Socio-cultural influences on young people’s sexual development

Jean A. Shoveller, Joy L. Johnson, Donald B. Langille, Terry Mitchell

Abstract

Emerging evidence indicates that the mechanisms that create health (or ill health) at the population level exist at the intersection between the individual and more “upstream” forces that shape our social contexts. To investigate this proposition, we collected detailed descriptions of youth’s perceptions about the socio-cultural and other structural aspects of their contexts that shape their sexual behaviour patterns, and ultimately their health outcomes. In this paper, we examine how social context shaped experiences and perceptions pertaining to sexual behaviour among 18–24 year olds living in two Canadian communities (one rural and one urban).

We investigate explanations for the struggle that youth engage in as they attempt to situate their emergent sexual behaviour patterns within community, family, peer, and broader social contexts. Two central processes appeared to be important to the experiences of youth in the current study and their recollections about their adolescent sexual experiences. These processes are embedded in social norms and structures and are directed at pathologizing sex and silencing meaningful discussion about sex. Together, they interact to create a climate of sex-based shame. The findings of this qualitative study add to previous sociological and feminist research that has also demonstrated how traditional approaches to understanding youth sexual behaviour tend to ignore or discount the “embeddedness” of young people in their social structures and contexts.

Keywords: Adolescence; Sexual health; Canada

Introduction

Despite many adults’ discomfort with the idea, the majority of young people are either currently sexually active or have previously had sex by the time they reach early adulthood (Bibby, 2001). Moreover, regardless of their sexual behaviour status, most youth engage in protracted struggles concerning a multiplicity of questions about their development as sexual beings. The most challenging questions for youth extend beyond choosing with whom, where and when to have sex (e.g., “your place or mine?”); rather, they engage in an often arduous process of coming to terms with the meaning of becoming a sexual being. In their attempts to construct such meaning, youth often look to their social contexts for clues about what constitutes acceptable sexual behaviour.

Ironically, most popular representations, as well as much of the “classic” biomedical and epidemiological research, relies on highly de-contextualized explanations of youth sexual behaviour, particularly in relation to teen pregnancy and sexually transmitted infections. The
emphasis has been on assessing individual level “risk factors” (e.g., ignorance of contraception, promiscuity) and their statistical associations with a series of consequential, negative health and social sequelae, including: pre-mature and low birth weight babies (Fraser, Brockert, & Ward, 1995), decreased educational and employment opportunities for teen mothers (Federal, Provincial, and Territorial Working Group on Adolescent Reproductive Health in Canada, 1989; Zabin, 1990), as well as pelvic inflammatory disease and its fertility complications (Yarber & Parrillo, 1992; Dryfoos, 1990). Unarguably, unwanted pregnancy and STIs pose serious problems for young people; however, an exclusive reliance on “risk factor” explanations enhances the likelihood that our understanding of these problems is “denuded of social meaning” (Frolich, Corin, & Potvin, 2001, p. 781) and that interventions to address such issues remain focused exclusively on reducing risky adolescent behaviour.

In fact, most previous sexual health interventions have emphasized the importance of changing teens’ risk profiles (especially their knowledge levels and attitudes), but have consistently failed to produce long-term behaviour change or improved sexual health outcomes at the population level (Wasserheit & Aral, 1996; Gunattilake, 1998). Moreover, emerging evidence indicates that most population level health outcomes are unlikely to be explained adequately as an aggregate of individual level risk factors (Ketting & Visser, 1994; Macintyre & Ellaway, 2000).

Williams (2003, p. 147) has argued that “risk factor epidemiology tends 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”. While the need for new sexual health promotion intervention approaches has been discussed (Corcoran, 1999, 2000; Hardwick & Patchuk, 1999; Campbell, 1999; Rhodes, Stimson, & Quirk, 1996), a serious gap remains in terms of accounting for the inter-relationships of social structure, context and agency. The intent of the current study was to begin to move away from an individualized risk factor analysis and towards a more “ecological” approach that favours investigating the interaction between social context and youth sexual behaviour (Bronfenbrenner, 1979, 1992, 1995). In this qualitative study, we present youth’s descriptions of the ways in which context affects their development as sexual beings. We use youth’s accounts of their everyday experiences while growing up in two Canadian communities (one rural and one urban) to show how youth sexual behaviour is inextricably linked with social context and structure. In doing so, we describe how some features of the current context put young people at increased risk of experiencing serious sexual health and social problems.

Study setting

It may be useful to highlight a few characteristics of the Canadian context, especially for those readers that might assume that the context of youth sexual behaviour in Canadian society is equivalent to that in the United States (US). While there are similarities, Canadian and American societies tend to reflect different overall social, cultural, as well as political contexts and values. Not unlike the US, Canada has a diverse and varied multi-ethnic and multi-cultural population. According to the most recent Canadian Census (Statistics Canada, 2003), the proportion of Canada’s population who was born outside the country (18.4%) has reached its highest level in 70 years (only Australia has a higher proportion of population born outside the country). Visible minorities in Canada have experienced a three-fold increase since 1981, with over one million Canadians identifying as Chinese (accounting for Canada’s largest visible minority). In comparison, 10.4% of the US population was foreign-born (US Census, 2001), with the majority (51%) having immigrated from Latin or Central America, the Caribbean, or South America. With regards to religiosity, a growing number of Canadians report they have no religious affiliation—accounting for 16% of the Canadian population in 2001 (Statistics Canada, 2003). Less than one-quarter (22%) of Canadian teens report attending religious services on a weekly basis or more often (Bibby, 2001). In 1999, 8% of people in the US indicated they had no religious preference, membership or attendance, while 70% of Americans belonged to either a church or synagogue (US Census, 2001). Canada’s publicly funded health care system symbolizes a key political and social value, while health care in the US is organized under private insurers—in 2000, 14.1% of citizens in the US did not have health insurance (US Census, 2001).

There also are important differences between Canada and the US in relation to young people’s sexual health outcomes. According to UNICEF’s 1998 Progress of Nations Report (UNICEF, 1998), Canada had an adolescent birth rate in 1995 (24/1000 female teens) less than half that in the US (60/1000 female teens). Panchaud, Singh, Feivelson, and Darroch’s (2000) analysis of STI incidence rates (per 100,000) among 15–19 year olds demonstrates that infection rates for many STIs are much lower in Canada (0.6 for syphilis, 59.4 for gonorrhea, and 563.3 for chlamydia) than those reported for the US (6.4 for syphilis, 571.8 for gonorrhea, and 1,131.6 for chlamydia). According to the US Youth Risk Behaviour Surveillance System (2001), 42.1% of sexually active American students had not used a condom at last sexual intercourse. In addition, the School Health Education Profile, which monitors characteristics of health education in schools in the US, found that 72% of schools taught abstinence
as the most effective method to avoid pregnancy, HIV, or STIs. No comparable national level behavioural surveillance data or school-level profiles are available for Canada; however, previous regional level studies have shown similar trends exist in Canada (Langille, Beazley, Shoveller, & Johnston, 1994; Langille, Beazley, Delaney, Langille, & Doncaster-Scott, 1997).

