lives, both as individuals and as a group,

I think it helps because we are thinking of this kind of as our home now. So all the girls in the house are part of your home. And so, your communication definitely opens up. I came from living in an apartment with one other girl and there wasn't near the amount of communication that we have here. There's different people to talk to, and you kind of consider each one of them to be a member of your family. [...] I see them all every day, and I tell them to have a good day before we all go to school, and that's what a family does so I feel like that is kind of like it's more open.

This statement indicates that the sorority house can in fact serve as a safe space for these women, and may play a role in the transition from communication about sex with a parent, to communication about sex with peers. For some women, the sorority house can serve as a safe home for communication.

For Abby (FG 2), the physical communicative space is related to avoiding large scale communication about private matters. "It's really just in your room. You don't really talk about it during meeting, [...] you tend to talk to people that you live with, like if I have somebody to talk to I would probably talk to my roommates, because I am close with them."

However, at times the sorority house could be seen as an obstacle to open communication. For some, the house is not always a private sanctuary. Marilyn (FG 1) cited a car as a safe space for communication. Annabelle (FG 1) describes how she occasionally escapes to communicate,

I sometimes feel more comfortable talking about things certain things, when I am outside of the house, I like the fact that I can confide in my sisters, but maybe we

need to get in the car and drive to Sonic, [...] I may not always feel super comfortable talking about certain things in the house, just because it is more sensitive and I just don't want all my sisters to hear, just in case someone happens to walk by the door, I'd rather that stay between me and that particular person.

For some of the women, taking a car ride is an easy venue to communicate about condom use.

Saturn (FG 2) spoke about how the sorority house can influence ease of communication stating,

[The house] definitely does affect [communication], because like you said about the door thing, I always have to feel like the door is completely shut before I am going to say anything important, I guess? Even if, it's not, like related to sex, or if it's just there are certain things that you really want privacy, and it's hard to have privacy in the house.

For Saturn, a safe, private space is integral to communication. She explains why a car ride may be a more ideal space for communication, "Because like in a car, you don't have to look at each other, because you are looking at the road... you are like trapped in this space so it is safe." For Saturn, the car is not only a safe space because of its privacy, but also alleviates some tension she may feel with the subject matter.

The women in the focus groups explained that often, communication about condom use is sparked by an event. These events include evocative media and personal problems. Lucy (FG1) remembers how a popular pop song can spark these conversations "when you are in your car, and Lady Gaga comes on, and she is singing about like, 'disco stick,' and like your mom is like, 'what's a disco stick?'" Sexual innuendo in popular media may instigate conversations about condom use that may otherwise never have taken place. It was expressed that sometimes facing a problem or issue can spark

conversation. Lucy (FG 1) recalls a moment of significance, when a sister's negative experience outweighed consideration of comfort level:

There was one girl, that [...] did things that she probably shouldn't have done, she couldn't believe she did it, she couldn't even really remember if she did it, it was just you know, like one of those bad nights. And it wasn't that she was uncomfortable talking about it, she was just so in shock and so embarrassed. But luckily for me I'm not, I'm comfortable talking about anything, luckily we could help her out.

Negative experiences and popular media can spark communication about sex, and Lucy's story describes a communication scenario when a sister's need for assistance outweighs discomfort. These events give the women a reason to communicate about condoms and sex, when otherwise they may feel uncomfortable initiating communication.

Communication Content

Definition of Protection

The young women in the focus groups quickly identified oral birth control and condoms as main modes of protection. They overwhelmingly cited "the pill" as the most desirable means of birth control. Lucy (FG 1) explains, "Ranging from birth control to condoms, anything that would prevent life from forming." This immediate and repeated response reveals a bias toward prevention of pregnancy.

Condoms were also immediately mentioned as a major mode of protection, but women were not familiar or comfortable with condom purchase or use. There appeared to be an external locus of control in their attitudes toward purchasing condoms. Olga (FG 3) says,

The funny thing is that there was an article I read that said more and more girls are being responsible for buying [condoms]. The guy is coming over and the girls are the ones who are going to the store and buying them. I think it is very very weird but I guess it's just a cultural norm that guys are getting used to that girls are providing everything.

Unfortunately, many of the participants were not aware or knowledgeable about IUDs, dental dams, “the sponge,” “the ring,” or Depo-Provera, revealing a narrow understanding of “protection.” In fact, Uma, Saturn, and Cheerio (FG2) shared some incorrect information about IUDs during the focus groups, perpetuating birth control myths, and the women expressed discomfort with other modes of birth control. In addition to preventing pregnancy, the women in the focus group recognized other means of protection such as STI testing, abstinence, and emotional protection.

Gwen (FG 1) recognized a blind spot in these women's perception of birth control,

I feel like with some people, STDs can get overlooked, because as women we are the ones who have to carry the child for nine months [and] leave school. We're the ones whose reputation is at stake, we are the ones everyone is going to see, “Oh that girl's pregnant,” so I feel like sometimes STDs get overlooked [...] I feel like just with women it is more about preventing pregnancy than anything else.

Interestingly, Gwen ties the visual spectacle of pregnancy to the maintenance or loss of a good reputation. In a glib statement, Annabelle (FG 1) explains how she thinks about pregnancy and STIs,

I think that is the scariest part about it. The only reason I think about it more is because it has been brought to my radar more often. Not that I have them, or are planning on having sex with someone who has them. It's just like I see that Lifetime movie, where like she is like “Oh my gosh I have AIDS!” [...] I don't want to wake up that day and have that bad news, and I just feel like that is just sometimes overlooked. Like [Gwen] was saying, like you know you are just so

busy trying to not get pregnant, then you are like, “Oh k, I am on the pill, I am good.” And then it is like well, no... there are other risks involved.

While Annabelle acknowledges the risk of contracting diseases through sexual activity, she has not always felt that the issue has strong personal relevance. Abstinence as protection was presented as an afterthought. Gwen (FG1) later suggests,

Well, there is always, not having sex. Which I feel like in college is not really an option a lot, unless you are one of those people who you know, you are waiting for marriage, or you just don't want to do it. But for most people that isn't an option. For most people, they don't want to wait, and they don't want to not have sex.

Gwen believes that abstinence is not a viable option for “most people” in college. For some, the decision to have sex is a difficult one. Delving deeper into these issues, Annabelle (FG1) revealed her struggle to understand her own body

I almost am sad about it, because I know [...] I struggle with just knowing myself, and my body, and like how I should be acting, and sometime I just feel really conflicted. Like I don't know if I should be talking about this. I don't know if I should be talking about sex, or condoms, or whether I should be having it, whether I should get pregnant. [...] I just feel like it is all very conflicting topics, it is not easy to talk about.

Many of the women eventually cited emotional protection as important. Some told stories of protecting each other from emotional harm, or helping each other avoid taking actions that may place them in harm's way. Cheerio (FG 2) explains, “It's also not always condoms and stuff but like, [protection] emotionally. [...] So you also have to be protected, with your heart, and yourself.” Cheerio implies that if a woman should protect themselves from emotional harm. Jane (FG 3) echoes this sentiment of personal protection, stating that the “culture of the chapter” can provide a source of protection:

Our culture of our chapter doesn't promote you to like go off and explore often, cause that's kind of protection in itself, you know? Like “Hey girl, come home

with me tonight instead!” [...] We’re classy women on campus, and a lot of us hold each other accountable for not letting a nasty reputation get about, and that’s protection in itself.

Jane describes how women in the sorority can protect each other “in the field,” by making sure their sisters make it home alone after a night of partying. She adds a remark about the culture of the organization that identifies as “classy women on campus.” The outcome in this protective scenario is preservation of reputation, which will be discussed further in the section addressing communication strategy. When attempting to understand why some women engage in risky sex acts, Olga (FG 3) posits:

Sometimes girls will revert to sexual acts for low self confidence, and I think that having such a great group of sisters to reaffirm that you are awesome, and worthwhile, and loved, [...] we also say that were classy, so it doesn’t make it something that we would do- looking for validation, cause we have it in 122 girls.

