

# A Study of Sexual Health Issues, Attitudes and Behaviours: The Views of Early School Leavers

*Paula Mayock and Tina Byrne*

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## Foreword

It is a great pleasure to introduce this important research report, which provides an insight into how a vulnerable group of young people deal with their emerging sexuality.

This research aimed to explore the sexual attitudes, beliefs and behaviours of early school leavers and how a group of young people, without the advantage of completing post-primary education, deal with the complicated issues of constructing, defining and experiencing sexual practice.

The Crisis Pregnancy Agency recognises the importance and value of high-level qualitative research that allows us to address important questions designed to explore and discover, rather than to simply quantify.

The findings of this study provide important insights that can feed into effective planning and development of appropriate preventative and supportive initiatives.

I would like to thank the authors of the study, Dr Paula Mayock and Ms Tina Byrne for their excellent work in accessing a difficult to reach population, and winning the trust and cooperation that enabled such rich data to emerge. The feelings and opinions of the young people come through strongly in the report and the language they use is challenging at times. However, we must thank the participants for their openness in expressing their views; their openness helps us to gain an accurate understanding of one of the most challenging aspects of young people's lives. This, in turn, will help us to better develop and plan information and supports for them.

It is my sincere hope that the findings of this report will contribute to further development of appropriate responses and relevant services for crisis pregnancy and its prevention in Ireland.

*Sharon Foley*  
*Director*



### *About the authors*

Paula Mayock is a Senior Researcher at the Children's Research Centre, Trinity College, Dublin. Her doctoral research is an ethnographic study of drug use among young people in an inner-city Dublin community and much of her published work is in the area of youth, drugs and alcohol use. At the Children's Research Centre, Paula has responsibility for the development and conduct of research on youth lifestyles and youth 'at risk' (linked to the Centre's research strand of 'Changing Childhoods'). Her research interests include: youth 'at risk'; young people and illicit drug use; young people and alcohol consumption; adolescent sexual health; youth homelessness and drug and sexual risk behaviour. Paula has taught qualitative research methodology at the Department of Social Studies, Trinity College, Dublin, and at the Department of Socio-medical Sciences, Columbia University, New York.

Tina Byrne has worked at the Children's Research Centre since October 2003. Before coming to the Centre, Tina completed a B.A. in Sociology and Social Policy and an MSc in Applied Social Research at Trinity College, Dublin. At the Centre, she has co-authored a report entitled, "A Best Practice Guide for Immigrants" (unpublished) and has assisted with an evaluation of the AIB Schoolmate Programme. Tina is currently working on a qualitative study of the leisure and recreational needs of young people living in socially and economically disadvantaged communities.

The Children's Research Centre was set up by Trinity College in 1995 as a joint initiative of the Department of Psychology and the Department of Social Studies. The Centre undertakes research and evaluation on issues and policies concerning children and young people. The Centre is multidisciplinary in approach and works in close collaboration with other members of the University, practitioners and policy makers, and international colleagues. It also works through partnerships with statutory, voluntary and community bodies concerned with children and young people.

### *Children's Research Centre*

The Centre may be contacted as follows:

Children's Research Centre,  
Trinity College,  
Dublin 2.

Tel: +353 1 6082901

Fax: +353 1 6082347

Email: [crcentre@tcd.ie](mailto:crcentre@tcd.ie)

Web: <http://www.tcd.ie/childrensresearchcentre/>

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*The views expressed in this report are those of the authors and do not necessarily reflect the views or policies of the sponsors*

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## Executive Summary

### Research objectives

A core objective of this study was the systematic investigation of the sexual attitudes, beliefs and behaviours of early school leavers. The study also aimed to explore the process and mechanisms whereby young people construct, experience and define their sexuality and sexual practice.

### Research methods

The research methodology was qualitative and the data collection methods comprised a mix of individual interviews and focus group discussions. Consent was sought from young people (and their parents) to participate in the study through contact with services and interventions with responsibility for intervening in the lives of young people who leave school early or are 'at risk' of early school leaving. We used a total of twelve recruitment sites, six of them Dublin-based and six located in provincial towns and cities countrywide. Individual interviews were conducted with 41 young people (23 young women and eighteen young men) between the ages of thirteen and eighteen years. Eleven of these young people participated in one of three focus group discussions conducted during the course of fieldwork. Baseline demographic data was recorded for each participant using a short pre-coded questionnaire.

### Study findings

#### *School history, current occupation and lifestyle*

The average school-leaving age for the study's young people was 14.4 years. Large numbers reported behavioural and academic difficulties and many were victims of bullying by their peers. School was depicted as a negative and intimidating experience, and for the majority of the young people school had little appeal, relevance or meaning.

Following their departure from formal education, 67% of the young people enrolled in a Youth Reach or FÁS Community Training Programme. The remaining young people were either seeking employment or awaiting a training placement at the time of interview.

Alcohol and drug consumption featured strongly in young people's descriptions of their preferred way to spend their leisure time. The vast majority were current drinkers and almost two-thirds reported lifetime use of an illegal drug. The average age of first substance use was 13.2 years for alcohol and fourteen years for illegal drugs. Cannabis was the drug of choice of the majority of the study's illicit drug users.

#### *Sexual behaviour*

- 58.5% of the young people were sexually active, with young men (72.2%) more likely than young women (47.5%) to state that they had had first sexual intercourse.
- 92.8% of young people in provincial sites, compared to 40.7% in Dublin city, were sexually active.
- The average age of first sex was 13.5 years (12.9 years for young men and 14.5 years for young women). There was no urban/rural variation in the age of first sex.

- First sexual intercourse was almost always unplanned and usually took place in the context of a one-night-stand situation.
- A small number of the study's young women reported sexual violence or coercion, and several others reported either subtle or overt pressure to have sex at some stage.

#### *Contraceptive behaviour and safe-sex practices*

- Condoms were by far the most commonly used form of contraception. Nearly 80% of the young people who were sexually active chose condoms as a form of contraception.
- 54% did not use a condom or any other form of contraception at the time of first sex.
- 63% of young women and 77% of young men reported times (since first sexual intercourse) when they did not use a condom or any other form of contraception during sex.
- There was almost unanimous agreement among young people that young men were responsible for obtaining and carrying condoms.
- All of the young people had heard of HIV/AIDS, but the vast majority had, at best, only very rudimentary knowledge about sexually transmitted infections (STIs). Many felt invulnerable to STIs and viewed the risk of HIV/AIDS as remote or even unrealistic. In general, fears of STIs paled in comparison with fears of pregnancy.
- The gay youth we interviewed conveyed a stronger awareness of the importance of using condoms to protect against STIs but they lacked awareness about the STI risks of oral sex.

#### *Attitudes to and beliefs about sex and sexual health*

- Young men and women attached different social meanings to sex and contraception and these meanings influenced their sexual behaviour and, in particular, their safe-sex practices.
- Young women were reluctant – and many refused – to buy or carry condoms. They perceived carrying condoms as a risk because it implied they were interested in or prepared for sex. This posed a threat to an otherwise 'good' or reputable identity as a feminine woman.
- Young women consistently produced accounts of a 'double standard' of sexual behaviour that encouraged young men to be predatory, knowledgeable and sexually active but disapproved of young women engaging in multiple sexual relationships and/or in certain types of sexual activity.
- Young men were aware of this double standard but rarely challenged its legitimacy, even if they felt it was wrong or unfair.
- Young men experienced constant pressures from the male peer group to display sexual knowledge and experience. This was achieved through 'performance stories' of sexual conquest and other outward displays of sexual prowess.

### *Sources of knowledge about sex and sexual health*

- Over three-quarters (78%) of the young people had received some form of sex education while attending either primary or secondary school. 87% of young women, compared to 66.7% of young men, reported exposure to school-based sex education.
- There was general consensus that school-based sex education was inadequate, too biological and did not address broader emotional, moral or social issues.
- Within the family home, mothers almost always took on the role of sex educator. Far more young women than men received parental advice in relation to sex and sexual health. The information provided by mothers to daughters was generally prescriptive in nature and the primary emphasis was on pregnancy risk and contraception.
- Both friends and the media played a strong and influential role in young people's learning about sex.
- Gay youth depended almost exclusively on informal sources of knowledge and information about sex and sexual health.

Many of the study's young people did not feel that adults understood the issues and decisions that they typically faced in their efforts to manage and negotiate their romantic and sexual relationships.

### *Policy recommendations*

We focus on eight major areas in making recommendations arising from the study findings: school-based relationship and sexuality education; targeting early school leavers and other vulnerable groups; gender and sexual health; gay youth; supporting parents in sex and relationship education; contraceptive behaviour and safe sex; youth-friendly health services and future research. All are discussed in detail in Chapter 9 of this report. The major recommendations can be summarised as follows:

#### *School-based relationship and sexuality education*

- School-based relationship and sexuality education urgently needs to be extended to all primary and post-primary schools. Individual school and student needs must be considered, and additional resources and training are required for teachers and health professionals.
- Education programmes, whether school-based or not, need to extend the scope of their messages and teaching beyond the communication of biological and reproductive 'facts'.

#### *Targeting early school leavers and other vulnerable groups*

- Early school leavers and other vulnerable groups of young people need to be specifically targeted for information and advice in relation to sexual health.
- For young people who are out of school or otherwise 'at risk', community-based youth services are one of a number of possible sites suited to the delivery of sex and relationship education.

### *Gender and sexual health*

- Education programmes and services must recognise and address the critical importance of gender and gender relations in the delivery of sexual health education.
- Young women need to be supported to develop communication and assertiveness skills that enable them to negotiate safe sex and resist physical and/or psychological pressure to have sex.
- Young men need more sex education, as well as better approaches to addressing their needs. Sexual health programmes and educators need to be sufficiently innovative to reach beyond the façade of young men's assertions regarding sexual knowledge and experience.

### *Gay youth*

- Sex education needs to aim to teach for and with difference. Heterogeneity and diversity must be recognised in relation to heterosexual youth, generally, and gay (lesbian and bisexual) youth, in particular.
- Professionals across all disciplines working with young people in relation to sexual health issues must be confident to deal with diversity and to accommodate social and cultural shifts.

### *Supporting parents in sex and relationship education*

- Parents need to be supported in their efforts to talk to their children about sex and relationships.
- Mothers need appropriate support and guidance to enable them to communicate effectively with their sons, and fathers need to be encouraged to play a more active role in the delivery of home-based sex education to their children.

### *Contraceptive behaviour and safe sex*

- Relationship and sexuality education must impart clear and accurate information on condom and other contraceptive use, irrespective of the setting in which it is delivered.
- Young people need opportunities to think about and rehearse their approach to communicating with sexual partners about safe sex.

### *Youth-friendly health services*

- There is an urgent need for sexual health services that target young people and cater for their specific needs.
- Both mainstream and youth-specific sexual health services need to be youth-friendly, confidential and non-judgemental. They also need to have the resources to reach out to and target those young people who are most vulnerable or 'at risk'.

### *Future research*

- Additional research is required to further our understanding of the sexual health needs of young people who differ by age, social class, gender and sexual orientation.

## 1.0 Introduction: setting the context

This report presents the findings from a study of the sexual behaviours, attitudes and beliefs of young people who leave school early or are 'at risk' of early school leaving. Research into the sexual lives and behaviour of young people has been neglected in an Irish context, and we currently know relatively little about the ideas and expectations that young people hold about sex or about the knowledge that informs their beliefs about sexual behaviour and sexual health. This research set out to talk to young people about their romantic and sexual relationships and to gain access to their experiences and views on a range of issues related to sexual health. This introductory chapter sets out the social and policy contexts within which the study was undertaken.

### 1.1 The social context

Young people develop an awareness of their sexual selves at an early age; yet this notion can be challenging and uncomfortable, not least because adults often find it difficult to acknowledge and discuss their own sexuality, let alone that of children and young people. When it comes to sex, children are viewed as 'innocent' and in need of protection from learning about sexuality until puberty and beyond. Thereafter, they tend to be viewed as in need of strong guidance on the 'rights' and 'wrongs' of sexual behaviour. However, it is increasingly clear that it is simply naïve to presume that children and young people are oblivious to the wide range of influences – social norms, sexual stereotyping, the media, and so on – that continually impact on how they conceptualise and understand the world around them. We now live in a society in which sex is more talked about than ever before and there is far greater openness about the subject. Openness about sex and sexuality is, however, a recent development in an Irish context.

Until the second part of the twentieth century, sex was largely a taboo subject in Ireland, due primarily to Catholic Church domination of Irish sexuality (Inglis 1998). Indeed, the Catholic Church dominated discourse on a wide range of moral issues, but particularly in the arena of sexual morality (Butler and Woods 1992). Sex tended not to be discussed publicly, and, if mentioned, the language used in the context of any such discussion adhered strongly to the Catholic Church ethos. However, from the late 1960s, the arena of sexuality slowly opened up to the public, and in the past thirty years the culture of silence surrounding sex and sexuality has altered conspicuously. In particular, the traditional discourse of sexuality – linking sexual desire with immorality – has gradually eroded, giving way to far greater tolerance and acceptance of open discussion about sex and sexuality (Inglis 1998, O'Connell 2001).

Today Ireland is unrecognisable in relation to sexuality in comparison to even ten or fifteen years ago. Until recently, for example, Ireland's hard-line conservatism on sexual matters meant that it was unacceptable to co-habit or bear children outside of the institution of marriage. Until 1985 contraception was only available on prescription from a doctor for medical reasons, or for bona fide family planning purposes; homosexuality remained illegal until 1993 and the ban on divorce was not lifted until the Family Law (Divorce) Act, 1996, which came into operation in February 1997. Alongside these changes, social norms about 'acceptable' versus 'unacceptable' behaviour have altered dramatically, and contemporary youth enter their teenage years with a vastly different set of attitudes, views and beliefs than in the past. Furthermore, the influence of the media on their expectations, understanding and experiences of sex is omnipresent. Yet,



the sexual health behaviour of young people remains mysteriously hidden, and is rarely the subject of public discussion in an Irish context.

## 1.2 The policy context

Official recognition of the need for relationships and sexuality education arose out of a number of critical developments and events during the 1980s and 1990s. Firstly, the advent and spread of AIDS and HIV brought about a major shift not only in public awareness of sexually transmitted infections, but also in the role that government felt able to play in trying to combat them. To a considerable extent, the AIDS epidemic contributed to the necessity and legitimisation of discussing sex in a number of settings, including schools. Revelations about child abuse was a second influential factor that highlighted the need to address major gaps in the provision of health education to children of all ages. Confirmed cases of child sexual abuse rose dramatically between 1980 and 1988 (McKeown and Gilligan 1988) and this, combined with strong expressions of concern on the part of Health Board personnel, led to the development of an educational programme called 'Stay Safe', which was formally introduced into schools nationwide in 1991. The aim of the Stay Safe programme is to teach children personal safety skills, particularly in relation to feeling afraid, being bullied and dealing with strangers and inappropriate touches. Finally, and importantly, the period between 1993 and 1995 saw the tragic discovery of four dead newborn babies at outdoor locations where, clearly, they had been abandoned by their young mothers. These devastating events provided the long-awaited impetus for the proposed introduction of a school-based relationships and sexuality programme.

The Report of the Expert Advisory Group on Relationships and Sexuality Education (Department of Education 1995a) made a clear case for the introduction of relationships and sexuality education (RSE). This document pointed to the radically changed context of sexuality in Ireland, drawing attention in particular to the messages conveyed about sexuality in teenage magazines and in the media generally. Other arguments for the introduction of RSE included the earlier physical maturation of children and increasing evidence of early sexual activity among the young. Finally, attention was drawn to the need for innovation and change in an era of AIDS and HIV. This report recognised the importance of sexual health for individuals and for society at large in its definition of sexuality [Department of Education 1995a: 6]:

Sexuality is an integral part of the human personality and has biological, psychological, cultural, social and spiritual dimensions. It especially concerns affectivity, the capacity to give and receive love, procreation and, in a more general way, the aptitude for forming relationships with others. It is a complex dimension of human life and relationships. A holistic understanding of sexuality will contribute to the development of personal well-being, will enhance personal relationships and will have implications for the family and ultimately for society.

The report concluded that sex education was "generally uneven, uncoordinated and sometimes lacking", and went on to recommend that RSE should be "a required part of the curriculum of each primary and post-primary school, starting at Junior primary level" (Department of Education 1995a: 18). The Department of Education announced the introduction of relationships and sexuality education in 1995 (Department of Education 1995b) and the programme commenced in schools in the autumn of 1997.

The aim of the RSE programme is, according to the policy guidelines, to help children “acquire a knowledge and understanding of human relationships and sexuality through processes which will enable them to form values and establish behaviours within a moral, spiritual and social framework” (Department of Education 1997: 4). RSE was to be taught in the context of Social, Personal and Health Education, a new subject in primary and post-primary schools (Department of Education 1995b). In 1997, the National Council for Curriculum and Assessment published guidelines for RSE in both primary and post-primary schools. This document outlined a curriculum for primary schools that is clearly oriented toward helping children to develop self-esteem and self-confidence. In it there is heavy emphasis on providing children with the language to enable them to ‘communicate confidently about themselves, their sexuality and their relationships’. In other words, as Inglis (1998: 63) points out, there is “a strong liberal dimension to the curriculum”. It stopped short, however, of the inclusion of controversial issues, including contraception, masturbation and gay and lesbian sexuality, to which there are no specific lessons devoted. Neither were lessons included on pre-marital sex, teenage pregnancy or abortion. This does not mean that schools and teachers do not have ‘permission’ to broach these issues, if school policy deems it appropriate. Nonetheless, the implications were clear: schools and teachers are under no obligation to provide children and young people with a forum to discuss the more complex and difficult issues that inevitably arise in the context of providing open and affirmative sexual health education.

An evaluation of the implementation of Relationships and Sexuality Education, based on a national representative sample of 1,400 primary teachers, 440 post-primary teachers and 343 parents who had attended meetings related to the introduction of the RSE programme into schools, was undertaken in 1999 (Morgan 2000). The evaluation also included a survey of the implementation (stages and practices) of RSE in primary and post-primary schools. On an encouraging note, this evaluation uncovered overwhelming support for school-based relationships and sexuality education on the part of both teachers and parents. However, it also revealed only modest progress in the implementation of RSE across the schools surveyed. Morgan (2000: 109) concluded:

A major conclusion of the present study is that there was a need for a relationships and sexuality programme in schools. This is borne out by the information that is available on the provision for such education before the formal introduction of RSE. It is apparent that in both schools and homes, relationships and sexuality education was not adequately catered for. In over a quarter of schools (both primary and post-primary), there was no programme of any kind in the domain of relationships and sexuality education. Furthermore, what could be described as a comprehensive programme was found only in a minority of schools.

Although there was strong support among teachers for the principles of RSE, teachers overwhelmingly identified the ‘overcrowded curriculum’ as the chief barrier to the actual implementation of the programme.

Schools are, of course, only one of a range of possible sites for the delivery of knowledge and information on all aspects of health, including sexual health and sexual relationships. The Health Promotion Unit of the Department of Health and Children has been actively engaged in the promotion of safer sex for a number of years. The National

Health Promotion Strategy 2000-2005 (Department of Health and Children 2000a) acknowledges that sexuality is an integral part of being human and that healthy sexual relationships can contribute to an overall sense of well-being. Furthermore, a strategic aim of the Health Promotion Strategy 2000-2005 is "to promote safer sexual health and safer sexual practices among the population" (Department of Health and Children 2000a: 61). Among the initiatives and interventions supported by the Health Promotion Unit is the provision of support to schools and teachers to facilitate the delivery of RSE according to best possible practice.

In recent years, efforts to address the needs of teenage parents have greatly improved, particularly with the establishment of the Teen Parents Support Initiative (TPSI). TPSI was formally launched in 1999 under the 'Children at Risk' strand of the National Child Care Investment Strategy (Department of Health and Children 1998), with the aim of providing a range of support services for single, teenage parents throughout pregnancy and until their child reaches two years of age. Three pilot projects (in South-West Dublin, Limerick and Galway) began work during the period from late 1999 to early 2000. An evaluation of TPSI commissioned by the Department of Health and Children (O'Riordan 2002a) concluded that the TPSI pilot projects had achieved their key objectives, lending support to the National Children's Strategy proposal that "the teenage parenting initiatives currently being piloted will be expanded to all health boards" (Department of Health and Children 2000b: 74).

The provision of relationships and sexuality education in Irish schools remains patchy. Furthermore, even where RSE programmes are delivered within mainstream schools, they frequently fail to meet the highly specific needs of many marginalised and minority groups, including early school leavers, homeless youth, gay and lesbian youth and adolescent refugees and asylum seekers (National Conjoint Child Health Committee 2001). According to the Combat Poverty Agency (1995), discrimination and prejudice in many settings, including the school, leaves lesbians and gay men at an extreme disadvantage. Furthermore, bullying and harassment among gay and lesbian youth leads to poor educational attainment and early school leaving (Equality Authority 2002). There is also a paucity of agencies and initiatives that aim to meet the needs of young people, and young men's sexual health needs have traditionally been neglected (Irish Family Planning Association 1997). Indeed, Morgan's (2000) evaluation of school-based RSE highlights a tendency for far less provision in boy's schools than in those catering for girls. The neglect of young men's sexual health issues and needs – traditionally reinforced by a "boys will be boys" approach to sex education (Davidson 1996) – is increasingly recognised as counterproductive and damaging to both young men and young women. Finally, early school leavers are a group of young people who are particularly likely to miss out on school-based sexuality education. The vulnerability of young people who leave school early is recognised in AIDS Strategy, 2000 (Department of Health and Children 2000c: 33), which made the following recommendation in relation to their needs:

It is recommended that early school leavers from post-primary school should receive particular attention along with those from primary school who are likely to drop out early.

The content of sexual health education for children and young people is probably one of the most hotly debated and emotional issues facing policy makers and educators today. Concern is frequently expressed that providing education about sex and relationships serves only to encourage young people to engage in sexual activity. However, research evidence suggests the opposite: that sex education in school does not increase any measure of sexual activity (UNAIDS 1997, Kirby 1997). Furthermore, permission to discuss sex and sexual health issues in an open and positive environment encourages young people to develop the confidence and competencies to move into the realm of sexual relationships without feeling apprehension, fear or shame (Aggleton, Oliver and Rivers 1998). At present, there is practically no denying that sexual health programmes, services and initiatives aimed specifically at young people are seriously lacking (Irish Family Planning Association 1997). Young people need to be encouraged and supported to learn about sex and sexual relationships in preparation for their sexual lives. As UNAIDS (1997: 29) puts it: "Failing to provide appropriate and timely information and services to young people for fear of condoning and encouraging sexual activity is not a viable option".

## 2.0 Young people and sexual health

The shift from childhood to adolescence is marked by changes in many aspects of social life and interpersonal relations. Adolescence is a period during which young people begin to experience new demands and expectations in social situations, and this requires different social interaction skills from those they employed during childhood. The process of attaining independence, and the need to establish an identity apart from others, bring about the renegotiation of relations with parents and an intensification of relationships with peers. Young people's arrival in the 'real world' of sexual feelings and relationships can be experienced as something of a shock, and as they enter this world of new social relationships they are challenged with "reconciling cultural and familial norms of behaviour with emerging sexual feelings and desire" (Weiss, Whelan and Gupta 2000:234). This chapter reviews Irish and selected international research on the sexual behaviour of young people. It highlights gaps in research on the sexual behaviour and health of young people in an Irish context and draws attention to the value of researching sexual health by talking directly to young people and taking their experiences and perspectives seriously.

### 2.1 The sexual behaviour of young people

Across Europe rates of sexual activity among teenagers have increased significantly over the past two decades. International trends suggest that the majority of young people have begun to have sexual intercourse before they leave their teens, and up to half by the age of sixteen (UNAIDS 1997). In the UK, the average age for first sexual intercourse has been declining and currently stands at sixteen years for both males and females (Wellings, Nanchahal, Macdowall et al. 2001). The proportion of young people reporting sexual activity before the age of sixteen has increased, particularly among young women (Wellings, Field, Johnson et al. 1994, Wellings et al. 2001).

In Ireland, we rely on a relatively small number of studies for information and insights into the sexual behaviour of young people, and any attempt to assess trends in sexual practices is hampered by the absence of routinely gathered statistics. Methodological

differences in the sampling strategies and research instruments further hinder direct comparisons between the available studies. Although a lack of data on adolescent sexual activity at national level precludes a complete picture of Irish teenage sexual behaviour, available regional and area-specific studies do, nonetheless, help to provide some indication of levels of sexual activity among young people.

McHale and Newell (1997) reported on a study of sexual behaviour among school-going teenagers in 'city', 'town' and 'rural' localities. This research involved the administration of anonymous questionnaires to 2,799 (completed by 2,754) fifteen to eighteen year olds (mean age 16.2 years) in 43 schools throughout Galway City and County during 1994. Twenty-one percent of respondents reported having had sexual intercourse, with boys more than twice as likely to state that they were sexually active. An age-related increase in sexual intercourse was noted: while just over 17% of sixteen year olds had had sexual intercourse, this increased to 21% at eighteen years. The mean age of first sexual intercourse was 15.5 years, with no gender difference in the reported age of first sex. However, teenagers from city schools were more likely to have had sexual intercourse than their like-aged counterparts who lived in towns or in rural localities. Two years later, Bonner (1996) conducted a survey of patterns of smoking, drinking, illegal drug use and sexual practices among sixteen to eighteen year old secondary school pupils in the Midland Health Board region using a standardised questionnaire administered to a sample of 1,654 pupils from twelve randomly selected post-primary schools. The findings indicated that 32% of the young people were sexually active, with males (38%) significantly more likely than females (26%) to have had sexual intercourse. 75% had first sex between the age of fifteen and seventeen years.

Using a combination of self-completion questionnaires and focus group discussions, Dunne, Seery, O'Mahoney and Grogan (1997) investigated young people's knowledge, values and practices in relation to sexuality, AIDS and alcohol and drug use on behalf of Cork AIDS Alliance. Questionnaires were distributed to approximately 800 young people between 15 and 24 years in Cork city. Focus group discussions – three with early school leavers and one with young people of mixed social background – were also conducted. Importantly, this study targeted both school-going youth and early school leavers in an effort to represent various sectors of the youth population. In the fifteen to seventeen year age group, 30% of women and 45% of men had had sexual intercourse; these figures rose to 45% and 61% for women and men, respectively, by the age of 24. 22% of all female and 32% of all male respondents had first sexual intercourse by the age of sixteen.

Finally, in 1997 the Midland Health Board commissioned a qualitative study of values, attitudes and norms of youth living in the Midland area. (Sheerin 1998) This research placed particular emphasis on the lifestyles of marginalised youth and, although not necessarily representative of young people's views (due to the non-random sampling methodology), it complements and expands on Bonner's (1996) earlier quantitative survey conducted in the same geographical region. Using focus group discussions and individual interviews, Sheerin (1998) investigated tobacco, alcohol and illicit drug use, schooling and educational expectations, as well as a range of issues related to mental and sexual health. While data on specific levels of sexual activity were not requested from individual young people, focus group discussions uncovered a strong perception among participants that many of their peers were sexually active; the majority believed that young people have first sexual intercourse between the age of fourteen and sixteen

years. Concern was expressed, in light of this finding, about the risk of teenage conformity to what is perceived as 'normal' or acceptable among peers. Dunne et al. (1997) also noted perceptions of pressure to have sex among some young women who participated in focus group discussions.

To summarise, available Irish studies suggest that up to one-third of sixteen-year-old school-goers may be sexually active, with young men considerably more likely than young women to be initiated into sex by the age of seventeen. There are some indications that young people who live in cities may be more likely than town and rural dwellers to be sexually active by the age of sixteen. Not surprisingly, by the age of eighteen years young people are considerably more likely to be sexually active. It should be noted, however, that since all of these studies were conducted during the mid- to late 1990s, they do not necessarily reflect current levels of sexual activity among the young, which may well be higher at this stage. It is also difficult to say, based on available research, whether the age of first sex has been declining in Ireland, although this is highly likely. What is clear, however, is that sexual debut occurs for many young people during their teenage years. Early sexual activity is an issue of critical concern, not least because it is associated with inconsistent condom use (Stationery Office 1999), as well as feelings of regret, particularly amongst young women (Wight, Henderson, Raab et al. 2000). A recent survey of the sexual behaviour, attitudes and lifestyles of 14-25 year olds in Northern Ireland found that over three-quarters of those who had first sex when they were sixteen or older used contraception, compared to just over one-third who had first sex before the age of sixteen (Family Planning Association 2002).

## 2.2 'Risky' sexual activity

Adolescence – a period during which young people experiment with a range of behaviours, including tobacco, alcohol and illicit drugs – is one of increased propensity to take risks. While the pursuit of risky activities is part of normal transitional behaviour during adolescence (Jack 1986), risk taking can have negative outcomes. Sexual risk taking, like other 'problematic' behaviours of youth, has been studied for some time and, in recent years, professional and public attention has been directed to the numerous health risks associated with unsafe sexual behaviour. Many teenagers, for example, use contraception inconsistently or not at all, thereby exposing themselves to the risk of pregnancy and sexually transmitted infections. Studies conducted in an Irish context have uncovered variable rates of condom and other contraception use. In Bonner's (1996) survey of sixteen- to eighteen-year-old post-primary pupils, 82% of those who were sexually active claimed to use contraception. However, a smaller number (70%) reported using contraception on the occasion of first sex. The most commonly used form of contraception was the condom (79%), followed by the contraceptive pill (12%), and a majority (91%) felt that contraception was the joint responsibility of both partners. MacHale and Newell's (1997) survey found that 72% of both boys and girls used a condom at first sexual intercourse. However, only 66.6% stated that they 'always' used condoms and 33.4% said that they used them only 'sometimes' or 'never'. Condom use was relatively high in Dunne et al.'s (1997) study, which included early school leavers, but lower than that reported by MacHale and Newell (1997). While 77% reported using a contraceptive on their last occasion of sexual intercourse, 41% of men and 45% of women in the 15-24 year age group did not use a condom at last intercourse.

There is some evidence in an Irish context to suggest that alcohol use and intoxication play a role in sexual risk taking. For example, in a study of 200 unmarried mothers presenting for antenatal care at a Dublin-based location, Powell, Dockeray and Swaine (1982) reported that 27% were alcohol intoxicated at the time of conception. A decade later, Fitzpatrick, McKenna and Hone (1992) found a high rate of unprotected and alcohol-related sexual intercourse in their study of teenage girls attending a Dublin-based STD clinic. In MacHale and Newell's (1997) survey, alcohol was cited by one-third of respondents as a factor leading to first sexual intercourse. Likewise, much of the qualitative data from Dunne et al.'s (1997) study suggested that young people considered both alcohol and drug use to influence sexual activity and sexual risk taking, in particular. Finally, Mahon, Conlon and Dillon (1998) identified alcohol intoxication, resulting in non-use of condoms, as one of the factors that contributed to unintended pregnancy.

Since condoms offer an effective barrier against pregnancy and sexually transmitted infections including HIV, promoting their consistent use amongst young people is a public health issue of critical importance. However, there is consistent evidence in an Irish context to suggest that lack of adequate knowledge and poor understanding of sexual health issues are significant barriers to safe sex (Dunne et al. 1997, Irish Family Planning Association 1997, Sheerin 1998). During focus groups conducted by Sheerin (1998), young people expressed a general reluctance to seek professional advice and/or information related to sexual health issues due primarily to fears that confidentiality could not be assured. This research demonstrated what the author described as "a major lack of awareness among young people about contraception" (Sheerin 1998: 33): many did not know the meaning of the word 'contraception' and demonstrated only limited knowledge of different forms of contraception. Research has also drawn attention to a number of obstacles facing young people in practising and maintaining safe sex. Dunne et al. (1997), for example, noted embarrassment associated with acquiring contraception as a significant barrier to condom use. Many of the young people interviewed for the purpose of this research were reluctant to discuss the issue of contraception with their sexual partner(s). While these studies highlight practical barriers to condom use, research in Ireland to date has not investigated young people's views on condoms and their use in any great detail. The reality of using condoms or other forms of contraception is, like sex itself, an extremely complex social negotiation. Practical barriers, such as lack of knowledge, feelings of embarrassment and lack of planning and opportunity, all impact on condom use. However, social and cultural norms and beliefs are critical and, in some cases, more powerful determinants of condom and other contraceptive use. UK-based research has drawn attention, for example, to the negative effects of power dynamics within a relationship, which reduce the negotiation power of young women (Holland, Ramazanoglu, Sharpe and Thomson 1998). Other research has highlighted the kinds of difficulties young people experience in communicating about contraception prior to intercourse, particularly in 'one-night-stand' situations (Coleman and Ingham 1999a). The negotiation of safe sexual encounters is also hampered by concern about a partner's hostile or negative reaction in the event of raising the issue of contraception (Coleman and Ingham 1999b). With the exception of Mahon et al.'s (1998) study of crisis pregnancy, we have relatively little understanding of the range of social barriers to condom use in an Irish context. This research found an association between women's reluctance to carry condoms and the social risks they attached to doing so: in particular, the risk to one's reputation. Carrying

condoms, as stated by Mahon et al. (1998: 173), was “constructed as being prepared for sex,” and this constituted a major barrier to use. How people understand and respond to ‘risk’ is, of course, not simply a matter of rational calculation; rather, understandings of risk are often culturally specific, varying with context, age, gender, class, and so on (Wight 1999, Rapp 2000).

### 2.3 Health outcomes

Two main health outcomes are noted in the health and policy literature focusing on the sexual behaviour of young people: teenage pregnancy and sexually transmitted infections. Both are, of course, related to ‘risky’ sexual activity, the topic of the previous section.

#### 2.3.1 Teenage pregnancy

Although the rate of teenage pregnancy in Ireland cannot be considered high compared to many of our European neighbours (Magee 1994, National Economic and Social Forum (NESF) 2001), teen pregnancy and early child-bearing continue to be subjects of concern and debate in society at large and, more specifically, among teachers, parents, health care providers and policy makers. This is due largely to the host of disadvantages experienced by teens who become parents at an early age and the likelihood that they will experience multiple disadvantages, including low educational attainment, early school leaving, low income and poverty (Hannan and O’Riain 1993, O’Riordan 2002b).

The incidence of lone parenthood<sup>1</sup> in Ireland rose sharply in the 1980s and 1990s and, at present, lone parent families account for about 12% of children aged under fifteen years and about 14% of families with children of that age (Fahey and Russell 2001). Between 1989 and 1997, there was an increase of almost a quarter (23.7%) in the number of lone parents (NESF 2001). However, the birth rate amongst teenagers has remained relatively stable over the past decade and is currently estimated at 17 per 1,000 of all births, compared to 30 per 1,000 in the UK (Berthoud and Robson 2001). In 1999, 6.1% of all births in Ireland were to mothers under twenty years of age, representing 3,301 births to mothers under twenty years out of a total of 53,354 of all births (Department of Social, Community and Family Affairs 2000). In this same year, almost 96% of births to mothers under the age of twenty were registered as being outside of marriage. The majority of teen parents are lone parents and female: they are not married or co-habiting with their partner and/or with the father of their child (O’Riordan 2002c).

Although Irish boys are more likely than their female counterparts to leave school early or without formal educational qualifications (NESF 2002), available data suggest that for girls, early school leaving and teen pregnancy are strongly related. For example, Fahey and Russell (2002) found that for women aged between 20 and 24 years, unmarried motherhood was strongly related to low educational attainment. Similarly, in a study of employment aspects of lone parenthood, McCashin (1997) found that 25% of ‘younger’ lone parents had either ‘no qualifications’ or ‘only primary level qualifications’. Despite the strength of the relationship between teen pregnancy and early school leaving, it is difficult to distinguish cause from effect. It is unclear, in other words, whether low

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<sup>1</sup> There is no consensus on the appropriate definition of lone parent. Lone parents vary in marital status, age, socio-economic background and entry into lone parenthood (NESF 2001). For example, according to the Central Statistics Office (2003), there were close to 153,900 lone parent families in Ireland in 2002. In 40% of these families, a widowed person was a parent; in a further 32% of families, the parent was separated or divorced and 23.9% were headed by a single parent.



educational attainment leads to higher rates of teenage pregnancy or whether teenage pregnancy leads to school drop out (Berthoud and Robson 2001, Burtney 2000). We do know, however, that young mothers are less likely to complete their education than other adolescents, thereby limiting their future employment prospects and opportunities (Richardson 2000, McCashin 1997). Teenage mothers in Ireland have only a 49% probability of having upper secondary educational qualifications, compared to 77% of other mothers (Berthoud and Robson 2001). Another observable trend is the tendency for teenage pregnancy rates to be higher in areas of socio-economic deprivation. While the Irish situation in relation to the percentage of lone parents is broadly consistent across the European Union – representing 13% of all families with dependent children in Ireland, compared to 14% in the EU (Barry, Gibney and Meehan 1998) – this figure is much higher in areas and communities where there are high levels of poverty (NESF 2001). For example, the national decline in teenage births between the mid-1980s and mid-1990s was not apparent in the Rotunda Hospital, according to Connolly, Conroy, Byrne and Kennelly (1998). This hospital serves an inner-city population with a disproportionately high number of socially-deprived women. Furthermore, the proportion of lone-parent families exceeds 30% in some local authority housing estates in Dublin's deprived inner-city and suburban localities (Corcoran 1999). Ireland is not unique in revealing a distinctive social and spatial patterning of lone parenthood and teenage pregnancy. Research conducted in EU countries and in the U.S. has demonstrated that rates of both teen pregnancy and early school drop-out are higher in neighbourhoods characterised by poverty and social deprivation (Burtney 2000, Harding 2003, Swan, Bowe, McCormick and Kosmin 2003).

Although teenage pregnancy is clearly a complex phenomenon (Phoenix 1991), both national and international research evidence indicates that it is not a random event: it is linked, instead, to a range of factors that increase its likelihood. Research shows that youths at greatest risk are more likely to live in areas with high poverty rates and low levels of education. On becoming pregnant, young women have greater fears about the repercussions of telling their parents than the fact of being pregnant (Dempsey, Heslin and Bradley 2000, Finlay, Whittington, Shaw and McWilliams 1997); they and their parents subsequently face inadequate services and supports to help them to cope with the experience of teenage pregnancy (Dempsey et al. 2000). Finally, young parents are likely to invest less effort in school, to do more poorly in school and to have low expectations for their futures.

### *2.3.2 Sexually transmitted infections*

The issue of sexually transmitted infection has, to a large extent, been overshadowed by continued public concern and debate over teenage pregnancy and childbearing. More recently, however, attention has begun to focus on health consequences apart from those related to pregnancy, including human immunodeficiency virus (HIV) and other sexually-transmitted infections (e.g. syphilis, chlamydia).

Growing numbers of people newly diagnosed with HIV have been identified in Ireland since the late 1990s (AIDS Strategy 2000). Between 1998 and 2002, there was a more than three-fold increase in the number of newly diagnosed HIV infections. According to the National Disease Surveillance Centre (2002), there were 364 newly diagnosed cases of HIV infection in 2002, a 22% increase in the number diagnosed in 2001. The majority of

these newly diagnosed cases (63.5%) were among heterosexuals and the total number of cases among heterosexuals increased by 34% between 2001 and 2002. In 2002, 80% of cases in Ireland were among people between 20 and 40 years of age; 54.5% were female and 45.3% male. Heterosexual transmission accounts for an increasing share of new HIV infections in Ireland. This trend signals a shift away from transmission via intravenous drug use and sex between men to transmissions between young heterosexual people. Heterosexual transmission is now the most frequent HIV transmission mode in Europe (European Centre for Epidemiological Monitoring of AIDS 2003).

In Ireland, there has also been a consistent rise in the number of notified cases of sexually transmitted infections (STIs) since 1990 (Department of Health and Children 2003). Notified cases of chlamydia increased by 573.1% between 1995 and 2001. This increase is of particular concern given the implications of long-term effects, if the disease is left untreated. The total number of notified STIs increased by 9.4% in 2001, compared to 2000, with the highest increases recorded during 2001, compared to 2000, for syphilis (506.5%) and infectious hepatitis B (160%) (National Disease Surveillance Centre 2002). Of a total of 9703 cases of STIs notified during 2001, 13.6% were nineteen years old or younger. While increased rates of STI infection in Ireland may well reflect a greater willingness to seek testing and treatment, it is also likely to reflect an increase in unsafe sexual behaviour.

#### 2.4 Socio-economic factors and sexual health

The intergenerational and cyclical nature of teenage pregnancy and parenthood and its links with poverty and disadvantage are widely recognised (Phoenix 1991). Put differently, social inequalities play a key role in influencing sexual and reproductive health. UK-based research has demonstrated lower academic attainment and socio-economic disadvantage to be related to early sexual activity (Mitchell and Wellings 1998a, Wellings and Kane 1999). Social background is also an important factor influencing young people's orientations toward sex, sexuality and relationships. There is some evidence to suggest, for example, that the average age of first intercourse is lower for young people from unskilled and semi-skilled backgrounds than for those from professional and managerial backgrounds (Singh, Darroch and Frost 2001).

A lot of protective sexual health behaviour appears to be dependent, at least in part, on access to information about services, information about sexual activity and contraception, and opportunities to improve interaction skills. It is logical to assume that for young people who are excluded from school or otherwise socially excluded, these paths are not open and their vulnerability is consequently higher. Early school leavers pose a particular challenge to public health promotion since they cannot be reached through school-based education programmes (Layte, Fullerton and McGee 2003). Moreover, in conditions of poverty, not only may opportunities to seek information and services be restricted, but also the services available may be of a qualitatively different nature to those accessed by those who can pay. All of these issues, according to Shaw and Aggleton (2002: 6), "relate to what is best understood not as risk, but as social and sexual vulnerability."

Inequalities linked to poverty and social exclusion are among the many factors influencing young people's susceptibility to sexual and reproductive health problems. Early school leavers are clearly a group who may be particularly vulnerable when it comes to relationships and sex. This vulnerability is linked to a range of complex and interrelated factors, including social deprivation, low educational attainment and low aspirations for the future. There is a strong correlation between early school leaving and low socio-economic status (Clancy 1995, Collins and Williams 1998, National Economic and Social Forum (NESF) 2002). Young people who do leave school early are likely to become more marginalised and are also at high risk of unemployment (Boldt and Devine 1998, McCoy and Whelan 1996). In 1999, almost 13,000 young people left school before completing their Leaving Certificate, of whom 2,400 had no formal educational qualifications (NESF 2002). Available estimates (based on 1997 figures) indicate that approximately 1,000 students do not transfer from primary to second level schooling (Collins and Williams 1998).

We, of course, need to be careful about making assumptions about the sexual activity of socially deprived young people, including early school leavers, because of the not-so-subtle insinuation that these youths are more sexual and/or more likely to be sexually active. One way of avoiding such assumptions is to focus on the perspectives of young people. Dunne et al.'s (1997) study demonstrates the benefit of asking young people to relate their experiences and their perspectives on sex and sexual health. While statistical data on adolescent sexual behaviour permits the synthesis and presentation of data pertaining to patterns of sexual behaviour, what it does not reveal is the context in which sexual risk behaviour takes place, including the factors that contribute to unprotected sex and how these factors differ for young men and young women. There is clearly a need for research that seeks out and takes seriously the experiences and perspectives of young people in relation to sex, sexual risk and sexual health.

## 2.5 Gender and sexual health

If research has highlighted social background and culture as important influences on young people's views about sex and sexual relationships, other studies have been vital in demonstrating how gender influences young people's expectations about sex and sexuality, their sexual behaviour and how they learn about sex. Mounting research evidence has exposed gender differences in how sex is experienced by young men and young women and in the meanings they attach to sexual activity. For example, Holland, Ramazanoglu, Sharpe and Thomson (2000) note that while for young men first (hetero) sex is depicted as an empowering moment; for young women the event is more varied and some may find themselves managing feelings of loss and regret.

Constructs of masculinity and femininity have a profound impact on sexual relationships and behaviour, determining, to a considerable extent, health outcomes. Women are subject to both subtle and overt sexual pressure from men (Holland et al. 1998), and younger women, in particular, may defer decisions about sexual health to their male partners. It is also claimed that holding conventional beliefs regarding femininity is a barrier to positive sexual health for young women (Tolman 1999, Holland et al. 1998). It is critical, therefore, that health care educators (and other professionals) are aware of the real dilemmas facing young women in their decision making about sex (Aggleton et al. 1998, Wollett, Marshall and Stenner 1998). Young men are also subjected to social

stereotypes and they too have a range of complex issues with which to deal. Messages from many sources, including peers, constantly reinforce and perpetuate their need to demonstrate their masculinity, encouraging them, according to Forrest (2000), to buy into a culture of male sexual competition. Other research suggests that young men have no 'script' available to them other than the 'macho' predatory male (Wight 1994, Holland et al. 1998). In addition, dominant expectations about masculinity and manliness place enormous pressures on young heterosexual men, making it difficult for them to demonstrate and express feelings (Aggleton et al. 1998). Both male and female stereotyping are embodied in social norms and reinforced through various structures within society, including the media, the home and educational settings. Gender stereotypes have a direct impact on the sexual behaviour of young people, affecting their ability to negotiate sexual activity that is acceptable, desired and healthy.

