“Around here, they roll up the sidewalks at night”: A qualitative study of youth living in a rural Canadian community

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Received 29 September 2006; received in revised form 28 November 2006; accepted 30 January 2007

Abstract

The paper is based on an ethnographic study conducted in a rural community in British Columbia, Canada. The study examined the impact of community culture on youth’s development as sexual beings. We describe how social and geographical forces intersect to affect youth’s lives and trace the ways in which deprivation of various forms of capital as well as social practices contribute to some youth being located in undesirable social positions. Our findings illustrate how the effects of stigmatisation, self-segregation, and other forms of symbolic violence can extend beyond health impacts and into the broader social realm.

Introduction

People living in rural Canada experience numerous health and social disparities in comparison to their urban counterparts; although, the nature and extent of such disparities remains open to interpretation (Pampalon et al., 2006; The Canadian Institute for Health Information, 2006). In addition to rural/urban differences on crude health indicators (e.g., life expectancy), many rural places experience notable disparities related to more specific measures, including young people’s sexual health outcomes.\textsuperscript{1} For example, most rural communities in British Columbia (BC) have higher teenage fertility rates than urban settings (British Columbia Vital Statistics Agency, 2004).\textsuperscript{2} Understanding the context of growing up in a rural community is important for expanding our conceptualisation of young people’s development as...
sexual beings (Skatrud et al., 1998) and has implications for how we understand overall health and its emplaced production.

Place represents the intersection of social and physical spaces, manifesting as both spatial and material effects in youth’s everyday lives. In rural places, youth may experience geographic isolation, which may affect their access to timely and youth-centred health and social services. Forms of healthcare management (e.g., centralised versus community-based models) and what this means for the provision of services also varies according to place (Poland et al., 2005). Moreover, places expose youth to intrinsic social norms (e.g., gender norms; social mores; expectations about privacy) that contribute to their development as sexual beings (Power, 2005; Shoveller et al., 2004).

There is a growing body of literature examining questions pertaining to social capital and rural youth (Gray et al., 2006; Onyx et al., 2005; Shucksmith, 2004). Since Coleman’s (1988) and Putnam’s (1993) foundational work, discussions continue regarding definitional, measurement and analytical concerns, as do debates about the ideologies associated with social capital (e.g., “social capitalists” versus “neo-materialists”). However, the social capital literature provides a useful rubric through which to view many aspects of the potential connections between rural socio-cultural contexts and young people’s sexual lives. For example, Gold et al. (2002) investigation of the ‘causal pathways’ associated with teen births in the USA showed that the effects of income inequality on teen births appear to be mediated by social capital. They posited that such effects may be expressed at the individual level (e.g., sexual health risk taking) as a result of socio-cultural influences at the macro-level (e.g., weakened informal social supports that lead adolescents to feel socially disconnected; social welfare policies that de-emphasise pregnancy prevention services; economic opportunities that exclude youth and thereby remove disincentives against early childbearing).

Social capital (or other forms of capital) also needs to be considered in conjunction with the power relations that play out in young people’s lives. Wakefield and Poland (2005) highlight the work of Bordieu (1986) and Bordieu (1979) (particularly in relation to marginality, dominant discourses and distances between groups within social hierarchies), and point out how power relations within and across places both reflect and challenge the distribution of social capital. By examining how institutions and community members co-create social capital, they pose questions about (re)presentation and taking action to promote youth health (e.g., whose voice is considered legitimate? what decision-making mechanisms are used to solve problems?). Gatrell et al. (2004) also emphasise the importance of attending to power relations when examining the links between social capital and health, reminding the reader to concentrate on how “people see [emphasis in the original] themselves [and others] located in social space” (p. 256).

The interface between local environments and global forces also has been addressed in the social capital literature. Castro and Lindbladh’s (2004) analysis of hegemonic discourse in relation to the ‘problematic area’ interrogates neo-liberalism as a contributor to profound health and social suffering in specific locales. While their research was situated in an urban poverty zone, they too point out that it is the intersection between social capital and power relations at the nexus of local and global that promote (or damage) young people’s health and social well being. Work in social epidemiology also supports the notion that context and social relationships, including power relations, are recursively (re)produced in youth’s lives and are expressed in terms of health and social inequalities (Frohlich et al., 2001).

While we attended to spatial and material constructs in our study, we also attempted to resist reductionist approaches that would limit our analysis of “place”, particularly this rural place, in purely spatial terms (i.e., a setting, location) or in terms of resource deprivation (Gatrell et al., 2004). Our analysis is informed by the view that human lives are essentially emplaced (Malpas, 2003) and so we tried to give proper attention to integrated notions of space and place, as they arise out of one another (Macintyre et al., 2002) and as they are formed through time (Massey, 2005).