Olga suggests that women in their particular group can avoid the temptation to subject themselves to risk because of a strong social support system.

While these women are aware of multiple means of “protection,” birth control took center stage in these efforts, and protection myths were perpetuated. The women in the focus groups spoke about the need for emotional, psychological and reputational protection, and suggested that they can find this support through their sisters.

Information, Advice and Listening

The women in the focus groups cited an important distinction between information and advice in communication about condom use based on appropriateness and context. They emphasized that “knowing the other person” is a major part of

choosing how to engage in this communication. Annabelle (FG 1) describes this advice about protection,

For me what I have at least experienced is that the conversations [about sexual health] are more one-on-one based, like you confide in a friend. [They] help you in the way they know. [...] The advice given to me was good advice, and the advice I'm giving is good.

Annabelle describes a situation of interpersonal communication that calls for advice. In some cases, a sister will give advice in response to a predicament. Lucy (FG 1) tells a story of her experience giving advice in response to a friend's problem,

I just talked to her, and gave her some advice, and told her what I would do in that situation. [...] You have to make your own decision; I would seek out professional help, because I am not a doctor and I don't know all the answers, but here is what I do know.

Lucy admits her positionality, and attempts to empathize with her friend. Not all of the women preferred advice or information in communication about condoms. Uma (FG 2) expresses the need for a function other than information or advice, explaining, "sometimes it's good thing if they don't want to talk back, if they just want to listen. 'Cause sometimes you just want someone to listen and not say anything. I talk to Abby in her sleep." At times Uma prefers to receive no feedback from a communication partner, even resorting to conversing with a non-responsive sister. Britney (FG 3) concurs with this need, stating:

Sometimes, you just want to tell them the story, "Just listen, you don't have to say anything back!" If you mess up, "I know, just let me tell you the story." You just kind of want... I have to talk my things, out, like I can't just bottle 'em up. I know what she's gonna say I'm gonna tell her anyway so [...] you know you just want that validation it's like, "Oh k, I said it, it's out in the open now.

Communication about birth control goes beyond sharing information and advice in one friendship group. Britney (FG 3) says that many of the women in their group hold each other responsible for taking their birth control properly, setting timers on their cell phones, and taking birth control pills together at the same time every day. Britney has a system in place:

I mean it's kind of funny but I know a lot of our sisters even kind of keep us accountable [...] A lot of us have- if we all take birth control we have it set to our phone like, "Oh, it's time to take it!" and then it all goes off at the same time. It's like "Oh, thanks for the reminder!" [We] keep ourselves accountable in that area too.

The women in Britney's friendship group engage in pro-social support, participating in prevention of pregnancy as a team. By holding each other accountable through communication, the women communicate this norm of oral birth control.

Communicating to Learn Norms

For some women in these sororities, communication about condom use can be an approach to find out what is "normal" for their social group. Annabelle (FG 1) expresses the desire to learn what is "normal":

This goes back to me not knowing my body, like, "is this normal"? "Am I supposed to be doing that, am I supposed to be feeling this way?" I mean there are things that you just don't know. It's new and you don't know. So, I talk to people about that because I want to know if I broke a rule.

The search for standards of normalcy in this way confirms the notion that these women perceive each other as similar. Annabelle seeks to know what she should be doing and feeling by looking to her peers for standards and norms.

Some women seek to find "where others stand." When asked whether she often received advice or information, Paige (FG1) responded, "Kind of both, but also or just to

say, “Hey, let talk about this, see where you stand, see where I stand”, like kind of the general consensus for everything.” This general consensus can also be a way of understanding what is normal, and learning what peers are doing and feeling. Jane (FG 3) explains the unspoken rules within the sorority,

We have rules all that are in place [...] well some of them automatically kind of go with the culture of our chapter, they’re not really “one set” that go against those norms, so, I think that every chapter here has their own set of rules and stuff and [risky behavior is] just not things that our chapter is known for.

Once again, the culture and standards of the chapter enter the realm of communication about condom use. While there are explicit rules in a tangible handbook, women in a sorority look to communication about sex and condoms to learn what is “normal” and acceptable in their social group. Additionally, these standards are set in contrast to “what other chapters are doing.” In some cases, the women find solidarity in identifying themselves in contrast to the “other.” This further strengthens the notion that these women identify as a cohesive group, where norms and standards guide behavior.

To summarize, the women often prefer to talk to peers about sex, but also communicate (sometimes reluctantly) with parents and medical professionals. Women in these sororities communicate about sex and condom use at night and after a weekend as the result of an event or problem, and seek out safe spaces for communication like a car or private room. The women have a bias toward protection from pregnancy, but acknowledge the threat of STIs, and seek to protect themselves emotionally. The content of this communication seeks to understand group norms.

Communication Strategies, Rules and Outcomes

To overcome general discomfort with the subject matter, women in these sororities employed strategies of closeness and trust, and use of humor. To maintain privacy boundaries, women used rules, like communicating with similar individuals, and an equal exchange of information to govern who they talk to about sex and condom use.

Comfort and Discomfort in Communication

Topic avoidance. Many of the women in the focus group described communication about condom use as “awkward.” Annabelle (FG 1) reflects on the lack of this communication in her experiences,

The conversations about sex, safe sex, and even when we are kids- [...] I mean I think it is true for any age level [...] the conversations that happen, they aren't clear, and a lot of people feel awkward about talking about that sort of thing, so not a lot of times [does] the information get portrayed.

This reveals a lack of communication about condom at home. To explain this reluctance to communicate, Annabelle (FG 1) acknowledges cultural and societal influences on this discourse of protection and sexuality:

I don't know if it is true nationally, I think something that everyone is fighting is the traditional gender roles, especially in Texas. We preach abstinence, abstinence, abstinence [...] a lot of people are strongly religious. [...] That's something that you're fighting is all these norms. First of all you are a young lady, most of us are Christian... we go to a very conservative school and we live in a very conservative state, they preach abstinence, and they preach “don't talk about it”. That's why we feel so awkward talking about it because it feels like something we shouldn't be doing.

This insightful social commentary can be understood as coloring the communication acts of a group that operates in this environment. To communicate about condom use, young

women must address these feelings of discomfort. Jane (FG 3) reveals she copes with the awkwardness to help a friend,

I actually am one of those awkward straight out, “So did you use a condom?” But not just like that really, it was more or less after the fact of the matter, and I was like “Hey, like you really need to take care of yourself, remember the school clinic? Gives free exams, you know? Let’s take care of ourselves, well go together!” And then we just mostly address that. “Let’s not ever go do that again...”

This engagement with communication about sex and protection was not ubiquitous. For one woman, this focus group was the first time she had ever communicated about condom use. After the focus group, she expressed relief with talking to her sisters, and hoped that she would have more conversations in the future with the women present in the focus group.

Some women expressed unlimited comfort with the subject matter, and others described their comfort as circumstantial. For some, personality differences influence initiation of communication. Lucy (FG 1) explains how she chooses who to communicate with, “[Communication about condoms] could be offensive ‘cause everyone has their own level of comfort and if you have someone who is not comfortable at all [...] then the uncomfortable person is going to be offended.” Interpersonal knowledge of personalities and comfort levels help guide this communication. While many women expressed general discomfort with talking about sex and condom use, those who coped with this reported utilizing communication strategies.

Development of closeness and trusting. To overcome discomfort with communication about condom use, women relied on closeness and trust. Gwen (FG 1) attributed her comfort level to the establishment of trust:

We can trust each other. There is this whole sister thing [...] you just feel comfortable, you just trust each other. You know they are not going to go around campus and be like, "you know my sister so-and-so, did this, this, and this, and it was really scandalous, and blah blah blah."