## 2.6 Sources of knowledge about sex and sexual health

Becoming a sexually healthy adult is a key developmental task for adolescents, as is the achievement of good sexual health. The task for young people is to integrate the physical, social and emotional aspects of sexuality and, while this is unlikely to be achieved by the end of adolescence, each young person will take steps in this direction as s/he moves through their teenage years towards young adulthood. Education – in its broadest sense – is essential for the development of skills that enable young people to cope with the challenge of adolescence and to move comfortably and confidently into the realm of sexual activity.

Research has highlighted four major sources of knowledge and education upon which young people depend for information, understanding and insight about sex and relationships: peers, the media, schools and parents (Burtney 2000, Forrest 1997). In the Irish context, friends and school appear to be two key sources of knowledge that young people draw on for information on sex and sexual health (Dunne et al. 1997, Bonner 1996, Sheerin 1998). Across all of the studies conducted in Ireland, young people consistently cited same-sex peers as important sources of information and advice on matters related to romantic and sexual relationships. School settings, on the other hand, are not perceived as reliable or valued contexts for learning about sex, and there appears to be great variation in both the level and type of formal sex education delivered within Irish schools. Among Sheerin's (1998) sample – including marginalised youth and early school leavers – few appeared to have received sex education outside the context of religion or science instruction, and the dominant feeling among young people was that the sex education they received was deficient and did not meet their needs. Similar views were expressed by the young people in Dunne et al.'s (1997) survey: they considered the sex education they received to be overly focused on biological aspects of sex and sexuality, leaving little or no room for the discussion of social and psychological issues and ramifications. In general, research to date in an Irish context points to a lack of confidence among young people in the school setting as a reliable context for learning about sex, sexual relationships and sexual health.

As highlighted earlier, there are sub-populations of 'high risk' youth who display particular vulnerabilities and who require programmes and innovations to meet their specific needs. Early school leavers' exposure to sex education is often limited due to their disrupted schooling. Designing policies and programmes to address vulnerability

can be complex, since interaction between factors such as poverty, gender and age may reduce vulnerability in some contexts but enhance it in others (Shaw and Aggleton 2002). Just as not all young people are 'risk-takers', not all young people who are homeless, leave school early or live in care are equally vulnerable. For a range of complex reasons, the ability of young people to take charge of their sexual lives may be very varied and whilst some are limited in this regard, others may find ways of negotiating sexual encounters that are healthy.

Traditionally, sex education has been a damage-limitation exercise and sex educators have tended to focus their energy on trying to encourage young girls to "keep out of trouble" (Davidson 1996: 20). However, owing largely to the influence of feminist thinking, there is now far greater emphasis than in the past on encouraging and supporting young women to think about their own needs in sexual relationships. However, sexual health is still presented as a female-dominated area, with services for young men being delivered by women (Lloyd and Forrest 2001). Boys have typically been sidelined or ignored, and approaches to the sexual health of young men are, at best, characterised by a *laissez-faire* approach. Young men may therefore be particularly neglected when it comes to access to, and potential benefit from, sexual health services.

Most discussions of teenage sexuality focus on its problematic aspects, particularly with respect to teenage pregnancy and sexually transmitted infections. There is no denying that these issues are important, yet we cannot deal with either effectively without recognising the normative aspects of young people's sexual behaviour and activity. Sexual health is and ought, therefore, to be seen as an affirmative concept (Aggleton and Campbell 2000). Although reproductive health and the avoidance of sexually transmitted infections and unwanted pregnancy are key components of all sexual health programmes, sexual health goes beyond the physical consequences of sexuality and incorporates experiential, psychological, and relational dimensions as well (Tolman 1999). In other words, maintaining good sexual health, in mind and in body, requires confidence, self-awareness, openness and the ability to ask questions. Sexual health is also about young people having the knowledge and confidence to read, understand and navigate the sexual world in which they live. The range of influences on young people's sexual lives is not restricted to explicit messages about sex. Instead, influences are embodied in an array of subtle and complex forms of communication. The pursuit of an appropriate and effective way to promote healthy and positive sexual behaviour logically necessitates our engagement with a range of influences, whether those related to gender or social positioning. For example, attempts to educate young people about HIV and AIDS prevention may be ineffective and even irrelevant to their practice unless they take account of the gender dimensions that are embedded in sexual relations and affect both beliefs and practices (Holland, Ramazanoglu, Sharpe and Thomson 1992). Understanding more about young people's attitudes to sexuality and sexual behaviour enables the development of policies that meet their needs more appropriately and effectively. As Measor, Tiffin and Miller (2000: 1) put it:

Effective sex education for young people can be developed only if we know more about adolescent sexuality and the viewpoints which young people bring to sex education.

## 2.7 Young people's perspectives on sexual relationships and sexual health

Adolescents are no longer fully under the control of adults, but not yet entrusted with adults' rights and responsibilities. Moreover, they are often assumed to be deficient, irresponsible and developmentally immature, and this assumption is perhaps particularly strong in the domain of sexuality. As Dowsett and Aggleton (1999: 11) point out:

[Young people] are a group whose behaviour, particularly sexual behaviour, is regarded as premature if not immature, immoral or at least unfortunate, and whose own ideas, experiences and concerns about sexuality are mostly neglected by society at large.

For the majority of young people sexual motivations are complex and may even be unclear and largely unformulated. Furthermore, the pursuit of sex may be bound up in confusing expectations and fears. To achieve an accurate and fitting representation of young people's sexual conduct in health promotion material and programmes, it is important to know more than their specific sexual practices, the age of sexual initiation or the extent of sexual experimentation of various kinds. While this kind of information is important in gauging the size of the 'problem', rarely does it help us to know how to educate, what curricula to use and how to teach.

Different discourses are used to think and talk about sex and sexual relationships, and these vary not only between young people and adults, but between groups of young people themselves. Gaining access to these discourses can be the first step in framing messages which speak to young people's own experiences and perspectives, rather than to those assumed by adults. It is critical, in other words, to understand young people's sexual behaviour and sexual relationships in ways that are meaningful to them and which take account of the contextual influences on behaviour (Aggleton et al. 1998). What sex means to young people differs from place to place and changes over time; it varies from person to person and between young men and young women. Unless an understanding of the origins and control of sexual behaviour is applied to the design of behaviour-change programmes, these programmes are unlikely to target the most important determinants of young people's sexual behaviour and are, therefore, unlikely to be successful (Wight, Abraham and Scott 1998). It is vitally important for health promotion programmes and interventions to begin from an understanding of young people's perceptions, beliefs, experiences and perceived needs. We know much less than is desirable about young people's own experiences of romantic and sexual relationships in an Irish context. The United Nations Convention on the Rights of the Child (Article 12) (UN General Assembly 1989) argues strongly that the views of children and young people need to be taken into account by others in the planning and provision of services:

Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.

This research hopes to contribute to the development of a more rounded understanding of the sexual behaviour, attitudes and beliefs of young people who leave school early or are 'at risk' of early school leaving, through a detailed investigation of their experiences, views and perspectives on sexual relationships and sexual health. Arising from this, we

aim to make recommendations for the provision of sexual and reproductive education and health services that centre on the realities of young people's lives and their needs, as they themselves express them. The methodological approach and data collection methods are described in detail in Chapter 3.

### 3.0 Research methodology

A core objective of this research was the systematic investigation of the sexual attitudes, behaviours and beliefs of young people aged between 13 and 17.5 years.<sup>2</sup> The research also sought to investigate the processes and mechanisms whereby young people construct, experience and define their sexuality and sexual practice. This study specifically targeted young people who leave school prematurely, that is, before the legal school-leaving age, which is fifteen years in Ireland. It also includes a smaller number of young people who we describe as 'at risk' of early school leaving.<sup>3</sup> Specifically, the research aimed to:

- examine the sexual knowledge, attitudes and beliefs of the study's young people
- investigate their sexual practices (including their sexual risk-taking behaviour) and examine the belief systems, concepts and ideas underlying these practices
- identify the different sources and contexts from which young people acquire their knowledge and understanding of sexual issues, and sexual health in particular
- identify the sexual health education and service needs of this group of young people.

The study sought to explore these and other key issues (e.g. condom use, views on romantic and sexual relationships) by qualitative means in order to gain a greater understanding of the factors that impact upon young people's sexual behaviour, knowledge, attitudes and beliefs. A key objective was to provide policy-oriented information and recommendations that contribute to the development of appropriate information and education for young people in relation to sexuality in general, and sexual health and sexual risk in particular.

#### 3.1 Research strategy

Our choice of data collection techniques was influenced directly by the primary objective of the study, which was to access detailed information on the experiences and views of early school leavers on issues pertaining to sexual behaviour and sexual health. It is, of course, possible to ask young people detailed and sensitive questions about sex and sexuality using a questionnaire format. However, we wanted accounts in which young people talk about their sexuality and sexual practice. We therefore selected a qualitative methodology to allow young people to talk about their sexual experiences and to access their perceptions and understandings of sexuality and sexual health.

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<sup>2</sup> Although the target group for the study was 13-17.5 year olds, we interviewed one eighteen year old. This young man was anxious to take part in the study and have his 'story' included.

<sup>3</sup> Like the term 'educational disadvantage', for which there is no clear definition or understanding in an Irish context (Bolt and Devine 1998), the term 'early school leaver' is also open to interpretation. In particular, local standards for designating early school leavers may differ in terms of the period of absence required before classifying a student as a 'drop-out' (Morgan 1998). For the purpose of this study, we define early school leavers as young people who leave school at or near the minimum school leaving age of fifteen years (Crooks and Stokes 1987), with either no qualifications or junior cycle qualifications only. Since poor school attendance is frequently a precursor to early school leaving (Smyth 1999), we included a smaller number of young people who were identified by their school or local youth service as having high levels of absenteeism and/or specific school-related difficulties. We describe this group of young people as 'at risk' of early school leaving.

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Qualitative approaches privilege participants' accounts, paying attention to how they articulate their attitudes, beliefs and expectations. This is particularly important when attempting to examine sexual behaviour, which is often the subject of conflicting and contradictory discourses, both at the level of the personal and the public. Qualitative approaches place great emphasis on context, thus problematising rigid definitions in favour of everyday knowledge and beliefs. They also deconstruct and challenge stereotypes that may well be taken for granted in quantitative surveys (Alderson 2001). For example, masculinity overlaps with notions of femininity (Moynihan 1998) and childhood capacities overlap with notions of adulthood (James and Prout 1997, Alderson 1993) in very complex ways. As Ingham and Kirkland (1997: 150) remark, "it is the wide variation in the ways people do talk about, and think about, sex that makes a discursive approach so necessary". Listening to young people's accounts of their romantic and sexual relationships offers insights into the circumstances surrounding various events, activities and behaviours as well as the difficulties and challenges young people face in the negotiation of sexual encounters. This makes them particularly useful for generating ideas and policy recommendations that are grounded in the actual experiences of young people (McManus 2003).

This study of adolescent sexual health emphasises subjective experience and places a clear emphasis on what young people themselves think and say about sex, sexual behaviour and sexual health. To this end, we used a combination of individual in-depth interviews and group discussions to elicit detailed information on the sexual behaviour, practices and beliefs of the study's young people.

### 3.2 Recruitment and sampling strategy

Our initial task in terms of establishing contact with young people who might be potentially willing to participate in the study was to establish links with key organisations and professionals with responsibility for intervening in the lives of young people who are out of school and/or at risk of early school leaving. We initially made contact with several agencies (community training workshops, Youthreach programmes, youth diversionary schemes, teen pregnancy initiatives, and so forth) in Dublin City and in selected provincial locations. All of the agencies we contacted received a detailed description of the study aims as well as a written synopsis of the proposed research strategy. In general, we received a very positive response from the agencies we contacted, a possible indicator of the perceived importance and/or neglect of sexual health programmes and initiatives targeting young people. We received permission from all except one of the agencies we contacted to visit projects – and to participate, where possible, in some programme activities – in our efforts to gain the consent of young people to participate in the study.

A purposive sampling strategy was used to recruit between 30 and 40 young people across the selected Dublin-based and provincial sites. Initially we concentrated our efforts on making contact with young people at four Dublin-based sites and three provincial sites. However, we later extended the number of field sites where we sought access to young people in order to ensure the participation of the broadest possible range of young people. Throughout the data-collection phase of the study, we recruited young people from a total of twelve sites, six of them Dublin-based and six in provincial cities and towns countrywide.



Although our sampling strategy was largely opportunistic, the rationale for selecting young people for participation included ensuring relevant diversity and coverage across key variables, including age, gender and geographical location. First, in relation to age, we targeted young people aged between 13 and 17.5 years. This age range is relatively wide and is advantageous for this reason. At the top end (17.5 years), it captures those young people who have had time to think back and reflect on early romantic and sexual encounters and experiences with the benefit of a little life experience. We expected younger participants, on the other hand, to have a perspective that was more recent and less experienced. Secondly, in relation to gender, we aimed to include roughly equal numbers of male and female respondents. Among the most important factors structuring young people's experiences are those linked to gender: gender impacts on young people's sexual experiences, their expectations and their ability to negotiate safety and risk within the context of sexual encounters. The participation of both young women and young men was therefore considered essential to generating a comprehensive understanding of adolescent sexual health issues. Moreover, since work on reproductive health and sexual health behaviour frequently focuses on the experiences of young women (Hughes, Cragg and Taylor 1999), we hoped to represent young men's as well as young women's views and experiences. Geographical location was the third variable that influenced the selection and recruitment of study participants. We aimed to include young people from Dublin city and from provincial locations throughout the country. In other words, we deliberately set about capturing a sample of young people from a variety of geographical areas, including urban and rural localities. To this end, we gained agreement from adult 'gatekeepers' to seek the participation of young people at six recruitment sites in Dublin city, four in a large provincial city (with a population in excess of 60,000), one in a rural town with a population of approximately 5,000, and one in a rural town with a population of 3,000 inhabitants. Finally, although we expected the vast majority of our young participants to be heterosexual, we did not exclude young people who self-identified as gay or bisexual. Although we did not specifically target gay youth, our final sample of forty-one young people included two young men who self-identified as gay.

### 3.3 Research methods

As stated earlier, we aimed to use data collection techniques that opened up the possibility of generating accounts of romantic and sexual relationships, as well as producing detailed information on the sexual behaviour, attitudes and beliefs of young people. The research method comprised a mix of individual in-depth interviews and focus group discussions. To aid the data management process, we collected socio-demographic details for each participant using a brief pre-coded questionnaire.

#### 3.3.1 *Individual in-depth interviews*

Individual interviews were semi-structured and intensive, covering sensitive areas and exploring what young people know about sexuality, contraception and safer sex and STDs and HIV/AIDS. During interview we explored young people's ideas about the benefits (and risks) of romantic and/or sexual relationships, their ideas about safety and risk in sexual encounters and how, what and where they learned about sex and sexuality. We also asked a series of questions about the process of dating and 'asking people out'. Where appropriate, we encouraged young people to talk to us about their first sexual experiences. All interviews commenced with a series of questions about social life, friendships, leisure activities, alcohol and drug use, school history and school

experiences, training, employment and hopes/plans for the future. This section of the interview was important, both as a means of providing key contextual information on the lives of study respondents, and as a way of easing young people gradually into the interview. The interview schedule was designed so as to move from less to more sensitive topics and areas of questioning as the interview progressed. Interviews covered the following major areas of investigation: lifestyle, leisure, education and training; attitudes to/feelings about romantic and sexual relationships; sexual behaviour; knowledge, attitudes and beliefs about sex and sexual relationships; knowledge and sources of knowledge about sex and contraception.

Owing to the diversity of the sample (particularly in terms of age), and the sensitivity of many of the issues we sought to investigate, we took our cue from young people during the interview. None of our respondents had previously participated in a research study and this, in itself, was a potential source of vulnerability. We assumed that the majority would have had little or no previous experience in discussing matters pertaining to sex and sexuality with adults beyond family members. As we embarked upon each interview, we were aware that this lack of prior experience had the potential to generate feelings of embarrassment, inhibition and/or discomfort when certain issues were raised. We were prepared, therefore, to 'discover as we went along', asking young people to tell us what words and phrases they used in their everyday 'talk' about romantic relationships. Throughout the interviews, we used ordinary, everyday language – and avoided the use of formal, medical terms – during questioning. Aware that young people may prefer adults not to use slang or 'trendy' terminology when discussing sex and sexual health with them (Mitchell and Wellings 1998b), we opted for a middle ground between slang and formal terminology, adapting our language according to the perceived level of ease and understanding displayed by the young person during interview. Open-ended questioning was used to give respondents the opportunity to express feelings, attitudes, opinions and concerns. However, particular care was taken with younger respondents not to introduce ideas or information of which they were not already aware. To this end, we devised two separate interview schedules for 'younger' (under fifteen years old) and 'older' (15-17.5 years) respondents (See Appendix 1). The interview schedule for 'older' participants was broader in scope and included more detailed questions on sexual behaviour and sexual risk taking.

Interviews were conducted in most cases at the site where contact was made with the young person through adult 'gatekeepers'. In two cases, however, the researcher conducted the interview at the home of the young person. We conducted a total of 41 in-depth individual interviews (23 young women and eighteen young men). All interviews were tape-recorded and ranged in duration from 40 to 90 minutes. At the end of each individual interview, respondents were offered the following Department of Health and Children publications: AIDS: The Facts; Sexually Transmitted Infections; and Women and Alcohol. Each young person also received a 15 Euro music voucher as a token of appreciation for the time and effort required to complete the interview.

### *3.3.2 Focus group discussions*

From a methodological viewpoint, one of the advantages of focus groups is that they expose respondents to the views of other participants, thereby creating an environment that is conducive to dialogue and group interaction. In this sense, group discussion

potentially allows access to relational aspects of sexuality. Conceptually, focus groups are useful because they move the focus from a conceptualisation of sexual behaviour as the product of individual decisions and help to focus on sexuality as a socially negotiated phenomenon, strongly influenced by group norms (MacPhail and Campbell 2001). Focus groups also allow the context that informs participants' views, opinions and decisions to be revealed, providing possible insights into methods of intervening creatively to promote healthier choice-making (Smith, Buzi, Weinman and Mumford 2001).

Given the young age of study participants and the sensitive nature of the topic under study, single-sex small groupings were considered most appropriate to the research aims. The focus groups we conducted might be most appropriately described as 'mini-group discussions' (Hughes, Cragg and Taylor 1999), since a maximum of four young people participated in any of our discussion groups. All discussions addressed general rather than specific topics relevant to sexual relationships and sexual health. In other words, participants were not asked about – and were, in fact, discouraged from disclosing – details of their sexual activities and behaviours during group work. The discussion guide was devised in accordance with the following broad areas: the social environment of young people (social life, leisure time, neighbourhood life); knowledge and sources of knowledge about sex and sexual health; the perceived importance of romantic relationships; knowledge about sexually transmitted infections; and perceived meanings and risks of romantic/sexual relationships (see Appendix 2).

Due in large part to the types of settings where we recruited young people, it was difficult to organise discussion groups and, in a number of cases, we had to abandon our efforts to do so. Practical constraints centred mainly on young people's availability. Unlike school settings, for example, where the day's routine is more or less fixed for each individual, young people did not simultaneously participate in all of the activities on offer in the training programmes where we recruited a large number of our respondents. Other considerations – including the appropriateness of grouping young people of varying ages and experiences together – further hampered our efforts to convene discussion groups. In total, we conducted three group discussions. Two comprised of young women and one of young men, totalling eleven focus group participants (eight young women and three young men). The three group discussions were mediated by a single researcher and audio taped. All of the focus group participants were also interviewed individually.

### *3.3.3 Socio-demographics*

We collected baseline data pertaining to the age, gender, living situation, school history and current occupation of each participating young person using a short pre-coded questionnaire (see Appendix 3). We also recorded data on each participant's alcohol and drug consumption. Alcohol and drug use has been demonstrated to be an important facet of the everyday lives of socially excluded youth in Ireland (Mayock 2000). Moreover, research conducted both nationally and internationally indicates that alcohol (and drug) consumption may increase the likelihood of sexual activity, as well as the likelihood of risky sexual behaviour (Kingree, Braithwaite and Woodring 2000, MacHale and Newell 1997, Mahon et al. 1998). For each young person, we recorded the age of first use for alcohol and illicit drugs, as well as use regularity (e.g. weekly, monthly) for alcohol. We also recorded lifetime, past year, past month and past week use for each individual illicit

drug (e.g. cannabis, ecstasy, amphetamine etc.). In all cases the questionnaire was administered subsequent to the individual in-depth interview. This final stage of the individual interview generally took under five minutes to administer.

### 3.4 Methodological and ethical challenges

Confidentiality and anonymity of data are key issues in social research (Robson 2002), especially when dealing with sensitive issues such as sexual behaviour (Renzetti and Lee 1993). Research with young people raises particular ethical issues in addition to the demands of 'good research practice' (Alderson 1995). The possible invasiveness of the current study, and the potential risks of violating young people's feelings of privacy and integrity, posed challenging methodological and ethical concerns. We were acutely aware that young people may be struggling with a variety of factual, moral and existential questions pertaining to sexuality and sexual relationships and that some may be struggling to cope with difficult past or recent experiences. Consequently, our approach to recruitment and data collection was highly flexible. Above all else, we aimed to be sensitive and alert to the difficulties young people may experience when discussing topics of a highly personal nature.

Social and legal rules position young people as minors with few decision-making powers (Burman, Batchelor and Brown 2001). Consequently, accessing young people under the age of sixteen years involved not simply gaining the consent of adult 'gatekeepers' but also the consent of parent(s). No interview was conducted without the written consent of the young person's parent or guardian. Parental consent forms included a statement of the research aims, a brief description of the study and guarantees of confidentiality. In keeping with recommended practice in the conduct of social research involving the participation of minors (Morrow and Richards 1996), we obtained the informed consent of each young person prior to their participation. All participants received assurances of confidentiality and it was explained that their name would not be mentioned in any written dissemination of the research findings. Asking young people about their views and experiences of romantic and sexual relationships necessarily entails the disclosure of potentially sensitive material. This has implications not only in relation to the exploitation of participants' vulnerabilities, but also in terms of the personal, emotional, psychological and social effects of disclosing painful or personal incidents. There are additional implications in instances where young people disclose a legally reportable incident (e.g. child abuse). It was not possible, therefore, to guarantee absolute confidentiality. This was made known to young people before starting the interview and they were informed that they could expect total confidentiality unless they disclosed information indicating that they or others were in physical or psychological danger. As suggested by Mahon, Glendinning, Clarke and Craig (1996), it was also explained that in the event of such a disclosure, no action would be taken without first consulting and informing the young person.

### 3.5 Data analysis

Verbatim transcripts of all individual in-depth interviews and focus group discussions were prepared. Data analysis was guided by grounded theory methodology in which data collection and analysis occur close in time (Glaser and Strauss 1967, Strauss and Corbin 1990). The research team discussed early interviews and focus group discussions and, at this stage, interview questions, topics and language were modified where appropriate.

Preliminary analysis was ongoing throughout the fieldwork phase of the research; for example, after the completion of individual interviews, it was standard practice for researchers to make a written record of notable issues and themes. The initial stage of the formal analytic process involved a thorough reading and re-reading of individual interview- and focus-group data. Open coding was used in the case of all transcripts to group concepts such as attitudes, events and behaviour under category labels. In keeping with grounded theory methodology, the young people's own ideas and concepts formed the core building blocks of the analysis, thereby permitting a perspective on the data founded on their 'stories'.

In the presentation of study findings, representations of young people's experiences and perspectives are supported by displays of excerpts from the transcripts. All quoted excerpts are presented as close as possible to participants' spoken words, although some minor editing was required in some cases in order to make narratives more comprehensible to the reader.<sup>4</sup> At times, during the presentation of study findings, we elaborate on the account of one or more participants in order to maintain continuity in the text and/or to highlight particular contexts, behaviours and/or views. Fictitious names are used throughout the text to preserve the anonymity of research participants, and all major identifiers (names of towns and other local areas, names of friends, neighbourhood 'hangouts', and so on) have been removed as a further measure to preserve confidentiality and anonymity. At the end of each excerpt from individual interviews, we identify the speaker by:

- Gender (yw: young woman; ym: young man)
- Geographical location (urban: living in Dublin city; rural: living in a provincial locality)
- Age (exact age)

### 3.6 Study limitations

This report does not make any claims regarding the prevalence of particular sexual experiences or behaviour among young people generally or, indeed, early school leavers in particular. Rather it seeks to explore a range of experiences, attitudes and behaviours relevant to the sexual health and wellbeing of the study participants. A number of limitations should be borne in mind, however, when extrapolating the findings of this study to other contexts. As with any qualitative study, care should be taken in generalising the results of this research to all Irish young people who leave school early or are 'at risk' of early school leaving. Early school leavers are a heterogeneous group whose experiences within school and out of it are diverse (Boldt 1997). The study's sample size is relatively small and there may be systematic bias in the type of young person who is willing to attend an interview about sex and sexual health. Other possible areas of bias include interviewer style and attributes. Employing three interviewers and devising a topic guide that was relatively flexible and responsive to issues raised by young people themselves was one attempt to reduce possible bias. We recognise, however, that gender influences the type and quality of fieldwork and data collection (Warren and Hackney 2000). All three interviewers were female and it is possible that a male interviewer may have elicited responses of a different kind from both female and male respondents. That notwithstanding, we opted for female interviewers, partly due to

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<sup>4</sup> A glossary of terminology used by the young people during interview is provided in Appendix 4.

constraints, but also in the knowledge that both males and females are willing to talk to a female interviewer (Spencer, Faulkner and Keegan 1988). Shoveller, Johnson, Langille and Mitchell (2004) used both male and female interviewers in their study of adolescent sexual development but found little or no variation by interviewer's gender in terms of the study participants' overall willingness to talk about their experiences.

Finally, this research should be seen as a starting point. As documented in the opening chapters to this work, relatively few studies of adolescent sexuality have been conducted in an Irish context. As with most exploratory research, this study raises questions and further research challenges in the process of seeking answers, and there is clearly a need for further study of specific areas. We will return to this issue in the final chapter of this report.

### 3.7 Researching young people's sexual behaviour

Sexual behaviour is a very difficult aspect of human behaviour to explore. Young people find communicating about sex difficult, challenging and embarrassing (Hughes et al. 1999, Mitchell and Wellings 1998a) and our experience of interviewing young people confirms this. It was evident, for example, that some of our respondents found it difficult to talk about their sexual behaviour. While some spoke openly and frankly about various aspects of their sexual relationships, others were far more inhibited when it came to expressing their experiences, views and feelings. Young men, in particular, found it difficult to talk about their emotions and some could not communicate in any depth about their relationships.

Collecting and analysing interview data is more complicated than just getting people to talk about their experiences or their beliefs and attitudes. We acknowledge that people's behaviour does not always conform to what they present as 'the ideal', in terms of their preferred 'standards' of appropriate or desired behaviour and/or outcomes. It certainly cannot be regarded as self-evident that one can or should treat interview data as transparent productions of informants' private experiences (Atkinson 2001). This is certainly the case with accounts of sexual behaviour, which are based on deeply personal experiences and individual interpretation. As researchers, we are aware that there are dangers in assuming too great a degree of authenticity in the views and descriptions of any one individual respondent. It is well established, for example, that the accounts people give about their circumstances and behaviour vary according to the audience and context (Aggleton, Ball and Mane 2000). The same young person may therefore relate different aspects of their experiences to different people or to the same person in a different context. There are also likely to be constraining factors present in how much or how well young interviewees relate details of their sexual practices, beliefs and attitudes. For example, the vast majority of our respondents were not accustomed to discussing sex and sexual relationships. Moreover, the structural and environmental factors that exacerbate the vulnerability of certain groups of young people (for example, socially excluded youth, early school leavers, gay and lesbian youth) do not simply evaporate at the door of the interview room. Young people may, therefore, be or feel seriously constrained in what they say and in the views and opinions they offer in the context of the interview.

In the chapters that follow, we present a large number of the stories and accounts communicated to us by the study's young people. Our aim in selecting data for presentation has been to represent young people's views and experiences, including those views and experiences that were more 'marginal'. The findings are constructed around young people's accounts in a way that permits a range of themes to emerge from similarities and difference in their stories.

## 4.0 The study's young people

This chapter presents a brief profile of the young people who participated in the study, focusing on age, gender, area of residence and sexual orientation. We also note their living situations and their parents' occupational status. In this chapter we also report on several aspects of the young people's daily lives and their social experiences, including school and work-related experiences, lifestyle and leisure activities and alcohol and drug consumption. These data are important since sexual behaviour is part of an extraordinarily complex larger picture within which the social worlds of young people play an influential role.

### 4.1 Sample profile

A total of 41 young people were interviewed individually for the purpose of the study. Eleven (eight young women and three young men) of those who were interviewed individually also participated in focus group discussions. The sample included 23 young women (56.1%) and 18 young men (43.9%). Table 4.1 provides the breakdown of the sample by criteria including age, gender, sexual orientation and geographical area of residence (rural versus urban).<sup>5</sup>

**Table 4.1 Breakdown of study participants by sampling criteria (N=41)**

<b>Age (Years)</b>	13-15 Years, N=23	16-18 Years, N=18
<b>Gender</b>	Female, N= 23	Male, N=18
<b>Sexual Orientation</b>	Heterosexual, N=39	Homosexual, N=2
<b>Location</b>	Dublin, N=27	Provincial, N=14

Study participants were aged between thirteen and eighteen years, with an average age of 15.2 years for the total sample. Twenty-three (56%) of the young people were aged between thirteen and fifteen years and the remaining eighteen (44%) were between sixteen and eighteen years. There was practically no difference in the average age of rural and urban participants. Twenty-seven (66%) of the young people resided in Dublin city and the remaining fourteen (34%) lived in one of the three provincial recruitment locations (see Chapter 3). The age composition of the study's sample is presented in Table 4.2.

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<sup>5</sup> We acknowledge that this 'rural' and 'urban' demarcation is somewhat artificial since we recruited some of the 'rural' respondents from a provincial city with a population of more than 60,000 inhabitants. However, it is a useful way of differentiating between young people we interviewed in Dublin city and those who lived in provincial locations. Throughout the presentation of study findings, we use either 'rural' or 'urban' at the end of each quotation to identify the speaker's living location (urban: living in Dublin city; rural: living in a provincial area).

**Table 4.2 Breakdown of study participants by age (N=41)**

Years	No.	%
13	4	9.8
14	6	14.6
15	13	31.7
16	12	29.3
17	5	12.2
18	1	2.4
<b>Total</b>	<b>41</b>	<b>100.0</b>

Twenty-one (51.2%) of the respondents lived with both parents and twelve (29.2%) lived with one parent, usually their mother. Four (9.7%) lived with relatives and, of these, three moved out of their family home following the death of both parents. Two (4.8%) young people (one young woman and one young man) lived in residential care and another young woman spent some time in foster care during childhood. Finally, two of the young women we interviewed were mothers; one co-habited with her romantic partner and the second lived alone.

No formal measure of socio-economic status was used during data collection. However, respondents were asked for information on the current occupational status of their parents. Over half (56.1%) of the participants reported that their fathers were in full-time employment; the fathers of 14.6% were unemployed. A relatively high percentage of the mothers (53.7%) were also in full-time employment and 73% had worked outside the home at some stage. Practically all of the study's young people lived in a geographical area characterised by economic and social deprivation.

#### 4.2 School experiences

As a social environment, school plays a major role in shaping personal identity and fostering peer relationships (Drudy and Lynch 1993, Hill and Tisdall 1997). Education and schooling play a critical role in the socialisation process and the school is a key site for learning societal attitudes and values. The majority of the young people we interviewed for the purpose of this study left school before the legal school-leaving age and a large number did not have any formal educational qualifications. A smaller number (n=8) were still attending secondary school at the time of interview. All of those still in attendance (aged between 13 and 14.5 years) had been identified by a home/school community liaison and/or youth workers as being 'at risk' for early school leaving.

The average school-leaving age for our study respondents was 14.4 years. Five young people left school before the age of fourteen years. All completed their primary schooling and the vast majority attended a second-level school for a period of at least one year. A very large number (n=24) were suspended from school at some time and eight reported multiple suspensions; ten stated that they were formally expelled from school. This suggests that the majority had difficulties adhering to school rules and that behavioural difficulties contributed significantly to suspensions and other relationship problems with teachers.



Early school leaving is a process that develops over time and there is no single cause or factor that determines early school leaving; rather, there are a series of events and circumstances that contribute to this process (Boldt 1994). During interview, we asked young people to discuss their school history and their school experiences in some detail. We also encouraged them to express their feelings and attitudes towards school and to explain the circumstances surrounding their departure from formal education.

A large number of the young people found school to be difficult in terms of keeping pace with the expected level of academic achievement and/or conforming to school rules and regulations. Many reported breaking school rules, whether those related to dress or other codes of conduct and, as a result, disagreements and clashes with teachers and management were an almost-constant feature of daily life.

The teachers were very mean, very cruel ... they'd write home snotty letters to my parents about make-up and me nose. See I used to have me nose pierced. I got that taken out because I couldn't wear it in school. I was only a wincey thing like, you know. (yw, rural, 16.3)

A considerable number had difficulties keeping up with the pace of learning in the classroom. Several stated that that they were always "behind" and found it difficult to cope with the academic demands of school.

You see I'm a slow learner, I had two teachers for English and one for math which I was very slow but, I still hated school, most teenagers hate school. (yw, rural, 17.2)

I didn't like school, didn't suit me ... I wasn't able to study or nothing at home, couldn't concentrate. (ym, rural, 15.9)

Young people typically expressed extremely negative attitudes towards school, citing problems with school work, school attendance, as well as problematic relationships with teachers. Many expressed a loathing of school and all that it represented in their lives: trouble, disappointment, rejection and failure.

[Are there things you don't like about school?]

The teachers they just wreck me head, they keep roaring at ya every thing ya stand up to them. (yw, urban, 13.9)

Teachers, they hated me. Like I tried to get along with them and they just hated me. So I started hating them back. (yw, urban, 15.5)

Claims that the school was "too strict" or "boring" were widespread and the accounts of many others suggest a belief that school could not enhance their future prospects. As one young person put it: "Nothing was ever going to come of school". Poor relationships with teachers frequently led these young people into verbal or physical 'acting out' behaviour within the classroom. Suspension frequently followed these incidences of bad behaviour and, in some cases, young people appeared to orchestrate their suspension or expulsion from school.

[Why did you decide to leave?]

They threw me out. I was being cheeky and destructive and I threw a table at the teacher. She just didn't like me, like I wouldn't even do anything and she'd put me outside the door, she just hated me. (yw, urban, 17.1)

I got expelled out of two schools. Mitching and just not going in. I actually didn't mind getting expelled, I just wanted to get out of school. ym, urban, 16

Only a relatively small number of young people left school in circumstances unrelated to behavioural or academic difficulties. For example, one young woman was admitted to hospital suffering with anorexia and did not return to school. Both of the young mothers we interviewed left school during pregnancy. One, however, claimed that pregnancy was not the factor that determined her leaving:

I wouldn't have liked to have stayed in school. I wouldn't have minded if people were staring at me because I wasn't really bothered that much about rumours because all my school years no one really paid that much attention and no one ever came up to make friends with me. I had two close friends in school and they supported me, they didn't say anything. If anyone looked at me I just couldn't be bothered with them ... They brought the Leaving Cert Applied into our school and I did that until I was three months pregnant and then I left. I wouldn't have wanted to stay in school anyway. (yw, rural, 16.8)

Reports of bullying were common and a number of our respondents were victims of some form of bullying by peers. Bullying can manifest itself in a number of forms, including verbal, gesture, exclusion, extortion and physical bullying (O' Moore 1995). Victims of bullying in our study typically reported verbal bullying, including name calling, "slagging", jeering and taunting. However, one young woman told how her other pupils destroyed her personal property and issued threats:

It's still happening [bullying]. I was in school and these girls hurt me bad and took all me books out of me locker and ripped them up. And ... eh ... said they were going to kill me after school an' all. (yw, urban, 14.9)

Young people found it very difficult to cope with bullying, particularly when it continued over an extended period of time. Experiences of bullying led some into uncharacteristic aggressive responses as the following quote illustrates:

I was in first year when I got kicked out. I was always getting picked on. This scum used to pick on me with his mates. I nearly stabbed a young fella in first year, I had a chisel stuck up to his neck. Them young fellas never got kicked out, it was only me. (ym, urban, 15.2)

Although this disturbing account was not a general trend among the participants who were the victims of bullying, the experience of being bullied was a major source of distress for the majority who were victims. Both of the gay youth we interviewed reported verbal taunting at school. In the account below, one described how his refusal to get involved in fights in the school yard led to jeering and name-calling by other students. This young man attributed depression during his early teens directly to his experience of bullying.

[You mentioned you were bullied at school can you tell me about that?]

I can't remember when it started but like it all started when I was younger, and like because I didn't fight everyone used to call me gay and queer and all that.

[That must have been very difficult for you]

It made me very depressed and I didn't want to go into school or anything.

(ym, urban, 18)

In another account, a fifteen-year-old gay youth claimed that being called “queer” or “faggot” by other pupils did not bother him. However, he acknowledged that others might respond differently to this form of abuse by like-aged peers.

[Were you ever bullied in school?]

Just name calling which doesn't bother me at all. Just the usual: queer, faggot, stuff like that. Doesn't bother me at all.

[Do you think it would bother other people?]

Each to his own isn't it? I wouldn't personally get bothered by it now. But that's not to say that someone else wouldn't. (ym, rural, 15)

Prejudice based on sexual orientation is an issue that affects both male and female pupils (Equality Authority 2002). Moreover, lesbian and gay adolescents learn quickly that school often means ridicule from teachers, harassment from fellow pupils and refusals from school administrators to punish verbal and physical assaults (Dennis and Harlow 1986, Van Wormer and McKinney 2003). Neither of the gay youth we interviewed received any positive support from the school that might have helped to combat the bullying they experienced.

A considerable number of the young people were content with their decision to leave school. Indeed, some expressed a profound sense of relief that they no longer had to endure the negative feelings that school evoked. Many described themselves as “happier” and more confident than they had been when attending school.

I started in Youthreach in September last. At first I was a bit shaky getting to know everyone but I'm getting on okay, I think I'm getting there. I've made friends already so it's good. I'm enjoying it. It's a lot better than school. And it's really helping myself. I feel I can actually [pause] ... I'm more confident in myself and everything like that and I'm just enjoying it really. The subjects as well, I'm doing woodwork which I never done before and art, I didn't do that before either. (yw, rural, 17.3)

Others, however, found it difficult to adjust to largely unstructured days and the initial euphoria of having left school quickly turned to feelings of regret.

I didn't think it would be this hard [to get a job] though. If it was again, to tell you the truth, I wouldn't be leaving school if I knew it was going to be like this, bored every day. The sorriest thing I ever done was left school. If it was again now I wouldn't. (ym, rural, 16.8)

A large number of the young people we interviewed were acutely aware of the limitations confronting them in the absence of formal educational qualifications and some hoped to complete either their Junior or Leaving Certificate at some time in the future. Many openly acknowledged the difficulties associated with finding employment in the absence of educational qualifications.

I was mad I left like, I was going to do me six years. I could have got a fairly good job and had me Leaving Cert behind me, and go places. (yw, urban, 15.7)

I would have loved to have done me Leaving Cert, but like I know you need a Leaving Cert for most jobs these days. (ym, urban, 15.6)

To summarise, the vast majority found the experience of school both challenging and difficult and practically all reported both behavioural and academic difficulties. Reports of bullying were widespread. School was a negative and intimidating environment for most, and the accounts we received strongly suggest that, at the time of leaving, school had little appeal, relevance or meaning. Yet, a large number regretted leaving school early, due mainly to the constraints imposed by the absence of formal educational qualifications.

### 4.3 Present occupation and training

Success in school has profound implications for young people's life opportunities and for their future prospects vis-à-vis entry to the labour market (Drudy and Lynch 1993). Youthreach schemes and Community Training Workshops are two initiatives that target early school leavers, offering a wide range of subjects, skills training and work experience. Participants in these projects may complete Junior Certificate, Leaving Certificate and/or enter into an apprenticeship. The schemes therefore provide opportunities for training not otherwise available to early school leavers, in addition to a minimum weekly income. However, the route of progression does not always operate smoothly and some young people return to unemployment and inactivity having completed a course or scheme (Rourke 1994).

Many of the young people had not made definite plans for the future at the time of leaving school. In a sense, their preoccupation with leaving meant that they did not give adequate consideration to alternatives to school: "The only thing I had in me mind was to get out of the school. Then once I got out of school I started thinking about what I was going to do." For a considerable number, the period subsequent to leaving was a difficult one. The following account highlights the instability and unpredictability of day-to-day life in the absence of the familiar routine of school attendance.

[Did you try to get a job?]

I'm looking for a job now. I was doing a FÁS course and I just left that. I tried, done a load of interviews and sent in CVs and ring them. But none of them got back to me.

I'm thinking about going over to England to my brother, he's living over there now for the past year and a half. (ym, rural, 16.8)

Some immediately set about finding a job, but met with limited success because of their age and lack of experience. Others were more successful in their applications and managed to pick up part-time work. In general, young people reported mixed reactions to their work experiences – whether in apprenticeships or full-time employment – since leaving school:

[At the time you left school what did you plan or hope to do?]

I did an apprenticeship, I walked out of it, I couldn't hack it. I had to be there for eight o'clock and it takes about an hour and a half to get there. So I was getting up at about five in the morning for the first bus. (ym, urban, 16.7)

I was working in a café and at the start I got on brilliant, on brilliantly with the boss but, then he just sacked me for no reason so, I did like it, it was alright.

(yw, rural, 16.9)

Following their departure from formal education, over two-thirds (67%) enrolled in a Youthreach or FÁS Community Training Programme. Most others were either actively seeking employment or awaiting a training placement at the time of interview. In general, young people reported positive experiences within their training placements. Several talked, for example, about a culture and ethos within the training programmes that they found both positive and appealing.

The teachers are so casual like and they're not really dead strict on you; you wouldn't be terrified coming back in to school the next day like [...] It's not like strict; they are strict like but they don't give you detention or anything like that. When the teachers treat you proper, then you're going to treat them proper as well.  
(yw, rural, 16.1)

The majority viewed their attendance at these programmes as an opportunity to complete their education and to acquire qualifications that would enhance their future prospects of gaining entry into the labour market.

[Are you happy with what you are doing now?]  
I am doing me Junior Cert here and then see what follows on after that then. I always wanted to work in a crèche with all little babies. They have courses here for that so I might stay on for that. (yw, urban, 15.5)

I'm doing a yoke with FÁS; it's for electrician. I passed four tests in FÁS already. Passed the test for wiring an all that. I passed woodwork and metal work, an all that. Me ma went down to see the metal that I made an' all. (ym, urban, 14.2)

When asked to describe their hopes for the future, responses varied. The majority articulated a desire to obtain a qualification and "a good job". A considerable number were optimistic about the future; others, however, viewed the future with uncertainty.

[What are your hopes for the future?]  
What I want to do? I'm just not thinking about it, I don't think about it, I don't think ahead of meself, you know what I mean? I just take things as they come.  
(yw, rural, 14.9)

At the time of interview, most were concentrating their energies on obtaining a skill or academic qualifications from the training scheme where they were enrolled. Young people invariably expressed a desire "to do well in life" and to "get a proper job", even if they were unsure what their next step might be or what prospects the future really held.

#### 4.4 Social life and leisure activities

During interview, we asked young people to tell us about their social life and leisure activities. The topics specifically targeted for exploration with study respondents included friendships, leisure activities and 'going out'. We also questioned young people about their alcohol and drug consumption. Unsurprisingly, peers featured strongly in young people's accounts of their everyday activities, whether at school or at work. Best friends were of great importance, particularly among young women. Although young men distinguished between their "mates" and closer friends, they tended not to single out any one person or friend who was more important than others. Mixed-sex peer groups were the norm among the study's older respondents, with younger teenagers more likely to 'hang out' with same-sex peers.

In general, young people's accounts revealed a glaring lack of social amenities in the neighbourhoods where they lived. Recreational facilities for children and young people were clearly inadequate and this was true for both rural and urban settings. Most complained about having "nothing to do" and they spent much of their time simply 'hanging around' the housing estates where they lived.

[How do you spend your free time?]

Normally we just stay around the estate, just stay and talk, or maybe in my house or a friend's house. There's nothing to do really like. There was a gym actually but it was closed down. If they opened up a leisure centre it would be packed.

(ym, rural, 16.3)

Young people's main leisure activities included visiting friends, listening to music, watching television and playing computer games. The majority of the study's young men were involved in sporting activities, including football, boxing and snooker. Football was usually played at a local pitch or on the street. Irrespective of gender, the local football pitch was a focal point of neighbourhood social life for the young people we interviewed.

[Can you tell me a little bit about your friends and what you do together?]

We stay in the flats and we just listen to music or sometimes we'll go down the football pitch and bring the radio with us. We all like put in for batteries, money for batteries. (yw, urban, 13.8)

For the study's young men, football (or other sporting activities) was a preferred way to spend their leisure time. Young women, on the other hand, tended to 'hang out' in their bedrooms or on the street; they went shopping or to the cinema less frequently. At night time, young people congregated at meeting points in the neighbourhoods where they lived. For many of the participants – particularly those who lived in Dublin city – local discos (for under-18s) were a favourite way to spend a night out. Nights out were paid for from their weekly earnings and, in most cases, they had additional pocket money from parents, older siblings and other relatives. These local discos were also the sites of incidences of illicit drug use and/or dealing. Fighting was also reported between different 'gangs' of youths who attended.

