Understanding Teenage Sexuality in Ireland

Abbey Hyde and Etaoine Howlett
Understanding teenage sexuality in Ireland

*Abbey Hyde and Etaoine Howlett*
Foreword

It is a great pleasure to introduce this important research report – the first major qualitative study on teenage sexuality in Ireland.

This research aimed to explore, in depth, post-primary pupils’ perspectives on sexuality, sex education and the factors and pressures that influence their sexual knowledge and behaviour.

Much of the existing research in the area of teenage sexuality in Ireland is quantitative. The findings of this qualitative research give a detailed understanding of the pressures and problems young people face in finding their place in the world of adolescent sexuality.

The insights provided by the research will have a real practical application in assisting those who are developing or working in sexual health or education services for young people. Young people, in turn, will benefit from information and health services that are targeted to meet their specific needs.

I would like to thank the authors of the study, Dr Abbey Hyde and Ms Etaoine Howlett for their excellent work on this piece of research. Sincere thanks are also due to the teachers, parents and, most of all, the young people who made the research possible. They express their opinions in a forthright manner, which sometimes makes for challenging reading; however, the value of conducting research like this is that it gives us insights into what needs to be done and how best to do it.

The findings from this and other recently completed Crisis Pregnancy Agency research reports are building a comprehensive picture of sexual health in Ireland. It is my hope that as our understanding of the factors that contribute to crisis pregnancy and sexual health issues increases, so the way we address them will become ever more successful.

*Sharon Foley*
*Director*
About the authors
Dr Abbey Hyde is a Senior Lecturer at the School of Nursing and Midwifery, University College Dublin. She has a background in nursing and sociology. Her study of the pregnancy experiences of single mothers has been published extensively in national and international literature. She has also been involved in a major qualitative study exploring adolescent health issues. She is a co-author of Sociology for Health Professionals in Ireland [IPA, 2004], and co-editor of Nursing Research: Design and Practice [UCD Press, 1999].

Etain Healy is a graduate of the Department of Sociology, University College Dublin. She is currently completing a PhD, exploring the experiences of hearing parents of deaf children in Ireland. Her teaching interests include qualitative research methods, the sociology of childhood and the Catholic Church in modern Ireland.

Acknowledgments
First and foremost, we would like to extend our sincere thanks to the schools, whose names remain anonymous, that facilitated the focus group interviews for this study. Staff at these schools liaised with the researchers, organised the dissemination of consent forms and information to both pupils and parents, arranged for space to be available for the focus groups and modified their timetables to accommodate the interviews. This, no doubt, added to their already busy work schedules, which we greatly appreciate. We would also like to thank the parents of participants for giving us permission to speak to their children. The knowledge developed in this study relies on the rich accounts of participants themselves; we would like to thank all the pupils who participated in the study for sharing details of their lives on this sensitive topic. We also extend our appreciation to the team of interviewers who worked on the project; these are: Jessica Dempsey, Roisin Freeney, Amie Hord O’Dowd, Niaf Keating, Paula Kenny, Joan King, Natasha Lucey, Áine McDonough, Joseph Moffatt, Helen O’ Sullivan, Michael Roberts, Karen Smith, Mary Beth Taylor, and Shuyuan Wu. These interviewers travelled to various locations to undertake interviews, and their skills and sensitivity at interviewing enabled this body of knowledge about adolescent sexuality to be developed. Finally, our thanks goes those who took on the unenviable task of transcribing the recorded interviews.

The views expressed in this report are those of the authors and do not necessarily reflect the views or policies of the sponsors
# TABLE OF CONTENTS

Executive summary ................................................................. 9

1.0 Introduction ........................................................................... 12
  1.1 Aim .............................................................................. 12
  1.2 Objectives ..................................................................... 12
  1.3 Structure of the document ............................................... 12

2.0 Background ........................................................................... 13
  2.1 Sources of information about sex ....................................... 13
    2.1.1 Formal school-based sex education .......................... 14
    2.1.2 Difficulties associated with formal sex education ...... 14
    2.1.3 Sex education in the Republic of Ireland .............. 15
    2.1.4 Informal sex education ........................................... 16
    2.1.5 Friends .................................................................. 16
    2.1.6 Parents .................................................................. 17
    2.1.7 The media ............................................................. 18
  2.2 Experiences of first sexual intercourse .............................. 19
    2.2.1 Circumstances of first penetrative sex ..................... 20
    2.2.2 First penetrative sex and contraception .................. 21
  2.3 Contraceptive use and the negotiation of safer sex .......... 22
    2.3.1 The influence of alcohol consumption on the use of contraceptives ................................................................. 23
    2.3.2 The spontaneity of sex and the rationality of planning .................................................................................. 23
    2.3.3 Normative and gender expectations in relation to contraceptive use and sexual behaviour ........................................... 23
  2.4 Young people and sexually transmitted infections [STIs] .... 25
    2.4.1 Lack of knowledge about STIs ............................... 26
    2.4.2 Information needs regarding STIs ............................ 27
  2.5 Existing gaps in knowledge ............................................... 27

3.0 Research design ..................................................................... 28
  3.1 Sampling strategy ............................................................ 28
    3.1.1 Identifying the sample ............................................ 28
    3.1.2 Attaining informed consent from parents and children ................................................................. 29
  3.2 The focus group method ..................................................... 30
    3.2.1 Conducting the focus groups .................................. 30
  3.3 Data analysis ..................................................................... 31
  3.4 Scientific rigour ............................................................... 31

4.0 Young people's sources of knowledge about sex .................. 32
  4.1 Catholic doctrines as a source of information about sex .... 32
  4.2 Parents as a source of knowledge about sex .................... 33
  4.3 Friends and siblings as a source of information about sex .. 35
  4.4 Media as a source of information about sex .................... 36
    4.4.1 Media as an information source for young women .... 36
    4.4.2 Media as an information source for young men ....... 37
<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.5</td>
<td>School-based sex education</td>
<td></td>
</tr>
<tr>
<td>4.5.1</td>
<td>The timing and frequency of sex education</td>
<td>39</td>
</tr>
<tr>
<td>4.5.2</td>
<td>Sex education: content and teaching strategies</td>
<td>40</td>
</tr>
<tr>
<td>4.5.3</td>
<td>Sex education content: gaps in knowledge</td>
<td>41</td>
</tr>
<tr>
<td>4.5.4</td>
<td>Sex education: teachers and teaching styles</td>
<td>42</td>
</tr>
<tr>
<td>4.5.5</td>
<td>Sex education: what would young people like?</td>
<td>43</td>
</tr>
<tr>
<td>4.5.6</td>
<td>Did greater exposure to sex education impact on young people’s perceptions of sexuality?</td>
<td>45</td>
</tr>
<tr>
<td>4.6</td>
<td>Conclusion</td>
<td>47</td>
</tr>
<tr>
<td>4.7</td>
<td>Summary</td>
<td>47</td>
</tr>
<tr>
<td>4.8</td>
<td>Recommendations</td>
<td>48</td>
</tr>
<tr>
<td>5.0</td>
<td>Dominant discourses influencing young people’s perceptions of sex</td>
<td></td>
</tr>
<tr>
<td>5.1</td>
<td>Dominant discourses shaping young people’s constructions of sex</td>
<td>49</td>
</tr>
<tr>
<td>5.2</td>
<td>Discourse of sex as male driven and dominated</td>
<td>49</td>
</tr>
<tr>
<td>5.2.1</td>
<td>Sexual pressure</td>
<td>52</td>
</tr>
<tr>
<td>5.3</td>
<td>Discourse of sex as mediated with emotion and/or commitment</td>
<td>54</td>
</tr>
<tr>
<td>5.3.1</td>
<td>Young women, emotions and sex</td>
<td>55</td>
</tr>
<tr>
<td>5.3.2</td>
<td>Young men, emotions and sex</td>
<td>57</td>
</tr>
<tr>
<td>5.4</td>
<td>Discourse of sex as liberal and self-gratifying</td>
<td>58</td>
</tr>
<tr>
<td>5.4.1</td>
<td>The regulation of adolescent sexuality through reputations</td>
<td>58</td>
</tr>
<tr>
<td>5.5</td>
<td>Conclusion</td>
<td>62</td>
</tr>
<tr>
<td>5.6</td>
<td>Summary</td>
<td>62</td>
</tr>
<tr>
<td>5.7</td>
<td>Recommendations</td>
<td>63</td>
</tr>
<tr>
<td>6.0</td>
<td>Norms and practices of young people in the social organisation of intimacy</td>
<td></td>
</tr>
<tr>
<td>6.1</td>
<td>Rules of conduct in initiating intimacies</td>
<td>63</td>
</tr>
<tr>
<td>6.2</td>
<td>Having, maintaining and breaking sexual boundaries</td>
<td>64</td>
</tr>
<tr>
<td>6.3</td>
<td>Variations in sexual activity among young people</td>
<td>65</td>
</tr>
<tr>
<td>6.4</td>
<td>Peer ‘pressure’ to have sex</td>
<td>67</td>
</tr>
<tr>
<td>6.5</td>
<td>The value of virginity</td>
<td>68</td>
</tr>
<tr>
<td>6.6</td>
<td>Moving intimacy forward</td>
<td>69</td>
</tr>
<tr>
<td>6.6.1</td>
<td>Sex as unplanned and undiscussed</td>
<td>70</td>
</tr>
<tr>
<td>6.7</td>
<td>The dominant yet vulnerable male?</td>
<td>70</td>
</tr>
<tr>
<td>6.7.1</td>
<td>Buttressing a masculine identity: the sexually performing female</td>
<td>73</td>
</tr>
<tr>
<td>6.8</td>
<td>Female sexual pleasure</td>
<td>75</td>
</tr>
<tr>
<td>6.9</td>
<td>Postponing sex</td>
<td>77</td>
</tr>
<tr>
<td>6.10</td>
<td>Sex and the impact of alcohol</td>
<td>77</td>
</tr>
<tr>
<td>6.11</td>
<td>Where do young people have sex?</td>
<td>78</td>
</tr>
<tr>
<td>6.12</td>
<td>Conclusion</td>
<td>79</td>
</tr>
<tr>
<td>6.13</td>
<td>Summary</td>
<td>79</td>
</tr>
<tr>
<td>6.14</td>
<td>Recommendations</td>
<td>80</td>
</tr>
<tr>
<td>7.0</td>
<td>Young people and safer sex</td>
<td></td>
</tr>
<tr>
<td>7.1</td>
<td>Young people’s knowledge of contraception</td>
<td>81</td>
</tr>
<tr>
<td>7.2</td>
<td>Perceived responsibility for contraception</td>
<td>81</td>
</tr>
</tbody>
</table>
7.3 Accessing contraception
   7.3.1 Accessing condoms
   7.3.2 Accessing the contraceptive pill
7.4 Carrying condoms
7.5 Contraception and trust
7.6 Obstacles to safer sex
7.7 Young people’s recommendations regarding contraception
7.8 Conclusion
7.9 Summary
7.10 Recommendations

8.0 Unintended consequences of sexual activities: pregnancy and sexually transmitted infections (STIs)
   8.1 Perspectives on pregnancy among young people
      8.1.1 Anticipated female responses to a pregnancy
      8.1.2 Anticipated male responses to a pregnancy
   8.2 Anticipated parental responses to a pregnancy
   8.3 Perspectives on abortion
   8.4 Sexually transmitted infections
      8.4.1 Knowledge about STIs
      8.4.2 Mechanisms for avoiding STIs
      8.4.3 The perceived threat of STIs
   8.5 Young people and the sexual health services
   8.6 Conclusion
   8.7 Summary
   8.8 Recommendations

9.0 Conclusion
   9.1 Adolescents in Ireland: a homogeneous group?
   9.2 Sex education: where do we go from here?
   9.3 What is needed
   9.4 Main areas for action

10.0 References

Appendices
   Appendix 1 Distribution of schools that declined to facilitate focus groups
   Appendix 2 Profile of the sample
   Appendix 3 Information for and consent from parents
   Appendix 4 Information for and consent form for participants
   Appendix 5 Interview guide
   Appendix 6 Number of pregnancies (abortions and births) to females in Ireland under twenty years per 1,000 females in the population aged 15-19 years
Executive summary

Introduction

Existing research into adolescent sexuality in an Irish context has primarily been conducted using survey methods and these have provided quantitative data on the topic. Prior to this study, no major qualitative research studies had been conducted on teenage sexuality in Ireland. Qualitative research aims to understand a phenomenon, by exploring people’s behaviour and the meaning of this behaviour in the social context, in its full complexity. The aim of this study was to explore post-primary pupils’ perspectives on sexuality, sex education, and the discourses and factors that influence their sexual knowledge and behaviour.

Methods

Twenty-nine focus group interviews were conducted at ten schools in both rural and urban locations in the Republic of Ireland, involving 226 school pupils. Data were subjected to a qualitative analysis, using a methodological strategy resembling grounded theory.

Results

The following are the key findings of this study:

- Most participants reported that they did not discuss sex with their parents, and parents tended to send different signals about sexual behaviour to their daughters and sons. Daughters, particularly those living in rural areas, were more likely to receive messages about abstinence and chastity, while sons tended to be perceived as sexual predators, who needed to protect themselves against the unwanted consequences of sexual activity.

- While young women were disposed to consult media-based information that included a socio-emotional dimension, young men, by contrast, tended to source material where sex was presented in an objective, detached and unemotional way, often casting women as sexual objects for men’s pleasure.

- School-based sex education was reported to vary across the sample, with factors associated with teachers and pupils, and prevailing ideologies about sex creating difficulties with its delivery. Young women suggested the inclusion of more contextual and emotional aspects of sex in school sex education, while young men recommended greater coverage of the physical dimensions of sex relating to technique and performance.

- Considerable differences were noted in how males and females perceived sex and sexuality. Young men were more likely to believe that sexual intercourse was acceptable irrespective of whether or not they were in a relationship, although there were varying degrees to which this was manifested. Young women were perceived to be responsible for maintaining sexual boundaries. Overall, female participants were more likely than males to associate sex with relationships, and relationships and emotionality were more important to them. A considerable number of participants alluded to and exemplified the pressure that young women experience to extend their sexual boundaries in intimate encounters with men.
• Female sexual behaviour was heavily regulated by both males and females to conform to traditional definitions of femininity. Male sexual behaviour was also regulated - young men invigilated their male peers using various strategies to sustain traditional notions of male dominance. The behaviour of young women at times also contributed to the reinforcement of masculinity. In this way, gender codes were supported by rules of conduct within a mesh of relations in the cultural milieu.

• In terms of sexual activity, participants were uncertain as to the prevalence of sexual practices in their wider peer group. However, non-penetrative sexual activities such as masturbation and oral sex appeared to be very commonly practised in adolescent intimacies. The majority of participants believed that peer influence was a factor in the initiation of sex.

• Although many young people, and in particular young women, suggested that they would have first penetrative sex only in the context of a loving relationship, others viewed virginity as a stigma to be removed, irrespective of whether or not they were in a committed relationship.

• Many participants suggested that intimacies tended to move forward with little or no discussion beforehand as to how far things would go. Some participants believed that penetrative sex was often not planned or discussed in advance, creating difficulties for the practice of safer sex.

• Many young men revealed that they experienced stress and anxiety in trying to live up to the ideals of masculinity that they appeared to have internalised, particularly in relation to sexual performance.

• For female participants, enjoying sex was bound up with pleasing men sexually rather than satisfying their own desires.

• Alcohol seemed to enhance sexual desire for both men and women, and it reduced the inhibitions of gender norms.

• Although condom use was a strong feature of the culture of intimacy, there were many reports of the inconsistent use of condoms. Young women did not carry condoms because to do so would relegate them to the deviant category of ‘slut’. The gender norms that operate in adolescent culture also suggest that women cannot be seen to take the lead during a sexual intimacy, making it difficult for women to introduce the topic of condom use before the point of intercourse. Other reasons why young people do not appear to practise safer sex include a false confidence that they will not contract STIs (sexually transmitted infections) from people they know, the spontaneity of sex, decreased sensitivity of penetration for men, the added stress for young men that condom use brings, alcohol intoxication, feelings of invulnerability to pregnancy and STIs, and incorrect use of condoms.

• The majority of participants were more concerned about pregnancy than STIs as an outcome of sexual activity. Many participants distanced themselves from the threat of HIV/AIDS because they had not confronted it in their social circle. Many participants demonstrated gaps in their knowledge about STIs.

• Young women were more likely to have used the sexual health services than were young men, mainly in order to access the contraceptive pill and post-coital contraception. Most participants were uneasy about using the health services and used various strategies to have their needs for contraception met.
Conclusions

Adolescent sexual culture has rules of conduct, and young people learn and become familiar with the rules; nonetheless teenagers are confronted with a range of countervailing forces, pulling them in various directions. On the one hand, young women are expected to conform to the gender codes of femininity and confine their sexual relations to loving relationships, while, on the other hand, they are under subtle pressure through peer influence to engage in sex activities. They are also expected to maintain sexual boundaries in their relations with men, yet many have found themselves simultaneously under pressure to stretch those boundaries to satisfy men’s sexual ‘desires’. Young men are propelled by sometimes subtle and sometimes overt tactics within their peer group towards sexual conquest as a manifestation of masculinity, yet by engaging in penetrative sex they risk a serious blow to their masculine identity should their performance become the subject of public gossip. Adolescents are negotiating sexual encounters and sexual intimacies at an increasingly younger age, with a greater burden of individual decision making resting with the young person.

Recommendations

Based on the findings of this study, we recommend:

• improvements in information services, in sex education at schools and in the training of staff delivering sex education
• greater availability of contraceptives and a more user-friendly sexual health service for young people
• that efforts are made at all levels in society to address gender norms that impede the practice of safer sex.
1.0 Introduction

Learning about sex and relationships is important for young people in order to ensure that they are comfortable with their sexuality, that they possess the skills necessary to negotiate sexual situations and that they are able to avoid the unwanted consequences of sex (Burtney 2000). This study is concerned with exploring, from the perspective of the secondary school students themselves, understanding, knowledge and practices in relation to a range of sexual matters, located within the broad banner of ‘sexuality.’ The knowledge developed from this research will be used to develop age-appropriate educational programmes about sexuality, which will seek to enhance well-being and foster responsible sexual behaviour.

1.1 Aim

This study aims to explore post-primary pupils’ perspectives on sexuality, sex education and the factors that influence their sexual knowledge and behaviour, with a view to developing educational programmes that facilitate healthy self-growth and responsible sexual behaviour among young people.

1.2 Objectives

The objectives of the study are as follows:

• to explore students’ attitudes towards and experiences of sex education in school and those who teach it
• to examine how such attitudes and experiences may vary according to the educational and social environment (for example, all-boys'/all-girls'/mixed schools; level of sex education taught; urban/rural location of schools)
• to explore the role of social contexts (for example, the impact of gatekeepers, peers, the media and parents) in influencing how young people think and act in relation to sex
• to explore the discourses, that is, the ways of thinking and talking about a phenomenon, surrounding sexual knowledge among post-primary students
• to obtain information directly from pupils regarding a range aspects of sexual behaviour and attitudes, including issues surrounding contraception, crisis pregnancy, STIs, sexual identity, sexual health service use and perceived information and service needs
• to identify the language used by young people to describe sexual experiences and beliefs, which will help to inform suitable methods of delivery of information and skills training on sexual health issues to post-primary students.

1.3 Structure of the document

Section 2 opens with a background to the study in which existing literature on the topic, both national and international, is reviewed and gaps in literature that prompted this study are identified. In Section 3, the methodological stance employed in the study is outlined, and the implementation of the research design is presented.

1 The term ‘sexuality’ has a broader significance than simply the coital sex act, and is used in this report to refer also to erotic desires, practices and identities (Jackson and Scott 1996). Since this study is primarily concerned with the wider context of crisis pregnancies, the focus is on heterosexuality. Data on participants’ attitudes to homosexuality will be published separately.
In Sections 4-8 (inclusive), data arising from the study are presented. Beginning in Section 4 with an analysis of the main sources of knowledge that young people access and are confronted with, we consider the differing messages that young people receive and sometimes actively seek out from such sources. The impact on young people’s perceptions of sex and sexuality of Catholic doctrines, parents, siblings, friends, the media and school-based sex education programmes is considered here. In Section 5 we move on to consider the particular discourses that young people draw upon most heavily in thinking about sex, talking about sex, and acting in relation to sex. We also consider how codes of conduct within the adolescent culture operate to actively suppress the emergence of sexual ideas and behaviours that deviate from the accepted norm. Section 6, on the social organisation of adolescent intimacy, builds on Section 5 and details how particular discourses, invoked differently by males and females, shape the norms and rules that sustain social order and relations of power amongst adolescents. In particular we explore how traditional versions of masculinity and femininity in relation to sexual behaviour are sustained, monitored and socially controlled within peer groups and in society at large. These versions of masculinity and femininity have implications for power, pleasure, fear and insecurity in the sexual relations between young men and young women. The manner in which alcohol functions to loosen cultural controls over adolescent sexuality is also explored. In Section 7 we examine how gendered norms and traditional versions of masculinity and femininity impact upon the practice of safer sex, and why participants believe that crisis pregnancies and STIs occur. Section 8, the final data chapter, focuses on what participants believe to be potential adverse outcomes of adolescent sexual behaviour: pregnancy and STIs. Here we consider the extent to which participants link sexual behaviour with consequences, and also explore their experiences with the sexual health services.

In Section 9, an overall conclusion is presented in which we consider possibilities for future sex education and the implications for policy and practice, based on the most central issues raised in the earlier sections.

2.0 Background

As a starting point for this study the existing bodies of knowledge most pertinent to the research objectives are presented. These include literature on young people’s sources of information about sex, both formal and informal; young people’s experiences of first intercourse; how young people negotiate and practise contraception and their knowledge and practices in relation to STIs.

2.1 Sources of information about sex

Young people receive various messages about sexuality from numerous different sources. Television, radio, magazines, schools and homes are the main providers of these messages. According to Inglis (1998), through exposure to these media young people develop an understanding of themselves as sexual human beings, and at the same time develop an ongoing orientation towards sexuality based on processing the attitudes, values and practices they encounter.