Gwen refers to the trust she feels, ensuring that her communication partner will not break the rules of disclosure. Trust can impact how communication is received. Olga (FG 3) attributes her ease of communication to closeness,

I also think that it's easier to receive productive criticism or just advice from someone that's close to you. Cause otherwise, if someone were to come up to me and say "Hey I was just wondering if you were using a condom when you were having sex?", I would just be like, "Oh my gosh am I just so promiscuous that everybody knows?" It would be like, "Is the lifestyle that I'm living is so obvious that I'm not being smart?" So it's easier when it's coming from somebody that you let into your bubble of trust, 'cause then you're not going to take it as them criticizing you, or attacking you, it's more of them like loving you.

Closeness and trust in this relationship change the way Olga views feedback from her communication partner. This "bubble of trust" is a safe space where Olga is secure in her communication. Common experiences and mutual disclosure can develop this trust. Jane (FG 3) describes a case when she believes instant closeness can occur,

I think that I can kind of go fast track [...] some people kind of go off of the deep end for a moment, and once someone's had that moment and you've just happened to be around, then I think that kind of like opens up that a little bit better than just seeing them or hanging out with them for a long time before that happens. 'Cause I mean once someone's already seen you kind of crappy [...] they know it happens.

Jane describes how moments of revealed vulnerability can foster closeness among these women. Closeness can also occur due to frequent exposure. Paige (FG 1) attributes this to cohabitation

Just living with [sisters], and seeing them on a constant basis. Like, being with your roommates, I guess from like last semester, I think you can talk about almost anything, they're open, you see them, you wake up at the same time, you go to bed at the same time, you- just gradually it comes out.

As shown earlier, this level of exposure can be attributed to a familial knowledge of each other, fitting the phrase, "I know where you sleep." Encountering each other on a daily basis, these women begin to open up to each other. Jane (FG 3) establishes this trust though some sorority activities

I think that a lot of it is that we have these events to go to, and just being with each other all the time, especially when we did fall recruitment², when you're kind of sweating on someone for hours at a time, you're kind of bound to get a little personal, so that helps.

For others, when they are concerned about a particular sister, they will approach someone they know is already close with that sister. Mom (FG 3) explains how this previously established relationship can make it easier to talk about sensitive subjects:

So also I think if someone's open, if someone's opened up to me I feel like I'm more likely to open back up to them. I think the same goes if I were concerned about someone, I wouldn't go talk to them, I'd maybe go like, not to be annoying but maybe you know tell their best friend I'm kind of concerned. 'Cause I think that the more effective way to go about having a discussion about subjects such as this.

Mom understands that closeness can impact the way an individual receives feedback, and adjusts her approach accordingly. The phenomenon Mom describes reveals that

² Recruitment refers to the weeks before the fall academic school year, when sororities recruit new members through conversation, song, dance, and rigorous "chanting"

close friendships can shape the way communicators perceive partner's communication.

In response to Mom, Britney (FG 3) addresses how closeness can affect the way she receives messages:

If someone that wasn't that close to you came up and like said "You're an idiot," you're kind of like taken aback offended, but if your best friend was like, "Yah, you're an idiot," I was like, "Yah, I am," you rather feel like more constructive criticism from someone you know, and trust, and someone that knows everything about you. Instead of just kind of [an] acquaintance.

Here, closeness can help an individual avoid the harsh sting of an acquaintance's critique. Jane (FG 3) distinguishes between who she wants to hear feedback from, saying, "I think it depends on how good of friends you are though too, because from your good friends, usually it's your best friends that you actually wanna hear like feedback from." This speaks to the antecedent of closeness and previously established relationships for comfortable communication about condom use. Trust can also soften the blow of honest assessment. Shannon (FG 3) elaborates this dynamic of a "best friendship,"

I mean you know you're best friend like you know yourself, pretty much. And you know how, this is so awkward,³ but like I feel like it'd be weird doing something with a guy and not telling her. [...] I'm sure that if all of y'all feel more concerned for me, you would go to her. So, I just feel like the best friend is the way to go, because you do have that bond, where you do talk to them constantly, about everything.

This best friend, an individual with previously established closeness, is an ideal communicator. When asked who she feels comfortable with, Annabelle (FG1) states,

People that you go to when you had a bad day or something else is going on, that you would go talk to them about it. It builds that relationship, and so later when

³ In the focus group, Shannon is sitting next to her best friend; she is describing their friendship dynamic

you have those concerns you feel like you can still go to them because that is who you always went to. I mean experience and knowledge would help, but I comfort level also plays a factor. Just because I knew someone was open about it, doesn't mean I would approach them. 'Cause I might not be comfortable.

Interestingly, Annabelle privileges comfort of communication over knowledge, experience, and openness confirming the importance of interpersonal closeness and trust in communication about condom use. Interpersonal knowledge can also help these women decide when someone needs to communicate. Fruit Loop (FG 2) describes the often intuitive nature of the of this communication

Like, [your friends] know. That's why I think it's so easy to talk to them, 'cause it's not like you could try and hide anything, they know what's going on in your life, they know what you are doing, and how you are feeling, and when you're upset, and when you're o.k. and so they are more likely to approach you and talk to you and figure out what's going on... and when you need someone to talk to.

These close friendships can go beyond improving ease of communication, at times becoming social support that prevents risky behavior. Olga (FG 3) recalls a time when this social support acted as a buffer:

Recently I got out of a two and half or three year relationship, and my sisters were really good at keeping me [from getting into trouble], "It's girl time!" instead of me wandering the streets looking for someone to, uh, "hang out with" that was a boy. Cause I was very lonely, so, my roommate is in this organization and she was really good at making sure that at night I was tucked into my own bed, alone, and that I was emotionally taken care of.

For Olga, this friendship intervened at a time in her life when she was tempted to engage in risky behavior. Using interpersonal knowledge, her sister provided emotional support, helping her negotiate a difficult time.

Use of humor and joking. One of the most salient trends present in these focus groups was the use of humor, which was woven throughout the focus group, and present

in the women's reflections on past conversations about condom use. Use of humor as a communication strategy was a device used to gain comfort with communication about sex. This use of humor encouraged the construction of camaraderie, and was an avenue to make light of a situation or situations that may otherwise be too dark or intense for "polite conversation." Several young women used storytelling in a humorous way to communicate semi-joking experiences of dissemination of condoms.

The women described use of codes as a means to engage in comfortable communication about sex and condoms. Lady (FG 3) juxtaposes serious and humorous communication, "[In] my opinion [...] people joking about it makes it normal, but being serious about it makes it awkward." Annabelle (FG 1) talks about how she copes with seriousness, stating, "I have to concentrate very hard on not talking in code. Because my first inclination is to be like, how can I say this, not saying what I want to say?" This difficulty of expression can be attributed to a lack of comfort with the subject matter and the language used to describe sex and protection. Annabelle (FG 1) describes how she joked with roommates about condoms,

We'd joke about condoms, but I mean, the fact that we were talking it was at least a milestone, but we would joke about it a lot, and we'd like, hide condoms in each other's beds and stuff, it was really funny.

Jokes about condoms make it acceptable for these women to purchase, possess, and communicate about condoms. While the women embraced use of humor in these conversations, it was acknowledged that there is an appropriate context for humor-tinged communication about condoms. For some, friendship makes it acceptable to use humor

in communication about sex. Britney (FG 3) attributes friendship to use of humor in communication,

If it's a big issue, then of course you are going to be serious about it, but there is a time and a place for everything. If you're just like talking with your best friend, it's fine to be funny.

When asked how she jokes about sex and condom use, she shares her use of the code phrase "cake mixing." Britney reveals, "Even like in a dining hall, if someone's overhearing you, you don't want them to- if you're in your letters. You're like, "Did you cake mix"? That a good one [...] Now I'm in this mentality of cake mixing." This humorous and cryptic code allows Britney to communicate about sex in mixed company. While some have devised creative means of sex-related communication, other women did not have experience talking about sex until very recently. Marilyn (FG 1) recalls a recent transition to communicating about sex,

My mom whenever she always talked about it with me, I know I was always like, "I know mom, I know I know," [...] so I didn't actually start talking about it with friends until like pretty recently. And when you first start trying to talk about something like that, it was really funny because I never wanted to say like certain words, so I would just be like, "Well I am going to just try to use code and ask you questions through code, because it is kind of embarrassing to say different words, so I am just going to start asking you things through code," and it just ends up being really funny.