[Have you ever been to a nightclub?]

Yeah. Always expect the unexpected. Someone could just come over and give you a dig. Then you give them a dig back. They have their crew, you have your crew, bleedin' murder. It's not worth it. (ym, urban, 16.9)

The majority of the young people in this study were aware of the availability and sale of illicit drugs. However, the initial experience of a drug offer took many by surprise, and a number appeared to be unsure of what exactly was taking place at the time. One young woman described her first drug offer.

[Did you enjoy the disco?]

No, when you're in there you do get offered, you still get offered E and all that stuff and they'd just be coming over, "Are ya lookin'? Are ya lookin'?" I didn't know what they were on about. (yw, urban, 14.4)

Similar reports of drug offers emerged from the young people we interviewed in provincial sites, albeit less frequently. Rural youth tended to rely less on youth discos and appeared to have more access to licensed premises. In general, they were not served alcohol in pubs but they were allowed to play snooker or video games.

[Do you socialise in pubs at all?]

I do go into pubs to play pool an' all that but I never ever bother asking for a drink. If they know your age, once nine o'clock comes you're out like. (yw, rural, 14.9)

Nonetheless, the young people we interviewed in provincial areas were far more likely to report that they had been served alcohol in a public house and a considerable number had also gained admittance to clubs on occasions. Young women described dressing up and wearing make-up to make themselves "look older". Several commented that it was easier for young women than young men to talk their way into pubs and clubs, even if it had become more difficult in recent months.

I'd say in the last three months or more they've gone really strict, they won't take any excuses at all, so it's hard enough. (yw, rural, 17)

As the data presented in the following section reveal, alcohol (and drug) consumption played a central role in young people's social lives.

#### 4.5 Alcohol and illicit drug consumption

Alcohol and drug consumption featured strongly in young people's descriptions of their preferred way to spend a weekend night out. Indeed, the extent of young people's alcohol- and drug-related experience was a striking feature of their accounts. On average, young people had their first alcoholic drink at 13.2 years and the majority sampled alcohol for the first time in the company of friends. The vast majority (87.8%) were regular drinkers, that is, they drank at least once weekly. Preferred alcoholic beverages were equally divided between lager (24.4%) and 'alcopops' (24.4%)<sup>6</sup>. However, several stated that alcopops were "too expensive" and that they frequently opted for cheap lager as an alternative. Cider was the preferred drink of 19.4% and the same number stated that they preferred to drink vodka and Red Bull. Finally, 5.6% of the sample drank a strong fortified wine.

Alcohol was consumed in a variety of locations, most frequently on the street or other outdoor locations, including abandoned buildings and parks. Street drinking - referred to as "knacker drinking" by young people in Dublin city and as "bushing" by young people

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<sup>6</sup> Alcopops are alcoholic fruit juices that are frequently referred to as 'designer drinks' (Brain, Parker and Carnwath 2000, Brain and Parker 1997). According to the recently published National Health and Lifestyles Survey (Kelleher, NicGabhainn, Friel et al. 2003), the consumption of alcopops among girls more than doubled from 3.1% in 1998 to 8.1% in 2002.

in provincial sites – was a popular weekend activity. Young people drank less frequently in their own or a friend's home, when parents were not present. Most of the young people could not purchase alcohol at their local off-licence and they usually asked an older sibling, a friend or a stranger to purchase alcohol for them: "Fellas get cans for us. They hang around down there; they're old enough."

Overall levels of alcohol consumption were high. The majority, for example, reported drinking at least six cans of lager or cider, six or more bottles of alcopops or several measures of a spirit, usually vodka, during a single drinking episode. Young people reported both positive and negative changes in their behaviour during their drinking occasions. On the positive side, alcohol reduced inhibitions and enhanced their confidence to do and say things that they would not otherwise say or do. However, this also had disadvantages and several admitted to having behaved uncharacteristically when intoxicated. In some cases, intoxication led to clashes with the police and a number were arrested and cautioned by Gardai when under the influence of alcohol. Others reported losing consciousness and/or having no memory of certain events on some of their nights out.

[Have you ever been drunk? Can you tell me what happened?]

Two fellas were saying I was talking and giving out that night. I couldn't remember a thing, I woke up the next morning and I was like, 'what happened?' and they told me and I was like, 'Ah shit.' (yw, urban, 15.9)

In general, these negative experiences did not act as a deterrent to drinking alcohol. Drinking was synonymous with socialising and going out and was regarded as a normal and acceptable way to spend time with friends. Young people enjoyed the alcohol "buzz", which was inextricably linked to peer interaction and socialisation. A smaller number reported pressure from their peers and stated that they drank alcohol, not for pleasure, but to be part of "the gang".

[Do you usually drink alcohol when you socialise with your friends?]

You have to do it or you're not part of what other people do like. If you don't do it like you're not cool or you're not in the gang or something. (yw, urban, 13.9)

Alcohol consumption was integral to the weekend leisure activities of the majority, and only a relatively small number (12.2%) had never consumed alcohol. However, these non-drinkers voiced strong opposition to drinking and typically described drunkenness as unacceptable behaviour. This view was particularly common among young people who were committed to sporting activities and was more common among young men.

[Have you ever tried alcohol?]

Never even tried. I want to make it for a football team ... they drink to look cool, that's the only reason they drink. (ym, urban, 15.2)

In Ireland, drug use can no longer be viewed as a minority activity (Mayock 2000). Indeed, Irish school-goers are among the most drug experienced youth populations in Europe (Hibell, Andersson, Bjarnasson, Kokkevi, Morgan and Narusk 1997, Hibell, Andersson, Ahlstrom, Balakireva, Bjarnasson, Kokkevi and Morgan 2000). While cannabis remains the most popular drug, young people are increasingly likely to experiment with a range of other substances, including ecstasy, LSD and amphetamine. High rates of illicit drug



consumption have been documented among young people – many of them early school leavers – who live in disadvantaged areas of Dublin’s inner-city (Mayock 2000, 2002).

Nearly two-thirds (61%) of the young people we interviewed reported lifetime use of an illegal drug. The average age of first drug use was fourteen years, and rural and urban youth were equally likely to state that they had ever tried an illicit substance. 58.3% of young women, compared to 64.7% of young men, had used an illegal drug at some time. All who reported drug experimentation cited cannabis as their drug of choice and a considerable number smoked cannabis at least once weekly. Ecstasy emerged as the next most popular drug, with 29.3% reporting that they had used the drug on at least one occasion. Finally, 17% had used magic mushrooms, 9.8% reported experimenting with amphetamine and/or cocaine, 7.3% had used inhalants and 4.9% had tried LSD. None of the young people we interviewed had experimented with heroin and the majority ranked both heroin and cocaine as ‘hard’ drugs. These substances were considered to be ‘out of bounds’ by practically all of the young people we interviewed.

Cocaine, I wouldn’t go near it and heroin and all that, no way, and like you know all the harder drugs like that. (yw, rural, 14.9)

Drugs were easily accessible and cannabis use, in particular, was considered to be the ‘norm’ in many of the social arenas where young people ‘hung out’. Several of the young people who resided in Dublin city reported high exposure to illicit drugs; ‘hard’ drug users were clearly highly visible in the areas where a number resided.

Well I see junkies banging up on the stairs everyday and snorting Coke an all. Kids of eight and nine that smoke Hash, but I wouldn’t touch it. No it’s one thing I’d never do. (yw, urban, 13.9)

As with alcohol consumption, illicit drugs were praised for their psychoactive effects, or “the buzz”, as it was commonly referred to. The majority of the study’s drug users considered cannabis to be a relatively innocuous substance and some regarded it as less ‘risky’ than alcohol.

[Have you ever tried cannabis or any other drug?]

Like it was a nice buzz because you’re just mellowed out, just chilling and listening to music. Like some drugs are bad enough like drink kills you quicker than most drugs. (ym, urban, 18)

Regular cannabis smokers enjoyed what they described as the relaxing effects of the drug. However, cannabis-induced effects appealed less to others, who described them as “sleepy” or “dopey”; these young people tended to be less committed users of the drug. However, irrespective of individual levels of use, cannabis was regarded as the ‘safest’ drug and the least likely to cause harm.

I smoke Hash but I don’t ever take E’s, because they can kill you and you see the druggies walking around, no brains these people. (ym, rural, 15.1)

Not all young people shared the views of the young woman above and, in sharp contrast, many of the study’s stimulant-drug users depicted ecstasy effects as exhilarating. However, most young people were keen to emphasise the risks associated with stimulant and hallucinogenic drugs and a number reported negative experiences or “bad

trips". The following account details the experience of a young woman who claimed to have been 'spiked' with acid.

Luckily I didn't jump off a bridge or anythin' like that. I seen Roger Rabbit, Mickey Mouse and I seen Mars Bars and everythin' and I shook hands with Jesus Christ. (yw, rural, 14.9)

While young people acknowledged that there were risks associated with drug use, the majority minimised negative drug effects and focused to a greater extent on the benefits or pleasures of drug consumption. To a considerable extent, young people emphasised the social rewards of drug consumption: the way in which drug use enhanced peer-group interaction and solidarity. It was rare for young people to report using illicit drugs alone.

Non-users usually expressed strong anti-drug sentiments and frequently stated that they would not use drugs because of the risk of addiction. Abstainers were frequently – though not always – younger than their drug-using counterparts and they appeared to distance themselves from individuals and social settings where drugs were in use. They were also more fearful of the negative consequences of drug use, including the social risks associated with police detection and apprehension.

A few friends smoke it but I can't, I applied for the army so I can't do that. I want to stay away from all that. If I was caught with that stuff I would never get into the army. (ym, rural, 16.3)

Overall, this group of young people were drug-experienced and, certainly, the majority were drug-aware. Drugs were easily available in the social settings where they 'hung out' and a large number were positively disposed to drug experimentation. All regarded their drug consumption as 'recreational'. They used drugs for "a buzz", and their motives for drug use were broadly similar to those of alcohol-only consumers, who valued alcohol, at least in part, for its 'hit' value.

#### 4.6 Conclusion

Practically all of the young people interviewed for the purpose of this study lived in neighbourhoods characterised by social and economic disadvantage. In general, there were few amenities available to young people and local recreational facilities were inadequate or non-existent. Most spent their leisure time 'hanging around' with friends and, for a large number, alcohol and drug consumption featured prominently in their descriptions of peer gatherings. To a large extent, weekend socialising revolved around alcohol and/or drug consumption.

Young people's experiences of school were overwhelmingly negative and large numbers reported behavioural and academic difficulties. Others experienced bullying and, in general, young people's accounts indicate that school was a difficult setting, in terms of their relationships with teachers and/or friends. At the time of interview, most were attending a training programme in the hope of improving their academic skills and their chances of gaining employment in the future.

## 5.0 Romantic relationships

Adolescents face the complex task of coming to terms with their own sexuality and learning to relate to others in a sexual way (Moore and Rosenthal 1993). Regardless of their sexual status, most young people engage in protracted struggles concerning a multiplicity of questions about their development as sexual beings. Although increased interest in the opposite (or same) gender is considered a defining feature of the adolescent period, research on young people's romantic relationships is extremely sparse (Brown, Feiring and Furman 1999). Romantic relationships are central to teenagers' social worlds; in addition to encouraging a sense of relatedness to others, romantic experiences may help young people to successfully establish autonomy as they explore extra-familial relationships and come to rely less on parents (Gray and Steinberg 1999).

This chapter presents findings on young people's romantic relationships, the social and interpersonal processes surrounding the formation of these relationships and their views on the importance and meaning of romance. In analysing young people's romantic relationships, is not our intention to 'separate' romance from sex; rather, attention to the processes that surround the formation of romantic relationships can produce new insights into young people's lives and their sexual relationships and sexual health status. As will become apparent in Chapter 6, a large number of the young people we interviewed were sexually active and a considerable number reported first sexual intercourse during their early teens. However, before presenting findings on young people's sexual activity and behaviour, we aim to open up the arena of early romantic relationships in order to capture the social contexts and interactions that are part of what young people experience as sexual attraction. In this way, we hope to capture the basic contours of young people's romantic encounters and their experiences of 'doing' romance. Throughout this analysis, we focus to a considerable extent on the normative processes that surround young people's early romantic encounters. There is no single or standard pattern of development in the romantic domain and young people vary with respect to when they develop romantic interests and attachments, and how extensively they do so (Bouchey and Furman 2003). We hope to capture this diversity in the accounts we present.

### 5.1 Romantic involvements and the 'dating game'

At the time of conducting interviews, 39% of the young people were involved in a romantic relationship. This figure did not differ for young women and young men. However, compared to their counterparts in Dublin city, a far higher percentage of young people from provincial areas (57%) stated that they were currently involved in a romantic relationship. The duration of young people's relationships varied considerably. Of the sixteen young people who were romantically involved at the time of conducting interviews, seven (three young women and four young men) described their relationship as 'steady'. Of these, three (two young women and one young man) were involved in a long-term relationship of between 2.5 and 3 years. All three of the young women who described their relationship as 'steady' had been romantically involved with their current partner for a period of at least one year. By contrast, most of the young men had been 'going out with' their current 'steady' partner for less than six months. This may suggest gender differences in perceptions of what constitutes a 'steady' relationship. The remaining nine young people who described their current relationship as 'casual'

reported variable lengths of involvement with their romantic partner, ranging from just a few days to several months.

Although 61% of all study respondents were not 'going out with' or 'seeing' someone at the time of interview, all had previously been involved in a romantic relationship. Young people's early ventures into the world of romantic relationships were almost always short-lived and only a very small number reported a past relationship of between one and two years. Approximately half of those currently not in a relationship stated that their most recent relationship lasted for less than two weeks. A large number of the young people we interviewed – probably the majority – had their first romantic encounter between the age of eleven and twelve years. A smaller number, primarily young men, had their first girlfriend at or before the age of ten. When questioned about first relationships, many recalled them with fond amusement and they invariably depicted their early relationships as playful or innocent: "I suppose there's a big difference now, didn't really know much when I was eleven ... childish I'd say."

Young people made a clear distinction between "going out with" somebody and what they described as "meeting" when they talked about their romantic encounters and relationships.<sup>7</sup> 'Meeting' involved precisely what the term suggests: casually becoming acquainted with an opposite-sex peer or acquaintance. 'Meetings' were usually arranged or 'set up' by friends and were brief and transitory in nature; they did not necessarily result in a 'steady' relationship, nor was this the desired outcome in most cases. During the early teenage years, 'meeting' took place in a group context and usually culminated in "shifting" or kissing. These early romantic encounters created opportunities for recreation and sexual experimentation without any future commitments. As one-off events, they did not support expectations for future meetings and there was a mutual understanding of this dynamic (even if one or both parties had hopes that they would continue to meet). A sixteen-year-old male who was not involved in a romantic relationship at the time of interview explained that there was a qualitative difference between 'meeting' and 'going out':

You see there is a difference between being with someone and meeting someone, you know that way? You can be just meeting someone and you are not with them, you know that way? (ym, urban, 16.9)

During interview, we asked young people to describe how their romantic relationships emerged. We questioned them, for example, about 'asking people out' and/or 'being asked out' and we also tried to elicit accounts of how these events unfolded. Peers typically served as a social context for the emergence of romantic relationships. Young people's 'hang-outs' were frequently street-based, and in most of the neighbourhoods where we conducted interviews there were identifiable meeting points where teenagers congregated. These teenage 'haunts' were the sites of a range of experimental behaviour, including initial forays into the world of romantic relationships. A quite clear etiquette of adolescent seduction emerged from young people's accounts and this was familiar to, and understood by, both young women and men. During early adolescence, a member of the peer group usually arranged 'meetings' or, to use the terminology of the young people, they were "set up" by their friends.

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<sup>7</sup> This distinction was strong among our respondents, irrespective of their area of residence. However, young people from provincial sites rarely used the term "meeting" to describe 'casual' or short-term romantic encounters.

They [friends] would just tell the young fella, they would go over and say, 'She likes you' and 'Do you want to meet her?' or something. (yw, urban, 14.9)

[So how does the setting up work then?]

Just go over and ask him if he'd go out with [whoever] and whatever, you know. Then we'd get the numbers and stuff and they text each other. (yw, rural, 16.1)

More often than not, it was a more outgoing member of the peer group who intervened on behalf of a friend. One young woman, who described herself as "up-front", explained how she went about "setting up" her friend.

I set them up. See, Jane used to be really shy and like I'm the kind of person that I talk to anyone, I wouldn't care like, you know what I mean. I'm very up-front but, em, I seen him and he was there. He was talking to someone and I came up and I was, I was a bit drunk at the time like. I was just talking to him and Jane came over and I was like, 'How ya Mark?' ... 'I don't know him but I'll introduce you anyway like' [she said to her friend] ... and then they just got talking and then they ended up shifting each other and then they swapped numbers and then they just started goin' out like. (yw, rural, 14.9)

Being 'set up' by a friend had the advantage of avoiding potential embarrassment in the event of rejection. This was important to young women and men alike as they stepped into the largely unknown territory of opposite-sex relationships. The practice described by a large number of study respondents as "meeting" did not differ by geographical location. However, the term itself was largely a Dublin-based colloquialism and was used less frequently by rural youth, who talked instead about "going off with" or "shifting". Although "meeting" with opposite-sex peers was constructed for the most part as fleeting and transitory and was treated, to a large extent, as an experimental 'playground', at times it did mark the initial step in a process leading to a more stable and lasting relationship. The following account by a sixteen-year-old young man conveys an understanding of a chronology of events culminating in a 'relationship'.

[Is it hard to chat up girls?]

It depends on the situation. I probably would send over one of the other lads to ask her in case I would get very embarrassed if she said no straight to my face. Ask her to go off with you.

[Ok, what's going off with someone? Do you snog? kiss?]

Yeah sometimes, that's when you shift ... and then you'd probably meet her the next night then and then you'd probably, after two or three nights, ask her to go out with you and that will be it then.

[So, when you ask her to go with you, that's more?]

That's a relationship then. There are steps, step by step. (yw, rural, 16.3)

The gay youth we interviewed also dated opposite-sex peers during their early teens. However, both reported that they felt uncomfortable meeting young women: "Kissing and stuff like that. I didn't feel it was right, felt like I was lying to myself." One young man described how he experienced considerable pressure and anxiety as a result of the ongoing attempts of his female friends to 'set him up'. This appeared to be a factor in his decision to 'come out' to his friends.

[Was there something in particular that led you to decide to come out to your friends?]  
No. It was just the fact that at that age friends will try to set you up with people, girlfriends, boyfriends. So I said rather than just going along with it and saying I'm not gay, I may as well say it now instead of coming out later and then I'll have lied to my friends. (ym, rural, 15)

This young man did not find it easy to meet other gay youth and he explained that the absence of an equivalent to the heterosexual 'meeting' ritual compounded this problem.

... the thing is, I think for gay men and women there's no step for us. For straight boys and girls like there's the relationship and then the first kiss and them being together for a certain while and all that. There's none of that for gay people. Like, there's no gay discos, no gay cafés or anything like that, do you know what I mean? (ym, rural, 15)

Among heterosexual youth, although 'meeting' extended into the late teenage years, the processes surrounding young people's romantic associations changed as time progressed. Most notably, they came to rely less on friends to arrange their romantic liaisons, and this was true for both men and women. Young men over the age of sixteen, in particular, emphasised their preference for asking women out, and the majority clearly favoured taking responsibility for initiating romantic relationships. One young man drew attention to the far greater personal satisfaction he enjoyed from acting autonomously in seeking out a romantic partner.

When you were younger like there would be people asking girls to go out with you and all that. Now it's all yourself, too old to get people to ask for you.

[Are you glad that has changed?]  
You feel a lot more confident when you ask them yourself, at least you know that they've actually got feelings for you. You can see it in them, just feel more confident about it. I prefer to ask them myself. (ym, rural, 16.8)

Although the precise timing varied quite considerably, the transition from group-based arranged 'meetings' to the formation of dyadic relationships was significant and generally signalled a more active role on the part of young people in seeking out romantic partners. By the age of fifteen or sixteen, young men typically portrayed themselves as wanting to take the initiative when it came to "chatting up" women and asking them out. This characteristic was particularly strong among the young men we interviewed in provincial sites, who were, perhaps, more experienced than many of the young men we interviewed in Dublin city. These young men depicted their endeavours to 'chat up' or 'get to know' young women as something they did not leave to chance.

[So what's the routine then?]  
I just get to know them. Just go up and talk to them, get to know them and as time gets on I probably ask them out ... I'd say, 'Do you want to meet up?' No point in just standing around. Just meet up with them then or whatever if they like you as well. I wouldn't sit back waiting for them to do it. (ym, rural, 15)

Others perceived the advantages of acting independently as affording the opportunity to establish common ground before progressing to 'going out'.

Go over talking to them and I usually build up a friendship with them first to see if I get along with them then if I get along with them just start hanging out with them more and more and then it just builds up.

[So that might take a good few weeks is it or a good few meetings?]  
It could yeah. Then you get going out with each other. (ym, rural, 16.7)

Of course, asking a young woman out either directly or indirectly meant going public, to some extent, with one's feelings and desires. For young men, this carried the risk of exposure and rejection in the event of the young woman saying "no". As they recounted their stories, a number openly admitted that this was a source of considerable anxiety.

You're always just paranoid that they're going to say no and you're just left there standing. It's embarrassing like ... But if you know her well, you get on with them, you know that they actually like you, you just get to feel [pause] ... and just go for it then. (ym, rural, 16.7)

[Do you ever have worries or concerns about relationships with girls?]  
Sometimes, yeah sometimes. Not all the time, it depends. If she is gorgeous you know what I mean, drop dead gorgeous, a fine thing and I am like an underclass to her, I would be very paranoid all right. What if she expects something and it's not there, you know what I mean? It's not like whatever, it's just whatever.  
(ym, urban, 16.9)

Alcohol often featured in young people's accounts of the circumstances and events leading to romantic encounters, and intoxicated states undoubtedly encouraged and assisted the process in many cases. The role of alcohol and illicit drugs as facilitators of romance and fun was clearly explained by a young woman who had recently embarked upon a new relationship.

[Would you tell a friend if you liked somebody?]  
Yeah, that's how your man [current romantic partner] found out I liked him. I told one of my friends and I gave her permission to tell him, that's how it all started. Then he talked to me about it and he actually said, 'No.' And then at the weekend he was taking a few drugs and just kissed me and it went from there. (yw, rural, 16.9)

As an expected and taken-for-granted feature of their peer gatherings, alcohol consumption helped to reduce inhibitions, or to use the words of one sixteen-year-old young man, it bestowed "false courage". However, alcohol- or drug-induced 'courage' sometimes led to feelings of embarrassment and regret.

You see the next day and you're just ... they're eejits like, you know what I mean? You wouldn't talk to them or anything when you're sober. (ym, rural, 16.8)

Only a very small number of the study's young men had experience of being asked out by a young woman and, in general, it was not a common or, indeed, an accepted practice. However, one young man reported – somewhat disapprovingly – that it was a regular occurrence in the neighbourhood where he lived.

[Do girls ever ask boys out?]

Yeah, a lot of the time. Where I come from, most of the girls have more courage. I think it would be good though for the lads to up and ask as well. It's always the girls asking ... Yeah, no point in being innocent. (ym, rural, 15.9)

Despite this young man's claims, young women rarely took the initiative, even in situations where they might have wished to do so. The majority rejected the idea of asking someone out and, when questioned about the possibility during interview, most replied with an emphatic "No!" or "No Way!" To a large extent, the unspoken rules of the 'dating game' precluded young women from initiating romantic advances. Although many young women were prepared, at a relatively early age, to ask young men to 'meet' their friends, doing so on their own behalf was not part of what they understood as appropriate and accepted practice. This accepted 'order' of asking out is illustrative of what Holland et al. (1998: 94) describe as a "gendered division of linguistic labour". Of course, this 'division' did not mean that young women were passive in the dating process; the majority did not engage in the verbal work of seduction but there were many signs and gestures available to them to signal interest: "You can always let a fella know you like him; the way ya look at them and whether you talk to them an' all." (yw, rural, 16.9)

## 5.2 'Girl talk'/ 'boy talk'

During individual interviews and focus group discussions we tried to generate some discussion about the way in which young people talked about opposite-sex peers. As might be expected, a great deal of gossip and banter centred on this very topic between friends. For all-girl peer groups, the subject of 'boys' was high on the agenda. Talk about who was "gorgeous" or "massive"<sup>8</sup> featured strongly in their accounts, and many descriptions of what they typically said about young men in the context of all-women gatherings placed a strong emphasis on image and appearance:

[What kinds of things do you talk about or say to each other?]

[pause] He's really hot. Yeah, like me and me friend, all we do is talk about lads like. Well not all the time but ... we're thinking about it most of the time, yeah!  
(yw, rural, 14.9)

We just laugh, he is nice or he has a good ass or good looks. (yw, urban, 14.9)

The way they [boys] look, their image an' all. (yw, urban, 13.8)

Others talked about characteristics apart from those related to physical attractiveness; personality traits and young men's treatment of others featured in these accounts.

We talk about his looks, personality, what way he goes on, what way he treats people. All that sort of stuff. (yw, urban, 17.4)

We would talk about their personality and their looks, both of them, but if there was a gorgeous young fella with a bad personality, like it would turn us off him straight away. (yw, urban, 15.3)

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<sup>8</sup> "Massive" is a uniquely Dublin colloquialism used to convey approval of a person, place or event. Although young women used the term during interview to express their approval of the physical appearance of young men, in everyday life the term was not reserved for such commentary, nor is it unique to young women.



Talk among friends served many important functions: it permitted young women, for example, to exchange stories and to learn the etiquette of romantic relationships.

[What kinds of things do you and your friends say when you're talking about boys?]

I'll probably say 'cause I don't live where I hang around, I'll just say, 'What did yis do last night when I went home?' and they'll just say, 'Ah you know Sarah and James were together.' And then I'd say, 'What happened with them?' and they'd say, 'Ah they had an argument because he done this and she done that.' But other days you'd be excited, 'Ah God I can't wait to see him, where is he, what is he doin'?' You know like that? He's always at the back of me head like that, I always say I wonder where he is, what he's doin', and they'll be like, 'Shut up you, get over it.' Do you know what I mean? (yw, urban, 14.4)

This constant flow of communication between young women helped to create a supportive environment, which in turn permitted them to air questions, dilemmas and problems. This was achieved through the telling and re-telling of their most recent experiences and these discussions almost always involved the exchange of advice.

[And what would you talk about?]

I'd like, if I'd a problem with a fella or I fancied a fella I'd ask her advice or she'd ask my advice. Or she'd be there talkin' about her boyfriend for like two hours like or I'd be there talkin' about my latest fella for like three hours like. We just talk about them like, and, 'He said and I said that and he said this like.' We just talk shite though! We go through a whole conversation, like if I was, say if I was talkin' to him on the phone and then I went over to my friend's house, I'd go through the whole conversation with her like [laughing]. But no, we're mad into fellas [laughs]... (yw, rural, 14.9)

To a considerable extent, young women relied on their friends for approval of the relationships they embarked upon. Most of the study's young women were prepared to disclose their sexual attractions to close female friends without feeling vulnerable to ridicule or betrayals of trust. However, such disclosures did, at times, lead to teasing among friends and it was not unusual for relationships with boys to lead to conflict among female friends. Correspondingly, gossip among peers often involved strong critiques of the behaviour of others: "Like some young ones can be real bitchy and like sayin', 'I'm just going out with him to make this one jealous an' all.'" 'Girl talk' also exposed differences in young women's views on acceptable conduct within the context of romantic involvements.

[Do you talk to your friends about boys?]

It depends, it depends on what they do when they're meeting fellas 'cause like I have a friend and like she'd do anything with a fella straight away and that really pisses me off with her. Now I have another friend and she just keeps bringing up the situation where she done something with a fella and he told her to piss off.

[What is it about your friends' behaviour that pisses you off?]

She wouldn't know him five minutes and she's sleeping with him already. Like I have a friend and she's only thirteen now and she keeps going on about this young fella and he hates her, he hates her and we try to get her out of it. (yw, urban, 16.7)

As within the female peer group, the telling of stories emerged as a crucial mechanism of the male peer group, albeit with different functions and meanings. Story-telling has strong currency within all-male gatherings and our data confirm that much talk between young men centred on 'performance stories'. Sexual conquest held a central place in young men's discussions with their male friends.

Boys always talk about sex. Well, not all the time. When a girl goes past you ...  
'Oh, I'd love to get her'. (ym, urban, 15.2)

[Do you and your friends talk about girls?]  
All the time. Say if I said to one of my friends, 'What do you think of her?' They'd go,  
'She's a ride.' Yeah, having a laugh, hanging around. (ym, rural, 15.9)

Talking about girls invariably involved talking about sex. Moreover, performance stories necessitated an outward show of sexual prowess. Any rejection of this expectation left young men open to ridicule since it disconnected them from the ideal of male heterosexuality. Young men's apparent need to perform aspects of 'bad boy' masculinity (Archer and Yamashita 2003) is illustrated in the following excerpt from a focus group with three young men ranging in age from fourteen to fifteen years:

[What would you say is good about having a girlfriend?]

R1: You get to kiss her.

R2: You get to have sex with her.

R3: You'd be able to get your hole.

[Is there any other reason for having a girlfriend?]

R3: Nothing really, no. If she has a car it's even better. You get head.

[What's head?]

R2: It's a blow job.

R3: You get her sucking your knob.

R1: That's filthy isn't it? For his age. I think it's filthy ...I think it's filthy having sex. You should be twenty-one or eighteen.

R2: Awh, do ya hear all Mr. Brainbox.

R1: That's right but ... I think I'm right. This young one's only sixteen now and she has a baby. She had sex when she was fourteen.

"Filthy talk", as it was described by one of the young men above, was rarely openly challenged within the male peer group. Nonetheless, although young men participated in 'sex talk' in the context of all-male gatherings, most placed little real value on what was recounted in these contexts. Several, for example, claimed that the 'stories' routinely related by male peers were mere fabrications, told for the sake of bravado. In this sense, engaging in 'sex talk' with male peers did not necessarily mean that young men subscribed to the rules of the 'game':

The other night the lads were out with me and this lad comes out and goes, 'I am after having sex last night, it was great', and stuff like that. And the boys were all saying 'what were you doin?' I don't know what he was saying. He was coming up and telling the lads everything, that is not right. If the girlfriend was there she would kill him.

[Do you think girls go on the same way behind the lad's back?]

I don't know. I would say some girls not all girls would chat about what they do. Some girls would and some wouldn't, the same as some lads would and some wouldn't. (ym, rural, 16.3)

Like the night we all camped out in the woods, just me and the lads. They were talking, I wasn't really listening. They were saying, there was a disco the night before and the boys were saying, 'Oh I was with this girl last night and she was lovely, very nice.' And, 'We went off after the disco,' and stuff like that. And then another lad would say, 'yeah I was with a girl who ...' He would be just trying to, he was just making up stories just to better the other lads you see. That is what they do. If someone was with someone the other lad would say they were with someone better than you. (ym, rural, 16.3)

Whereas communication between young women incorporated an acceptance of expressions of innocence or lack of knowledge that enabled them to elicit advice and support from friends, the male peer group operated on the assumption that its members already had sexual knowledge, experience and power. This transformed their conversations into 'performance stories' – a way of demonstrating what they knew (but may not have acted out, despite their claims). What is significant here is that, for young men, the peer group is neither a reliable source of information, nor a source of advice or support. Furthermore, this 'macho' culture forces young men to subscribe to a narrow conception of masculine sexuality that is knowledgeable, experienced and invulnerable.

Young people clearly spent much of their time thinking and talking about members of the opposite sex. The way young people talk about sex can reflect what they have learned about gender, sexuality and relationships. Young men and women used different discourses, that is, different ways of thinking and talking about sex and relationships (Aggleton et al. 1998). Irrespective of gender, most had different languages available to them to discuss romance, relationships, sexuality and love. Their use of these languages was noticeably context-driven. This was apparent, for example, in young men's talk about women in the context of all-male gatherings. Young people's use of different languages illustrates a variable and gendered set of approaches to the landscape of romantic and sexual relationships during adolescence; it also demonstrates the frequently hidden contradictions and discontinuities within young men and women's everyday ideas about romantic and sexual relationships.

### 5.3 The negotiation of romantic relationships

The peer group, as illustrated earlier, provided a crucial context for the formation of romantic relationships. More than this, peers emerged as instrumental 'players' in the negotiation of first and early romantic relationships. Put differently, friends are highly influential in the domain of romantic relationships, serving as messengers, matchmakers and interpreters of romantic experiences. In a general sense, both young

women and men placed a high premium on their peer relationships, and close and 'best' friends were particularly important. During interview, young people talked constantly about their friends, what they did together and where they 'hung out'. However, the emergence of romantic relationships impacted to a considerable extent on familiar peer-group dynamics. With this, many young people found themselves dealing with a subtle tension and conflict of emotions upon entering the domain of romantic relationships. Romantic involvements were clearly important to young people but they did not want to appear neglectful of their long-standing friendships. Many of the young people we interviewed were at pains to emphasise that they prioritised their friends above their romantic partners. Some of the young women, for example, appeared to see romantic relationships as competing with their commitment to female friends.

[Do you think a boyfriend is somebody you are close to?]

No, like I would rather stay close to my friends. I think young fellas try to take you away from your friends, that is what I think they try to do. (yw, urban, 15.7)

Other accounts exposed the difficulties young women experienced as they moved from the safe and predictable world of the peer group and stepped into the unfamiliar territory of one-to-one male company.

I would rather be with me friends than a boyfriend. You always have a laugh with your friends and you always don't be goin' around with fellas all the time. I'd rather be with me friends. (yw, urban, 14.1)

The peer group remained a safe haven for young people and a secure place to return to. Even young women who were in long-term relationships and who spent a considerable amount of time with their romantic partners were keen to point out that they would never choose a romantic partner over friends.

[What would you say is the difference between the relationships you have with your girlfriends and a boyfriend?]

I don't know really, I get on really well with everybody, I'm one of those people who can get on with anybody, I suppose I'd spend more time with a boyfriend than I would with my girlfriends because there's more of a closeness there but I'd never pick a boyfriend over my girlfriends, ever, never, that's just, you don't do that. (yw, rural, 16.9)

This commitment to, and solidarity with, same-sex peers was even more pronounced among young men, who frequently made a very clear distinction between the merits of friends versus romantic partners. It was not uncommon for young men to draw attention to constraints that they perceived romantic involvements to place upon them, and a considerable number conveyed an uncomfortable sense of having to behave 'differently' in the presence of romantic partners.

Like your friends are your friends, you do things together. You couldn't have as much of a blast with your girlfriend. (ym, urban, 15.6)

You have to spend more time with her like and you don't spend as much time with your friends. (ym, urban, 16.3)

During the early teenage years, in particular, a large number of young men constructed oppositions between their relationship with friends and their relationship with their girlfriend.

Well you can have a laugh an all with your friends and all, you can mess with them, but like you can't do that to like your girlfriend like, you can only go so far, like slagging wise and all like, you're probably messin' slaggin' your friends but you couldn't slag her like.

[Do you think you have to be more serious when you're with a girlfriend?]  
Yeah.

[And what would stop you from slagging a girl?]  
Just that it's a girl itself, like slaggin', like pickin' on girls, you'd get called a sissy.  
(ym, urban, 16.3)

With friends, it was possible to have a laugh, act out and 'feel free'; paradoxically, however, male friendships did not usually permit the sharing of emotions or feelings. Teasing or 'slagging' within the male peer group emerged as a powerful control on young men's behaviour and on their willingness and ability to express feelings. Indeed, young men frequently portrayed their male friends as people with whom they could not share private thoughts for fear of ridicule. Romantic partners, on the other hand, were commonly regarded (even by those not currently involved in a relationship) as people in whom they could confide.

[What would you say is the difference between the relationship you have with your girlfriend and the one you have with your mates?]  
Just I can talk to my girlfriend, I can tell her personal stuff. If I said it to the lads I'd probably get a slagging ... I wouldn't say sensitive stuff to them, say it to the girl. She understands. (ym, rural, 15.9)

[What do you think is good about a relationship?]  
Don't know ... feel more comfortable around her and all that. Feels right that you can talk to her. (ym, rural, 16.8)

The public language of the peer group clearly influenced both young men's and women's 'talk' and behaviour. Although by no means free from innuendo and conflict, peers provided young women with a supportive environment, and a large number of the young women we talked to valued the support provided by women friends. For young men, on the other hand, the male peer group was not a context where they could expect counsel or advice. Affirmation was possible, but only insofar as the individual 'played along' with outward displays of manliness and bravado. Holland et al. (1998: 90) suggest that the male peer group and its performance stories can be understood as a "verbal smoke screen for male vulnerability and fear of sexual failure". They also suggest that this language has wider implications since it contributes to the gendering of romance and sex and the privatisation of emotions. Young men may struggle with the ongoing pressures from male peers to be 'one of the lads'. Critically, since any display of emotion renders their vulnerability visible, young men have few alternatives but to sustain a particular sexual image.

#### 5.4 The importance and meaning of romantic relationships

Interviews with young people uncovered a diverse range of opinions and attitudes about the importance of romantic relationships and the value that the young people placed on romantic involvements. This diversity undoubtedly reflects young people's past and, indeed, recent experiences both within, and as observers of, relationships. Age- and experience-related factors also undoubtedly influence young people's perceptions and responses, reflecting different developmental stages in their romantic 'journeys'. It is important to stress, therefore, that the meanings and interpretations articulated by the young people are incomplete. They might be most appropriately viewed as 'stories in the making' and, just like their emerging relationships, the meanings they attach to romantic relationships are constantly open to change.

There was evidence to suggest that a considerable number of young people experienced 'pressure' of one kind or another to have a boyfriend or girlfriend. However, this pressure was rarely articulated as being imposed directly by peers and was more commonly expressed in terms of private feelings of alienation from the social life of romantically involved peers. Young women were far more likely than young men to state that they occasionally felt excluded or alone at times when they were not involved in a relationship.

[Do you ever feel pressure to have a boyfriend?]

Kind of, yeah, kind of. You just feel like, you'd be just thinking that most people your age have a fella and you don't ... it makes you feel like, 'Yeah, everyone else has a fella and I should get one.' But then I don't really care anymore. But then like if you see any of your friends or people that you know, they'd be like, 'Are you with anyone?' asking you like that and if you say, 'No', then 'How come?' And you'd be like, 'Because I don't want to be' and they'd be like, 'Ah yeah, I am', they'd say. And they think they're all great because they're with someone.

(yw, urban, 15.3)

[Do you think people your age feel pressure to be in a relationship?]

Not to be in a serious one like but they want to be with someone, kind of thing, you know like. They don't want to be left out of it. (yw, rural, 16.1)

Unsurprisingly, perhaps, the desire to share common ground with peers is central to these narratives. However, not all young women agreed that having a boyfriend was important: "It's not important; you don't necessarily need a boyfriend." (yw, urban, 14.9). Nonetheless, compared to young women, men reported less pressure to be romantically involved and, when questioned about this issue, several simply replied with a firm "No". There was one exception, however, to this general trend:

[Do you feel under pressure to have a girlfriend?]

Mm...yeah, at that particular moment yeah, you would wish you had somebody there yeah, but not all the time, you know that way. Once somebody else goes you know that way, one of the young ones go and then there is somebody else there on their own, you know what I mean? You see with five people two couples and one odd ball that is me, I am that odd ball. It's just...ah.... (ym, urban, 16.9)

Many of the study's younger participants (aged between thirteen and fourteen years) found it difficult to articulate their feelings and opinions about romantic relationships.

When questioned about what they thought about having a boyfriend or girlfriend, for example, many simply said, "I don't know", "Nothing" or "I'm not sure". Several clearly lacked experience in the domain of romantic relationships and this is to be expected. The following excerpt is from a focus group discussion with thirteen- and fourteen-year-old young women. None of the participants was involved in a romantic relationship at the time of interview; however, one young woman clearly had considerable experience of a close relationship.

[What's good about having a boyfriend?]

R1: Like you have a different relationship with a fella than you do with a friend.

R2: You can't really talk to a boyfriend.

R1: I do.

[What's not so good, then, about having a boyfriend?]

R3: You can't really talk as much to a young fella.

R1: Well, you talk about different things like, you laugh and be giddy. It's a different side to ya, your quieter side, your loving side. You're more emotional with your fella whereas, with your friends you always try to be happy around them, you don't want them to see ya down. Where your fella is there for ya and helps ya.

[If you started going out with someone what would you be hoping for?]

R1: Like if you really loved them... like you do have your lovey dovey buzzes an' all.

R2: And then if he breaks up with ya, ya do be sobbing an' all and sayin', 'I love ...'

R1: Like, 'cause like you do feel great like when you're with someone and you're mad about him and he's mad about me and then you snap out of the buzz after a while.

Many young people who were involved in a more stable or long-term relationship regarded their partner as a source of support. This was true for both young men and women. However, young women placed far more emphasis on feelings of closeness, intimacy and trust. The following accounts, by young women involved in a 'steady' relationship at the time of interview, demonstrate the value they placed on support, trust and communication:

[What is important for you in a relationship?]

Trust. Really is trust I think and also have respect for each other as well ... being able to talk to him, of course, yeah and just how caring he is actually to me, always making sure I'm alright or whatever like that, that kind of thing. (yw, rural, 17.3)

[So your relationship is important to you then?]

Oh definitely, it really is important to me. He is, no matter what, he is there ... he knows everything basically about me and my family and everything and he has no problem with it at all. He is very supportive. It's just developed as in we've really opened up to each other and we know each other even more. Just every day there's something new with us, getting to know each other. (yw, rural, 17.3)

Two others clearly placed a high premium on closeness in a relationship. In both of their accounts we find the themes of trust, communication, knowledge, love and sex. However, they 'separate' sex from other features (trust, communication and so on) of the relationship. Put differently, they make a distinction between sex and love: 'real' love is not "all about sex."

[What are the good things about your relationship?]

I trust him with anything like and we're always talking like, you know. It's not all about sex and everything. It's not all about that. He'd know straight away if anything was wrong with me, he'd know me. (yw, rural, 16.1)

[What's good about having a relationship?]

Because they're there and they're loving, they give you love and stuff, give you cuddles or whatever, like Robbie is doing with me. And talk, if there's any problems bothering me or bothering him, we talk about it, which I find that's what I kind of want in a relationship to be honest. And trustworthy as well. But not to get into sex straight away. Just to try and get to know the person first before you go in to any old sex or intercourse the whole lot, which I had to do that with Robbie because I didn't want to get into sex straight away. (yw, rural, 17.2)

Whilst emphasising the benefits of closeness and physical intimacy, others were keen to point out that, even in a more stable relationship, both parties do not necessarily experience these feelings simultaneously. Rather, as one young woman pointed out, reciprocity is contingent on the desired level of closeness of both partners. Her account also implies that young men have more 'control' over how far intimacy extends.

[What would you say is good about having a relationship, being in a relationship?]

The sense of feeling loved is really nice, someone always being there and someone you can trust and someone you can always talk to, just someone to cuddle I suppose.

[And are there things about it then that aren't so great at times, that can be difficult?]

It always depends on the guy, it really does, well they'll say it depends on us, it depends on how close they want to be or how much they want to see you. (yw, rural, 16.9)

While several of the study's young women emphasised the importance of closeness, love and intimacy, others rejected or resisted the notion of getting 'tied' into long-term relationships. Indeed, a number were sceptical of the benefits of romantic ties and portrayed romantic relationships as a threat to personal freedom.

[What are the good things about having a boyfriend?]

I don't know. I think it's the trust when you're with somebody, to be there for ya.

[Is there anything that's not so good?]

They try to tie you down, 'cause I already got tied down the time I was with a fella ... I couldn't go out or anything, I couldn't go out with me friends, I was barely allowed to talk to them and it just started getting too much. (yw, urban, 16.7)



I was with a guy for 8½ months and I hate being tied down and not being able to do what I want to do, not being able to go out with my friends without having him there and then I was going out with another guy for five months and he was really controlling and wouldn't let me do anything I wanted to do, I wasn't allowed smoke, I wasn't allowed do anything. (yw, rural, 16.9)

Although less likely to engage in a discourse of closeness and intimacy when it came to expressing their views on romantic relationships, a number of young men did talk about closeness in either a past or current relationship.

[So you had a close relationships then with your previous girlfriend?] eah, very close. We were always with each other and went out every weekend, saw her everyday, well practically every day ... I used to go up to her house every night; stayed there a few times. It was the closest relationship I ever had anyway. (ym, rural, 16.7)

You're nearly with your girlfriend all the time and you know a lot about them. They know a lot about you. You can tell them anything. (ym, urban, 16.3)

Nonetheless, there was a degree of instrumentality in how many young men articulated their views on the importance of romantic relationships.

