Risky groups, risky behaviour, and risky persons: Dominating discourses on youth sexual health

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Abstract
Significant public health attention has been focused on the problems of youth sexual behaviour. Empirical public health research in this area has attempted to account for mostly negative sexual health outcomes (e.g. sexually transmitted infections and teenage pregnancies) by examining individual characteristics and risk-taking behaviour. Public health practice has followed suit, focusing primarily on modifying sexual risk behaviour and lifestyle ‘choices’. In doing so, we may be unwittingly committed to an unarticulated and unrealistic set of assumptions about the level of agency and control that is afforded to many young people. The purpose of this paper is to begin to ‘unpack’ the underpinnings to conventional approaches to public health research and service provision related to youth sexual health in Canada. Drawing on the works of Foucault to show how discourses concerning risky groups, risky behaviour and risky persons have been advanced as sanctioned discourses in Canada (particularly related to HIV/AIDS risk), the authors investigate how themes of safety and goodness have been privileged as healthy, while other, unauthorized forms of youth sexual behaviour have been marginalized. The issue of teen parenthood is examined to demonstrate how these specific discourses have helped to relegate those youth who do not or cannot implant themselves in an ‘approved reality’ to live separately from the norm in a climate of sex-based shame. Drawing on their previous work and that of others, the authors suggest an alternative approach to understanding youth sexual health, one that favours critical, reflexive public health practices and attends to sociological theory.

Keywords: Youth sexual health, sexual behaviour, risk discourse

Introduction
Sexually transmitted infections (STIs) and unwanted teenage pregnancies can have devastating effects on young people’s health and social well-being. In light of the magnitude of the health and social problems associated with these untoward sexual health outcomes, a great deal of public health attention has been focused on the problems of youth sexual behaviour. From an empirical standpoint, public health research on youth sexual health has attempted to account for population-level sexual health outcomes by using...
sophisticated statistical techniques that rely on measures of individual characteristics and risk-taking behaviour. Public health practice related to youth sexual health has followed suit, focusing primarily on modifying risk behaviour and lifestyle ‘choices’. comparatively few researchers have examined the assumptions that underpin public health approaches to youth sexual health (e.g. the assumption that enhanced sexual health knowledge and improved attitudes towards safe sex will improve sexual health outcomes), which some have described as being excessively reductionist in their perspectives (Rhodes, Stimson, & Quirk, 1996).

Because, as public health researchers and practitioners, we tend to rely on risk-factor epidemiology and traditional psychosocial models of health behaviour (e.g. Health Belief Model, Theories of Risk-Taking Behaviour and Social Cognitive Theory), we are apt to focus on individual characteristics and personal knowledge, attitudes or beliefs as the means to inspire and guide our action related to the issues of STIs and unwanted pregnancy among young people. In doing so, we may find ourselves unwittingly committed to a set of unarticulated or unexamined assumptions about the level of agency and control that is afforded to many young people. As Williams (2003) eloquently argues, such forms of epidemiology and biomedicine tend to ‘assume a freedom to make healthy choices that is out of line with what many lay people experience as real possibilities in their everyday lives’ (p. 147). Although the theoretical and empirical difficulties associated with an over-reliance on risk-factor epidemiology and psychosocial models to explain youth sexual health behaviour have been debated elsewhere (Joffe, 1997; Kowalewski, Henson, & Longshore, 1997), a serious gap remains in terms of addressing the ‘real possibilities’ that exist for youth to reduce health risks within their everyday worlds. Moreover, much of our understanding of youth sexuality is based on constructions of teenage sex that often portray sex as a danger, promote heterosexual sex as the norm, and ignore basic issues pertaining to gender, race, class and sexuality (Bay-Cheng, 2003; Holland, Ramazanoglu, Sharpe, & Thomson, 1998). The concept of ‘youth’ itself is complex and frequently debated as an essentializing term that suffers from a high degree of misplaced precision and specification. In our analysis, we have attempted to be sensitive to the ambiguities and complexities of using the term ‘youth’ and to recognize the inherent diversity of young people. While social commentators have inextricably linked ‘youth’ and ‘risk’ (especially youth sex and risk), we challenge the assumptions underlying these linkages by critiquing the set of discourses that have been used to advance such assertions.