To better understand Canadian teens’ perspectives on sexual behaviour, we include a brief summary of a recent survey documenting social trends. Bibby (2001) found that 24% of Canadian teens reported that they had sex at least once per week. In general, Canadian adults and teens do not appear to differ significantly on many issues related to social and political values regarding sex. Nearly all teens (82%) and 84% of adults approved of heterosexual sex before marriage. 86% of teens and 84% of adults approve of unmarried couples living together, and 63% of teens and 71% of adults approve of unmarried couples having children. About half (54%) of teens and 60% of adults approve of homosexual relationships, and 75% of teens believe that homosexuals are entitled to the same rights as other Canadians. Half (50%) of Canadian teens approve of legal abortion on demand, while 84% of teens and 90% of adults believe this service should be available in pregnancies that result from rape (Bibby, 2001).


Communities included in our study

We included one rural and one urban community in our study because we hypothesized that experiences would be different for youth who had grown up in each setting. We anticipated that youth who had grown up in an urban setting may have been more likely than their rural counterparts to have: (1) enjoyed a higher degree of anonymity, (2) been more familiar with various forms of diversity (e.g., ethnicity, religion and sexuality), and (3) had different kinds of access to sexual health services (e.g., a wide range of drop-in health clinics and STI testing sites located at multiple sites across the city as compared with one school-based clinic and one community-based education and counseling centre). Hence, 20 participants were recruited from Vancouver (urban) and 20 from Amherst (rural).

Vancouver is a major urban center located in the province of British Columbia on Canada’s West Coast. The city has an ethnically diverse population of 545,671, excluding its suburbs, with a median household income of CDN$42,026 and a median age of 37.2 years. Many Vancouver residents (42%) indicate that they have no religious affiliation. Of those who identify with a particular religion in Vancouver, 18% are Roman Catholics and 37% belong to Protestant denominations. The vast majority of British Columbia’s population of Muslims, Buddhists, Hindus and Sikhs live in Vancouver (Muslims and Buddhists represent 3% and 4% of the city’s population, respectively). Vancouver is also home to large gay and lesbian communities and has a number of services that specifically target youth who identify as gay, lesbian or bisexual. Vancouver features a wide range of drop-in health clinics located at multiple sites across the city and a provincial STI testing site with a large clinic that provides STI testing services on-demand.

Canada is one of the most urbanized nations, according to the Organisation for Economic Co-operation and Development. In 2001, only 20.3% of Canadians lived in rural and small town areas (Statistics Canada, 2003). Amherst is a rural town located in the province of Nova Scotia on Canada’s East Coast. The town has a population of 9470, with a median household income of CDN$33,806, and a median age of 40.9 years. A small proportion of Amherst residents (14%) indicate that they have no religious affiliation. In Amherst, 55% of those who identify a religious affiliation are Protestant and 30% are Catholic. Less than 50 people living in Amherst identify their faith as Muslim, Buddhist or Hindu. The high school in Amherst contains a Teen Health Centre where students can access sexual health counseling. The town also is home to Cumberland County Family Planning Association, a community-based organization that provides free condoms as well as education regarding a range of sexual health issues.


Study design and methods

This study was based upon the assumption that the experiences and perceptions of youth are integral to understanding young people’s sexual experiences. Our goal was to describe the ways in which youth perceive that their contexts affected their everyday experiences pertaining to sexual behaviour and sexual health outcomes. While grounded theory techniques (e.g., purposive sampling, constant comparative method of analysis) were used to generate dense conceptual descriptions, the ultimate goal of the analysis did not include the production of a theoretical model. Rather, the aim was to describe youth’s perceptions using data that were gathered through in-depth, semi-structured interviews with a relatively small sample of purposefully selected young people.

Recruitment and sampling within each community

A total of 40 females and males aged 18–24 years were recruited from the two communities through referrals from existing community contacts and notices that were posted in youth health clinics and recreation centres. Youth were recruited purposefully to ensure the sample included a range of experiences. The purpose of the study’s sampling strategy was not to identify and recruit
different types of youth (e.g., “high” or “low” risk), but rather to attempt to include a variety of youth to increase the diversity of experiences tapped into during the interviews. Equal numbers of females and males were recruited and youth representing the full range of ages (18–24 years) were included. Youth with a range of sexual experiences and health outcomes were included, varying from those who had experienced an unintended pregnancy to those who remained abstinent. We recruited young people who self-identified as having been raised in religious as well as secular families. Efforts also were made to recruit youth from a variety of socio-economic and ethnic backgrounds as well as family situations (single, blended, and traditional). Based on previous experience with interviewing younger adolescents, we limited our recruitment to older youth. Unlike their younger counterparts, older youth have the benefit of maturity and the buffer of time to facilitate their critical reflections on their experiences as teens and, therefore, can better describe insights into the forces affecting those experiences.

Data collection

Interviews were scheduled after written consent was obtained. We provided training for all interviewers using an instructional video and one-to-one feedback from the investigators. Interviewers completed detailed field notes at the end of each interview. We also maintained an analytical audit trail that is summarized below. In designing this study, we were concerned about attending to the potential influence of the interviewers’ genders on the comfort levels of study participants in light of the potentially sensitive nature of the interview topics. At the time of scheduling, each participant was offered the option to be interviewed by a female or male interviewer, but no study participants specifically requested an interviewer of the same sex. In Vancouver, females interviewed all youth and in Amherst a male interviewer interviewed the male youth. The interviews did not appear to vary by interviewer’s gender in terms of the study participants’ overall verbosity, conversational patterns, or the length of the interviews. Each interview took about two hours to complete. All interviews were conducted in English. One Vancouver-based interviewer was of South Pacific origin; all other interviewers were of European origin. Interviews were conducted in settings that allowed for maximum privacy and that accommodated the safety and comfort levels of both the study participants and the interviewers. For both sites, the interviews were conducted in either research offices or participants’ homes.