In addition to ensuring privacy, use of code can help some individuals avoid using the "embarrassing" language of sexual activity and protection. These women expressed a pressure to maintain a level of decorum that does not allow them to openly communicate about sex and condom use in public spaces, and for some, in their private lives. Paige (FG 1) explains that societal taboos can encourage the use of code

I also think that because society has created in our mind that we shouldn't say those things, we will say anything but that. Like, "Oh, don't, don't, say those words. Let's not talk about that; that is not supposed to be here." So when you do talk about it, it is like in code, so you are not really talking about it.

Use of code in communication about sex is a way for these women to break the societal taboo of sex-related communication, while receiving the information, advice, and social support they seek. These women employ coded words and phrases to negotiate the tension between private and public expression, and to manage discomfort with the subject matter. Additionally, joking can allow the women to convey serious messages in a light-hearted manner. Lady (FG 3) recalls,

I have once seen one of my friends, hanging out with a guy for a while, and as a prank, I gave her some fun condoms. And um, it was a prank but it was for real. It's like, so I wasn't really addressing it, I was like, "Yes! That's a good idea. Make fun out of it."

Lady understood that there was a note of seriousness behind her prank. She wanted her sister to have access to protection, without experiencing the discomfort that can result from serious conversation. In response to Lady, Britney (FG 3) agreed,

I'm with her, I'll like joke about it, just say like funny things, like, "Oh, wrap it before you tap it!" You know those things people say. I don't know, you just [are] "looking out," but you're just being funny too.

Through humor, these women are able to communicate serious messages in a light-hearted way. These young women must feel a measure of buoyancy in their communication in order to communicate freely, humor achieves this buoyancy.

Women frequently used the term "light-hearted" to describe ideal communication about condom use. When suggesting possibilities for sorority-wide programming, Annabelle (FG 1) explains,

You need to approach it [...] light-hearted, I know it is serious but [...] if someone comes in and makes it lighthearted, and comes and makes a joke out of it, [...] makes it light hearted and makes it more comfortable. I am sure there are a ton of people, who have never seen [a condom] before, don't know where to buy them, or how to necessarily use them- there is different kinds. I just think information in general, but make it more light-hearted, would be effective. Funny and fun. And informational.

While admitting that some women have little knowledge about condoms, Annabelle suggests that any formal education for the sorority women should be light- hearted. For some, seriousness in communication about sex can be a turn-off. Mom (FG 3) explains how seriousness can negatively taint conversations about sex,

I feel if you even were to call someone and be like, "Meet me here, no one is home, we can talk, have a serious conversation," it puts formality on it, and people aren't as susceptible to being open and truthful and honest.

Mom emphasizes the need for informality to establish open communication. Use of humor in conversations about sex and condom use can help sorority women cope with an uncomfortable situation and gain ease of communication. For these women, serious conversations about condom use can discourage open communication. Humor and joking were peppered throughout the focus group conversations and it was apparent that this communicative device put the women at ease in talking about condom use.

Similarity of Communicator

When choosing who to communicate with about condom use, similarity experiences play a role in the selection of a communication partner. Demographic characteristics such as similar backgrounds and worldviews play into how women become close in interpersonal relationships. Uma (FG 2) explains,

I think since we all go through the same things, like we're all girls, we're all in college, we're all from Texas (mostly) and so we know what our previous high

school years were like and middle school years, and so we all know each other. So, we eventually become good friends. And it's not like the sorority that did it to us, it's not like one particular thing in the sorority that did it, it's just because we hang out like four times a week, you know?

Uma describes the self-selection of similar women into a sorority group, as well as the activities that can provide similar experiences. Sara (FG 3) echoes this, saying "I think that usually when you have a best friend they're kind of almost just like you and usually they are going through the same kind of problems that you are, or have been already." In addition to the superficial exposure and shared experience of these women, Sara describes how sharing deeper issues can bring people together as well.

Living in a sorority house can increase interpersonal exposure, which is how these women can learn about each other's lives and personalities. Fruit Loop (FG 2) recalls,

When you live in the house you get to know people more, and you know more of like, how they act in certain situations. So you are like, well, I can talk to them, because I know they are going through something similar, or they are doing what I am doing. And I feel more comfortable, and "get" you more on a personal basis.

Interpersonal knowledge can lead to increased understanding, and adjustment to communication style and comfort. Similarity of sexual experience is also relevant to some women's communication comfort. Gwen (FG 1) describes her transition from high school friendships

It doesn't matter, [my sisters and I] can talk about anything, [...] my best friend from high school, we didn't have that, like, there are just some things I didn't feel comfortable talking to her about, because I knew she hadn't experienced them yet. And now I am in a place where I am surrounded by a lot of girls, I know who have had a lot of different experiences, and almost anyone who is going through what you are going through or has had that happen to them, you can just talk to them about it.

This uninhibited comfort with communication springs from Gwen's knowledge that the women in her social support group have a diversity of experiences, and that some are likely to match her own. Annabelle (FG 1) describes how experiencing similar life changes contributes to communication comfort,

Yah , we are going through the same thing. I mean especially with things that are changing in your life, I mean you wanna talk about it. I think a lot of people want to be able to talk about it and this is just a place you can talk about that. I feel sorry if you don't have that.[...] I am going down memory lane right now [...] it was my favorite time in the house because I had lots of roommates and we were all kind of going through things at the same time, and I was lucky in that we could all kind of ask each other questions.

This scene describes a safe communication space where young women facing the same problems and can convene and commiserate about shared concerns. Marilyn (FG 1) describes this as being on an "equal level."

I think part of the reason why that is true, also, is you talk about it because you are all going through it at the same time because you feel more comfortable because they are not going think that you are stupid, for asking a question, so you know that y'all can work it out together. [...] Y'all are more like on an equal level than one being above the other. I think that that helps a lot too, being open about it, and being able to talk about it.

This equality can be seen in contrast to the power hierarchy of communication with medical professionals or parents. Carla (FG 1) explains why it can be easier to talk to a sister about sex,

It's a lot easier to talk to your sisters about it because they are on the level of your equals, and your parents and doctors and everyone else they're not your equal, so you wouldn't feel comfortable talking to them. And when you're talking to your equals, you can joke, and be more open [...] and if you talk to your sisters about it they are just going to be open with you and talk to you like they are talking to their self, it is somebody like on your same level.

This “golden rule” conversation style helps the women establish a common ground of communication. Barbie (FG 2) shares this sentiment of similarity, “I think we go through a lot of the same stuff most of the time so we can be able to relate to each other most of the time.” Uma (FG 2) calls this “relate-ability,” “I think I’m more comfortable talking to people who I know have been through the same things, just because it is easier to relate.” Being able to relate adds to ease of communication. For Fruit Loop (FG 2), this similarity acts as a safeguard to judgment, “When you get to know them more and learn about their past, then you get to know that their past is similar to yours, then they can’t judge you because it would be hypocritical. It makes things easier.” This safeguard ensures that Fruit Loop can communicate with her sisters without fear of castigation. Because she knows her sisters “have been in her shoes,” she can rest assured that her own experiences will not be harshly criticized.

The women in these focus groups emphasized the importance of similarity of experience. This similarity can establish common ground, and ensure that an individual’s disclosure will not result in censorship or punishment. In this way, similarity of experience can foster a “safe space” for communication among these women.

Equal Exchange of Disclosure

In accordance with the theory of privacy management, the women in this focus group expressed the importance for equal exchange of disclosure. Storytelling and disclosure can demonstrate similarity, signal future communication, and establish closeness and trust. Describing a process of friendship building, Marilyn (FG1) describes how she knows she can be open in communication:

I think that maybe it is [...] equal exchange of information, is kind of how you might gage that. Like if someone starts talking about it a little, you're kind of like, oh, "You're open to talking about that so, now I know that I can be open in talking about it with you too."