The purpose of this paper is to begin to ‘unpack’ some of the underpinnings to conventional approaches to public health research and service provision related to youth sexual health in Canada. To set the stage, we provide a cursory overview of the structural and contextual backdrop that provides the general setting for discussions regarding youth sexual health within Canadian society. Then, drawing on our previous work (Shoveller & Pietersma, 2002; Shoveller, Johnson, Langille, & Mitchell, 2004) and that of others, we attempt to challenge a set of essentializing, reductionist, and individualizing discourses, a challenge that is enabled by applying a Foucauldian (1978, 1984) critique. Through our review of the psycho-social aspects of risk and young people’s sexual behaviour, we critique three forms of discourses about: (1) risky groups, (2) risky behaviour, and (3) risky persons, that we suggest have been advanced as sanctioned discourses in Canada, particularly in relation to HIV/AIDS risk. Through a discussion of each of these discourses, we offer our perspectives on how underlying themes of safety and goodness have been privileged as healthy, while other, unauthorized forms of youth sexual behaviour have been marginalized. We also examine the issue of teenage parenthood to demonstrate how privileged forms of discourses concerning youth sexuality have served to
relegate those youth who do not or cannot implant themselves in an ‘approved reality’ to live separately from the norm in a climate of sex-based shame. We propose an alternative approach to understanding youth sexual health, one that favours critical, reflexive public health practices and power relations by attending more carefully to sociological theory (Scrambler & Higgs, 1999).

Prior to launching into the main part of our paper, and to assist the less familiar reader, we provide this brief introduction to some of the key theoretical ideas discussed in this paper, which is primarily informed by the works of Michel Foucault. Foucault (1978, 1984) has asserted that discourse serves the purposes of a social system not by limiting discourse by imposing silence; rather, he suggested that it is the process of using a proliferation of talk that alters the way we think and function as societies. The creation and use of multiple discourses also generates, de facto, multiple silences that are interspersed amongst the authorized talk, which further serve to demarcate sophisticated boundaries at the limits of those discourses. Taking guidance from Foucault’s refusal to accept explanations of social judgements and exclusion based solely on ‘the economy of scarcity and the principles of rarefaction’, (Foucault, 1978, p. 12) we seek alternative explanations for contemporary discourses on youth sexuality by analysing a ‘new regime of discourses’ (Foucault, 1978, p. 27), which we suggest proliferate across social commentaries related to young people’s sexual behaviour. Our argument, like Foucault’s, is not that sex-talk is silenced but rather that a combination of forces contribute to the establishment of pervasive and multiple (but sanctioned) discourses on sex. These dominating discourses inform a set of social dividing practices that allow for the specifying and ultimately the assigning of young people’s sexualities according to a socially sanctioned hegemony of acceptability.

In our analysis of youth sexuality discourse, we also examine the ways in which power relations privilege specific discourses regarding youth sexuality. Drawing on Foucault, in our analysis power is not viewed as a simple, binary relationship between the dominant and the dominated; rather, relations of power are thought to be manifested through a complex network of social arrangements and convergences that never reach homeostasis (and include forms of resistance). Ultimately in this paper, we attempt to surface the ways in which Foucault’s concept of ‘governmentality’ (i.e. the ways in which the administrative structures of the state, the patterns of self-government and the regulatory practices of social relations) is reflected in the discourses dominating discussions of youth sexuality in contemporary Canadian society.

**Structural and contextual backdrop**

Since confederation in 1867, Canadian governments have attempted to integrate both socialism and liberalism within the framework of the British parliamentary system. On the one hand, the socialist elements of Canadian society engage in what Dean (2001) calls ‘tasks of managing, multiplying and fostering life, of limiting chances and risks’ (p. 335). On the other hand, the influences of liberalism, and their normalizing functions of individual responsibility and self-discipline, coincidentally serve to enhance a phenomenon within Canadian society which is not unlike what Foucault (1978) described as ‘dividing practices’, whereby those who are deemed to be well suited to ‘improvement’ become targets of the managers of chances and risks (or become socially ostracized from their peers, families or communities). Public health practice in Canada reflects these foundational approaches to life in that country, where adults
undertake much of the work around managing risks and improving life chances for youth. Although it would be unfair to argue that public health practices have deliberately enacted divisions amongst groups of youth based on their sexual behaviour (e.g. risky/safe; responsible/irresponsible), we attempt to demonstrate how both adults and young people are simultaneously active participants in (and victims of) the creation of discourses that contribute to such dividing practices and their resultant social partitionings.