[What's good about having a girlfriend?] Just having her there. (ym, urban, 16.7)

It's what people do ... people younger than me go out with girls as well. (ym, urban, 15.2)

All the rest have girlfriends, so why should I not? (ym, urban, 15.2)

In keeping with this framing of relationships as somewhat functional, young men frequently drew attention to what romantic relationships said about them. In other words, there was a strong public dimension to the perceived benefits of romantic involvements. For some, 'having a girlfriend' was depicted as a sign of maturity.

[How do you think having a girlfriend makes people feel?] Grown up ... umm ... going out socialising. A lot of different things. Again there is a lot of different people out there, their points of view could be different. But mine is it's just, yeah, you could feel a lot more grown up 'cos you can just have a proper conversation without going on all childish an' all. (ym, urban, 16.9)

[What does being in a relationship mean to you?] I am mature enough. You have to be mature enough to have a girlfriend. (ym, rural, 14.7)

During the early and middle teenage years, simply having a girlfriend appeared to be more important than the nature of the romantic interaction itself. Status achievement featured prominently in young men's accounts of their motivations for entering into relationships. One young man expressed this sentiment succinctly when asked what was important about having a girlfriend: "It's not important but it's good to have one." (ym, urban, 15.2) Others depicted having a girlfriend as an outward 'show' or display of 'coolness' or manhood.

It's a bit cool to have a girlfriend ... It's a good thing. It's nice and cool to be going out with a girl. (ym, rural, 16.3)

[Do you think people your age like to be in a relationship?]

Yeah, they do. Well, I don't know really. I would say most of them would like to go out and find a girl. I would say that is how everybody is. Going out to get a girlfriend.

[So it is important then?]

Yeah. I would say to show off to other friends, they would be slagging and all that. That is what it is saying. (ym, rural, 16.3)

Moreover, a popular or attractive dating partner could be an important way to garner prestige and respect from one's peers. An 'undesirable' one, on the other hand, could potentially lead to ridicule or ostracism, as revealed in the following account from a sixteen-year-old young man:

[What do you think is good about a relationship?]

The best part is going out with a very good-looking girl because all the boys will say [pause] ... well, always talking. The bad thing is going out with a slut, that they would call her that.

[So it's not good if somebody has a bad name?]

No, that's not good.

[What would you do in that situation?]

I'd stop it there and then like. I couldn't go out with her no more. It would be difficult to get out of alright, being fond of her and then just finding out what she used to do. But I'll still do the same thing. I'd still break it off, yeah.

[Is that because of your own reputation?]

Yeah. I'll just have to stop. I don't like that kind of life. Just push on, move on. (ym, rural, 16.3)

This comment illustrates the apparent necessity for young women to manage their behaviour in order remain acceptably and desirably attractive but not overly sexualised. A predatory male discourse (Wight 1996) emerged strongly from several accounts of the importance and significance of romantic involvements with women. In the following account, homophobia is entwined with the desire to experience and perform sex.

[What's good about having a girlfriend?]

I don't think you need a brain to figure that one out or be a rocket scientist ... If you never had a girlfriend you would be gay or something. You need a bit of ol' sexual experiences. (ym, urban, 16.9)

Many of the study's young women demonstrated an awareness of what young men 'said about them' in the context of all-male gatherings. Furthermore, a number perceived and depicted young men as planning or conspiring to 'take sex'.

There's nothing good about having a boyfriend. I don't really like boys, I just don't ... because they [pause] just keep messing, feeling your arse an' all. (yw, urban, 13.9)

There's nothing good about it. You feel like uncomfortable ... there is nothing good about having a boyfriend. They buy you presents, give you money. That is it.

[Is there anything bad then?]

They want to have sex. If you didn't want to he might give you a hiding.  
(yw, urban, 17.4)

Most boys are out for their hole, do you know what I mean? Like, 'I'm only with her to get this and get that'. (yw, urban, 16.7)

This perception of young men as sexual predators appeared to be a factor in some young women's reluctance to "go out with" men. One young woman explained that she 'split up' with her previous boyfriend because he was pressuring her to have sex.

He kept asking me to have sex so I told him to fuck off ... he kept ringing me and then we met up in town and I liked him so we went out with each other and then he just asked me for sex and I told him to fuck off. (yw, urban, 14.1)

Regardless of their sexual status, young people 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, they clearly look to their social contexts for clues about what to say, how to 'talk' and how to behave. Many of the young people we interviewed had only recently stepped into the world of romantic relationships; others had considerable experience of 'going out with' and/or 'meeting' romantic partners, and only a minority were involved in a long-term relationship. Irrespective of our respondents' level of personal experience in this domain, their accounts suggest a range of societal or cultural influences on their romantic relationships, including norms about dating, sexuality and gender. The way in which sexuality is constructed and the sexual scripts (Gagnon and Simon 1973) that guide young people's sexual lives are dependent on sexual socialisation via peers, the family and other societal institutions. What results, in part, is a set of beliefs and behaviours that are considered appropriate for boys and girls, men and women, based on gender stereotypes. The following excerpt from a focus group discussion with fifteen- to sixteen-year-old young women illustrates this point well:

[Do you think boys and girls want the same things from relationships?]

R1: No, girls look at it different but [pause] ... girls look at it different. Fellas mostly just want sex out of a relationship but most girls just want a bit of attention, do you know what I mean?

R2: Yeah, I feel fellas always want it [sex].

R3: I think girls do think they're in love.

## 5.5 Conclusion

As young people move from pre-adolescence through late adolescence, their relationships become increasingly central to their social worlds. This chapter has documented the emergence and nature of adolescent romantic experiences and involvements, providing an important backdrop to young people's sexual relationships, which are the subject of the following chapter. Throughout the analysis, we have attempted to uncover some aspects of the languages and actions of love and romance

emanating from young people's stories. Teenage romantic relationships are not always, as Furman (2002: 178) puts it, a "bed of roses". On the contrary, as new and largely uncharted territory, the landscape of romantic relationships can be a source of considerable apprehension, anxiety and worry for young people, particular during their early to mid-teenage years.

In this chapter, we have tried to capture the nature and significance of young people's romantic relationships, as well as the diversity of experience that constitutes the adolescent world of romance. If anything, this diversity is likely to be greater than we have been able to demonstrate. Despite popular beliefs about the triviality of teenage romantic relationships, this analysis demonstrates the complex and meaningful negotiations involved in the formation of adolescent relationships. Romantic relationships present ideal opportunities for young people to explore their sexual feelings, seek sexual gratification and ascertain the kind of sexual activity with which they feel comfortable.

Adolescent sexual worlds are not fixed or static; rather, they are in a constant state of flux and alter in accordance with new experiences. The process of learning to negotiate romantic relationships is ongoing throughout the teenage years. We have seen normative shifts in mixed-sex interactions toward the formation of dyadic relationships as features of romantic relationships during the teenage years. Young people's initial forays into the romantic world are typically quite different from the more 'stable' romantic ties that many formed at later stages. Our exploration of teenage dating rituals demonstrates that heterosexual youth operate with a quite distinctive 'script' when it comes to "meeting" and/or "going out with" opposite-sex peers. There is no equivalent 'script', however, available to young men who become aware of their same-sex attractions from an early age. This, in itself, is a significant source of vulnerability since it leaves gay youth to deal with their feelings and emotions in relative isolation, certainly compared to their 'straight' peers.

Considerations of the basic contours of adolescent romance lead inevitably to discussions of the gendered nature of these involvements. Young men's 'talk' was clearly heavily regulated by the norms of the male peer group, which forged a gendered division between sex and romance to which they are left to respond. Both young men and women's 'talk' about romantic relationships provides glimpses of how power relations are played out in the sexual arena. This issue will be revisited and explored in greater detail in later chapters of this work.

## 6.0 Sexual behaviour and sexual relationships

This chapter examines young people's sexual relationships and sexual behaviour. Throughout the analysis we pay particular attention to young people's first sexual experience, including the circumstances surrounding this significant life event. We also explore young people's 'talk' about sex and sexual relationships in considerable detail. Previous research has taught us that the way young people construct sexuality has a critical influence on how they manage sexual encounters and relationships (Holland et al. 1998, Hird and Jackson 2001). Moreover, knowledge about young people's views on sexual activity and behaviour has the potential to uncover the ideas and constructs that they draw upon in the negotiation of sexual encounters. The rich accounts presented

throughout this chapter draw attention to the many dilemmas and challenges young people confront as they enter into the world of sexual relationships. In a critical sense, they reveal the complexity of the practices underlying the social and sexual relations between young men and women. There is much to be learned from young people's stories, particularly in relation to their need for more open discussion about matters pertaining to sexuality, sexual relationships and sexual health.

### 6.1 Sexual activity

At the time of interview, 58.5% of the young people had experienced sexual intercourse. Young men (72.2%) were considerably more likely than young women (47.8%) to state that they were sexually active. Among the young people we interviewed in provincial sites, all except one young person (that is, 92.8%) were sexually active; 40.7% (eleven out of 27) of the young people interviewed in Dublin city had experienced first intercourse.<sup>9</sup> The mean age for first sex was 13.5 years and there was no rural/urban difference for age of first sex. On average, young men had first sex at 12.9 years, compared to young women at 14.5 years. Table 6.1 provides a breakdown of the number of young people who reported first sex between the age of ten and sixteen years.

**Table 6.1 Age of first sex (n=24)**

Age	Number	%
10	2	8.3
11	1	4.2
12	2	8.3
13	4	16.7
14	7	29.2
15	4	16.7
16	4	16.7
<b>Total</b>	<b>24</b>	<b>100.0</b>

All of the young people who were sexually active had first sexual intercourse before the legal age of consent, which is seventeen years for non-married persons in Ireland. Indeed, when young people talked about their experience of first intercourse, there was no evidence that they used the legal age of consent as a benchmark for sexual behaviour. The majority of young people reported first intercourse with a partner of the same age or older than themselves, with more of the latter in the case of young women. When young men stated that their first sexual partner was older, there was usually an age difference of between one and two years. However, three of the study's young women reported first sex with a man who was older by five years or more. Across the

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<sup>9</sup> This finding is surprising in light of research findings indicating that rural youth are less likely than urban youth to be sexually active (Ford and Bowie 1989, McHale and Newell 1997). However, we caution any attempt to generalise the findings on sexual activity to broader contexts, particularly across the urban/rural divide. It must be borne in mind, for example, that a large number of 'rural' youth resided in a provincial city with over 60,000 inhabitants. In addition, the young people we recruited from provincial sites were more likely than their Dublin-based counterparts to be involved in a romantic relationship at the time of interview.

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sample, overall rates of sexual activity are high compared to other studies conducted in an Irish context. For example, in Dunne et al.'s (1997) study – which included early school leavers – only 30% of women and 45% of men in the fifteen to seventeen

age group were sexually active. Furthermore, the average age of first sex (13.5 years) is low compared to other Irish studies. In McHale and Newell's (1997) study, the average age of first sex was 15.5 years and Dunne et al. (1997) reported an average age of sixteen years for first sexual intercourse.

## 6.2 First sexual intercourse

Adolescence is a series of “firsts” – a time of one's first kiss, first date, first crush and first ‘love’ (Siegel and Shaughnessy 2003). As a rite of passage, first sexual intercourse is an event that carries great significance in people's lives (Koch 1988). Accounts of first sex offer a valuable insight into the circumstances surrounding the event and the difficulties young people face in negotiating these sexual encounters. We encouraged young people who stated that they were sexually active to discuss several aspects of their experience of first sexual intercourse. Our questions included details such as whether intercourse had been planned, whether any contraception was used (and if so, what type) and whether communication took place between partners prior to first sex. We also asked young people how they felt after first intercourse and if the experience was positive or enjoyable. Like the young people in Mitchell and Wellings' (1998a) study, the narratives uncovered various degrees of anticipation and planning of first intercourse, ranging from completely unintended and apparently unexpected, to anticipated or planned. For the vast majority (practically all of the young men and 64% of the young women), first sexual intercourse was unplanned. For these young people, first sex was entirely unexpected and frequently transpired in the context of a ‘one-night-stand’ situation.

I wasn't expecting anything. I was on holiday and just met up with a few girls, me and a friend ... She was older than me at the time. I was fourteen and she was fifteen ... I was just away with her by myself, shifting her. Just all came too fast. Just happened ... It was going through my head, ‘What's going on here?’ Didn't know what was going on. I'd say I had my chance to stop but didn't. (ym, rural, 15.9)

Young people who had first sex at the early age of thirteen or fourteen years were invariably unprepared for the event and, like the young man above, it took many completely by surprise. A young woman who had sex for the first time at the age of thirteen told a similar story. Her account illustrates how some young people only fully realised or understood what actually ‘happened’ after the event.

[Did you expect it to happen?]

No. It was a shock. I don't know. It just was like, and then when it was over I just went like, ‘What?’ See you know the way a kid at thirteen? ... It was weird. I lost my virginity because you know the way like if you shift someone and it's not that bad like, you can go out and you meet a fella and all that. Well, I thought sex was like shifting a fella, shifting someone, do you know what I mean? I didn't know it was supposed to be with someone you trust and love and that it's actually special, do you know what I mean?

[Yeah ...]

But my friend said the same thing. She didn't know that it was supposed to be all like fuckin' candles everywhere and all this [laughs], you know. Yeah, like it's not just somethin' you do. (yw, rural, 14.9)

Among both young men and women, "it just happened" was a phrase commonly deployed to depict the events surrounding first sexual intercourse.

It just happened like. I didn't think I was going to have sex with her, that's just the way it went like. The two of us just had it like, you know. I knew her for a while and it just happened, you know like. (ym, urban, 16.9)

Like I kept saying I wanted to wait but then it just happened ... he wasn't forcing me into it. He always said he would wait until I was ready but then it just happened one time. (yw, rural, 16)

In a smaller number of accounts, first sex was not planned, but was not entirely unexpected. In other words, some young people had contemplated the event. In these situations, certain prior 'clues' meant that the young person was not surprised or shocked either during or after first sex. These young people were frequently 'going out' with their first sexual partner for a period and had spent considerable amounts of time alone. However, only five young people (four of them young women and all from provincial sites) described first sexual intercourse as planned.

It was planned. We just talked about it and then we said we were going to do it. So we did it. (yw, rural, 16.9)

... we waited a year and a half ... I just wanted to wait and see if I could trust him enough or, you know, I didn't want to be pushed into anything like that because I don't like that sort of thing.

[Had you talked about it beforehand?]

Yeah, just, it came up like one time and we just decided to, like.

[You both decided you wanted to, is it?]

Yeah, he never pushed me into it or anything, never like asked me like or anything.

[So the first time you had sex, did it happen out of the blue?]

I expected it to happen ... we planned it ages ago but it just didn't happen for a while after. (yw, rural, 16.1)

It is significant that in all accounts of planned sex, young people had discussed the issue with their partner at some time prior to the event. Across the sample, however, there was relatively little evidence of verbal communication between couples, and the overwhelming impression is that first sex was surrounded by silence. Indeed, the speed of these early and unexpected sexual encounters left little room for preparation, much less discussion. Communication about sex is not easy even for young people in longer-term or 'steady' relationships. We found that some young people who were in a relationship for a considerable period of time before having sexual intercourse also reported surprise when the 'moment' did arrive.

[How long were you going out together before you had sex?]

... it was a year before anything like that happened, before I had sex. But the first time we didn't actually think we'd go that far but we did. But I got the morning-after pill the next morning. But after that we gradually, we got to know each other in that way more so we kind of got used to each other, yeah. We were grand.

[Ok and when you had sex for the first time, you didn't expect it to happen?]

No we didn't.

[And were you at home or were you in his house]

Yeah, I was actually at home. Yeah in my bedroom, we were just messing around, we didn't actually plan it at all, so it just happened. I'd say it was about 9 o'clock at night. (yw, rural, 17.3)

When first sex happens unexpectedly, it leaves little or no opportunity for preparation. This has implications for safe-sex practices: if there is little prior anticipation or planning, young people are unlikely to have condoms at the time they have first intercourse (Ingham, Woodcock and Stenner 1991). Among the twenty-four young people we interviewed who were sexually active, thirteen (that is, 54%) did not use a condom or any other form of contraception at first intercourse. This level of non-conformity to safer sex practices is higher than that reported in previous Irish studies. McHale and Newell (1997) also reported a far higher rate of condom use (72%) at first sexual intercourse and 70% of the sixteen to eighteen year olds in Bonner's (1996) survey used a condom at first sex.

Young people's accounts of the circumstances surrounding first sexual intercourse provide considerable insights into the kinds of factors that militated against condom use on this occasion. As stated earlier, young people frequently portrayed first sex as something that "just happened". Others described the unexpected nature of the event by stating: "We didn't think we'd go that far" or "One thing led to the next". In these situations, kissing, 'messaging' or 'mucking' about led to penetrative sex. When questioned about condom use in these situations, several stated that they simply did not have one at the time. Furthermore, a considerable number had first sex at an outdoor location where neither party had access to condoms.

I just shifted her, it was only a one-night stand and I had sex with her and that was it.

[Can you tell me where you were at the time?]

Just outside on the street. Yeah, I had sex outside. I had to go down an alleyway. It was quiet. (ym, rural, 16.3)

Alcohol use or intoxication featured in some descriptions of first sex. Six of the young people (25%, spread equally across young men and women) stated that they had been drinking and/or were heavily intoxicated when they first had sex. In these accounts, there was evidence that first sexual intercourse occurred at a moment when earlier barriers to sex were suddenly eroded or collapsed.

[Did you talk about it first or did it just suddenly happen?]

It just happened. I can't really remember I was that drunk myself. (ym, rural, 16.7)



No, it wasn't planned. I was just drinking. I was goin' with a girl for about two weeks and just drinking. (ym, rural, 15.1)

One young woman was so heavily intoxicated at the time of first intercourse that she had no memory of the event. Her sexual partner assured her some time later that they did, in fact, use a condom.

The first time it wasn't done properly like. But that was me first person and I wasn't with them. It was just when I was drunk. I had too much drink in me. And I didn't remember the next morning, I was told a week later like. When I seen him.

[Did you use a condom?]

He told me that we did. (yw, urban, 15.5)

Among the smaller number of young people who did use a condom at the time of first intercourse, a considerable number had discussed both sex and condom use with their romantic partner prior to the event. This is significant and suggests that the ability and willingness to discuss sex with a romantic partner helps to ensure that a condom or another form of contraception is used. Several of the young men who used a condom at first intercourse stated that they were carrying one "just in case". This, however, was not a feature of young women's accounts. Finally, three of the young men either asked a friend for a condom or purchased one at a vending machine once they realised that sexual intercourse was a certainty. One young man told how he asked his friends for a condom at the time of first sex.

The boys had one and I got it off the boys ... because I didn't carry them around, I didn't expect at that age. And the boys used to carry them because they used to get it like, sex, well very often. And when I started I asked them then and they gave it to me.

[Were you embarrassed at all asking them?]

No, I thought it was nice to ask them because then they really knew I was definitely doing it so they wouldn't be slagging me off then no more.

[So was using a condom important to you at the time?]

It was more important to her.

[It was her idea then?]

Yeah. (ym, rural, 16.3)

Although this young man's account is unique in many respects, the course of action he describes is similar to that recounted by others. It was not unusual, for example, for the woman to suggest or insist on using a condom; it was the man's responsibility, however, to obtain condoms. It is also significant that, at the time of first sex, this young man was preoccupied with the 'public' dimension of first sexual intercourse: the task of attaining a condom served as an outward expression of his intention to have sex. Concern about the views of male peers and/or a view of first sex as a 'technical feat to be mastered' can, according to Forrest (2000), eclipse young men's concern for their partner. This can be seen as a potential source of vulnerability for young women, particularly in relation to safe-sex practices.

As stated earlier, we asked young people to reflect on their feelings at the time of first sexual intercourse. Young men's accounts were overwhelmingly positive and, for the

majority, first sex was regarded as a momentous occasion, even if the moment was not carefully chosen or even anticipated. Reports of feeling “different”, “good” or more “grown up” were widespread.

I felt very different, I did yeah. I'm being honest, I did feel different, an' all. I felt older or something; it was a mad feeling. I felt I was good or something like. I didn't like brag about it to no one or anything. I just felt, you know, good about meself or something. (ym, urban, 16.9)

I sort of felt grown up or something ... you sort of think you are not a kid anymore. It's like you are a big child and then it's just, you just grow up. You are in the big bad world. (ym, urban, 15.6)

Success in achieving manhood featured strongly their narratives of success; in these accounts, loss of virginity was an important gain.

I felt like a man ... I felt I was grown up. (ym, urban, 16.7)

I thought it was great because it was my first time. And it was nice to lose it at the time, losing my virginity. (ym, rural, 16.3)

The fact that you're not a virgin and stuff. (ym, rural, 15.1)

Just delighted! I lost my virginity. (ym, urban, 15.2)

As a marker of achievement, first sexual intercourse was portrayed by many of the young men we interviewed as providing an intrinsic sense of status and achievement. For a large number, the loss of virginity bestowed self-confidence and a positive sense of self. Importantly, the event was also a trophy or outward display of 'becoming' a man.

They [friends] were all clapping me on the back and that craic, you know, the usual bit of craic. 'Now you're a man', and they'd be slagging me ... Oh, it was a big step up from just shifting a girl ... being a man because all the boys with us at the time, four or five, they had done it and I hadn't. (ym, rural, 16.3)

As communicated in the account above, first sexual intercourse for young men was often portrayed as an event that permitted them to prove their maturity as a man. Indeed, the following brief comment by a sixteen year old illustrates the perceived necessity of sexual performance to establish masculinity: “People look at you if you're a virgin at sixteen, seventeen” (ym, rural, 16). Although a number of the young men we interviewed reported anxiety or nervousness at the time of first sex, these feelings were related primarily to feelings and fears of inadequacy about their ability to 'perform' sex and they were almost always offset by the sense of relief they experienced after the event.

[Did you enjoy it?]

Not really. It was okay. I know what I'm doing now. I didn't know what I was doing then. (ym, urban, 15.6)

It was a bit difficult I suppose not having sex and I never done it before. (ym, urban, 17.4)

Unlike their male counterparts, whose manhood was confirmed or certified at first sexual intercourse, none of the young women we interviewed talked about 'becoming' a woman. Indeed, if the achievement of womanhood was mentioned, this occurred in the context of discussing the onset of menstruation. In general, young women reported feelings that suggest a more distanced or detached response to first sexual intercourse. For example, they frequently used terms and phrases like "nothing" or "I don't know" when asked to recall how they felt after first sex. Put differently, notions of first sex as about achievement, pleasure or gain were strikingly absent from their accounts. Furthermore, a considerable number described their emotional state subsequent to the event in negative terms. Feelings of fear, shame, 'strangeness' and panic were among the most commonly articulated emotions. One young woman who had first sex at the age of fourteen described feeling fear: fear for herself because of her youth and fear of others finding out, and getting "into trouble".

I think I was a bit ashamed because I was so young and I was frightened ... I felt a bit grown up as well. That I was able to control myself. I think I was in love [laughing].

[Were you glad it happened that way?]

Not really. I was still a bit frightened, I wouldn't let it happen again.

[Can you tell me some more about how you felt?]

Just being frightened in case people found out or I was pregnant ... Like if he [sexual partner] was mouthing it out and like my brothers would hear it or me family heard it. I would get into trouble. (yw, urban, 17.4)

Whereas young men stood to gain approval and acclaim from publicly disclosing (or announcing) first sex (particularly to friends), for young women public knowledge and rumour posed a threat to their 'good name' and reputation. Indeed, for many young women, the silence surrounding first intercourse was followed by an inability to talk about it; several did not tell anyone – even a best friend – about their sexual debut.

A smaller number of young women described feeling "happy" or "good" after first sex but, even in these cases, the positive rewards were tempered by feelings of anxiety. For the young woman below, the emotional well-being arising from first sexual intercourse at the age of fourteen was clearly overshadowed by feelings of anxiety linked to concern about not using contraception. As a result, panic dominated her emotional state following first intercourse.

.... the first time we had sex like I was panicking that night actually. I can actually remember, it was just, it was kind of scary afterwards. I was kind of freaking out, 'Oh, my god we didn't even plan this'. And he was kind of the same as well and we had no contraception or nothing like that. So we were grand, we talked it through and I said I'd get the morning-after pill straight away the next morning so that was sorted then. (yw, rural, 17.3)

For others, first experiences of sex did not match their expectations of love, romance or ecstasy: these young women frequently expressed disappointment.

[How would you describe it (first sex) for you looking back?]  
[laughing]... a strange experience. I wasn't really thinking, 'I'm a woman', or anything like that. And it wasn't like you see on TV and, 'Oh, it was brilliant ...' It was a strange experience. I didn't really know what I was doing.

[Did that bother you at the time, that it wasn't this wonderful feeling or whatever?]  
You think to yourself maybe it will get better and if it doesn't then it doesn't.  
(yw, rural, 16.8)

It wasn't what I expected, no. You hear people talk about it and how good it was and this and that but then it was just ... [pause], just wasn't what people make it out to be like. (yw, urban, 17.9)

To a large extent, first sex was something that young women had to manage afterwards as best they could and, more often than not, they did so in silence. In the light of this, it is not altogether surprising that some expressed feelings of regret and/or upset about either the circumstances surrounding first intercourse or the individual involved. Take the following account, for example.

It [first sex] just happened. I was upset though because he dumped me [laughing].  
Little shite! (yw, urban, 17.9)

Certainly, a large number replied with an emphatic "No" when asked if they enjoyed the experience. It is significant, however, that young women who were older and/or in more established relationships were far less likely to express regret. This may be because later first intercourse with a 'steady' partner makes discussion more likely (Mitchell and Wellings 1998a). Young women who had first sex at a later stage certainly appeared to be more comfortable and secure about the event when it did happen.

In contrast to young women, only two of the study's young men expressed feelings of regret about first sexual intercourse. One, in particular, stated repeatedly during interview that he regretted the circumstances surrounding his first experience of penetrative sex. This young man had first sex unexpectedly at the age of fourteen when abroad on holidays with his parents.

You should be waiting longer [to have sex], should happen later on.

[Do you wish you'd waited longer?]  
Yeah. Because if a few female friends know about it they won't want to get involved with you in case you do the same to them. They think that you'd take advantage of them.

[And you feel that's not the case?]  
But people are going to think that. (ym, rural, 15.9)

In general, having sex for the first time did not appear to occur at a point when young people no longer felt 'too young' or 'too afraid' to have sexual intercourse. Rather, it happened 'out of the blue' with a recent romantic partner, often in the context of a one-night stand. While for young men, first sex emerged as a significant marker through which they 'certified' their gender (Holland, Ramazanoglu and Thomson 1996a), the experience was not depicted by young women as a momentous occasion and, for many, it was disappointing or distressing. Young women's accounts, therefore, suggest very

different rewards and anxieties from those articulated by young men. Of particular concern are their apparent lack of preparedness for first sex and the feelings of fear and regret many subsequently experienced. The level of non-conformity to safe-sex practices among both young women and men gives rise to serious questions about the adequacy of their knowledge and awareness of the potential negative consequences of unprotected sex.

### 6.3 Avoiding and refusing sex: "It doesn't need to be part of a relationship"

Seventeen of the young people (twelve young women and five young men) we interviewed (41.5%) were not sexually active at the time of interview. On average, those who had not yet had sexual intercourse were 14.5 years old. Nearly half (n=8) were between thirteen and fourteen years old when interviewed, eight were fifteen and one was sixteen.

Many of these young people were anxious to explain their position on sexual relationships and their reasons for not having sex. Some emphasised age and maturity as important determinants of when to have sex, stating that they did not feel prepared for this 'step'. This emphasis on age was more pronounced among young women, who frequently talked about feeling "too young".

[Do you think that sex is part of having a relationship?]

It doesn't need to be part of a relationship, maybe when you get older, yeah, like when you're about in your 20s or 30s ... you'd like to be older but not at this age. (yw, urban, 15.3)

[Do you think there's a good time to have sex?]

Not at my age. I wouldn't. But like most people, most young people want [pause] ... it's disgusting. Fourteen, fifteen is too young. (yw, urban, 15.9)

[Do you think there's a good time to have sex?]

Not for at least five years. When I am older and wiser. Not now, no way. (yw, urban, 15.6)

A smaller number of young women drew attention to their bodies, pointing out that they were physically under-developed and, therefore, not "ready" or eligible for sexual contact. The young woman below, who was fourteen years old, stated openly that she would feel embarrassed about her body in the event of this level of physical intimacy.

I'd rather wait, I'm not pushed for it, do you know what I mean? I'm not like that, I'm not into all that stuff yet. And me body's not even developed yet [laughs] do you know what I mean? What would be the point of that ... I'd be embarrassed with my body like if someone looked at me, they'd go, 'She hasn't even got a diddy to her name' or 'She hasn't got this or she hasn't got that.' So, no, I'm not into it. I'd be petrified if someone asked me. I'd say, 'Oh, leave me please'. Like I'd run I'd say. I'm just sayin' I'd rather it happened at sixteen or seventeen than now but if it happens now, it happens now. (yw, urban, 14.4)

Many of these young people did engage in pre-coital behaviours (kissing, touching, fondling) but emphasised that they had strict boundaries when it came to physical contact. However, this was not always because they considered themselves to be too young. A number focused, instead, on personal readiness to engage in sexual activities.

[Do you think there is an age when you might have sex then?]

I did move things forward but like, not as forward as having sex. But like not really an age, I have no particular age. I would be more comfortable if I was older.

[So you think it's important to feel ready regardless of age?]

I suppose so, it's not an age like. I wouldn't have sex like at twelve. It's when I am ready. (yw, urban, 14.9)

Fear of becoming pregnant featured in other accounts and, for some young women, this was a real reason not to have sex; a number appeared to equate sexual intercourse with pregnancy.

[Do you think there's a good time to have sex?]

Maybe when I get older but not at this age because I don't want to be stuck with a child for the rest of me life. I want to do stuff before I think about having kids.  
(yw, urban, 15.3)

[Do you think people should be a certain age?]

I think they should do it at eighteen.

[And you think it's important to be that age?]

Yeah. Because you're too young to be having babies. (yw, urban, 13.9)

Many of these young women had an older sister who had recently given birth and their accounts suggest a heightened awareness of, and sensitivity to, the social and personal dangers and risks posed by sexual activity.

Me sister got pregnant when she was sixteen and I am not going there ... Just the thoughts of it, even seeing someone carrying a baby. Like, a good few of the people I know are only fifteen or even fourteen and they are after having babies .... I am glad I got out of it before I ended up like that. When I look at people who are so young with kids it just turns you off even having a boyfriend or anything. (yw, urban, 15.6)

Finally, among some young women who were not sexually active, there was a strong perception and fear of pressure to engage in sexual activity. This was an issue raised by thirteen- to fourteen-year-old young women in the context of a group discussion.

[If you're in a relationship, what's the thing you worry about most?]

R1: Him asking for his hole and you're not ready for it and you're afraid he's going to look at ya and laugh.

[Has that ever happened?]

R2 and R3: No.

[How do you feel about that, people feeling pressured?]

R1: You should only do it if you want to do it and don't feel pressured into it for nobody. Have a bit of pride in yourself.

[What would you look for in a relationship?]

R1: Like, I have a relationship but I think it's more of a friendship than anything like. We get on better as friends.

R3: You'd just want someone that you can meet and that and spend time with him as well and go off on walks an' that.

Here we find, on the one hand, a fear of feeling pressured to have sex and, on the other, a comforting sense of security and personal safety with a romantic relationship that does not extend far beyond friendship. These young women are not, as they put it themselves, “ready” to have sex. Nonetheless, it is significant that, for a large number of the young women who were sexually active, first intercourse came as a surprise. It cannot be assumed, therefore, that a rejection of sex on the grounds of not being ready will mean that young women will automatically develop the skills that enable them to feel ready (and prepared) for sex when the time comes.

Among the smaller number of young men who were not sexually active at the time of interview, almost all stated that age was not an important factor in decision making about sex. As one young man put it: “It’s not age, it’s just when we think we are ready.” (ym, rural, 14.7) Another young man – the oldest of the sample who was not sexually active – felt that he would have to know a first sexual partner for some time before having sex:

Well, you would have to be with them a long time. Like, you wouldn’t just have sex off the mark or like a first date or something. If you were going out with them, you have to wait like. ym, urban, 16.3

In general, young men who were not sexually active did not elaborate to any great extent on their ‘position’ on sexual relationships. A number focused instead on telling how they spent their leisure time, emphasising their passion for football and ‘hanging out’ with male peers.

To summarise, the majority of young people who were not sexually active at the time of interview felt that they were not yet ready for sex. Although age emerged as an important factor guiding their perceptions of age-appropriate physical intimacy, young people uniformly emphasised the need to feel ready for a sexual relationship. This finding suggests that young people recognise the importance of personal readiness for sex. It is an important feature of their accounts since it provides an affirmative starting point for encouraging safe and personally rewarding sexual experiences.

#### 6.4 Sexual violence, coercion and pressure

A number of the young women we interviewed talked about experiencing sexual violence, pressure or coercion at some point in their lives.<sup>10</sup> While accounts of sexual victimisation were not typical of the experiences of the young women we interviewed, they are important, not least because of the exceptional vulnerability associated with sexual victimisation, coercion or abuse during childhood and adolescence (Wyatt, Newcomb and Riederle 1993).

Two of the study’s young women were sexually abused as very young children (both at the age of three). One of these women (Rachel) went on to explain that she had first ‘real’ sex at the age of twelve with a twenty-eight-year-old man: “I didn’t say yes and I didn’t say no. I said no to him but he just wouldn’t listen to me. I tried to get up and stuff.” (yw, rural, 17.2 years) Rachel was subsequently placed in care and, within a short time, started to abscond from her care home on a regular basis. During these periods

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<sup>10</sup> When young people disclosed events of a legally reportable nature during interview, we asked them if they had disclosed these events to a parent, social worker or other adult. In all cases, we established that the young person’s family and other relevant authorities were aware of the legally reportable incidents of violence or abuse recounted to us during the course of fieldwork. Consequently, we did not invoke the planned procedure for ensuring the safety and protection of study participants in any individual case.

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away from residential care, Rachel 'hung out' on the streets, where she experienced further sexual exploitation by older men: "I didn't really want sex but they wanted it and I kinda wanted to be with them and stuff but now when I look back, I shouldn't have given into them and stuff ... they took advantage of me, just used me for sex and then fucked off." She went on to recount a period of abusive verbal humiliation by young men with whom she had sexual relations:

I used to see them around the place and they used to laugh the whole time and go off and tell their friends ... people sayin', 'Ah, she wasn't good at sex', and the whole lot, just disgusting what they were saying to their friends. A slut, yeah, a whore, a few lads now called me that.

[Would this be when you walked down the street?]

No. They used to come up to my face and say it or else one of their friends used to come up and say it to me. On the streets, yeah. They wouldn't shout it or stuff, they just used to come up to me and say, 'You're a whore and a slut'.

Sexual coercion need not be violent or physical (Hird and Jackson 2001). The kind of psychological abuse described in the account above illustrates the insidious nature of sexual aggression and how it can easily weave into the fabric of young people's relationships. In another account of sexual exploitation, a young woman, who had first sex at the age of thirteen with a nineteen-year-old man, told how her 'reputation' was damaged as a consequence.

[What happened after that (first sexual intercourse)?]

He [sexual partner] just kept ringing me and my social worker heard about it because he was around the town where I live like, and it's a really small town like, do you know, and he was around tellin' everyone and eventually everyone had heard about it and I was getting' a very bad reputation over it.

[And do you think that he got a bad reputation at all?]

No. He was getting' praised out of it like. He was telling all his friends, you know what I mean? Sure his friends used to be ringing me up as well, wanting to meet me an' all like this. (yw, rural, 14.9)

While reports of sexual harassment and intimidation were not, as stated earlier, a routinely reported experience, the potential for sexual pressure or coercion within adolescent relationships may be significant, particularly for young women who arrive at puberty already having experienced childhood trauma. Very early first sex places young women at risk, leaving them open to exploitation and/or harassment subsequent to the event, as evidenced in the two accounts presented earlier. Furthermore, pressure to engage in sexual activity is often subtle and may emerge only gradually or subsequent to the outset of a relationship. Women can experience sexual pressure from men on a continuum from mild coaxing to the point of extreme violence (Kelly 1988, Holland et al. 1992). A number of the women we interviewed reported occasions when they experienced pressure to have physical touching or other sexual activity that they neither wanted nor invited.

He kept on asking me for sex ... I felt angry because it's disgusting at my age.  
(yw, urban, 14.1)



Some people did ask me to give them a blow job which I didn't really want to do and they forced me to do it. Now I think I shouldn't have done it. It's disgusting I think. When you think of it, it's disgusting. (yw, rural, 17.2)

As the accounts above suggest, young women may be exposed to non-violent coercive tactics. Experiences of sexual violence and/or exploitation can lead young women to withdraw from sexual activity (Holland et al. 1998). One young woman who described verbally abusive treatment by male sexual partners during her early teenage years explained that she no longer had any interest in sex and avoided it whenever possible: "I'm not interested in it anymore. I'm not interested in it. Fair enough hug and kiss each other. I just don't feel up for it." (yw, rural, 17.2)

We found that pressure to have sex was sometimes interpreted by young women as a 'normal' part of heterosexual relationships; some certainly appeared to anticipate or expect some level of pressure or persuasion to "do things" and they appeared to have limited access to techniques to enable them to respond effectively to this pressure. A view of young men as 'natural harassers', according to Tolman, Spencer, Rosen-Reynoso, and Porche (2003), is often accompanied by the belief among young women that they are obliged to tolerate such treatment. On the other hand, young men may feel that they have the right to force young women into sexual activities, and that kissing and fondling can be read as permission for intercourse (Moore and Rosenthal 1998). We know, for example, that young men sometimes view 'persuasion' as a legitimate – or even requisite – component of the masculine sexual role (Thomson and Holland 1998).

A young woman's physical and sexual victimisation history is relevant to her sexual assertiveness (Rickert, Sanghvi and Wiemann 2002). Women who have been made to feel powerless by abusive experiences may well have difficulty negotiating condom use or other protective health behaviours, even within consensual sexual unions (East and Adams 2002). The relative lack of experience and younger age of adolescents means that they may experience considerable difficulty in identifying sexually aggressive or coercive experiences (Hird 2000). Sexually assertive beliefs, practices and behaviours are important components of the development of sexual health during adolescence. Young people clearly need to know that it is not acceptable for anyone to touch or kiss them when they do not want it and that they need not be pressured into doing anything sexually with which they are not comfortable. Some of the accounts offered during interview strongly suggest that young women may require help and support to cope with unsolicited sexual advances.

### 6.5 The double standard of sexual behaviour

One of the most striking themes to emerge from the young people's narratives centred on the importance of sexual reputation. The accounts presented in this section demonstrate that sexual reputations are constituted through very powerful normative conceptions of what it is to be masculine and feminine. We found this in both young men's and women's 'talk' about sex and sexual relationships. The aim here is to explore prevailing ideas about sexual reputation and how it impacts upon young people's sexual behaviour.

The meaning of sexual reputation differed according to gender: whereas it was a positive attribute for young men, it was a deeply negative one for young women. Put differently,

for young women, having multiple sexual partners or engaging in certain 'types' of sexual activity had profound negative ramifications; in sharp contrast, sex posed little or no social danger to young men and was an almost sure source of masculine status and social standing. These meanings were explicit in a wide variety of comments made during interviews with both young men and women:

[Do you think you need to know someone well before having sex with them?]

In a way. I don't know. Most girls, if they didn't like you like, or love you or whatever, they wouldn't have sex with you. Other girls just do it no bother. Some girls are sluts. (yw, urban, 15.6)

[You were saying something about what people say about girls?]

Like I don't know. You just hear of [pause] ... say if two people were caught, say if two people were parked up in a car and were having sex, right, and someone came over and knew them. Well, they'd only say the girl's name, do you know what I mean? They wouldn't say [pause], they'd go 'Oh, Mary was caught ridin' a fella.' Do you know what I mean? (yw, rural, 14.9)

In the accounts above, we see the sexual double standard that encourages young men to be sexual but disapproves of young women engaging in multiple sexual relationships. This dichotomy also extended to types of sexual activity and was particularly apparent in young people's talk about one-night stands: in these situations, young women risked being perceived as 'easy' or 'up for it'. One of the study's young women explained:

So that's the way the lads are. They could just go around sayin', 'She's easy, go for her like, no bother', that kind of thing ... I've seen it happen. My friend Joanne, that's what happened to her, even if she hadn't had sex that night ... That's what does happen sometimes; they go along and say, 'Oh, I did this, I had a great ride out of her', or whatever like this. (yw, rural, 17.3)

Amassing sexual experience was clearly not as acceptable in young women and was widely interpreted as constituting 'bad girl' behaviour. For example, the young man below – who claimed not to be in favour of having sex "straight away" – contended that, in the event of sex happening quickly, the negative implications for the young woman's reputation are clear.

[When do you think is a good time to have sex?]

When you really start to like each other; when you are a good bit into the relationship. I'd say if it just happened, if you just had sex with a girl, people would think she's a whore or something. So you have to like the girl. (ym, rural, 15.9)

In this young man's account, there is a conspicuous absence of consequence for his own 'reputation'. In a general sense, the narratives produced strong evidence that young women were expected to limit or curtail their own sexual desire and activity, with no such constraints placed upon young men's behaviour. Young men sometimes drew on notions of respectability when they discussed a whole range of behaviours connected with sex. In the following account, for example, oral sex was a signifier of 'slut' behaviour.

[Before sex, could something else happen? Like oral sex?]

I wouldn't be in her company if I knew she was doing that, that kind of blow job an' all. I wouldn't be in her company.

[So that's not acceptable?]

It's not unusual. A lot of girls, probably two or three in every ten, is that way; called sluts because, some are constantly called sluts because they are sluts. They deserve it if they want to do it, move from boy to boy and having sex with him and giving blow jobs. She deserves it, like a slut. Shouldn't be called to her face. If she wants to do it let her do it like. (ym, rural, 16.3)

Despite this young man's apparent disregard for young women who engage in oral sex, he simultaneously recounted many one-night-stand situations during which he himself enjoyed the experience. He was keen, however, to distinguish between one-night stands and "going out with" women; in the case of the latter, his preference was for virgins.

... when you go out with a virgin, when you're going out with a girl and she's a virgin, I think like that, that's really important. Very, very important.

[Can I ask you then, what about the times when you did have oral sex?]

Yeah, I did get some like before on a one-night stand but I wouldn't, what I mean is I wouldn't go out with a girl that would be doing that. I don't mind doing a one-night stand with them but I wouldn't go out with a girl that's doing that, a girl that I know has given blow jobs, that kind of way. (ym, rural, 16.3)

Young women's accounts, on the other hand, produced a broad consensus that the same sexual attitudes, desires and behaviour by men and women resulted in opposing sexual reputations.

The majority of girls want a fella that only wants them like and no-one else, you know. 'Cause like say if I went out tonight right, shagged fifteen fellas, came back, told all my friends, told everyone, I'd be a whore, right. And then if a fella done it, shagged fifteen girls, came back, told everyone, ah ... he'd be a man, do you know what I mean? It's just [pause], I don't know why it is but I just think it's the worst thing, do you know what I mean, that girls are treated so different to fellas like. (yw, rural, 14.9)

Slut, slapper, that kind of thing. 'That one she fairly gets around', an' all this, 'Oh, you'll get it easy with her.' Even inside the nightclubs, 'Oh, try and get that one, she's easy like.' That's what they say, 'She's easy like.' Because when they hear you've been with a lot of fellas like that, that's they way they are. And nothing is said about them. I never actually heard anything about a lad if they were with a lot of girls; nothing. (yw, rural, 17.3)

Young women were clearly acutely aware of the double standard that boys could and should have a lot of sexual knowledge and not suffer negative repercussions, whilst girls run the risk of being branded with bad reputations. Nonetheless, despite their protestations, some young women appeared to accept that, although unacceptable and unfair, this was simply the way things were; many, in fact, appeared to see no alternatives to these gendered relationships. Furthermore, young women themselves sometimes invoked the notion of 'slut' or 'slapper' when they talked about the 'unacceptable' sexual behaviour of female friends or acquaintances.

[So your friend goes out with different boys a lot?]

Yeah. I just think it's a stupid idea like because you're just going to be known as the town bike. Everyone's going to think she's a slapper. (yw, rural, 16.1)

A key to understanding terms like 'slapper', according to Lees (1993), is its function as a mechanism that controls the activity and social reputation of young women. Our data produced strong evidence that young women were self-consciously aware of the need to safeguard their reputations. The risk of "getting a bad name" served some as a guide to 'no-go' behaviour.

Most of the young ones who have lost their virginity are fourteen an' all. 'Ah yeah, she's a slut, she's this, she's that.' Like getting called every name. So I wouldn't want that for myself. (yw, urban, 14.4)

Having a 'steady' boyfriend was portrayed by others as a way of avoiding being labelled as somebody who 'gets around'.

[Do you think it's difficult for people who are single?]

Yeah it is. Well, I think it is anyway. I haven't been single now for a while.

[Why would you say it is difficult then?]

You see if you're single and you go out with girls or whatever, get with a lad that night but you don't have sex with him. And then if you go out another night and you're still single, if you keep going like that and you're still single for a while and you're with a fella, well, you're just getting a bad name for yourself. That's what they say like. That's what I think anyway, you just get a bad name. (yw, rural, 17.3)

Some of the young men we interviewed demonstrated an awareness of this apparent dualism of masculine/feminine sexual reputation. However, even when young men recognised, and were critical of, the double standard that governed sexual behaviour, they invariably opted to go along with this prevailing norm.