This give and take of disclosure is a negotiation tool for these women to navigate communication about difficult subjects. For Marilyn, self-disclosure was a signal to communicate further. Gwen (FG1) responds by saying that this reciprocation can foster trust

I agree. I've always felt like, if you want to get to know someone, you have to let them get to know you first. So, if you are willing to trust them with your information and your personal life, then they're willing to do the same.

When asked to describe how this closeness occurs, Abby (FG 2) says,

Just being with [sisters], at like for an extended period of time... eventually you'll open up. Even if it takes a few times, or [...] you are around when something [bad] happens and then it just kind of clicks [...] so then you're more open. Sometimes, like at [freshman orientation] they have like the counselors say something that they've had a problem with, or something personal and then eventually, you'll open up because like they said something personal, so now I can say something personal and know that it won't go anywhere.

Abby explains how closeness and trust can develop over time through successful communication, or develop in short interactions through small bursts of disclosure. Once again, the revelation of vulnerability in disclosure can lead to future disclosure. This exchange of self-disclosure is important to establish trust and can signal reciprocation. However, if trust is not maintained, communication may cease.

When Trust is Broken

The strategies I have explicated are means for sorority women to negotiate communication through trust, closeness, similarity of experience, and equal exchange of information. These factors contribute to a nest of communication where these women are

able to communicate about condom use with relative ease. Unfortunately, there are occasions when this trust is broken, and these women use rules to establish communication boundaries. Lucy (FG1), equates the breaking of trust with the breaking of rules,

There is that level of comfort that no matter what I say, it is not going to be repeated, it is none of that high school rules where like, "I promise I won't tell you, but I really am going to go tell people,"

Lucy describes the breaking of trust in high school communication, when private disclosure is made public. In this case, a "co-owner" of information did not follow the rules, making private disclosures public. There are avenues to avoid the leakage of private disclosures. Lucy goes on to describe a scenario where communication is kept under wraps

We say that we trust all of our sorority sisters, because I know they wouldn't like, put it on Facebook or anything, that, but I mean people just start assuming, and they just start looking at you in a different light. So that is just one reason, like, we just try to close the door and talk quietly about it.

Lucy and her sisters take precautions to ensure that their communication occurs in a private space. This is confirmed by the earlier revelation that the women communicate in cars, or with the door closed in a private room. In addition to expectations about the maintenance of privacy, Shannon (FG 3) explains another way trust can be broken:

With my group of really close friends I feel like there are some [people] that I wasn't that close to, but then something happened and then some people flaked out. And the ones who stuck by you and the ones who cared and then stayed around you, um, really just start sharing a deeper bond with that. 'Cause I feel like a lot of things have happened to our group of friends this year. Which is I guess a lot stronger.

In this case, Shannon trusted individuals in her friendship group to “stick by you,” and when this trust was broken, she severed ties. As a result of this, Shannon’s remaining friendship group was strengthened. The women in the focus groups may have been reluctant to share more specific instances of broken trust, as the women in the group were all familiar with one another.

Reputation Maintenance

In the focus groups, sorority women expressed increased comfort talking to each other, in contrast to women outside of the sorority. One influencing factor of this preference was the notion of maintaining a “good reputation.” This concept of reputation maintenance influences several areas of sorority women’s communication. This preservation of a “good reputation” can be seen in a boundary of privacy held within the sorority in-group, withholding information from outsiders.

Maintenance of a “good reputation” was often the line that delineated in-group and out-group distinctions. Marilyn (FG 1) distinguishes a boundary between the in-group and out-group by protecting information within in the sorority:

I feel like it is easier within the sorority, because anyone that is outside, you are representing your organization, so if you talk to someone you don’t know about it, they may judge you for it. [...] I try to represent our organization well [...] you just have to be careful because they would associate you with the organization, and I know with sororities, that is a problem.

Marilyn expresses a sense of responsibility to representing her organization well. She admits that this association between the group and the individual may be particularly strong with sororities. Jane (FG 3) explains this phenomenon through the health risk behavior of smoking:

Smoking. We're not really known for that. I think it more of like the culture of our chapter versus the actual health part of it though, and how we wanna be, or how we don't wanna be associated with certain things, [...] I think that carries on to a lot of those other things, cause if you can't do certain things [in public], then, obviously in your private lives certain things wouldn't be acceptable either.

Jane explains how public displays of risk behavior are detrimental to the reputation of the sorority, and alludes to the expectation that public behavior should match private activities. When asked whether she would consider speaking to a woman outside of her sorority about condom use, Shannon (FG 3) scoffed,

I feel like if someone from another sorority came and like told me their sex life would be like, "Wow, why are you telling me?" That's just weird. I feel like in the sorority, people aren't going to judge you and they are going to tell you exactly what you need to hear and you know that they not going to [...] be like, oh, "Blah blah, she hooked up with him the other night," cause that's just weird, for another sorority to talk about you.

This demonstrated the strong line of delineation between sorority groups. Lady (FG 3) describes how competition between sororities can strengthen that boundary:

You know you want to keep it in the sorority because again, our reputation. Not that what we do would make us have a bad reputation, but we don't want others sororities to skew our words, or make us seem [like] something that we're not, cause there kind of in competition with us⁴.

Lady describes how women on campus can easily be identified with a particular group. Different sororities on campus are symbolized by Greek letters that can adorn t-shirts, bags, sandals, and hats. Olga (FG 3) commented,

If you tarnish [our letters]⁵, then when you wear [the letters], if you were to go out and tell [private information to] another sorority member or a fraternity guy, [...] then you know obviously they're going to talk about somebody else then

⁴ Lady is referring to the competition to recruit new members each fall

⁵ Letters refers to the Greek letters used to describe each sorority

[we] get that reputation when you're seen in [our] letters then they'll attach that stigma to you.

This maintenance of reputation can be tied to following a set of moral codes. Shannon (FG 3) explains the rules,

I think that like we do hold each other to a certain level of morals I guess, like whenever we go through needs assessment⁶, morals is usually [in] the top three. I feel like if you got in to the sorority then you should be as classy as everyone else around you. And if you are not, you will be told that you're not, and then, you will be.

The maintenance of this reputation acts as a norm for the women in this social group. There is a clearly demarcated boundary between the women in this group and outsiders. This boundary is designed to protect personal information and to control some behavior of sorority member. There are both implicit and explicit rules for communication in a sorority.

The handbook of rules outlines acceptable behavior, and peer pressure can also express what behaviors are socially acceptable. Some of these behavioral expectations overlap, with regards to health and morality. Unofficially, the women take careful steps to ensure that women follow moral codes, going as far as to physically bring them home after a party. If a sister has violated a moral code, they are “given a talking to” by their sisters. Sexual activity is tolerated, but when a woman does not maintain privacy or engages in risky behavior, she is breaking social rules. Scrutiny is placed on activity in sorority letters and negative activity related to health, such as smoking or perceived promiscuous sex. When it becomes known that a sister has

⁶ Needs assessment is a survey administered by the sorority to determine member programming preferences

violated moral codes, she may either be officially sanctioned through the executive board, or spoken to by the women in the sorority, given negative feedback. These are examples of how peers in a sorority can pressure others to avoid risky health behavior.

CHAPTER IV

CONCLUSIONS AND IMPLICATIONS

Conclusions

Communal living spaces and the relational closeness that occurs in a sorority setting create an interesting space to study communication. In these spaces, individuals can develop high levels of comfort with communication about condom use. Frequent exposure through co-habitation and sorority activities affords these women interpersonal knowledge and closeness, as they use strategies to negotiate disclosure.