To situate contemporary discourses on youth sexual health, it is useful to provide an overview of relatively recent trends and shifts in the sociocultural context pertaining to youth sexual health in Canada. Like many industrialized countries, in Canada the impacts of the ‘sexual revolution’ of the 1960s and 1970s were widely popularized, but perhaps overstated in the media (Scott, 1998). Whereas some advances were made in terms of adults’ control over their sexual and reproductive health (in large part because of the efforts of feminists and other advocates regarding access to contraception and abortion), little sexual empowerment had trickled down to young people by the 1980s. On the contrary, we suggest that the 1978 English-language translation and publication of Foucault’s *History of Sexuality* occurred at the cusp of, and possibly foreshadowed, a modern-day ‘dark age’ of attitudes regarding young people’s sexual behaviour (Foucault, 1984). In fact, by the mid-1980s, ideas of widespread, carefree attitudes to sex had run up against two forces that were highly toxic to the continued advancement of ‘anything goes’ (Beck, 1992): (1) the beginning of the HIV/AIDS epidemic; and (2) the retrenchment to neo-conservative priorities across nearly all Westernized sociopolitical agendas (including Canada’s).

The near simultaneous rise of HIV/AIDS and neo-conservatism created a set of social phenomena and conditions that facilitated the emergence of a set of discourses that were the genesis of today’s sexual risk-conscious society. Rather than an outright silence being imposed, the dominance of the sexual risk discourse depends in large part on the establishment of a proliferation of ‘sex-talk’, which uses an authorized vocabulary regarding sex and risk. To demonstrate how the sanctioned rhetoric has changed over the past 20 years in Canada, we discuss how the privileging of the sex-as-a-risk discourse relied initially on rhetoric that focused on risky groups (primarily homosexual men), subsequently shifted to include rhetoric that focused on risky behaviour (e.g. promiscuity, sex without condoms) and, more recently, changed to construct a vision of our risky personhood focusing on low self-esteem levels. We suggest that because such authorizations have been implemented widely in schools and throughout other institutional mechanisms (e.g. public health), they have come to dominate the social contexts of youth.

**Determining the discourse—essentializing risky groups**

We begin by discussing a discourse that focused primarily on defining and delineating which sub-groups of the population were determined (‘scientifically’) to be at greatest risk of contracting HIV/AIDS (e.g. gay men). Initially, health professionals (e.g. nurses and doctors) helped to authorize much of the early rhetoric about who in society was most at risk. The media and other public education venues focused on ensuring that the mechanisms of HIV transmission within this risky group were discussed widely (Quackenbush, 1990). By promoting better understandings of which group of people

(e.g. parents, teachers, social workers, public health and other health service providers)
was at highest risk of HIV/AIDS (primarily by promoting better understandings of the modes of HIV transmission), a discourse was established that inextricably linked homosexual males with risk of HIV/AIDS. A discourse that identified intravenous drug users as another risky group also emerged during the mid-1980s. Preventing the virus (and an ensuing public panic) from ‘jumping’ the barriers between these risky groups and the ‘norm’ was thought to depend in large part on the construction and communication of knowledge about how risk group members came to be ‘at risk’ (Anon, 1998). This discourse contributed largely to a ‘ghettoization’ of the disease to the ‘other’, which would subsequently prove to be seriously problematic in terms of public health and HIV/AIDS prevention undertakings.

In an effort to address the stigmatization faced by those targeted by this exclusionary practice, the life stories of people living with AIDS were added and incorporated into common parlance regarding sexual health (Temoshok, Sweet, & Zich, 1987), particularly in settings designed to reach young people (e.g. some schools invited homosexual men suffering from HIV/AIDS to give presentations about the dangers of engaging unprotected sex). Discourses based on the ‘secret lives’ of gay men (and sometimes intravenous drug users) began to be integrated by the media and through schools into the overall sanctioned rhetoric about youth sexual health. To a certain extent, the discourse constructed through the life stories of PWAs (people living with AIDS) helped to alleviate the stigma of the ‘other’. Young people had opportunities to engage with humanized forms of the previously demonized image of the ‘other’. The hope was that young people could hear the life stories of PWAs and hopefully develop a sense of understanding and compassion regarding the human impact of the scourge of AIDS. However, despite the best efforts of people living with HIV/AIDS during their visits to school classrooms and/or other public venues, the emergence of neo-conservative positions regarding sexuality in general served to retain the focus as fixed on a set of lifestyle choices made by some [read those] people. Thus, the risky groups discourse, nuanced by a coincident rise in neo-conservative sociopolitical agendas, was re-framed into a discussion about ‘lifestyle’ and behavioural choices (Heller, 1990).