An initial interview guide was pilot tested with three youth at each site and modified slightly before being used during the remaining interviews. Study participants each received an honorarium of $25. The interviews explored youth’s reflections on the influence of peers, family, as well as social norms in their community on their sexual behaviour during their high school years. Study participants were asked to reflect on their experiences during adolescence and probes were used to further investigate their use of reproductive services and their perceptions of general social support for youth. At the end of each interview, study participants completed a brief survey to capture socio-demographic characteristics, sexual histories during teenage years, and current sexual behaviour patterns.

Analysis

Interview tapes were transcribed and transcripts were checked for accuracy. Field notes included descriptions of body language and other contextual features and were incorporated into the analysis. The software Nvivo was used to manage the data coding processes. Constant comparative techniques were used to analyse the data (Strauss & Corbin, 1998). We began with an open coding approach, using participants’ language, avoiding, where possible, the imposition of preconceived theoretical constructs. Based on data from the first six interviews, the investigators inductively developed an initial set of twelve “open” codes.1

As additional interviews were completed, axial coding was used to group the open codes into more abstract conceptual categories.2 As additional interviews were completed and the analysis continued, we began to examine how various social structures influenced key individual level processes that had been identified through the initial two stages of coding. At this point, we began to incorporate the individual experiences that youth shared with us during their interviews with their

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1 Open Codes included: Managing Sexual Image, Managing A Critical Incident, Conforming To Parents’ Expectations, Talking About “It”, Being Constrained, Differentiating Between Women And Men, Developing Morals, Learning To Negotiate, Looking For Help, Being Accepting, Being Prepared, and Becoming Me. During this first stage of analysis, an open code was assigned to each segment of the transcripts.

2 Axial Codes included: Scoping Out External Resources (new code that subsumed Being Prepared and aspects of Looking For Help), Marshalling Internal Resources (a new code that subsumed Being Accepting and accounted for new data that modified Developing Morals), Managing Critical Incidents (expanded code that subsumed Being Constrained, Managing Sexual Image and Conforming To Parents’ Expectations), Being Ready (a new code that accounted for new data and subsumed Talking About “It”), Protecting Me (new code that subsumed Learning To Negotiate and aspects of Looking For Help, and that accounted for new data on fitting in socially, protecting emotions, and physical protection), and Becoming Me (existing code modified to account for Differentiating Between Women And Men, and new data related to youth’s sexual self-concepts).
descriptions about broader, system-level issues. In this theoretical-style coding, axial codes were compared to generate an integrative analytic scheme.6

In the fourth and final stage of analysis, we paid particular attention to the way youth’s experiences were reflective of broad social structures and systems. This stage of analysis integrated previous findings from the theoretical and empirical literatures to inform our understanding about how macro-level forces influenced youth’s experiences in terms of their sexual behaviour and outcomes. We attended to the ways in which gender and geographic location may have influenced youth’s stories about their experiences. We also drew on youth’s descriptions of their perceptions of the role of social position (i.e., popularity, economic standing, and access to other privileges like anticipated enrollment in university). Ultimately, the analysis describes in detail the ways in which youth told us that they had experienced “gender”, “social position”, and “geographic location” in their everyday lives and how those forces influenced their struggles to situate their sexual behaviour in context. During the final stage of analysis, we also attempted to selectively recruit new study participants in order to “test” our emergent analysis and coding scheme with youth whom we thought may have had unique perspectives on growing up in their respective communities. For example, we sought to recruit youth who identified as lesbian, gay, or bi-sexual.

After several iterations of analysis, the researchers settled on a final set of conceptual categories: Struggling to Situate Sexual Behaviour in Context, Alienating Sexual Behaviour From Context (Subcodes: Pathologizing Sex and Silencing Meaningful Discussion), and Creating a Climate of Shame. This paper describes these key analytical categories and provides illustrations from the interviews to characterize their essence.

Findings

Study participants

Study participants included 10 females and 10 males at each site (for a total of 40 participants) who ranged in age from 18 to 24 years. All study participants were single (never married) at the time of the interview, except for two females and one male in Amherst who were living common law. Most (n = 28) study participants reported that they were currently involved in a sexual relationship with a member of the opposite sex. Five study participants (four females and one male) had experienced unplanned pregnancies during their adolescence. Some (n = 10) reported that they had grown up as teenagers in families that were “financially very well off”, while most described their families as having been “average” (n = 22) or “not very well off” (n = 8). While we see in the data that social standing influences youth’s discussions of their experiences, our sample size and “objective” measures were not sufficient to permit categorizing study participants according to social class. However, we draw on youth’s descriptions of their perceptions of the role of social standing, where possible.

A variety of living arrangements during the teenage years were represented in our sample including: 12 youth that had lived with single-parent families (usually mother only), nine from blended families, and 19 from traditional (mother and father) family backgrounds. In Vancouver, five participants identified with visible minorities, including: Philippina (one female), Chinese (one male, one female), Japanese (one male), East Indian (one male). All participants in Amherst described themselves as White/Canadian or White/Caucasian. As only one participant in Vancouver identified as bisexual, there was not sufficient variation in the sample to explore the influence of sexual orientation.

Given the qualitative design of this study, we did not intend to recruit a representative or probability sample of youth. While we recruited youth from a variety of backgrounds, the budgetary limitations as well as the exploratory nature of this study limited our sample size to 20 youth in each community. This in turn limits the “generalizability” of our findings as well as requires us to acknowledge that we did not reach “theoretical saturation”, and that our small sample does not reflect the full variation in youth’s experiences, particularly with respect to ethnicity and sexual orientation.

What we have attempted to address in this analysis is an acknowledgement of how structural variables such as social standing, gender, and geography are ever present.
in youth’s lives, and, as such influence their behaviour in conscious and subconscious ways. We have attempted to illustrate the ways in which youth in the current study described the influence of social standing, gender and geography by including examples from youth’s interviews that show how these forces specifically affected their experiences. While the interview data are rich and voluminous, the findings are based on retrospective interviews about a potentially sensitive topic and therefore should be interpreted with caution. We have treated these data as exploratory and suggest that they provide valuable insights into young people’s perceptions about the interactions between social context and their sexual behaviour.

Struggling to situate sexual behaviour in context

At the beginning of each interview, youth were asked to reflect on their teenage years and describe how they perceived their community had felt about youth in general. In response, youth attempted to locate their experiences of growing up as either part of the accepted and valued norm within their community or as being outside those boundaries. Participants who described growing up in contexts where they felt highly valued were less likely to recall struggling to situate themselves as part of the accepted norm. Regardless of gender or geographic location, participants who perceived themselves as having higher social standing were less likely to identify with struggles to connect and fit in with their community’s context. These youth described feeling valued in contexts where they were provided with: opportunities for their voices to be listened to, activities that were meaningful to participate in, recognition for their accomplishments, and support for youth’s autonomous decision making. While all youth in this study experienced some angst regarding their development as sexual beings, those youth who felt supported within their social context did not describe overly protracted or damaging struggles with the challenge of locating themselves as social and sexual beings.