In an Irish study of the ‘main’ source of information about sexual matters for young people 46% of respondents cited the primary source as their friends, 41% their teachers, 37% their parents and 10% health education leaflets (MacHale and Newell 1997). These
are crude categories, concealing gender differences between boys and girls. Todd, Currie and Smith (1999) reported a gender breakdown in terms of the main sources of information about sexual matters for young people as follows:

- **friends** - boys 33%, girls 31%
- **media** - boys 23%, girls 32%
- **school** - boys 31%, girls 18%
- **parents** - boys 7%, girls 14%

At a broad level, therefore, research suggests that young people are exposed to both formal and informal sources of information about sex, and there are gender differences in how boys and girls relate to these various sources.

### 2.1.1 Formal school-based sex education

Sex education is a controversial issue, with supporters asserting that being open about sex encourages greater control and enables young people to make informed decisions, while opponents argue that it encourages experimentation. There is little research evidence to suggest that sex education in schools leads to an increase in the number of teenagers having sex or to a reduction in the age of first penetrative sex. Rather, research has shown that it can lead to both a postponement of sexual activity and increased contraceptive use among those who are sexually active (Health Education Board for Scotland 2003). Burtney (2000) proposes that school-based sex education has many advantages. Firstly, virtually all children under the age of sixteen attend school and, secondly, schools can provide valuable links to external providers of support, information and services. A National Survey of Sexual Attitudes and Lifestyles conducted in the year 2000 in Britain showed that respondents whose main source of information about sexual matters was from school (or their parents), were significantly less likely to report first intercourse before the age of sixteen and significantly more likely to report the use of condoms when first penetrative sex did occur than those whose main source of information was friends or other sources (Health Education Board for Scotland 2003).

Reviewing the changes in patterns of sex education received by fifteen-year-old school children in Scotland during the 1990s, Todd, Currie and Smith (1999) found there was a significant increase in the proportion of boys (22% to 31%) and the proportion of girls (14% to 18%) who reported that school was their main source of information about sexual matters. In addition, while there was a significant decrease in the proportion of young people who discussed AIDS with either parents or friends, there was a significant increase in discussions of AIDS in school, thus illustrating the importance of formal sex education.

### 2.1.2 Difficulties associated with formal sex education

In spite of the reported positive outcomes associated with school-based sex education, it has been subject to some criticism. Burtney’s (2000) UK study suggests that within formal school settings, young men are often marginalised. Boys are frequently viewed as irresponsible and less open to discussion than girls; therefore teaching, including sex education, can often be directed more at girls. Burtney notes, nonetheless, that for approximately a third of boys school is their main source of information about sex and relationships. If they are not actively included in sex education programmes then a large proportion of boys may not be adequately prepared to make informed decisions about
their sexuality (Burtney 2000). However, there appear to be particular difficulties in educating boys about sex. In their study of young people attending sex education classes, Measor, Tiffin and Miller (2000) noted that, compared with girls, boys engaged to a lesser extent with the sex education presented to them and were more disruptive in class.

Holland, Ramazanoglu, Sharpe and Thomson (1998) also explored the gender aspect of sex education in schools. They argue that the sex education aimed at the young women in their research, both at school and from parents, tended to constitute a “protective discourse” (Holland et al.:7). This discourse alerted young women to the dangers of sex and, by default, the dangers of men. In particular, the warning that “men are only after one thing” communicated a strong message about the power of male sexuality and, through its silence, the passivity or vulnerability of their femininity. While young women received a great deal of information about their reproductive capacity, many received almost no formal or informal education about the physical pleasures of sex or the potential of their own desire. These findings reflected those of an earlier study in which school-based sex education was found to depict women as victims of men’s sexuality rather than focusing on women’s negotiating capacity in terms of their own pleasure (Fine 1988). Fine referred to this as the “missing discourse of desire” in school-based sex education programmes.

Holland et al. (1998) argue that conveying a factual account of sex as a reproductive activity serves to reinforce a passive view of female sexuality. The significance of sex education in schools, they propose, is in the model of ‘legitimate’ sexuality that it presents - educating through omission rather than inclusion. The focus in school-based sex education on the biology of human reproduction was repeatedly criticised by the young women for also failing to take account of the social and emotional contexts within which sexual behaviour takes place (Holland et al. 1998).

In a study by Schubotz, Simpson and Rolston (2002) that explored the ease of communication for young people with significant others in relation to personal and sexual matters teachers scored the lowest, making them the hardest significant other to talk to about personal or sexual matters. The main problem for pupils was when they felt that teachers, regardless of their age, became embarrassed talking about sex.

2.1.3 Sex education in the Republic of Ireland

In reviewing existing provision for sex education in Ireland, the Expert Advisory Group on Relationship and Sexuality Education (RSE), established by the Minister for Education in 1994, concluded that sex education provision was “generally uneven, uncoordinated and sometimes lacking” (Inglis 1998:3). This is substantiated by a national survey of almost 3,000 women, in which Wiley and Merriman (1996) found that slightly fewer than half (49%) had received sex education. Almost seven in ten of those who had not received sex education agreed that a woman could not get pregnant during first intercourse. This compared with only three in ten of those who had received sex education. However, this study covered a variety of ages, and 88% of 18-24 year olds received sex education as compared with just 15% of those aged 55-60. Sheerin’s (1998) research, based in the Midlands, found that the quantity and quality of sex education received by students varied greatly both between and within schools. Some students who had experience of sex education in school felt that the most important issues were not covered, including
contraception, STIs and early pregnancy. A recent survey, however, administered to 120 consecutive teenage mothers attending a public adolescent antenatal clinic in Dublin, revealed that knowledge of reproduction was poor amongst all the teenagers in the study. Over half were unaware of their own cycle-related fertility - only 39.2% of the young women were correct in their knowledge of the time of maximum fertility in the menstrual cycle (Fitzpatrick, Fitzpatrick and Turner 1997).

The Department of Education’s RSE programme commenced in autumn 1997. The programme was designed to be a designated part of the national curriculum, which could be adapted to the religious and cultural ethos of each particular school. There was considerable opposition to the programme, however. Twenty-three teachers in a primary school in Kerry stated that sex education was the sole responsibility of parents. Their position was similar to a lay Catholic group, which actively disseminated anti-RSE material to schools. The general position adopted by the Irish Catholic hierarchy, however, has been that while they maintain that sex education is primarily the responsibility of parents, they accept that most parents need the help and support of teachers and schools. They have emphasised, however, the importance of putting sex education firmly within the context of Catholic moral teaching (Inglis 1998).

In relation to contemporary provision of sex education in Ireland, until recently RSE was not mandatory, but stood alone on the curriculum. A report in August 2000, however, found that just 19% of primary schools had introduced the programme in all classes, while 21% had done so in some classes. Overall, 60% of primary schools had not implemented the programme (RTÉ 2000). However, the position of the Department of Education and Science is that it is now obligatory for each primary and secondary school to teach an RSE programme (Crisis Pregnancy Agency 2003). A National Co-ordinator for Relationships and Sexuality Education (RSE) has been appointed since 2001 to support schools and teachers in implementing the programme (Crisis Pregnancy Agency 2003).

2.1.4 Informal sex education

In addition to formal channels of information, messages about sexuality and relationships are conveyed informally, primarily through friends, parents and the media. From early childhood, children internalise these messages consciously and/or subconsciously.

2.1.5 Friends

In contrast to the awkwardness that characterises discussions of sexuality with teachers, young people often find it easier talking to their friends about sexual and personal matters than to anyone else (Schubotz et al. 2002, Schubotz, Rolston and Simpson 2003). Currie, Todd and Thomson (1997), reporting on the findings of the ‘Health Behaviour in School-aged Children’ (HBSC) surveys in Scotland, found a significant increase between 1990 and 1994 in the proportion of young people who reported that it was easiest to talk about personal and sexual matters with their friends (69% to 76%). There was also a significant increase between 1990 and 1994 in the discussion with friends (on at least one occasion) of sexual development (50% to 57%) and sexual intercourse (73% to 79%).

However, while friends are one of the most quoted sources of information for young people, this source of information may not always be accurate (Burtney 2000). Holland et
al. [1998], however, argue that young people are discriminating in their acceptance of information from varying sources. While friends were identified as the primary source of sex education in their study, young people were able to distinguish between the authority and credibility of their various sources of knowledge. Teachers and parents could be relied on for technical information, whereas the role of friends was more often to act “as sounding boards and enablers in the sharing of experience and worries” [Holland et al. 1998:67-68].

Burtney (2000:25) contends that peer pressure can be an issue. While friends are an important source of information for young people, they can often serve to reinforce the behaviour patterns within a group. A study of 2,000 British thirteen to fifteen year olds revealed the influence of peer groups. Only 4% of young people whose friends were not sexually active were sexually active themselves. Among those whose friends were sexually active, 43% were sexually active themselves (Family Education Trust 2000).

Schubotz et al. (2003) reported similar findings: 20% of males and 12% of females in their survey reported that they felt unable to resist the pressure of peer expectations to be sexually active, and consequently many were unhappy about the timing of first intercourse. A study of students’ attitudes to various sexual matters conducted at the National University of Ireland, Galway, provides further evidence of the influence of friends (Malesevic 2003). While 80% of respondents reported that their own opinion was more valuable to them than that of friends, half of them still sought the approval of friends regarding their behaviour.

2.1.6 Parents

A growing body of research indicates that communication with parents can help delay the age of first intercourse and increase the use of contraception among young people [Scottish Needs Assessment Programme 1994, Burtney 2000]. It is notable that a National Survey of Sexual Attitudes and Lifestyles in Britain found higher rates of non-use of contraception firstly among those who did not discuss sexual matters with their parents and secondly, among those whose main source of information about sexual matters was friends (Wellings, Nanchahal, Macdowall, McManus, Erens et al. 2001). Similar results were found in a recent Northern Irish study, which found that young people who discussed sex with their parents were, on average, twice as likely to use contraception at first penetrative sex [Schubotz et al. 2002]. Worryingly, however, Currie et al. [1997] reported a significant decrease between 1990 and 1994 both in the choice of parents as the main source of information about sex (14% to 10%) and in the proportion of young people reporting that they found it easiest to talk about personal and sexual matters with their parents (17% to 10%).

A Scottish questionnaire regarding attitudes towards school-based sex education, explored parents’ perceptions of their responsibility in terms of discussing sexual issues with their children. While the majority of parents viewed it as their responsibility to discuss sexuality with their child, many confessed that they had not done so. For example, 97% felt they should have discussed ‘saying no’ with their children, but only 47% had, and, while 95% felt they should have discussed contraception with their children, only 58% had [Ingham 2002b]. Currie et al. [1997], however, did find a significant increase between 1990 and 1994 in the discussion with parents (on at least one occasion) of sexual intercourse (38% to 45%), pregnancy (42% to 46%).
contraceptives (37% to 45%) and STIs other than AIDS (30% to 33%).

Parents also convey implicit messages about sexuality to their children. Young people report that despite the fact that sex is rarely, if ever, broached explicitly, they are very aware of their parents’ attitudes towards sexual matters [Burtney 2000]. Sources given for gauging these attitudes were reactions to sexual scenes on TV, evasion of topics when raised and disapproving non-verbal behaviour. The general value system of the home, therefore, has a major influence on sexual attitudes and behaviour (Ingham 2002b).

Young women are much more likely than young men to have received information about sexual issues from their mothers [Schubotz et al. 2002]. In addition, they are almost three times as likely to say that this information was most helpful to them. Young men, however, are twice as likely as young women to receive some sex education from their fathers [Schubotz et al. 2002]. According to Holland et al. [1998], messages about sexuality within the home can often serve to reinforce the conventions of femininity and masculinity. Mothers draw on the same “protective discourse” as schools in assuming that girls need to be protected from the sexual advances of boys and, ultimately, from pregnancy. The young women in Holland et al.’s [1998] study reported that the sex education they received in the family was primarily about avoiding pregnancy and the dangers of sex. Holland et al. [1998] argue that such advice from parents, while often based on real fears for their child’s welfare, passes on very negative images of sex and sexuality. Sex is firmly attached to the potential for reproduction, against the backdrop of the male sexuality as a threat. In the absence of a more positive approach, Holland et al. [1998] assert that these warnings serve to support the passive model of female sexuality, which is entrenched in school sex education.

Young men’s accounts of sex education in the home incorporate the same protective discourse as those of the young women, stressing the dangers of sexual activity and the agency of male sexuality. Men, however, are positioned differently in this discourse. While women are the objects of male desire and potential objects of male danger, men are constituted as active, desiring agents [Holland et al. 1998]. Burtney [2000] highlights the dangers of these social norms, given the major role they play in the way young people develop their sexual identity and make decisions regarding sex and contraception. While young women are often portrayed as responsible for setting the parameters for sex, at the same time they occupy a relatively powerless or passive position within the relationship [Burtney 2000].

2.1.7 The media

As indicated at the outset, boys and girls engage to different degrees with sources of information about sex, including the media. Girls, more than boys, rely on the media as an important site of information about sex and relationships, reflecting the wide range of publications available to them. For boys, the media has less of a role and school is a more important source of information [Burtney 2000]. Todd et al. [1999] found a significant increase (25% to 32%) between 1990 and 1998 in the proportion of girls who reported that the media was their primary locus of information about sexual matters. According to Holland et al. [1998], the silence around female sexual pleasure in all areas of formal and family sex education drives many young women to seek alternative sources of information.
Inglis (1998) contends that the liberal educational message in the advice columns in teenage magazines is that it is right and appropriate to be sexually active. This is tempered, however, with the view that young people need to be fully informed about issues such as what the law allows, appropriate forms of sexual activity and the rights, duties and consequences of their sexual behaviour. Research on the influence of television on young people illustrates a less responsible portrayal of sex. The Committee on Public Education (2001) investigated the role of the media on the sexual behaviour and attitudes of teenagers in the USA. By the time young people graduate from high school, many will have spent 15,000 hours watching television compared with 12,000 hours in the classroom. The average US teenager views 14,000 sexual references a year, yet only 165 of these references deal with birth control, self-control, risk of pregnancy or STIs [Committee on Public Education 2001].

2.2 Experiences of first sexual intercourse

Understanding the dynamics of first sexual intercourse is important because early sex is linked with inconsistent or non-use of contraception, unplanned pregnancy and an increase in the number of sexual partners over time (Burtney 2000, Darroch, Singh, and Frost 2001, Svera, Kjaer, Thomsen and Bock 2002).

The average age of first intercourse among British 16-24 year olds is seventeen years (Burtney 2000). This has dropped from twenty years amongst 55-59 year old men to seventeen years in 16-24 year old men, and from 21 to seventeen years in women. The percentage reporting sexual activity before the age of sixteen years has also increased, particularly among young women (Burtney 2000). An overview of changes in the sexual behaviour of fifteen-year-old school children in Scotland during the 1990s found that the level of reported experience of sexual intercourse increased very significantly between 1990 and 1994 from 26% to 37% (Currie 1997).

Recent studies give some indication as to the age at which young people in Ireland experience first intercourse. In the Midland Health Board region, Bonner (1996) found that 32% of sixteen to eighteen year olds had had sexual intercourse [cited in Best Health for Children 2000]. MacHale and Newell (1997) reported that 21% of fifteen to eighteen year olds in Galway city and county had had sexual intercourse, with boys twice as likely as girls to have experienced this. Lalor, O’Regan, and Quinlan (2003) found that 12% of respondents in their study of students at the Dublin Institute of Technology reported that they had had sexual intercourse before the age of sixteen. This figure is considerably lower than figures reported by Dunne, Seery, O’Mahoney and Grogan (1997) from research with youths in Cork city. In Dunne et al.’s (1997) study, 22% of female participants and 32% of male participants reported having experienced first sexual intercourse by the age of sixteen years. The results of a survey conducted in 1997 demonstrate even greater levels of sexual activity among those aged under sixteen years: of those aged seventeen to twenty years, half reported that they had had sex before the age of sixteen years [Durex Irish Health Monitor Survey 1997, cited in Inglis 1998]. Finally, a recent Irish Times poll [conducted among a national quota sample of 1,000 young people aged 15-24 years at 100 locations throughout Ireland] found that 25% of those under the age of seventeen were sexually active. Within the 15-24 age group, 62% were sexually active. Of those who had sex by the age of 24, the average age at which they first did so was sixteen years and nine months [Irish Times 2003].
There are, of course, legal restrictions on the sexual practices of young people, and these vary according to whether the actions relate to heterosexual or homosexual activities. In the case of heterosexual activities, Sections 1 and 2 of the Criminal Law (Amendment) Act, 1935, deem as unlawful ‘carnal intercourse’ with females under the age of fifteen years, and also of those aged fifteen and sixteen, although the penalty varies according to the age. Carnal intercourse with females under fifteen years carries a maximum penalty of life imprisonment, while the same conviction with those aged fifteen and sixteen carries a lesser maximum penalty of five years’ imprisonment. The notion of male sexual aggression is implicit in the law, since the offender is the male (Lalor et al. 2003). The law does not recognise the male’s age as a defence, nor the issue of whether or not the female consented. With regard to non-penetrative sexual activities, a charge of indecent assault may be brought if a person is under the age of fifteen years, and the consent of the person may not be used as a defence. According to the statistics available about sexual activity among adolescents, it appears that many young people are flouting the law.

2.2.1 Circumstances of first penetrative sex

The timing and conditions of sexual initiation are of considerable interest in the context of public health. Wellings et al. (2001), however, argue that limited attention has been paid to the factors associated with the circumstances of first intercourse. Nonetheless, a National Survey of Sexual Attitudes and Lifestyles, conducted in the year 2000 in Britain, does provide useful data on the initial experience of intercourse. On the assumption that first intercourse should ideally be characterised by the absence of duress and regret, autonomy of decision-making and the use of a reliable method of contraception, Wellings et al. (2001), used these variables to construct a measure of sexual competence. Sexual non-competence was found to be much higher among men and women who left school at sixteen years without qualifications, and among those whose main sources of information about sex were neither school nor parents. Lack of sexual competence increased with declining age at first intercourse. A strikingly high proportion of young people- 91% of girls and 67% of boys- aged thirteen to fourteen years at first intercourse were not sexually competent (Wellings et al. 2001).

Research also reveals that for many young people, having sex for the first time is not the result of a conscious decision. A major Northern Irish study of sexual health found that while over half of young people had first penetrative sex in a steady relationship, only 15% said it was planned when it occurred. Schubotz et al. (2003) found that 43% of males and 34% of females reported being drunk when they had first penetrative sex. In Schubotz et al.’s study, 28% of all males and 34% of all females reported that they had had first sexual intercourse too soon. Young people, especially girls, who had first penetrative sex under the age of sixteen were particularly vulnerable; over 61% of females in this group reported that they had sex too early or that they did not actually want to have sex at all. 35% of boys who had sex before the age of sixteen felt that it happened too early. Similarly, a study of over 2,000 thirteen to fifteen year olds found that among those who were sexually active, 30% stated that “it just happened” (Family Education Trust 2000). In addition, 19% reported that they were drunk, 6% reported that

---

2 While the age of consent to sexual intercourse under Criminal Law is stated as seventeen years of age, in 2002, the then Minister for Education and Science was advised by the Attorney General that the legal age of consent to sexual intercourse for females is seventeen years and for males, fifteen years (Crisis Pregnancy Agency 2003).
they had been talked into it by partners and 3% cited peer pressure. In total, about two-thirds of those surveyed had not made a conscious decision to engage in a sexual relationship (Family Education Trust 2000).

An Irish study of sexual behaviour revealed that over half of those pupils who were sexually active reported that their first sexual intercourse was with a casual partner or was a 'one-night-stand', with boys being twice as likely to have first penetrative sex with a casual partner than girls. 35% of sexually active respondents said that alcohol was a contributing factor to having first sexual intercourse (MacHale and Newell 1997).

### 2.2.2 First penetrative sex and contraception

Early age of sexual initiation has been linked to non-use of contraception at first penetrative sex. Wight, Henderson, Raab, Abraham, Buston, Scott and Hart (2000) conducted a large-scale Scottish survey of under fifteen year olds (n= 7395). Sexual intercourse was reported by 18.0% of boys and 15.4% of girls. For first intercourse, 60.2% of respondents reported using a condom throughout, 8.9% used withdrawal and 18.9% used no contraception. This corresponds with a Northern Irish study, which found that nearly three-quarters of young people reported using contraception at first penetrative sex. However, use of contraception was connected to age at first penetrative sex. While over three-quarters of those who had first penetrative sex when they were sixteen years or older used contraception, just over a third of those who first had sex before the age of sixteen did so (Schubotz et al. 2002). This correlation between contraceptive usage at first penetrative sex and age at first penetrative sex has also been found in British and Danish research (Burtney 2000, Svare et al. 2002).

Among males, higher probability of contraceptive use at first intercourse is associated with older age, greater discussion of contraception with their partner, more intimate reasons for having sex (love and commitment) and more positive impressions of sex given by parents. Among females, higher contraceptive use is associated with older age, having visited a service provider prior to sex, prior discussion of contraception with their partner, having expected first penetrative sex to happen when it did and higher reported ability to interact with the opposite sex. Discussion of contraception with their partner, then, is a key predictor of actual use of contraception for both males and females (Ingham 2002a).

Research suggests that young people recognise the importance of condom use if they are having sexual intercourse with a new partner (Burtney 2000). 79% of young people stated that they would stop if a condom was not available. 77% also agreed that a condom was necessary with a new partner for protection even if another method of contraception was being used (Burtney 2000). However, research also suggests that only a minority of young people discuss their partner’s sexual history before their first sexual intercourse, with information rarely proceeding past whether they are virgins. Just under half of fifteen-year-old boys and girls interviewed in a Scottish study stated that they would talk to their partner about their sexual history before having sex (Todd et al. 1999). A US study revealed that over a third of 15-24 year olds felt that it was difficult to raise the subject of condoms (Kaiser Family Foundation 2003).

Among teenagers, the most common method of contraception reported at first intercourse is the condom. Manning, Longmore and Giodano (2000) note, however, that
this method requires the co-operation and agreement of both sexual partners. Of the 1,593 females in their research, 74% were ‘going steady’ with their first sex partner. A sizeable number (16%) had just met or were just friends. Approximately three in ten young women used no method of contraception at first intercourse. 52% of teenagers who had just met their first sexual partner used no contraception, compared with 25% of those who were going steady or who went out occasionally. Overall, young women who had just met their first sexual partner had 65% lower odds of using contraceptives than did those who were ‘going steady’ with their first partners (Manning et al. 2000).