Behaving badly—the rhetoric of risky sexual behaviour

The subjugation and reframing of discourses on risk groups, in favour of a discourse that focused on the risky behaviour that ‘those’ people engaged in, represents a critical turning point in terms of understanding how the overall discourse regarding sexual risk affects young people today. It is through the introduction of the idea of risky behaviour that most young people in Canada in the late 1980s came to believe that actual risk was as much constituted through ‘behaviour’ (e.g. promiscuity, unprotected sexual intercourse, particularly anal intercourse) as it was constituted through group membership (e.g. being a homosexual male). Once HIV/AIDS began to be identified within the heterosexual population in the mid-1980s (US CDC, 1985), new discourses were formed to accommodate this reality. The concept of risky behaviour was particularly powerful because it could permeate across ‘group’ boundaries by focusing on what people did, rather than on group membership.

As the discourse concerning the dangers of youth sexual behaviour shifted from an exclusive focus on high-risk groups, young people increasingly received the message that risky sexual behaviour was relevant to everyone who engaged in sex—primarily because one could never be completely confident that a sexual partner was free of disease
(Gavin, 2000). For example, there was a proliferation of media and school-based information campaigns that attempted to convince sexually active young people (especially young women) to protect themselves by using condoms, even if their sexual partners resisted or refused. The risk ‘group’ message was massaged into an all-encompassing risk ‘behaviour’ message that today continues to be produced and applied, particularly to young people who are already marginalized through their socioeconomic standing and/or their ethnicity. In addition to establishing a discourse that portrayed unprotected sex with anyone as unsafe or risky behaviour, the spread of HIV/AIDS into the heterosexual community coincided with the introduction of an entirely new set of raconteurs into the discourse on risky sexual behaviour—young people themselves.

Until this time, the discourses regarding the dangers of youth sex that focused on risky groups and risky behaviour were introduced and initially advanced by ‘expert’ adults (e.g. researchers and health professionals). As remains the case today, many youth found it difficult to identify with messages brought forward by adults, particularly those messages that focused exclusively on negative facts about sex—sex was the cause of an unwanted pregnancy or a disease (and in the case of HIV, almost certain death). As nurses, doctors or teachers began to realize that their messages had failed to resonate widely with many young people, the health and education systems in tandem began to train (and lend authority to) student peer-educators. Peer educators were marshalled to discuss and ‘relate to’ other young people about the dangers of having sex.

Peer education was lauded as a means to promote youths’ perspectives of the consequences of engaging in risky sexual behaviour (World Health Organization, 1991). In addition, youth were portrayed in frequent public health messages regarding HIV/AIDS prevention, which featured ‘everyday’ teens or teen idols (e.g. pop stars, sports heroes) engaging in staged discussions regarding the importance of being safe and responsible in terms of sexual activity. These peer-based approaches helped to shape messages that were designed for young people and others who were in touch with (and identified with) youths’ popular culture. Although some might argue that the inclusion of youth in these communications represented an empowering experience, another perspective might suggest that the introduction of young people as primary narrators in a discourse regarding risky sexual behaviour may have in part reflected neo-conservative efforts to limit some adults (mainly feminists and more liberal sexual health advocates) from engaging youth in explicit and open discussions regarding options for their sexual health (e.g. masturbation).

Whereas the outright elimination of candid, adult-led ‘sex-talk’ is unlikely to account fully for this shift in discourse, youths’ new roles as peer educators ultimately filled much of the allocated time for sexual education in school curricula. Although many schools maintained sex education as part of their curricula, the introduction of peer sex education nonetheless catalysed a shift in school-based sex education. Rather than a movement towards outright censorship, we suggest that peer education introduced a new set of actors (youth) into an overall effort to advance a particular discourse on sexual behaviour—that of risky behaviour. In peer education models, young people became the agents through which youth received messages about risky behaviour. Young people themselves were now engaged (although probably not in a conscious way) in Foucauldian practices of dividing. Ultimately, by the early 1990s young people had taken on the task of dividing their peers and themselves into categories (e.g. un/safe and ir/responsible) based on adherence or disobedience to the risky behaviour discourse. Until this time, most
of the power to judge and divide rested with adults; youth peer educators represented a much more potent source of judgement for many youth—their peers.