Drawing on these theoretical suppositions, this qualitative study investigated one rural community’s socio-spatial context. We gathered the perspectives of local residents (adults and youth) regarding the ways in which context affects everyday life for young people and we focused on perceptions regarding the ways in which young men and women attempt to situate their emergent sexual behaviour patterns within that context.
Methods

The community

“Prospect” began as a ‘roadhouse’ along the wagon trail to a major gold rush site during the 1860s. The region has a rich history of First Nations settlement and today includes three First Nations. Cattle ranching dominated the local economy until the 1960s, when the forestry and lumber industries surpassed it. However, Prospect has remained a ‘cattle town’ to a large extent, with numerous ranches in the surrounding areas (these were affected negatively by the discovery of ‘Mad Cow’ disease in Canada in May, 2003). Today, Prospect’s economy relies primarily on forestry, which has maintained a modicum of stability, despite local and global pressures (e.g., infestations of Northern Pine Beetle; fluctuations in the Canadian dollar; export tariffs imposed under the North American Free Trade Agreement). The serenity of the geographical and cultural landscapes (e.g., undulating range-lands, a large number of world-renowned sport fishing lakes, the romantic nostalgia for cowboys, and the history of First Nations) also make tourism a major contributor to the contemporary, local economy.

About one-third of the 1700 people that live in Prospect are less than 25 years of age (on par with the provincial average) (Statistics Canada, 2001). Nearly one-quarter of families are lone parent families (their median income of CDN$28,339 was less than 60% of two-parent families). Approximately, 40% of residents identify their religious affiliation as Protestant and 10% identified as Catholic; 10% identified with fundamentalist forms of Christianity (compared with 5% of BC’s total population).

The town’s surrounding area includes many smaller communities, whose approximately 15,000 citizens (in total) travel to Prospect to access health, education, social services, shopping, and employment. The contribution of the outlying communities to Prospect’s composition is integral to understanding youth’s experiences. Whereas just over one hundred high-school students live in the town proper, the remainder of the public high school’s nearly 600 students travel to school from the surrounding areas. The town also includes a public junior high school (300 students) and a Christian-operated elementary/junior high school (<100 students). Between 2000/01 and 2002/03, enrolment in Prospect’s public schools decreased by nearly 20%; enrolment in the Christian school had remained stable since 1996.

Data collection and analysis

The data were gathered during 17 months of periodic fieldwork, which also included in-depth interviews with community members (adults and youth). Our study was informed by ethnographic research techniques (Fetterman, 1998; Smith and Deemer, 2000; Wolcott, 1994) and as well as those commonly associated with grounded theory (Clandinin and Connelly, 1998; Corbin and Strauss, 1990; Dey, 1999; Engel and Kuzel, 1992; Glaser and Strauss, 1967). Our four field trips (3–14 days per trip) encompassed all of the seasons, which helped us understand how weather affects important aspects of youth’s lives in Prospect (e.g., transportation; isolation).

During fieldwork, we (JS, plus two female research assistants) engaged in many informal conversations with adults and youth, which helped us to tap into the social relations within the community, focusing on general attitudes, beliefs and values related to youth, sex, STIs and teen pregnancy. We also attended functions that were identified as being of cultural and historical importance (e.g., summer fairs) and meetings at various agencies (e.g., public health; social welfare). We read minutes from town meetings related to youth “problems” (e.g., public drinking). We subscribed to and read the local newspaper for the study period to understand better the local context; we also read histories of the town and surrounding area. We talked with business owners, church pastors, forestry experts, ranchers, the mayor and town councillors, the police, school officials and teachers, and a variety of health and social service professionals who worked with youth in Prospect. We spent time at youth hangouts (e.g., the Youth Resource Centre, video arcade, shopping mall, parking lots, youth recreational sites). We also visited the First Nations reserve located closest to Prospect and many of the small communities located on town’s outskirts. These interactions contextualised data gathered through formal interviews.

Interviews were conducted in English by Euro-Canadian female researchers; interviews were conducted in individuals’ homes, meeting rooms in the local library, and at organisations around town that offered us private interview space. Interviews took 1–2 h and they were audio-taped and transcribed.
The interviews were open-ended and conversational. In adult interviews, we focused on what they imagined to be the greatest struggles for youth today living in Prospect and what solutions they envisioned for these challenges. We also asked them to provide their perspectives on youth sex, STIs among youth and teen pregnancy. In youth interviews, we asked them to tell us what issues they understood to be important in their daily lives. We asked them to reflect on their experiences of growing up in Prospect and to describe their hopes and aspirations. We also asked about their perceptions about adults’ general attitudes, beliefs and values related to youth, youth sex, STIs and teen pregnancy. All participants were offered a $25 honorarium and the opportunities to “member check” their transcripts. The project received ethical approval from the University of British Columbia.