According to Burtney (2000), using contraception is a complex social negotiation; negotiation which young people have little opportunity to practice or rehearse prior to the sexual situation. Talking to parents and partners about sex and contraception improves use, as does sex education and being older when a person first engages in sex but social barriers do remain to consistent contraceptive use, including:

- the idea of romance, which lessens the chances of asking about a partner’s sexual past or talking about contraception
- the difficulty and embarrassment of introducing contraception into the conversation with partners
- power dynamics within a relationship, which lessen the negotiating power of women and emphasise male pleasure (Burtney 2000).

The last issue above, concerning the way in which gendered power dynamics crosscut sexual encounters, will be explored more fully later, when considering contraceptive use in situations beyond those associated with first penetrative sex.

2.3 Contraceptive use and the negotiation of safer sex

In addition to difficulties associated with contraceptive use pertaining to first penetrative sex, research into adolescent sexuality suggests that teenage contraceptive use is unreliable (Burtney 2000). Young people are less likely than any other population group to use contraception regularly and often make their first visit to a sexual health service at a time of crisis, like a pregnancy scare (Burtney 2000).

Research on condom use among young people has found that while approximately three-quarters of sexually active 16-21 year olds reported having used a condom in the past, only one third reported using a condom during their last sexual intercourse. Of particular note is the fact that condom usage is lower amongst those with a higher rate of sexual partners. Amongst those who reported four or more partners in the previous twelve months, only 17% stated that they used a condom for their last sexual intercourse (Wight 1992).

Studies specifically focusing on young people in Ireland have revealed similar levels of inconsistency in contraceptive usage. MacHale and Newell (1997) report that while 72% of sexually active pupils in Galway reported having used a condom at first intercourse, of those pupils who had sexual intercourse regularly only 67% used condoms all the time, with 33% using them sometimes or never. A study of young people in Cork revealed that while 77% of respondents reported using some form of contraceptive the last time they had sex, among sexually active 18-24 year olds, 51% of men and 43% of women did not always use condoms. The most common reasons respondents gave for not using a contraceptive were that they were not available or that they were overly influenced by alcohol (Dunne et al. 1997).
2.3.1 The influence of alcohol consumption on the use of contraceptives

A significant issue that appears to influence the decision-making capacity of young people in relation to sex is alcohol. Almost a third of young adults surveyed in a recent US study have “done more” sexually under the influence of alcohol and drugs than they planned to while sober [Kaiser Family Foundation 2003: 3-4]. Young people in Britain also state that alcohol is a main reason why they had sex, especially early sex or sex with someone they had not known very long [Alcohol Concern 2002]. When asked why they had sex the first time, 20% of men and 13% of women aged fifteen to nineteen said alcohol was the main reason [Alcohol Concern 2002]. In addition, a study among school-going teenagers in Ireland reported that 35% of those respondents who were sexually active said that alcohol was an influencing factor for them engaging in sex [MacHale and Newell 1997].

Alcohol also increases the risk of unprotected sex, and concomitantly, of pregnancy and STIs. In one study, three-quarters of sixteen to twenty year olds reported using contraception while sober, compared with 59% who were moderately intoxicated and just 13% who were strongly intoxicated [Alcohol Concern 2002]. Among fifteen to sixteen year olds, one in fourteen said they had had unprotected sex after drinking, and one in seven 16-24 year olds said they had done so [Alcohol Concern 2002].

2.3.2 The spontaneity of sex and the rationality of planning

For many young people, sex is not a rational, planned activity; therefore contraception may be neglected in the “heat of the moment”. In research involving 2,000 young people aged thirteen to fifteen, when asked why they did not always use contraception when having sex the largest response (29%) was that the “sex was unplanned” [Family Education Trust 2000].

Qualitative research with British young women revealed that young people did not tend to plan sex and therefore did not plan the use of contraception. The most important reason these young people were not using contraception was a lack of forward planning. They did not think ahead and were reacting to a situation very much “in the present” rather than going through a rational decision-making process [Counterpoint Research 2001:9].

2.3.3 Normative and gender expectations in relation to contraceptive use and sexual behaviour

The manner in which contraceptive use and sexual practices may be influenced by the normative and gender expectations3 of a society is important to understand as a context for sexual behaviour.

With regard to carrying condoms, while people feel it should be acceptable for everyone to carry condoms, embarrassment prevents many people from actually doing so. There are two dimensions to young people’s reluctance to carry condoms: firstly, a fear of being caught with condoms by a peer or parents and secondly, people’s perceptions of women with condoms in their possession [Wight 1992]. A woman who carries condoms may be perceived as actively seeking sex and therefore be labelled a ‘slag’ [Abrams,

---

3 Gender expectations refer to societal expectations about how males and females ought to behave, with acceptable behaviour for males distinguished from acceptable behaviour for females.
Abraham, Spears and Marks 1990, Richardson 1990, Wilton and Aggleton 1991, Taylor 1995). Peckham (1992) noted that for many young people, premeditated sex coupled with an expectation of using contraceptives was associated with low morals. According to the ‘code of romantic love’, it is not acceptable for a young woman to desire or plan to have sex; having sex is only acceptable if you are in love and ‘get carried away’. For a young woman to be on the pill or carrying condoms would be to risk her reputation (Finlay 1996).

The main emphasis within AIDS campaigns targeting the general heterosexual population has been on encouraging women to persuade their male partners to practise safer sex by using condoms. In 1988/89, the Health Education Authority in Britain ran a national campaign in the mass media featuring a fairly young couple making love with the heading “And she’s too embarrassed to ask him to use a condom”. The text under this heading read:

If you choose to have sex . . . make sure he uses a condom. Talk to him about it today. (Foster 1995:159)

According to Holland et al. (1998), however, making a decision to use a condom for personal safety is not a simple, rational decision based on judgements of risk. Just mentioning condom use can denote a level of sexual knowledge that breaches gender codes of acceptable female behaviour:

For a young woman, buying condoms, admitting to carrying them, and asking for their use, can signal a lack of sexual innocence and so a lack of conventional, reputable femininity (Holland et al. 1998:33).

According to Holland et al. (1998:33), a woman with condoms is identified as “actively seeking sex” – a social identity that only possesses negative connotations. The difficulties that women in particular experience in carrying condoms are related to the way in which female sexuality is perceived within a society. As Lees (1993:29) observes: “Girls walk a narrow line: they must be seen to be neither too tight, nor too loose.” For boys, their sexual reputation is enhanced by varied experience – while a boy boasts about his sexual experience, a girl must keep hers quiet or her reputation is under threat (Cowie and Lees 1987, Lees 1993). The threat to a girl’s reputation posed by assumed sexual experience is shown by a “whole battery of insults that are in everyday use among young people” (Lees 1993:31). Lees (1993:28) noted the prevalence of verbal sexist abuse used by adolescents. Their vocabulary includes ‘slag’, ‘slut’, ‘tart’, ‘whore’, ‘cow’, ‘nympho’, ‘ass’, ‘tail’, and ‘scrubber’. Lees (1993) referred to an earlier study by Julia Stanley of the words used to describe women and noted that far more of these referred to sexual behaviour than was the case for men. The study uncovered 220 words that referred to the sexually promiscuous female and only twenty to a sexually promiscuous male. Lees (1993) states that these terms of abuse are so taken for granted that girls do not questions them and are themselves drawn into judging other girls in terms of their reputation. She believes that this is because to mix with girls whose reputations are suspect can be detrimental to one’s own reputation. The only security girls have against bad reputations, she asserts, is to confine themselves to the ‘protection’ of one partner.
Other studies have also found that female sexual behaviour is regulated through the use of defamatory labels (McRobbie 1991). For a man to have sex outside of a relationship is to be expected, part of ‘natural male sex drive’; yet a woman who behaves in a similar way is categorised as a ‘slag’. Critics argue that sexual desire in the traditional paradigm is associated with being male, while girls are confined to seeking love and romance (Girls Inc. 2001). Of note is an Irish study of sexual attitudes, which found that while 61% of women felt that having sex gives a female a bad reputation, only 5% of women believed that the same holds true for a male. Notably, 47% of men felt that having sex gives a female a bad reputation while only 3% felt that the same holds true for a male (Dunne et al. 1997).

Holland, Ramazanoglu, Scott, Sharpe and Thomson (1990) have noted that spontaneity and the full sensation of penetration for men often takes privilege over safer sex in the context of unequal power relations, and others (Pollock 1985, Wilton and Aggleton 1991) have also linked this to the failure to use condoms. From a male perspective, the condom can be understood to be ‘feminising’. Chapman and Hodgson’s (1988) research on men’s attitude to condoms as, “like having a shower whilst wearing a raincoat”, “as making you less of a man”; “effeminate” and “not the same as doing it the natural way” indicates that for some men, safer sex is seen as restricting. Therefore, when a young woman insists on the use of condoms she is acting contrary to the idea of sexual intercourse as a ‘natural’ male pleasure.

However, findings from De Bro, Campbell and Peplau (1994) on men’s positive attitudes towards wearing condoms appear to undermine this analysis of condoms as disrupting the ‘male sex drive’. In their interviews of 393 students, in which researchers sought to identify what personal strategies were being deployed to influence use of condoms, De Bro et al. discovered that for men the most popular technique employed to encourage the practice of safer sex was seduction. 39.4% of men used seduction to influence a partner to use a condom – more than any other strategy. This undermines the discourse of the ‘male sex drive’, where heterosexual men are understood to be ‘compliant’ as opposed to ‘active’ condom users.

Sexual coercion has also been an issue in literature on sexual gender relations (Kelly 1996, Holland, Ramazanoglu, Sharpe and Thomson 1996, Maushart 2001, Hilliard 2003). Indeed, Holland et al. (1996), in a highly revealing paper about how young women can be pressured into having sex, noted that some young women consented to unsafe sex because of verbal persuasion on the part of the male. Approximately a quarter of the young women they interviewed referred to sexual violence or various types of pressure to have sex against their wishes (Holland, Ramazanoglu, Sharpe and Thomson 2003). Schubotz et al. (2003) found that 10% of females and 3% of males in their survey were pressured into first penetrative sex by their partner. These figures do not include those who experienced sexual pressure but managed to resist.

2.4 Young people and sexually transmitted infections (STIs)

Patterns of sexual behaviour are a major determinant of STIs and HIV transmission. The most recent data on sexual behaviour in Britain, derived from the second National Survey of Sexual Attitudes and Lifestyles, conducted during the year 2000, reveal that there has been an increase in a wide range of behaviours associated with HIV and STI transmission, including multiple partners, younger age of first sexual intercourse and
concurrent partnerships (more than one sexual partner at the same time). For example, for both men and women the number of lifetime heterosexual partners has increased substantially since 1990. These increases have been highest among young people. The mean number of lifetime partners has increased from 8.6 and 3.7 partners ever for men and women respectively in 1990, to 12.7 and 6.5 in 2000 (PHLS 2002).

Concurrent partnerships are important for STI transmission dynamics, as they increase the probability that an infection will pass on to more than one person. The proportion of men and women who have had concurrent relationships has also increased since 1990 and was 14.6% for men and 9.0% for women in 2000. The rate was highest in young people, with over 20% of 15-24 year old men and 15% of 15-24 year old women having concurrent partnerships in the previous year. Therefore, while young people often do not possess the negotiation skills and experience necessary to ensure the use of condoms consistently and effectively, they are a group with high rates of both partner change and concurrent partners (PHLS 2002).

Although STIs declined substantially in the 1980s and 1990s in Britain, new diagnoses of STIs have continued to rise since 1995. Diagnoses of chlamydia, gonorrhoea and syphilis have all more than doubled over the past five years. Young people, particularly teenage females, are at particular risk of infection and re-infection with STIs. The highest rates of gonorrhoea and chlamydia occur among teenage females. In fact, among twelve- to fifteen-year-old girls diagnosed with gonorrhoea, almost a quarter return with another episode of gonorrhoea within a year (PHLS 2002).

There has been a consistent rise in STIs reported in Ireland in the past decade. The number of cases of all reported STIs increased by 86% between 1995 and 2000, and by 298% between 1989 and 2000 (National Disease Surveillance Centre 2004). In the case of HIV infection, a 22% increase was reported between 2001 and 2002. For the year 2002, 63.5% of HIV infections were acquired heterosexually (National Disease Surveillance Centre 2003). The National Disease Surveillance Centre attributes recent trends primarily to an increase in unsafe sexual behaviour, particularly among young heterosexuals and men who have sex with men.

2.4.1 Lack of knowledge about STIs

A US research study involving over 1,800 young people found that many young people were unaware of the health risks associated with unprotected sexual activity. While three-quarters of sexually active adolescents engaged in oral sex, one-fifth was unaware of the health risk of this type of sexual contact. A quarter of sexually active adolescents reported using oral sex as a strategy to avoid sexual intercourse. Nonetheless, while more than three-quarters of those surveyed felt that sex without a condom was not worth the risk, one-sixth believed that sex without a condom occasionally “is not that big a deal” and one in ten stated that only those with “a lot of sexual partners” need to use condoms (Kaiser Family Foundation 2003:3-4).

71% of 15-24 year olds also considered sex with forms of birth control other than condoms to be safer sex, despite the fact that many forms of contraception do not offer protection from STIs. In fact, one in five young people thought that birth control pills offered protection from STIs and HIV/AIDS. One-fifth believed that they would ’know’ if someone had an STI, while one-sixth believed that STI transmission could only occur
when obvious symptoms were present (Kaiser Family Foundation 2003). Notably, MacHale and Newell's (1997) study involving Irish secondary school pupils also reported that one-fifth of respondents were unsure or believed that the pill could prevent HIV transmission.

### 2.4.2 Information needs regarding STIs

For many young people, there are significant gaps in the content of the sex education that they receive. For example, while just 2% of 16-29 year old women in a Scottish study expressed a need for more information on how girls' bodies developed, 40% expressed a need for more information on sexually transmitted diseases (Health Education Board for Scotland 2003). Likewise, more than three-quarters of 15-24 year olds surveyed in a US study expressed a need for more information about sexual health topics. Of particular concern for young people was how to recognise STIs, what testing for STIs involves and where they could get tested. One-quarter also said that they needed more information on how to use condoms (Kaiser Family Foundation 2003).

### 2.5 Existing gaps in knowledge

While existing Irish studies provide important information and insights into sexual attitudes and behaviour of young people in Ireland, the variety of populations sampled [for example, post-primary students, college students, and marginalised youth] and the topics studied have made it difficult to build a coherent picture of the main sexual health issues for young people in Ireland. To date, no representative data on the sexual attitudes and practices of young people exists for the Irish population, though a national study commissioned by the CPA, due for completion in 2005, aims to fill this knowledge gap. In addition, there has been an imbalance in terms of location of studies - the majority of studies were carried out in the Midlands, without the inclusion of a major city. Alternatively, other studies focused solely on samples drawn from urban centres [for example, Cork city], with no comparative work available examining the impact of urban or rural location of schools. Research to date has also emphasised the experiences of older post-primary students [aged sixteen to eighteen years], with a dearth of information regarding the behaviour and perspectives of junior cycle students. The majority of studies have used survey methods, with pre-determined questions, which do not necessarily address those issues that are most relevant to the population being studied. It is important to identify the perspective of the young person, as failure to do so may hinder the planning of appropriate healthcare services for this age group (Peremans, Hermann, Avonts, Van Royen and Denekens 2000). Finally, data emerging from existing Irish scholarship on the topic has not been adequately conceptualised in relation to explanatory theoretical perspectives within the social sciences. This weakness within the Irish research base has made an interpretation of the complex social processes that mediate the sexual knowledge, perspectives and behaviour of young people difficult to understand.

The current study focuses on the experiences of post-primary school students, and enables an examination of sexual health issues in the context of formal sex education, namely the Relationships and Sexuality Education Programme [RSE], which was introduced in post-primary schools in Ireland in 1997.
3.0 Research design

Since this study sought to explore reality from the perspective of young people, a qualitative approach was deemed to be the most appropriate. Qualitative research is concerned with the subjective interpretation of experiences and phenomena (Sandelowski 1994, Koch 1995), and is particularly suitable when a topic necessitates a detailed examination at a micro level (Porter 1999). Qualitative methodologies acknowledge that human beings are active agents in the world and an attempt is made to understand people’s experiences of the world from their own perspective (Fealy 1994, Porter 1999). This approach allows for respondents’ own experiences to be centralised in the data collection process. A qualitative approach was also deemed superior to a quantitative one in identifying the dominant discourses invoked by young people when discussing issues relating to sexuality, and the values and range of meanings expressed in the language used.

3.1 Sampling strategy

Unlike quantitative research, qualitative research is not concerned with achieving generalisability through large randomised samples. Rather, it is concerned with exploring in detail the meaning of experience and behaviour in context (Glaze 2001); more intensive engagement with smaller samples achieves depth rather than breadth.

Considering the existing gaps in Irish scholarship on the topic, and that findings from this study will be used at a later point in time to develop a quantitative questionnaire, it was necessary to determine a sampling frame in advance. The sampling frame employed sought input from boys’, girls’ and co-educational schools, from rural and urban schools, and from pupils at Junior and Leaving Certificate levels. This ensured that there would be diversity in the sample. The actual sample attained will be described below.

3.1.1 Identifying the sample

The first priority of this study was to locate suitable schools from which the sample would be selected. As there was no database of schools, the construction of a sample of schools began with (a) listings in the Golden Pages and (b) trawling the Internet to identify schools and gauge their size, location and type. The Golden Pages was of limited value, providing information about the location of schools but little else. The Internet proved very useful; it contained directories (www.edunet.ie, http://classroom.tinet.ie/schools/) of Irish schools on the web, enabling the quick location of schools’ websites. However, these websites frequently had not been updated for a number of years and some did not contain information about the exact type of school (for example, whether it was co-ed, single sex and so forth) nor the size of the school. The Department of Education and Science’s website (www.education.ie), however, proved enormously valuable. It allowed for the search of post-primary schools by location and contained information such as up-to-date principal and contact details, type of school and size of school.

The next stage of the study was to contact schools. An introductory letter was sent to twelve schools in August 2003 to arrive on time for the school’s opening in September. It was anticipated that three focus group interviews would be conducted at each school. If a school declined to participate, then a school with similar characteristics (rural/urban,
boys'/girls'/co-educational) from a reserve list was chosen, and a letter sent. In all, 22 schools were invited to facilitate focus groups, of which ten agreed. At one of the schools that agreed, pupils indicated that they did not wish to talk about sexual issues in a focus group situation, so this school was discounted. Appendix 1 details the profile of the schools that declined the invitation to participate. Although it was initially anticipated that twelve schools would be involved in the project, it was decided that sufficient diversity and saturation had been achieved after 29 focus group interviews had been conducted at ten schools. Three focus group interviews were conducted at each of the schools, apart from at one school, where there were insufficient numbers of pupils willing to participate for one of the focus groups. [See Appendix 2 for information on the composition of the groups.]

Of the ten schools that facilitated the focus groups, five were located in urban areas, and five in rural areas. The sample was drawn from three girls’ schools, four boys’ schools and three co-educational schools. It was initially anticipated that all pupils would be either in the Junior Certificate year or the Leaving Certificate year, and this was the case for 23 of the 29 focus groups. Three of the focus groups comprised mixed age groups [junior and senior cycle pupils combined], and three more were transition year pupils. This arose because it suited the specific schools when they were organising the focus groups. All focus groups, with one exception [at a co-educational school], were single sex - this transpired because not enough pupils from either sex were willing to participate to make up a single sex group. In all, 226 young people (102 females, and 124 males) participated in the study. A tabular profile of the sample is indicated in Appendix 2.

Focus group literature suggests that the group be comprised of six to twelve participants. For this study, it was decided initially that the maximum group size would be eight, as this number would be manageable given the age of participants. However, after a number of interviews had been conducted, it was decided that more young people who felt that they had something to contribute could be accommodated. It was decided for later interviews to allow up to a maximum of twelve per interview. The selection strategy in the case of the initial focus groups was that in circumstances where more than eight participants [with the consent of their parents] from a single class were willing to participate then names were randomly selected in a draw. After the initial interviews, the ‘random’ strategy was not always necessary, as virtually everyone who was willing to take part was included, and indeed the focus group size only once reached twelve. The minimum number of participants at any focus group was five.

### 3.1.2 Attaining informed consent from parents and children

Accompanying the initial introductory letter to the school Principal was a copy of the statement about the research and a consent form for parents (see Appendix 3) and for the young people themselves (see Appendix 4).

Parents were asked to read the information provided and to consider if they wanted their child to participate, and if so to sign the consent form. Once the school agreed to facilitate the groups, a set of all of the consent documentation was dispatched. For each child and set of parents, two copies were furnished, one for the parents to keep for their records, and one to be returned to the research team via the school.
3.2 The focus group method

The quality and credibility of data likely to be gleaned at focus groups versus individual interviews were weighed up and carefully considered at the outset of the project. It was contended that individual interviews with post-primary pupils on this delicate subject would be excessively difficult and embarrassing. Because the focus group is deemed to be particularly useful as a data collection tool when the research topic is sensitive (Robinson 1999) this was decided as the method of choice.

Sim and Snell (1996:189) define a focus group as follows:

A group interview - centred on a specific topic ('focus') and facilitated and coordinated by a moderator or facilitator - which seeks to generate primarily qualitative data, by capitalising on the interaction that occurs within the group setting.

Focus groups are considered to be valuable in studying attitudes and experiences, and have previously been used to research sexual issues (Robinson 1999, Ingham and Stone undated). Ingham and Stone (undated) note that focus groups are unsuitable for gleaning information on individual reactions and behaviour, other than in very general terms. Rather, their strength is in revealing the language used by participants, the dominant discourses that influence their thinking, and the degree of disagreement or agreement that exists among group members. The interaction within the group is considered to be central to generating rich data (Ashbury 1995).

However, focus groups carry risks to the credibility of data insofar as the most dominant participants may influence others in the group (Sim 1998), and some participants may contribute little or nothing for fear of ridicule by peers. These risks to credibility may be minimised by careful management of the interview by the moderator (see below).

3.2.1 Conducting the focus groups

Because of the social dynamics of focus groups, it was deemed preferable that pupils were already comfortable or at least familiar with one another at the time of the interview. As McElroy, Corben and McLeish (1995:195) note, the selection of focus group participants should be based on “commonality, not diversity.” For this reason, principals and liaison teachers were advised that pupils in a single focus group should be drawn from the same class in the junior cycle. Pupils in the senior cycle tend to be more mobile, and share classes with those taking subjects at the same level. Where possible, those sharing religious or RSE classes in the senior cycle were brought together. All focus groups were conducted on the school premises during school hours.