Well, girls could be very paranoid about it and think well, if they have sex too many times they would be known as a slapper or a tart or whatever. But ... eh ... there's no such thing as a male tart. I think that is very sexist as well. But ... eh ... I don't complain, I won't say anything. I just keep that on the QT. (yw, urban, 16.9)

The 'double standard' can, as pointed out by Holland, Ramazanoglu, Sharpe and Thomson (1996b: 242), be conceived as "a vigorous mechanism for regulating sexual expectations and practices, and so a point of reference for young people in establishing sexual relationships." We have seen that it was a common reference point when young men and women talked about their sexual experiences, their observations of other people's relationships and their views on 'acceptable' and 'unacceptable' sexual behaviour. These gendered constructions have profound implications for young people's sexual behaviour. For example, young women may find themselves under considerable pressure to lose their virginity and, simultaneously, to preserve their reputations. This dynamic positions young women in a 'no-win' situation since they are judged by two incongruent sets of expectations (Hudson 1984). Men are also under pressure to present themselves as conforming to an acceptable idea of masculinity in order to demonstrate and maintain their reputations. As will become clear in the following chapter, these complex ideas about appropriate behaviour and 'good' and 'bad' reputations can have profoundly negative consequences for safe-sex practices.

### 6.6 Boys want sex, girls want love?

Some conspicuous tensions emerged from the accounts of young women and men when they articulated their perspectives on the 'place' and meaning of sex. Young people's views on this matter emerged from a broad range of issues raised during individual in-depth interviews. For example, we sought their views on various aspects of their romantic and sexual relationships as well as their perspectives on what they and their partners 'want' and desire in the context of a romantic relationship. Arising from the narratives, we were able to identify several common themes, as well as a range of complexities and contradictions both within and between the reports of young men and women. Before embarking on this discussion, it is important to emphasise that this is a difficult area of analysis. Our intention here is to document some of the most salient features of young women's and men's accounts and to highlight some important gender differences in the construction of sexuality.

Much of the tension between young men's and women's accounts was linked to perceived differences in how they positioned sex within their lives and relationships. The following accounts – told by both young men and women – illustrate a belief that girls' and boys' sexuality is different. Certainly, it appeared that many, including young men and women, positioned women as desiring romance in a relationship.

I think men are mainly, they want sex and women do really want to wait a bit and they are after the more loving part of it. Men are after the physical side.  
{yw, rural, 16.8}

I think for blokes it's just like trying to get their leg over. Girls need something different. {yw, urban, 15.6}

I would say a girl is more kinda, maybe more feeling in it. Like a fella would say, 'Yeah, that is grand.' But then the young ones are going like, 'he loves me' or something ... [pause] a bit girlie about it. {yw, urban, 17.9}

In light of this prevailing perception of difference in boys' and girls' sexuality, it is important to examine how young people articulated the role and meaning of sex in their talk about relationships.

On the whole, there was little evidence of any positive discourse of female desire in young women's accounts. Put differently, young women rarely referenced pleasure when they talked about their sexual relationships. Indeed, some seemed to accept that pleasure was not necessarily part of a sexual relationship; others were prepared to suspend pleasure for the sake of love: "There's been times when I wouldn't enjoy it [sex] at all. But sometimes, yeah. But most of the time [pause] ... it depends on who you're with but when I was going out with the first guy, most of the time it was just to be part of that person." In contrast, young men consistently explicitly named, or alluded to, sexual pleasure, and they conveyed a much clearer sense that sex was pleasurable, gratifying and enjoyable. In the following account, one respondent claimed that, "when it came to sex", most young men were similar:

[Do you think sex means different things to different people?]

The same for most of us. I think we all feel the same about them, the lads are very fond of just one-night stands and someone with a girlfriend, they'd do it even behind the girlfriend's back. Nearly all the same when it comes to sex. {ym, rural, 16.3}

In keeping with the observations of the young man above, several of the study's young women claimed that boys were interested primarily in what they could 'take' from them. This theme was strong, irrespective of age and geographical location. In the accounts below we find various expressions of the same basic sentiment: boys want sex.

They just want it, that is it. That is where their main brain is. Some can be different but most of them are like that. That is all they want. No relationships, nothing. Just sex. (yw, urban, 15.6)

Like, they only use you an' all when you have sex, the boys do. (yw, urban, 13.9)

Physical intimacy presented a myriad of conflicts and dilemmas for young women and, for many, the desire for closeness was perceived as exposing oneself to disappointment and danger. In many accounts, the belief that "boys want sex" was connected to a distinctive narrative highlighting the risk of abandonment. To a considerable extent, young women were preoccupied with what might happen after sex.

... you might feel really lonely sometimes and you might meet up with someone and you say, 'I will have sex with them, it might make me feel a lot better and loved afterwards'. He may say, 'Thanks' and walk away. He mightn't be bothered and you might be really upset afterwards. (yw, rural, 16.8)

Like a boy might say, 'I bet you I will get so many girls in one night and have sex with them'. And then just leave them. They are just scumbags. I would hate that to be done on me. I would never do that on anybody. Just a quick fuck. That is it. (yw, urban, 17.4)

According to one young woman, girls need to be on their guard against being taken advantage of, if they are to avoid the humiliation of being 'used' by men.

You should wait [to have sex] until you feel ready and you trust the feel and you're sure that he's not going to fuck off. When you're positive that he's not gonna just fuck off, that he's not just with you for the ride like, do you know what I mean?

[Do you think fellas are like that?]

Most of them, the majority of fellas are like that and they'll tell you that they love you and the whole lot like. But they only want one thing off you. (yw, rural, 14.9)

Despite such claims, there were many examples of young men expressing a desire for closeness and emotionally committed partnerships. While few denied the benefits (and advantages) of one-night stands, for example, a considerable number stressed their preference for 'steady' relationships:

I've often seen boys and girls doing it on a one-night stand, they're just meeting each other for one-night stands and having sex. So it's not marking anything serious, no. I'd rather be in a relationship than to have casual flings. Sometimes a casual fling is nice but I reckon a steady relationship is better than any of them. (ym, rural, 16.3)

[Do you think there's a difference between a steady relationship and a one-night stand?]

Yeah. You don't spend time with them or anything. You just have a one-night stand and you don't really have any feelings for them really.

[Which would you prefer?]

Keep going with a girl that you like. I'd prefer to be going with a girl. You don't really get anything out of one-night stands do you? I like to be going with a girl, so I do. If you like a girl, you like to be going with her. (ym, rural, 16.8)

Furthermore, not all young men portrayed sex as central to relationships:

[Do you think sex is part of having a relationship?]

Yeah, it's part of it but it's not that much like. You don't break it off with a girl just because she's not having sex with it like. (ym, rural, 15.1)

Conversely, while many of the study's young women expressed a desire for closeness and security within a relationship, this did not mean that they always subscribed to this ideal. Our interviews with young women revealed how a number tried to challenge conventional femininity by asserting their own need for pleasure.

I think having sex with a person for the first time is always the best but once you get used to it it's just the same every time. It just gets boring. So yeah, it's different. I mean it always means something when you're with the same person all the time. But like, so always the same. If you're looking for excitement it's not the way to go about it. (yw, rural, 16.9)

Other young women emphasised their preference for short-term relationships and the freedom to 'play the field'.

[What's good about having a boyfriend, do you think?]

Just the fact that they're there like, do you know, if you like them, just that they're there like, there's always someone to talk to and the whole lot like.

[Is there anything that's not so good?]

No, not really, if you really like them like, but if you were goin' out with a fella that you didn't like and this other fella asked you to shift him then that would be a pain in the ass like. (yw, rural, 14.9)

If I am with someone it does wreck your head because you can't go off and meet other fellas or nothing like that. And that is what I like to do like, meet people. I never really go with anyone steady, even if I did it would only last about two weeks or something like that. Then if it goes over the two weeks that is it. (yw, urban, 15.5)

Whilst broadly consistent ideas about difference were apparent in many depictions of what young men and women 'want' from relationships, important variations also emerged from a thorough examination of individual accounts. Certainly, there was evidence that not all young women subscribed to the notion that only 'love' renders sex a legitimate activity. Among young women, while there was belief in the primacy of love several appeared to only pay lip service to this ideal. Nonetheless, these young women will have to walk a tightrope if they are to 'do desire' and simultaneously maintain a 'good' reputation. Young men, on the other hand, drew on, and moved between a number of discourses of masculinity. Their accounts suggest that while there is certainly power and attractiveness for young men in 'sex talk', several simultaneously expressed a preference and desire for relationships founded on emotional attachments, trust and loyalty. However, young men may experience considerable pressure to publicly engage in

a discourse that prides conquest over emotional involvement, leaving them in a 'no-man's-land' between desire and disrepute.

## 6.7 Conclusion

A growing body of data demonstrates that early sexual initiation and unprotected sexual activity can lead to tragic social, economic and health consequences (Weiss et al. 2000). Ideally, from a health perspective, first intercourse should be anticipated, wanted, protected and enjoyed (Mitchell and Wellings 1998a). A large number of the young people we interviewed entered into their first experience of sexual intercourse disadvantaged in terms of knowledge of their bodies, of what they desired and of how to practice safe sex. A number were clearly emotionally immature and unprepared for the event of first sex. Ingham et al. (1991) suggest that women who are younger at first intercourse are more likely to have intercourse very early in a relationship, very often under pressure and without protection. Our data indicate that young women were not, in many cases, adequately prepared for their first sexual experience. For a large number, the event was overshadowed by anxiety about what 'happened' and the implications of not using contraception. Among both young men and women, the high rate of non-conformity to safe-sex practices points to a lack of awareness of the vital importance of protected sex. It also suggests that they find the negotiation of safe sex both difficult and challenging.

Appropriate discussion can help young people to negotiate first sex and subsequent sexual encounters. Instead of their views being glossed over or ignored, young people need to be encouraged to recognise the legitimacy of their personal thoughts, feelings and beliefs. The message that their personal feelings and views are valuable and legitimate is clearly important since many may feel isolated and alone in both their decision making about sex and the emotional challenges that difficult sexual encounters can bring about. Both young men and young women need to know that their own feelings are the most important determinants of whether or not to have sex (Mitchell and Wellings 1998). They are more likely to operate according to this 'standard' if there is open discussion about the challenging situations in which they can potentially find themselves.

The evidence documented in this chapter highlights a range of possible perspectives and views that young people may have on sex and sexual relationships. Furthermore, it illuminates particularly visible choices and constraints, which teenagers negotiate with varying levels of knowledge, awareness and consciousness. The landscape of gender relations is a confusing and frequently painful territory for young people. Throughout this chapter, the asymmetry between young men and women is illustrated, particularly in relation to sexual reputation and the use of terms such as 'slut' and 'slapper', which are applied to young women in the absence of an equivalent term for men. To a considerable extent, this labelling emerged as an ever-present threat to young women. For young men, on the other hand, there is a need to consider how images of masculinity impact upon sexual health. The current dominant message is, as Blake (2002: 33) points out, "that men should be sexually virile, should not ask for help, should be heterosexual and be prepared to take risks". This leaves many with no option but to operate between two worlds – the public, associated with macho behaviour, and the private, where they may experience vulnerability without adequate help and support.



## 7.0 Contraceptive behaviour and safe-sex practices

Adolescence is a time of heightened sexual risk, not only because young people are experimenting with their new-found sexuality, but also because they are inexperienced and frequently lack a full understanding of the risks posed by unsafe sexual practices. Sexual activity and sexual risk behaviours that increase the likelihood of teenage pregnancy and sexually transmitted infections are prevalent among adolescents who are sexually active. Even when young people are well informed about risky sexual behaviour, they may not always conform to what they know and understand to be safe-sex practices. In this chapter, we examine young people's use of condoms and other contraception, paying particular attention to barriers to condom and other contraceptive use.

### 7.1 Patterns and levels of condom and other contraceptive use

As documented in the previous chapter, a large number of young people (54%) did not use a condom or any other form of contraception at the time of first sex. In this section, we examine condom use generally and provide an overview of reported levels of conformity and non-conformity to safe-sex practices.

Condoms were by far the most commonly used form of contraception. At the time of interview, nearly 80% of the young people who were sexually active chose condoms as a form of contraception. Four young women (36%) currently used the contraceptive pill; one had used the pill prior to becoming pregnant, but had not resumed use since the birth of her child. Only two young men reported a relationship, past or present, in which the contraceptive pill was used.

Although the vast majority of young people stated that they were current users of condoms or the contraceptive pill, 63% of young women and 77% of young men reported times (since first sexual intercourse) when they had not used a condom or any other form of contraception during sex. In a considerable number of accounts, unprotected sex was a recent occurrence. Of the 24 young people who were sexually active, six (25%, with equal numbers of young men and women) stated that there was no occasion when they had failed to use a condom or other form of protection during sexual intercourse. These youth portrayed themselves as "strict" about the issue of condom use. It is perhaps significant that all were at least fifteen years old at the time of first sexual intercourse. Additionally, all three of the young women who adhered to a consistent pattern of protected sex reported that their initiation into sex was planned. These findings suggest that young people who are older at the time of first sex, and more comfortable about sexual relationships generally, are more likely to maintain safe-sex practices. The following are comments made by young people who adhered to strict 'rules' about safe sex.

I wouldn't do it [sex] without a condom. I would be strict like that ... If you don't use a condom you end up getting a woman pregnant. I would rather take it safe like.  
(ym, rural, 16.3)

[Have you ever had sex without using protection?]

No, never. Never at all. It's because I know a baby would ruin my life. I mean, I love babies and everything but I don't want one now. (ym, rural, 16.9)

When we asked young people when and where they first acquired knowledge about condoms, the most commonly mentioned context for learning was the street or the peer group. This was overwhelmingly the case for young men, who reported their first introduction to condoms by older or same-age peers in the context of everyday leisure settings.

[Where did you learn about condoms?]

Around me friends and just people talkin' and that. (ym, urban, 16.3)

Well, I learned on the pitch with all me friends talking about sex an' all. And one of them says, 'Would you use a condom?' and I says, 'Yeah, because I wouldn't want to have a bleedin' baby.' (ym, urban, 15.2)

I don't know. You just pick it up off the streets like. (ym, rural, 15.1)

Young women also reported informal mechanisms of learning, including female friends and teenage magazines. The following account, told by a seventeen-year-old young woman, provides a flavour of how many were introduced to condoms as young children.

[How did you find out about condoms and how to use them?]

[laughing] ... One day, I was only a kid now, I was only about eight or nine and there was one on the ground and all the fellas were a bit older, about twelve or something, so they knew about it. And I was like, 'What is that?' And they were like laughing and I said, 'I am going in to ask me nanny.' And they said, 'Go in and ask her what a condom is.' So me nanny sent me over to me Ma and she explained [laughing]. As I got older, I knew more about them. (yw, urban, 17.9)

In addition to street-based sources of knowledge, several of the study's young women stated that a parent or older sister had talked to them about condoms and other forms of contraception. In general, young women were more likely than young men to mention school-based sex education as a source of knowledge about condoms.

[How did you find out about condoms and how to use them?]

Just listening to other people and seeing it on telly. And from ma as well and from sex education in school. (yw, urban, 17.4)

From people around, I know about them years. When I used to hang around with this girl, she was older than me and she used to tell me about all of it, I used to ask her and she'd tell me. (yw, urban, 15.3)

Me brother does get his girlfriend to talk to me. She just says, 'Don't ever get pregnant 'cause your brother will kill you and your Ma will kill you.' (yw, urban, 14.1)

'Picking it up' or 'just hearing it' were phrases commonly used by young people to describe how they learned about condoms, although the majority could not identify a specific time when this came about. This is not altogether surprising, since much knowledge about sex and sexual behaviour is learned through interaction with peers, families and the wider social world. Upon reaching adolescence and, indeed, before becoming sexually active, young people will have absorbed a considerable amount of information from a range of sources and from social and peer-group influences. It is significant, however, that several of our younger participants who were not sexually active had only very superficial understanding of the function of condoms, and a number were clearly ill-informed about condom use in general.

[What do you know about condoms?]

Not much; that they're just rubber. The teacher told me that they're just rubber. She showed us one. Don't know much else about them. (yw, urban, 13.8)

[Why do you think people use condoms?]

So she doesn't have a baby but I don't really think condoms are all that safe.

[Why do you think they're not safe?]

Because there could be a hole so I think you should wash them out or blow them up to make sure there's no hole in it. (yw, urban, 13.9)

To a considerable extent, the sources of knowledge and information upon which our study respondents relied did not prepare them for the 'real world' of sexual relationships. At the time of first sex, many of the young people we interviewed were not adequately equipped to ensure their own protection against pregnancy and sexually transmitted infections. As already documented, very early first sexual intercourse was common and over half of the young people we interviewed did not use a condom or other form of contraception on this occasion. Several openly admitted that, at the time of first sex, they did not fully understand the importance and necessity of safe-sex practices.

Back then I didn't really give a shit. I didn't really know too much of anything. I have more sense now. You don't have a clue when you're that age. (ym, rural, 16.8)

I didn't mind not using a condom then but now I realise. I wouldn't do it now 'cos it's very dangerous. But at the time I didn't realise. I wasn't in the good sense to know the outcome. (ym, rural, 16.3)

Back then I would have done it [had sex]. But now I wouldn't do it without a condom. I copped on in relation to condoms. (yw, urban, 17.9)

In general, young people claimed to have become more risk aware as they gained experience. In a number of cases, a pregnancy scare and/or intense anxiety about the risk of pregnancy following unprotected sex prompted a more consistent approach to condom use. However, despite widespread reports of "copping on" to the importance of using condoms, our data indicate that a considerable number of young people continued to engage in unprotected sex for some time subsequent to first sex. Others reported sporadic use of condoms and clearly failed, on many occasions, to conform to their own 'rules' of safe sex. Indeed, there was evidence of relative stability in how condoms were used in only a minority of the young people, with a large number reporting inconsistent use of condoms. While some young people showed signs of developing strategies to ensure safe sex over time, we did not find evidence of a definite sequence of events or behaviours leading to safer sex. Likewise, Holland et al. (1998: 144) note that, "There is no apparent chronological sequence of 'learning heterosexuality' through which young people conventionally progress from initial unsafe encounters to later safer sex". Put differently, it appears that young people may practice safe sex within some relationships, or in some cases and situations, but not in others. The task of untangling this complexity necessitates a detailed examination of a range of practical and perceived obstacles to condom use.

## 7.2 Barriers to condom use

In general, young people expressed concerns about sexual health as well as powerful intentions to practise safe sex. The vast majority agreed that condom use was important, listing a range of good reasons to use condoms. The prevention of pregnancy featured most prominently in their stated motives for condom use, with far less emphasis placed on the prevention of sexually transmitted diseases. The accounts below demonstrate a high awareness of the risk of pregnancy.

[What do you know about condoms?]

Well a boy has to put them [condoms] on their penis to stop all that sperm there instead of it going inside the girl's body to get pregnant. (yw, urban, 13.9)

Condoms protect you against pregnancy and STIs. (yw, rural, 14.11)

They [condoms] reduce birds getting pregnant and they reduce diseases. (ym, urban, 15.6)

You just put them on like to stop you from having a baby like if you're having sex with a girl. (ym, urban, 16.3)

The vast majority of young people we interviewed had, at best, only a very rudimentary knowledge about sexually transmitted infections. Not surprisingly, perhaps, all had heard of HIV/AIDS. The young people we interviewed in Dublin city usually associated HIV/AIDS with drug users and "dirty" people.

[How do you think people get HIV/AIDS?]

If some young fella slept with a junkie and he didn't know that she was a junkie then he'd get AIDS and then if he'd done it with someone else he'd be passing it on and you can die an all from it. (yw, urban, 15.3)

Drugs, needles, not using protection. (ym, rural, 14.7)

[Do you think you could get HIV/AIDS?]

No.

[Who do you think might get HIV/AIDS?]

Clean people if they sleep with yeah a dirty person. (yw, urban, 15.5)

Although a considerable number of young people talked about sexually transmitted infections, in general, fears of STIs paled in light of fears of pregnancy.

[You don't think about sexually transmitted diseases; why do you think that is?]

It's just you're worried about getting her pregnant, just that's a bigger load on yourself, it involves the two of you.

[Ok. So it's just a closer kind of an issue, is it?]

Yeah you're more worried about getting, bringing someone else into the world than yourself. That's the way I look at it anyway.

[So when you're out or going out with girls, sexually transmitted diseases aren't something you think about?]

No. (ym, rural, 16.7)

Many young people appeared to feel invulnerable to STIs, and the majority certainly viewed the risk of HIV as remote or even unrealistic: "No, people my age think its never going to happen. AIDS, it's the far side of the world. But they never know, the person next to them could have AIDS." (ym, rural, 16.3) Hence, while some talked about STI risk, there was little evidence to suggest that this knowledge impacted significantly on their sexual activities or behaviour.

The gay youth we interviewed conveyed a stronger awareness of the importance of using condoms to protect against sexually transmitted infections. However, in their accounts of STI risk (including HIV/AIDS) they focused exclusively on the risks associated with penetrative sex, suggesting a lack of awareness of – or misinformation about – the STI risks of oral sex. These youth relied almost exclusively on 'the street' as their source of knowledge and information about sexual health issues.

Well, I know you can catch it [HIV] through anal sex but I don't know if you can catch it through oral sex. Like, we had a sex teacher that came into the Centre and talked to us about it and saying you can get creams and gels that can help; that can prevent it happening.

[Where do you feel you have learned most about HIV/AIDS?]

I like learned it on the streets, through friends an' all that. (ym, urban, 18)

When we asked young people how they felt about condoms and how they experienced their use, attitudes in general can be characterised as positive rather than negative. Interestingly, the most frequently mentioned downside of condoms was that they were unreliable. There was a great deal of talk about the risk of condoms "ripping" or "bursting" among both young men and women.

[Do you think there are disadvantages with using condoms?]

They can split like; they could split or like not work. (yw, urban, 17.9)

They can rip if you do it hard or whatever, the condom could rip so you're not protected, you can easily catch anything if they rip. Most condoms probably won't rip but you could be unlucky as well. You've to take a chance with a condom but if you go on the pill you're safe. (yw, rural, 17.2)

A number of young men described condoms as "annoying", implying discomfort and embarrassment when it came to putting on a condom: "They [condoms] are kind of awkward, very awkward, putting it on, getting in the way, you know what I mean?" (ym, urban, 16.9) Several also stated that sex with a condom was less pleasurable and enjoyable. A smaller number of young women voiced somewhat similar objections and this prompted a number to opt for oral contraception as an alternative. These young women emphasised that they did not like the "feel" of condoms.

[How do you feel about using condoms?]

Well, I don't like them. Just don't like them full stop; the feeling, I just don't like the feel of them. It's horrible. (yw, rural, 16.5)

Despite such criticisms, not "liking" condoms did not emerge as a primary reason for non-conformity to safe-sex practices. Indeed, the majority of young people stated that they had no preference for sex with or without a condom. Although many admitted that

given a choice they would opt for sex without a condom, most considered that the benefits far outweighed any disadvantages associated with the diminution of pleasure.

[Do condoms make sex less enjoyable?]

Well, it doesn't really matter to me. At the end of the day probably more enjoyable because you can relax because you know that you were protected. (yw, urban, 17.9)

[Do you think that sex with a condom is less enjoyable?]

For me it's enjoyable but a bit less enjoyable but still an' all I am having safe sex. That is the important thing. (ym, rural, 18)

The majority of the young people we interviewed recognised and, indeed, accepted the benefits of condom use.

You feel better if you use condoms. If you don't use condoms you are always thinking I should have used it, should have done it. Like, if you get a girl pregnant when you are young what can you do? You have to use them. Doesn't really matter what relationships [you're in]... unless you are looking for kids. (ym, urban, 15.6)

However, the discrepancy between knowledge and behaviour was striking in many accounts. Knowing about, and subscribing to, a safe-sex ideology clearly did not guarantee that safe sex was practised at all times. In this section, we try to unravel some of the contradictions that appear to characterise sexual risk behaviour. We begin by describing some of the circumstances and scenarios in which unprotected sex was reported. We also examine young people's accounts of sexual risk-taking.

Non-conformity to safe-sex practices during the early stages of young people's sexual 'career' was, as stated earlier, frequently associated with a general lack of awareness of the real risks of having unprotected sex. Young people appeared to have considerable knowledge about the risk of pregnancy, for example, but either failed to take this on board or simply ignored the advice they had received from family, friends or teachers. Following an initial one-off experience – or period – of unprotected sex, most tried to ensure that they used condoms. Nonetheless, a large number reported one or many occasions of non-conformity to this general 'rule'. Casual sexual episodes or one-night stands emerged as the most likely contexts for unprotected sex. Young people frequently stated that they had not anticipated sex on the night(s) in question and that, in these situations, they found that they did not have access to condoms. The unexpected nature of these casual sexual encounters clearly militated against condom use. In situations where young people do not carry condoms, they are clearly vulnerable to 'risky' sex if the opportunity for sex arises. Other research has similarly found that, in the case of young people, contraception and condom use is least likely in the context of one-night stands among comparative strangers (Coleman and Ingham 1999b). Our data also indicate that, even for young people in a longer-term relationship, the intention to use condoms was not always realised.

I think I was meeting this girl for a while I was, and usually all four of us carried condoms but that night we didn't. I had sex without it. (ym, urban, 16.9)

A smaller number of young people invoked passion and the spontaneous pursuit of pleasure to explain how occasional non-conformity to safe-sex practices transpires. In these accounts, unprotected sex was portrayed as an unpredictable and somewhat incalculable occurrence.

[Do you think condom use is easy in your relationship?]  
Sometimes it's not because [pause] ... sometimes it just happens. Like, you are just lying there and the next thing you are doing it. (yw, urban, 17.4)

In general, young men took responsibility for buying condoms. Purchasing condoms was not, however, an uncomplicated task. Several young people, including both men and women, stated that they would not buy condoms in a local chemist because of embarrassment or fear of local rumours about their sexual activities.

I never buy them [condoms]. I wouldn't have the guts to do it. (yw, rural, 16.1)

I would buy them in a pub or something. I would be too embarrassed to walk into a chemist and ask for a box [laugh]. (ym, urban, 16.7)

No, I wouldn't go into a chemist and buy them. Everyone would know.  
(ym, rural, 16.3)

Most of the young people we talked to depended on vending machines located in pubs and bars for access to condoms.

The best place I know where I would get condoms is in a pub or a supermarket I'd say. I know they're in a pub anyway. But if I wanted to buy one that's where I would go, yeah, to a pub. I would go there and buy them. (ym, urban, 16.9)

This is arguably a wholly unsatisfactory situation given that all of the young people we interviewed were technically, at least, too young to enter public houses after 8pm. It is not so surprising, in light of this, that so many young people found themselves without condoms when they needed them.

Alcohol intoxication emerged as a significant barrier to condom use and this was true for both young men and women. Five young women and seven young men stated that alcohol and/or drug intoxication was a factor that militated against condom use on at least one occasion. One young man reported a phase of heavy alcohol and drug use during which he openly admitted to having behaved irresponsibly in relation to condom use.

You don't really care about it when you're drunk. You just think about it the next morning. It was just stupid. Just if you look back on it. I was doin' drugs at the time then as well. Just you don't [pause] ... It messes your brain up as well, don't really think about these sort of things. I was drinking a lot as well. Just when you come round then, you just think about it, what could have happened. (ym, rural, 16.7)

Similarly, in the account below, a young woman explained that on one occasion of sex with a former boyfriend they relied on the withdrawal method, only to realise at a later stage that this was not an effective approach to preventing pregnancy.

I was drunk and, I don't know? I was going out with that guy at the time and we didn't have one so we just said fuck it like ... And you know the way, he said, 'Ah I'll pull out like'. But I didn't actually know that you can still get pregnant even if they do pull out, do you know what I mean? But now I know like so I always use a condom. (yw, rural, 14.9)

The negotiation of sexual encounters requires that partners are able to communicate with one another about sex (Moore and Rosenthal 1993). Indeed, communication between partners has been demonstrated to be a crucial mechanism in ensuring safe-sex practices (Coleman and Ingham 1999a,b). However, very few of the young people we interviewed were prepared to discuss condom use with a sexual partner, and initiating discussion about contraception was perceived to be particularly difficult. Sexual risks, whether related to pregnancy or STIs, were rarely, if ever, discussed at the beginning of a relationship. Embarrassment, fear of negative reactions and inexperience all militated against discussing condom use with either 'steady' or casual partners.

[Have you ever discussed condoms with a girl?]

No. I'd be too embarrassed. I think it's embarrassing, I do, yeah. (ym, urban, 16.9)

I find men can be experimental, they want to do new stuff. If I want to do new stuff they'll do new stuff. Yeah, I've been able to talk about it. I'd probably end up saying it when I was drunk. I don't think I'd have the guts to say it otherwise. (yw, rural, 16.9)

Young people's accounts of episodes or occasions of unprotected sex reveal a range of practical and experiential constraints on safer sexual practices. The relationship between knowledge and action is complex, particularly in relation to sexual risk behaviour. In general young people's accounts of their sexual conduct stand in sharp contrast to a 'rational' discourse of safer sex, which posits a calculative approach to risk reasoning and avoidance. Indeed, the notion that decisions about safe sex are purely rational choices can be seen as antithetical to the ideologies underpinning young people's approach to 'responsible' sex, the topic of the following section.

### 7.3 Taking responsibility for condom use

The question of who young people perceive as responsible for obtaining and carrying condoms – and why – adds a further layer of complexity to young people's perspectives on safe-sex practices. The accounts we present here demonstrate that condoms are not simply functional or practical 'items' used to prevent pregnancy and/or maintain health. Condom use is clearly a risk reduction strategy, but rarely is it free from symbolic meaning. As the accounts below demonstrate, these meanings are particularly influential when it comes to negotiating safe sex.

When we asked young people who they felt was responsible for obtaining and providing condoms, there was almost unanimous agreement that it was the responsibility of young men. The study's young men typically expressed their views on this matter by stating: "It's the man's job" or "It's the fella's responsibility". There was enormous consistency in this response, irrespective of age and geographical location, and many young men regarded their obligation to provide condoms as "obvious."



[Who do you feel has responsibility for carrying condoms?]

Obviously mine. She's hardly going to bring a condom round with her. No girl I've been with ever had a condom. (ym, rural, 15.1)

A significant number of the study's sexually active young men were prepared to carry condoms on a night out, and there was some evidence to suggest that carrying condoms was accepted practice: "I keep one in my wallet just in case. I wouldn't carry them around with me every minute of the day. Only if I was going out somewhere." (ym, rural, 16.3) However, a smaller number stated that they would be reluctant to have condoms on their person because they feared that it might be interpreted by women as indicative that they intended to have sex, or that they were available for sex.

[Would you be comfortable carrying condoms?]

No. If you had your wallet with you and there's a condom in it, if a girl seen it she'd think you're going at it, ride her, something like that. Take advantage of her. (ym, rural, 15.1)

They would look at you and say, 'Are you expecting something?', or something, you know what I mean? You could get a bad name for yourself and be blown off there and then. (ym, urban, 16.9)

The prevailing belief among young women, on the other hand, was that their sexual partner was responsible for obtaining and carrying condoms. Hence, while practically all of the young women we interviewed expressed the belief that condom use was important (particularly from the point of view of preventing pregnancy), the vast majority were not prepared to buy or carry condoms. Indeed, several of their comments suggest that they viewed the idea of women carrying condoms as unusual, if not outrageous: "I don't know anyone that would bring a condom to a disco! I know the girls don't anyhow. I'm not sure about the lads." (ym, rural, 16.1) While some young women were prepared to buy condoms, under no circumstance would they carry them on a night out.

[Would you carry condoms when you are going out?]

No, I'd be embarrassed. Like, I'd go and buy them but I wouldn't carry them. (yw, urban, 16.7)

Young women perceived carrying condoms as a risk because it implied that they were interested in, or prepared for, sex. This dimension of their views on condoms is significant and emerged as a major deterrent to purchasing and carrying condoms. This was because carrying condoms signified 'slut' behaviour or, as one young woman put it, it implied that "you are rearing to go" (yw, urban, 17.4).

[Would you feel comfortable carrying condoms?]

Well, I would feel comfortable about having one but if anyone knew I had them like I would be afraid I would get a bad name like, a slut. But if a fella has one it's a different story. (yw, urban, 17.9)

Having a condom on one's person suggested a lack of sexual innocence and that the woman was seeking sex. Put differently, condoms carried strong connotations of promiscuity. Indeed, for young women, many aspects of contraception emerged as a potential threat to an otherwise 'good' or reputable identity as feminine women.

Em, like, when I tell people I'm on the pill, like I told someone before I was on the pill and they looked at me like as if to say, 'You slut,' like. And I just said, 'Well amn't I better off because if I got pregnant you'd call me a slut anyway?' Do you know what I mean? If you think about it that way like. And like if a fella has condoms like, nothing is said. But if a girl has condoms like they'd be just lookin' at you going', 'You slut', like. But em, I think you're better off with them because if you're gonna have sex anyway you might as well use protection. (yw, rural, 14.9)

For young women who were concerned about their reputations, buying condoms, carrying them and, of course, asking or insisting that they are used, were all identified as embarrassing and 'risky'. These data are of concern since they represent the views of a sexually experienced group who may be vulnerable to unsafe sexual practices. Many of the accounts also suggest that some young women may be reluctant to insist on condom use, particularly in a one-night stand situation. For the majority we spoke to, talking to men about sex and asserting their needs and demands for safety was a matter that they found extremely difficult.

Young men's reading of young women carrying condoms was primarily negative. Women having condoms was regarded as 'slapper' behaviour because it implied premeditated sex, a not-so-feminine way of behaving or thinking. In this sense, carrying condoms left young women open to severe criticism.

[What would you think about girls carrying condoms?]

Well, it would be different [pause]. She mightn't be going out with somebody. She is probably going around ... she is a whore. (ym, rural, 14.7)

I'd think she was a right slapper or something. I barely know her and she'd want to do it straight away. (ym, rural, 15.9)

I would say she is a bit of a slut. (ym, urban, 15.6)

The terms 'slapper' and 'slut' are highly derogatory, yet they are used to refer to a woman who behaves in a way that is expected of men. Individually and collectively, these terms constitute a category of moral censure that is highly gendered. This is because the same behaviour is applauded and accepted in young men but demonised in young women. The effect of these terms on young women is that it forces them to submit to a very unfair set of gender relations (Lees 1993). In the account below, one young man deliberated over how he might react if a young woman told him that she was carrying condoms.

[How would you feel if a girl you were meeting said, 'I have condoms'?]

She'd be a girl fond of doing it in my eyes. I wouldn't know, it, it never happened me that a girl had condoms. I suppose I could nearly take a chance but I don't know. It would be a funny kind of situation a girl having a condom.

[So girls wouldn't usually carry them?]

No. Not the girls I've been with anyway.

[And you'd be surprised then if a girl said, 'I have one'?]  
I'd be very surprised and that would come straight into my head, she's doing this a lot. I'd be suspicious if it. Why is she carrying condoms? I wouldn't be really afraid of it; if I was afraid of it I wouldn't do it. (ym, rural, 16.7)

Yet, there was considerable evidence to suggest that young women were expected to propose, or insist on, condom use. For example, when we asked young men who suggested using a condom during specific occasions of sexual intercourse (particularly, in one-night-stand situations), a number indicated that it was their female partner who was the instigator of condom use (as in "she did"). As one young man remarked: "some (women) won't do it without a condom."

[Do you feel it's important then to use a condom?]  
Yeah. If I have one I'll use it and if I don't I won't.

[Have you ever thought about, or worried about, pregnancy?]  
Yeah.

[And do you think you'll continue not to use condoms sometimes?]  
If I have them I'll try to use them but if I don't have them I probably won't. Sometimes they won't have sex without a condom.

[Has that happened to you?]  
Yeah. (ym, rural, 16.8)

For practically all of the young women we interviewed, and a smaller number of young men, the implications of carrying condoms 'spilt over' into their public lives, creating the risk of spoiling one's reputation. The brunt of this risk, however, fell on young women, who were expected to insist or ensure that protection was used, but to simultaneously rely on men to provide it. Here again, we find young women operating amid two incongruent sets of expectations. While some of the young men we interviewed mentioned comparable threats to their 'reputation' posed by carrying condoms, a large number did, in fact, feel at ease carrying condoms.

Carrying condoms had noticeably different connotations for young people who identified themselves as gay. The account below highlights condoms as a symbol of responsibility among gay youth.

[What do you think a guy would think if you said, 'I have condoms'?]  
Well, the last time I done that like, because I was out and it was like a one-night-stand thing and he said, 'But I have no condoms'. I said, 'Well, it's okay I have.' And I think he got a bit embarrassed. Because like he kept saying, 'I normally carry condoms.' I just said, 'You're grand.'

[Why do you think he was embarrassed?]  
Because he didn't bring any.

[What do think people would think of you for carrying condoms?]  
I think they say, 'Well there is a person that doesn't want to catch any diseases, who knows what safe sex is about. (ym, urban, 18)

In sharp contrast to heterosexual relationships, where carrying condoms was viewed as primarily the man's responsibility, both parties engaging in gay sex carried equal responsibility for purchasing and carrying condoms.

[Who do you feel is responsible for carrying or having condoms and using them?]  
Both people. Well, if it's a straight couple, it's mainly the man's but if it's a gay couple, it's both. (ym, urban, 18)

This young man went on to explain that when socialising with his 'straight' friends, he was frequently assigned the task of carrying condoms.

If I am going out with the girls and the lads they do like hate carrying condoms so they all hand them to me and I am walking around with near enough to 50 condoms! It's embarrassing! (ym, urban, 18)

Our data demonstrate that the achievement of safer sex practices is not simply a matter of having adequate knowledge about sexual risk, although this is an important starting point. Risks may be ignored, not because of lack of knowledge, but because of the beliefs and norms regulating sexual relationships. At an intellectual or purely cognitive level, the vast majority of young people recognised the importance of using condoms, based primarily on their knowledge of pregnancy risk, with far less emphasis on STI risk. At an experiential level, however, the mobilisation of this knowledge and its translation into practice was not a simple matter. This is because sexual practices are rooted in the broader social pressures through which sexuality is constructed (Holland et al. 1992). Consequently, condom use cannot be understood without reference to the tensions and contradictions of heterosexual relations more generally or without taking account of the gendered power relations that construct and constrain young people's sexual choices and decisions.

#### 7.4 The contraceptive pill

As stated earlier, five of the study's young women used the contraceptive pill, with four being current users. Three were involved in a 'steady' relationship at the time they opted for the contraceptive pill. It was not unusual for young women to report that their mother advised them to consider or, alternatively, insisted that they use the contraceptive pill.

When I was going out with this guy, she [mother] asked me was I doing anything more than just kissing him and I said, 'Yeah.' And she goes on about being safe and then she put me on the pill. (yw, rural, 16.9)

Another young woman prompted her mother to support her in the decision to use oral contraceptives.

I'm on the pill. I ended up tellin' me ma that I was havin' sex because I just wanted to get the pill, do you know. And I had that injection, you know. It lasts you for three months. (yw, rural, 14.9)

Most of the young women who had experience of using the contraceptive pill reported that they had difficulty remembering to take it at the designated time.

Like I just thought it was easier to be on the pill. It was hard at first because I would keep forgetting to take them and then I would have a little panic thinking if my period was late, 'God am I pregnant?' (yw, rural, 16.8)

This young woman did, in fact, become pregnant; she explained what happened: "I had been taking antibiotics and I just completely forgot about it. So that is how it happened."

Of the six young women who were either past or current users of the pill, two were mothers and one had become pregnant and had a miscarriage during the first three months of pregnancy. In all three cases, pregnancy occurred subsequent to starting to use the contraceptive pill. Most of the young women who used oral contraceptives had had difficulty remembering to take it and many appeared not to realise (certainly, during the early stages of taking the pill) that the forgotten pill had to be taken within a particular time frame. On occasions when young women were unsure as to how well they were protected subsequent to missing a pill, most clearly experienced difficulty in negotiating other forms of safe sex. International research indicates that almost one-quarter of sexually active fifteen- to nineteen-year-old females use birth control pills inconsistently (Peterson, Oakley, Potter and Darroch 1998). Indeed, young people may have difficulty incorporating consistent pill-taking into their daily lives. The efficacy of the contraceptive pill is clearly related to women's use-related behaviours (Benagiano 1992) and young users, in particular, may require additional advice from doctors and clinicians who prescribe it.

The young men and women we interviewed rarely mentioned emergency (after sex) contraception and few appeared to be aware that it was an option in the event of an occasion of unprotected sex or a condom splitting during sex. Even if they had heard of emergency contraception, most did not know how to go about accessing the 'morning-after pill'.

[Have you ever had an accident with condoms? Did it ever split or burst?]

No.

[What do you think you would do if that happened?]

I don't know. Get the fright of me life! I wouldn't know what to do.

[Have you ever heard of the morning-after pill?]

The morning-after pill? No. (yw, rural, 16.1)

The majority of the young men we interviewed had little or no knowledge or understanding of forms of contraception apart from condoms, and many did not realise that their knowledge was incomplete, and often wrong. Relatively few knew the meaning of the word "contraception" when asked during interview, and, while a large number had heard of "the pill", the majority knew practically nothing about how it works or how it is used. Our overall impression from talking to young men about contraception was that they had not considered or thought about this issue to any great extent.

## 7.5 Conclusion

Data about how decisions are made, and when and how sexual activity takes place, offer important information on what constrains safe-sex practices. For example, knowing who purchases condoms, and how they are acquired and used, offers valuable insights; such insights can be used to find ways to encourage safer sex practices. This analysis has highlighted many practical and social barriers to condom acquisition and use among the young people we interviewed. Many were reluctant to purchase condoms because of feelings of embarrassment and/or fear of local rumours about their sexual activities. Responsibility for buying and carrying condoms fell almost exclusively on young men, who tended to rely on more anonymous locations such as public houses for condom acquisition. The majority of young women refused to carry condoms because this was an outward show of interest in sex. Many of the study's young men were suspicious, or highly critical, of young women who carried condoms, since it implied prior experience and, perhaps, over-enthusiasm for sexual activity.

One of the most striking aspects of young people's accounts relates to the apparent difficulties and challenges they experience in their attempts to negotiate safe sexual encounters. Young men and women have little opportunity to rehearse the 'scripts' necessary to ensure condom use and/or other forms of contraception prior to the sexual situation. The majority of the young people we interviewed were clearly uncomfortable about talking to sexual partners about safe sex, not least because it signalled an assumption that sex would occur. Furthermore, our data suggest also that many young women were reluctant to take precautions against pregnancy, STIs and HIV because this implied assuming an outward appearance of an active sexual life. For many, therefore, the potentially negative social consequences of carrying condoms were more influential in determining their use than the health consequences of unwanted pregnancy, STIs or HIV/AIDS. Women were clearly not wholly without agency in protecting themselves in the context of sexual encounters but, for a considerable number, exercising this agency ran counter to their understanding of what constitutes 'appropriate' and acceptable behaviour. For the majority, carrying condoms was not acceptable according to traditional norms of conduct for young women. Indeed, many of their accounts of their sexual relationships suggest social pressures, which pull them in different directions and make safer sexual practice relatively unpredictable.

The findings documented in this chapter highlight the complex field of meaning that young people are required to negotiate in order to become and remain sexually safe. Making the decision to use a condom for personal safety is not a simple rational decision based on judgements about safety and risk (Bloor 1995, Holland et al. 1998, Rhodes 1997). Knowledge is clearly only one facet of the complex range of skills required to manage health as a sexual being and it follows that providing information alone is insufficient in tackling the issue of inconsistent contraceptive use. Beyond knowledge, people need the skills to negotiate for safer sex, and they need to have the attitudes that make the adoption of certain behaviours seem worthwhile (Aggleton 1997). Interventions to increase the adoption of protective behaviour must, therefore, be based on an understanding of the lives of young men and women, of the sexual meanings in their culture, and gender dynamics in their communities and in intimate relationships (Dowsett, Aggleton, Abege et al. 1998). Adolescents clearly need more than warnings and simple 'safe sex' messages if they are to successfully and safely navigate the terrain

of sexual encounters and relationships. As Rex (1996: 107) puts it: "Unless more subtle and realistic information about condoms is provided during early adolescence, it may be difficult to persuade men and women to be consistent condom users when they get involved in sexual relationships."

## 8.0 Knowledge and sources of knowledge about sexual health

There are a range of sources from which young people can potentially acquire knowledge about sex and sexual health, including friends, family, school and the media. These sources are relatively well documented internationally and less so in an Irish context. When it comes to providing information and education to young people about sex and sexual health, fear appears to be a universal response to the question of what information to provide, and when and where. It has been argued that this reflects a perceived need on the part of adults to protect the 'innocence' of young people, coupled with the anxiety that, if provided with information about sex and sexuality, young people are more likely to become sexually active (Aggleton and Campbell 2000). Several international reviews of sexual health education have, in fact, demonstrated that well-designed and properly planned sex education programmes do not encourage promiscuity or heighten sexual activity amongst the young (Jepson 2000, Kirby 1997, 2001, UNAIDS 1997). Sexual health education is not only necessary to communicate information: it is also a way to empower young people and to promote sexual self-acceptance and a positive view of sex and sexuality.