Table 2

Communication Context

Theme	Findings	Quotation
<i>Levels of Communication</i>	<ul style="list-style-type: none"> • Preferred interpersonal communication with peers and communication with roommates • Mixed desire to communicate with parents • Mixed comfort with communicating with medical professionals 	<p>Mom (FG 3): I think interpersonally [...] you know you address it one on one</p> <p>Mackenzie (FG1): I guess if it was really private I would just talk to one of the roomies</p> <p>Annabelle (FG 1): I don't really want to talk to my mom [...] I don't want to associate my mom with sex; that just really grosses me out</p> <p>Britney (FG 3): [Medical professionals] are not going to judge you for whatever you say [...] so I'm not going to hide anything from them</p>

Theme	Findings	Quotation
<i>Setting</i>	<ul style="list-style-type: none"> • Reported communication after the weekends and at night • Favored communication in familiar, private rooms, behind closed doors 	<p>Shannon (FG 3): When we get ready to go out [...] that is a time to [...] lay down the rules</p> <p>Sara (FG 3): I'm comfortable talking about it with one of my sisters, if I'm like in my own bedroom</p> <p>Annabelle (FG 1): I may not always feel super comfortable talking about certain things in the house, just because it is more sensitive and I just don't want all my sisters to hear</p>

As shown in Table 2, roommates were often named as communication partners who had intimate knowledge of women's needs for emotional support and communication. In these sororities, communication occurs at an interpersonal level for reasons of comfort and privacy. The frequent exposure to roommates afforded these women intimate knowledge of each other, and fostered trust and understanding. Emphasis was placed on the importance of maintaining privacy and discretion in interpersonal communication. If private information was shared with uninvited individuals, a rule was broken, and communication ceased.

Levels of Communication

There were mixed findings regarding who these women choose to communicate with. Freedom from judgment was a prerequisite to comfortable communication with mothers. Fathers were not cited as a source of communication, and when mentioned, were associated with topic avoidance. The concept of reciprocity was not applicable to parent-child communication about sex, as the women showed an aversion to information about their parent's sexual activity. Ultimately, absence of judgment and avoidance of

explicit detail were integral to parent-child communication about condom use. In communication with a sexual partner, the women expressed initial discomfort, but eventually worked to developed comfort with communication about condoms.

To experience comfort with medical professionals, freedom from judgment was essential. The women acknowledged the importance of giving health care professionals accurate information, but were reluctant to do so if they anticipated sanction or judgment. While it may be assumed that medical professionals are unbiased and non-judging, a few women shared negative experiences with perceived judgment in medical situations. This is significant for health care providers, as they can employ a non-judgmental tone of communication to encourage patient self-disclosure. Overall, comfort with communication was influenced by physical proximity, closeness in interpersonal relationships, and lack of judgment.

Communication Setting

Late evenings, weekends, and the days following the weekend were named as preferred times for communication about condom use. Late evenings were described as a relaxed time, when the women could be at ease and have funny conversations. On the weekends, or before dates and parties the women “laid down the law,”, and used the days after the weekend to catch up and rehash their weekend activity. This pattern reveals that communication about condom use can occur in both preventative and reflective contexts. It also confirms the assertion that communication about condom use is important for these women, as any sexual activity was almost immediately reported to influential others.

The interpersonal communication with roommates and sisters often occurred in the women's bedrooms, due to improved comfort through privacy and familiar space. Additionally, the women living in the communal space of the sorority house sometimes found the house to be a hindrance to private communication. At those times, they sought a space with closed doors, moving conversations to the car or a more private room when needed. A closed space was integral to maintenance of privacy, unless the women were using code. The description and specificity of this scene of communication indicates the vital role of a safe communicative space.

<i>Communication Content</i>		
Theme	Findings	Quotation
<i>Definition of Protection</i>	<ul style="list-style-type: none"> • Condoms as a main mode of protection • Birth control pills • Partner STI testing • Emotional protection and social support • Revealed a narrow understanding of "protection" 	<p>Olga (FG 3): I think [a woman providing a condom] is very very weird but I guess it's just a cultural norm that guys are getting used to that girls are providing everything</p> <p>Gwen (FG 1): STDs can get overlooked, because as women we are the ones who have to carry the child for nine months</p> <p>Cheerio (FG 2): You also have to be protected with your heart</p>
<i>Information, Advice and Listening</i>	<ul style="list-style-type: none"> • Different functions of communication were appropriate for specific circumstances and personalities • Communication with the motive to help others 	<p>Lucy (FG 1): I [...] gave her some advice, and told her what I would do in that situation</p> <p>Annabelle (FG 1) The advice given to me was good advice and the advice I'm giving is good</p> <p>Britney (FG 3): Sometimes, you just want to tell them the story, like, "Just listen, you don't have to say anything back!"</p>
<i>Learning Norms</i>	<ul style="list-style-type: none"> • Women communicate to understand acceptable behavior and emotions 	<p>Annabelle (FG 2): This goes back to me not knowing my body, like, "Is this normal?" "Am I supposed to be doing that?" "Am I supposed to be feeling this way?"</p>

Definition of Protection

While condoms were named as a primary source of protection, these women have very little knowledge of the range of contraceptive alternatives available. The examples shown in Table 3 reveal a glaring dearth of knowledge about protection options among these women. While many admitted to being sexually active, contraceptive myths were still perpetuated throughout the focus groups. In addition, while these women communicated about condom use, they did not always feel a personal responsibility to learn about or possess condoms, as shown in Table 3. This presents a possibility for future public health programming for these groups.

There was expressed comfort with birth control pills, but not with condoms. Britney's anecdote about community birth control pill alarms (p. 49) demonstrates the women's comfort with communication and use of oral contraceptives. I suspect discomfort with condoms may be due to the societal norms that place the responsibility on men for condom knowledge, procurement and application.

Information, Advice, and Listening

Ultimately, communication about protection almost always was used to encourage a sister to learn about or use protection. This marked a running theme of communication with the motive to help a sister. These efforts confirm Rittenour and Booth-Butterfield's (2006) finding that peers can encourage safe sex. This agenda is pro-social in the sense that the interest is often in helping others, but the motivation may not always be altruistic. As I will further explain, some motivation may lie in maintaining the reputation of their group.

The women chose to give advice, information, or simply listen based on the situation and the communication partner's personality. At times, the women simply wanted a listening ear and were driven to avoid feedback. Advice and feedback were most welcome and perceived as positive in close interpersonal relationships.

Learning Norms

The women in these sororities learned about what is perceived as “normal” through communication about condom use. Through this communication, the sisters began to orient themselves, learning how their emotions and behaviors were situated in comparison with similar others. Their drive to learn “what is normal” may be due in part to the recent life changes and ambiguity the women have experienced, transitioning from high school to a college setting. This assessment of normalcy affirms the importance of these interpersonal relationships to the women this group, and confirms the women's perceived similarity, which will be addressed further in the strategy section. Explained in Table 4, the women employed strategies, rules and boundaries to engage in communication about condom use with sorority sisters.