The role of peer educators in the advancement of the risky behaviour discourse provided a powerful essentializing force within the broader context of youth sexual health. Through peer-education programmes, young people formally began to teach other young people how to use language and skills associated with the discourse on risky sexual behaviour. Peer educators encouraged their contemporaries to extend and apply this discourse directly to their intimate relationships (Anon, 1993; Rodrigue, 1995). The process of teaching young people communication tactics and safe-sex negotiation skills advanced a discourse regarding risky behaviour that may be unparalleled in terms of its reach into the intimate lives of young people. Youth were expected to apply facts, knowledge and attitudes about risky behaviour within their everyday practices. Didactic transmission of the discourse from adults to youth became passé (and unnecessary), replaced by the role-play and ultimately incorporated in discourses concerning risky behaviour that were advanced by youth themselves (Mole, 1991).

As the discourse on risky behaviour was reinforced by ‘peers’ in classrooms across Canada, teachers and healthcare professionals retained their identities as adult experts. Youth were positioned to adopt either positive roles (safe and knowledgeable) or negative roles (risky and ignorant). As youth were asked to participate in role-plays to build skills and learn how to implement the discourse of risky behaviour, they also learned how to apply that discourse to their ‘real’ lives. By furnishing youth with the choice to adopt ‘safe’ or ‘risky’ roles, the discourse of risky behaviour helped to provide further practices to divide and govern youth along the lines of compliant (safe) or rebellious (risky).

The focus on self-esteem—introducing the risky self

We do not underestimate the important contributions that the discourse on risky behaviour has made to contemporary understandings of youth sexual behaviour (particularly the sexual behaviour of young women); however, another imperative warrants attention in our analysis of present-day conceptualizations of the discourse on sex: the concept of self-esteem and its hypothesized influence on sexual behaviour (Friedman, 1989; Paul, Fitzjohn, Herbison, Dickson, 2000). Until now, critiques of the sex-related self-esteem discourse have been under-represented or omitted from much of the academic analyses pertaining to youth sex. We suggest that the discourse on sexual behaviour amongst young people has evolved to where it is important to problematize the application of self-esteem. In the next section, we examine how the self-esteem discourse has contributed to the production of a contemporary focus on risky persons, rather than risky groups or risky behaviour.

Within publicly sanctioned interventions to promote responsible sexual decision-making among youth (e.g. the linking of strategies to enhance self-esteem to better outcomes related to sexual health education in schools), there currently appears to be a proliferation of sex-talk that is grounded in notions of self-esteem. The assumption is that youth who have high levels of self-esteem will be less likely to engage in ‘risky’ sexual behaviour (and in many situations the unsaid hope is that youths with enhanced self-esteem will remain abstinent). Although many sex-education programmes attempt to enhance self-esteem among young people (itself a highly laudable goal), we argue that we need to ‘unpack’ the assumptions underpinning the assumed relationship between self-esteem and sexual decision-making. Based on our previous research
(Shoveller et al., 2004), we have learned that the concept of self-esteem is frequently used by youth to explain the reason(s) why some ‘other’ youth engage in unsanctioned sexual behaviour (e.g. promiscuity). The line of reasoning follows that youth who engage in risky behaviour must naturally possess lower self-esteem, otherwise they would behave more positively (i.e. remain abstinent) or at least behaviour more safely (e.g. use condoms). We found that youth frequently applied the self-esteem discourse in selective ways—that is, girls and youth of lower standing (e.g. poor or unpopular youth) who engaged in risky sexual behaviour were more likely to be labelled as having low self-esteem than were boys and those youth who were perceived to be of higher social standing (e.g. popular, attractive, wealthy). Our data, albeit exploratory, suggest that the potential exists for a well-intentioned focus on self-esteem and sexual health to imply ultimately that some types of youth who engage in particular sexual behaviour must possess character flaws or personality deficiencies resulting from low self-esteem. Thus, in addition to portraying unsanctioned sexual behaviour as a ‘risk’ that leads to disease or even death (or unwanted pregnancy—which many youth perceive as a fate worse than death), an implicit and perhaps more insidious message directed at young people is that the reasons that they are engaging in risky behaviour lie within the kind of person that they are (i.e. a person who lacks self-esteem). Hence, an emphasis on self-esteem demands that the explanations for objectionable sexual behaviour (e.g. sex at too early an age, sex with multiple partners, unprotected sexual intercourse) be stated in terms of risky persons (i.e. low self-esteem, self-concept, self-respect), as much as in terms of risky behaviour.