Audio-recorded focus groups were conducted in October, November, and December 2003 and in January 2004 by fieldworkers working in pairs. At each interview, a moderator controlled and directed the interview, while an assistant moderator primarily oversaw the audio recording and noted the order in which participants spoke.

Moderators were carefully selected for their appropriateness at interviewing young people; all were graduates with training and/or previous experience at interviewing. To ensure consistency in topics covered across interviews, all fieldworkers were furnished with an interview guide (see Appendix 5). The interview guide reflected the objectives of the study. It was designed to provide triggers for discussion, rather than a prescriptive structure for the interviews.
In conducting the focus group interviews, ground rules were set out at the outset regarding the confidentiality of what was disclosed in the course of the interview. In advance of the focus group, the researchers indicated to participants their complete independence from the school, and reassured participants that the interview tape would not be heard by anyone within the school.

3.3 Data analysis

The process of analysis of data generated through focus groups is similar to that employed in other strategies of qualitative data gathering (Holloway and Wheeler 1996). In this research, an analytical strategy resembling grounded theory was employed in analysing the data.

Grounded theory is a qualitative research strategy using systematic procedures whereby theoretical insights about a phenomenon are derived inductively (Glaser and Strauss 1967, Glaser 1992). Theory is developed through a close engagement with data. Glaser and Strauss’s approach is rooted in the notion that the complexity of reality needs to be captured, in part, by collecting data, and that sense needs to be made of these data. As a study progresses, early data are interpreted and these interpretations fuel more refined questions about the phenomena under study. In practice this means that interview questions are not all pre-determined before data collection begins. Rather, as data collection progresses, questions about topics become more and more focused around theoretically relevant issues and concepts. The critical strategy for the generation of theoretical insights is the constant comparative method; that is, incoming data are compared and coded into conceptual categories with like items of data adding to a particular category. In qualitative research, it is essential to the development of theoretical insights that some aspects such as coding and analytic memos are carried out, both early in data collection and continually - there is movement back and forth between the collection of data, and their coding. Glaser and Strauss use the term ‘theoretical saturation’ to refer to the point where additional data contribute nothing new to the analysis.

At the outset of the study, interviewers were furnished with an ‘interview guide’. Once the focus group interviews got underway, the tapes were transcribed and the data subjected to an analysis using the constant comparative method described above. Data analysis was facilitated using Nvivo software. As interviewing progressed, the interview guide was undated and modified as previously unforeseen issues emerged. As indicated above, data saturation was achieved after 29 focus group interviews had been conducted at ten schools.

3.4 Scientific rigour

This research is mediated by a recognition of the relativistic nature of truth claims within the interpretivist tradition. In this research, the importance of subjective experience was recognised, and rigour was sought by establishing trustworthiness and by making explicit the decisions taken in the course of the research. Authenticity is closely related to credibility, and achieving it involves the portrayal of research that depicts the meanings and experiences that are lived and constructed by the participants (Sandelowski 1986, Guba and Lincoln 1989, Whittemore, Chase and Mandle 2001). Credibility in this study has been facilitated by a grounded theory that is faithful to the
everyday realities of participants; interpretations have been closely related to participants’ experience of realities, thereby reflecting what is actually going on. Credibility has also been enhanced by careful management of the dynamics of the interviews, so that dominant participants were moderated in overshadowing or impeding the views of others. However, it is well established in the literature that the validity of both quantitative and qualitative data about sex gleaned from adolescents is problematic, as cultural expectations may influence how young people present accounts of their sexual attitudes and practices (Conner and Flesch 2001, Holmberg 1998, Katz 1999, Lalor et al. 2003, Schubotz et al. 2003). Because of gendered cultural codes, males may exaggerate their sexual experiences, while females might understate theirs. In addition, people may hold views about sex, but may actually behave in ways that are at variance with these views. We have attempted to minimise risks to validity in this regard by relaying to participants the importance of honesty in their contributions, by reassuring them about confidentiality and by establishing a ‘natural’ rapport during focus groups. However, we reiterate Measor et al.’s (2000) assertion that even qualitative methodologies may not overcome the manner in which adolescents are sensitive to the subject of sexuality.

4.0 Young people’s sources of knowledge about sex

In this section, the sources from which young people in the study developed particular notions about sexuality will be explored. Ways of thinking, talking and, indeed, acting in relation to sex do not arise in a vacuum but rather are derived from various sources within a person’s social group. Sources of information about sex are important to understand because, as we will explore in Section 5, they produce particular discourses that have the potential to shape young people’s perspectives on sexuality. How do young people in contemporary Ireland come by their ways of understanding sex, and developing particular attitudes towards sex? In this section, the extent to which participants believed themselves and their peers to be influenced by various sources, both formal and informal, within their social milieu will be considered. As indicated in Section 2, existing literature on the topic suggested that friends, the media, parents, siblings and school are influential sites of information for young people (Todd et al. 1999). We will explore to what extent these information sources contribute to producing social norms around sexuality for the adolescents in this study. First, however, we will briefly consider the extent to which the young people invoked Catholic doctrines in understanding sexuality, given the centrality of the Catholic Church in regulating sexuality in an Irish context until the very recent historical period.

4.1 Catholic doctrines as a source of information about sex

Until the last few decades of the twentieth century, the idea of engaging in sex before marriage was anathema to a large portion of the Irish population, who followed the strict doctrines of the Catholic Church. Over the past 40 years, with the advent of economic changes and the associated shift in cultural values, the impact of the Catholic Church in forming attitudes to sexuality has declined dramatically.
Our data suggest that the Catholic Church has very little influence in regulating and maintaining norms around sexuality for young people. Almost every participant acknowledged its lack of influence over their lives. Even for pupils who might be deemed to be religious, it was suggested that their religious beliefs tended to be superceded by wider socio-cultural influences. Young people at schools with a Catholic ethos reported that attempts by the school to maintain social regulation through Catholic teachings seemed futile in the face of competing discourses, such as those presented in the media. The notion of postponing sex until marriage was associated with Church teachings and, as we will explore further in Section 6.9, tended to be dismissed. According to our respondents the Catholic Church no longer wields any direct significant degree of power in regulating their sexual behaviour; however, as we will explore later, parents and teachers sometimes still drew on Catholic ideas about morality when they talked about sex.

4.2 Parents as a source of knowledge about sex

A very strong theme across the sample was that the majority of young people did not discuss sex with their parents. The minority that did were predominantly girls, who communicated well with their mothers about sexual matters. For most, though, communication about sex with parents tended to take the form of regular and consistent warnings on the adverse effects of sex. The interaction was virtually always one way, with parents adopting a protective approach, which we will explore further here. In addition, the manner in which parents approached sex education tended to be very gendered - young men and young women reported receiving considerably different messages.

A dominant pattern was for female participants to receive direct messages from parents that they should not be having sex. The parental warnings against having sex were particularly strong for rural participants. Some female participants revealed that strong parental messages of disapproval had the effect of closing down dialogue between parent and adolescent, and prevented young people from being truthful with parents. It was also suggested that parents make two (incorrect) assumptions in relation to their daughters and sex. Firstly, they presuppose that their daughters are not going to be sexually active, and secondly they assume that their daughters are equipped with adequate knowledge about sex. A number of participants, both male and female, believed that parents presumed that young people were receiving sex education at school, which might (partly) explain the fact that most did not themselves educate their children about sex. While female participants generally tended to talk to a greater extent about their mothers’ warnings against having sex, some reported that their fathers were stronger disciplinarians in this regard. It was suggested that fathers could identify with the male as sexual ‘predator’ from their own youth. Some young women believed that their fathers depicted them as ‘daddy’s little girl’.4

Some parents conveyed to their daughters their concerns about the threat of ‘date rape’, advising their daughters about the risk of having their drinks contaminated with drugs (‘spiked’).

---

4 The issue of patriarchal control by fathers over daughters has been explored in other literature (Appleton 1981, Sharpe 1994, Hyde 1997). Appleton (1981) has suggested that loss of virginity is a secret, and young women’s sexual activity threatens the daughter’s position vis-à-vis her father as ‘daddy’s little girl’. Sharpe (1994:85) has noted fathers’ need to preserve their daughters’ innocence, and the sense in which daughters “belong to fathers twice over, as children and as females”.

---
There was widespread agreement across the sample that when it came to parental warnings the possible sexual practices of females were subjected to more rigorous policing than were those of young men. Females often referred to the relative liberty that their brothers had and the different messages that they were getting. When male participants were asked about parents as a source of information about sex they acknowledged that they tended to be given different messages about sex from their parents compared to those that young women received. Generally, parents acknowledged that young men were likely to be sexually active, and urged them to use protective contraception. For example, one participant reported that his mother had bought condoms for him, and another that his mother had offered to buy condoms. Although mothers were often mentioned when it came to cautioning boys about condom use, fathers also appeared to play a dominant role. In many accounts, the notion that young men might need condoms ‘by chance’ suggests a tacit acceptance of their sons engaging in casual sex:

P8\textsuperscript{5}: They [fathers] would tell you that if you are going out to bring protection with you.

Int: Would they talk about condoms . . . to take a condom with you, or would they raise that subject?

P8: Just to take one with you . . . that by any chance . . . you should have one with you.

[Male, Rural, Leaving Cert, School 1 (Co-ed)/Focus Group 1]

There were a few exceptions to the dominant pattern - a small number of parents seemed to canvass for sexual abstinence for their sons, and one male in a rural group explained that his parents had spoken to him about sex, locating it within the context of a committed relationship.

Where parents did provide sex education, mothers tended to be the parent to take responsibility for this. There were a number of references in data to mothers giving their daughters and sons books and, less often, educational videos about sexual matters. Other participants stated that they themselves sought out medical books or ‘found’ books in their homes that informed them about sex. In some cases, messages about sex were passed on by parents through jokes, which may have served to diffuse embarrassment. However, on the whole, unease was a central feature of young people’s experiences in communicating with their parents about sex.

Some young people reported that they found watching even fairly tame sex scenes on television in the presence of their parents to be embarrassing. One young man said that he had to make an excuse to leave the room during a recent episode of Coronation Street. In contrast, others, albeit a minority, seemed very relaxed and could communicate very easily with their parents about sex. Girls were more likely to be in this subset, and reported a good deal of ease in talking to their mothers. One young woman reported that her mother had advised her not to wait until her wedding night to have sex.

\textsuperscript{5} ‘P’ denotes that a participant is speaking, and ‘Int’ that the interviewer is speaking. Participants were each identified by a number, so that their contribution could be followed throughout the interview. However, when it came to transcribing the tapes, it was not always possible to distinguish which participant was speaking, this is so where ‘P’ appears without a number. Young people in focus groups tend to speak with the same level of maturity in their voices and with the same accents, making it extremely difficult to distinguish each one. In addition, they sometimes talked over each other, making it difficult for the assistant interviewer to keep track of the order in which people spoke. Where interviewers also transcribed a tape, there was more success in identifying the individual voices.
as she herself had done. Another stated that her mother actually accompanied her to the local GP to obtain a prescription for the contraceptive pill. Others stated that their parents were glad that they were on the pill as a menstrual cycle regulator, because this would also afford them protection against pregnancy. One female participant suggested that she would consult with both her parents before having sex with someone.

P6: If I had sex without consulting them, whatever, my dad would hit the roof because we talk about it so much and there’s no stigma attached to the topic at home.
[Female, Urban, Junior Cert, School 3/Focus Group 2]

While most cases of good communication occurred in the relationship between daughters and mothers, there were also sons who felt that they could communicate easily with both of their parents, though these were exceptional cases. A few young women stated that as they progressed towards leaving-certificate age (eighteen years approximately), and had a steady boyfriend, some mothers were less intense in their warnings against sex. A few participants reported that they would welcome, or that it would be healthier to have a more open approach with their parents. The reasons that young people gave for their parents’ reluctance to talk openly about sex were the embarrassment that might be caused both for parents and adolescent, and also that parents may feel that discussing sex and contraception might encourage the young people to become sexually active prematurely. A few participants believed that because of their parents’ age, the generation gap was too wide for them to feel at ease with the topic. Occasionally, older siblings were given the responsibility of talking to those younger about sex. While parents attempted to control and regulate the behaviour of their children, a few young people, generally those who presented more mature attitudes to sex, reported that they understood their parents’ regulatory role, and appreciated boundaries.

It is interesting that when the vast majority of participants were directly quoting their parents’ advice about sex in order to make a point, the word ‘sex’ was almost never used in parents’ vocabulary. This is suggestive of just how uneasy many parents seem to be with the topic.

4.3 Friends and siblings as a source of information about sex

While in the vast majority of cases parents were not sources of knowledge about sex for both male and female participants, the reverse was true of friends. Siblings were also frequently mentioned, but while almost all young people mentioned friends, fewer referred to siblings. To have a sibling ‘buddy’ usually demanded having an older same-sex sibling, which many participants did not have, although it was not at all uncommon for participants to also mention opposite-sex siblings as sources of information. Our data support existing research suggesting that young people evaluate the validity of knowledge from various sources, such as friends [Holland et al. 1998:67-68]. A few female participants recognised that the validity of knowledge circulating in their friendship network was highly questionable.

For some young women, their more sexually experienced friends had prepared them for what first intercourse might to be like. Many were already aware that first penetrative sex might be painful and uncomfortable from discussions with friends. Information from
friends was sometimes at variance with the media portrayal of sex, with the former perhaps giving young women more realistic expectations of first penetrative sex. Some participants noted that as they progressed further into adolescence, they had become more confident talking to friends about sex. It was suggested in a few interviews that females could be very open with one another about matters of intimacy. Through talking to one another, young women developed a vocabulary about sex and learnt the meaning of sex-related terms.

Female conversations about sex seemed to range widely to include serious discussions, jokes and ‘gossip’. However, young women were not completely open with one another indiscriminately. There were social regulations about what could be disclosed within the wider female network. Jokes and general conversation about sex and relationships could be shared across the wider network. However, intimate details were acceptable only within close friendships. Young women who publicly indicated, either through actions or innuendo, that they were sexually active, or who were believed to be too overt about their sex lives were regulated by the group through disapproval and condemnation. The way in which female sexuality is socially controlled both by males and within the female friendship group itself will be considered in greater detail in a later section.

For many young men friends were a strong source of information about sex, although a minority stated that they did not talk to their friends about sex. Older brothers were also cited as important sources of information about sex for male participants. A considerable number of young men referred to learning about sex from more generalised locations, such as picking it up ‘on the street’.

### 4.4 Media as a source of information about sex

Participants reported that they drew on the media as a source of information about sex. However, the kind of media that females and males drew on tended to differ.

#### 4.4.1 Media as an information source for young women

Girls sourced information in print media, such as teenage magazines, directed at a female audience and, in addition, through television. ‘Problem pages’, where letters are written to the editors of journals by readers, were mentioned as a source of information. When female participants talked about problem pages, they sometimes reported that they identified with the plight of the letter-writer, or felt that the issues were ‘real’:  

> P3: You have young people writing in asking – they’re probably asking the questions that you are thinking in your head [a number of ‘Yeahs’] So it’s like somebody else has answered your question for you.
> [Female, Rural, Mixed, School 5/Focus Group 2]

Just as their sexually experienced friends prepared them for what first penetrative sex might be like, so too did the print media to which they had access. Young women sometimes discussed media content among themselves, suggesting an interconnection between media messages and information circulating within friendship networks.

Young women were aware of the conflict between the messages that they were receiving from parents and teachers about sex and those that the media presented. Some participants noted that messages from the former sources could generate guilt, while
media messages tended to signal guilt-free sex, provided that reliable precautions were always taken.

4.4.2 Media as an information source for young men

Young men’s main source of media-based information about sex came from television, but text-based media also featured. Male participants regularly viewed television programmes aimed at entertainment with a high sexual content. Participants also referred to a small proportion of programmes that had a specific educational focus. British channels appeared to be a popular source of exposure for many of the young men, and these tended to present programmes with more sexually explicit content than the national (Irish) channels.

Some male participants stated that they had access to sources of pornographic material, such as magazines and the Internet, although only a fraction of participants had access to the Internet. Those who had were concerned that their parents might discover that they were sourcing sexually explicit material. In the context of two of the focus groups, the young men exchanged information among one another as to how they might ‘cover their tracks’ and circumvent adult surveillance. The kind of material that these young men sought out using the Internet was objectifying material that decontextualised sex and was similar to what they gleaned from other types of media, but with extra dimensions that went beyond ‘normal’ sex. (For example, in one case, a male participant referred to an internet image of the vagina being penetrated with a cola bottle).

Male participants also consulted print media, but this was reported to be of a very different type to the material that the females reported reading. Young male participants’ reading material appeared to concentrate mainly on ‘soft’ pornographic magazines and ‘page 3’ images in tabloid newspapers. When asked how they accessed pornographic magazines, some accessed them from regular stationers and others through their older brothers. One boy reported that he accessed pornography through his father’s ‘stash’. In one interview, problem pages of young women’s magazines were dismissed as ‘girlie stuff’. As indicated, when female participants talked about problem pages, they tended to identify with some of the issues that other young women were experiencing. By contrast, when young men talked about the content of what they had read in print media or what they had seen on television, their accounts often focused on material of a non-emotional kind, referring to extraordinary, melodramatic and sensational sexual practices:6

P6: You do learn it from eh, them little column pages where the people do have their problems.
P: Ah yeah, the problem page [laughs.]
Int: So what kind of problems would they have? Is it in men’s magazines?
P3: There was this one where a fella got put in for two years or something for riding cows. I swear to god! Farm animals and all! [laughter] You were saying what problems do they have. He was lonely all his life or something. His next-door neighbour reported him or something – saw him going out at night with a pair of wellies on him. I don’t want to be getting into detail here, I think it’s a bit like . . .

---

6 References to drama associated with sex indicate the attachment that these young men had to a traditional masculine identity, part of which is “showing a clear and constant interest in sexual matters.” (Measor et al. 2000:112)
P4: I read about some girl who was bending over to get something off the ground and the dog started humping her. No seriously, and every time she gets horny she lets him ride her.
(Male, Urban, Junior Cert, School 4/Focus Group 2)

Magazines orientated to boys tend to be focused on sports and music (Inglis 1998) but some male participants indicated that they did access ‘girls’’ magazines. When they talked about the content of ‘girls’’ magazines, they tended to focus selectively on material relating to the act of sex rather than the socio-emotional context. When one group of young men were asked what sort of material they would be interested in if a magazine for young men existed, an initial response was ‘centrefolds’. This was met by laughter from the group, suggesting that the young men were possibly ‘acting out’ a traditional form of masculinity.7 Another stated that he would like to see a magazine with a heavy sports content, while yet another suggested “You could break it up into three sections: cars, football, and women.” (Male, Rural, Leaving Cert, School 2/Focus Group 1). The interest in women was far from central in the lives of many young men, but rather slotted in beside traditional male interests. Text-based media in the form of posters were another source of information about sex. Some young men recalled seeing posters about STIs in the toilets at a local university and others, in doctors’ surgeries.

What emerges from the accounts of the young men in the study was that what they tended to seek out from media sources was a very objective, decontextualised, unemotional and detached version of sexuality, with the primary focus on the objectification of women and the sex act itself.

There was evidence in the data that some young people (both females and males) at least were not passive recipients of media messages; some indicated that they actively processed media content and made value judgements about its relevance to ‘real life’. Although both male and female participants generally tended to dismiss any notion that their own sexual behaviour might be influenced by the media, there was some evidence to suggest otherwise. There is a suggestion in the following quotation that television influences sexual behaviour:

P6: I don’t know what way to phrase it like, but people at home when they watch TV say, ‘Well, we want to do that as well.’
(Male, Rural, School 10/Focus Group 1)

In another extract, the way in which women are objectified in pornography was transferred to viewing women more generally as being available and disposable:

Int: So what do you think your biggest influence is on the way you think about sex, would it be friends or TV or other things?
P3: Probably TV.
P8: Telly, pornographies – sit there and just jerk off.
P: Pornographies.
P5: When you go out and you see a girl and you say ‘Ah yeah, they’re the next!’
(Male, Urban, Junior Cert, School 7 [Co-ed]/Focus Group 1)

7 Traditionally, masculinity was considered in relation to the unified, “standardised container, fixed by biology, into which all normal men are placed” (Beynon 2002:2). More recently, this stereotypical notion of masculinity has come to be questioned. For the purposes of interpreting data in this study, we have chosen to draw on a pluralistic notion of masculinity, which identifies masculinity as highly diverse, with expressions of masculinity varying according to specific social situations and socio-historical conditions (Beynon 2002).
4.5 School-based sex education

For most pupils, learning about sex occurred well before they had received formal sex education at school. Some pupils recalled having had some indication about sex from the age of seven or eight, through friends, siblings, the media, and through snippets of information released by adults. For the majority of participants, though, ‘the talk’ received in fifth or sixth class was a landmark in terms of their formal learning about sex. While there was a great deal of vagueness about the content and quantity of any school-based sex education that they had received since then, a remarkable feature of data was that virtually everyone remembered having ‘the talk’ in primary school, and quite a few could recall the details. There was also a great deal of consistency across the focus groups about the content of the primary school ‘talk’. Most recalled that it was about the mechanics of sex, complemented by an animated video. In general, presenters were sourced from outside of the school to give the talk. These tended to come from organisations such as ACCORD.

A considerable number of participants, including those in the Leaving Certificate year, reported that they had not received any sex education at all since primary school. Others reported receiving sex education in isolated talks in some years of secondary school but not each year. In addition, there was a strong sense of ‘hit and miss’ about the way in which sex education classes were organised, with some pupils in the focus group reporting that they had received sex education, while others in the same school year reported that they had received none. Only a small minority stated that they received sex education in each of the years at secondary school. At one of the boys’ schools, pupils had completed a module in gender studies during the transition year, and we will consider data from the three focus groups at this school a little later. Before exploring in detail the key dimensions of participants’ perceptions of sex education at both primary and secondary school, it is important to note a few observations about school pupils’ evaluations of sex education.