Field notes and interview transcripts (with identifying information removed) were analysed to develop detailed descriptions of the ways in which Prospect’s socio-spatial context is perceived to affect youth’s lives. We inductively derived codes from the raw data and organised and linked emergent codes into patterns that represented an overall description of youth’s social interactions. We focused on the town’s customs and traditions, its social mores related to youth sex, as well as physical/spatial features that characterise life in their community. We report on perceptions of the community’s socio-spatial context as affecting everyday life for young people and provide illustrative quotations that show how respondents perceive, characterise, and/or embody significant aspects of the place.

Results

Study participants

Interspersed through our fieldwork, we formally interviewed 9 adults individually (7 women and 2 men) and conducted two group interviews with 6 other adults (5 women and 1 man). We interviewed teachers, social workers, outreach workers, a parole officer, public health workers, parents, and community leaders (e.g., mayor, town council members). We also interviewed 17 youth (13 young women and 4 young men who ranged in age from 12 to 24 years). Most respondents self-identified as “White”, although we conducted a group interview with 4 First Nations mothers and service providers. We interviewed adults and youth who identified with various churches in the area, although most participants self-identified as being non-religious. All of the people we interviewed had lived in Prospect for more than 3 years and many had lived their entire lives in the area.

Types of youth

‘Church kids’ and ‘regular kids’

Most community members that we encountered told us that youth in Prospect appear to belong to one of two groups: the ‘church kids’ or the ‘regular kids’, although some respondents acknowledged this to be an over-simplification. ‘Church kids’ was used to refer to youth that belonged to Evangelical Protestant congregations, while the term ‘regular kids’ referred to youth who did not belong to evangelical congregations, although some of them attended “mainstream” churches. During our fieldwork, ‘church kids’ emerged as a sort of short hand to imply assumptions about the worldview of some youth and to connote expectations about their behaviour, particularly their sexual behaviour. For example, ‘church kids’ were thought to have a lower incidence of premarital sex (compared to ‘regular kids’) and were considered to be more likely to abstain from sex because they have made a ‘covenant’ to remain virgins until marriage. Most ‘regular kids’ were assumed to be sexually active before they completed or dropped out of high school.

When we talked informally and conducted interviews with ‘church kids’ during our fieldwork, they said that they sometimes felt stereotyped by other youth and adults who were not part of their religious community (e.g., they said that most people from outside their religious community assumed that all ‘church kids’ were virgins, even though many young people intimated that this may not be true). They acknowledged that some stereotypes benefited them in some social situations (e.g., being assumed to be a virgin, even if not), while others were to their detriment (e.g., not being invited to parties because other youth assumed that they would either not be permitted to attend or would not want to attend for religious reasons).

The ‘80/20 split’

While we acknowledge the essentialising nature of labels such as ‘church kids’ and ‘regular kids’, the community members that we interacted with during
fieldwork tended to gloss over the potential impacts of within-group heterogeneity on the social (and sexual) experiences of young people. The only strong theme that emerged was related to the notion that there existed an ‘80/20 split’ amongst the ‘regular kids’—where 80% of these youth were viewed as ‘good kids’ and 20% were perceived to be problematic. The frequency with which this local saying was cited during our fieldwork was remarkable and its is likely a variation on a more widespread colloquialism—‘teachers spend 80% of their time on 20% of the students’—which reflects a broader discourse that implies that teachers should not be spending 80% of their time on the problematic 20% of students.

The ‘80/20’ adage provided a literary tool for many adults who used it to position their understandings of ‘regular kids’ in Prospect. Not surprisingly, the bulk of our conversations with and about regular kids focused on stories about the problematic 20%—youth that have trouble with the law, at home or school, and/or who are part of the social service caseload. The dominance of these kinds of stories may reflect our overall research focus on the development of youth as sexual beings (we acknowledge that teen pregnancy and STIs are loaded subjects); but, even when we made concerted efforts to engage in conversations about their interactions with youth outside of these issues, most remained focused on the so-called ‘problematic 20%’ (this was especially the case when we talked with adults, but it also held true in many of our conversations with youth).

**Spatial and material explanations**

Approximately, 10 Evangelical Christian churches were located in or near town, although ‘church kids’ typically did not reside in Prospect proper. However, differences between ‘church kids’ and ‘regular kids’ were not characterised in spatial terms in relation to where they resided. Rather, presumptions about their divergent experiences were more likely to be attributed to their socialisation patterns with peers and the dynamics of their family lives. Although most of the youth and adults described church kids in one-dimensional ways, our fieldwork revealed the complexities of their lives, particularly in their stories about their efforts to negotiate social relationships with the regular kids. Because many attended high school and played sports together, the church kids were often forced to negotiate social schisms between themselves and the secular world, or be excluded from the mainstream youth community in their school. This created significant difficulties when the secular world directly challenged the tenets of their fundamentalist beliefs (e.g., the installation of condom machines in the public high school). As one young woman noted, there had been a: “huge, huge uproar about them wanting to put condom machines in the school. A huge uproar ‘cause…they wanted to put them in the bathrooms of the high school. And, half the community was just outraged that they would even think to do that. And the other half was kind of like, Well, you know, if they’re gonna’ have sex, it better be good, you know and they better not get diseases. So half the community is very ‘old school’ and half of it isn’t. So, it’s a very half ‘n half place, I guess [chuckle]” (Sarah, age 20, former student at Evangelical Christian School). When we asked her to tell us how she negotiated social relations at her high school during the condom machine debates, Sarah explained by elaborating her position on school-based sex education in general. She indicated that she believed: “if people really want to know [about sex or condoms], the internet is there. They’ll look it up. Then that way it’s not threatening, ‘cause you can look it up and read up on it. Pretty much everyone does ‘cause you can get the Internet at school”. After talking with Sarah about the potential for school to be a non-private setting within which to access information about sex over the Internet, she said: “But even then…most people have Internet at home”.