Youth who perceived themselves as being of lower social standing, particularly those living in the rural setting, described what they perceived to be pervasive phenomena in mainstream, adult society—exclusion and discrimination against young people. Youth that described feeling de-valued within the mainstream adult society expressed feelings of alienation and anxiety, particularly as they recalled their experiences of trying to understand and contextualize their sexual behaviour as teenagers. Rather than feeling part of the community these youth recalled how, as teenagers, they had been made to feel like outsiders who were a potential threat to the community. They described feeling “hated” and “persecuted” by adults. In analysing these youth’s struggles to situate their sexual behaviour in context, we noted that they tended to recall feeling relegated to powerless, negative, and devalued social positions:

*People always look at you like you are weird when you are teenagers. I don’t know why. Or, they think you are going to steal things when you go into a store and stuff. I don’t think we are very valued in the community. Most [adults] think [teenagers] are punks. You know, [teenagers] don’t do nothin’ but break stuff, raise hell, and stuff like that… that is basically what old people think about teenagers.* (Male, ID349)

As the interviews moved into discussions about sexual behaviour, youth began to describe how, as adolescents, they had relied on their social, family and peer contexts to anchor their sexual experiences. Youth in each community acknowledged a wide range of sexual norms, ranging from abstinence until marriage models to norms that included numerous sexual partners at young ages. Being placed in less valued social positions as teens tended to exacerbate young people’s difficulties in situating their sexual behaviour within the range of acceptable norms of their community, family and peers. Stereotyping adolescents as deviants and shunting them to undesirable social positions was perceived by youth to have negatively affected their efforts to situate their behaviour (sexual or otherwise) within mainstream adult norms. In recalling their experiences during adolescence, youth described how they had struggled with issues, such as social standing, as they attempted to situate themselves socially and sexually:

*I didn’t fit in at the best of times… I identified with the margins… Being poor, being from a [single parent family], having a mom from a poor neighbourhood, being confused about my own sexuality, being depressed, not fitting in.* (Female, ID153)

In an attempt to find a sense of place, youth told us that they searched for “communities” that valued them, regardless of their behaviour, gender, or social standing. Youth that resided in the urban community described having more options when searching for alternative communities than youth who resided in the rural setting, who tended to describe their experience as being devoid of such options. In addition to being “locked in” geographically, the rural youth were more likely to be unable to escape their family’s history of low social standing (i.e., not being from a “good” family). Perceptions of social standing were often associated with descriptions of “unacceptable” sexual behaviour patterns of family members (e.g., the youth’s mother or older sibling had been an unwed, teenage mother), as the following quote illustrates:

*I don’t know how to say this nicely, but my sister was very promiscuous. So [when I was a teenager] I heard everybody talking about her. Every time I would go...*
Youth who had this kind of experience during adolescence felt they could do little to escape the expectation that they too would experience problems and repeat patterns related to negative sexual behaviour and outcomes. This was especially true for rural youth who felt that their community pre-judged who they were and what they would become. Whether or not teens repeated undesirable family patterns, they expended considerable energy and experienced terrible angst managing and deflecting hurtful accusations and unfair expectations regarding their sexual behaviour.

Study participants unanimously contended that girls and boys are bound to different sets of gender-based norms. Both rural and urban females and males recounted how their experiences during adolescence had taught them to judge young women more harshly if they were perceived to have transgressed sexual norms. When we asked study participants to explain the basis for this distinction, a number of ideas were put forward: (1) girls grow up faster than boys and, therefore, should know better than to “get into trouble”; (2) girls are the ones who get pregnant (it happens to their bodies) and, therefore, should protect themselves no matter what their male partners think or do, and (3) girls are more likely than boys to be trying to attract sexual partners (e.g., by wearing make-up), and, therefore the onus is on girls to protect themselves. These assertions were put forward by both male and female study participants living in both communities and reveal the insidious nature of the double standard that persists for young women, even in contemporary society.

Social criteria regarding what constitutes shameful sexual behaviour among youth were often operationalised through the action of labeling. Not unexpectedly, youth told us that negative labels were more likely to be applied to young women (e.g., she’s a slut), while less judgmental labels were more frequently associated with young men (e.g., he’s a player). Youth who were thought to have poor self-esteem and lower social standing also were more likely to be negatively labeled. Study participants described numerous examples of how young women, particularly those of lower social standing, were blamed and shamed to a much larger extent than young men when their sexual behaviour did not conform to existing norms within their contexts.

Growing up, girls were the only people to get labeled as ‘sluts’... I mean there were more sexually active guys... but [they weren’t] really looked down upon or labeled as much as girls... It’s just that guys want to have sex more than girls do. And when there are girls who want to have sex just as much as the guys do, it tends to be a little weird. So they [the girls] get labels put on them and stuff. (Male, ID469)

The use of negative labeling was described consistently across interviews with males and females, and did not vary significantly between each community.

Alienating sexual behaviour from context

Our analysis revealed that there were two central processes that alienated young people in their attempts to come to terms with their sexual behaviour and their social contexts: (1) the pathologizing of sex and (2) the silencing of meaningful discussion about sex. These processes have strong parallels with those described by Foucault (1978), which will be discussed subsequently. Together, pathologizing and silencing interacted to create a climate of sex-based shame in which youth in the current study grew up and developed a sense of who they were sexually and socially.

Pathologizing sex

Most study participants, regardless of gender, social standing or geographic location, recalled that the majority of teaching/learning in their school curricula and in their discussions with their parents had focused on protection against pregnancy and STIs, rather than exploring issues related to sexual relationships and the emotional aspects of those relationships. Sex was described as a cause of disease, a symptom of emotional distress, or a manifestation of a personality weakness such as low self-esteem. The young people we interviewed described feeling unsatisfied with the limited scope of their sex education experiences:

It [sex] was only talked about in Sex Ed... it was very like technical and, of course, you couldn’t ask real questions about your own experience. I think I understand the physical stuff but it’s so emotional. And, it’s the emotional stuff that you are always fucked up about when you are young. So, that’s the part that was difficult. There’s no question-and-answer period for that. You would never do that [emotional stuff] in a science class. (Male, ID634)

Young people in the current study recalled the sexual health curricula focusing on being prepared for and knowing what to fear from sex, as well as understanding what diseases can be cured or resolved through medical intervention. Youth suggested that this focus highlighted the pathological aspects of being sexually active, without having explored any of the emotional or potentially positive aspects of sex. Youth argued that they had not been educated about sex, rather that they had received...
information about two, highly clinical outcomes of sexual behaviour—prevention of STIs and unwanted pregnancy.