<i>Communication Strategies, Rules and Outcomes</i>		
Theme	Findings	Quotation
Strategies		
Topic <i>Avoidance</i>	<ul style="list-style-type: none"> • Expressed discomfort with the subject matter • Described communication as “awkward” • Attributed avoidance to social pressures 	Annabelle (FG 1): First of all [I am a] young lady, most of us are Christian [...] we go to a very conservative school [in a] conservative state, they preach abstinence, and [...] “don't talk about it.” That's why we feel so awkward talking about it, because it feels like something we shouldn't be doing

Table 4		
<i>Continued</i>		
Theme	Findings	Quotation
Strategies		
<i>Humor</i>	<ul style="list-style-type: none"> • Used humor and codes to communicate serious messages • Humor about sex and condom use is normal; serious tone in conversations are abnormal 	<p>Lady (FG 3): [...] As a prank, I gave her some fun condoms</p> <p>Britney (FG 3): Even like in a dining hall, if someone's overhearing you, you don't want them to. You're like, "Did you cake mix"?</p>
Rules		
<i>Similarity</i>	<ul style="list-style-type: none"> • Similarity of experience integral to communication comfort • Women seek others who may face similar problems or life changes 	<p>Fruit Loop (FG 2): I can talk to [a sister], because I know they are going through something similar</p> <p>Gwen (FG 1): Now I am in a place where I am surrounded by a lot of girls, I know [...] almost anyone who is going through what you are going through</p>
<i>Equal Exchange of Disclosure</i>	<ul style="list-style-type: none"> • Equal exchange of self-disclosure can signal further communication and foster trust among communicators 	<p>Gwen (FG 1): If you are willing to trust them with your information [and] personal life, then they're willing to do the same</p> <p>Abby (FG 2): You'll open up because they said something personal, so now I can say something personal and know that it won't go anywhere</p>
<i>Reputation</i>	<ul style="list-style-type: none"> • Reputation maintenance guides communication and behavior • Sororities on campus are "in competition" • Special care is taken when wearing sorority letters⁷ 	<p>Olga (FG 3): Cause if you tarnish [our letters], then when you wear [the letters], if you were to go out and tell another sorority member or a fraternity guy, [...] [we] get [a bad] reputation when you're seen in [our] letters, then they'll attach that stigma to you</p> <p>Shannon (FG 3): I feel like if you got in to the sorority then you should be as classy as everyone else around you. And if you are not, you will be told that you're not, and then, you will be</p>

⁷ "Letters" refers to the Greek letters used to identify each sorority

Table 4		
<i>Continued</i>		
Theme	Findings	Quotation
Outcomes		
<i>Closeness and Trust</i>	<ul style="list-style-type: none"> • Interpersonal closeness cited as a means to comfortable communication • Trust and closeness can shape perception of feedback • Trust is established through disclosure 	<p>Olga (FG 3): I also think that it's easier to receive productive criticism [and] advice from someone that's close to you</p> <p>Britney (FG 3): If someone that wasn't that close to you came up and like said "You're an idiot," you're kind of [...] offended [...] you rather feel more constructive criticism from someone you know and trust</p>
<i>Breaking of Trust</i>	<ul style="list-style-type: none"> • Trust is broken when private disclosure is shared among the group 	<p>Lucy (FG 1): It is none of that "high school rules" where like, "I promise I won't tell you, but I really am going to go tell people"</p>

Topic Avoidance

Overall, there was a sense of discomfort with communication about condoms and the details of sexual activity. Much of discomfort was related to the language and vocabulary used for this communication, which invited the use of codes and humor. The women attributed this discomfort to societal pressures and norms. They worked to avoid this discomfort with communication strategies like developing closeness and trust, and using humor to diffuse tension.

Humor

Humor was peppered throughout these conversations, both in recollection of communication, and en scene in the focus groups. Interestingly, humor is often used in preventative settings, for example the use of the trope, "wrap it before you tap it." When used, serious communication occurred after negative experiences to discuss

consequences and provide social support. It is important to note that humor used in these conversations is not self-disparaging, or disparaging of others. This use of humor is consistent with the finding of literature concerning the use of humor within friendship groups to establish camaraderie and make light of otherwise tense situations (Dupre, 1998; Hay 2000). Much of the communication described in the focus groups was both supportive of positive behaviors and humorous.

Similarity

For communication about condom use, the women seek out others who they perceive as similar to themselves. There are organizational structures in place to encourage similarity. These women self-select into a group where members are likely to share similar characteristics, which can also contribute to ease of communication. This could mean that they share similar backgrounds, or are experiencing similar life changes. The similarity of communicator was seen as a safeguard against judgment or sanction, because a negative response would be “hypocritical.” This supports the notion that the sorority women seek a safe space for communication and use identifying characteristics of others to determine whether they will face a negative response.

Equal Exchange of Disclosure

To develop trust with another sister, the women appreciated equal self-disclosure. This exchange allowed these women to “open up,” and feel comfortable disclosing private information. While reciprocal disclosure supported previous findings regarding peer communication, it was shown that closeness can be achieved by short bursts of intense disclosure. While the tenets of CPM held, I believe this phenomenon of

short bursts of intense disclosure fostering closeness adds to the understanding of CPM. Encouragement of equal self-disclosure is a common exercise at college orientations and initiation rituals at organizations, and should be studied as an avenue to achieving closeness and furthering communication in new friendships. These practices attempt to achieve closeness and self-disclosure in a short period of time through these moments of vulnerability and openness. It is unclear if this closeness and solidarity is sustainable over time, and longitudinal studies can explore this further.

Reputation

Interestingly, the concept of preservation of reputation delineated a privacy boundary for the women in this group. In this case, there is a highly defined in-group and out-group distinction, which compels the women to conform to certain behavior (reportedly to avoid risky behavior and a negative reputation). These sorority women are in competition with other sororities, and see themselves as being in the public eye of the Greek system. Letters serve as symbols of this connection to their sorority, and also to other sororities and fraternities. This identification guides certain behaviors, for example, avoiding smoking, excessive drinking, and promiscuity. To maintain a good reputation, the women must follow rules that guide acceptable behavior. These sororities have both *de facto* and *de jure* rules, creating strong social influence. As members of this group, expectations are explicated both in handbooks and through social pressures. The swirling pressures of expectations about moral and healthy behavior act in conjunction with frequent and humorous communication about condom use to influence women's life choices.

Closeness and Trust

Closeness and trust in interpersonal relationships were developed over time, through frequent exposure or moments of disclosure. Feedback was viewed as more positive coming from a trusted, close source. The women attributed closeness and trust to buffering the sting of criticism. This supports Lundgren and Rudawksy's (1998) finding that feedback in close interpersonal relationships is more positive and important.

Breaking of Trust

A sister was known to "break a rule" of trust if and when she disclosed personal information to uninvited parties. This supports the CPM's description of rules of personal disclosure. The consequence of a break in trust was an end to communication with the offending individual. Often, this was framed as a "high-school" concern that could be avoided in the sorority friendship group. It is possible that the women were unwilling to share incidents of distrust because they were surrounded by women who would be aware of the situation, or be able to identify the offender. Participant interviews may be more suitable to probe this area of CPM.

To answer my research questions, through analysis of these focus groups, I have described a communicative space, discovering the patterns and characteristics of sorority women's communication about condom use. Additionally, I have found that sorority women negotiate disclosure about condoms through strategies and rules such as seeking similar others, pursuing an equal exchange of disclosure, and maintaining a good reputation. The activities, rituals, and co-habitation these women experience are designed to establish closeness and solidarity, which in turn impact comfort of

communication. I contend that through positive communication experiences, these women can develop openness and affinity for disclosure through an equal exchange of disclosure and similarity of communicator. These women revealed that this is a particularly impressionable and exploratory time both for sexual activity and communication about sex.

Limitations

My loyalty to the sorority may have influenced my desire to present the women in a positive light. The participants in this study are a homogenous group that self-selected into these sororities. These findings are not generalizable, however they are transferrable. The findings of this study do not represent the experience of all women joining a sorority, but it is possible to investigate these trends on a local level, to discover if these patterns hold. For this study, I was only able to investigate sororities with membership in National Panhellenic Conference, including sororities with a traditional majority Caucasian membership, in contrast to historically Black sororities or ethnic sororities. Future efforts should investigate a more diverse pool of participants.

Implications

The communicative spaces in these sororities are complex and multi-dimensional. Researchers can further examine whether the communication about sex in sororities is indeed encouraging safe sex. Additionally, investigators can explore how the intersection of institutional activities, for example organization-run exercises in self-disclosure, and communicator similarity in organizations work to foster a safe communication environment. In the same vein, investigators can explore how

institutionalized rules and unofficial social mores work to shape sorority member behavior. This exploration can also be applied to men in fraternities, as they have a similar experience to women in sororities of communal living and organization-led communication activities.