These excerpts illustrate more broadly held beliefs in Prospect (including youth and adults who did not identify as Evangelical Christians) about the role of the school in actively helping youth access sexual health information and resources. That the onus is on youth to access existing resources (rather than on the school or broader community to provide resources and/or develop alternative mechanisms for accessing supports) was a prominent theme. Throughout our data, resources are constituted as simply “being there”, and few respondents comment on the barriers to negotiating access to resources that might help youth learn more about sexuality or other “private” issues (e.g., deal with a drug problem, escape abuse). As our fieldwork progressed, we invited participants to problematise this notion. In explaining their perspectives on the challenges faced by youth (especially the problematic 20%), most study participants focused on spatial concerns and material deprivation (e.g.,
transportation, limited options for youth socialising, and lack of access to clinical health services).

**Transportation**

Transportation was the most frequently cited source of capital affecting young people’s lives. Bussing long distances to school requires students to make special arrangements with adults (or other youth) to be picked up after school, if they want to participate in extra-curricular activities. This is further complicated for “…many families on lower income, especially in the winter. You’ve got a vehicle that won’t start in the cold, um, you know, these things—they’re huge” (Shirley, Community Service Coordinator). During fieldwork, we learned that junior-high-school-aged girls form sexual relationships and/or engage in sexual acts with older boys and men who own cars in order to access transportation. Thus, while study participants described transportation issues primarily in material terms, it is actualised in youth’s everyday lives in socio-spatial ways (with important gendered effects).

**There’s nothing to do in Prospect**

Prospect’s sense of relative deprivation pervaded nearly every aspect of community life, including youth’s social lives. Most participants identified a list of leisure time resources and outlets that are not available to youth in Prospect. While the cultural value of youth athletics is paramount in Prospect, particularly for those who engage in socially valued team sports (e.g., hockey and basketball for boys; rugby for girls), respondents suggested that youth’s options for leisure time are limited otherwise. As Mike (the Parole Officer) said: “If a teenager is not interested in organised sports then there are some problems findings things to do in this community. We don’t have a lot of malls to hang out in, we do not have a bowling alley any more…There’s no swimming pool”.

Our interviews with youth revealed an overwhelming sense of dissatisfaction with such limitations, which was succinctly captured by one youth who told us during our first field trip: “Around here, they roll up the sidewalks at night” (John, age 17, lifetime resident of Prospect). Most youth that we interviewed reasoned that the young people in Prospect who engage in truancy, under-aged drinking, and other risky behaviour do so because they are looking for something to do. Youth also suggested that an inability to fit in with the ‘80% crowd’ led some youth to seek socially fulfilling relationships through more dangerous avenues (e.g., sexual relationships with older partners; experimentation with drugs; attending ‘bush parties’ where massive amounts of alcohol and drugs are consumed in isolated, wooded settings).

**Youth access to sexual health care**

During our fieldwork, we were frequently told that there were: “no medical specialist in our town, so you have to travel out” (Shirley, Community Service Coordinator) in order to access clinical care beyond basic needs. While highly specialised health professionals do not reside in large numbers in Prospect, the kinds of services that most youth said they required (e.g., birth control, STI testing, counselling) do not need to be provided by specialists. Rather, explanations for a lack of youth-oriented sexual health services appear to be more determined by prevailing social mores than by the number of specialists practicing in town. During our fieldwork, we learned that of the three health clinics in Prospect, one is widely known for its “anti-abortion” stance. We heard stories about “a lot of the community…being up in arms” (Alice, Public Health Nurse) about the provision of the emergency contraception pill (ECP) through pharmacies, which was mandated provincially in BC in 2000. During our interviews, we also learned that young women had been refused access to ECP at the hospital because “it’s not really an emergency…unless she came in, you know, at eleven o’clock at night when there’s no other options” (Alice, Public Health Nurse) (Shoveller et al., 2007).