Building on Cruikshank’s (1996) critique of the concept of self-esteem, we suggest that the discourse of self-esteem has overly ‘psychologized’ the focus of many public health researchers and practitioners working in the area of youth sexual health and has further removed us from attending to social contexts and structural forces in our efforts to understand and help young people come to terms with their sexual development. At its most extended, our critique also could include arguments that situate the self-esteem discourse within another, more ‘old fashioned’ theme of the flesh—the subjugation of desire, particularly female desire (Fine, 1988). Consider how a secular and ‘psychologized’ term such as ‘low self-esteem’ has parallels with the dogmatic connotations associated with the term ‘shame’. Consider how the discourse of ‘working to improve self-esteem’ parallels that of ‘penance’. As the self-esteem discourse continues to proliferate within the realm of youth sexual health, we need to continue to deconstruct its assumptions and attend to the emerging empirical data which indicate that many young people with healthy self-esteem levels also engage in risky sexual activity (McGee & Williams, 2000).

Specification of individuals—the case of teenage motherhood

The dominance of specific discourses regarding youth sexual health holds some important implications for the ways in which youth are specified as social actors within their contexts. In this section, we explore the ways in which sanctioned rhetoric affects young people’s everyday experiences, with a particular focus on the experiences of teenage mothers. Young people who contract STIs, earn ‘bad’ sexual reputations, are labelled as sexual degenerates, or have children at too early an age are frequently specified as problematic individuals and groups. These individuals are problematic in part because they cannot easily situate themselves within the dominating discourse on sex. Such young people are excluded from mainstream norms because they have produced undesirable
‘progeny’ consequential to their engagement in sex (e.g. contracted an STI, had a child at too early an age, not conformed to social norms regarding sexual behaviour). When the experiences of young people do not fit with the discourses advanced by a large part of society, it is inclined to argue that youth ‘should have known better’, while simultaneously implying that they should be ashamed, punished or improved.

Young people who experience unintended and unwanted pregnancies, particularly teenage mothers, are the youth most likely to be specified as problematic (in that they do not conform to sexual health ideals). Teenage mothers are frequently unfairly characterized in the media in terms of the health (e.g. low birth weight babies), social (e.g. poor parenting skills) and economic costs (e.g. welfare moms) associated with their public health, social welfare and economic support needs. These characterizations, also often framed as discussion about the lost potential and productivity amongst teenage parents, fit nicely within the conceptual framework of risky persons. The ‘unauthorized’ offspring of teenage parents have become symbols of young people’s transgressions of contemporary society’s unofficial policy of good, clean, healthy and efficient living. Teenage parents (especially teenage mothers) sit at the pinnacle of a socially constructed list of objectionable by-products of irresponsible youth sex, and because many teens now choose to keep their babies rather than have them adopted, the public is exposed to these by-products (i.e. their children) on a regular basis. Teenage parents are often reviled by adults and by other youth, who tend to advance explanations for the often difficult situations that many teenage parents experience in terms of what is wrong with the individual young woman (e.g. she has no meaningful life goals, she is ignorant of contraception), without much attention being paid to the structural and relational features of the social contexts within which many teenage parents live (Ward, 1995).

Youth who represent the non-ideal (e.g. teenage mothers) also become targets of well-intentioned ‘managers’ of chances and risks (e.g. social workers, public health nurses). The establishment of ideal discourses necessitates that less than ideal versions exist and that those who do not adhere to the ideal would or should, by extension, benefit from improvement. As well as dictating what form the ideal should take (and therefore the form of the non-ideal), the discourse of risky persons has also greatly influenced the remedies applied to youth who do not meet the ideal (e.g. mandatory parenting classes). While many youth have benefited from interventions designed to enhance health, social welfare and economic productivity, we think it is important to acknowledge that the strategies used by many public health interventionists are inextricably tied to and influenced by contemporary discourses on sexual behaviour. Most attempts at managing the problematics of teenage sex are highly clinical or focus on improving the self—few interventions focus on affecting youths’ social contexts.