Youth, especially young women, described how, as teenagers, they had felt torn between their desires to experiment with sex, while recognizing that their understanding of what it meant to be sexually active was constituted primarily as health and social risks. As the following quote illustrates, a factual approach to sex education that deliberately avoided discussions of the emotional complexities of human sexuality created isolating experience for youth in our study, rather than empowering experiences:

I’m just thinking that maybe [Sex Ed] stigmatized the whole situation because it was so scientifically done. We had lots of questions but we couldn’t ask the questions because there wasn’t the forum or the safety and the space to ask those questions. It was like I got all this information … but now I am isolated with this information. It [Sex Ed] definitely has to be more one-on-one, and more open. (Female, ID986)

Youth also recalled having received messages that emphasized the importance of making “good personal decisions” and “taking responsibility” for one’s sexual actions. They talked extensively about the concept of self-esteem and its hypothesized influence on sexual decision-making. During our interviews, youth alleged that those who engaged in sexual relationships at too early an age or those who had multiple sexual partners during adolescence, especially girls, were victims of lower self-esteem. In contrast, youth also told us how some young people who were perceived to have projected high levels of self-esteem (regardless of their sexual behaviour) were much less likely to be judged or labeled negatively:

I think that a girl being referred to as a slut refers a lot more to her attitude than her behaviour. Because thinking back to high school, like there was a girl who was like definitely outspoken in class and would say things like: ‘I’ve had sex.’ And I wouldn’t have called her a slut because she was too confident… She acted like she had control in her sex life and that was because of her attitude. I think that was the big thing—her being in control, or having that appearance. But, then…. like in another instance, I was sitting with a bunch of guys in the [high school] cafeteria and there was this girl a few tables away. And, my friend said he had had sex with her last night and that she was a whore, meaning that anyone could have sex with her. And, I believed that about her—just because of the way she looked, [she was] not really confident. (Male, ID478)

Youth also told us that they were more likely to assume that another youth suffered from low self-esteem if they appeared to be of lower social standing. By and large, youth in our study attempted to explain socially unacceptable sexual behaviour in terms of character flaws or personality deficiencies resulting from low self-esteem and lower social standing.

Silencing meaningful discussion

All study participants, regardless of gender, geographic location or social standing, recalled a lack of free dialogue around the issue of sex when they were teenagers and described experiencing a sense of shame when they attempted to talk with adults about sexual behaviour. A lack of clear communication between parents and children about sexual behaviour was apparent in youth’s descriptions of their experiences as adolescents. Youth described how they had learned at an early age to remain silent about, keep secret, or never to directly describe their own sexual experiences to their parents or other adults, even if they felt they needed help or advice:

I have a strange relationship with my father. He has yet to say the word ‘boy’ to me. Like, he has never referred to the opposite sex. We don’t talk anymore. [Sex] was definitely taboo; it was not touched upon at all. (Female, ID459)

Youth described how when adults, especially their parents, adopted a “silencing” approach to sex-talk they felt it also shut down opportunities for additional conversations with parents about other important topics. They recalled experiences where adults had closed-off dialogue about sex by using authoritative tactics (e.g., “You better not be having sex at your age!”), extremely vague and indirect messaging, and/or highly clinical and instructive approaches. The following excerpt illustrates one youth’s recollection of her mother’s use of authoritative and indirect messaging:

My mom would always say, “Don’t go and get yourself pregnant.” But it’s like she was always hinting at it. Never talking about it, directly. Like, you know… if we’d see a young woman on the street about my age with a baby… she’d say… “Babies having babies.” You know? It seems as though… she’s aware that [I’m having sex], but she just doesn’t want to talk about it. Like she doesn’t want to address it. Maybe it’s because… she grew up in sort of a quiet family that didn’t really talk about that sort of thing… So, I guess she may not be as open as some people are today, you know?… I’m sure it’s not because she doesn’t want to know what’s going on in my life, but… just… she just feels that it’s sort of an embarrassing topic. And my...
Youth in the current study perceived that adults focused on a “facts of life” approach to informing them about sex in order to avoid discussing the more intimate and complex emotional aspects. While youth in this study indicated that they believed that most adults feel that it is important to pass on information about sex to young people, youth also argued that adults lose credibility when they are ashamed about discussing their personal sexual histories, as demonstrated in the following excerpt:

*I remember [a teacher] in grade 8 talking about sex and telling us that we should wait [to have sex] until we are at least 16. I remember him saying that because I joked with my friend that I was going to ask [my teacher] if he waited until he was 16. And, I did after class, and he was humiliated. He said: “No,” and put his eyes down. So that is one of the things I remember.* (Female, ID379)

Study participants identified how sex education messages that they received during their adolescence had focused on “just the facts” and “personal responsibility”. They also told us that as teens they had learned to recognize that the “talk” that focused on facts and responsibility represented the sanctioned rhetoric. This type of sanctioning was described by youth in our study as contributing to the creation of silence between themselves and adults and reinforcing secrecy around the “non-sanctioned”, emotional and pleasurable aspects of sex. Youth described how they had experienced great difficulty in talking with adults about these issues.

*[My friend] remembers when he had to say “vagina” in [Sex Ed] class. And he said he almost died. He couldn’t even say it. He said it was like the most horrible thing in the world - to have to say “vagina.”* (Female, ID379)

Youth also told us how they had picked up on more subtle messages from adults, especially their parents, that indicated that certain kinds of sexual questions or discussions were “off-limits”. Youth indicated that while there had been little direct clarification about what issues were considered “off limits”, they recalled slowly recognizing the implicit silence surrounding particular issues.