Youth’s poor access to sexual health care in Prospect is not exclusively a problem of resource deprivation, although many doctors in the town, particularly the female doctors who work part-time, are not accepting new patients. Resources also are less accessible to Prospect’s youth (than they may be to youth living in larger centres) because of a series of socially constructed barricades (e.g., confidentiality, privacy, religious standpoints). Thus, youth are relegated to accessing health care either through their family doctor (which presents confidentiality issues) or they “end up going into a walk-in clinic and you know, asking for something, whether it’s birth control or ECP. But may not have as much follow up” (Alice, Public Health Nurse).

**Socio-spatial explanations**

While most adults conceded that Prospect’s spatial constraints and resource limitations posed
challenges for some youth, many refused to acknowledge the socio-spatial implications for youth. For example, Mike (Parole Officer) said: “They are all connected to the Internet, all the stuff that is on there. They are connected with the all the same television programs and eventually they get tied into the music and tied into the clothing and the styles that are generated from the larger centres….I don’t think there is a huge difference, other than what each child is influenced by in individual families, in the rural environment as opposed to an urban one”.

However, a few respondents identified how the synthesis of social and spatial influences interacted to set youth in Prospect apart from one another (e.g., ‘church kids’ and ‘regular kids’) and from their urban counterparts (e.g., placed-based sexual health inequities in rural and/or northern communities like Prospect).

Being excluded by others

Many participants suggested that stigmatisation best explained some youth’s less powerful social positions and their exclusion from the mainstream, acknowledging that the experience of inhabiting such positions can be exacerbated by resource limitations. As was explained during a focus group with foster parents: “it’s more than confidentiality or the whole issue of privacy. In a small town, once a young woman sleeps with a boy, basically every boy in town knows this, so you don’t get to make the mistake and correct it afterwards. You become branded [emphasis added] much more quickly in a small community, and suffer the effects of one bad choice much more deeply. There’s no second school for you to go to, there’s no way for your parents to, you know, help out. And you can make one mistake at a young age and be pushed down a path” (Anne, Foster Parent).

The idea of branding evokes a powerful image in Prospect (in light of its ranching roots) and refers to the means by which some young people become marked for positions of lower social standing. Overtime, in towns like Prospect, such youth can be stigmatised because they fail to live up to the social conventions that operate there. The proximity of social relations within a restricted spatial framework increases the assuredness that stigmatising labels will be accrued (e.g., everyone knows about everyone else’s personal lives and there are no venues for escape) and reinforces the savageness with which stigma is imposed (e.g., an early mistake is not forgotten).

A photo and headline in the local newspaper provided a poignant example of the impact of stigma and its contribution to social exclusion. The photo was sent to the newspaper by a teacher at the alternative school, it featured the smiling faces of that year’s graduates. Unfortunately, the placement of the photo in the newspaper’s typeset resulted in it appearing below a headline that read: “Car Thieves Are Arrested”; the photo was also flanked by the ‘Crime Stoppers’ advertisement that featured the 1–800 number used to report crime tips. Many townspeople who saw the photo assumed (mistakenly) that the alternative school graduates featured in the picture were the car thieves, exemplifying the pervasiveness and power of stereotypes about the ‘problematic 20%’ in Prospect. Interestingly, four of the six students included in the photo were females (perhaps providing evidence that stereotypes about the ‘problematic 20%’ trump statistics about car thieves, who are primarily young men).

Excluding one’s self

Excluding one’s self is not about being excluded from the mainstream at the hands of another (through stereotyping or stigmatising); rather, this experience is about youth undertaking small acts of resistance (and even rebellion) to avoid being subjected to the frameworks that govern the mainstream project. However, engaging in resistance is risky for many youth who, as a result of their resistance, become identified as being non-compliant or looking for trouble. Youth who chose to exclude themselves from the mainstream were also usually stigmatised, which further set them apart from others, and which reinforced perceptions about the ‘80/20 split’ amongst young people.

Excluding oneself from the mainstream also translated into exclusions from important health services. For example, many respondents described how youth resisted seeking medical help in Prospect (especially for a sexual health issue) because the doctor and/or the doctor’s receptionist were family friends or a fellow student’s parent. In explaining the impact of such social relations on youth’s health-seeking behaviour, one mother put it this way: “As adults, we might understand that Suzy’s mum wouldn’t [break confidentiality], and Suzy’s mum maybe would never say anything, but when you’re thirteen or eleven, or ... you may not understand that” (Jane, Foster Parent).

Whereas adults presume to have knowledge of and believe in the integrity of health-care providers,
youth who question this assumption are portrayed as being naive. When adults presume that their perspectives are correct, they risk subjugating youth’s concerns; and, when little action is taken to improve the actual circumstances in which youth seek health care, their anxieties about accessing such services remain high. Youth who feel they cannot safely access the system may withdraw from engaging with health-care providers. Eventually, some spiral into crisis because their problems intensify. This is especially true for youth that occupy lower social positions because they are virtually bereft of economic, educational, cultural and social capital. These socio-spatial circumstances enhance the likelihood that some youth will experience sexual health outcomes that ultimately results in their confinement to even lower social positions (e.g., they may become teenage parents).