Youth may be reclaimed as safe and good through adult-assisted rehabilitation (e.g. job skills training), self-remediation (e.g. self-esteem enhancement), or medical intervention (e.g. complying with birth control regimens). If youth are successful in achieving the benchmarks of the ideal (i.e. youth learn how to be safe and good), they are promised that they can have the opportunity to (re)gain positive connections with social norms, although this is not typically the scenario that plays out for many teenage parents, especially teenage mothers (Stevens-Simon & Lowy, 1995). Instead, most young people who transgress contemporary ideals are at risk of being permanently labelled as ‘enemies within’ our society (Singley cited in Dean, 2001, p. 335). Not unlike Singley’s analysis of discourse on China’s one-child policy, the unofficial dogma in Canadian society contributes to the exercising of a form of ‘life-administering power’ (Dean, 2001, p. 333), which ultimately
de-legitimizes young people, especially girls, who engage in unauthorized sexual behaviour or reproduction.

The interrelated impacts of gender with poverty and ethnicity should not be underestimated. For example, our analysis of popular representations of one untoward youth sexual health outcome (teenage pregnancy) illustrates how ethnicity and class intersect—in Canada, the problem of teenage pregnancy is primarily constituted as a problem of girls of First Nations heritage and/or poor, uneducated White girls (i.e. ‘trailer park trash’ [sic]). Similarly, the sexual lives of poor young men, especially boys of African heritage, are often portrayed with negative connotations (e.g. they are portrayed as being sexually promiscuous and/or aggressive). While these examples provide a window into the complex interplay between gender, poverty, ethnicity and the representation of youth sexuality, there is a broad literature that provides a fuller and richer account of these issues (see Baillie, 2002; Levine, 2002; Taylor, 1996; Ward, 1995; and others).

**A critical public health approach**

Unarguably, unwanted pregnancies and STIs pose serious health and social problems for many young people. Most public health approaches have focused on addressing ‘risk’ related issues, whether they be in the form of risky group members, risky behaviour or risky persons. A preoccupation with risk has contributed to an unprecedented reliance on interventions that focus on addressing what is wrong with the individual. Sexual health research is populated with studies that investigate the correlates of unprotected teenage sex. We suggest new directions for public health research and practice in the area of youth sexual health that move us away from risk-factor models and towards approaches that consider, respond to and potentially transform youths’ social contexts and structures.

Research (both qualitative and quantitative) should be undertaken to generate new knowledge concerning the mechanisms through which features of social contexts (i.e. social relations and institutional structures) affect youth health. While the evidence increasingly suggests that important determinants of health exist at the intersections between the individual and the more ‘upstream’ forces (e.g. policies, social relations) (Macintyre & Ellaway, 2000), there is a paucity of research regarding the processes by which youth sexual health outcomes are shaped by social contexts and structures. Public health researchers need to address this question if they are to generate social context information that can be used by public health interventionists in the development of novel approaches to promoting youth sexual health. Currently, interventions focus almost exclusively on changing young people’s knowledge levels, attitudes or risk behaviour, and consequently often fail to produce long-term sexual health improvements at the population level (Gunatilake, 1998; Wasserheit & Aral, 1996). The creation of divisions between and amongst youth and adults along the lines of sexual health discourse enhances many non-conforming youths’ likelihood of being ostracized and ‘othered’ and reduces opportunities to foster a sense of community and cohesion. Comprehensive interventions are required that promote forms of ‘solidarity’ with and amongst young people, rather than approaches that tend to promulgate dividing practices.

This paper provides an opportunity for public health researchers and practitioners to reflect critically on the evolution of discourses regarding youth sexual health and their impact on our conceptualization of the problem of youth sex. Without such introspection, it would be easy to carry on doing what we think is best, which may have serious, negative (albeit unintended) consequences (e.g. unwanted pregnancy, STIs)
for many young people. Fortunately, as recent developments in the UK show, novel approaches to the promotion of youth sexual health are emerging. Based on research by the UK’s National Foundation for Educational Research, the government will introduce a new school-based intervention, entitled ‘Added Power and Understanding in Sex Education (A PAUSE)’, throughout England and Wales—an approach that promotes forms of physical intimacy other than intercourse (e.g. oral sex). Although the long-term effects of such an initiative are yet to be determined, this innovative approach is being touted as a means to encourage young people to reduce their engagement in some forms of sexual expression (i.e. vaginal–penile intercourse, anal–penile intercourse) in order to reduce their risk of unwanted pregnancy and/or STIs.