School pupils may rarely get the opportunity to formally voice an opinion to adults about school subjects. It is perhaps to be expected that when they are asked to evaluate their sex education in the course of a focus group, they are likely to be very critical of it. In addition, some pupils, especially boys, may have difficulty remembering the sex education that they received (Schubotz et al. 2003). We noted that a number of pupils when initially questioned stated that they had not received any sex education at all, only to discover at a later point in the interview that they had. Some participants had to remind others that they had been exposed to certain issues.

4.5.1 The timing and frequency of sex education

A number of those who reported that they had not received any sex education since primary school were critical of how exposed and unsupported they felt when issues relating to sexuality arose during their secondary school years:

Int: Was it a good exercise [the primary school talk]?
P3: No. Not when I look back on it. They told you basic things but . . . nothing since. It was a half-an-hour talk in sixth class. When you move on to fifteen, sixteen, seventeen and things really start cropping up. I know a few people, like, and if kids are not educated properly about anything - and all sorts of things happening, and no
proper education on it.
(Male, Rural, Leaving Cert, School 2/Focus Group 1)

For many of those who had been exposed to sex education in secondary school, the timing of this was problematic. Some pupils did not receive sex education in secondary schools until the fourth year, which they believed to be too late. A strong justification for providing sex education in the junior cycle of secondary school was a belief by senior-cycle students that those in more junior years were actually engaged to a greater degree in experimenting sexually that were those (including themselves) in the senior cycle. In addition, many female participants believed that girls who were currently a few years behind them were more sexually active than they themselves were at that stage. This monitoring of those younger was part of the way in which females regulated themselves within their social milieu; we will return to this later in the report. A number of participants suggested that the teaching material could be modified for each group to make it age appropriate.

Another common criticism of school-based sex education by participants was that it was taught in an isolated, once-off manner and did not appear as a regular feature on the school curriculum. Educationalists note that a person’s attention span over the course of a presentation is limited, and, not surprisingly, some pupils could not remember what was taught. A number of pupils suggested that sex education should become a regular and consistent feature of the school timetable.

Although some participants believed that pupils in their early teens were too young to really engage seriously with the material, one of the most consistent criticisms of school-based sex education was that it was too little, too late:

P8: 'Cause she actually came in here last year and she could have been talking to girls who were already pregnant. Like it was a bit late.
P1: We were in shock listening to a lot of the stuff.
(Female, Urban, Leaving Cert, School 7 (Co-ed)/Focus Group 2)

Sometimes, parents influenced sex education teaching. At one rural school, it was reported that there was “uproar” because second years were receiving sex education. One boy stated that he wanted to attend a sex education class, but needed the permission of his mother, which she declined to give.

4.5.2 Sex education: content and teaching strategies

The content of sex education was a factor that many pupils criticised. There tended to be no negotiation with pupils as to what they felt they needed most to understand; rather, a predetermined fixed content was delivered. Although there was great variation in terms of trust and respect for teachers in evidence in the data, at the extreme, some pupils believed that they would “get in trouble” for raising certain issues or opinions about sex.

A dominant feature of the young people’s accounts was the preponderance of the biotechnical aspects of sex, often taught during science or home economics classes. Both male and female participants referred to the fact that there was a focus on ‘the act’.

Some pupils believed that there were deficits in the teaching of the scientific elements of sex: in some instances, major areas such as STIs and contraception were not covered
adequately. There also seemed to be a degree of gendering of the content occurring at some schools. Girls were more likely to recall covering material in relation to menstruation. One group of girls stated that on the topic of STIs the teacher covered only the diseases that were more common in women, and passed over those that males were more likely to contract.

Much of the information in sex education classes appears to have been conveyed through text-based materials. At times it seemed that text-based materials were used as a substitute for an oral presentation. Others reported that print material was used to supplement teaching, and pupils were more favourable to this. A number of pupils also recalled seeing a video concerning sexuality, indicating that audiovisual aids are one way in which sex education is taught in schools.

Where reference was made to relationships in sex education teaching it tended to promote the traditional Catholic message of celibacy until marriage. This tended to be taught as part of a religion class. Some young women indicated that where sex education was mediated by religious teaching teachers assumed that their pupils held similar values to themselves and were not having sex. When pupils were asked about what they would not like in terms of health education, a common response was that they did not want the traditional message about abstaining from sex until marriage. Most participants who had been exposed to this message found that it was not relevant in the current climate and was counterproductive in helping them to negotiate sexual encounters safely. Some pupils observed that artificial contraceptives were presented as unreliable in an effort to discourage pupils from having sex.

Others were given a different message - that sex should be confined to relationships rather than just marriage. Some groups of young women felt that the content to which they were exposed was unbiased and 'very fair'.

4.5.3 Sex education content: gaps in knowledge

A strong feature of data for both males and females was the lack of information about STIs. Some pupils reported that they had been told that condom use reduced the risk of STIs and AIDS, but received no further details about the diseases. A further concern for some participants was their lack of knowledge about how they would recognise symptoms if they had contracted an infection, or how they would recognise symptoms in a potential partner. Many students also proposed a more open forum for discussing sex. Others, however, had concerns about the way in which open discussions about sex might leave pupils somewhat exposed. Some female participants stated that they would not feel comfortable discussing matters of sex in the presence of some of those in their class. (In later sections of this report, we will consider in detail the social milieu in which female sexuality is expressed and where reputations are very powerful in regulating actions.)

Interestingly, the interactions that occurred in focus group discussions for this study often resulted in young people themselves identifying gaps in their knowledge. Sometimes they asked the interviewers questions about aspects of sexuality about which they were unsure. At other times they talked among themselves, eager to check out the veracity of information that others had come across. Consider the following extracts, which are a flavour of what emerged in many other groups:
P3: They need to teach us about safer sex.
P2: How . . . what can make you pregnant. Like you can get pregnant without having sex.
P1: I didn't know that . . .
P3: How do you get it?
P1: Like by doing oral with the guy and he touches you afterwards. It is not really the actual sex part.
P5: There was this lady she said you can get pregnant without having sex. Like if you just, like, orally, whatever and then the guy comes or whatever and then like it . . .
P: It gets on his hands and he fingers you or something?
P2: No, no, no if it just goes onto your kind of, in your area, you can get pregnant.
(Female, Urban, Junior Cert, School 6 (Co-ed)/Focus Group 2)

Measor et al. (2000) found that a considerable number of males in their study indicated that they did not need sex education, and were more likely to be critical of the programmes to which they had been exposed. However, only a small minority of our study group (mainly boys) indicated that they had enough knowledge.

4.5.4 Sex education: teachers and teaching styles

While the primary school talk almost always involved presenters out-resourced from various organisations, in secondary schools, sex education was often taught by teachers. Occasionally, external speakers were used to teach specific topics such as contraception. Pupils had mixed views on having their regular teachers undertake presentations on sex education. Participants themselves stated that they often felt embarrassed during sex education classes, especially at primary school. This sense of discomfort on the part of pupils was exacerbated by regular teachers who were ill at ease with the topic, and were believed to be nervous and embarrassed. It is not surprising that teachers experienced embarrassment, because in teaching sex education teachers are taking on a subject that most parents have avoided. The discomfort of teachers sometimes led to pupils’ questions not being answered and to some pupils attempting to embarrass the teacher further.

Data suggest that not all teachers had difficulty presenting sex education. For example, some participants named particular teachers who were found to be very successful at engaging a class when teaching the topic and who appeared to have the skills to transmit a wide range of information within a limited time frame. One group of girls stated that they would trust the veracity of information from their teachers more than that of their friends, and respected the teacher’s knowledge base to a greater extent.

Most participants, however, were critical of teachers’ role in sex education. When pupils were asked who they believed would be in the best position to teach sex education, various suggestions were proposed. Some suggested that teachers were not qualified to teach sex education and a few of these suggested school nurses. A great many participants referred to the age of the teachers or presenters as being a factor that inhibited rapport, because older people were not regarded as sexual. References were made, for example, to the fact that a “grey-haired woman in her fifties” presented the class, and explicit reference was made in one interview to the fact that pupils could not imagine someone like this being sexual: “There’s no way she’s having it!” For this reason, participants frequently cited young people as the most appropriate person.
Teachers are usually seen as detached and objective, possibly as asexual beings. A teacher who normally teaches a regular subject on the curriculum may begin to be seen in a different light by pupils when he or she teaches sex education. This is not because pupils might be sexually attracted to that teacher, but rather because references to sex by a teacher can suddenly signal that the teacher is a sexual being. This can be similar to the difficulty that parents have in telling their children about sex: it exposes them as sexual beings and can therefore be highly embarrassing. Teachers also run the risk of muffled comments about sex from pupils that might be directed at them personally. In addition, pupils may begin to try and imagine that teacher in a sexual role, and teachers may be aware of this, making them susceptible to embarrassment and self-consciousness. Indeed, the fact that participants remarked that part of the problem with having older teachers doing sex education is that it is hard to imagine them being sexually active lends support to this possibility. However, while the vast majority of participants suggested that a younger person would be more appropriate, a small number who had experienced an older, but relaxed and competent teacher felt that being at ease was a more important characteristic of the teacher than his or her age. One group of boys was complementary about the skills of an older teacher who was close to retiring from his role.

Other difficulties that pupils highlighted included feeling uncomfortable discussing sex with a teacher whom they had to confront in a regular teaching role. There was also an issue with trust: some pupils were not convinced that information that they might reveal would be treated confidentially, fearing that it may become the subject of discussion in the school staffroom. In addition, some pupils felt that teachers lacked the commitment necessary to engage a class.

Many participants were quick to acknowledge that problems with school-based sex education did not rest entirely with teachers. The maturity levels and disruptive behaviour of pupils in primary school and in the early years of secondary school often disturbed the learning environment, making it difficult for teachers to educate. The lack of attention, along with laughter and general disruption from the class resulted in the sex education classes being abandoned altogether for one group of pupils.

4.5.5 Sex education: what would young people like?

In the case of co-educational schools, there were mixed views on mixing boys and girls in the same group, with some favouring this strategy and others indicating uncertainty. Some girls had found from previous experience that in shared classes boys did not take the lesson seriously:

[Female speaker] It is hard when you are with a bunch of lads. None of them take it seriously or pay attention . . . they try to act hard or whatever, I don’t know – whatever they’re up to.
[Female speaker] They just make a joke out of it.
[Mixed sex group, Urban, Leaving Cert, School 6 (Co-ed)/Focus Group 1]

Some pupils offered suggestions on teaching strategies, such as following a presentation with an opportunity for pupils to talk to the teacher individually and ask questions if necessary.
A central criticism of the content of sex education was its vagueness. Many pupils felt that they did receive the basics, but needed more detail. However, what exactly they wanted more details on tended to be different for boys and girls. Although virtually nobody favoured the traditional message confining sex to marriage, young women stated that they would favour a greater emphasis on emotions and relationships in sex education teaching:

P: When they teach about the whole sex education thing in school – that’s another thing – they don’t talk about the emotional side of it. They talk about the facts, like, do you know what I mean? . . .
P: But you’d want someone normal, like, not someone who is coming in a telling you like [interrupted]
[P1 talks over] Sex is bad, just for marriage.
P: [continues] And all that. You’d want someone who would just come in and talk about it like.
(Female, Rural, Leaving Cert, School 8/Focus Group 2)

While female participants tended to want more information about the emotional context of sex, males tended to want more information on the practical issues such as condom use and, most emphatically, on sexual performance and technique. For most young men, their education about condom use came from “reading the back of the box”. While it is essential to read the instructions, it was clear from data that when it came to using condoms young men did not always use them as intended. Some, for example, stated that in practice they would put on a condom just before intercourse when, in fact, they are supposed to be put on as soon as the penis is hard. Some were concerned about putting on condoms incorrectly, and had not received any education at school about this:

P2: They should bring in sex education.
P1: In England they have it every year and it gets hard core for each year, so that it’s porno at the end of it. Like in first year they just tell them about it and in third year they make them put condoms on dildos and all . . .
P2: … penetration.
P3: You’re just looking for tips.
(Male, Urban, Transition, School 9/Focus Group 2)

Others were looking for more on practical tips on how to sexually please a partner, and ‘what to do’. Young men’s association between sexual technique and pleasing a partner will be explored in detail in Section 6.7.1.

In one focus group, when young men were asked about the possibility of a sexual health information service for young people, some participants reverted to immature behaviour, with references to pornographic stars offering the service. Many of the male participants appeared to be exposed to a very limited, traditional and oppressive version of masculinity. This version of masculinity proposes that one’s identity as a male is bound up with one’s success as a sexual predator (Giddens 1992). Sexual prowess, sexual performance, and displaying a strong interest in sex are central features of this identity. The more conquests that one can achieve and the better the performance, the higher up the hierarchy one can place oneself (Measor et al. 2000). [An associated dimension of this type of masculinity was homophobia, which will be the subject of a separate publication.] As indicated, young men sought out media that enabled them to embrace
and act out this version of masculinity. From our data, it appears that young men wanted their masculine identity to be further affirmed in sex education classes. This creates difficulties for teachers and course planners, because not responding to their ‘needs’ is likely to meet with criticism. Efforts to develop programmes that explore new and more egalitarian constructions of masculinity risk being met with ridicule because for young men to engage with them is to rock the very foundation of their identity. It is a huge challenge for sex educators to develop programmes that succeed in reshaping discourses that have been handed down through generations, and are a pervasive aspect of patriarchy (male dominance in society). However, as we will discuss in Section 4.5.6, there was evidence in data that some young men may be responsive to such programmes.

There are wider concerns about exposing young men to alternative versions of masculinity. For young men to engage with discourses about sexuality that include the affective elements of feelings and relationships may leave them very particularly vulnerable emotionally. Young men who do behave in a less traditionally masculine way are unlikely to have the social network that young women have to support them at times when they are vulnerable. In virtually all focus groups, young men referred to the practice of ‘slagging’ one another if anyone slipped a little from the hierarchy of masculinity (for example, if they were turned down by a woman, or were the subject of gossip by women). This male culture serves to maintain masculinist norms around sexuality, and excludes and humiliates anyone who might be seen to be adopting what are seen as ‘girlie’ characteristics. We found varying manifestations of this type of masculinity across the focus groups. We will return to this issue of how masculinity is sustained within male groups at a later point in the report.

Many participants indicated that they were aware of the argument that promoting sex education and condom use might encourage young people to use them before they were ready. Inglis (1998:175) identifies the quandary that parents and teachers experience of not knowing whether to teach their children about “chastity or safe sex”. Some participants stated that they could understand the concerns of adults. However, most believed that young people cannot be prevented from having sex, so efforts should concentrate on protecting those who are sexually active. Many young people reported that they had made their own decisions about their sexual practices and would be guided by these irrespective of how liberal sex education was.

4.5.6 Did greater exposure to sex education impact on young people’s perceptions of sexuality?

One of the central questions about sex education at schools is the kind of impact that it has on the perceptions and attitudes of young people. To establish this, some baseline measure before exposure to a programme is essential, because it is impossible to determine whether different perspectives identified after a programme are in fact a feature of the programme, or are simply reinforcing a person’s existing attitudes. As young people are exposed to a variety of sources of information about sex, it is impossible to separate out which sources really have had an impact. For this reason, a research methodology aimed specifically at evaluation and controlling for various influencing factors is essential. Our research methodology was not designed to evaluate sex education programmes, so we can merely relay a few observations here.
The young people who were most articulate and confident and who appeared better equipped to negotiate sexual encounters tended to be from middle-class schools. The pervasive effects of socio-economic factors on young people’s sense of identity must be considered when exploring sex education at schools. Young middle-class women reported a higher level of exposure to sex education at school and were more positive about it. However, their privileged socio-economic position and socialisation may make them more receptive to messages at school, more likely to recall them and more trustful of teachers. Boys at middle-class schools also tended to manifest traditional versions of masculinity to a lesser extent than boys from schools in areas of social deprivation, and they tended to be slightly less critical of the sex education that they had received. It has been noted that, as a consequence of their lack of control in other areas of the social realm, working-class men tend to display masculinity through, among other things, manifestations of sexual prowess (Beynon 2002). In considering sex education at schools, the pervasive effects of socio-economic class need to be considered. It is recognised in sociological research (Bowles and Guntis 1976) that the ethos of working-class and middle-class schools may be different. In educating working-class children, obedience and rule-following may be emphasised and close supervision may occur. Middle-class children, on the other hand, are encouraged in leadership qualities and assertiveness, leading to a greater sense of trust in teachers.

At one of the boys’ schools, pupils had just completed a Gender Studies course, and it was evident in the accounts of some of these young men that they had a better understanding of gender dynamics than many of the boys in other focus groups. Compared to many of the other interviews with males, there tended to be a greater number of references to respecting boundaries and to sex in the context of a relationship among the boys who had completed the gender studies programme. Some boys also tended to correct themselves when using derogatory language to describe women. However, some participants in the three focus groups at that school claimed that they had done “nothing” on sex education when they were questioned initially, and a few felt that they had not learned any more than they knew beforehand. Part of the problem is that young people are accustomed to learning concrete ‘facts’. Consciousness-raising to expose biases and injustices and to increase self-awareness of gender is a reflexive kind of learning, and may be so remote from the experiences of many boys that they cannot easily embrace it. In addition, for many boys, to engage with their emotions in the process of self-transformation threatens the very basis of their masculinity. However, in presenting programmes that raise awareness about gender issues, it is important to try to secure the trust of young men, rather than making them feel that they are being ‘got at’ yet again (Measor et al. 2000). This is no easy task for sex educators.
4.6 Conclusion

Measor et al. (2000) highlight a point initially put forward by Trudell (1993), and it is worth restating here - viewpoints on sex education vary and the ‘success’ of a sex education programme will very much depend on the perspectives of the individual. In the Republic of Ireland, schools have the flexibility to deliver RSE programmes in a way that is in keeping with school policy, and where parents, teachers and management authorities are consulted about the manner of delivery of the module. Since sex education is never value-free, it is likely to come under attack by conservative elements if discourses focusing on sexual pleasure are invoked, and by liberals and liberal feminists if discourses that regulate female sexuality are centralised. Schools and individual teachers wishing to avoid censure from various groups may find safer ground in reverting to delivering biological, mechanical knowledge of sex.

One possibility for delivering sex education programmes is through the influence of radical health education (Gastaldo 1997). Radical health education usually relates to finding ways of addressing structural inequalities based on class, but this model could also be applied to attempting to address structural inequalities based on gender, which is crosscut by class. Radical health education is based on the notion of active participation by people themselves in defining the issues that are of concern to them, rather than a top-down approach where others in authority set the agenda. However, as we have seen in relation to the sex education ‘needs’ of young men in this study, ‘needs’ are not always based on principles of justice. In addition, since the main sources of knowledge about sex for young people already come from their own social network - friends and youth media- creating another forum for young people to work through their own views without adult guidance is likely to meet with opposition. Nevertheless, this type of forum would have the advantage of being to some degree a collective forum for dialogue, and it could potentially mitigate the isolation and uncertainty associated with making individual decisions at a very young age.

4.7 Summary

• daughters’ sexuality was more likely to be regulated by parents through messages of abstinence and chastity, while sons tended to be cast as sexual predators, who needed to protect themselves against the unwanted consequences of sexual activity
• both young women and men reported that friends were a main source of knowledge about sex
• the media was a strong point of information for both boys and girls
• young women tended to consult material about sex that included a socio-emotional dimension

8 Inglis (1998) explored the public debate in 1998 about the introduction of RSE programmes in Irish schools and noted that diverse groups, with various agendas, jostled for position in controlling the content of sexuality education.
9 It has been argued that traditional health education (of which sex education is a part) at a broader level represents the exercise of power by those in authority to socially control people’s actions (Netleton and Bunton 1995) according to the values of the educator. This is done through presenting health messages that promote some behaviours and discourage others. Health behaviours tend to advance “in a predefined direction” (Gastaldo 1997:119) and in this way, people are encouraged to discipline their bodies according to the discourse being promoted. Drawing on the work of the French philosopher Michel Foucault, Gastaldo (1997) equates this traditional form of health education as ‘bio-power’, that is, controlling the actions of the body, and shaping them in a particular way, without the use of coercion.
young men tended to source sexual material where sex was presented in an objective, detached and unemotional way, often depicting women as sexual objects for men’s pleasure

school-based sex education is complex, with factors associated with teachers, pupils, and prevailing ideologies about sex creating difficulties with its delivery

in addition to more scientific knowledge, young women favoured greater coverage of the contextual and emotional aspects of sex

young men tended to want more information on the physical dimensions of sex relating to technique and performance.

4.8 Recommendations

Based on data presented in this section, we recommend:

- that resources be developed to help parents communicate with their children about sex in a manner that promotes dialogue and discussion
- that the role of parents in empowering their daughters to assert what they want in their relations with males is developed
- that a greater degree of consistency is achieved in delivering sex education in schools across the country
- that aspects of sexuality are directly linked with wider components of the RSE programmes such as respect for others and the enhancement of self-worth
- that the complexities of delivering school-based sex education programmes are acknowledged, and schools and teachers are supported in their endeavours
- that parents and teachers work in partnership to develop school-based sex education programmes within the guidelines already developed by the Department of Education and Science so that young people are equipped with the ability to make informed choices about their sexual behaviour
- that schools evaluate sex education teaching and identify specific teaching staff with the capacity, skills and commitment to engage school pupils
- that all pupils throughout the country are exposed to consistent and regular information about reproductive physiology and sexual pathologies so that they may develop a strong sense of their risk of pregnancy and STIs should they choose to engage in sexual activities
- that young people are consulted about the content and style of sex education programmes and are simultaneously facilitated, through consciousness-raising, to become self-aware of their own biases and socialisation into gender roles
- that the Department of Education ensures that policies governing the delivery of sex education in schools promote teaching strategies that allow all pupils to engage with the subject matter, while recognising that most Irish schools have a Catholic ethos
- that parents attempt to monitor the types of media that their children access to ensure that adolescents are not exposed to age-inappropriate sexual material.
5.0 Dominant discourses influencing young people’s perceptions of sex

Discourses about sex refer to the way sex is represented through sets of statements, and the meanings produced in these statements within specific cultural locations and historical periods (see Foucault 1985). In Section 4, it was noted that influential discourses about sexuality emanate largely from young people’s friendship networks, from the media, and to a lesser extent from their parents and school-based sex education. In this section, we attempt to explore the dominant discourses that influence how young people think, talk and act in relation to sex. We will also explore the suppression of one particular discourse of sex, by an analysis of the manner in which young people regulated and monitored each other’s sexual behaviour in their social milieu. The particular discourses that we will explore here are not exhaustive of all possibilities, but simply represent those most prominent (or in the case of the suppressed discourse, the most constrained), which mediate the culture of adolescent sexuality. Indeed, the potential to develop alternative discourses about sex through sex education programmes is something that we will also consider.