Many adults suggested that some youth resisted seeking help and the youth were frequently described as being non-compliant. Nearly every adult interview contained stories about youth refusing to help themselves (or allowing others to help them): “They’re educated in schools. They have the programs in these schools. They have all the, you know, … the youth resource centre supplies condoms and information, and every teen that comes into our home, well, we give them the packages [of information]. You know a lot of pamphlets and information [about sex], you know. It’s up to them to read it [chuckle], but sometimes they just don’t want anything to do with that”. (Darlene, Foster Mother). When another member of the focus group suggested that Darlene could be helpful by reminding her foster daughter to take her birth control pills, the response highlights the disdain that some adults have for youth who choose to go against the advice of adult authority figures: “Excuse me, but I’m not the one that’s going to get pregnant. I don’t care [chuckle]. I’m for the shot [Depo Provera3], but none of mine [her foster daughters] ever want to take the shot” (Darlene, Foster Mother).

However, the social context in which young people’s “choices” about sexual and reproductive health care greatly influences the likelihood that youth will seek help if they need it. As one adult pointed out: “In Prospect, if any woman wants an abortion, there’s only one place in Prospect that will refer [women for abortions]. There is a strong religious community that opposes abortion. And the doctors, they feel…they don’t do it here in Prospect. Women have to go to [a larger centre]” (Gillian, Health Care Provider). Moreover, whether youth consciously exclude themselves from seeking help in the mainstream is debated. For example, many youth, like Aleesha (age 21, lifelong resident of Prospect), said that they could only suggest that a friend “go to the doctor because that’s the only place…I don’t know of any other place I could go…just that”. Thus, what adults may characterise as youth “choosing not to seek help” may be experienced by youth as a “lack of choice”.

Most adults’ stories also contained talk of physicians “putting girls on” the birth control pill or Depo—language that reveals the control and ownership that is sometimes exerted over young women’s bodies. It also was common for adults to express dismay at young women’s failures to protect themselves. However, young women frequently told stories that revealed their lack of control over their reproduction, especially in their descriptions of the consequences of becoming pregnant before marriage. As Megan (age 19, lifelong resident of Prospect) said: “My parents would freak out…they would make me have the baby and take care of it and get a job and pay for it, and do what most families would do”. Even in situations where youth told us that they had taken steps to protect their sexual health (e.g., used emergency contraception), their stories also incorporated illustrations of the control that adults in their lives wielded. For example, Anna (age 18, lived 16 years in Prospect) had engaged in sexual intercourse with her boyfriend over a weekend and “everybody found out…it went all through the town. It was so embarrassing”. Her parents found out and her father “had a fit ‘cause he found out that I took the day-after pill [emergency contraception]. Like I just took it to make sure that [she would not conceive] …and he heard that my boyfriend had gotten it off the street and it was some pink pill and that I didn’t know what the hell I was taking. And then, I showed him everything that I got from the pharmacy. And then he went on this whole

3Depo Provera, an injectable form of contraception. Depo Provera was frequently characterised by adults in our study as the best way for young women to avoid pregnancy. Although many of our conversations with youth included descriptions of the problems experienced by young Depo users (e.g., significant weight gain; mood swings), none of the interviews that we conducted with adults included any references to its serious and potentially dangerous side effects.
thing that it was an abortion pill. And, he made me feel really lousy about it”.

Reactions to a youth resource centre

Reactions to the opening of a Youth Resource Centre (which was launched during our first fieldtrip) also illustrates the impact of what it means to be a youth who occupies a position of lower social standing. Throughout our fieldwork, the Youth Resource Centre was a focal point for debate across the community and, so we spent considerable time there. The Centre was described as a place that served ‘at risk’ youth—meaning “kids that are not in school, on the street and are having problems” (Bill, Outreach Worker). The Centre was frequently characterised by community members (and in the local media) as being limited both in terms of its scope and its resources. It was described as a ‘drop-in’ place—language that reveals the underlying notion that such a place is for ‘fallen’ youth. We noted that it was only visited by youth who had experiences with school truancy, poor grades, illegal activity (e.g., shop lifting, marijuana possession), and/or those who were estranged from their families (i.e., living in foster care or couch-surfing)—none of the so-called successful 80% of ‘regular kids’ attended the Centre and none of the ‘church kids’ ever dropped in. In our interviews, people who did not use the Centre employed language that helped to disconnect their identities from its negative reputation. Their efforts to distance themselves from the Centre reflected an inherent discomfort with its purpose, clientele, and/or appearance (e.g., broken down cars in the parking lot; old furniture and ‘street art’ spilling out the Centre’s front door onto the sidewalk).