During individual interviews and focus group discussions, we examined school-based, familial and social sources of sexual knowledge and education in considerable detail. This chapter presents the views of the young people on the extent, nature and limitations of their sources of knowledge about sexual health. We also document their preferred sources of knowledge about sex, sexuality and sexual health.

### 8.1 School-based sex education

This section reports on young people's level of exposure to school-based sex education and presents their perspectives on the sex education classes they attended within the school context. It explores the content of these classes and programmes and the benefits they derived from them. We also examine young people's views on school-based sex education, drawing attention to areas they perceived as lacking. Table 8.1 summarises data pertaining to young people's reported exposure to school-based sex education.

**Table 8.1 Young people's exposure to school-based sex education (N=41)**

Gender	Location	Yes		No	
		(N)	(%)	(N)	(%)
Female		20	87.0	3	13
Male		12	66.7	6	33.3
	Urban	25	92.6	2	7.4
	Rural	7	50	7	50

Over three-quarters of the young people we interviewed (78%) had received some form of sex education while attending either primary or secondary school. Gender differences emerged in young people's exposure to sex education, with 87% of young women, compared to 66.7% of young men, reporting that they attended sex education classes. 92% of young people who resided in Dublin city, compared to only 50% of the young people we interviewed in provincial sites, had been exposed to some form of sex education during childhood or adolescence.

On the face of it, at least, a significant proportion of the young people we interviewed received some kind of formal school-based sex education. However, several of those who attended sex education classes did so in primary school only and it was, therefore, some time since they had received any formal instruction on matters pertaining to sexual health. Many could not remember the content of the classes they attended; neither could they recall the topics and issues covered during these classes in any great detail.

[Did you have sex education classes in school?]

Only in primary, I had one in primary, that was like about 5th class. So that is how long ago it was. I can't even remember [pause]... No, I can't remember a thing.  
(yw, urban, 17.4)

Ah yeah, we had it in, em, primary in 6th class. Just talked about sex and all like. They just tell you stuff like; I forget really. That was a while ago [giggles].  
(yw, urban, 13)

While a considerable number of our respondents may well have missed out on some aspects of formal school-based sex education because of poor attendance and/or leaving school prematurely, their reports suggest that both the quantity and quality of the education they received varied greatly. There was enormous variation, for example, in the time allocated to classes. Some attended just one class, while others were exposed to a longer programme delivered over a three-week period, typically including one lesson per week.

In the second-level schools young people attended, sex education was most commonly delivered as part of an existing curricular subject such as science, home economics, biology, or in the context of religious instruction. These lessons focused almost exclusively on biological aspects of sexuality. For example, initial classes tended to concentrate on naming and labelling various body parts and on teaching basic



reproductive facts such as the growth and development of the embryo inside the womb. Other young people mentioned learning about puberty and, for young women, menstruation was usually the major focus of attention. The following description of a lesson on menstruation, delivered by “the periods woman”, is a chilling example of how ineffective one-off lessons can be, even when they aim to impart practical advice on the use of sanitary towels and tampons.

[What did you get information on?]

They bring the periods woman in every year and she gives the office all big boxes of Tampax and all that. And then, all what we’ve learned, we have to write down on a paper what we’ve learned an’ all that but I can’t remember.

[Was this information useful?]

Like you need an example, do you know what I mean? Like when they were saying about pads and tampons an’ all and they weren’t really explaining it. And like, everyone was saying, “Like how do you do that [insert a tampon], how do you do that?” And like I was trying to explain and I was saying, “Like you have to go slanty.” And everyone was looking at me. (yw, urban, 14.4)

Our data suggests that, in some instances, young people were presented with a clinical account of the “facts of life”, and then required to write down, ‘learn’ and regurgitate these “facts” in a manner similar to any other academic subject. Unfortunately, however, sexuality is not a ‘science’ and, whilst undoubtedly a biological phenomenon, it cannot be separated from social and emotional dimensions. A purely factual approach to sex education can achieve relatively little, therefore, in terms of responding to the kinds of feelings and emotions that any discussion of sexual behaviour and sexual health naturally evoke.

Young men were far less likely than young women to have had exposure to school-based sex education. This is not altogether surprising, however, since sex education has traditionally been aimed at young women (Davidson 1996, Lloyd and Forrest 2001). We found mixed views among young men on the school-based sex education they received. Some, for example, expressed positive views and felt that they had gained something from the classes, while others felt strongly that what was presented to them was so basic that it was irrelevant; others refused to engage and simply ‘turned off’.

[What did you think about the classes?]

They weren’t that much good because all it was, was explaining parts of your body and all that sort of stuff like, and sure we already know that. (yw, rural, 16)

Yeah, they had posters up of babies an’ all, and women. She wrote out loads of stuff we had to copy in a book. I used to just draw. (ym, urban, 15.2)

One of the requirements for the successful implementation of any sex education programme is that teachers are trained in skilfully delivering the subject material. When sex education is an add-on to other educational programmes, it is often taught by teachers who are inexperienced and who may understandably feel threatened by the kinds of issues that arise when sex is discussed (Harrison and Hillier 1999). Some of the young people in this study called into question the suitability of the teachers assigned to teaching sexual education classes, frequently drawing attention to teachers’ own discomfort with the subject matter.

[What is it like having your teacher talk to you about these things?]

I think that they are more embarrassed than we are talkin' about it, 'cause we are all yeah, yeah, we all want to know, do you know what I mean? 'Cause we all know that it's [sex] gonna happen to us one time so we want to know what's gonna happen.

[yw, urban, 14.4]

When sex education was delivered by a member of a religious community, some young people appeared to have particular difficulty placing trust in the kind of information imparted to them. For example, some respondents did not view nuns as a credible source of knowledge and information. This critique was most often delivered by young people in rural localities who attended schools run by religious orders.

Sister Angela, the nun that was in religion [pause] ... she wasn't really the type to explain it to you. So the girls were just basically pulling the piss out of her; we didn't actually learn very much. She gave us this book to actually start reading and she couldn't explain it. You knew well by looking at her that she couldn't explain it to us what it was or nothing. [yw, rural, 17]

Other rural participants who did not attend any sex education classes appeared to view the notion of talking about sex as anathema to the school ethos. As one respondent put it, "The religion teacher wouldn't exactly go talking about that." Yet others reported that although the students were led to believe that they would receive sex education, these classes never, in fact, materialised. Much seemed to be left to the discretion of individual teachers and, once again, teachers' reluctance to broach the issue of sex was attributed, by the young people, to embarrassment.

Well other classes had done it and we were supposed to have, our religion teacher was supposed to tell us but she'd just come in and do religion instead, I think she was sort of embarrassed [pause] ... It was done in the school but the teacher never done it with us. Yeah, she said she'd do it at the next class, the next class.

[ym, rural, 16]

In the majority of urban schools, an outside facilitator or instructor delivered one or a series of lessons. Several of the young people we interviewed stated that they felt more at ease with this approach to programme delivery since it afforded a measure of anonymity. In these cases, the 'outsider' status of the educator was identified as an advantage and several stated that they found it easier to talk about issues pertaining to sexual health with an individual with whom they had no other connection or relationship. In general, however, young people found sex education classes embarrassing and younger study participants, in particular, reported great discomfort with the subject matter. One young woman refused to engage in the classes because she considered any discussion of sex or sexual conduct to be "dirty talk".

I was just too embarrassed. Like, she was saying all about your privacy and all, your private parts. I didn't really listen. No I didn't want to know because I don't really like hearing about this. Well, it's just dirty talk. [yw, urban, 13.8]

When classes were mixed, embarrassment levels ran even higher. Young women, for example, reported more “messaging” during mixed-sex classes. Young men, on the other hand, stated that they did not ask questions, and were otherwise inhibited by the presence of young women.

[Were there separate classes for boys and girls or were the classes mixed?]

The classes were mixed mostly.

[What was that like?]

I was a bit embarrassed and people were laughing and joking about it. Most of us I'd say felt embarrassed you know, answering questions an' all she'd ask. That was embarrassing it was with the girls there and you had to say your own thing an' all. (ym, urban, 16.10)

At a younger age, or at the outset of a programme, it was not unusual for young people to regard sex education as ‘a laugh’. Young men were especially likely to report ‘messaging’ and bad behaviour during classes.

[Was it embarrassing talking about these things in class?]

You get a lot of muppets laughin' and jokin' when they see the word sex on the screen and start breaking their shite laughin', you know what I mean? There is nothin' funny about it, at the end of the day. They are so immature they don't know what to do. (ym, urban, 16.9)

However, most reported that, following a ‘settling down’ period, students began to take the subject more seriously.

Embarrassing for the first year, you are in school and you are talking about sex and condoms. But we calmed down after a while like and it got interesting and we started to learn stuff like. (ym, rural, 16)

High levels of embarrassment frequently stem from a lack of familiarity and confidence with sex as a topic of discussion (Spencer et al. 1988). One-off classes are clearly not enough to curb anxiety levels among young people. Our data also suggest that embarrassment among educators exacerbated the difficulties young people experienced in making the necessary adjustments to manage and engage with the topic of sex and sexual health.

Across the sample, those who received school-based sex education gave broadly similar descriptions of the issues typically covered during classes. ‘Factual’ accounts of sex as a reproductive activity appeared to be the main building block of the programmes and classes young people attended, with menstruation, pregnancy and childbirth featuring among the issues addressed, particularly with young women. While this is clearly valuable information, a singular preoccupation with reproductive matters fails to address, let alone tackle, the challenging issues with which young people may well be struggling: relationships, love, sexual pressure, contraception, and so on. Young people consistently criticised this emphasis on biological dimensions of human reproduction for failing to take account of the more complex social and emotional dimensions of romantic and sexual relationships. The following excerpt, taken from a focus group discussion with thirteen- to fourteen-year-old young women, illustrates a strong awareness on their part that sexual health is not simply a biological or reproductive matter:

[Did you discuss relationships with boys during sex education class?]

All: No.

R1: No 'cause like they were talking about sperm an' all and about penises and vaginas an' all that, all about that.

R2: Like they told ya how to have sex and how to make a child but like they didn't say like how long you have to be with a fella before you do anything. Like they didn't say anything like that.

[Were the classes helpful?]

R2: Like in some ways it was helpful like about your periods an' all that. But as far as sex, it wasn't a help at all. They didn't tell me anything I didn't already know.

R3: The teachers are holding back [pause] ... I don't think [pause] ... they're not discussing it. 'Cause we could have had a video with people explaining things and describing things. It would have been easier. But it wasn't like that.

Despite such criticisms, we did receive some positive reports of school-based sex education programmes. In both of the accounts below, the young men we talked to praised the practical advice they received about condoms and their use, ways to avoid pregnancy and what to do in the event of a crisis. Their accounts also suggest that the approach to delivery on the part of educators was more discursive than instructive in orientation.

[What was the most useful information you got during sex education classes?]

The teacher was excellent at explaining everything like. Showing everything where everything goes. And they had this thing and they showed you how to put on condoms. That was basically what we done and then we started talking about stuff like what are you doing, if you got a girl pregnant where would you go and who would you tell. Stuff like that. Just in case you do, so you know what to do. (ym, rural, 16)

Like the diseases you can get and how you can get them. What would happen if you don't use a condom. Like why you should use them. And if you are pregnant where you can go. (ym, urban, 16.9)

These accounts are exceptional, however, among the many others we received. Across the sample, there was in fact little or no discussion of safe-sex practices within the school context. A large number of the young people – probably the majority – reported that the classes they attended did not include any discussion of condoms, other forms of contraception or sexually transmitted infections. In many instances, young people reported wanting to ask questions about these issues but were reluctant to do so because of fear of being laughed at and/or sounding ignorant. The exclusion of these issues from sex education classes was a source of frustration to many young women, who stressed that they needed far more information on sexually transmitted infections.

[What did you get information on? What types of things did you discuss?]

I think we learned a few new words like fallopian tube but that was about it. I think the school should go into more detail like 'cause they never explained, they never talked about diseases. Like how you can get a disease like the HIV virus, do you know what I mean? But they never talked to us about that and I think there's a lot of ignorant people out there in the school. (yw, urban, 14.1)

[Is there anything that you would like more information on?]

About the different diseases or safety ways. They don't really do anythin', we don't talk much, only about hygiene. Just all about hygiene and what is what in your body and the changes in your body. (yw, urban, 14.9)

Young men's views on the sex education they received were quite similar to those expressed by young women and they too complained that the content of the classes and programmes focused far too much on biological aspects of sexuality. Several asserted that they already knew the "facts of life", and they consequently deemed much of what was presented to them as irrelevant and even insulting:

I just find them [classes] patronising anyway, things we already know on a big board, naked man and a woman; this is a willy like, patronising at the best of times. Things you already know. (ym, rural, 15)

Many of the young men we interviewed were sexually active from a young age and their sexual debut predated their exposure to school-based sex education. A number, consequently, framed sex education as a lesson learnt after the event; a case of "too little, too late", as two young men – one gay and one heterosexual – observed:

[Did you expect it to happen at the time (first sexual experience)?]

No, sure I didn't know anything about it so I thought it was normal to do it at that age at the time. I'd never been told anything about it so I wasn't to think it wasn't normal. I just thought it was normal.

[And what do you think about it now?]

I don't know. A bit embarrassing being that young. I wish I had known stuff about it. That's why I agreed to do this interview; kids that age, the age I was then, didn't know anything. So, you need to have the information there for them. (ym, rural, 15)

[What about school, were you taught anything there?]

Yeah, taught about sexual education but that was afterwards.

[Do you mean after you had first sex?]

Yeah.

[Do you think it would have been better if you'd known more at the time?]

Yeah. I'd say if I knew more about sexual education I wouldn't have done it; yeah, because I didn't even know the girl. I knew that I'd never see her again.

[So you feel that if it had been talked about ...?]

Yeah, that I wouldn't have done it. (ym, rural, 15.9)

In general, in young people's accounts, the school-based sex education they received appeared peripheral – if not removed – from the 'real world' of adolescent sexual relationships. Safe sex (condom use and other contraceptive behaviour) was clearly not on the agenda of many school-based sex education programmes and there was little or no exploration of areas such as safety, communication, sexual pressure, desire, identity, or gender roles and stereotypes. Unsurprisingly, perhaps, the more sensitive and contentious issues, including contraception, homosexuality and abortion were rarely, if ever, touched upon. By omitting or failing to address particular areas of sexuality with young people, adults (whether educators or other interventionists) silence these issues

and render them illegitimate and/or irrelevant (Holland et al. 1998). In a world where young people are exposed, through the media and other sources, to discussion and debate on a wide variety of issues related to sexuality, this contradictory situation leaves them to deal with conflicting messages about their right to knowledge and information. Furthermore, it reinforces a culture of silence around sexuality and denies young people the opportunity to discuss sexual health issues in a manner that accords with their social and personal experiences.

## 8.2 Home-based sex education

There is considerable evidence to show that if parents have open and honest communication with their children about sexual health, their children are more likely to delay their first sexual experience and, when they do have sex, they are more likely to have safer sex (Walker 2001). Socio-economic status affects ease of communication, and better-off parents are more likely to feel comfortable discussing sex with their children (Cheesbrough, Ingham and Massey 2002). This section examines young people's experiences of home-based sex education, drawing attention to how sex was discussed with them and how young men and women viewed their parents' efforts to influence their emerging sexuality and prepare them for the world of sexual relationships.

Within the home, sex education almost always took place within the mother/daughter relationship and many of the young people stated that they preferred to talk to their mother – above other family members – about sex. This preference for communicating with mothers was particularly strong among the young women we interviewed in provincial areas, who frequently described an open relationship that afforded them considerable freedom to ask for information and advice.

Usually if I do need advice or anything, or I've any questions I'll ask my mother because me and my mam are really open about everything. (ym, rural, 16.9)

Like over the years like she'd [mother] talk to me about sex or whatever, especially when I started going out with people. (yw, rural, 16.1)

A smaller number of the young women we interviewed in Dublin city described an equally relaxed relationship with their mother.

[Where would you say you have learned most of what you know?]

Like me ma she tells me what I need to know. If you heard something out on the street and you weren't quite sure what it was you could go in and ask your ma about it. Sometimes you hear things and she would explain it to me. (yw, urban, 15.6)

Young men were far less likely to endorse home-based sex education, and, in general, they found the experience embarrassing. Nonetheless, a small number valued the information and advice they received from parents.

[Where would you say you've learned most about sex?]

My mother.

[What was that like?]

Sort of embarrassing as well, embarrassed with my mother talking to me about sex.

[How old were you when that happened?]

About thirteen or fourteen.

[What kinds of things did she tell you?]

To always use a condom if you ever [pause]. She said it would stop you getting diseases as well.

[Do you think it was important that your mam said something to you?]

Most mothers do I think say something, it was important enough yeah. (ym, rural, 16)

Many young men and women recalled and described a time or day when a parent discussed sex with them for the first time. When the time came for the young people to have "the talk", as it is frequently referred to, mothers invariably took charge of the discussion. If fathers played a role, it was almost always peripheral and, in most cases, mothers assumed the role of educator and advisor. One young woman described how her mother asked her father to leave the house on the day she and her mother discussed sex for the first time.

[Can you remember how old you were when you got the talk?]

No, I remember I done a sly one though 'cause I said to her, like I was twelve and I knew, and I just said to her, 'Where do babies come from?' And she brought me in and she told my dad to get out, to get out of the house and everything and she brought me into the room and she was telling me like and I was there laughing at her. (yw, rural, 14)

For the most part, mothers appeared to direct their efforts at 'protecting' their daughters from pregnancy and this was frequently achieved by issuing warnings about the need to "be careful". The following short excerpt from a focus group discussion illustrates the centrality of warnings to the advice imparted by mothers to their daughters.

[Have you talked to your parents about sex?]

R1: Your ma's advising ya and telling ya from young, like me ma used to always say to me like, 'Don't let anyone touch ya and if the boys do then tell.' And I used to say, 'Yeah.'

R2: Like me ma used to say to me like, 'Don't let anyone past your knee or anything'.

Many of the accounts suggest that mothers (of young women, in particular) were proactive when it came to the sexual health of their children. When mothers talked to their daughters, however, much of the emphasis was on trying to ensure that they avoided "getting into trouble". Advice about contraception was, therefore, a major focus of mother/daughter discussions about sex.

As I start getting older and that she kept going on about it, so you'd know for the future like or you'd know if you ever did, if the condom ever did burst or anything that you'd know about the morning-after pill. She wanted to go and get me the pill.  
(yw, rural, 16)

It has been argued that the 'protective discourse' that mothers draw on neglects positive messages about sexuality and that it can run dangerously close to the surveillance of young women's sexual activities (Holland et al. 1998). Indeed, some of the young women

we interviewed found their mother's efforts to impart advice to be overly focused on damage limitation. As a result, a number preferred to discuss sex with an older sister. The accounts below suggest that young women felt less vulnerable to reprimand from sisters, who were less likely than mothers to respond with alarm when certain issues were raised:

[Who do you feel more comfortable talking to about sex and sexual health?]

Yeah me sister. 'Cause like if I was to say to me ma like, 'I want to go on the pill', me ma would be like, 'What?' She'd have heart failure and it'd be making her upset and she'd be saying, 'She's not fully developed yet.' Where like your sister would probably be encouragin' ya. You need someone who has the experience but they're still young at heart so they understand. (yw, urban, 14.4)

Me sister, she'd be saying, 'Don't go with anyone until you're about 18,' and 'Don't try anything until you think you're ready'.

[Do you feel comfortable talking to your sister?]

Yeah, feel great talkin', just let it all out. (yw, urban, 13.9)

Young men were far less likely to report that a parent had set aside a day or a time to talk to them about sex and/or sexual health. Not alone did young men receive less home-based sex education, the information and advice they received was qualitatively different from that delivered to young women. They were considerably less likely, for example, to report that parents issued warnings about the risk of pregnancy. Their discussions with parents also appeared to be shorter and advice was imparted to them with noticeably less open disapproval of sexual activity.

Fathers did not feature to any great extent in young people's descriptions of home-based sex education and, for the most part, they were only mentioned in cases where both parents talked to young people about sex. Among the small number of exceptions to fathers saying nothing, one young man described how his father used humour to circumvent, rather than discuss, sexual health.

He [father] would talk about it like, he's a gas character, he would joke about it. But I wouldn't go up to him and say, 'Da I want to sit down and have a talk to you about sex.' He would laugh and say, 'What are you on?' like. (ym, rural, 16)

Fathers frequently use performance stories and joking to address sexual topics with their sons (Kirkman, Rosenthal and Feldman 2001). This form of communication has the disadvantage of producing messages linked to 'performance' and incorporates little or no discussion of internal emotional states or dilemmas.

Nearly one-quarter (n=10) of the young people, most of them young men, had not received any advice from parents or any other family member regarding sex and/or sexual behaviour. These young people frequently stated that sex was not an issue that they could envisage discussing with their parents.



[Did your mam and dad ever talk to you about the facts of life?]

No. I can't picture the mother or father telling me that. No, because my sister got pregnant and my father nearly went psycho, my father, she had a child right and my father nearly killed [pause] ... my sister was only seventeen I think. She's eighteen now, but she had a miscarriage as well, so. No I think they think I've more common sense. (yw, rural, 15)

Unlike Holland et al.'s (1998) respondents, the young people we interviewed did not always respond angrily to their parents' (mainly mothers') efforts to pass on either warnings or advice on sexual matters. Rather, the majority appeared to understand their parents' anxieties and appreciated their efforts to protect them, even if they did find some of the discussions embarrassing, irritating or unhelpful, at times. Indeed, a considerable number appeared to take some comfort in knowing that a responsible adult took an interest in their sex lives. In general, young people placed considerable trust in the information and advice they received from parents. However, not all of the respondents felt that it was appropriate or useful to discuss sex with their parents and young men, in particular, sometimes openly rejected their parents' efforts to discuss sex with them.

[Have your parents ever talked to you about sex or sexual health?]

They've tried but wouldn't listen.

[What did they say to you?]

They just go to me Brendan, 'Can we have a talk to you?' And I just go, 'What about?' 'Just come in here and we'll tell you', they said. It was about sex and I said I didn't want to hear it, just walked out. They go, 'Why?' And I said, 'I don't want to hear it off you.' Wouldn't like my parents to tell me about it.

[And is there a reason for that?]

Not really, I just thought it would be really awkward hearing it from them. They told me to come back, I just walked away. (ym, rural, 15)

[Have your mam or dad ever talked to you about sex?]

No. I can't imagine the mother or father telling me that.

[No?]

Rather they didn't. It might be a bit scary like, your mother talking about sex. You wouldn't be into that like. (ym, rural, 15.1)

Compared to young women, men received far less education and advice about sex and sexual conduct in their homes. This may be partly because mothers provide much more sex education than fathers and feel that they do not have sufficient information on boys' development (Sex Education Forum 1997). For the most part, the information imparted by parents focused on contraceptive advice, as well as warnings about the need to "be careful" and to protect against pregnancy. There was little evidence of any discussion about sex or relationships more generally. Nonetheless, a considerable number of the young people we interviewed stated that they would opt to ask a family member for information and/or advice on sex and sexual health if they felt that they needed to. This suggests that they valued the information and advice that their parents endeavoured to impart and that they viewed parents, siblings and/or other relatives as reliable sources of support and advice.

### 8.3 Sex and the street

Among the young people we interviewed, peers emerged as a primary and preferred source of information about relationships, sex and sexual health. Young women talked to friends regularly about relationships and sex. One young woman explained how these discussions typically came about in the context of all-girl gatherings.

[Do you think it is good to discuss sex with people your own age?]

Yeah about their experiences and my experiences. You wouldn't just sit down and say, 'Lets talk about sex', although I have said that a few times. There would be three of us sitting around with nothing to do like. Then someone would say, 'What will we talk about?' and I would turn around and say, 'Lets talk about sex, baby.'

[Is it useful?]

Ah yeah, you have a laugh and a joke about it. (yw, urban, 16.9)

Some who were sexually active were prepared to talk to their friends candidly about their sexual experiences.

[Would you talk about sex, ask each other questions?]

Just if they're after having sex with someone or whatever like they'd ring you up and tell you all about it like. It doesn't matter what time it is they'd still ring you [laughs]. They stay on for about an hour just going on and on and on, they'd be all excited like and you know just chatty. (yw, rural, 16)

The agenda for younger women who were not yet sexually active revolved around who was going out with whom, and for how long, and who they themselves found attractive. The question of when to have sex also featured strongly in their discussions with friends.

[Do you and your friends ever talk about sex?]

Well I asked me friend did she ever have sex and she said, 'No.' And I said, 'Would you ever?' And she said, 'NO.' She goes, 'I'll wait until I'm a bit older.' And then she said to me, 'Would you?' And I said, 'No. I'd wait until I'm about eighteen, nineteen, twenty.' (yw, urban, 14.1)

[Is sex something that you and your friends talk about?]

Not really, relationships maybe, but not sex. (yw, urban, 14.9)

[When you're discussing relationships with your friends what are the things you talk about?]

Just like saying, do you wanna go out with him, do you wanna go out with him? Like me friend she says imagine having a, like having a baby with him. I said no. (yw, urban, 13.8)

Across the sample, friends were a primary, and sometimes the only, source of information about sex. Consequently, the 'street' was a critical site for learning about sex. As one young woman put it: "The street, that's the way you learn everything." When talking to friends, young people had the freedom to use slang and explicit language. They also had permission to discuss issues that they felt were beyond the boundaries of appropriate discussion with parents.

[Do you learn a lot about sex with your friends?]

R1: Like you'd hear things with your friends that you could go home and ask like.

R2: And then you'd get a clatter in the face if you ask them somethin' you shouldn't!

R3: Ah no 'cause you couldn't go into your ma and say, 'What's a blow job?' Do you know what I mean?

As discussed in previous chapters, talk about sex within the male peer group frequently focused on sexual conquest - real or imagined - in a highly competitive environment. This discourse placed considerable pressure on young men to demonstrate their knowledge and experience. Furthermore, it made them reluctant to ask questions and to seek clarification or advice. Young men's reluctance to share and try to make sense of their experiences is partly driven by the nature of their interaction, which is rooted in a macho concern about not 'losing face' (Shucksmith 2002). Among the young men we interviewed, there were practically no reports of communication about sexual relationships between male friends, beyond open displays of sexual knowledge and experience. For the most part, their conversations about women and about sex involved joking and bragging, aided by explicit language. A few reported close male friendships but, unlike young women, they did not turn to same-sex peers for advice. The following account is a rare example of the sharing of personal feelings among male friends:

[Do you and your friends talk about relationships?]

Probably mostly to a boy but never, never to a girl, always to a boy.

[What do you talk about?]

Probably just like what girl do you like and all this and like you'd like to go out with her and all this. (ym, rural, 16.3)

This did not mean that no learning took place in the context of the peer group; whether or not young men personally endorsed or, indeed, believed 'boy talk', learning did take place. Importantly, however, this learning implicitly supported 'normal' male heterosexuality and reinforced the notion of the knowledgeable male who does not seek advice or need support.

The 'street talk' to which young people were exposed was clearly not always informative or accurate. Indeed, several of the young people we interviewed indicated that it was unwise to believe all of the information communicated by peers, and some reported seeking out a family member to clarify or confirm the legitimacy of what they sometimes heard informally on the street. A smaller number of young women stated that they did not - and would not - talk to, or seek advice from, their friends on matters related to sex or sexual relationships. These young women feared gossip and claimed that the vibrant local grapevine made it too risky to share private thoughts or actions with friends.

[Would you ever ask your friends for information about relationships or sex?]

No, I don't think that's right, because they are blabbermouths, they can't keep anything in. Anything you'd say to them they'd spread it all over the flats.

(yw, urban, 13.10)

Only on rare occasions did young people state that they asked a boyfriend or girlfriend for information or advice. For young men, asking women about sex carried major risks.

It could indicate, for example, that they were not knowledgeable or that they were highly inexperienced; alternatively, it might be (mis)interpreted as asking for sex.

[Would you ask your girlfriend anything about sex?]

I don't know because if I ask her that she might think I'd be trying to give hints about doing it. (ym, rural, 15)

One young man, however, reported that he learned about the contraceptive pill from his girlfriend.

[Have you ever asked a friend for information on contraception?]

I asked about the pill before. The girl that I was with got the pill. I asked her why she was on the pill and her ma put her on the pill. All the young ones are on it, not all of them but most of them are. (ym, urban, 15.6)

Learning within the peer group can be complicated and information may be wrong or misleading (Sex Education Forum 1997). It is important to state that the young people we interviewed tended, for the most part, not to rely solely on friends for factual information on issues such as condom use. Friends were certainly an important source of advice and support but, to a large extent, they served as a sounding board, albeit in very different ways for young men and women. As a context free from the constraints of adult supervision and direction, the peer group opened up the arena of sexuality in a manner that permitted them to explore many aspects of sex and sexual behaviour. Correspondingly, the social processes and communicative styles surrounding male and female peer contexts for learning about sex were part and parcel of how young people learned and internalised their gendered positions as sexual beings.

#### 8.4 Media messages

The media is thought to powerfully influence young people's sexual beliefs, attitudes and behaviour and has a reputation for being less than helpful. Nonetheless, Forrest (1997: 11) argues strongly, for example, that the advice on sexual matters printed in teenage magazines is "empowering and valuable", rather than corrupting, in nature. The debate about the benefit of and damage exacted by media representations will undoubtedly rage on. However, it is difficult to foresee anything other than an expansion of media efforts to draw in young readers and viewers. Furthermore, for all that it simplifies, undermines and trivialises, the media also challenges, explores and informs (Raymond 2002a). The young people we interviewed held quite diverse views on the media as a source of knowledge and information. Overall, a significant number reported that television was an important source of information about sex and sexual health. For a smaller number, magazines, leaflets and the Internet were additional sources of knowledge and information.

Television is the most accessible form of media communication available to young people and, among our respondents, it was certainly the most user-friendly. This is not surprising since low literacy levels hamper young people's access to messages communicated in writing. The majority talked about various snippets of information they had 'picked up' from television and, in general, they appeared to view it as an important source of knowledge. A considerable number, for example, reported that they first became aware of several health-related dimensions of sexuality – including sexually

transmitted infections and HIV/AIDS – from their television viewing. Soap operas were among the most commonly mentioned television programmes from which young people claimed to have learned about sex and sexual health.

[What about TV? Have you learned anything from that?]

Yeah, I learned about AIDS off Eastenders and teenage pregnancy off Coronation Street. (yw, urban, 17.9)

Yeah, from Eastenders, you know when Mark got AIDS or something. (yw, rural, 16)

There's a load of information on the television all right. Information about sex and that. There should be more information on sex on television I think. (ym, urban, 16.9)

Yeah, you can, you can pick up an ol' hint or two off the telly. Like about things to do and things not to do, you know what I mean? (ym, urban, 16.9)

In general, reports of learning about sex from television were more common among the young people we interviewed in Dublin city, who listed a variety of programmes and channels that they watched on a regular basis. During one of our focus group discussions, the young women talked about a number of their favourite programmes and channels.

[What have you learned from watching television?]

R1: Yeah you learn a bit I think.

R2: The Discovery channel that's good for that as well, ya get good tips off it! [laughs].

R3: Ah I tell ya, 'Hotter Sex' is good for that as well. You get good tips off it [laughs]. It's on Sky One.

[Are there a lot of programmes about sex on the television?]

R4: On some of them yeah. On the digital there's all porn channels, I always catch me brother watching them.

Pornography is, of course, easily accessible on the Internet and it is a commonly used source of information, particularly among young men (Measor, Tiffin and Fry 1996). However, few of the young people we interviewed reported that they had ever accessed pornography on the Internet. One young woman, however, told of how she had accessed live sex on one occasion using her cousin's computer:

[Have you ever used the Internet for information on sex or sexual health?]

I did before. A lot of sex things on the Internet [laughing]. And it gives you all, there is this thing you go on, on the Internet and they have people having sex on it. The information is there [laughing]. Me cousin on his internet, his computer like, he just went on it. (yw, urban, 15.5)

We also received a small number of reports of using the Internet to locate information on specific issues. The young man below sought information on the reliability of condoms following anxiety about a casual sexual encounter while on holidays. This young man did manage to access statistics on the success rate of condoms as a form of contraception but also commented on the constant appearance of pornographic web sites during his efforts to do so.

[Have you ever used the Internet to look for information?]

I checked up on the Internet when I came back [from holidays] about condoms ... just to see what's the chance of it ripping. 98% I think it said won't rip and 2% will, it gave me a scare in case I got a dodgy one. And then under it, it kept going into porn sites. (ym, rural, 15)

Teenage magazines were a popular source of information among young women and real-life stories and 'problem pages' were especially favoured as a source of knowledge and entertainment. Young people found these pages useful because they could relate to the issues raised by many young women who sought help and advice about love, romance, cheating and, once again, the critical question of when to have sex.

[What about magazines? Do you find them informative?]

Yeah, and questions and answers I love them ones.

[What types of questions and answers?]

About boyfriends cheating how you would cope with it, or if you seen your boyfriend with another girl. Stuff like that, it's deadly. (yw, urban, 15.6)

[You were just telling me about the stories they do in magazines]

Yeah, they do things like, 'I am fifteen and my boyfriend wants sex with me' ... And they tell them about what happens and then at the end of it they say, 'Do you know its illegal to have sex underage?' They would say that. And they would be just giving advice on sex and then saying at the end of it they are underage. (yw, rural, 16)

[What do you think of magazines?]

I think those magazines are brilliant for young people. They do say a lot more information than in school. (yw, rural, 16)

Gay youth depended almost exclusively on informal sources of knowledge and information: "I kind of read gay magazines and it gives you all the information you need; how to use condoms, how to have safe sex. I mostly get it from magazines but if I hadn't got it there I would go to me mate or on the Internet to get it!" (ym, urban, 18). However, one had received a great deal of additional support from an innovative youth facility in the town where he lived.

I wouldn't have coped without 'The Project' now, wouldn't have met the people I did meet and everything like that. I'm awful glad 'The Project' is there, love it myself. It's like a second home to me, I could count it as my second home. Home from home. If there's any problems at home, 'The Project' would be the first place I'd go to sort it out. (ym, rural, 15)

Not all of the young people we interviewed were in a position to access written information on sex, sexual behaviour or sexual health, and a considerable number

stated openly that their reading skills were poor or inadequate. Low literacy levels also meant that the young people could not easily access the advice and information published in health promotion leaflets. Even for those who are literate, information leaflets frequently contain medical jargon and technical language, and this can prove a barrier to learning. We found relatively little evidence that young people had easy access to official health promotion literature; certainly, a large number of them had not previously seen the information leaflets we provided at the end of individual interviews.

### 8.5 Attitudes and perceived needs

Our data suggest that the young people used whatever sources they found available to them – whether at home, at school, on the street or in the living room – to access information on sexuality and sexual health. There was great diversity, however, in the range and quality of young people’s sexual knowledge and in the perceived value of the individual knowledge sources available to them. Indeed, many continually emphasised that when it came to learning about sex, they depended for the most part on “hearing things” informally.

[Where did you get most of your information from on sex and sexual health?]

I don’t know, just picked it up, like the education we got in school didn’t really give you any information but like you hear things and then you find out about it. (yw, urban, 15.6)

I don’t know where I learnt it. Me and me friends were just saying that how do we know about it, I don’t know how I know about it. (yw, urban, 15.5)

Don’t know? Didn’t really listen. I don’t know how I learnt it I just picked it up as I went along. (ym, rural, 16.8)

In reality, young people may find it difficult to access clear and accurate information, and the information they have about their developing bodies and about sexuality is frequently flawed or wrong (Phelps, Mellanby and Tripp 1992). We know from the findings documented in previous chapters that there were significant gaps in young people’s sexual knowledge. In a general sense, the accounts we received suggest that young women knew more than their male counterparts about all areas of sexual health (Winn, Roker and Coleman 1998). One of the difficulties for young people is that, in the absence of clear knowledge sources and open discussion of sexual health issues, they may not, in fact, realise that there is much more to know than they have happened upon or “picked up” incidentally. However, many of the young women we interviewed were aware that they lacked knowledge and several emphasised their need for more information on safe-sex practices.

[Do you feel that young people your age have enough information about sex, about relationships?]

Yeah, I think they should know a bit more about it, know what protection to use, how safe it is and everything. I think there should be more information given out to kids about that because you hear of kids doing it even now. The guy I was with that had a baby when he was fourteen, he didn’t even use protection. So yeah, I think there should be a more information given out. (yw, rural, 16.9)

They do need to know about contraception and everything and what can happen and the diseases you can get and everything like that, they do need to know. (yw, rural, 17)

The lack of information on STIs was emphasised repeatedly by young women (and to a lesser extent by young men). Little or no time had been devoted to this issue in the context of school-based education and, in general, it was not a topic that parents addressed with their children.

[Would you like to have more information on sex and sexual health?]

Yeah, I think everyone should do like, I don't know maybe in the Centre [Youthreach] like, just have a class, have someone come out and talk to us about it. Like in school someone from CURA came out and talked to us about pregnancy. I don't think there is enough information on STDs. (yw, urban, 17.9)

In general, however, the young men we interviewed displayed far greater ambivalence – and in some cases resistance or hostility – towards sex education, whether home- or school-based. During interview, a large number stated that they felt they had enough information about sex and sexual health, despite reporting, in many cases, that they knew relatively little about contraception, sexually transmitted diseases and many other aspects of sexual health. Young men typically stated that they knew “the basics” and that this was sufficient, although some acknowledged that they may need more information in the future.

[Are you happy with the information you have on sex and sexual health?]

Don't know. I know it all anyway. (ym, rural, 16.8)

I know what there is to know, you know that way? (ym, urban, 16.9)

[Do you feel you have enough information?]

I'd say I've got enough.

[Are there more things you like to know about sex, about condoms?]

I'd say I've enough to keep me going for a while but I'd say in the future I'd like to learn more. (ym, rural, 15)

There was a sense, at times, that many of these young men had no awareness of what, in fact, they did not know. However, the imperative for young men to be sexually experienced places a great deal of pressure on them to assert that they are knowledgeable (Davidson 1996). Admitting to wanting or needing guidance or advice may be challenging since it necessitates conceding to a lack of knowledge, which is entirely incompatible with the way in which their relationships with the male peer group are structured (Forrest 2000). Although young men in general claimed to have adequate information, a small number talked about the needs of younger teenagers.

[Do you feel young people your age need more information about safe sex and sexual health?]

Yeah [pause] ... Em ... They know about them, you know what I mean, they know all the dirty things, you know what I mean, just put it at that. But they don't know the main important things. They think that is all fuckin' great, whereas they don't know the side effects. You could get a disease out of it, you could get her pregnant, anything. (ym, urban, 16.9)



The gay youth we interviewed lacked access, not only to information on safe sex and other aspects of sexuality, but also to social supports to enable them to come to terms with their emerging sexuality. One young man explained how the lack of openness about gay masculinity led young men into profound feelings of guilt, shame and isolation:

[Are you saying that at eleven or twelve you felt different to other people?]

I don't think you'd even know at that age, you just know you aren't right. Wasn't so bad for me but some people I think it would be hard on them; don't know what's wrong with them and a lot of people think they're not normal because of the way their parents bring them up thinking gay is wrong.

[So you think more information is needed?]

Yeah. Not so much even that; there's a lot of information out there but there's more information that needs to be targeted to a younger age instead of getting it five years too late or something. And somewhere to meet as well. I know myself it's a hard time for anyone when they're finding out they're gay, sure I know myself. And the worst thing is when you don't know anyone else that's gay and you think you're the only one on your own and stuff. And then if you can meet up with kids your own age, teenagers. Get a group of friends together, people who are gay and lesbian. Somewhere for them to meet. (ym, rural, 15)

As documented earlier, a large number of young people (particularly young women) reported that mothers were a primary source of information. However, opinions were divided on whether adults, in general, recognise and understand the issues and decisions that young people face in their efforts to negotiate romantic and sexual relationships. Young men were positive, rather than negative, about adults' ability to understand young people, stressing that they had age and experience to offer in situations where advice was required. However, gay youth did not feel that they could talk to their parents about sexual health issues: "They don't really know what you're going through because they are not gay. So it's a bit difficult for them to understand." (ym, urban, 18) Finally, several of the study's young women felt strongly that adults had limited understanding of the challenges and dilemmas that young people typically face. These young women claimed that parents and other adults impose their own views and opinions and that many do not listen to, or value, the perspectives of young people.

[Do you think that adults understand the situations, decisions and choices the young people your age have to make?]

No they don't understand. No they don't.

[What do you think it is that they don't understand?]

They just give out all the time. Like, 'Be careful', and like you know you have to be careful anyway. You're not going to do something stupid. So for some reason they just, they don't have a clue what is going on in the world these days. They're so used to back in the day when they were young. [I say] that was for you ma, not for me [laughing]. (yw, urban, 15.5)

No 'cause if you make a decision it's like, 'Ah no, that's not right, that's not right at all'. They always try to put your decision down. (yw, urban, 16.7)

Finally, there was a stark lack of awareness among the young people about sexual health services. Indeed, the vast majority did not seem to be aware of services (such as the Family Planning Association or the Well Woman Centre) that specifically address sexual health issues. This is not altogether surprising, however, since these services tend not to be located in, or within close proximity to, the neighbourhoods where young people resided. As outlined earlier, information about emergency contraception was limited. Even young women – who were more knowledgeable than their male counterparts about the contraceptive pill – understood that their family doctor was the only person from whom they could request emergency contraception. This posed difficulties for many, since they worried about confidentiality and feared disclosure to their parents and/or other adults. Embarrassment and fear were other common barriers to service utilisation among young women. These findings highlight the need, not only to provide greater information on the location of services, but also to reassure young people about the usability and confidentiality of these services. Current provision of youth-specific and youth-friendly sexual health services is greatly lacking in Ireland (Irish Family Planning Association 1997). It is important to emphasise, in this context, that the availability of contraceptive clinics and other sexual health services for young people is associated with reduced pregnancy rates (Jepson 2000). Dedicated young people's services aimed at meeting local needs clearly have a critical role to play in providing intervention and advice and in encouraging young people to be sexually healthy.

## 8.6 Conclusion

In keeping with other Irish studies, our findings demonstrate that young people have access to range of sources of knowledge about sexuality and sexual health. However, despite exposure to information about sexual and reproductive health, many young people have misconceptions or limited knowledge about sexually transmitted diseases, the use of contraception or how to prevent pregnancy (Hughes et al. 1999, Mitchell and Wellings 1998b). Among the young people we interviewed, there were many examples of limited, inaccurate or wrong information about these and other issues, all of which have the potential to impact negatively on their sexual health status.

During interview, young people talked frankly about their experiences of sex education, both at school and in their homes. There was general consensus that school-based sex education was inadequate and that it failed, for the most part, to address the more difficult aspects of sexuality and sexual health. Young people's reports strongly suggest that school-based sex education was too little (and often, too late), that it was too biological and did not address broader emotional, moral or social issues. Within their family homes, mothers almost always took on the role of sex educator. While there was some variation in the scope of the information provided by mothers, it was generally prescriptive in nature and there was far more emphasis on what not to do than on any affirmative advice regarding sex and/or sexual health more generally. The main emphasis was on the prevention of pregnancy, and young women, in particular, learned about sex primarily in terms of risk and danger. Contraception was the primary focus of mother/daughter discussions about sex. In general, fathers played a very peripheral role, and when they did broach the issue of sex (usually with their sons) they depended on humour to alleviate a general sense of embarrassment and discomfort with the topic.

Perhaps unsurprisingly, the young men we interviewed received substantially less sexuality education from all formal sources. Additionally, some of their informal sources of knowledge and information – most notably, the peer group – did not offer a supportive environment that permitted open discussion or advice-seeking behaviour. Peers provided young women, on the other hand, with relatively stable and supportive networks of advice and information on a range of issues related to sexual behaviour and sexual health.

Among young people in general, media sources of knowledge and information were popular, possibly because of the anonymity they afforded. Young women, in particular, valued and enjoyed teenage magazines and found them to be useful sources of information and advice. Young men, on the other hand, were disadvantaged in terms of media options, which are not as wide or rich as those available to young women (Raymond 2002b). Importantly, written sources of information were not utilised by a considerable number of both young men and women because of low literacy levels and lack of access to health promotion literature.

In a general sense, our data suggest that young people did not necessarily perceive the adult world as affording them the right to discuss sex. Many had few social supports when it came to accessing information and advice on sexual health issues, leaving them isolated in their efforts to behave responsibly in relation to sex and sexual health. It is little wonder that many appeared sceptical and resentful of the adult monopoly on sexual health.

It seems appropriate to leave the final word to one of the study's young people:

Adults don't understand that like, they all say you are too young to have sex and giving out to you. But they don't understand that if the girl says she loves him, that is why you have done it. And then they'll say, 'You don't know what love is at that age.' But some people do know what love is at that age. They feel it at that age ... When adults talk to young people they treat them like children, when they talk about that kind of thing. They don't talk to them like adults. They should talk to them about their experiences instead of going on like you don't need to know this stuff, kind of saying you are too young and everything. (yw, rural, 16.8)

## 9.0 Discussion and recommendations

This report has presented the methods and findings of a study of early school leavers' sexual attitudes, beliefs and behaviour. The study participants were aged between thirteen and eighteen years and included young people who live in Dublin city and in three provincial locations countrywide. The average age of the study participants was 15.2 years.