5.1 Dominant discourses shaping young people’s constructions of sex

In the accounts of participants, two dominant and potentially co-existing discourses tended to mediate the manner in which they talked about sex. These discourses are as follows:

- Discourse of sex as male driven and dominated
- Discourse of sex as mediated with emotion and/or commitment

Although we allowed our data ‘to tell the story’, and pre-existing theories were not imposed on data, these discursive categories strongly mirror those initially advanced by Wendy Hollway (1996 [1984]), and also reflect perspectives on sexuality developed by May (1993) and, more recently, Malesevic (2003). Hollway (1996 [1984]) noted that dominant discourses of sexuality, while possibly at variance with one another, can co-exist and make possible a range of options for men and women. Young people can weave between these ideas, invoking one or other at different times and to different degrees, as indeed was evident in participants’ accounts.

Frequently cited in scholarship on sexuality (Hollway 1996 [1984], May 1993, Malesevic 2003) is a perspective on sexuality that resembles what we term the discourse of sex as liberal and self-gratifying. This particular discourse, which will be explained later, was found to be suppressed through regulatory practices within the culture of adolescent intimacies.

5.2 Discourse of sex as male driven and dominated

The meanings produced about sexuality in participants’ accounts suggested a strong sense of their understanding of intimate encounters as male initiated, male led and male dominated. This discourse is bound up with traditional manifestations of masculinity, notably the notion of the male as sexual predator, and with a central focus on male...
sexual prowess. Expressing success at sexual conquests is a critical dimension of this version of masculinity. This discourse encompasses the notion that men want sex without there necessarily being any emotional involvement or sense of commitment. It comes close to May’s [1993] ideal-type notion of sex as casual, where sex is perceived as a commodity to be chosen, consumed and discarded, in an individualistic fashion based on the primacy of ‘me’ and ‘now’. May distinguishes two varieties of sex as casual - a male-dominated type where sex is a source of male domination, and a more egalitarian version where women can position themselves equally with men in a similarly non-committal role. The discourse being referred to here resembles the former version of sex as casual; the latter variant will be considered later in relation to the discourse of sex as liberal and self-gratifying.

At a broad level, for both males and females who spoke of sexual or erotic experiences, this notion of male heterosexual ‘drive’ crosscut their accounts in both direct and indirect ways:

P10: A fella will chance his arm and if you’re good-looking he’ll say, ‘I’ll give it a shot and see can I get her’, and if he doesn’t, he doesn’t care, he just goes on to the next one like. (Female, Rural, Leaving Cert, School 8/Focus Group 2)

The extent to which the young men invoked this discourse varied. Not all were equally immersed within it, and a minority located themselves more firmly within the second dominant discourse of sex as mediated with emotion and/or commitment, which we will consider a little later. A considerable number of male participants oscillated between the two dominant discourses. Nonetheless, a very strong feature of data was for young men to believe that males wanted sex more than young women did. Associated with this perspective was that young women could have sex whenever they wanted it, because men were usually ready and willing. A very dominant theme in the data was young men’s notion that they went as far as they could in the intimate encounter, but it was the women who delineated the boundaries of sexual intimacy. In this sense, the female’s role was largely to keep the male sexual ‘drive’ under control. According to many of the male participants, they themselves were always ready for sex, and sex happened if a girl was “up for it”. While some male participants reported that they were always ready for penetrative sex, others sought out non-penetrative activities in casual encounters, such as oral sex or to be masturbated. Men, some believed, had to work for sex:

P: Girls can get it anytime they want – fellas have to put a lot of effort into it.
P: If a girl asks a fella, he’ll automatically say yeah, but if a fella asks, he’d get a slap like. (Male, Urban, Leaving Cert, School 7 (Co-ed)/Focus Group 3).

Where young men’s gender identity was very closely tied up with traditional concepts of masculinity, the notion of sexual conquest and of women as objects to be consumed and discarded was expressed most strongly. Female participants also generally cast men as sexual predators, but there was also a recognition that not all men were equally predatory in their approach.

Traditional versions of masculinity and femininity were suggested in depicting young woman as ‘acted-upon’, and this was a prominent feature of the young people’s accounts:
P3: . . . take her down an alleyway and . . . [general laughter] . . . give the bar a shock [general laughter.] As far as you can go like, no big deal.
(Male, Rural, Junior Cert, School 2/Focus Group 3)

The notion of females ‘giving’ sexual favours and males ‘taking’ or ‘getting’ sexual favours was clearly in evidence in data.

Some young women were conscious of the possibility of sexual exploitation by predatory men. There were no equivalent examples of young men experiencing a fear of being used for sex. A few young women described feelings of being sexually exploited, the toll it took on their self-esteem, and the emotional scars it left:

P12: . . . every time he’s going to want more, and after a while you’re going to feel like shit. . .
P8: . . . it’s all the emotions you start to feel after you sleep with someone and then like if it’s just a one-night-stand and like you want more out of it. You want to be with someone and they don’t want to be with you like. That hurts like.
(Female, Rural, Leaving Cert, School 8/Focus Group 2)

The strong influence of the discourse of sex as male driven and dominated might initially propel observers to the conclusion that men have a ‘natural’ biological sex drive, based on a need to reproduce the species. Hollway (1996 [1984]) noted the pervasiveness of this discourse in everyday assumptions. So universal is the discourse of male sexual drive, that it is sometimes used to support claims that male sexuality is entirely biologically determined [Hollway 1996 [1984]]. Arguing that the male sex drive is entirely a product of biology has important implications for women’s role as sex partners, and for the provision of sex education programmes. Since this position would assert that men have no real control over their urges and desires, it leaves women in a position of being submissive to the forces of nature - men’s desires. However, in relation to almost all human behaviour, social scientists generally contend that cultural shaping and social exposure have a strong role to play in influencing behaviour.

Our data indicate that the way in which young males and females think about sex is different. Why this is so is impossible to fully explain; however, without dismissing biological explanations for these differences, we will explore later the part that culture plays in reinforcing socially approved sexual behaviours for young women and men. First, let us consider the notion of sexual pressure: the point at which male dominance and ‘drive’ in sexuality becomes most apparent and problematic.

11 Biological determinism, or essentialism, refers to the notion that behaviour is dictated by biology - genes, hormones, instincts, and so forth.
12 Theorists who challenge biological determinism as an explanation for human behaviour propose that our desires, wants and needs may not be a feature of our genes at all, but rather are created by influences in our culture that encourage particular desires, needs and wants and discourage others. Explanations that propose that our thoughts, feelings and behaviours are the outcome of social influences are referred to within the social sciences as ‘social constructionist’ positions. Social constructionist positions assert that individuals actively construct or build their own perspectives on sexuality through socialisation (social learning) or other influences, such as the discourses to which they are exposed in their social nexus.
5.2.1 Sexual pressure

Most participants, both males and females, believed that young men wanted sex to a greater extent than young women did. This imbalance in terms of desire created tensions and power struggles within intimate encounters. It is also highly political, insofar as men are usually physically taller and heavier than females and have, therefore, greater physical resources to draw upon to canvass for their sexual desires to be met.13

It is important to point out at the outset that many female participants indicated that not all men were pushy when it came to negotiating sexual boundaries. Some young women had not experienced any pressure from men. However, a considerable number of young women had encountered individual men who attempted to use various tactics to stretch the boundaries of physical intimacy. While the influence of peers in the initiation of sexual activity was certainly an issue (this will be discussed in Section 6.4) some young women found that pressure to go further was stronger from individual men than from the wider peer group. Verbal pressure, in which a man might try to persuade a young woman to extend her boundaries, was widely believed to be a feature of the sexual encounters of young people.

Some female participants believed that intoxicated males were more likely than sober ones to push the boundaries towards masturbation and oral sex using verbal persuasion and by unwelcome physical advances like groping. Others believed that older males were more likely to exert pressure on young women. Some participants revealed that they had had to request repeatedly that a man stop any further advances, and one of the participants in the extract below had to physically push a man away:

P3: So you’d be there and like ‘No, - No, - No!’, so like they’re trying every word and your are going ‘No, - No, - No!’... Well it has come to the point where I’ve had my hands up like that [indicates using a hand gesture]. You know, up against him and he’s still going like, ‘Oh!’ (Female, Rural, Mixed, School 5/Focus Group 2)

In another focus group, two young women described separate instances that could be described as attempted rape, where they had to physically release themselves using force, which in one case caused bruising. In both of these cases, the young men continued to mix in their wider circle in the rural area. It is notable that the young women appeared to hold themselves responsible to some extent by suggesting that they would never “put themselves in a situation” like that again.

There were several other accounts that suggested that young women had come to expect male pushiness as a regular feature of their intimate encounters. In some focus groups, references to sexual pressure emerged as an aside; sexual pressure was almost treated as unremarkable. In addition, some participants were aware of those in their peer group who had experienced sexual pressure from their boyfriends while in

---

13 Concern about inequalities in sexual relations between men and women has for decades been a central political issue for feminism (Jackson and Scott 1996). In the 1970s, heterosexual relations began to be problematised, and heterosexuality began to be viewed as an oppressive institution that colonised women’s bodies. (For a discussion of how this issue was linked to the wider exploitation of women in society see Jackson (1999)). A response from one branch of feminists was the development of an extreme lesbian feminist position, in which all acts of heterosexual sex were perceived to be a manifestation of male power. However, other feminist theorists stood their ground and have presented arguments about how heterosexual females can negotiate with men to have their needs met, and redefine traditional notions of female passivity to make relations with men more egalitarian (Dhavernas 1996).
relationships. One participant discussed with her mother the pressure that her boyfriend had put on her to have sex, and she subsequently ended the relationship. As indicated in the following extract, some participants believed that the pressure experienced by young women may be so subtle that young males do not even recognise it as pressure:

P: I think they should mix the guys and the girls [in sex education classes] whether the guys mess around anyway . . . because then the guys will kind of find out what the girls are thinking and they really don’t know anything that we are thinking. They don’t notice that girls are pressured into doing oral [sex] for them so they should get this across . . . to find out stuff like that.
(Female, Urban, Junior Cert, School 6 [Co-ed]/Focus Group 2)

Young women may excuse pushy male behaviour because of their belief in the male ‘sex drive’. Some female participants indicated their sense of obligation to give in to sexual pressure:

P2: Usually the guy starts it [masturbation] off first like and then you feel obliged.
(Female, Rural, Mixed, School 5/Focus Group 2)

Another girl suggested that she would ‘feel tight’ for not agreeing to sex. Pressured sex may well have implications for safer sex if some young women feel responsible for male arousal,14 and do not have the negotiating skills to assert their boundaries and needs. (The issue of safer sex will be considered in more detail in a later section.)

When male participants commented on sexual boundaries, they usually stated that they would respect the limits set by the young women. However, there were some male participants who admitted that they would try and extend boundaries. Male participants found that some women could be more sexually ‘forward’ than others could; nonetheless they reported that they did not experience pressure from young women to have sex. Some were forthright in acknowledging that the pressure came from men.

The issue of rape was also raised in the focus groups. Participants in a male group understood that some boys with whom they were acquainted were interviewed by the gardaí on suspicion of rape. A few female participants were acquainted with women in their wider circle who had been raped using physical force. In our study, two female participants in separate interviews reported that they believed that they had had their drinks spiked, and the gardaí were involved in one of these cases. One could not remember what had happened on the night.

At a broad level, many young women indicated that they, and often their parents, were very aware of the wider risk that they faced in terms of rape by physical force and of being drugged for sexual exploitation. Within their social milieu, young women had organised various protective strategies within the group to minimise the risk of rape, and those who breached this might get into ‘trouble’ with concerned friends. There was also evidence that, sometimes, structural factors mitigated against maintaining these regulations created within the group. One problem was that some clubs refused to allow re-entry for those who temporarily left, making it difficult for the girls to locate one another at the end of the night.

14 Kelly (1996) noted how females are socialised to please, and where male sexual needs are interpreted as biological urges, young women internalise a sense of obligation to fulfill these needs.
The fear of the phenomenon of ‘date rape’, and having one’s drink spiked with the drug rohypnol, was so pervasive that it had the impact of changing women’s social drinking behaviour. Young women now guarded each other’s drinks when they went to dance or to the toilet. Some young women reported that when they were not drinking their drink they placed a finger over the bottle opening or a hand over a glass, to avoid it being spiked. Some participants castigated themselves for being lax about protecting themselves from this threat. Irrespective of how prevalent or not date rape is, a consciousness of it has permeated female youth culture. It has modified the behaviour of young women and instilled in them a consciousness that some men now use chemical and not just physical means in their predatory sexual practices. While one group of men who had ‘acted out’ and manifested an embeddedness within traditional discourses of masculinity joked about date rape during the focus group, virtually all other males who gave an opinion on it expressed horror and disgust that men would behave like this.15

Our data provides further evidence that, in spite of commonsense cultural assumptions about democracy, equality and mutual pleasure in sexual relations, coercion continues to remain an issue. For young women who lack confidence and negotiating skills, the issue becomes more pressing.

5.3 Discourse of sex as mediated with emotion and/or commitment

In this study, the most striking difference between male and female narratives about sex was that the link between sex and relationships was a far stronger feature of female accounts compared with male accounts. A considerable number of males in our study stated that they would wait until they were in a loving relationship to have penetrative sex; nonetheless their narratives indicated that many actively sought opportunities for oral sex or masturbation on a casual basis.

The discourse of sex as mediated with emotion and/or commitment resembles Hollway’s (1996 [1984]) notion of ‘have/hold’ discourses (derived from the traditional marriage ceremony, ‘to have and to hold’) centering on monogamy, partnership and family life, and Malesevic’s (2003) category, ‘monogamism’. In this study, participants tended to refer to relationships in a much less binding way than the ties of marriage, yet there was a clear influence in evidence of the discourses of ‘love’ and ‘feelings’ related to sex in the accounts of the young women most particularly.

15 It has been asserted that the fact that some men rape is enough to have the threat of sexual assault at the back of every woman’s mind (Jackson 1999, Brownmiller 1975), and keeps all women in fear. Jackson (1999) suggests that rape poses a threat to a woman, not just in everyday situations such as while walking her dog, but also each time she finds herself in an intimate encounter or interacts with men. She argues that the constant threat of rape reinforces male dominance over sexuality. As Brownmiller (1975: 209) has stated, “A world without rapists would be a world in which women moved freely without fear of men.”
5.3.1 Young women, emotions and sex

Young women typically reported that having sex was strongly related to being in a relationship, to trusting a boyfriend, and often to being in love. How they defined a relationship was very diverse, although friendship and emotional attachment were key dimensions. Some female participants suggested that a relationship could be formed in a month, while others felt that it would take longer. The sense of being in a relationship was crosscut with notions of being in love, and some young women reported that being in love was a sufficient precursor to sex and a stronger justification for sex than the length of the relationship. In some cases, a feeling of ‘being in love’ happened very quickly into a relationship, as did sexual activity concomitantly. However, some participants indicated an awareness that they had to make judgements as to how genuine their emotions really were. Some participants appeared to accept that ‘being in love’ was an ephemeral phase.

One of the concerns with young women associating sex with relationships is that adolescent relationships tend to be short lived; young people fall in and out of love relatively frequently. Since feelings of ‘being in love’ can range from infatuation, which can develop very quickly and often passes equally quickly, to more deeply rooted feelings, the situations in which young women are likely to be sexually active are fairly extensive. This leaves them vulnerable to feeling emotionally hurt or sexually exploited if they have had a high degree of sexual intimacy with the partner on the basis that the ‘love’ was ‘real’ and enduring, when it transpired to be otherwise. A further concern is that, given the strong association between having sex and being in a relationship in young women’s accounts, they may feel that sex is expected once a relationship becomes established.

Although relationships were often associated with sex, for many female participants being in a relationship, enjoying a friendship and companionship with a boyfriend and sharing experiences were more important than the level of sexual intimacy in the relationship. Female participants reported that girls became more emotionally attached to boys than boys did to girls.

16 The concept of ‘love’ has been the subject of analyses and criticism within both feminist and non-feminist literature. The broad argument proposes that romantic love is a subtle form of social control, that has been central to sustaining heterosexual monogamy and patriarchal marriage, thereby reproducing the existing social order (Jackson 1999, see de Beauvoir 1972). In contrast to Christian doctrines regulating sexuality, discourses of love can manifest themselves in secular terms and appeal to a wide audience. Within sociology, attention has recently focused on the manner in which emotions vary across cultures and in socio-historical periods, and love as an emotion is held to be no different (Luhmann 1986, Sarsby 1983). Haug et al. (1987) assert that people actively engage with and enmesh themselves into particular structures in society by learning scripts and making themselves responsive to particular discourses, including positioning oneself to find and feel love. More recently, theorists have suggested the subjective experience of love can be taken seriously, and can be experienced in an authentic way by the person, but may still be identified as the product of culture (Jackson 1999).

17 Girls learn to engage with narratives of emotions and romance through traditional femininity from an early age (Walkerdine 1984). Teenage magazines, which girls in our study regularly consulted, reinforce romantic constructs in the adolescent years (Jackson 1999). Girls and women engaged in this culture of femininity develop a form of emotional literacy that generally remains elusive for males (Jackson 1999). Teenage magazines have been linked to a liberal perspective on sexuality (Inglis 1998); nonetheless they appear to promote notions of love and commitment. Consider Tom Inglis’ analysis of five of the top-selling female teenage magazines. While they generally present sex as fun and pleasurable, the positiveness about sex was crosscut with the message that sex is for relationships. (For example, “Always wait until you are in a loving relationship”).
In addition, boys seemed to be a central part of girls’ world and interactions:

P2: They just break your heart.
P5: They don’t know how much we care about them but then they don’t give a shit, and that’s just the way.
P2: Yeah with girls, so obsessed and everything.
P1: It’s unfair on us that we have to get so obsessed.
P5: No emotional attachments [for males].
Int: Do you actually think that emotionalism is more with the girls than the boys?
Various: Yeah.
Int: But boys can fall in love.
P2: There are a few boys who think that way but not very many at all.
(Female, Rural, Leaving Cert, School 1 (Co-ed)/Focus Group 2)

In the following extract, young women describe the crude differences, as they perceived them, between young women and young men:

P12: All the girls are looking for is someone to love them.
P1: They think that that’s what the guys want but they just want a one-night-stand.
(Female, Rural, Leaving Cert, School 8/Focus Group 2)

Young women were far more likely to admit to having ‘feelings’ and to their vulnerability to being hurt. They were aware that males displaying predatorial behaviour had the potential to hurt their feelings, but participants also acknowledged that some young men were attuned to their sensitivities.

Existing studies of young women signify that their capacity for sexual arousal may be intrinsically tied up with equating this feeling with love (Jackson 1982, Lees 1986). Whether it is hormones that trigger an emotional response or vice versa was unclear in data. Most accounts implicitly suggested that emotional ties were a precursor to wanting to have sex and, as we will explore in Section 6.8, to sexual pleasure for women. Concurring with Jackson’s assertions (1999), we are not suggesting that young women’s desire for sex is strictly confined to emotions or being in love. In Section 6.10, we will consider how alcohol consumption can reduce normal inhibitions and increase young women’s desire for sex. There may also be circumstances where young women desire sex in the absence of either emotional attachments or alcohol. In our study, if there were such cases, they were not clearly articulated by participants, perhaps because to do so would contravene normative codes of female behaviour.

The influence of the discourse of sex as mediated with emotion and/or commitment manifested itself to some degree in the language that female participants used to describe having sex. They tended to invoke the notion of a shared experience, and they usually talked of being ‘with’ a man (‘I was with him’) to describe having had sex. By contrast, males were more likely to describe having sex in more crude and objective terms, such as ‘getting your hole’, ‘getting your oats’, ‘fucking’, ‘getting your axe’, ‘getting your leg over’ and ‘riding’. These terms signify the active male being serviced by the ‘acted upon’ female.
5.3.2 Young men, emotions and sex

As indicated, a considerable number of male participants stated that they wanted first-time penetrative sex to occur in the context of a loving relationship; in the meantime, most intimated that they sought out non-penetrative forms of sex. That these young men associated penetrative sex with relationships weakened their grounding in the discourse of sex as male dominated and driven, insofar as they linked penetrative sex with commitment and emotions. However, it simultaneously served to buttress the primacy or privilege associated with masculinist versions of sex that centre on penetration and ‘orgasm-via-coitus’ as the dominant sexual practice, and as ‘real’ sex.18

When boys were asked about what was important in relationships, they tended to refer to similar features as the girls did, citing friendship, trust and commitment as important. However, male participants were far more likely than females to suggest that relationships were not important to having sex:

P6: A lad will want it within a week of going out with her and the girl will want it in a year.
P4: For a girl it’s special, for the lads it’s like, ‘Oh yeah, try to get the leg over – tell all the lads about it.’ [Male, Rural, School 10/Focus Group 1]

While young women tended to draw on the language of emotional commitment, albeit with an awareness that this might be ephemeral, with some exceptions, young men were far more sceptical about love. Male participants’ perspectives of love and relationships generally represented a version of masculinity where emotional attachments were not seen as important. Some young men tended to locate love within the female realm and young women were generally considered to be more interested in love than physical sexuality:

Int: Do girls expect you to do things if you’re going out with someone?
P1: . . . but girls think more of the loving side of it, not the physical.
P3: Yeah, how special it is.
Int: So the girls would want it to be special, you think?
P3: Yeah, I’d say so.
Int: So do you think if you were going out with someone, going out with a girl, what do you think she might expect you to do?
P1: I don’t think girls have any physical expectations. . .
Int: So you don’t think girls are pushy about sex?
[Various]: No.
P2: Fellas aren’t in for the, I don’t think they’re all in for the loving side but there are some.
[Male, Urban, Transition, School 9/Focus Group 2]

However, one male participant suggested that that young men may be under pressure to deny the possibility of love as a feature of a relationship.19 Nonetheless, a number of male participants stated that they avoided relationships because they found young

---

18 See Potts (2002) for an excellent account of how popular writings on sex and sexology (the science of sex) serve to sustain penetrative sex as the dominant version.