Future prospects

While it is likely that a diversity of future experiences are in store for the youth of Prospect (reflecting many aspects of their social positions, such as gender, ethnicity, educational achievement), many respondents equated future successes with leaving town to pursue education and/or employment elsewhere. Building a future outside of Prospect was viewed as the norm for most of the ‘80% of regular youth’ and as one adult said: “…only a small percentage of them—the healthy kids with some sort of goal, some sort of reasonable future—a small percentage of them will choose to stay and work and come back to this community…very few will stay” (Mike, Parole Officer).

While participants thought that a large proportion of Prospect’s ‘80%’ could succeed in their future ventures, they were much less optimistic about the other ‘20%’, who were viewed to be problematic. As Mike further explained: “The other 20%, I don’t see a real cheery future for most of them. I think most of them will be in and out of the criminal justice system and the social welfare system…It is easy to burn a lot of bridges in a small town and after all the handouts stop coming or the help stops coming….Of those 20%, unless they receive help and a major change in direction, their future doesn’t looks great”. This quote illustrates the potentially deterministic effects of having been labelled negatively early on and how those labels accumulate over time to virtually ensure that some youth will remain in lower social positions over the life course, despite efforts in many young people’s lives to make change for the better. For example, we heard numerous stories about some young people from the ‘20%’ category who had moved back and forth many times between Vancouver and Prospect in search of jobs and/or a new start in life. These journeys were frequently referred to as “taking a trip on the Highway to Hell” because of the perceived likelihood that such youth would end up working and/or living on the streets of Vancouver’s notorious Downtown Eastside (Canada’s poorest neighbourhood).

While Prospect has fared better than some rural communities, there was a pervading sense of loss, as well as a palpable fear of losing more services and young citizens in the future. Most of our interviews included a localised sense of fatalism about their town’s future, as the following excerpt from a mother’s interview illustrates: “Yeah, uh, well the thing is, it’s not just the children, it’s the community that is feeling, um, at a loss. Neglected, um, losing the courthouse, losing so many of the facilities, and so much of it being in the media. So, the kids are feeling that there’s not a future in small communities, you know? So, it’s like small communities aren’t important, so even if you do train as a doctor, you would have no thoughts about returning to a small community, would you? I mean if you’re being bombarded with, with all, the central things being taken out of communities” (Eileen, Mother of Two Teenagers).
At a more intimate level, the future prospects of finding lifelong partners was discussed by several young women in our study (but not at all by the young men we interviewed). Overall, they were convinced that “it is hard to find a decent guy in this town, one that will actually be nice to you. And then, when you find one, he goes and cheats on her [his girlfriend] and he says ‘Oh, I was just drunk. I didn’t even know what I was doing,’ or whatever” (Marcia, age 19, lifelong resident of Prospect). In these stories, the ‘wronged’ women were often identified as being at fault because they are not willing to break up with their unfaithful boyfriends. This places women in a double jeopardy situation where they either risk not finding another partner within the limited pool of ‘decent guys’ in the town or they are perceived to be willing to put up with infidelities (and thus are viewed to be weak and/or foolish). In this way, demographics, geography and gender relations intersect to thwart many young women’s future prospects in this community.

Discussion

In this paper, we attempted to illustrate how social processes (e.g., stigmatisation, gender and other forms of power relations) are emplaced in ways that affect youth health at the individual and community levels. Our data indicate that the complex relationships between place and young people’s sexual health go beyond obvious spatial and materials explanations. Our data show that such explanations intersect with and are contingent upon broader social structures that can exacerbate the negative health and social impacts of material limitations (e.g., the absence of a public transportation can place older boys and men who have cars in positions of power over many young women who are less likely to have access to these and other forms of material resources).

In addition, the impact of socio-spatial factors also varies according to the social position in which youth exist. The Youth Resource Centre provided a good illustration of these complexities. Most youth at the Centre had either been expelled from high school or had dropped out, although some attempted to elevate their current positions in life—blustering about being the town’s ‘bad asses’—implying that it is ‘cool’ to be ‘bad’. But, for most, the lustre of a dangerous reputation was beginning to lose its charm in light of other life experiences (e.g., being accused of shoplifting in local stores; being called ‘skids’). These experiences reinforced their sense of being excluded from the mainstream and occupying lower social positions where they found nothing in common but a lack of educational, social, and cultural capital. Throughout our study, the Centre was consistently depicted as a problematic place that served problematic youth. Castro and Lindbladh (2004) point out the production of a discourse regarding a problematic place provides a mechanism by which people develop strategies for dealing with the existence of and their relationships to such places.