*With my father it was never, never talked about, to the extreme. I can remember watching TV. It would be me, my brother and my dad, and we’d be watching something (and this was well into my adolescence), where a couple would be kissing. Just kissing, fully clothed. And my father would change the channel. It was so blatantly obvious that he was so uncomfortable with it, so absolutely uncomfortable with it. Also, if we rented movies, they had to have absolutely no sex scenes in them if we were going to watch them together as a family. It was quite restrictive that way.* (Female, ID526)

Youth in this study discussed how, during adolescence, their peers had emerged as their dominant reference group. As teens came to communicate less and less with their parents, they recalled having been more likely to communicate with their peers regarding their concerns and questions about sex. However, youth told us that they had not sought their peers’ objective or critical assessments of sexual situations during adolescence, something they might have reasonably expected from a meaningful conversation with an adult. Rather, youth recalled seeking their peers’ validation or “carte-blanche” approval for decisions related to sex. Nearly all youth in this study, regardless of gender, geographic location and social standing, described having a strong fear of peer rejection regarding their sexual status during adolescence. Before proceeding with a more detailed discussion of youth’s experiences with their fears of social rejection and how it contributes to a climate of sex-based shame, we will describe what youth told us about the community-based sexual health services that they had used as teenagers.

Community services, such as youth drop-in clinics, were often described by youth as having filled a void by providing places where they could talk with adults who accepted them as sexual beings (unlike teachers), did not overtly judge their sexual behaviour (as parents might), and were confidential (unlike peers).

*People [at the clinic] seem like they are really open. Like the first time I went in, I was like: “Oh my god. I’m still in high school. These people [at the clinic] are going to think I am too young to be having sex.” But, they are so open and they are so nice. They totally don’t judge you and I think that’s really good. They see so many people [at the clinic] and I guess they can tell if you’re nervous. They will explain stuff to you and it’s just amazing how open they are. I felt so like an adult when I went in there because I wasn’t that used to talking that openly about sex. But, with them being so open, it was amazing. I was like: “Okay, I can do this.”* (Female, ID537)

Discussions about access to more youth-friendly services took on a particularly important role in interviews with youth living in the rural community. In both the rural and urban settings, however, youth-oriented clinics were perceived by both female and male study participants to have been one of the few places where the silence surrounding sex was broken and helpful dialogue was encouraged.
Creating a climate of shame

Study participants, particularly females, recalled as teenagers feeling high levels of fear regarding the potential to be ostracized from their community, family and peers due to their “shameful” sexual behaviour. Of all the potential forms of rejection described by youth in our study, they consistently recalled feeling most fearful of being ostracized from their families. While overt and dramatic forms of rejection (e.g., being kicked out of the house; being disowned by their parents) were more prominent in young women’s stories, both male and female study participants, regardless of their social standing or geographic location, described how their desires to make their parents proud of them had affected their choices regarding sexual behaviour during their teenage years. They explained that their desire to please their parents was influenced primarily by: (1) The perception that their parents had invested considerable resources in raising them and therefore deserved to have their standards about sexual behaviour respected; and (2) The understanding that their parents did not want them to repeat sexual “mistakes” made by parents when they were teenagers.

Youth told us that the most serious challenges to retaining their connection with their families typically emerged when they had experienced negative sexual outcomes. They described severe emotional and social costs of “shameful” behaviour (e.g., promiscuity) and sexual outcomes (e.g., teenage pregnancy). Nearly every interview included a story of youth’s fears of being ostracized, as illustrated in the following quote:

“I have a cousin. When we were younger, we were good friends. She is sort of out of the picture now, because uh... All of a sudden, I wasn’t really allowed to see her. Because I was the innocent one and she was the sort of bad influence... [DOES SHE LIVE HERE IN VANCOUVER?] She lives in [a Vancouver suburb] and the last I heard about her was that she was pregnant with twins and living with this guy. And since then, I think she had them [the babies, but], I think she gave them up. So, I never got to know [the babies] or anything like that. And it was sort of unacceptable for me to see her... like from my dad’s point of view. And so, I haven’t seen her in seven years, even though we were cousins and good friends. (Female, ID595)

In our interviews, youth often recalled how during their teenage years they had learned about shame by observing the behaviour of a family member (e.g., sibling, cousin) or a friend, and noticing the reactions to such behaviour. Based on those observations, youth then made decisions about modeling (or avoiding) the kinds of sexual behaviour exhibited by these individuals. For example, if an older sibling had exhibited behaviour that was judged to be shameful, most youth in our study reported that they attempted to live their lives differently.

“That my [older sister] believed that you can sleep with a whole bunch of people affected my [sexual] practices. I believe that “No, you shouldn’t sleep with a whole bunch of people.” And because I heard how people talk about her, I didn’t want people to talk about me like that. So, [her behaviour] affected me quite a bit. (Female, ID564)

While young women were more likely than young men to be described as the “actors” in these moral parables, all study participants, regardless of gender, place or social standing, related stories that contained a “moral lesson” based on the socially unacceptable behaviour of another, usually an older female youth. However, youth that grew up in the rural community were more likely to report that they had often found themselves in situations that led them to repeat the “mistakes” of their siblings, friends and parents. Because there was a strong expectation that youth would learn from the mistakes of others, their negative sexual experiences were perceived to be all the more devastating.

Despite their fears of being shamed or ostracized, the majority of youth in our study had been sexually active as teenagers and continued to be involved in sexual relationships at the time of interview. Youth who had been sexually active during adolescence described how they had often felt ashamed and guilty about their engagement in sex while they were teenagers and that this sense of sex-based shamed was slowly beginning to subside as they emerged into adulthood and became increasingly independent of their previous obligations to adhere to the standards of their families.

While youth’s stories about fearing rejection by their families were remarkably consistent across gender, setting, and social standing, study participants provided a variety of messages regarding the potential influence of peers on their sexual behaviour during their teenage years. Some study participants reported that, as teenagers, they had occasionally felt forced to suppress their own beliefs or alter their own behaviour in order to gain the admiration (or at least tolerance) of their peers. For youth who primarily socialized with peers who were sexually active as teenagers, their own engagement in sexual activity during adolescence served to bond them to their peers (or at least removed a difference that set them apart from their friends), particularly during conversations about weekend parties or dating relationships. These experiences did not appear to vary according to gender or place. The need to use sex to be part of their peer group is illustrated in the following quote:
I hung around with a group of six girls. And there was like four of them that did it [had sex] before the rest of us. So that is one of the reasons why the rest of us did it. So we could all sit and talk about sex and stuff. (Female, ID564)

For other youth, “peer pressure” on its own was not identified as having been directly influential on their sexual behaviour as teenagers. Although all youth described their friends as important authorities that reinforced their personal conceptualization of what was acceptable sexual behaviour, it is not surprising that during our interviews youth wanted to demonstrate their autonomy.