19 Men’s avoidance of emotion has been theorised in relation to their fear of a loss of control and ensnarement by emotionally needy females (Jackson 1999). Jackson (1999) argues that while the construction of masculinity in Western societies is not completely unemotional, boys and men are discouraged from positioning themselves competently within discourses of the emotions. Males and females, she proposes, are both exposed to narratives of love and romance but not to the same extent. Conventional femininity is composed of notions of feelings and emotion and, in particular, the idea of romance, whereas traditional versions of masculinity require that boys be excluded or disassociate themselves from such discourses in order to formulate and affirm their sense of being male (Jackson 1999).
women to be controlling and because a relationship would mean yielding some degree of control over their free time and actions.

5.4 Discourse of sex as liberal and self-gratifying

In drawing upon the discourse of sex as liberal and self-gratifying, the individual is located as the site of sexuality without reference to emotions, commitment, relationships, or responsibility. What separates it from the discourse of sex as male driven and dominated is that its basic tenets pertain equally to women. It resembles Hollway’s category, sex as mutually permissive, and also the version of May’s [1993] sex ethic, sex as casual, where the freedoms traditionally afforded to men are extended to women. In contrast to discourses encompassing female passivity and the belief that women lack sexual desire, within this discourse sex is seen as something that is desired by both males and females.20

In the narratives of the participants in this study, the discourse of sex as liberal and self-gratifying, with an equal application for both women and men, was suppressed by the manner in which female sexuality was socially controlled, regulated and monitored by the young people themselves. Normative categories and labels of various kinds ensured that male dominance was sustained and female sexuality was constrained, shaped, and channelled towards monogamous relationships with individual men. This regulatory mechanism occurred through a web of relations within youth culture. Interestingly, school pupils seem to socialise within very close-knit networks, even in a big city like Dublin. In rural areas, the nexus was even more enclosed, with outsiders almost immediately standing out whenever they appeared on the social scene. In this type of environment, reputations are everything. Here, we will focus on the way in which deviant categories within the cultural milieu of adolescents served to suppress the emergence of a liberal and self-gratifying discourse that extended to women.

5.4.1 The regulation of adolescent sexuality through reputations

A fundamental double standard in perceptions of the sexual activities of young males and females was a very strong feature of the data.21

A young male who was perceived as having had sex with multiple partners was a ‘total player’ as opposed to a young female who was classified as a ‘slut’ or a ‘slapper’. Like Lees (1993), we noted a range of disparaging expressions used by participants to describe sexually deviant women. In our study, these included ‘knacker’, ‘the village bicycle’, ‘tramp’, ‘easy’, ‘tart’ and ‘slag’. Through the use of these labels, women deemed to excessively sexual were presented as social and sexual deviants. It is worth noting that, in many cases, it was the young people themselves who first mentioned the word ‘slut’ or ‘slapper’ in the course of the focus group discussions. These terms form an integral part of young people’s understanding of their sexuality. They are not theoretical or abstract terms, but rather are terms that young people utilise and encounter in their everyday lives. Girls were well aware of this double standard, and conscious of the fact that how they were perceived sexually could lead to a denigration of their reputation.

20 The notion of females being released from sexual passivity has its roots in the 1960s ideals of ‘free love’ associated with left-wing politics and counter-culture movements that aspired to greater sexual freedom for women (Jackson and Scott 1996).

21 Traditionally, there has been a double standard in relation to sexuality, whereby men were entitled to sexual freedoms and women subjected to sexual controls. As Jackson and Scott (1996:3) note: ‘Women’s sexuality has been policed and regulated in a way which men’s has not: it is the woman prostitute who is stigmatised and punished, not her male clients. Heterosexual activity has always been risky for women, associated as it is with loss of ‘reputation’, with unwanted pregnancy and with diseases that threaten fertility. Women have also been vulnerable to male sexual violence and coercion, yet held responsible for both their own and their assailants’ behaviour.”
While it was almost universally agreed that young females were the recipients of derogatory names such as ‘slag’ or ‘slut’, there was some disagreement as to how young males were perceived. There was some suggestion in data that if young males engaged in sex with multiple partners, this would have little effect on their social standing or reputation. Other narratives suggested that high levels of sexual activity actually served to enhance their social standing within their peer group. They were viewed by their male peers as worthy of admiration, as being ‘lucky’. In this way, young men reinforced traditional notions of masculinity within the group, and set standards for others. While having sex with multiple partners, then, was a source of status among young males, such sexual activity did have consequences. Young females reported they would feel less able to trust a young male who had engaged in sex with a number of partners, as they believed it would be less likely that such an individual would be interested in developing a relationship.

When questioned about their perspectives on sex, some young people presented accounts that were strongly underpinned by individualistic notions of choice and tolerance. Such accounts conveyed the notion that where, when and with whom one had sex was a matter of personal choice. In these situations, participants drew on the discourse of sex as liberal and self-gratifying, underpinned by egalitarianism, tolerance and free choice. However, the same participants who presented such ideal notions often later went on to acknowledge how, in practice, various labels regulated adolescent sexuality within their social networks. In addition, in some focus groups, while the young people initially expressed views about sex based on the idea of individual choice, their contentions rapidly degenerated into labelling as deviant those who did not conform to ‘acceptable’ sexual behaviour.

While the label of ‘slut’ was usually used to categorise someone who apparently engaged in sexual activity with multiple partners, the term was also applied to a wide variety of female characteristics and behaviours. During focus group discussions with young people, it often came to light that ‘slut’ was a term not necessarily confined to young women who had sex with multiple partners. It could also depict her style of dress, or simply arise from rumour and gossip. Young males observed, evaluated and categorised the appearance and behaviour of young women to make value judgements about the extent to which they subscribed to or deviated from normative gender codes of femininity. For some young males, certain young females were deemed to dress in a particular way, a ‘dirty’ way, and were more ‘forward’ in terms of sexual advances than other girls:

Int: So girls are more forward, are they?
P: No they are not usually. It is only the girls that usually are forward, you can kind of tell.
Int: You can tell the ones that are having sex?
P: Yeah, it is usually the fellas that would be trying to get into the girls . . . and they wouldn’t want it as much but . . .
Int: How do those girls behave then?
P: Randy.
Int: How would they dress? Would they dress different and . . .
P: Little skirts and all.
P: Dirty.
P: Skirts and boots and all that.
A combination of how a young woman presented herself physically in terms of dress, and rumour or gossip about her, served to reinforce the construction of her as a ‘slut’. A ‘slut’ was clearly distinguished from a potential girlfriend, since a ‘slut’ would be ‘dumped’ after one night. Given the close-knit social networks within which young people moved, young women had to be very careful to avoid the ‘slut’ label. Failure to present oneself in a particular way could make it very difficult for them to get involved in a relationship.

A young woman could also be considered ‘easy’ not just on the basis of having sex with multiple partners, but also if she engaged in sexual activity within a short time of becoming acquainted with a young male. ‘Sluts’ were perceived, not just to have sex with too many men, but to respond to intimate sexual advances too readily. Gender codes proposed that respectable females were expected to hold back somewhat, and make it a little ‘difficult’ for the male to get intimate access.

Although as indicated above, young women valued relationships because they provided friendship and security and many indicated that sex was not a necessity, relationships enabled women to circumvent the label of ‘slut’. Relationships provided a shield or a measure of protection, which left those who were unattached exposed and vulnerable. As indicated earlier, trust was a central dimension of relationships, particularly as social networks were so tight knit. Young women had to trust that their sex partners would not reveal confidences that might damage their reputation. Here, we are focusing on why the discourse of sex as liberal and self-gratifying never really surfaced for women. As we will explore in Section 6.7 when we consider wider issues in the social organisation of adolescent intimacy, young men, too, had to rely on the trust of a partner to sustain their masculine identity.

It was not just young men who socially controlled, monitored and regulated female sexuality within the social network. Young women themselves often had strong notions as to what constituted acceptable sexual behaviour on the part of young people, and their young female peers in particular. Some girls expressed very strong feelings towards other young women who they believed had acted in a ‘sluttish’ fashion. These young women had adopted the norms of patriarchal culture, allowing it to be, to some extent at least, self-regulating:

P3: We’d know who the sluts were in our year.
(Female, Urban, Junior Cert, School 3/Focus Group 2)

In this way, the sexual behaviour of young females was subject to scrutiny both by young males and young females. Although young women understood the sexual double standard, and disapproved of it, they nonetheless reproduced it. For a young woman to

---

22 That oppressed groups adopt the strategies of dominant groups and contribute to their own regulation has been the subject of sociological theorising. Lukes’ (1974) theory of power focuses on the way in which oppression can operate without overt resistance, and helps to explain the reproduction of injustices by those who are weaker. According to Lukes, those who experience domination may inherit from previous generations ways of thinking that are already structured and laid down. This can result in a ‘false consciousness’ or ideology, whereby those oppressed (in this case young women) are not aware of their domination. Haugaard (2002:315) advances this conceptualisation of power by considering various degrees of consensus and conflict that may be present in the exercise of power. He proposes that when power operates through consensus, “in many cases of social interaction the structures reproduced are so taken for granted that actors do not evaluate them.”
decline the sexual advances of a ‘total player’ was something that she delighted in sharing with her friends. In rebuffing someone who was sexually desirable, they reinforced the regulating mechanism, distanced themselves from the ‘slut’ label, and set a standard for other women.

Young males were not subjected to the same degree of constraint or control by young females. In fact, young males were not even sure whether or not girls had views on boys who engaged in sexual activity, much less cared about the content of these views. While young men may not have cared much about how young women viewed their number of conquests, as we will explore in Section 6.7, they did care a great deal about how women viewed their sexual performance. Their masculinity might be dented or even devastated by rumour or gossip, should a woman reveal details about a man’s performance to others in the social network.

Being labelled a ‘slut’ also conveyed to young men the meaning that a woman was sexually polluting and a high risk in terms of disease. There was a strong sense of concern on the part of young men about contagion as a consequence of engaging in sexual activity with a ‘slut’ or a ‘slapper’. These young women were seen as polluting and contaminating in a physical sense, and as bearers of disease:

P6: A slapper and a slut, they’re both the same.
Int: So that is not really much of concern then?
P7: No it is.
P: It is a concern.
P7: That is why we wear protection.
[Male, Urban, Junior Cert, School 7 (co-ed), Focus Group 1]

While females who were identified as ‘sluts’ or ‘slappers’ were viewed with suspicion and as bearers of disease, young males who engaged in similar sexual activity were not. Young males did not see or depict themselves in this light; they worried about catching diseases, but not of themselves spreading diseases. While some males reported being wary of having sexual contact with sexually experienced women, others viewed it as a situation which would allow them to engage in casual sexual activity without any emotional ties or strings.

Overall, young females were subjected to judgements and condemnation of their sexual activity jointly by young males and young females to a much greater extent than young males were. It is quite plausible that the young women in this study were curtailed in allowing themselves to enjoy and actively seek sex, because to do so would be at variance with the type of gender codes to which they were exposed.23 If female participants were inclined (by nature or social scripts) to actually place themselves within this discourse, they may have been reluctant to present themselves as such in a focus group interview, because this would be at variance with how ‘nice girls’ are expected to behave. Data suggest that when female participants spoke about female sexual desire, they were more likely to claim that other young women (rather than themselves) were “mad for sex”. Many young male participants, by contrast, were very willing to reveal that they were always ready and often searching for sex.

---

23 As indicated earlier, even the more ‘liberal’ magazines aimed at girls and young women problematise the notion of sexual intercourse without care and commitment.
5.5 Conclusion

Social theorists have commented on the increasing democratisation of intimacy as a feature of late modern societies (Giddens 2003: 257). Others have observed that roles and values of males and females have become more similar (Beynon 2002). While traditional gender roles have broken down to a considerable extent in many areas of social life, data presented in this section have demonstrated that discourses carrying gendered messages continue to influence the thinking and behaviour of young people in relation to sexuality. As we will explore in Section 7, these gender codes have implications for the practice of safer sex.

Our data indicate that young men seem to have much wider latitude compared to young women as far as receptiveness to sex is concerned. This imbalance has implications for sexual relations between young people in negotiating safer sex and contraceptive use, an area that will be explored in greater detail in Section 7. This does not mean that all young women’s levels of sex ‘drive’ are the same, or that, as a group, they all share a lower sexual zest than their male counterparts. It is plausible that sex ‘drive’ varies widely among individuals, both men and women, and that in the same individual they vary at different stages. However, broadly speaking, the evidence here suggests that male and female sexualities are different, with accompanying differences in patterns of sexual behaviour. We are not making claims as to the basis for the gendered sexual behaviour of participants, be it rooted primarily in nature or in nurture. However, since the kinds of discourses to which young men and young women are exposed (the nurture component) are themselves gendered, this suggests that social context is an important dimension in young people’s construction of sexuality. In addition, regulatory practices in young people’s cultural milieu reinforce gendered cultural norms. The empirical evidence here suggests that boys and girls think and act according to sex gender codes, that is, according to how dominant versions of masculinity and femininity suggest that they ought to think and act as males or females. Finally, the extent to which males displayed masculinist predatory notions varied across the sample, suggesting that some males may have been exposed to less rigid gender codes than others.

5.6 Summary

- the most salient discourse mediating the accounts of young men was a masculinist notion of sex as male directed and dominated, although there were variations in the extent to which traditional masculinities around sexuality were manifested
- in the context of male dominance, a considerable number of participants alluded to the pressure that women experience in sexual encounters with men to extend their boundaries of sexual activity
- young women’s narratives tended to be influenced by a discourse of sex as mediated with emotion and/or commitment

---

24 Maushart (2001) argues that there is a masculinist bias in the theoretical starting point of most research (including feminist research) on sexuality, with male sexuality being regarded as the norm of erotic behaviour. She notes that the term often used to describe women’s sexual behaviour is ‘sexual reluctance’, thus rooting the ‘problem’ with women, who seem unable to match the sexual energies of their male counterparts. Maushart plausibly suggests that an alternative explanation might be that women’s sexuality is not ‘depressed’ at all, but rather that men’s is excessive.
5.7 Recommendations

Based on data presented in this section, we recommend:

- that strategies are developed to enable young men to challenge traditional masculinities and societal texts and images that promote a particular version of ‘maleness’
- that young people are facilitated in understanding the wider dimensions of their sexual attitudes and practices in terms of justice, power and equality
- that parents foster in their children, and especially in their sons, a respect for the sexual boundaries of other people, irrespective of cultural expectations or their own (the sons’) ‘desires’
- that girls and young women learn to be assertive in negotiating sexual interactions so that they are equipped to manage coercive intimate encounters
- that young people are enlightened about the manner in which female sexuality is regulated and the way in which this is linked to the control of women more broadly in society.

6.0 Norms and practices of young people in the social organisation of intimacy

In this section, building upon Section 5 in which discourses that influenced how participants thought and spoke about sex were identified, we will explore in greater depth the norms and often unspoken rules that participants followed in putting some degree of social order on their intimate encounters. Although the norms around adolescent sexuality have been in a state of change over the past few decades, we will explore the implicit and explicit codes of conduct that shape how young people interact with one another in sexual encounters. In particular, the manner in which gendered rules of conduct regulate adolescent sexual practices and potentially leave both young women and men vulnerable will be explored. We will also consider the extent to which norms and practices around adolescent sexuality are influenced by the culture of alcohol consumption.

6.1 Rules of conduct in initiating intimacies

The intimate practices of young people in this study took place within a social and cultural milieu of complex norms and social rules, mainly constructed and sustained by the young people themselves beyond the gaze of adults. The culture of youth intimacy is mediated by a range of characteristics - fun, excitement, and anticipation, but also insecurity, uncertainty and disappointment.

It was noted in Section 5 that many young men in the study drew on the discourse of sex as male driven and dominated, with the male as sexual predator. While this might have placed them in a more powerful position than their female counterparts, it also exposed them to vulnerabilities, not least because they had to gauge the extent to which their advances might be accepted or rejected by the other party. When asked who made the first move in initiating intimate relations, there was often disagreement expressed in the focus groups as to whether it was males or females. When the issue of what a 'first
move’ was teased out further, it transpired that young women emitted signals to men in whom they were interested that might subtly convey to them that further advances would not be rejected. Such signals included smiling, use of body language and eye contact. Some participants indicated that the first move depended on the degree of confidence that either party had. In cases where young people lacked confidence, it was not uncommon for either male or female participants to report that friends were sometimes sent as messengers to a person in whom someone was interested, to gauge the level of interest of the other party. This spared them the embarrassment of encountering a more direct form of rejection.

Another means of avoiding direct refusal was to use mobile technology. Text messaging was a commonly used mechanism for a boy to make contact with a girl, particularly in urban areas. Texting could go on for some time in a lighthearted way before the pair actually got together. That faceless technology has invaded the culture of youth intimacies has facilitated young men in taking the sting out of rejection. Since a traditional manifestation of masculinity is success at sexual conquest, for a young man the stress of approaching a young woman was intensified if he experienced rejection in the presence of his friends. In this way, young men socially controlled one another and sustained well-established manifestations of masculinity.

While young males appeared to run a greater risk of being rejected, particularly if they misread the signals, subtle gender codes meant that young women had to manage their flirting and how they presented themselves in a delicate way to avoid the ‘slapper’ label. Young women talked about paying attention to their manner of dress, level of friendliness and general demeanour to achieve the right balance in giving positive vibes without appearing excessively forward. Talking to young men was also their way of registering an initial interest. Sitting down together signaled that another stage of intimacy was likely to occur. As each party is uncertain as to whether the next move will receive a positive response or not, tensions and anxieties were part and parcel of the experience. With regard to the initiation of kissing, surprisingly, a sizeable minority stated that the girl might make the first move, especially if she was a confident girl in the company of a shy boy. Thus, while it seemed to be reasonably acceptable for a young woman to start kissing without risking her reputation, there was much less latitude for women when it came to establishing boundaries - she was expected to stop if she wanted to retain her respectability.

Many participants met with members of the opposite sex in outdoor locations where they congregated in groups, particularly at weekends, and engaged in drinking alcohol together. (This practice of outdoor, furtive alcohol consumption was widely referred to by participants as ‘knacker’ drinking.) Public houses, nightclubs and house parties were the most frequently cited locations for providing young people with opportunities to encounter those of the opposite sex.

6.2 Having, maintaining and breaking sexual boundaries

In Section 5, it was noted that most (though certainly not all) of the young men expressed the view that they were always ready and hopeful for opportunities for sexual activity (especially masturbation or oral sex), while most female participants tended to exercise greater sexual restraint. Participants reported their belief that some women had boundaries before they placed themselves in situations of intimacy, whereas, they
contended, males would go with the flow. Other female participants indicated that although boundaries may be conceptualised in advance of sexual interactions, these boundaries could shift in the heat of the moment, mainly because of sexual ‘chemistry’ or through the influence of alcohol. (The influence of alcohol will be discussed in detail in a later sub-section.)

As indicated in Section 5.2, females were assumed to identify and maintain sexual limits, while males were expected either to respect them or try to extend them, but not to curtail a female partner in stretching them. This gender code could cause difficulties for a young man who wanted to postpone penetrative sex for a special relationship, if he encountered a woman who wanted to have sex. While females who transgressed the boundaries of acceptable female behaviour risked being labelled ‘sluts’, young men, too, were subjected to their own particular brand of constraint or social control if they were not “up for it”. If they indicated an unwillingness to have sex if it was offered then they risked being branded with various derogatory labels. So, while sex within the context of love and a relationship was the only approved situation for women, young males were expected to be ready and willing to have sex whenever and with whomever, if it was offered. Among the range of derogatory labels used to socially control a young man who failed to express an eagerness for sex were ‘faggot’, ‘bottler’, ‘wimp’, and ‘queer’. In this way, traditional notions of masculinity were reproduced and maintained among male peers, through sneering and slagging:

P1: If a girl like came up to you and said, like, ‘Let’s have sex,’ it would be a bit weird but if you didn’t do it you’d get a lot of stick over it. Because you’re the fella and you’re supposed to be the one that wants to do it, so there’s pressure like. Fellas are expected to want to do it more than girls, so if the opportunity came up and they didn’t take it they’d get a lot of stick over it.

(Male, Urban, Transition, School 9/ Focus Group 1)

One young man, who believed that penetrative sex should occur only in the context of a loving relationship, indicated that in declining sex, he would need a good excuse, such as not being in possession of a condom, to save some face. Otherwise, he would risk being labelled ‘a bottler’ should information about his reluctance leak back to his peer group. Another male participant indicated that if a man encountered a woman with previous experience of sexual intercourse he would feel that he ought to have penetrative sex, again indicating that an invisible collective gender norm was influencing sexual behaviour.

6.3 Variations in sexual activity among young people

At both junior and leaving certificate cycles, when participants were asked directly about the sexual practices of people of their age, there tended to be a general consensus in the groups that having sex was “no big deal” and “normal”. However, not all participants believed that having sex at a young age was wise. Those who were ambivalent about engaging in sexual practices at a young age were sometimes challenged by others in the group who expressed intolerance of others’ differing viewpoints. In addition, for those who expressed disapproval of early sexual activity, their censure was usually linked to what they believed was irresponsible behaviour in relation to contraception rather than a disapproval of sexual activity per se.
Almost everyone was acquainted with someone of their age who had had sexual intercourse, yet later in the interviews, when a rapport had been established, many participants, both females and males, reported that they themselves had not had penetrative sex. What was perhaps surprising was the number of males who revealed this, because other researchers have noted the social pressures on males to present themselves as sexually experienced. Usually, if one male indicated that he had not yet had penetrative sex, others would then reveal that the same applied to them. As expected, senior cycle students tended to be more likely to have had penetrative sex.

This qualitative research was not designed to determine how many young people in the study had had sexual intercourse or were sexually active, but it was informative to get a sense of what proportion of their peers participants believed were sexually active. What emerged was what might be described as wild guesses. Participants threw out widely divergent figures, and acknowledged that they simply did not know what the prevalence of sexual activity was within their wider peer group. The notion of sex as ‘normal’ contradicted the perspective that participants did not actually know the prevalence of sex within their peer group. Norms, however, refer to acceptable practices for a social group and not necessarily those that occur most frequently. It seems to be the case that while having sex came within the boundaries of acceptable behaviour for most of these young people, they did not have firm knowledge about its prevalence.