Prospect faces similar challenges as other rural communities in the Canadian post-welfare State, marked by de-industrialisation and de-population. Government services and facilities have been scaled back since 2000 as a result of the provincial government’s re-prioritising and severe budget cuts (e.g., re-structuring of local health authority; reduced hours of operation for the court house; elimination of passenger rail service; closure of elementary schools in surrounding communities). Study participants’ stories about the local and global ‘causes’ of youth exclusion in Prospect reminded us of a concept that Castro and Lindbladh (2004) call “normalising logic”, whereby the problems in one community are systematically diminished in significance as being simply the product of general social trends that are thought to be increasingly ubiquitous in contemporary society (e.g., crime, violence, drug addiction, delinquency). Normalising logic played out in two ways in our data: (1) an assertion that the problems that youth experience are no more common or severe in Prospect than elsewhere and (2) an assertion that the causes of the problems with youth in Prospect were the same things that cause problems for youth everywhere. While it is equally plausible that the process of linking community problems with broader social trends underscores their significance, our data suggest that such normalising logic may have conferred a type of social blindness (Castro and Lindbladh, 2004) that people used to adapt to situations that were perceived to be beyond their control.

As various forms of capital are removed from some youth’s lives (e.g., burning bridges, using up handouts), and as the State continues its retreat from ensuring the well being of all citizens (especially its most vulnerable), the likelihood of the ‘problematic 20%’ enjoying the full benefits of
citizenship in Prospect (or beyond) appears to be dwindling. For example, youth who reported having been stigmatised as ‘hoods and thugs’ said that other community members were more likely to suspect them of crimes and therefore see it as reasonable for them to be subjected to routine police searches of their persons or vehicles. In addition, some youth who were part of the foster care system had to conform to State-imposed rules (e.g., drug testing; mandatory counselling) in order to access shelter, food, and a modicum of safety (although for some, their foster homes were not perceived as safe places)—in effect exchanging their right to choose where and with whom they live for basic necessities. In these ways, the mechanisms that affect youth sexual health in Prospect are specific to the local context, yet contingent upon broader phenomena that are themselves changing over time.

As other scholars have argued, profound inequities have emerged in the past twenty years with the rapid and globalised advancement of neo-liberalism (and the retreat of the State), particularly for youth (Apple, 2004; Hochschild, 2003). We suggest that economic and social ‘reforms’ have confined communities, like Prospect, to lower social positions and contribute to a symbolic degradation and stigmatisation of their place in the world (Shoveller et al., 2005). Stripped of their economic, social and cultural capital, citizens living in such localities begin to feel the effects of a concentration of low levels of capital (Peck and Tickell, 2002). And, as other scholars have argued, the notion of citizenship is becoming increasingly ‘variegated’ across localities and social strata (Ong, 1999), leading to differences in security and freedoms across groups of citizens and across locations. The socio-spatial effects of Prospect’s decline imply a set of social destitutes that are poignantly expressed in the lives of youth, whereby some express little hope of creating positive futures in such a place. However, we also want to emphasise that the ‘stories-so-far’ of Prospect (and of neo-liberalism for that matter) continue to evolve, leaving room for a re-orientation of the generation and dispersal of various forms of capital.

Like many other health and social problems, the contextual and structural features of a place, such as Prospect, both transform health outcomes and can themselves be transformed to improve health and social well-being (Frohlich et al., 2001; Williams, 2003). Our findings may point to new ways forward, since they highlight some of the mechanisms through which socio-spatial forces affect the lives of youth—for better and for worse—creating new spaces for locating public health and social action (MacKian et al., 2003). Our findings illustrate how interventions that focus exclusively on resource deprivation are likely too simplistic. The provision of more information and services, without taking into consideration the local socio-cultural context, tend to be advocated by adults who view such resources as simply “being there” for youth to use if they take the initiative. Such approaches to (re-)investments in material supports (e.g., providing more school-based sex education that focuses on the risky behaviour) may unintentionally contribute to the stigmatisation and self-segregation, thereby reducing opportunities for enhancing community cohesion (or other features of social capital) (Shoveller and Johnson, 2006). Alternatively, interventions that are developed in solidarity with youth (potentially using participatory action research approaches) may be better positioned to support young people’s development as sexual beings.

**Study limitations**

We were concerned about the potential influence of the interviewers’ genders on the comfort levels of study participants in light of the interview topics. Each participant was offered the option to be interviewed by a female or male interviewer, but no study participants specifically requested this. However, as our fieldwork progressed, we became known within the community as a team of young women who were ‘doing a sex study’, which may have hampered recruitment of men. Thus, most of our interviews were with women; while this is not inherently problematic, our data on men’s perspectives are limited. We also acknowledge our positions as ‘outsiders’—none of us are from Prospect (or have ever lived there on a permanent basis). However, all of us who conducted fieldwork had grown up in small communities (in more southern Canadian locations), which may have facilitated our abilities to engage with community members. In other ways, however, our having ‘grown up rural’ was juxtaposed with our relatively newly acquired positions as university-based researchers (e.g., we frequently debriefed about the ways in which our personal histories could potentially affect our observations and interviews). We also acknowledge that our budget limited the amount of time that we could spend in the field.
Acknowledgements

The authors would like to acknowledge the generosity of the people of Prospect who openly engaged with us during our fieldwork. Thanks also to Wendy Davis for her assistance in preparing this manuscript. Funding for this research was provided through an operating grant from the Canadian Institutes of Health Research.

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