The study uncovered great diversity in young people's romantic and sexual experiences. Their accounts suggest some common experiences but also considerable variation and exceptions. In this chapter we provide an overview of the study's key findings. We also discuss the policy implications arising from the research and make recommendations for the provision of sexual health education and services that address the social and health needs of young people.

## 9.1 An overview of the study findings

This summary of the study findings concentrates on the following areas: sexual behaviour, safe-sex practices, gender and sexual health, learning about sex and the experience of gay youth.

### 9.1.1 Sexual behaviour

A very high proportion (58.5%) of the young people were sexually active, with young men (72.2%) more likely than young women (47.8%) to state that they had had first sexual intercourse. 92.8% of young people in provincial sites, compared to 40.7% in Dublin city, were sexually active. The average age of first sex was 13.5 years and there was no urban/rural difference in the age of first sex. However, young women (14.5 years) were older on average than their male counterparts (12.9 years) at first sexual intercourse.

These findings indicate higher rates of sexual activity and a lower average age of first sex than recorded in previous studies conducted in an Irish context. While changes in young people's sexual behaviours (whether related to rates of sexual activity or age of first sex) might be expected since the most recent study of sexual behaviour among young people in Ireland (Bonner 1996), this study's findings may signify a marked change in young people's sexual behaviour, at least among this vulnerable or 'at risk' sector of the youth population. The findings certainly suggest that young people who leave school early are vulnerable to early sexual intercourse.

### 9.1.2 Safe-sex practices

The timing and conditions of first sexual intercourse are of substantial interest in the context of public health, since early age of first intercourse is associated with subsequent sexual health status. Internationally, early school leaving and low educational attainment are associated with early first intercourse (Paul, Fitzjohn, Herbison and Dickson 2000, West, Wight and MacIntyre 1993). Teenagers who embark on sexual activity before the age of sixteen take more risks than those who wait until they are sixteen, and it appears that the younger the age of first intercourse, the greater the risks involved (Wellings and Mitchell 1998). During adolescence, sex is part of a wider spectrum of risk-taking behaviour in which smoking, alcohol consumption and illicit drug use and early sex are more likely to occur in combination (Plant 1992). Risk-taking behaviour is, of course, to be expected during adolescence, since experience and experimentation form an important part of young people's cognitive growth. Equally, however, young people must be alerted to the risks they take when they do have unprotected sex.

Our data demonstrate that at the time of first sexual intercourse, over half (54%) the participants did not use a condom. This figure is very high compared to earlier Irish studies (Bonner 1996, MacHale and Newell 1997). Across the sample, overall rates of non-compliance with safe-sex practices were high; casual sexual episodes or one-night stands emerged as the most likely contexts for unprotected sex. Only a minority of the young people we interviewed reported a consistent pattern of condom or other contraceptive use. Practical barriers to condom use included lack of knowledge about the risks associated with unprotected sex (certainly during first and early sexual encounters), lack of access to condoms, embarrassment about purchasing condoms, unexpected and/or unplanned sexual encounters, and alcohol and/or drug intoxication. A range of social barriers to condom use also emerged, including a negative image of

condom use, particularly among young women, and the difficulty and embarrassment of introducing contraception into the conversation with partners. The social stigma that young women attached to carrying condoms emerged as a major barrier to them buying and carrying condoms and this was reinforced by young men's view of women carrying condoms as a signifier of 'slut' behaviour.

Our findings indicate that a large number of the young people had only a superficial understanding of sexually transmitted infections apart from HIV/AIDS. Furthermore, for a considerable number, HIV was something 'out there', and it was not perceived as a threat to health. Few of our respondents appeared to take STI risk seriously and the majority regarded themselves as invulnerable to infection. Others appeared to have little or no knowledge or understanding of sexually transmitted infections. Against a backdrop of dramatic increases in STI detection rates in Ireland, coupled with heterosexual transmission accounting for an increasing share of new HIV infections (National Disease Surveillance Centre 2002), this apparent lack of knowledge about STIs among our respondents, and their perceived invulnerability to infection, is worrying. Despite a decrease in homosexual transmission of HIV, men who have sex with men are still at high risk. While the gay youth we interviewed were more knowledgeable about STI risk than their heterosexual counterparts, they appeared not to have adequate knowledge or understanding of the risk of infection via unprotected oral sex. Young women and, to a lesser extent, young men stated repeatedly that they would like more information about sexually transmitted infections and how to avoid them.

### *9.1.3 Gender and sexual health*

Prevailing gender relations influence sexuality and sexual experience. This study has demonstrated the different social meanings that sex and contraception may have for young men and young women and the influences these social meanings have on their behaviour. For example, young women were reluctant – and many refused – to buy or carry condoms because doing so implied that they were sexually available. Put differently, powerful social risks acted as barriers to safe-sex practices among young women, who felt vulnerable to having their 'good' reputations tainted by displays of sexual knowledge and experience. Prevailing gender relations clearly make it difficult for many young women to control when and how sex takes place. What is critical here is that when young women are asked to insist on safe-sex practices they are implicitly asked to step out of their gender stereotype of passivity in order to guide sexual encounters to safety with respect to pregnancy and disease transmission (UNAIDS 1997).

A minority of the young women we interviewed reported sexual coercion and/or violence of some kind, and many more reported either subtle or overt pressure to engage in sexual activity. Sexually assertive beliefs, behaviours and practices are important components of the development of sexual health during adolescence (Rickert et al. 2002). Those young women who experienced sexual pressure or coercion revealed, through their accounts, exceptional vulnerability to harassment and exploitation and they appeared to have few, if any, strategies available to them to avert risk and harm.

Young men, on the other hand, experienced constant pressure from the peer group to display sexual knowledge and experience. Indeed, this research has demonstrated how young men adhered strongly to masculine norms that valued being relatively sexually predatory and macho. These notions of masculinity can lead to risk taking, obstruct

negotiation and contribute to the oppression of young women and homosexual men (Lloyd and Forrest 2001). They also discourage help- and advice-seeking behaviours and contribute to ambivalence about sexual health.

#### *9.1.4 Learning about sex*

The young people we interviewed learned about sex and sexuality from a range of sources and contexts. In a general sense, however, there was little consistency in what they learned (or from whom and where). Young men reported far less exposure to formal teaching about sex and sexuality: a number, for example, did not have exposure to school-based sex education and several received little guidance or advice from parents. There was general consensus amongst young men and women that school-based sex education was too 'reproductive' in focus and, therefore, lacking in relevance. One of the difficulties with this reproductive focus is that it portrays young women as having no sexual agency (Sexual Health Forum 2000). It is also problematic for young men, who perceive a focus on pregnancy and women's health issues to be irrelevant to their needs (Forrest 2000). The school-based sex education our respondents received was entirely deficient in attention to the many social and emotional dimensions of romantic and sexual relationships.

Approaches that respect the integrity of young people and the reality of their lives are the most likely to convince and persuade (Aggleton et al. 1998). In general, however, relationships, emotions and pleasure are all too often ignored in the context of relationships and sexuality education (Measor et al. 2000). In this study we devoted considerable time to the investigation of young people's romantic relationships. For many young women who were not sexually active, the issue of the timing of first sex emerged as a recurring theme in their discussions with peers. This finding suggests that young people would benefit from having the time and space to discuss and explore relationships and their meaning. Teaching young people about reproductive health is clearly important. However, a singular preoccupation with biological dimensions of sexuality fails to address the array of social and psychological influences that inevitably impact on young people's decision making and behaviour in relation to sexual health.

Both young women and men's learning about sex contributes to their developing sexual identity and beliefs about sexuality and gender (Holland et al. 1998). Not alone did we find sexuality and sexual experience to be influenced by prevailing gender relations; young people's learning about sexuality was also gendered. Our data suggest that young women and men learned about sex in different ways. Young women's home-based sex education focused to a large extent on warnings about the risk of pregnancy and the negative consequences of unprotected sex. Young men, on the other hand, received less school- and home-based sex education and, in general, they received more positive messages about sex and sexual relationships.

Young women and men's learning from peers was also qualitatively different. Among young men, a culture of bragging and displays of sexual knowledge and experience dominated peer-group interaction, leaving them with little room for questions and creating a significant barrier to advice-seeking behaviour. Indeed, much of the education and advice to which young men were exposed tended, if anything, to reproduce the notion of knowledgeable men who are active sexual agents. This stands in sharp contrast to the dominant messages conveyed to young women, which tended to reinforce passivity and conformity to male heterosexual norms.

### *9.1.5 The experiences of gay youth*

Although this study was concerned primarily with adolescent heterosexual relationships, and did not specifically target gay youth, two of our respondents self-identified as gay. In a critical sense, the accounts of these young men demonstrate the heterogeneity of young people and they also highlight some of the difficulties that gay youth are likely to experience in the process of coming to terms with their sexuality.

The experience of feeling isolated from, or ignored by, a range of society's institutions and settings – most notably the school and the family – contributes to a profound sense of isolation among young gay men. Both of the young men we interviewed were victims of homophobic bullying at school and they faced the difficult task of disclosing their same-sex attractions to parents and friends. Furthermore, they found it difficult to meet and form friendships with other gay and lesbian youth, who could potentially provide them with a supportive network where they could share experiences and seek advice. Both depended almost entirely on informal sources – magazines, television, friends and the Internet – for knowledge and information about sex, sexual behaviour and sexual risk, and neither had attended a service (such as Gay Men's Health) designated to specifically meet the needs of gay men. Although they were better informed about sexual risk and risk-taking than many of their heterosexual counterparts, their accounts nonetheless revealed significant gaps in their understanding of safe-sex practices.

### *9.1.6 Understanding young people's sexual health needs*

During adolescence, sexual feelings change and intensify and these feelings add a vital positive dimension to the lives of young people (Kirby, Short, Collins, Rugg et al. 1994). Unfortunately, there can be negative dimensions and consequences to teenage sexual behaviour: unintended pregnancy, STIs, feelings of exploitation, sexual coercion, dissatisfaction and guilt, to name but a few. The findings of this study highlight the complexity that surrounds the maintenance of sexual health and well-being in the case of young people. Sexual health is an extremely complex area of programme and service delivery and efforts to address it need to be multi-faceted, addressing the individual, social and economic factors involved. In this context, the importance of diversity – whether in relation to age, gender, social class, sexual orientation or life experience – cannot be overstated. 'Young people' are a diverse group whose experiences, attitudes, beliefs and expectations differ widely. This diversity represents a challenge, not only for how we conceptualise young people's sexual health needs, but also for the design of effective health and education interventions.

The combination of young people's relative inexperience in sexual matters and the social stigma of them being sexually active creates vulnerability that is only now beginning to be recognised and addressed. Children and young people have the right to receive accurate information on matters that can potentially impact negatively on their sexual health status. What is certain – given the findings of this research – is that we cannot ignore young people's sexuality in the hope that it will go away. The provision of sexual and reproductive health education and services for young people, which focus on the realities of their lives and their needs is clearly a priority, not simply for early school leavers or other 'at risk' young people, but for the entire youth population.

## 9.2 Policy implications

Designing high-quality sex education programmes is a major challenge for interventionists and policy makers, not least because of the diversity of young people's needs. Sex education has ideological and political implications. Contrasting and, in some cases, conflicting views on what ought to be taught, and when and where, to young people about sex and sexual health, add a further layer of complexity to the task of designing and implementing sexuality education that reaches a wide spectrum of young people at an optimum time in their lives. Nonetheless, there are compelling arguments in favour of the development of comprehensive and inclusive programmes to promote sexual health among young people:

- Education on sexual health and/or HIV does not encourage increased sexual activity (Grunseit and Aggleton 1998, UNAIDS 1997, Kirby 1997).
- School-based sexuality education can be effective in reducing unprotected intercourse, either by delaying the initiation of sexual intercourse or by increasing the use of condoms and other contraceptives (Cheesbrough et al. 2002, Kirby et al. 1994).
- Good-quality programmes help delay first intercourse, and protect sexually active youth from STIs, including HIV, and from pregnancy (Aggleton 1997, Kirby et al. 1994, Kirby 2001).
- Responsible and safe behaviour can be learned (Kirby 2001).
- Inequalities linked to poverty and social exclusion influence young people's vulnerability to sexual and reproductive health problems (Shaw and Aggleton 2002).

At a general policy and service-provision level, the findings of this study demonstrate that young people want and need to learn about sex and relationships. Arising from the study findings, we have identified the following broad policy recommendations in relation to the provision, design and delivery of relationship and sexuality programmes across a range of settings.

At a policy and service level, it is important to:

- begin with the realities of young people's lives in Ireland today, not with stereotypes and stereotypical assumptions about the sexual health needs of young people
- recognise that young people are a very diverse social group whose values, beliefs, attitudes, expectations and behaviours vary widely, reflecting individual knowledge and experience as well as a wide range of social influences
- recognise that a variety of factors influence sexuality and sexual health and that, for young people, becoming sexually active has meaning and symbolic value
- recognise that young people need an open and positive environment where they can gain the competencies to move into the realm of sexual relationships with confidence
- acknowledge that sexuality and sexual health are influenced by prevailing gender relations and that young men and women have different needs and require different intervention approaches



- recognise the need for sexual health services that specifically target young people and are tailored to meet their specific needs
- recognise that interventions need to be appropriate to the target audience and that young people's sexual health needs may vary by social class
- acknowledge and accommodate difference, particularly in relation to gender and sexual orientation
- recognise that working with young people in relation to sexual health necessitates an appreciation that some may have been sexually abused and/or have experienced difficult or traumatic sexual encounters.

### 9.3 Recommendations

We focus on eight major areas in making recommendations arising from the study findings:

- School-based relationship and sexuality education
- Targeting early school leavers and other vulnerable groups
- Gender and sexual health
- Gay youth
- Contraceptive behaviour and safe-sex practices
- Supporting parents in sex and relationships education
- Youth-friendly health services
- Future research.

#### 9.3.1 *School-based relationship and sexuality education*

Schools represent a chief mechanism through which social values about sex and sexual relationships are expressed to young people (Forrest 2000). It is likely that many of our respondents lost out on some or many elements of school-based relationships and sexuality education, either because of poor school attendance or because of leaving school early. Their accounts, nonetheless, suggest problems, gaps and inadequacies in the kind of sexuality education they did receive at school. There was an overwhelming focus on biological aspects of sexuality and many of the young people claimed that they already knew most of what was taught to them in the context of school-based sex education. Indeed, one of the difficulties with sex education is that many young people will know – or, certainly, feel they know – a considerable amount. Yet, a large number of our respondents were clearly ill-prepared for the world of sexual encounters and relationships.

The criteria used to design strategies for approaching sexual and reproductive health often reveal a problematic vision of sexuality, particularly where young people are concerned. To a considerable extent, young people's accounts of school-based sex education highlight the limitations of many prevailing approaches to educating young people about sexuality and sexual health. What young people need is not simply information about reproduction: they need opportunities to explore (and challenge) attitudes and concerns about sex and sexuality (Gelder 2002). They also need opportunities to discuss feelings and real-life dilemmas, as well as the support to develop skills that enable them to discuss and negotiate safe sex. The strong association between age at first intercourse and the occurrence of teenage fertility (Wellings and Mitchell 1998), leads to the conclusion that sex education must focus on providing communication skills that enable young people negotiate safe and rewarding sexual encounters.

Based on available research evidence, Meyrick and Swann (1998) summarise the components of the most successful approaches to school-based risk-reduction interventions as follows:

- Timely – initiated early before patterns of behaviour are established.
- Positive – about young people, about sex and sexuality and about young people's relationships.
- Integrated – education about sexual and reproductive health issues is planned and delivered as a comprehensive and cohesive programme, with strong links between services and 'joined-up' service planning and provision.
- Practical – up-to-date information about local contraceptive and sexual health services is included (what is available? when and where? who can use the services? how to get there).
- Set in a social context – activities are designed to address gender issues, social and cultural stereotypes and power inequalities.
- Needs-led – content, approach and direction are determined by what young people say they need.

The school is a social environment that can capitalise on having a large captive audience. However, current school-based RSE in Ireland is clearly patchy and appears not meet the complex and radically altered sexual health needs of our youth population. School-based relationship and sexuality education urgently needs to be extended to all primary and post-primary schools. The programmes delivered by schools should, however, be viewed as a component of a range of wider community interventions. Internationally, collaborative, multi-agency sexual health education programmes involving schools, community groups and family planning clinics are beginning to show promise. For example, evidence from other European countries shows that where efforts by different agencies work in unison, there have been considerable improvements in teenage conception rates (Kane and Wellings 1999). Finally, teachers (and health professionals) need ongoing training and support to enable them to deliver educational programmes (and interventions) that are relevant to the local context and acceptable to young people.

### *9.3.2 Targeting early school leavers and other vulnerable groups*

This study has demonstrated considerable vulnerability among our respondents, particularly in terms of the timing of, and circumstances surrounding, first sexual intercourse. There was ample evidence, for example, that first sexual experiences were not optimally timed for many young people – particularly for young women – who frequently expressed regret about the event.

Research evidence suggests that interventions that are tightly focused, targeting one particular issue and/or a vulnerable social group, are more likely to be effective (Meyrick and Swann 1998, Health Development Agency 2001). The most vulnerable young people are, however, likely to be the most difficult for service providers to reach. Furthermore, designing and delivering policies and programmes to address vulnerability can be difficult because of the complex interaction between factors such as gender, poverty, age, sexual orientation, and so on (Shaw and Aggleton 2002). For young people who are out of school or otherwise 'at risk', community-based youth services are ideally placed to deliver sex and relationships education. As the Sex Education Forum (2002: 1) puts it:

Characteristically the relationship between youth workers and young people is informal and young people's engagement with them is voluntary. This special relationship is at the heart of all youth work and means that youth workers are ideally placed to provide information and support to young people. Youth workers are likely to be trusted and young people may be more likely to confide in them about sensitive issues such as relationships and sex.

Youth projects and services can provide more time and space and a more informal atmosphere for open discussion among both single and mixed-sex groups than many other settings. However, they clearly need the financial and human resources to enable them to do so. They also need staff with the appropriate training to enable them to communicate effectively with lesbian, gay and bisexual (LGB) youth. This is particularly important since youth services in Ireland have paid little attention to date to the needs of LGB young people (Equality Authority 2002).

Of course, youth work is only one of the numerous strategies that are required to ensure that the sexual health needs of 'at risk' youth are adequately met. Collaborative, multi-agency programmes involving schools, community groups and sexual health clinics are ideally required to reach out, and appeal, to young people as possible sources of knowledge, information and advice. Together, community-based programmes need to prioritise the reduction of barriers to safe-sex practices and provide outreach programmes to target hidden and 'at risk' groups of young people. Finally, it is important that the sexual health of young people is not seen as the sole responsibility of educators or health professionals. Instead, it must be integrated across all strategies concerned with young people. One of the key challenges, therefore, is to ensure that efforts are 'joined up' at national and local levels.

### *9.3.3 Gender and sexual health*

For relationship and sexuality education to be effective, it must address the real choices and pressures around sexual health that affect both young women and young men. To achieve this goal, education must be gender sensitive for both boys and girls (Sex Education Forum 2000).

The findings of this study highlight the critical importance of gender in the delivery of sexual health education. Both young men and women need opportunities to discuss social norms, values and gender expectations. Communication skills are vital for young women if they are to feel able and entitled to negotiate safer and satisfactory sex and to say no to sex. Young women need help and guidance to overcome negative social norms and stereotypes that restrict their role in sexual interaction and compromise their ability to negotiate safe sex. They also need help to develop communication and assertiveness skills to resist physical and psychological pressure to have sex (Weiss et al. 2000).

Sexual health is still presented as a female-dominated area, with services for young men delivered by women (Lloyd and Forrest 2001). In this study, young men received less school- and home-based sex education than their female counterparts. The prevailing expectation that young men must be knowledgeable about sex makes them doubly disadvantaged in terms of accessing or requesting knowledge, information or advice in relation to sex and sexual health. Many of the young men we interviewed claimed that they had enough information and many appeared ambivalent about sex education.

However, part of young men's social conditioning is to appear disinterested (Davidson 1996). For educators and interventionists, it is necessary, therefore, to look beyond this façade and to consider the vulnerabilities that lie behind such behaviour. Put differently, successful sex education for boys and young men has to reach beyond the mask of masculinity, which is constructed in an array of social contexts, including schools, the family and the peer group (Mac An Ghail 1994).

#### *9.3.4 Gay youth*

Gay men and lesbian women suffer from social exclusion and they report problems with harassment, discrimination and prejudice at many stages in their lives (Combat Poverty Agency 1995). The report of the Equality Authority (2002) on implementing equality for lesbians, gays and bisexuals sought a visibility for LGB issues in the wider equality strategies and initiatives being pursued across Irish society. Among other proposals, this report recommended that the VECs and the Department of Education and Science ensure that adequate provision is made for LGB young people within youth-service provision plans. It also recommended that youth work organisations be resourced to provide alternative social venues for LGB youth.

Growing up "different" in a society that demands heterosexuality can be devastating for young people. Indeed, the extent of the social isolation gay men experience has been documented in an Irish context (Carroll, Foley, Hickson, O'Connor, Quinlan, Sheehan, Watters and Weatherburn 2002). Furthermore, LGB youth are deeply affected by a lack of adequate services and social isolation. Unlike members of other minority groups, they are not only rejected by the society at large, but in many cases, also by their parents, peers and teachers – the very people who traditionally provide critical support for young people as they are growing up.

Gay youth are invisible in the guidelines and resource aids for relationship and sexuality education in Ireland. Indeed, our respondents' accounts lend some weight to the claim that gay young men are denied adequate information about same-sex relationships and safer sex. The effect of this denial is likely to contribute to heterosexist prejudices and the victimisation of young gay people (Rivers 1996). The findings of this study also highlight the invisibility of gay youth services and supports. Schools, sexual health services and other interventions need urgently to address the needs of non-heterosexual youth and to implement policies and programmes that aim to create open and accepting environments that are conducive to requesting and seeking advice and information.

#### *9.3.5 Contraceptive behaviour and safe-sex practices*

When used correctly and consistently, condoms are effective in reducing the spread of STIs, including HIV, and in reducing the risk of pregnancy. However, our data uncovered inconsistent condom use, as well as ambivalence about sexually transmitted infections. Both young men and young women need information about STIs and HIV/AIDS and they need this information before they begin sexual activity. Current approaches to informing young people about the risk of STIs, including HIV/AIDS, are clearly not reaching certain sectors of the youth population. There was little evidence, for example, of easy or widespread access to Department of Health and Children health promotion leaflets among our respondents. Furthermore, our data suggest that literacy problems impeded the ability of many young people to benefit from this literature.

The high rate of non-conformity to safe-sex practices reported in this study points to problems, not only with the communication of messages about the need to practice safe sex, but also to the difficulties young people experience in their attempts to negotiate safe sex. It is now widely acknowledged that providing information and awareness about contraception alone is insufficient in tackling the issue of inconsistent condom use (Coleman and Ingham 1999b). Published research also shows increasing support for the effect that partners talking to each other about contraception has upon its use (Coleman and Ingham 1999a). Young people need opportunities to think about and rehearse their approach to communicating with sexual partners about safe sex. Women, in particular, need to be made aware that, even when intentions to use condoms are strong, they may experience difficulties insisting on their use.

### *9.3.6 Supporting parents in sex and relationships education*

Communication between parents and children, in general and specifically relating to sexual activity, is associated with safer sexual behaviour (Ingham 2002). This study's findings demonstrate that although young people (and young men, in particular) are not always at ease with home-based sex education, they nonetheless value a supportive home environment that permits open discussion of sexual health issues. However, many parents feel anxious and uncomfortable about broaching the topic of sex with their children and they may feel ill equipped to do so. Furthermore, parents are frequently unaware of the extent of their children's sexual knowledge and experience (Measor et al. 2000). Parents need more supports to enable them to discuss sex and relationships with their children in a way that encourages responsible and protected sex and is simultaneously affirmative. In particular, mothers need appropriate support and guidance to enable them to communicate effectively with their sons. Correspondingly, fathers need to be encouraged to play a more active role in the delivery of home-based sex education.

### *9.3.7 Youth-friendly sexual health services*

Research shows that the availability of youth-based contraceptive services in a locality is associated with lower conception rates (NHS Centre for Reviews and Dissemination 1997). In Ireland, established agencies and initiatives aimed specifically at servicing the sexual health needs of young people are greatly lacking (Irish Family Planning Association 1997). Young people need access to sexual health services that are free, confidential, non-judgemental and youth-friendly. Services also need to have the resources to reach out to young people and to target those who are most vulnerable or 'at risk'. Young men's needs in general are poorly met within existing sexual health services (Irish Family Planning Association 1997), and the development of initiatives that address the particular needs of young men is urgently needed. Services must also be aware of the need to provide accessible and appropriate services to the LGB community (NESF 2003). In rural areas where resources are thinly stretched, or where the potential user base is small, a designated youth clinic may not be a realistic option. While a mainstream service or clinic may be the only viable alternative in these contexts, services need to be youth friendly and have the resources and capacity to cater for the diverse sexual health needs of all young people.

### 9.3.8 *Future research*

This report sought to represent young people's stories and to synthesise their accounts in a way that illustrates the complex range of experiences that constitute their sexual knowledge and behaviour. Much, however, remains unanswered and there are many issues that were beyond the scope of this study. A great deal could be gained from further in-depth study of young people's sexual relationships and behaviour. Areas including sexual risk-taking behaviour, the negotiation of safe sex, contraceptive behaviour, and communication strategies merit particular attention. The social, personal and sexual experiences of gay and lesbian youth have received very little attention to date in an Irish context. Research is urgently required to gain access to the experiences of lesbian, gay and bisexual youth and the challenges and risks they encounter in their everyday lives.

### 9.4 **Summary of key recommendations**

- School-based relationship and sexuality education urgently needs to be extended to all primary and post-primary schools. Individual school and student needs must be considered, and additional resources and training are required for teachers and health professionals.
- Education programmes, whether school based or not, need to extend the scope of their messages and teaching beyond the communication of biological and reproductive 'facts'.
- Early school leavers and other vulnerable groups of young people need to be specifically targeted for information and advice in relation to sexual health.
- Education programmes and services must recognise and address the critical importance of gender and gender relations in the delivery of sexual health education.
- Young women need to be supported to develop communication and assertiveness skills that enable them to negotiate safe sex and resist physical and/or psychological pressure to have sex.
- Young men need more sex education, as well as better approaches to addressing their needs. Sexual health programmes and educators need to be sufficiently innovative to reach beyond the façade of young men's assertions regarding sexual knowledge and experience.

(continued overleaf)

### Summary of key recommendations (continued)

- Sex education needs to aim to teach for and with difference. Heterogeneity and diversity must be recognised in relation to heterosexual youth, generally, and gay (lesbian and bisexual) youth, in particular.
- Professionals across all disciplines working with young people in relation to sexual health issues must be confident to deal with diversity and to accommodate social and cultural shifts.
- Parents need to be supported in their efforts to talk to their children about sex and relationships.
- Relationship and sexuality education must impart clear and accurate information on condom and other contraceptive use, irrespective of the setting in which it is delivered.
- There is an urgent need for sexual health services that target young people and cater to their specific needs.

Additional research is required to further our understanding of the sexual health needs of young people who differ by age, social class, gender and sexual orientation.

### 9.5 Final remarks

As stated in Chapter 2, this research makes no claims regarding the generalisability of its findings and it should be seen as a starting point. It is nonetheless significant, not only because of the dearth of research on adolescent sexuality in an Irish context, but also because of its emphasis on the accounts and perspectives of young people. The young people we interviewed for the purpose of the study were perhaps surprisingly open given the sensitive nature of the issues under investigation. There is a great deal to be learned from their stories and accounts and it is our hope that this research contributes to a more rounded understanding of young people's lives and their experiences.

## Bibliography

- Aggleton, P. (1997) Success in HIV Prevention. Avert, Horsham.
- Aggleton, P., Ball, A. and Mane, P. (2000) Editorial: Young people, sexuality and relationships. *Sexual and Relationship Therapy*, 15 (3): 213-220.
- Aggleton, P. and Campbell, C. (2000) Working with young people – towards an agenda for sexual health. *Sexual and Relationship Therapy*, 15 (3): 283-296.
- Aggleton, P., Oliver, C. and Rivers, K. (1998) *The Implications of Research into Young People, Sex, Sexuality and Relationships*. Health Education Authority, London.
- Alderson, P. (1993) *Children's Consent to Surgery*. Open University Press, Buckingham.
- Alderson, P. (1995) *Listening to Children: Ethics and Social Research*. Barnardos, Ilford.
- Alderson, P. (2001) *On Doing Qualitative Research Linked to Ethical Healthcare*. The Wellcome Trust, London.
- Archer, L. and Yamashita, H. (2003) Theorising inner-city masculinities: 'race', class, gender and education. *Gender and Education*, 15 (2): 115-132.
- Atkinson, P. (2001) Changing perceptions on the politics and ethics of qualitative research. In P. Alderson (ed.) *Qualitative Research: A Vital Resource for Ethical Healthcare*. The Wellcome Trust, London. pp. 10-16.
- Barry, U., Gibney, R., and Meehan, F. (1998) *Provision of Care and the Pattern of Women's Employment in Ireland*. Gender and Employment Network, Equality Office, European Union.
- Benagiano, G. (1992) Introduction: enhancing oral contraceptive compliance and efficacy. *Advances in Contraception*, 8 (1): 1-3.
- Berthoud, R. and Robson, K. (2001) *The Outcomes of Teenage Motherhood in Europe*. EPAG Working Paper 22. University of Essex, Colchester.
- Blake, S. (2002) Developing and expressing sexual beliefs and values. In *Improving the Sexual Health of Men in Scotland: Report of an Expert Seminar*. Health Education Board For Scotland, Edinburgh. pp. 33-36.
- Bloor, M. (1995) *The Sociology of HIV Transmission*. Sage, London.
- Boldt, S. (1994) *Listening and Learning. A Study of the Experiences of Early School Leavers from the Inner City of Dublin*. Marino Institute of Education, Dublin.
- Boldt, S. (1997) *Hear My Voice*. Marino Institute of Education, Dublin.
- Boldt, S. and Devine, B. (1998) Educational disadvantage in Ireland: literature review and summary report. In S. Boldt, B. Devine, D. MacDevitt, and M. Morgan. *Educational Disadvantage and Early School Leaving*. Combat Poverty Agency, Dublin. pp. 7-39.
- Bonner, C. (1996) *A Report on the Sexual Practices of 16-18 Year Olds in the Midland Health Board*. Department of Public Health, Midland Health Board.



- Bouchey, H.A. and Furman, W. (2003) Dating and romantic experiences in adolescence. In G.R. Adams and M. Berzonsky (eds.) *The Blackwell Handbook of Adolescence*. Blackwell Publishers, Oxford.
- Brain, K. and Parker, H. (1997) *Drinking With Design: Alcopops, Designer Drinks and Youth Culture*. The Portman Group, London.
- Brain, K., Parker, H. and Carnwath, T. (2000) Drinking with design: young drinkers as psychoactive consumers. *Drugs: education, prevention and policy*, 7 (1): 5-20.
- Brown, B.B., Feiring, C. and Furman, W. (1999) Missing the love boat: why researchers have shied away from adolescence romance. In W. Furman, B.B. Brown and C. Feiring (eds.) *The Development of Romantic Relationships during Adolescence*. Cambridge University Press, New York. pp. 1-18.
- Burman, M.J., Batchelor, S.A. and Brown, J.A. (2001) Researching girls and violence: facing the dilemmas of fieldwork. *British Journal of Criminology*, 41: 443-459.
- Burtney, E. (2000) *Teenage Sexuality in Scotland*. Health Education Board, Scotland.
- Butler, S. and Woods, M. (1992) Drugs, HIV and Ireland: responses to women in Dublin. In N. Dorn, S. Henderson and N. South (eds.) *AIDS: Women, Drugs and Social Care*. Falmer Press, London. pp. 51-69.
- Caroll, D., Foley, B., Hickson, F., O'Connor, J., Quinlan, M., Sheehan, B., Watters, R. and Weatherburn, P. (2002) *Vital Statistics Ireland: Findings from the All-Ireland Gay Men's Sex Survey, 2000*. Gay Health Network, Dublin.
- Central Statistics Office (2003) *Census 2002: Principal Demographic Results*. Central Statistics Office, Dublin.
- Cheesbrough, S., Ingham, R. and Massey, D. (2002) *A Review of the International Evidence on Preventing and Reducing Teenage Contraception: the United States, Canada, Australia and New Zealand*. Health Development Agency, London.
- Clancy, P. (1995) *Interim Report of the Steering Committee's Technical Working Group*. Higher Education Authority, Dublin.
- Coleman, L. and Ingham, R. (1999a) Contrasting strategies used by young people to ensure condom use: some findings from a qualitative research project. *AIDS Care*, 11 (4): 473-479.
- Coleman, L. and Ingham, R. (1999b) Exploring young people's difficulties in talking about contraception: how can we encourage more discussion between partners? *Health Education Research*, 14 (6): 741-750.
- Collins, C. and Williams, J. (1998) *The 1997 Annual School Leavers Survey: Results of the School Leavers' Survey 1995-1997*. Department of Enterprise, Trade and Employment and the Economic and Social Research Institute, Dublin.
- Combat Poverty Agency (1995) *Poverty – Lesbians and Gay Men: The Economic and Social Effects of Discrimination*. Combat Poverty Agency, Dublin.

Connolly, G., Conroy, R., Byrne, P.J. and Kennelly, S. (1998) Teenage pregnancy in the Rotunda Hospital. *Irish Medical Journal*, 91: 6

Corcoran, M. (1999) Social structures and the quality of life. In T. Fahey (ed.) *Social Housing in Ireland: A Study of Success, Failure and Lessons Learned*. Oak Tree Press, Dublin.

Crooks, T. and Stokes (eds.) (1987) *Disadvantage, Learning and Young People: The Implications for Education and Training*. CDVEC Curriculum Development Unit, Trinity College, Dublin.

Davidson, N. (1996) Oh boys! Sex education and young men. *Health Education*, 3: 20-23.

Dempsey, M., Heslin, J. and Bradley, C. (2000) *Teenage Pregnancy in the South East of Ireland*. South Eastern Health Board.

Department of Education (1995a) *Report of the Expert Advisory Group on Relationships and Sexuality Education*. Department of Education, Dublin.

Department of Education (1995b) *Relationships and Sexuality Education. Circular 2/95 to Boards of Management and Principals of National schools*. Department of Education, Athlone.

Department of Education (1997) *Relationships and Sexuality Education: Policy Guidelines*. Department of Education, Dublin.

Department of Health and Children (1998) *National Child Care Investment Strategy*. Department of Health and Children, Dublin.

Department of Health and Children (2000a) *The National Health Promotion Strategy, 2000-2005*. Department of Health and Children, Dublin.

Department of Health and Children (2000b) *National Children's Strategy*. Department of Health and Children, Dublin.

Department of Health and Children (2000c) *AIDS Strategy 2000*. Department of Health and Children, Dublin.

Department of Health and Children (2003) *Health Statistics 2002*. Department of Health and Children, Dublin.

Department of Social, Community and Family Affairs (2000) *Review of One Parent Family Payment*. Stationery Office, Dublin.

Dowsett, G. and Aggleton, P. (1999) Young people and risk-taking in sexual relations. In P. Aggleton, P.K. Rivers and S. Scott (eds.) *Sex and Youth: Contextual Factors Affecting Risk for HIV/AIDS: A Comparative Analysis of Multi-site Studies in Developing Countries*. UNAIDS, Geneva, Switzerland.

Dowsett, G.W., Aggleton, P., Abega, S. et al. (1998) Changing gender relations among young people: the global challenge for HIV/AIDS prevention. *Critical Public Health*, 8: 291-309.

- Drudy, S. and Lynch, K. (1993) *Schools and Society in Ireland*. Gill and Macmillan Ltd, Dublin.
- Dunne, M., Seery, D., O'Mahoney, E. and Grogan, M. (1997) *What On Earth are they Doing?* Cork AIDS Alliance, Cork.
- East, P. and Adams, J. (2002) Sexual assertiveness and adolescents' sexual rights. *Perspectives on Sexual and Reproductive Health*, 34 (4): 212-213.
- Equality Authority (2002) *Lesbians, Gays and Bisexuals: Implementing for Equality*. The Equality Authority, Dublin.
- European Centre for the Epidemiological Monitoring of AIDS (2003) *HIV/AIDS Surveillance in Europe. End-year Report, 2002*. Institut de Veille Sante, Saint-Maurice.
- Fahey, T. and Russell, H. (2001) *Family Formation in Ireland: Trends, Needs and Implications*. Economic and Social Research Institute, Dublin.
- Family Planning Association (2002) *Towards Better Sexual Health: A Survey of Sexual Attitudes and Lifestyles of Young People in Northern Ireland*. Family Planning Association, London.
- Finlay, A., Whittington, D., Shaw, N. and McWilliams, M. (1997) Beyond the moral panic – results from a recent study of teenage pregnancy. In A. Cleary and M.P. Treacy (eds.) *The Sociology of Health and Illness in Ireland*. University College Dublin Press, Dublin. pp. 128-140.
- Fitzpatrick, C., McKenna, P. and Hone, R. (1992) Teenage girls attending a Dublin STD Clinic: a socio-sexual and diagnostic profile. *Irish Journal of Medical Science*, 161: 460-462.
- Ford, N. and Bowie, C. (1989) Urban-rural variation in the level of heterosexual activity in young people. *Area*, 21 (3): 237-248.
- Forrest, S. (1997) Confessions of a middle-shelf magazine shopper. *Journal of Contemporary Health*, 5: 1-13.
- Forrest, S. (2000) 'Big and tough': boys learning about sexuality and manhood. *Sexual and Relationship Therapy*, 15 (3): 247-261.
- Furman, W. (2002) The emerging field of adolescent romantic relationships. *Current Directions in Psychological Science*, 11 (5): 177-180.
- Gagnon, J.H. and Simon, W. (1973) *Sexual Conduct*. Aldin, Chicago.
- Gelder, U. (2002) *Boys and Young Men: 'Half of the Solution' to the Issue of Teenage Pregnancy – A Literature Review*. Department of Health, Newcastle.
- Glaser, B. and Strauss, A. (1967) *The Discovery of Grounded Theory: Strategies for Qualitative Research*. Aldine de Gruyter, New York.

- Gray, M.R. and Steinberg, L. (1999) Adolescent romance and the parent-child relationship: a contextual perspective. In W. Furman, B.B. Brown and C. Feiring (eds.) *The Development of Romantic Relationships in Adolescence*. Cambridge University Press, Cambridge. pp. 235-265.
- Grunseit, A.C. and Aggleton, P. (1998) Lessons learned: an update on the published literature concerning the impact of HIV and sexuality education for young people. *Health Education*, 98: 45-54.
- Hannan, D. and O'Riain, S.F. (1993) *Pathways to Adulthood in Ireland: Causes and Consequences of Success and Failure in Transitions amongst Irish Youth*. General Research Series, Paper No. 161. Economic and Social Research Institute, Dublin.
- Harding, D.J. (2003) Counterfactual models of neighbourhood effects: the effect of neighbourhood poverty on dropping out and teenage pregnancy. *American Journal of Sociology*, 109 (3): 676-719.
- Harrison, L. and Hillier, L. (1999) What should be the subject of sex education? *Discourse: studies in the cultural politics of education*, 20 (2): 279-287.
- Health Development Agency (2001) *Teenage Pregnancy: An Update on Key Characteristics of Effective Interventions*. Health Development Agency, London.
- Hibell, B., Andersson, B., Ahlstrom, S., Balakireva, O., Bjarnasson, T., Kokkevi, A., and Morgan, M. (2000) *The 1999 ESPAD Report: Alcohol and Other Drug Use Among Students in 30 European Countries*. Council of Europe, Pompidou Group, Stockholm.
- Hibell, B., Andersson, B., Bjarnason, T., Kokkevi, A., Morgan, M. and Narusk, A. (1997) *The 1995 ESPAD Report: Alcohol and Other Drug Use among Students in 26 European Countries*. Council of Europe, Pompidou Group, Stockholm.
- Hill, M. and Tisdall, K. (eds.) (1997) *Children and Society*. Longman, London.
- Hird, M.J. (2000) An empirical study of adolescent dating aggression in the U.K. *Journal of Adolescence*, 23: 69-78.
- Hird, M.J. and Jackson, S. (2001) Where 'angels' and 'wusses' fear to tread: sexual coercion in adolescent dating relationships. *Journal of Sociology*, 37 (1): 27-43.
- Holland, J., Ramazanoglu, C. and Thomson, R. (1996a) In the same boat? The gendered (in)experience of first heterosexual. In D. Richardson (ed.) *Theorising Heterosexuality*. Open University Press, Milton Keynes. pp. 143-160.
- Holland, J., Ramazanoglu, C., Sharpe, S. and Thomson, R. (1992) Risk, power and the possibility of pleasure: young women and safer sex. *AIDS Care*, 4 (3): 273-283.
- Holland, J., Ramazanoglu, C., Sharpe, S. and Thomson, R. (1998) *The Male in the Head: Young People, Heterosexuality and Power*. Tufnell Press, London.
- Holland, J., Ramazanoglu, C., Sharpe, S. and Thomson, R. (2000) Deconstructing virginity – young people's accounts of first sex. *Sexual and Relationship Therapy*, 15 (3): 212-232.

- Holland, J., Ramazanoglu, C., Sharpe, S. and Thomson, R. (1996b) Reputations: journeying into gendered power relations. In J. Weeks and J. Holland (eds) *Sexual Cultures: Communities, Values and Intimacies*. Macmillan, London. pp. 239-260.
- Hudson, B. (1984) Femininity and adolescence. In A. McRobbie and M. Nava (eds.) *Gender and Generation*. Macmillan, London. pp. 31-53.
- Hughes, K. (1999) *Young People's Experiences of Relationships, Sex and Early Parenthood; Qualitative Research*. Health Education Authority, London.
- Hughes, K., Cragg, A. and Taylor, C. (1999) *Reducing the Rate of Teenage Conceptions: Young People's Experiences of Relationships, Sex and Early Parenthood: Qualitative Research*. Health Education Authority, London.
- Ingham, R. (2002) Communication about sexuality. In *Improving the Sexual Health of Men in Scotland: Report of an Expert Seminar*. Health Education Board For Scotland, Edinburgh. pp. 37-41.
- Ingham, R. and Kirkland, D. (1997) Discourses and sexual health: providing for young people. In L. Yardley (ed.) *Material Discourses of Health and Illness*. Routledge, London. pp. 150-175.
- Ingham, R., Woodcock, A. and Stenner, K. (1991) Getting to know you ... young people's knowledge of their partners at first intercourse. *Journal of Community and Applied Social Psychology*, 1: 177-132.
- Inglis, T. (1998) *Lessons in Irish Sexuality*. University College Dublin Press, Dublin.
- Irish Family Planning Association (1997) *A Young Peoples' Health Service for Dublin: Research, Recommendations and Proposals*. Irish Family Planning Association, Dublin.
- Jack, M.S. (1986) Personal fable: a potential explanation for risk-taking behaviour in adolescents. *Journal of Paediatric Nurse*, 4 (5): 334-338.
- James, A. and Prout, A. (eds.) (1997) *Constructing and Reconstructing Childhood: Contemporary Issues of the Sociology of Childhood*. 2nd Ed. Falmer Press, London.
- Jepson, R. (2000) *The Effectiveness of Interventions to Change Health-related Behaviour: A Review of Reviews*. MRC Social and Public Health Services Unit. Occasional Paper No. 3. Medical Research Council, Glasgow.
- Kelleher, C., NicGabhainn, S., Friel, S., Corrigan, H., Nolan, G., Sixsmith, J., Walsh, O. and Cooke, M. (2003) *The National Health and Lifestyles Surveys*. Health Promotion Unit, Department of Health and Children, Dublin and Centre for Health Promotion Studies, NUI, Galway.
- Kelly, L. (1988) *Surviving Sexual Violence*. Polity Press, Cambridge.
- Kingree, J.B., Braithwaite, R. and Woodring, T. (2000) Unprotected sex as a function of alcohol and marijuana use among adolescent detainees. *Journal of Adolescent Health*, 2000 (27): 179-185.
- Kirby, D. (1997) *No Easy Answers: Research Findings on Programs to Reduce Teen Pregnancy*. National Campaign to Prevent Teen Pregnancy, Washington DC.