Humor was an ever-present dimension in the focus group results. Further observation of how humor can diffuse tense communication will illuminate how individuals negotiate communication about topics that may be perceived as taboo. Additionally, efforts should be made to understand if humor is tied to pro-social communication efforts, and also to reveal the negative functions of humor in this communication. The women in this sorority expressed their capability and comfort level with communicating with each other about the use of protection, which may influence behavior. In the future, researchers can determine the strength of this connection. Additionally, efforts can be made to discover how this communication occurs between women and their partners.

Some of the implications of my findings include the possibility for the adjustment and initiation of programming. The sorority on a national and chapter level should consider implementing workshops that deal specifically with women's sexuality and sexual health practices.

Practically, it may be possible to foster this close, open communication dynamic among other types of social support groups. It would be useful to witness whether these communication phenomena are present in other types of social support groups, and whether or not co-habitation, as I suspect, is a contributing factor in closeness, self-

disclosure, and trust. Because there is a link between perceived self efficacy to communicate about sex and intentions to use condoms, it is important to continue to investigate how individuals can foster these safe communication spaces within social support groups.

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APPENDIX A

Focus Group Guide

You have been asked to participate in a research project studying young women's communication about sexual health risk behavior. The purpose of this study is to understand the way young women discuss condom use among friends. You will not be asked to disclose sexual behaviors and activity. There is no right or wrong answer; I am interested in what you think. Participants' and organizational names and other identifying information will not appear in any transcriptions or reports resulting from this research. However, because focus groups involve face-to-face participation, and in this case among participants who already know one another, complete confidentiality cannot be guaranteed. Because of this, I ask that you do not repeat any of the information or opinions shared here today outside of the focus group, in the interest of respect and to allow us to be as candid as possible. It is very possible that people will disagree, and that is ok. If I ask any question that makes you uncomfortable, you do not have to answer, and you may leave at any time. Please feel free to use the restroom at any time. Are there any questions about the process?

1. What do you like best about your relationship with the other women in this sorority?
2. In what way does your chapter address women's health issues (CPM)?
3. What about women's health risk issues?
 - Smoking

- Alcohol abuse
 - Drinking and Driving
 - Using protection
4. What have you learned from chapter workshops?
 5. How do you define “protection” during sexual activity?
 6. How do women in the sorority talk about these women’s issues?
 - a. Place
 - For those of you who are living or have lived in the house, how does living in the house (sorority house) affect this communication?
 - b. Time
 7. How do you understand what other women in the sorority expect of communication about condom use?
 8. How do you decide who to talk to about condom use and your personal experiences with sexuality (CPM)?
 - a. What happens when a trust in communication is broken?
 9. In what ways are talking about condom use with your sisters different than talking about it with parents, or teachers, or health care professionals? Would you rather talk to your sorority sisters about this issue or women outside of ADPi? Why?
 10. What language or special expressions are used in talking about sexual activity, risks associated with sexual activity or protection associated with sex?

11. What topics related to sexual activity are considered taboo or aren't much discussed?
12. Is there anything we haven't talked about that would help me understand the way you communicate about condom use

APPENDIX B

INFORMATION SHEET

Young women's perception of condom-use conversations

Introduction

The purpose of this form is to provide you information that may affect your decision as to whether or not to participate in this research study.

You have been asked to participate in a research project studying young women's communication about sexual health risk behavior. The purpose of this study is to understand the way young women discuss condom use among friends. You will not be asked to disclose sexual behaviors and activity. You were selected to be a possible participant because you are a member of a young women's organization.

What will I be asked to do?

If you agree to participate in this study, you will be asked to participate in a focus group discussing women's health issues. This will take approximately two hours.

Your participation will be audio recorded.

What are the risks involved in this study?

The risks associated in this study, such as possible discomfort discussing particular topics, are minimal, and are not greater than risks ordinarily encountered in daily life.

What are the possible benefits of this study?

The possible benefits of participation include self-reflection on the participants' own perceptions of condom use, as well as revealing attitudes and opinions of peers on the matter. This information will shed light on how information on condom use is disseminated among young women in conversation.

Do I have to participate?

No. Your participation is voluntary. You may decide not to participate or to withdraw at any time without your current or future relations with your university or Alpha Delta Pi being affected.

Will I be compensated?

No.

Who will know about my participation in this research study?

The records will be securely stored on campus in a locked location. Participants' and organizational names and other identifying information will not appear in any transcriptions or reports resulting from this research. However, because focus groups involve face-to-face participation, and in this case among participants who already know one another, complete confidentiality cannot be guaranteed. All individuals who choose to participate are being asked to respect one another's privacy by not revealing or repeating remarks that are made within the focus group.

If you choose to participate in this study, you will be participating in a group discussion that is audio recorded. Any audio recordings will be stored securely and only Rachael Hernandez will have access to the recordings. Any recordings will be kept for 3 years and then erased.

Is there anything else I should consider?

You may decline to answer any question at any time, and are free to leave the focus group at any time.

Whom do I contact with questions about the research?

If you have questions regarding this study, you may contact Rachael Hernandez at 512-968-4618, or RachaelHernandez@tamu.edu.

Whom do I contact about my rights as a research participant?

This research study has been reviewed by the Human Subjects' Protection Program and/or the Institutional Review Board at Texas A&M University. For research-related problems or questions regarding your rights as a research participant, you can contact these offices at (979)458-4067 or irb@tamu.edu.

APPENDIX C

CONSENT FORM

Young women's perception of condom-use conversations

Introduction

The purpose of this form is to provide you information that may affect your decision as to whether or not to participate in this research study.

You have been asked to participate in a research project studying young women's communication about sexual health risk behavior. The purpose of this study is to understand the way young women discuss condom use among friends. You will not be asked to disclose sexual behaviors and activity. You were selected to be a possible participant because you are a member of a young women's organization.

What will I be asked to do?

If you agree to participate in this study, you will be asked to participate in a focus group discussing women's health issues. This will take approximately two hours.

Your participation will be audio recorded.

What are the risks involved in this study?

The risks associated in this study, such as possible discomfort discussing particular topics, are minimal, and are not greater than risks ordinarily encountered in daily life.

What are the possible benefits of this study?

The possible benefits of participation include self-reflection on the participants' own perceptions of condom use, as well as revealing attitudes and opinions of peers on the matter. This information will shed light on how information on condom use is disseminated among young women in conversation.

Do I have to participate?

No. Your participation is voluntary. You may decide not to participate or to withdraw at any time without your current or future relations with your university or Alpha Delta Pi being affected.

Will I be compensated?

No.

Who will know about my participation in this research study?

The records will be securely stored on campus in a locked location. Participants' and organizational names and other identifying information will not appear in any transcriptions or reports resulting from this research. However, because focus groups involve face-to-face participation, and in this case among participants who already know one another, complete confidentiality cannot be guaranteed. All individuals who choose to participate are being asked to respect one another's privacy by not revealing or repeating remarks that are made within the focus group.

If you choose to participate in this study, you will be participating in a group discussion that is audio recorded. Any audio recordings will be stored securely and only Rachael Hernandez will have access to the recordings. Any recordings will be kept for 3 years and then erased.

Is there anything else I should consider?

You may decline to answer any question at any time, and are free to leave the focus group at any time.

Whom do I contact with questions about the research?

If you have questions regarding this study, you may contact Rachael Hernandez at 512-968-4618, or RachaelHernandez@tamu.edu.

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This research study has been reviewed by the Human Subjects' Protection Program and/or the Institutional Review Board at Texas A&M University. For research-related problems or questions regarding your rights as a research participant, you can contact these offices at (979)458-4067 or irb@tamu.edu.

Signature

Please be sure you have read the above information, asked questions and received answers to your satisfaction. You will be given a copy of the consent form for your records. By signing this document, you consent to participate in this study.

_____ I agree to be audio recorded.

_____ I do not want to be audio recorded.

Signature of Participant: _____ **Date:** _____

Printed Name: _____

Signature of Person Obtaining Consent: _____ **Date:** _____

Printed Name: _____

VITA

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