I hung out with people who generally have the same morals as I do...I am a very moral person... [INTERVIEWER: DO YOUR FRIENDS TRY TO INFLUENCE YOUR BEHAVIOUR?] Yea, ...even now, like I’m single [and my friends keep] asking me why I’m not having a sexual relationship, why I am not having sex, and telling me I could or should...Most of the time I just laugh at them...but I don’t feel pressured by it...It reinforces my own ideas. (Male, ID331)

On two occasions we interviewed youth (one in each setting) who described how they deliberately attempted to set themselves apart from their peers during their teenage years by taking great pains to demarcate where their peers’ social norms ended and where their personal standards began. Those youth who told us that they had deliberately attempted to create differences between themselves and their peers clearly recognized that this desire stemmed primarily from their self perception as being “above average” in terms of social standing. In these cases, youth asserted that their peers’ sexual behaviour reflected a norm that they could not or refused to fully identify with in light of their social position.

At the outset of our study, we had hypothesized that religion would be an important determinant of youth sexual behaviour. When youth were given an opportunity to comment on the role of religion, nearly all study participants indicated that they had not grown up in especially religious households and that they did not currently hold strong religious beliefs. Those youth that had grown up in religious families told us that their religious “beliefs” as teenagers had stemmed primarily from a position of acquiescence to their parents’ religiosity. These youth described how they had developed sophisticated rationales and justifications for their engagement in sexual activity in order to deal with the realization that their actions contravened their parents’ religious beliefs. They told us about how they had used these rationales to compartmentalize or separate their families’ beliefs (e.g., parents, and, in some cases, grandparents) from their own personal belief systems about sexual behaviour. These youth usually told us about having felt shameful or guilty about being sexually active during adolescence; they also acknowledged that their guilt had not been strong enough to inhibit their sexual behaviour. As the following quote illustrates, some youth in our study who came from the most religious family backgrounds continue to struggle with highly complex decisions about how to best amalgamate religious beliefs and sex:

My boyfriend and I are sexually active. Just recently, he said that he is aware of the “Catholic guilt.” Sometimes when I want to initiate sex, he will hesitate or be reluctant. I have a feeling that it has something to do with [guilt]. He does feel a lot of guilt. Obviously there are reasons for that. His mother is a bit of a fanatic Catholic and he has grown up with that. That has definitely, definitely made an impact on him to the point where like you could say he was scarred by it. But getting back to my religious views and how I try to meld the two [sex and religion] together. Well, I don’t see how it [sex] is offensive to God because when I was a teenager, I made up in my mind that I was not going to lose my virginity because of alcohol. And I was not going to lose my virginity in a one-night stand. I did want it to be in the context of a relationship where I had definite strong feelings for my partner and I felt that we loved each other. If sex is a sign of our love and we are not abusing it and we are not hurting anyone else and being safe about it and taking the necessary precautions (i.e., being on the pill), then I don’t see it as morally wrong. But on the other hand, I still have the “Catholic guilt” in the back of my mind. It’s there. I acknowledge it, but what can I do? (Female, ID459)

The role of religion and its affect on sexual behaviour during adolescence did not vary considerably across the stories told to us by youth living in either the rural or urban community. In addition, female and male study participants did not describe the influence of religion on their sexual behaviour in significantly different ways.

Discussion

The current study explored youth’s reflections on the ways in which their sexual behaviour as teens was embedded in norms and patterns established by their interactions with their communities, families, peers, as well as broader social structures. The findings of this study expand on traditional epidemiological examinations of sexual health risk factors by drawing on interviews with youth themselves. While we do not deny that the process of developing into a sexual being may pose serious health and social risks for many young
people, the findings of this study point to explanations that go beyond focusing on what is “wrong” with the individual who experiences such risks. The findings of the current study are closely aligned with results of previous studies (Frohlich, Potvin, Chabot, & Corin, 2002; Pavis, Cunningham-Burley, & Amos, 1998) which also suggest that detailed examinations of the connections between agency, social context and the everyday experiences of young people may lead to more complete understandings of complex health-related behaviours.

We have drawn on the extensive feminist and sociological literatures on youth sexuality that have previously demonstrated how traditional practice and policy approaches tend to ignore or discount the “embeddedness” of youth sexual behaviour in social structures and context. Ward’s (1995) critique of popular notions about the causes of early childbearing proposes that researchers and practitioners need to confront stereotypes, de-construct statistics about risk factors, and re-frame socially constructed belief systems in order to begin to develop more sophisticated problematizing of teen sex. In particular, Ward (1995) challenges the theory that socially undesirable sexual health outcomes, such as early childbearing, result from young people failing to develop protective character traits (e.g., self-esteem) and sufficiently high knowledge levels. The current study’s findings concur with Ward’s (1995) arguments in favour of examining the ways that youth’s self-esteem is structured by their interactions with the social context, rather than focusing on manipulating teens’ self-esteem levels through more individualized approaches.

In our interviews with youth, low self-esteem was used primarily to explain socially unacceptable sexual behaviour among socially unacceptable young people. This selective application of the self-esteem discourse advances the idea that some youth who engage in “unsanctioned” sexual relationships (e.g., they began to have sex at too young an age or had multiple sex partners) were victims of low self-esteem, while others with higher self-esteem were seen to be “in control” of their sexual behaviour, or would have otherwise chosen not to have had sex. While some efforts to educate youth about ways to reduce their risky behaviour and to enhance their self-esteem levels may be laudable, over reliance on these approaches may be problematic because they have the potential to portray youth as: (1) having more control over their everyday lives than exists in reality; and/or (2) possessing deficient personalities. What these messages also tend to ignore is the evidence that young people with perfectly healthy self-esteem and high knowledge levels also engage in sexual activity (McGee & Williams, 2000). In addition to portraying sexual behaviour as a “risk” that leads to disease or even death, an implicit and perhaps more insidious message directed at young people is that bad things happen to bad people (i.e., those who lack self-esteem).

In considering how the stories that youth described in the current study either reflected or contrasted with gender stereotypes, we have drawn on Holland, Ramazanoglu, Sharpe, and Thomson’s (1998) critical exploration of the role of gender in learning about heterosexual sex. Their work helped to guide our examination of the inter-play between youth’s understandings of normal or “expected” sexual behaviour and the way they understand femininity and masculinity. The interview data in the current study clearly reflect the roles of silencing and disembodiment of female desire, as well as a deeply entrenched “double standard” regarding sexual reputation. Young women, particularly those of lower social standing, were described by the youth in the current study as being the brunt of stereotypes, such as being called “sluts” or being labeled as “easy”. In the current study, female and male youth were equally likely to tell stories about the sexual double standard. While some female participants were somewhat disturbed by their experiences with the double standard, none of them expressed the outrage that we had anticipated might be associated with these stories. In addition, young women were as likely as young men in our study to associate female promiscuity with “sluttishness” and male promiscuity with attitudes captured under the popular saying that: “boys will be boys”. The “male in the head” appears to remain an all too real influence on the perceptions and experiences of the young women we talked with during our study.