- Kirby, D. (1999) Reflections on two decades of research on teen sexual behaviour and pregnancy. *Journal of School Health*, 69 (3): 89-94.
- Kirby, D. (2001) *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy*. National Campaign to Prevent Teen Pregnancy, Washington DC.
- Kirby, D., Short, L., Collins, J., Rugg, D., Kolbe, L., Howard, M., Miller, B., Sonenstein, F. and Zabin, L.S. (1994) School-based programs to reduce sexual risk behaviours: a review of effectiveness. *Public Health Reports*, 109 (3): 339-360.
- Kirkman, M., Rosenthal, D.A. and Feldman, S.S. (2001) Freeing up the subject: tensions between traditional masculinity and involved fatherhood through communication about sexuality with adolescents. *Culture, Health and Sexuality*, 3 (4): 391-411.
- Koch, P.B. (1988) The relationship of first intercourse to the later functioning concerns of adolescents. *Journal of Adolescent Research*, 33 (4): 345-362.
- Layte, R., Fullerton, D. and McGee, H. (2003) *Scoping Study for National Survey of Sexual Knowledge, Attitudes and Behaviours*. The Economic and Social Research Institute and Royal College of Surgeons in Ireland. Unpublished.
- Lees, S. (1993) *Sugar and Spice: Sexuality and Adolescent Girls*. Penguin, London.
- Lloyd, T. and Forrest, S. (2001) *Boys' and Young Men's Health: Literature and Practice Review*. An Interim Report. Health Development Agency, London.
- Mac An Ghail, M. (1994) *The Making of Men: Masculinities, Sexualities and Schooling*. Open University Press, Buckingham.
- MacHale, E. and Newell, J. (1997) Sexual behaviour and sex education in Irish school-going teenagers. *International Journal of STD and AIDS*, 8: 196-200.
- MacPhail, C. and Campbell, C. (2001) 'I think condoms are good but, aai, I hate those things: condom use among adolescents and young people in a Southern African township. *Social Science and Medicine*, 52: 1613-1627.
- Magee, C. (1994) *Teenage Parents: Issues for Policy and Practice*. Irish Youthwork Press, Dublin.
- Mahon, A., Glendinning, C., Clarke, K. and Craig, G. (1996) Researching children: methods and ethics. *Children and Society*, 10 (2): 145-154.
- Mahon, E., Conlon, C. and Dillon, L. (1998) *Women and Crisis Pregnancy*. Stationery Office, Dublin.
- Mayock, P. (2000) *Choosers or Losers? Influences on Young People's Choices about Drugs in Inner-city Dublin*. The Children's Research Centre, Trinity College, Dublin.
- Mayock, P. (2002) Drug pathways, transitions and decisions: the experiences of young people in an inner-city Dublin community. *Contemporary Drug Problems*, 29 (1): 117-156.
- McCashin, A. (1997) *Employment Aspects of Lone Parenthood in Ireland*. Department of Social Studies, Trinity College, Dublin.

- McCoy, S. and Whelan, B.J. (1996) *The Economic Status of School-leavers 1993-1995: Results of the School-Leavers' Surveys*. Economic and Social Research Institute, Dublin.
- McKeown, K. and Gilligan, R. (1988) Child sexual abuse in the Eastern Health Board Region of Ireland in 1988: an analysis of 512 confirmed cases. *Economic and Social Review*, 22: 101-134.
- McManus, L. (2003) *Sexual Orientation Research Phase I: A Review of Methodological Approaches*. Scottish Executive, Edinburgh.
- Measor, L., Tiffin, C. and Fry, K. (1996) Gender and sex education: a study of adolescent responses. *Gender and Education*, 8 (3): 275-288.
- Measor, L., Tiffin, C. and Miller, K. (2000) *Young People's Views on Sex Education: Education, Attitudes and Behaviour*. Routledge Falmer, London and New York.
- Meyrick, J. and Swann, C. (1998) *Reducing the Rate of Teenage Conceptions: an Overview of the Effectiveness of Interventions and Programmes Aimed at Reducing Unintended Teenage Conception in Young People*. London: Health Education Authority.
- Mitchell, K. and Wellings, K. (1998a) First sexual intercourse: anticipation and communication. Interviews with young people in England. *Journal of Adolescence*, 21: 717-726.
- Mitchell, K., and Wellings, K. (1998b) *Talking about Sexual Health: Interviews with Young People and Health Professionals*. Health Education Authority, London.
- Moore, S. and Rosenthal, D. (1993) *Sexuality in Adolescence*. Routledge, London.
- Moore, S. and Rosenthal, D. (1998) Adolescent sexual behaviour. In J. Coleman and D. Roker (eds.) *Teenage Sexuality: Health, Risk and Education*. Harwood Academic Publisher, Amsterdam.
- Morgan, M. (1998) Early school-leaving interventions: international comparisons. In S. Boldt, B. Devine, D. MacDevitt, and M. Morgan. *Educational Disadvantage and Early School Leaving*. Combat Poverty Agency, Dublin. pp. 79-97.
- Morgan, M. (2000) *Relationships and Sexuality Education: An Evaluation and Review of Implementation*. Stationery Office, Dublin.
- Morrow, V. and Richards, M. (1996) The ethics of social research with children: an overview. *Children and Society*, 10: 90-105.
- Moynihan, C. (1998) Theories of masculinity. *British Medical Journal*, 317: 1072-1075.
- National Conjoint Child Health Committee (2001) *Get Connected: Developing an Adolescent-Friendly Health Service*. National Conjoint Health Committee, Dublin.
- National Disease Surveillance Centre (2002) *Annual Report, 2002*. National Disease Surveillance Centre, Dublin.
- National Economic and Social Forum (2001) *Lone Parents*. Forum Report No. 20. National Economic and Social Forum, Dublin.

National Economic and Social Forum (2002) Early School Leavers. Forum Report No. 24. The Stationery Office, Dublin.

National Economic and Social Forum (2003) Equality Policies for Lesbian, Gay and Bisexual People: Implementation Issues. Forum Report No. 27. National Economic and Social Forum, Dublin.

NHS Centre for Reviews and Dissemination (1997) Preventing and reducing the adverse effects of unintended teenage pregnancies. *Effective Health Care Bulletin*, 3(1):1-12.

O'Connell, M. (2001) *Changed Utterly: Ireland and the New Irish Psyche*. Liffey Press, Dublin.

O' Moore, M. (1995) *The Nationwide Study of Bullying*. Anti-Bullying Centre, University of Dublin, Trinity College, Dublin.

O'Connell, M. (2001) *Changed Utterly: Ireland and the New Irish Psyche*. Liffey Press, Dublin.

O'Riordan, S. (2000a) *Final Evaluation Report of the Teen Parents Support Initiative*. Centre for Social and Educational Research, Dublin Institute of Technology, Dublin.

O'Riordan, S. (2002b) "I Hadn't a Penny": A Review of State Income Supports Available to Young Parents. Centre for Social and Educational Research, Dublin Institute of Technology, Dublin.

O'Riordan, S. (2002c) *The Invisible Students: Young Parents in Education*. Centre for Social and Educational Research, Dublin Institute of Technology, Dublin.

Paul, C., Fitzjohn, J., Herbison, P. and Dickson, N. (2000) The determinants of sexual intercourse before 16. *Journal of Adolescent Health*, 27: 136-147.

Peterson, L.S., Oakley, D., Potter, L.S. and Darroch, J.E. (1998) Women's efforts to prevent pregnancy: consistency of oral contraceptive use. *Family Planning Perspectives*, 30: 19-23.

Phelps, F., Mellanby, A. and Tripp, J. (1992) So you think you really understand sex? *Education and Health*, 10: 27-31.

Phoenix, A. (1991) *Young Mothers?* Polity Press, Cambridge.

Plant, M. (1992) *Risk-takers: Alcohol, Drugs, Sex and Youth*. Tavistock, London.

Powell, B., Dockeray, J. and Swaine, E. (1982) Unmarried mothers: a survey of 200 women presenting for antenatal care. *Irish Medical Journal*, 75: 248-249.

Rapp, R. (2000) *Testing Women, Testing the Foetus: The Social Impact of Amniocentesis in America*. Routledge, New York.

Raymond, M. (2002a) The boys are alright? Sex, teenagers and media culture. In Health Education Board, *Improving the Sexual Health of Men in Scotland: Report of an Expert Seminar*. Health Education Board for Scotland, Edinburgh. pp. 17-20.



- Raymond, M. (2002b) The crystal vat: sex, teenagers and media culture. In Health Education Board, Young People and Sexual Health: Report of a Deliberative Seminar. Health Education Board for Scotland, Edinburgh. pp. 9-11.
- Renzetti, C.M. and Lee, R.M. (eds.) Researching Sensitive Topics. Sage, London.
- Rex, A. (1996) The condom challenge. *Reproductive Health Matters*, 7: 107-110.
- Rhodes, T. (1997) Risk theory in epidemic times: sex, drugs and the social organisation of risk behaviour. *Sociology of Health and Illness*, 19 (2): 208-227.
- Richardson, V. (2000) Young Mothers: A Study of Young Single Mothers in Two Communities. Social Science Research Centre, University College Dublin, Dublin.
- Rickert, V.I., Sanghvi, R. and Wiemann, C.M. (2002) Is lack of assertiveness among adolescent and young adult women a cause for concern? *Perspectives on Sexual and Reproductive Health*, 34 (4): 178-183.
- Rivers, I. (1996) Young, gay and bullied. *Young People Now*, January: 18-19.
- Robson, C. (2002) *Real World Research: A Resource for Social Scientists and Practitioner-Researchers*. Blackwell, Oxford.
- Rourke, S. (1994) *Young Disadvantaged People 14-17 Years of Age: Needs and Opportunities*, Combat Poverty Agency, Dublin.
- Sex Education Forum (1997) Supporting the Needs of Boys and Young Men in Sex and Relationship Education. Forum Factsheet 11. Sex Education Forum, London.
- Sex Education Forum (2000) Meeting the Needs of Girls and Young Women in Sex and Relationships Education. Forum Factsheet 21. Sex Education Forum, London.
- Sex Education Forum (2002) Delivering Sex and Relationships Education within the Youth Service. Forum Factsheet. Sex Education Forum, London.
- Shaw, C. and Aggleton, P. (2002) Preventing HIV/AIDS and Promoting Sexual Health Among Especially Vulnerable Young People. World Health Organisation and Department for International Development.
- Sheerin, E. (1998) *Life As It Is: Values, Attitudes and Norms from the Perspective of Midland's Youth*. Midland Health Board.
- Shoveller, J.A., Johnson, J.L., Langille, D.B. and Mitchell, T. (2004) Socio-cultural influences on young people's sexual development. *Social Science and Medicine* (in press).
- Shucksmith, J. (2002) The peer group: its effects on young men's sexual health. In Health Education Board, *Improving the Sexual Health of Men in Scotland: Report of an Expert Seminar*. Health Education Board for Scotland, Edinburgh. pp. 27-32.
- Siegel, J. and Shaughnessy, M.F. (2003) There's a first time for everything: understanding adolescence. *Adolescence*, 95 (30): 117, 217-221.

- Singh, S., Darroch, J.E. and Frost, J.J. (2001) Socioeconomic disadvantage and adolescent women's sexual and reproductive behaviour: the case of five developed countries. *Family Planning Perspectives*, 33 (6): 251-258.
- Smith, P.B., Buzi, R.S., Weinman, M.L. and Mumford, D.M. (2001) The use of focus groups to identify needs and expectations of young fathers in a male involvement program. *Journal of Sex Education and Therapy*, 26 (2): 100-105.
- Smyth, E. (1999) Educational inequalities among school leavers in Ireland 1979-1994. *Economic and Social Review*, 30 (3): 267-284.
- Southern Health Board (2001) Southern Health Board Strategy to Promote Sexual Health.
- Spencer, L., Faulkner, A. and Keegan, J. (1988) Talking about Sex: Asking the Public about Sexual Behaviour and Attitudes. Social and Community Planning Research Publication, London.
- Stationery Office (1999) Teenage Pregnancy: Report by the Social Exclusion Unit. Stationery Office, London.
- Strauss, A. and Corbin, J. (1990) Basics of Qualitative Research: Grounded Theory Process and Techniques. Sage Publications, Newbury Park, CA.
- Swan, C., Bowe, K., McCormick, G., Kosmin, M. (2003) Teenage Pregnancy and Parenthood: A Review of Reviews. Health Development Agency, London.
- Thomson, R. and Holland, J. (1998) Sexual relationships, negotiation and decision making. In J. Coleman and D. Roker (eds.) Teenage Sexuality: Health, Risk and Education. Harwood Academic Publisher, Amsterdam.
- Tolman, D. (1999) Femininity as a barrier to appropriate sexual health for adolescent girls. *Journal of the American Medical Women's Association*, 54 (3): 133-138.
- Tolman, D., Spencer, R., Rosen-Reynoso, M. and Porche, M.V. (2003) Sowing the seeds of violence in heterosexual relationships: early adolescents narrate compulsory heterosexuality. *Journal of Social Issues*, 59 (1): 159-178.
- UNAIDS (1997) Impact of HIV and Sexual Health Education on the Sexual Behaviour of Young People. Joint United Nations Programme on HIV/AIDS, Geneva.
- UN General Assembly (1989) United Nations Convention on the Rights of the Child. United Nations, Geneva.
- VanWormer, K. and McKinney, R. (2003) What schools can do to help gay/lesbian/bisexual youth: a harm reduction approach. *Adolescence*, 38 (151): 409-420.
- Walker, J. (2001) A qualitative study of parents' experiences of providing sex education for their children: the implications for health education. *Health Education Journal*, 60 (2): 132-146.
- Warren, C.A.B. and Hackney, J.K. (2000) Gender Issues in Ethnography. 2nd Ed. Sage, London.

- Weiss, E., Whelan, D. and Gupta, G.R. (2000) Gender, sexuality and HIV: making a difference in the lives of young women in developing countries. *Sexual and Relationship Therapy*, 15 (3): 233-245.
- Wellings, K. and Kane, R. (1999) *Reducing the Rate of Teenage Conceptions: An International Review of the Evidence. Data from Europe*. Health Education Authority, London.
- Wellings, K. and Mitchell, K. (1998) Risks associated with early sexual activity and fertility. In J. Coleman and D. Roker (eds.) *Teenage Sexuality: Health, Risk and Education*. Harwood Academic Publishers, Amsterdam. pp. 81-100.
- Wellings, K., Field, J., Johnson, A.M. et al. (1994) *Sexual Behaviour in Britain: the National Survey of Sexual Attitudes and Lifestyles*. London: Penguin.
- Wellings, K., Nanchahal, K., Macdowall, W., et al. (2001) Sexual behaviour in Britain: early heterosexual experience. *The Lancet*, 358 (9296): 1843-1850.
- West, P., Wight, D. and MacIntyre, S. (1993) Heterosexual behaviour of 18 year olds in the Glasgow area. *Journal of Adolescence*, 16: 367-396.
- Wight, D. (1994) Boys' thoughts and talk about sex in a working class locality of Glasgow. *Sociological Review*, 42: 703-737.
- Wight, D. (1996) Beyond the predatory male: the diversity of young Glaswegian men's discourses to describe heterosexual relationships. In L. Adkins and V. Merchant (eds.) *Sexualizing the Social: Power and the Organisation of Sexuality*. pp. 145-170.
- Wight, D. (1999) Cultural factors in young heterosexual men's perceptions of HIV risk. *Sociology of Health and Illness*, 21 (6): 735-758.
- Wight, D., Henderson, M., Raab, G., Abraham, C., Buston, K., Scott, S. and Hart, G. (2000) Extent of regretted sexual intercourse among young teenagers in Scotland: a cross-sectional survey. *British Medical Journal*, 320: 1243-1244.
- Wight, D., Abraham, C. and Scott, S. (1998) Towards a psycho-social theoretical framework for sexual health promotion. *Health Education Research: Theory and Practice*, 13 (3): 317-330.
- Winn, S., Roker, D. and Coleman, J. (1998) Young people's sexual knowledge. In J. Coleman and D. Roker (eds.) *Teenage Sexuality: Health, Risk and Education*. Harwood Academic Publishers, Amsterdam. pp. 21-33.
- Wollett, A., Marshall, H. and Stenner, P. (1998) Young women's accounts of sexual activity and sexual reproductive health. *Journal of Health Psychology*, 3 (3): 369-381.
- Wyatt, G.E., Newcomb, M.D. and Riederle, M.H. (1993) *Sexual Abuse and Consensual Sex: Women's Developmental Patterns and Outcomes*. Sage, Newbury Park, CA.

## Appendix 1

Individual in-depth interview schedules

### Interview Schedule

#### *Younger participants (13-14 years)*

A study of sexual health issues, attitudes and behaviour: the views of early school leavers

- Part I: Lifestyle, leisure, education and training
- Part II: Attitudes to/feelings about romantic relationships
- Part III: Knowledge, attitudes and beliefs about sex and relationships
- Part IV: Sexual behaviour: attitudes and beliefs
- Part V: Knowledge, sources of knowledge
- Part VI: Conclusion

### **Part I: Lifestyle, leisure, education and training**

#### **Friends, leisure and hobbies**

Can you tell me a little bit about your friends – how you spend your time, what you do together?

Do you have a lot of friends? Both boys and girls?

Do you have hobbies? Can you tell me about them?

Do you and your friends do different things – or something special – at weekends? Can you tell me about that?

Do you have a best friend? What makes him/her special?

Have you made new friends lately?

#### **Social life and 'going out'**

Do you go out at night with your friends?

Can you tell me about the kinds of places you go?

Do you usually go out with a group of friends?

Both boys and girls?

Do you socialise in pubs at all?

Do you go to discos? When did you start going?

How often do you go now?

Have you ever been to a nightclub?

If yes, did you enjoy it?

Of no, would you like to go?

How many times a week/month do you usually go out at night with your friends?

Do these nights out cost a lot? Do you get pocket money?

What is your favourite way/place to spend a night out with your friend?

Would you like to go out more often?

### 'Going out' behaviour: alcohol and drug consumption

#### Alcohol use

Do you ever drink alcohol when you socialise with your friends?

If YES, what do you usually drink?

How many times a week do you drink?

Do you ever get drunk? Do you like the feeling of getting drunk?

What's the best thing about drinking with your friends?

If NO, have you ever tried alcohol? [When?/ How often?]

If never, do you think you will at some stage in the future?

Do you think most people your age drink alcohol? [explore: how do you know this?]

When did you first start drinking (age)?

Were you with friends the first time you tried alcohol?

How often do you drink now? Once/twice a week?

What do you think about getting drunk? Do you think people your age get drunk?

Have you ever been drunk? If yes, can you tell me about what happened?

#### Illicit drug use

What about drugs like hash and E? Do you know people your age who have tried any of these drugs?

Have you tried cannabis or any other drug?

If YES, can you tell me about that (those) experience(s)?

Did you enjoy it?

How would you compare it to drinking? More or less enjoyable?

Which drugs have you used in your lifetime?

Do you usually drink when you are taking drugs?

### School history

How long is it since you left school?

Why did you decide to leave school?

Was this a decision you made yourself? Did your parents mind you leaving?

Were there things you didn't like about school?

Did you find the work difficult?

Were you ever bullied at school?

What was the worst thing about school?

Was there anything good about it?

Would you say that most of your friends are in school or out of school?

### Current occupation/training/education

At the time you left school, what did you plan or hope to do?

What did your Mum/Dad/parents want you to do?

Did you get advice from anyone, say from a youth worker or a social worker?

Did you try to get a job?

Can you tell me a little bit about what you've been doing since you left school?

Have you had a job? If yes, for how long/where?

Are you working now?

Are you attending a training workshop/FAS/Youthreach etc.?

Are you glad that you left school?

Do you have any regrets at all?

Are you happy with what you are doing now?

What are your hopes for the future? Where would you like to work?

### Part II: Attitudes to, and feelings about, romantic relationships

I want to move on now to talk to you about relationships, stuff about boyfriends/girlfriends and about how you feel and what you think about things like that. . Is that okay? If you feel uncomfortable about any of the questions, you should say so and we can skip them.

### Romantic relationships

Do many of your friends have a boyfriend/girlfriend?

What do you think about having a boyfriend/girlfriend? Is it something that is important to you? Why?/Why not? Do you think it's important to your friends?

Do you have a boyfriend/girlfriend?

If YES, have you been going out together for long? [We could check the terminology here by asking the young person, e.g. do they say "seeing" someone, "going out with" someone etc.]

How often do you meet?

What kinds of things do you do together?

Do you like him/her a lot?

Are you happy with the relationship?

If NO, have you ever gone out with somebody? [Explore: for how long, did you split up?]

How did you get on? What kinds of things did you do together?

Would you like to have a boyfriend/girlfriend now?

I bet you and your friends talk about boys/girls? What kinds of things do you talk about?

Do you talk about people you fancy?

If you think a boy/girl is good looking or cute, what do you say about him/her?

Would you tell a friend of yours if you fancied someone?

Has anyone ever teased you about fancying someone?

So, do you think a boyfriend/girlfriend is somebody who is close to you, who knows you well?

Do you think you would/ Would you tell your boyfriend/girlfriend private things, things you wouldn't tell other people?

Do you think there's a difference between the kind of friendship you would have with your friends and the kind you'd have with a boyfriend/girlfriend?

Can you tell me a little bit more about what you think about this (the differences)?

### **Part III: Knowledge, attitudes and beliefs about sex and relationships**

#### **Knowledge and information**

Has anybody ever talked to you about relationships or about sex?

Have your parents or any other family member talked to you about relationships/sex at any time?

If yes, when did this happen?

If no, do you feel that this would be helpful?

How did you feel about talking to your mother/father about these issues?

What about school? Did have sex education classes?

If yes, were they helpful at all?

What did you think about them?

What were the classes like?

Have you ever talked to a friend – either a girl or a boy – about sex?

Would/do you feel uncomfortable talking to adults about relationships with boys/girls or about sex/these kinds of more private things? What about talking to people your own age? Do you think it's easier or harder to talk to them?

Who would you say you would feel most comfortable talking to?

#### Additional questions for young women

Have you had your first period yet?

Has/did somebody talk to you about getting your period?

Do you feel that you know enough about periods and what this means?

Did you feel different after you had your first period?

#### Pregnancy

Have either of your parents or any other grown-up ever talked to you about pregnancy?

What do you know about getting pregnant?

Do you think it is easy to get pregnant?

What do you know about how people try NOT to get pregnant? Are there things that people can do?

Do you know what contraception means?

If YES, what do you know about contraception?

Have you ever worried about getting pregnant/your girlfriend getting pregnant (if applicable)?

How would you feel if you found out that you/your girlfriend was pregnant? Who would you tell? What do you think you would do?

Do you feel you know enough/have enough information about things like pregnancy?

Have you ever heard of the Well Woman Centre or the Family Planning Clinic?

#### Sexually transmitted infections

Have you heard of HIV or AIDS?

If YES, can you tell me what you have heard? What do you know?

How do you think people get HIV or AIDS?

Where did you learn about HIV/AIDS?



Where have you learned about HIV/AIDS?

Would you like to know more about HIV/AIDS?

Do you know the names of any other diseases/infections people can get by having sex?

Do you know the names of any?

### Condoms

Do you know what condoms are? [This question may be irrelevant, depending on what the young person has indicated s/he knows about contraception]

What do you know about condoms?

Why do people use them?

Have you ever talked to any of your friends about condoms?

Have your parents or other adults talked to you about condoms?

Where did you learn what you know about condoms?

Do you think you have enough information about what condoms are for? Would you like to know more about condoms?

### Depending on the young person's level of knowledge and understanding

Do you think that it is important for people to use condoms? Why?/Why not?

Do you think that any of your friends have used them?

What would you think if a boy/girl said that to you, "I have condoms"?

\* If the young person indicates a high level of knowledge/experience, use the CONDOM SECTION from 'older participants' interview schedule.

### Part IV: Sexual behaviour

When two people your age or a little older start going out together, what kinds of things do they do together?

If you were going out with somebody, how often would you meet?

What kinds of things do you think you would do together?

OR

How often do you meet your boyfriend?

What kinds of things do you do together?

What about kissing?

Have you ever kissed a boy/girl?

If YES, what was it like?

was it how you thought it would be?

how old were you when you first kissed a boy/girl?

**Depending on the young person's level of knowledge and experience**

What about touching each other? Do you think this is part of having a relationship with a boy/girl?

**Part V: Knowledge, sources of knowledge**

So, are you happy with the information you have about sexual relationships, about say, condoms, contraception and all that?

Would you like to have more information?

Where would you say you have learned most of what you know?

What about TV, have you learned things from that?

What about magazines and other things you read?

Have you ever read any leaflets telling you about safe sex, things like that?

What kinds of things have you learned from TV/magazines/leaflets?

Have you ever used the internet to get information about something you felt you didn't know enough about?

**School**

What about what you have been taught at school? Has that been useful?

What were your sex education classes like? What did you get information on? What did you learn?

Did you discuss relationships with boys/girls during sex education classes? (probe: what kinds of things did you discuss?)

Was it ever embarrassing talking about these kinds of things during class?

What is it like having your teacher talk to you about these things?

**Friends**

Do you think it is good to discuss relationships/sex with people your own age?

Have you ever done this?

Was it helpful? Why/Why not?

**Part VI: Conclusion**

Before we finish, I just want to ask you if I've left out anything you think is important?

## Interview Schedule

### *Older participants (14.5-17.5 years)*

A study of sexual health issues, attitudes and behaviour: the views of early school leavers

Part I: Lifestyle, leisure, education and training

Part II: Attitudes to/feelings about romantic and sexual relationships

Part III: Sexual behaviour

Part IV: Knowledge, attitudes and beliefs about Sex and sexual relationships

Part V: Knowledge and sources of knowledge

Part VI: Conclusion

### **Part I: Lifestyle, leisure, education and training**

#### **Friends, leisure and hobbies**

Can you tell me a little bit about your friends – how you spend your time, what you do together?

Do you have a lot of friends? Both boys and girls?

Do you have hobbies? Can you tell me about them?

Do you and your friends do different things – or something special – at weekends? Can you tell me about that?

Do you have a best friend? What makes him/her special?

Have you made new friends lately?

#### **Social life and 'going out'**

Do you go out at night with your friends?

Can you tell me about the kinds of places you go?

Do you usually go out with a group of friends? Both boys and girls?

Do you socialise in pubs at all?

Have you ever been to a nightclub? What did you think of it? Did you enjoy it?

Do you go to night clubs often? Why/why not?

How many times a week/month do you usually socialise in clubs or pubs?

Do you think it's expensive? How do you finance your nights out? Do you get pocket money?

What is your favourite way/place to spend a night out?

Would you like to go out more often?

### 'Going out' behaviour: alcohol and drug consumption

#### Alcohol use

Do you usually drink alcohol when you socialise with your friends?

If YES, what do you usually drink?

How many times a week do you drink?

Do you ever get drunk? Do you like the feeling of getting drunk?

What's the best thing about drinking with your friends?

If NO, have you ever tried alcohol? [When?/ How often?]

If never, do you think you will at some stage in the future?

Do you think most people your age drink? [explore a little: how do you know this?]

When did you first start drinking (age)?

Were you with friends the first time you tried alcohol?

How often do you drink now? Once/twice a week?

What is your favourite drink?

What do you think about getting drunk? Is it fun? Are there any down sides?

Do you think people your age get drunk often?

Have you ever been drunk? Can you tell me about what happened?

#### Illicit drug use

What about drugs like hash and E? Do you know people your age who have tried any of these drugs?

Have you tried cannabis or any other drug?

If YES, can you tell me about that (those) experience(s)?

Did you enjoy it? Was there anything about it that you didn't like?

How would you compare it to drinking? More or less enjoyable?

Which drugs have you used in your lifetime? Which would you say is your favourite?

Do you usually drink when you are taking drugs?

#### School history

How long is it since you left school? How old were you?

Why did you decide to leave school?

Was this a decision you made yourself? Did your parents mind you leaving?

Were there things you didn't like about school?

Anything you liked?

Did you find the work difficult?

Were you ever bullied at school?

What would you say was the worst thing about school?

Would you say that most of your friends are in school or out of school?

### **Current occupation/training/education**

At the time you left school, what did you plan or hope to do?

What did your Mum/Dad/parents want you to do?

Did you get advice from anyone, say a youth worker or a social worker?

Did you try to get a job?

Can you tell me a little bit about what you've been doing since you left school?

Have you had a job? If yes, for how long/where?

Are you working at the moment?

Are you attending a training workshop/FAS/Youthreach etc.?

Are you glad that you left school?

Do you have any regrets at all?

Are you happy with what you are doing now?

What are your hopes for the future? Where would you like to work?

### **Part II: Attitudes to, and feelings about, romantic and sexual relationships**

I want to move on now to talk to you about relationships, stuff about boyfriends/girlfriends and about how you feel and what you think about things like that. Is that okay? If you feel uncomfortable about any of the questions, you should say so and we can skip them.

#### **Romantic relationships**

Do many of your friends have a boyfriend/girlfriend?

What do you think about having a boyfriend/girlfriend? Is it something that is important to you? Why?/Why not? Do you think it's important to your friends?

#### **Do you have a boyfriend/girlfriend?**

If YES, have you been going out together for long? [We could check the terminology here by asking the young person, e.g. do they say "seeing" someone, "going out with" someone etc.]

How did you get together (did you know each other or was it 'set up' by a friend)?

How often do you meet?

What kinds of things do you do together?

Do you like him/her a lot?

Are you happy with the relationship?

Would you say that it's a "steady" relationship?

If NO, have you ever gone out with somebody? [Explore: for how long, did you split up?]

How did you get on? What kinds of things did you do together?

Would you like to have a boyfriend/girlfriend now?

I bet you and your friends talk about boys/girls? What kinds of things do you talk about?

Do you talk about people you fancy?

If you think a boy/girl is good looking or cute, what do you say about him/her?

Would you tell a friend of yours if you fancied someone?

Has anyone ever teased you about fancying someone?

Have you ever felt pressure to go out with somebody/be with somebody?

So, do you think a boyfriend/girlfriend is somebody who is close to you, who knows you well?

Do you think you would/ Would you tell your boyfriend/girlfriend private things, things you wouldn't tell other people?

Do you think there's a difference between a boyfriend/girlfriend and your other friends?

Can you tell me a little bit more about what you think about this (the differences)? What would you say are the differences?

### Sexual relationships

What would you say is good about having a boyfriend/girlfriend? Is there anything that's not so good?

For people your age – for you and your friends – what would you say it means to be in a relationship with a boy/girl? (probe/explain: is it something that people your age want? Is it something that means you are grown up or mature?).

Do you think that having physical contact – things like kissing, touching – is part of having a relationship with a boy/girl?

What about sex? Do you think that sex is part of having a relationship?

Do you think there is a 'good' time to have sex with a boy/girl? (probe: when you know them well, for example?).

Do you think that you need to know someone well before you start having sexual relations with them?

When two people have sex, what do you think this means? (probe: do you think it means that they love each other/that they are very attracted to each other?)

Do you think having sex means different things for different people? If yes, explore.

Do you think it's different for boys and girls?

What do you think boys/girls think about having sex?

Do you think there's a difference between a 'steady' relationship and something more casual, say a one-night stand?

Do you ever have worries or concerns about relationships with boys/girls? (probe: for example, do you worry about what other people might expect?)

Do you feel as if you would like to discuss any of these concerns with someone?

Is there anyone you would feel comfortable talking to about these issues?

### Part III: Sexual behaviour

Some of the questions I'm going to ask you now are personal and I know that it might not be easy for you to talk about them. But let's try anyway, if that's okay with you. Again, I want to remind you that if at any stage you feel uncomfortable, please do say so. I also want to say to you again that anything you tell me in this interview is not to be told to anyone else – to your key worker, a youth worker or your parents.

#### Sexual behaviour

Have you ever had sex?

[Try to ascertain whether the young person is talking about sexual intercourse]

If YES,

How old were you when you had your first sexual experience?

Did you expect it to happen at the time?

Where were you (e.g. at a night club, in a friend's house)?

Had you thought about it beforehand or planned it in advance?

Were you sober the first time you had sex?

Did you use a condom the first time you had sexual intercourse?

If NO,

How old do you think you might be when you have sex for the first time?

Do you think some/most young people your age have had sex?

Do you think there's an age by which you or people your age should have sex?

### Sexual risk-taking

What do you know about condoms?

How did you find out about condoms, about how to use them?

Do you use any other form of contraception (e.g. the pill)? If yes, how long have you been taking the pill? Why did you decide to use it? Do your parents know you are taking the pill?

Have there been times when you have had sex without using a condom?

If YES, Can you tell me a little bit about how this came about?

How did you feel about it afterwards? Did you worry? (Why? What did you worry about?)  
Did you have regrets?

If NO, Can you imagine a situation in which it would be difficult to use a condom?

Is condom use something you feel strongly about?

Do you think it's difficult to always use a condom?

Can you think of a situation when it would be difficult?

What about when people are drunk or out of it? Do you think it's harder for people to use condoms if they are drunk?

### Part IV: Knowledge, attitudes and beliefs about sex and sexual relationships

#### Knowledge and information

Where have you gotten information about sex/sexual health, say on condoms?

Have you ever asked anybody – say a friend – for information or advice on something like condoms or contraception?

If YES, where? when?

If NO, is there a reason why you didn't? Did you feel uncomfortable?

Have you ever asked a doctor for advice? What about clinics that deal specifically with sexual health issues? Do you know any or have you attended any?

Have your parents or any other family member (sister/brother) discussed these issues with you at any time?

If YES, when did this happen? How old were you at the time?

How did you feel about talking to your mother/father about these issues?

If NO, do you feel that this would be helpful?

#### Additional Questions for Young Women

Did somebody talk to you about getting your period? Who? When?

Do you feel that you know enough about periods and what this means?



Did you feel different after you had your first period?

What about school? Did you have sex education classes in school?

What were the classes like?

What did you think about the classes?

If yes, was it helpful?

Have you ever talked to a friend – either a girl or a boy – about sex?

### Pregnancy

Have either of your parents or any other grown-up ever talked to you about pregnancy?

What do you know about getting pregnant?

Do you think it's easy to get pregnant?

Have you ever worried about getting pregnant/you and your girlfriend getting pregnant?

Do you think this can happen easily?

What is your understanding of ways of NOT getting pregnant?

Do you know what contraception means?

If YES, what do you know about contraception?

Have you heard of the pill?

Have you heard of the morning-after pill? Do you know how much the morning-after pill costs?

How would you feel if you found out you/your girlfriend was pregnant? What would you do? Who would you tell?

Do you feel you know enough/have enough information about things like pregnancy?

Have you ever heard of the Well Woman Centre or the Family Planning Clinic?

### Sexually transmitted infections

Have you heard of HIV or AIDS?

If YES, can you tell me what you have heard? What you know?

How do you think people get HIV or AIDS?

Where did you learn about HIV/AIDS?

Do you think you could get HIV/AIDS?

Where have you learned about HIV/AIDS?

Would you like to know more about HIV/AIDS?

Do you know the names of any other diseases/infections people can get by having sex?

Do you know the names of any?

#### Knowledge about condoms and condom use

What do you know about condoms?

Why do people use them? [Note what the young person says here and probe: do they mention protection against pregnancy and sexually transmitted infections?]

Have your parents or other adults talked to you about condoms?

Where did you learn what you know about condoms?

#### Attitudes to condom use

Do you think there are advantages to using condoms? What are they?

Do you think there are disadvantages?

Do you think that condoms make sex more or less enjoyable?

Whose responsibility is it to carry condoms, in your view?

Would you feel comfortable carrying condoms when you go out?

What do you think a boy/girl would think about you if you said, "I have condoms"?

What would you think if a boy/girl told you, "I have condoms"?

Do you think it is difficult to insist on condom use?

Have you ever discussed the use of condoms with a boy/girl? If yes, what was that like? If no, is there a reason why you haven't? Is it embarrassing?

Can you see yourself telling a sexual partner that you need to use a condom?

What about condom use in a 'steady' relationship? Do you feel differently a relationship that's more casual, like if you had a one-night stand, for example?

Do you think that your friends carry condoms?

What would you say to a friend of yours if s/he said they had sex without using a condom?

Do you think you have enough information about what condoms are for? Would you like to know more about condoms?

#### If the young person is sexually active, ask the following:

You told me earlier that you had sex for the first time when you were X years old. Can I ask you a few more questions about that?

**First sexual experience**

Did you feel different about yourself after you had sex for the first time? (probe: did you feel this was a big step, that it had some kind of special meaning?).

You told me earlier that you hadn't planned to have sex. Were you glad that it happened anyway? Did you have any regrets?

OR

You told me earlier that you knew it was going to happen, that you were going to have sex. Was it what you expected?

Would you say that you enjoyed sex the first time? (probe possibly: was it 'good'?; was it pleasurable?; was there anything that was difficult about it?)

Has having sex changed in any way for you since? (probe: has experience made a difference?).

You told me that you didn't use condoms the first time you had sex. How do you feel about that now?

OR

You told me that you used and your boyfriend (partner) used a condom the first time you had sex. Was that something you were glad about afterwards?

Have you ever worried that you were pregnant? If yes, did you tell anyone?

Do you think it's difficult for adults to understand the kinds of situations and decisions that people your age have to make when you are in relationships?

**Part V: Knowledge, sources of knowledge**

So, are you happy with the information you have about sexual relationships, about say, condoms, contraception and all that?

Would you like to have more information?

Where would you say you have learned most of what you know?

What about TV, have you learned things from that?

What about magazines and other things you read?

Have you ever read any leaflets telling you about safe sex, things like that?

What kinds of things have you learned from TV/magazines/leaflets?

Have you ever used the internet to get information about something you felt you didn't know enough about?

### School

What about what you have been taught at school? Has that been useful?

What were your sex education classes like? What did you get information on? What did you learn?

Did you discuss relationships with boys/girls during sex education classes? (probe: what kinds of things did you discuss?)

Was it ever embarrassing talking about these kinds of things during class?

What is it like having your teacher talk to you about these things?

### Friends

Do you think it is good to discuss relationships/sex with people your own age?

Have you ever done this?

Was it helpful? Why/Why not?

### General

Do you think that young people like you need information about safe sex and sexual health?

Who would you say you feel most comfortable with talking with about sex?

Do you think that adults understand the situations, decisions and choices that young people your age have to make?

### Part VI: Conclusion

Before we finish, I just want to ask you if I've left out anything you think is important?

## Appendix 2

### Focus group discussion guide

#### A study of sexual health issues, attitudes and behaviour: the views of early school leavers social environment of the young people

1. How do you all spend their free time? (probe: with whom, males and females together)
2. What kinds of things do people your age do in your free time? (probe: film, sport, what time of day, why is this entertainment popular).
3. What kind of music do you like? What is your favourite band?
4. Do you socialise a lot with your friends at night time? What do you do together?
5. What is your favourite way to spend a night out?
6. Do you usually drink when you go out with friends? Can you tell me about that (where you buy alcohol, where you go to drink etc.)?
7. How often do you socialise at night time with your friends?

### Knowledge and sources of knowledge

#### School-based sex education

1. Did you have sex education classes in school?
  - a. Did you have these classes in primary or secondary school?
  - b. How often did you have sex education classes?
  - c. What did you learn?
  - d. What was good about the classes?
  - e. Did you discuss relationships?
  - f. Overall, would you say that the sex education classes were helpful?
  - g. What would have made the classes better?

#### Home-based sex education

2. Have your parents or older brothers/sisters talked to you about sex?
  - a. What was that like? Did it feel awkward?
  - b. Would you feel that you could go back and ask your mother/father about sex?

### Other sources of knowledge/information

3. What other kinds of places have you learned about sex and relationships?
  - a. What about TV? (discuss)
  - b. Magazines?
  - c. A doctor/your local chemist?

### General re. sex education

4. Do you feel you have enough information? Would you like to have more?
5. What, do you feel, is the best way to learn the things you need to know about relationships and sex?

### General re. knowledge and information

6. Do you think it's important for people your age to know about HIV, AIDS, STDs?
7. Do you think that you have enough information about sexual health?
8. Do you know of any sexual health services that are available for people your age?
9. Do you find it easy or difficult to talk about these issues with the people you mentioned?
10. Who would you prefer to talk to about these issues?
11. Where would you say you have learned the most (e.g. from TV, magazines, friends, school, parents etc.)

### Romantic relationships: attitudes and beliefs

1. If somebody 'has a boyfriend'/'has a girlfriend', what does that mean to you?
2. What do you think about having a boyfriend/girlfriend?
3. What is positive or good about having a relationship with a boy/girl?
4. Is there anything negative?
5. Do a lot of your friends have boyfriends/girlfriends?
6. What is your opinion on getting married?
8. What is your opinion on having children? Would you like to have children in the near future?

### Sexually transmitted infections: knowledge and understanding

#### Other sexually transmitted infections

Do you know the names of any other sexually transmitted infections?

- a. If NO, have you ever heard anybody talking about STDs?
- b. If YES, can you tell me what you know about them?
  - i. Where did you learn about STDs?
  - ii. Would you like to have more information about STDs?

#### HIV/AIDS

1. What do you know about HIV/AIDS?
2. How do you think people get infected with HIV?
3. What kind of people – do you think – get infected?
4. Do you think it could happen to you?

#### Other sexually transmitted infections

5. Do you know the names of other sexually transmitted infections?
  - a. If YES, can you tell me what you know about them?
  - b. Where did you learn about STDs?
  - c. What do you know what to do to try to avoid getting STDs?
  - d. Would you like to have more information about STDs?

#### If condoms have been mentioned or if otherwise appropriate

6. Why is it important to use condoms?
7. What do condoms help to prevent/do?

#### Romantic/sexual relationship: perceived meanings, perceived risks

1. What do you think it means to have a boy/girlfriend? (probe: someone you feel comfortable with, 'hang out' with, have sex with).
2. If you started 'going out' with someone new, what would you be hoping for?
3. What do you think of people your age who have a boy/girlfriend? (probe: are they cool, lucky?)
4. Do you think there are different kinds of romantic relationships? For example, is there a difference between a 'steady' relationship and something more casual, say a one-night stand?
5. Does having a boyfriend/girlfriend means having sex at some stage?
6. Do you think there is a "good time" or a "good age" to start having sex?

7. Do you think some people your age experience pressure to have sex?  
If yes, can you tell me more about this?  
Do you think that being put under this kind of pressure is a bad thing?  
Is this a difficult situation to deal with?
8. Do you think boys and girls want the same things from relationships?  
If yes, what kinds of things do they want?  
If no, what are the differences?
9. Do you think that sex is something that should happen early in a relationship or later on? Why do you think so?
10. What would you worry most about in relation to having a relationship with a girl/boy? (probe: him/her liking you? getting on together? pregnancy?)
11. If you were in a relationship, would you worry about getting pregnant/worry about your girlfriend getting pregnant?
12. How would you feel if this happened? Who would you look to for help or support?



### Appendix 3

#### Pre-coded questionnaire

Code \_\_\_\_\_

Date of interview \_\_\_\_\_

Time of interview \_\_\_\_\_

Location \_\_\_\_\_

Gender Male  Female

Date of birth DMY \_\_\_/\_\_\_/\_\_\_\_

Age \_\_\_\_\_

Living with: Parents

Partner

Grandparent

Residential care

Other (specify)

#### School history

Did you complete primary school? Yes  No

Were you ever suspended from school? Yes  No

If yes, how many times? \_\_\_\_\_

Were you expelled from school? Yes  No

You left school when you were \_\_\_\_\_ years old; in \_\_\_\_\_ class/year.

At the moment, are you: Attending a special educational programme

Attending Youthreach/FAS

Waiting for a training placement

Looking for a job

Working part-time

Working full-time

Other (specify) \_\_\_\_\_

### Alcohol and drug use

Do you drink alcohol? Yes  No

You had your first drink when you were \_\_\_\_\_ years old.

Do you drink: Once a week

Once a month

Twice a week More than twice a week

What do you usually drink? \_\_\_\_\_

Have you taken illegal drugs? Yes

No

Which DRUGS have you EVER taken? Cannabis (hash)

Inhalant (glue, aerosols)

Amphetamine (speed)

Cocaine

LSD (acid)

Prescribed drugs (e.g. valium)

Ecstasy (E)

Heroin

Magic Mushrooms

Which drugs have you taken in the PAST MONTH? Cannabis (hash)

Inhalant (glue, aerosols)

Amphetamine (speed)

Cocaine

LSD (acid)

Prescribed drugs (e.g. valium)

Ecstasy (E)

Heroin

Magic Mushrooms





## Appendix 4

### Glossary of terms

A dig	A slap or punch
Acid	LSD
Bang/banging up	Administer a drug intravenously
Buzz/buzzing	Way of describing the feeling of 'getting high'
Coke	Cocaine
E	Ecstasy
Free gaff	A house used for drinking purposes, usually involves the absence of parents and/or when young person is babysitting
Greener	Expression used to describe the feeling of nausea resulting from smoking cannabis
Hash	Cannabis/marijuana
Having a blast	Way of describing a good time socially usually in the company of friends
Hiding	Refers to being physically assaulted by another person
Junkie/druggie	Intravenous drug user
Knacker drinking	The consumption of alcohol in an outdoor setting usually a public park, laneway or street corner
Murder	Fighting, usually in public
Ride/riding	Sexual intercourse
Shifting	Kissing
Slut/slapper	Derogatory term to describe a young woman who is perceived to be sexually promiscuous









Crisis Pregnancy Agency  
4th Floor  
89 - 94 Capel Street  
Dublin 1

tel: 353 1 814 6292  
fax: 353 1 814 6282  
email: [info@crisispregnancy.ie](mailto:info@crisispregnancy.ie)  
web: [www.crisispregnancy.ie](http://www.crisispregnancy.ie)

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