A PAUSE (http://www.ex.ac.uk/sshs/apause), like many of its predecessors, relies on peer educators, teachers, healthcare workers and researchers for its delivery and Social Learning Theory for its theoretical basis. However, its adoption may help to launch new ways of talking about youth sex in the UK and potentially beyond. By initiating a discourse on youth sexual health which recognizes that some forms of sexual expression do not necessarily put youth at high risk of disease or pregnancy, A PAUSE represents a tentative but important break with discourses on risky groups, risky behaviour and risky persons. Unfortunately, however innovative and grounded in youths’ everyday experiences new programmes like A PAUSE may be, the overall context in which young people’s sexual development occurs has become increasingly boxed in by neo-conservative rhetoric regarding risky groups, risky behaviour and risky persons. If additional new directions in youth sexual health are to be achieved, we need to move away from risk-factor models and towards approaches that consider, respond to and potentially transform youths’ social contexts and structures. Without this shift in our general take on the problem, it is likely that public health approaches to youth sexual health will continue to flounder in reductionist approaches to this highly complex issue.

**Conclusion**

In closing, our argument is not that moralistic or other forces have silenced discourse concerning youth sex. Today’s youth are bombarded by information and images related to sex (Benedek & Brown, 1999; Fischman, 1999; Lukenbill, 1998)—nearly every school curriculum in Canada includes a requirement to address sexual and reproductive health; during an average week, the typical Canadian teenager spends 13.1 hours watching television and an estimated 1–7 hours surfing the Internet (Statistics Canada, 2001), which provide nearly boundless access to sexually explicit materials. Rather than adopting a silencing approach, we argue that particular discourses on youth sexual health have been advanced—not with the aim of creating a context where ‘anything goes’, but rather to specify which forms of sexual behaviour among young people will be considered as ideal (and conversely, which will be disallowed or marginalized).

Through a combination of social and structural forces, a set of established and sanctioned discourses on youth sex has emerged. These discourses inform a new set of dividing practices that separate safe from unsafe youth, informed from naïve youth, responsible from negligent youth, and confident youth from those with little confidence or poor self-esteem. The behaviour and characters of these latter youth are de-normalized and ultimately they are relegated to live in shame because they do not fit within a set of discourses that essentially has become the ‘facts of life’ in Canada.
Public health practitioners and researchers are thus facing an important juncture in their work—do we continue to operate within and contribute to a set of dominating discourses that disadvantage and unfairly punish the very youth that we purport to assist? Or, do we acknowledge the powerful role of discourse, and use critiques such as the one described in the current paper, to launch our efforts to establish new forms of ‘talk’ that challenge social taboos and stereotypes? While this paper marks a starting place of sorts, the challenge will be to continue ‘unpacking’ the assumptions that are inherent in our existing tool kits and re-building our practices in more reflexive ways.

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Notes

1. The prevalence rates (per 100,000) of chlamydia and gonorrhoea infections among 15- to 19-year-olds in Canada are 59.4 and 563.3, respectively (Panchaud, Singh, Feivelson, & Darroch, 2000) and epidemiological surveillance evidence indicates that rates of STIs among young people are increasing (BC Centre for Disease Control, 2001). Moreover, the number of reported cases of STIs in Canada probably under-represents the actual cases since many instances of reportable STIs go undetected. In addition, an estimated 20–40% of chlamydia infections develop into pelvic inflammatory disease (PID), which is linked with infertility and can be a chronically painful and debilitating disease (1998/99 Canadian STDs Surveillance Report).

2. In Canada, the pregnancy rate among adolescent women was 42.7 per 1000 in 1997. In 1997, 21,233 girls aged 15 to 19 years had abortions (Dryburgh, 2000). Contrary to stereotypes (e.g. ‘they get pregnant for the apartment and the money’), approximately three-quarters of adolescent pregnancies are unintended (Montessoro & Blixen, 1996; Henshaw, 1998). Some studies have found that adolescent pregnancy can result in low birth weight infants and pre-term delivery, and higher infant mortality (Federal, Provincial, and Territorial Working Group on Adolescent Reproductive Health, 1989; Fraser, Brockert, & Ward, 1995). Adolescent parents are more likely to face problems related to educational attainment, employment and economic opportunities (Stevens-Simon & Lowy, 1995). Babies born to teenage mothers, in comparison with those aged 20 to 21 years, may be at higher risk of poorer cognitive development and are more likely themselves to become adolescent mothers (Maynard, 1996).

References