Additional stereotypes about young people and their ability to experience and respond to their own sexual desires also emerged in the current study. The stereotype that is perpetuated as ideal is one in which sex is only acceptable when two people, preferably legal adults, “really love one another” (Levine, 2002; Pipher, 1994; Fine, 1988). Hence, young people, especially girls, are prematurely pressured to think of their relationships as long and lasting. Young people told us that they felt stigmatized and ashamed about their experiences of “falling out of love” within the context of a sexual relationship. Youth in the current study were cognizant of their needs to learn how to respond to their natural sexual urges, but did not typically have access to supports or education that they perceived would be helpful to them.

Youth told us that their understandings about the connection between sexual behaviour and social rules (and the ways in which such rules are defined) were grounded in a gendered system of beliefs about sex. Research that acknowledges the social construction of sex as impure, dangerous and shameful is not new (Douglas, 1966) and, therefore, we were not surprised when the stories that youth shared with us were peppered with references to the impure, dangerous and
shameful connotations of sexual activity, particularly in their descriptions of promiscuous young women. However, we were somewhat taken aback when none of the youth’s stories explicitly drew on metaphors of religious Puritanism. While this was less expected in the Vancouver sample (in light of the city’s relatively low levels of religiosity), young people who grew up in Amherst also described very similar experiences and perceptions as their Vancouver counterparts in this respect. Because they had grown up in a rural community where religion remains a prominent aspect of the community’s profile (Statistics Canada, 2003), we were struck by the rural youth’s perceptions regarding what they viewed as a lack of connection between their community’s religiosity and youth sex behaviour. In addition, we had not anticipated the degree to which youth (rural and urban) told us that they had compartmentalized their religious beliefs from their approaches to sex. It may be useful to engage in further research to help explain the impact of advancing secularization on youth sexual behaviour. As well, further research may be helpful in order to better understand the psychosocial processes through which youth compartmentalize their religious beliefs and their sexual behaviour.

To better understand what youth told us about their needs to conform to sexual norms, we have been influenced by the work of MacPherson and Fine (1995), drawing especially on their extensive examination of “Sameness Discourse” and “Differences Discourse”. Findings in the current study regarding issues of sameness and differences were challenging to interpret. While youth in our study clearly articulated their fears about being ostracized from their families, they were less definitive in their descriptions about the ways in which their fears of contradicting their peers. Sometimes youth’s fears of difference forced them to accept biased advice from other teens or participate in sexual behaviour in order to conform to their peer’s expectations. At other points in the interviews, youth discounted their desires for sameness with their peers. Among youth in our study, some aspects of fear of differences appears to rely less on youth’s socially constructed understandings of gender roles and more on their perceptions of desirable social standing (e.g., fitting in). However, our small study did not provide sufficient data to sort out the relative influence of either and it is important to acknowledge that youth’s fears of difference are likely based on complex interactions of multiple, structural level forces, including gender, place, and social standing.

Our analysis regarding youth’s experiences with pathologising and silencing of discussions about sex parallel Foucault’s (1978) explication of the “repressive hypothesis” and the “implantation of perversion”. We drew heavily on this work to investigate explanations for the struggle that youth engaged in as they attempted to situate their emergent sexual behaviour patterns within contemporary discourses on sex. We recognized in all the youth’s interviews the presence and relevance of socially acceptable ways of talking of sexual topics. Our findings provide illustrations of Foucault’s assertion that discourse serves the purposes of a social system not by imposing outright silence, but rather by using a proliferation of “sanctioned” talk that alters the way we function and think about sex as a society. The concepts of pathologizing and silencing were deeply grounded in the interview data collected during this study and numerous excerpts from youth’s stories illustrate how pathology and silence engulfed young people in a climate of sex-based shame as they attempted to make sense of their own sexual development.

By turning to Foucault, we also have attempted to avoid portraying in our findings a re-emergence of the repressive hypothesis. In our explanations and discussions of our interviews with youth, we do not mean to suggest that there exists a simple, binary approach to understanding discourse or silence. In order to understand the kinds of disallowed forms of talk that youth described to us, we drew on our experiences in reviewing school-based sexual health education curricula in several jurisdictions in Canada. We suggest that most of the curricula that we are familiar with are based primarily in a sanctioned rhetoric that promotes individual behaviour change to reduce risk and enhance self-esteem. Based on our research and practice experiences, we suggest that such authorizations are implemented widely in Canadian school-based sexual education and are further legitimated through other institutional mechanisms, such as practice codes for teachers and health professionals (e.g., nurses and doctors) who are trained and advised to focus on the mechanisms of disease transmission and conception. What may be helpful to investigate further is the role of other forms of “governmentality”, such as public health and social service agencies, in constructing a sanctioned rhetoric regarding youth sexuality.

The findings of this study also point to some important considerations for future sexual health promotion efforts. While some, including parents themselves (McKay, Pietrusiak, & Holowaty, 1998), would argue that parents should be a major source of information about sex, the findings of the current study suggest that multiple channels be opened to youth for discussions about sexual behaviour and human sexuality. Adults in key situations, such as youth clinics and community-based counseling services, appeared to be perceived by youth in our study to offer much needed opportunities for communication about sex in honest, meaningful, informed and confidential ways. Youth that lived in Amherst did not have access to the same variety of service supports as those in Vancouver, but did
describe the important role that even a few such agencies had in their lives. While it is not likely feasible to propose the establishment of comparable levels of clinical service provision in rural and urban settings, new or continued support for additional non-clinical channels, such as one-to-one confidential counseling, may help to ensure that all young people receive better support.

Youth, like adults, are bound to their context and, in turn, “act out” these structures in their everyday experiences (Frohlich, Potvin, Chabot, & Corin, 2002). Sexual health promotion interventions that rely exclusively on risk factor approaches do not sufficiently account for the interactive relationship that exists between social context and everyday life. Many traditional approaches insinuate that young people’s success or failure in establishing “normal and healthy” sexual behaviour depends exclusively on their ability to modify risk behaviour or bolster positive character traits. Moreover, traditional approaches based only on classical epidemiology tend to assume that real differences in sexual health outcomes could be realized by remedying youth’s propensity to engage in risky behaviour. However, most previous interventions that have attempted to change teens’ sexual risk profiles have met with limited long-term success. In light of the findings of the current study, sexual health promotion programs and policies may benefit from a shift towards interventions that reflect the integration of agency with social structure.

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