Various conjectures were made as to the prevalence of sexual activity within a peer group. Considerable differences were noted across groups, though with no observable pattern in terms of rural/urban differences. For example, one group of rural girls cited twelve years as the most common age to start having oral sex, and fourteen or fifteen to have first penetrative sex; another group of rural girls suggested that sixteen or seventeen was a more usual age for first penetrative sex. In this sense, there was considerable variation across groups that shared certain socio-demographic similarities.

The diversity of perceived adolescent sexual behaviour indicated by participants might reflect the influence of peers, and the manner in which those who belong to a particular peer group are more likely to follow the pattern of the group in terms of sexual behaviour. Thus, when people within a group begin to have sex, others are influenced to begin also (we will explore this issue later). This suggests that there are likely to be diverse ranges of age at initiation of sexual activity in different locations across the country, and within close friendship networks, according to the norm for the group. The following young men highlight this point:

Int: Have many people started having sex?
Various: No, no, not really.
Int: No, so at what age do you think you?
P3: About seventeen or eighteen.
P3: It depends on everybody when they start doing it, when you . . .
(Male, Urban, Transition, School 9/Focus Group 2)

Even the most liberal of participants constructed rules and boundaries around a minimum acceptable age for first penetrative sex. A number of young people, particularly in the senior cycle, identified sixteen years as an acceptable age to begin having sexual intercourse. However, frequently there was uncertainty expressed about this, as indicated by the qualifier “it depends” in the narratives of many participants. The
range of possible levels of sexual experience across the broad category of ‘youth’ was summed up by one female participant, who indicated that some of her peers had not yet experienced kissing, while others had had penetrative sex. Although some participants accepted the notion of having penetrative sex, the opportunity simply had not yet surfaced.

When participants were questioned about the kind of sexual activities that young people engaged in, a number of diverse activities were reported. Although most young people believed that penetrative sex was widely practised, non-penetrative sexual activities were generally considered to be far more common. As expected, groups with senior cycle students were more likely to report higher levels of penetrative sex compared to those in the junior cycle. Some participants suggested that non-penetrative activities were used as a substitute for sexual intercourse, while others considered them to be a transitory step towards penetrative sex for those in a relationship. The most frequently cited non-penetrative activities were masturbation involving the female manually stimulating the male penis (commonly referred to as ‘hand’ or ‘wanking’), or the male manually stimulating the female genitals (commonly referred to as ‘fingering’), and oral sex, particularly from female to male (commonly referred to as a ‘blow job’ or ‘head’).

6.4 Peer ‘pressure’ to have sex

In Section 5.2.1, it was noted that some young women experienced a sense of pressure from their male sex partners to extend the boundaries of sexual activities. Here we consider other kinds of pressure that seemed to impact upon young people’s sexual practices. Many participants were aware of the extent to which those most significant to them in their peer group were sexually active. Our data indicated that peer influence was a major factor in the initiation of sexual activity among young people, both girls and boys. Only a relatively small number indicated that they would not be at all influenced by the behaviour of their friends, instead relying wholly on their own convictions.

It was strongly suggested in data that it was ‘peer influence’, that is, what others in the group were doing, that impacted upon the initiation of sexual activity, rather than ‘peer pressure’. In this sense, participants acknowledged that they did not feel ‘pressured’ or persuaded by peers to become sexually active. Rather, they referred to the influence of the immediate group with whom they associated and their feelings of being ‘left out’ because others in the group were sexually active.

The impact of wider normative influences is clear in the next extract (below). The young woman insinuates that if a young man had experienced oral sex in a previous relationship, she would want to live up to the normative standard set by others and perform it too. In this sense, her rationale for performing oral sex is not based on her own internal sense of readiness, but rather is influenced by normative practices of the wider group and what has come to be expected in an intimate encounter:

P5: Yeah, if your friends are doing it with their boyfriends you feel pressured, you want to do it. And if your boyfriend was in a relationship before that and did it, you’d want to do it, wouldn’t you?

[Female, Rural, Junior Cert, School 8/ Focus Group 1]
Others spoke of a pressure to have sex emanating from within themselves, whereby they were unable to identify outside sources directly influencing their thinking. The impact of the influence of peers was such that some participants began to speculate that they were somehow unusual or defective if they had not had sex, or to see themselves as ‘losers’. Clearly, this sense of pressure that some young people experienced was coming from their cultural milieu. One participant revealed that she used to lie about the fact that she had not kissed anyone when she was questioned by someone with high status in the peer group, indicating the kinds of social pressure that young people are under to feel accepted and part of the group. Another young woman in a Leaving Certificate group admitted to having had early sexual experiences to secure a sense of belonging, which she later came to regret:

P8: Sure I had one-night-stands when I was younger [All laugh and some incoherent comments] No, because I was younger and I was immature and I really didn’t know like. I was just doing stuff to fit in with all the crowd, I thought it was all right [A few ‘Yeahs’], but then you find out when you get older that it just isn’t like that. 
(Female, Rural, Leaving Cert, School 8/Focus Group 2)

When participants were asked as to how they came by their knowledge about their peers’ sex lives, it appeared that various sources were used: friends, hearsay, gossip and, sometimes, directly from the person him – or herself. The young people tended to communicate only within their same-sex peer group. The majority believed that sex, and particularly non-penetrative sexual activities, regularly happened in casual or brief encounters. Very few participants reported that they themselves were in stable relationships. Interestingly, those people who revealed that they had had one-night-stands were more likely to state that casual sex was common, while those who believed that sex should occur only in the context of a stable relationship believed that sex among young people usually occurred in relationships. This may reflect peer influence and the fact that those who were sexually active were more likely to have close friends who were also sexually active, with the opposite being the case for those who postponed sex. There were also participants who indicated that they had had sex with friends in their social circle, although they were not actually in a relationship.

6.5 The value of virginity

For most young people in the study, the notion of virginity did not appear to hold much value, and losing it was met with various responses from participants. Some believed that it made no difference to how people felt about themselves and did not signal adult status. For others, though, the experience of having sex reinforced a gender identity, particularly for those men who were extreme in linking their identity to traditional constructions of masculinity. Such young men believed that the experience of having had penetrative sex made them feel more positive about themselves.

There tended to be two conflicting perspectives regarding the loss of virginity. One was that the experience of first penetrative sex should occur in a relationship with a very special person. This view was the aspiration of almost all the young women and a minority of the young men, although this did not always transpire in practice. The second perspective was that virginity was like a weight around people’s necks, and first penetrative sex needed to be got over and done with. Since one could be waiting a long time for a very special person, someone less than special would do. In the following extract both perspectives are considered:
P4: Depends if you’ve had it [penetrative sex] before as well.
P: Yeah, ‘cause it’s more special the first time ‘cause you’re losing your virginity to
this person. You kinda have to make sure he’s perfect.
P: But then some people might just say, ‘Do it to get it over and done with’.
Int: Do you think that happens much?
P: I’d say it could, peer pressure and all.
P: No, I’d say it does happen. Especially being on holidays.
P: And especially how girls feel about themselves. They think and you could be
waiting for that special person a long time.
[Female, Urban, Leaving Cert, School 3/Focus Group 1]

The perspective that first penetrative sex is something to be ‘over and done with’ is
exemplified in the following quotation, where the young women suggest that having
penetrative sex is likely to bring increased status:

Int: Do you think that having had sex will actually make you feel different about
yourself, do you think it will have any effect on you?
Various: Yeah.
Int: In what way?
P1: I think you’d feel more kind of like, something like, ‘I’m out there now, I’ve done
it!’, you know, so cool or whatever. I think you’d feel better. I just think I’d feel
positive after or whatever and you’d feel happy that you’d done it and got it over and
done with and you can be adventurous or be whatever you want to be.
P2: Kind of like the next step, like when you got your period, it’s like you reach a
certain level and you go to the next level of like your development as a person.
[Female, Urban, Junior Cert, School 3/Focus Group 2]

The view that after the first special lover, one was likely to become far less selective was
a strong theme in the data. However, one participant stated that after a few sexual
liaisons with male friends within her network, she would wait until she was in a
committed relationship before having sex again. Another female noted that she was
acquainted with young women who had just one experience of first penetrative sex, and
felt that they would wait until they encountered someone really special before engaging
in a sexual relationship again.

6.6 Moving intimacy forward

The pace at which young people moved on from kissing to non-penetrative activities
varied enormously, not just with the individual person, but also according to
opportunities. These opportunities included [usually for men] meeting someone else
willing to engage in such activities. There were some interesting findings in relation to
the extent to which non-penetrative activities were considered to be a feature of ‘first-
night’ encounters. A group of rural junior cycle girls reported that masturbating a male
seemed to be a normative practice on a first intimate encounter. However, a group of
urban junior cycle boys indicated that kissing was not always routinely followed by
masturbation on a first-night encounter. How far sexual intimacies went on the first
night also seemed to depend on whether or not there was somewhere private available
to the couple.
6.6.1 Sex as unplanned and undiscussed

In many cases, young people reported that sex was unplanned in advance - something that just happened. While participants indicated that a couple in a relationship might talk about having sex in advance (usually when the young woman indicated her readiness), moving an intimacy forward was usually not discussed in casual encounters. Gender norms prescribed that young men took the lead in sexual advances. "Dropping the hand" was an expression used to denote a move from kissing to touching breasts or (usually later) the vulval area. As the level of intimacy progressed, non-verbal cues, moves and body language suggested to young males what was acceptable and what was not:

P1: She might just pull back, that would be it.
P2: You’d just get a feeling, like a signal, like body language. I don’t know what it is, you’d know . . .
Int: And would a girl actually say that [where the boundaries were]?
P1: No, it’s never said.
Int: It’s never said? It’s just hinted, how would you know . . . then?
P1: You can tell, body language.
P2: The way they’re acting.
P: Or they slap your hand of course!
(Male, Urban, Transition, School 9/Focus Group 2)

In addition to non-verbal cues, young women also communicated their boundaries verbally. As we will explore in Section 7, the spontaneity of sexual advances has implications for the practice of safer sex and condom use.

6.7 The dominant yet vulnerable male?

While both young men and women in our study appeared to invigilate one another in terms of their sexual practices, unlike young women, young men regulated their peers primarily through slagging. Slagging is an interesting mechanism of social control, because it ranged from lighthearted ‘messing’ that could draw positive attention to a young man, to covert admiration, to more hurtful sneers and put-downs. Thus a ‘total player’ might secretly enjoy getting slagged for his inordinate successes at conquest, while slagging might secretly demoralise a young man who suffered the humiliation of rejection by a woman. Whatever dimension of slagging was used, it served to communicate the norms and standards in the group. Much of this slagging appeared to occur when ‘mates’ seemed to slip from expected standards of sexual interest and achievement.

A dominant fear for many young men was that their sexual abilities would become fodder for slagging within the peer group if they were deemed to be somehow lacking. For this reason, sexual encounters between adolescents could not entirely be described as private, because a consistent dread for many young men was that their sex partners would reveal details about their anatomy or technique that would seriously threaten their masculine identity. Given the great importance afforded to male erection, penetration and ejaculation, it is not surprising that for many young men, the issue of sexual performance was a central component of their sense of masculinity. ‘Manliness’

25 Kimmel (1997:231-232) asserts that masculinity is “a homosocial enactment” [original italics], that is, through their social interactions, men observe and rank each other and evaluate the extent to which they display characteristics of “real men”.

and sexual abilities have been closely aligned historically. Since gender norms traditionally viewed women as ‘acted upon’, the level of pressure on women was less intense, although, as we will explore later, this seems to be changing in the recent period. For young men, the experience of sexual intercourse for the first time, or with a new partner, could be laden with anxiety:

P3: . . . what would the girl think . . . if you didn’t know what to do?
(Male, Rural, Junior Cert, School 2/Focus Group 3):

“Knowing what to do” in terms of sexual activities was predominantly seen as a male responsibility.26

Some young men suggested that they delayed having sex for the first time because the prospect frightened them - they simply did not have the ‘nerve’ or the ‘bottle’ for it.

The vulnerability to being demoralised by a partner’s response or by their own self-perceived poor sexual performance was exacerbated for very young men. In the following extract, male participants consider the longer-term damage that the experience of early humiliation might bring:

P: Depressing, so there is a lot of things that could happen with a young one at this age that could eh, damage you mentally about having sex [laughs].
P3: That’s why by having it [sex] at this age, if someone did say something, it could damage you from having it ever, when you’re older. You’d be afraid.
(Male, Urban, Junior Cert, School 4/Focus Group 2)

It is little wonder that the kind of information that young men sought out through the media centred on technique and mechanics. Traditional codes of femininity meant that women were not deemed to control matters when it came to sexual performance. During one of the focus groups, one boy described to others in the group a sex position that he had seen in a magazine directed at a female audience. One of his group mates then suggested that there was little use in having such information in a girls’ magazine if the editors wanted people to go out and try it, clearly implying that men were the ones to take the lead when it came to the mechanics of sex. At a different point in the same interview, another young male suggested that to be discovered looking for tips on sex from a magazine would result in a young man being “absolutely slagged”. Thus, although boys indicated that they would like more information about performance and sexual technique in sex education classes (as indicated in Section 4.5.5), ironically, they also had to behave as though they were already highly sexually confident in the presence of friends.

Since the male must be seen to be in charge and competent, sexually experienced females posed a threat to the self of the inexperienced male lover. It was indicated in one of the interviews that it would be easier for a young man to negotiate sexual pleasure with an equally inexperienced sex partner. The participant felt that a more sexually experienced woman might somehow undermine his performance, thereby threatening his masculinity. Young men appeared to have an idealized sense of what sex

26 Measor et al. (2000) observed a similar type of pressure among young men in her study. She noted that males are seen and see themselves as responsible for knowing what to do during sexual intimacies, and shame is the outcome for a boy who does not master the operation and is not competent at knowing precisely what to do.
was supposed to be like, primarily from how it is depicted in film and on television. In reality, it is probably quite rare for most people’s sexual experiences to match the erotic heights of scenes depicted on television. However, for young people, and especially males, this is the yardstick against which they judge themselves in terms of sexual performance, and what they expect sex to be like. Some found that their actual experience of sex was very different:

P: If you are clumsy like.
P: You are putting it in the wrong place.
P3: At this age like you still don’t actually know what you are doing you are just sticking it in like and hoping for the best . . . so that for a girl, and she might think that that’s what’s meant to happen to her. Like . . . then she just starts making noises and thinks that’s just the way it goes.
Int: She wouldn’t know what really you were doing to her?
P: Neither of them know properly at our age. Even when you do it a few times you are still just doing the same thing.
(Male, Urban, Junior Cert, School 4/Focus Group 2)

In such anxious moments, it is perhaps little wonder that, for some men, condom use fails to be a priority, for this is simply another source of stress. (This issue will be discussed in Section 7.)

Penis size was a major source of disquiet for young men; at the point of performance, young men worried that this hidden dimension of masculinity, now exposed, measured, evaluated and tested, would fail them.27 In one interview with urban, junior-certificate, male, working-class participants, the young men jibed and jeered at each about their penis size and relative sexual prowess as they attempted to jostle with one another for places in the hierarchy of masculinity. Wise-cracks and sneers were hurled at one another as they debased each other with insults and located one another in the pecking order. That others in the peer group might need to have sex with a pillow, that they might have a small penis, or that they might have to use artificial sexual outlets insinuated that they lacked the skills to attract real women:

P: [indicating to another] He’s a living sex machine.
P: Oral sex.
[P7 pointing at P6]: He practises on his pillow.
[Laughing.]
P: You use a magnifying glass and a tweezers. You told me.
P: He had to get a magnifying glass and tweezers.
P: See him there [points at another participant], he has one of them blow-up dolls.
Int: He has a blow up doll? Tweezers?
P: Tweezers - he cannot find it [his penis].
P: He can’t find it.
P: He has a telescope.
P: He’s the hairiest I’d say.
P: You’re thinking about that.

27 Potts (2002:137) notes that, “The focus on hardness, strength, activity and endurance in hegemonic masculine sexuality determines how a man measures his own ‘success in sex’; it centralises sex around the penis, and universalizes penises, constricting the possibilities of heterosex and limiting what counts as enjoyable male sexual experience.”
P: Your brother told me.
(Male, Urban, Junior Cert, School 7 [Co-ed]/Focus Group 1)

The roots of this kind of immature, insensitive and debasing behaviour among young men towards each other became evident in some of the focus groups: a real insecurity that their sexual anatomy and performance – key indicators of masculinity – might not be sufficiently competent. The young men appeared to be extremely fragile and vulnerable in terms of sexual prowess, and very sensitive to how their performance would be evaluated. Some suggested that even a mild degree of negative feedback would set them back and make them more nervous in future sexual liaisons. Some young men indicated that alcohol intoxication was a means of reducing the stress, anxiety and fear that they experienced about sexual performance.

In the following extract, one male participant revealed the intense pressures that some men are under and their fears about becoming the subject of ridicule by women if they are unable to perform according to the social script:

P6: If you weren’t able to come [ejaculate], ha ha, [nervous laughter], you would be afraid she would tell your friends, her friends or something and you would be marked for life. I know a friend that happened to and he was really sick, for quite a while. It’s all dying down now.
(Male, Rural, Junior Cert, School 2/Focus Group 3)

The above quotation suggests that males did worry about their reputation, but for them a bad reputation was based on deficits in sexual performance. It also displays the manner in which young women operate in sustaining traditional features of masculinity, through publicising weaknesses in the most precious aspect of masculine identity, in order to cut men down to size. In several of the focus groups, young men talked about their fears that sex partners would criticise their sexual performance, and that this information would seep back to their own peer groups through the social network. In this way, the potential power of young women comes into play in reinforcing an oppressive version of masculinity through public humiliation. While young women might have the capacity to insult a young man in an extremely hurtful manner by casting aspersions on the central embodiment of his masculinity - his sexual anatomy and performance - male peer groups co-operate in socially controlling their peers by systematic verbal assaults and put-downs. As each young man fell several rungs in the sexual prowess ladder, it simultaneously enabled others to claim a superior position. Nonetheless, for young men, the fear must always be there that they may be the next to tumble. A young man who has sexual problems during a private encounter feels wounded. A young man who is publicly exposed feels intense mortification.

6.7.1 Buttressing a masculine identity: the sexually performing female

Male performance has traditionally been theorised in relation to the ‘acted upon’ female, and indeed there is empirical evidence in this study to suggest that this notion mediates how some young people think about sexuality, as indicated in Section 5.2. An alternative perspective that appears to be gaining ground is that male self-assessment of their performance.

Our findings concur with that of Measor et al. (2000: 101) who found a great deal of insecurity and anxiety underpinning the behaviour of young males in her study, which she refers to as, “... the price they pay for the power and dominance they claim.”
performance may increasingly come from the feedback that they receive in terms of female performance. In the following extract, disappointment was expressed that female sex partners did not participate in the sex act according to the script for great sex:

P8: Yeah. There is a lot of hype about it, but it’s not all it’s hyped up to be.
P9: All the women are supposed to be screaming like and then they are just lying there . . . It’s disappointing and after the first time but . . . you try a few things here and there but . . . You get a kind of bad response and you are afraid to do it again.
P1: You think that you are not doing it right if you don’t get a good response.
(Male, Rural, Leaving Cert, School 2/Focus Group 1)

This extract (above) suggests that men may rely on female performance to enhance their own sense of pleasure, and their own sense of sex appeal and mastery. That women are supposed to make noises and perform actions indicating pleasure has now become part of the script, a shift from when women were expected to “close their eyes and think of England”, as Victorian wives were advised. 29

While ‘doing it right’ and witnessing the expressed pleasures of a female partner served to enhance male pleasure, this was not simply a manifestation of male self-centredness. Some men reported that they wanted to please, and not just to enhance their own sense of satisfaction. Indeed some young men believed that the greatest challenge for them in displaying sexual prowess was to please a sexual partner. They indicated the pride and confidence that would result from succeeding in the challenge:

P: If she told you [that you had pleased her], you’d be all proud - strutting.
P6: Yeah, you would if she told you, you would feel really good.
(Male, Urban, Leaving Cert, School 7 (Co-ed)/Focus Group 3)

The extent to which young men were keen to please varied. Some were happy to focus on receiving pleasure, while others were more concerned about giving it. Some young men admitted that their own pleasure took priority. However much young men may have approached first intercourse with trepidation, their accounts were far more likely to refer to pleasure from sex compared to those of women [which we will explore later]:

P: It’s just a pleasure, really.
Int: Do you think that that makes you – changes you in any way?
P: Makes you feel more like a man I think, but then you have the pleasure of it really.
Int: So pleasure and a bit of confidence comes in there or no?
P4: Like the first time really you are a bit shy about it when you got it first, and then you just feel deadly and you just want more of it.
(Male, Rural, School 10/Focus Group 1)

Some women believed that manifestations of female pleasure were more orientated towards reaffirming men’s sense of maleness, and that the actively responding female served men’s needs.

In negotiating intimate encounters, young men depended to a fairly large extent on the responses of their female partners to sustain a sense of masculine sexual identity. While

29 Roberts, Kippax, Waldby and Crawford (1995) note that women fake orgasms, which Holland et al. (1998) suggest may be another means whereby women fulfill men’s sexual needs, because men may expect it.
young men certainly felt that they ought to be in control, many did want to please their sexual partners. Female pleasure, far from threatening a young man’s sense of masculinity, actually served to reinforce it. The problem for some of these young men was that they were not quite sure how to please their sex partners. They risked rejection in their initial advances, they relied on trust that any ‘weakness’ in their sexual anatomy or performance would be treated sensitively and, it seems, some at least had come to depend on feedback in the form of female performance to affirm their capacity as good lovers. Broadly speaking, while males appear more dominant than females in leading and moving forward in sexual encounters, what the above data suggest is that young men do not have it all their own way. They are under peer pressure to sustain dominance, and suffer adverse consequences within the group if they do not, possibly with little emotional support. This happens at an age when they are trying to establish an identity in the shift from being boys to being men. However, not all male peer groups are equally oppressive, heralding a sense of optimism that learning less oppressive ways to express masculinity are achievable.

6.8 Female sexual pleasure

Data suggested that sexual pleasure for young women\(^{30}\) was intertwined with deep emotional commitment and feelings of ‘being in love’, or at least really liking someone:

P8: Like if you really love the person you are obviously going to like doing that [giving oral sex] with them, but other than that.
[Female, Urban, Junior Cert, School 6 (Co-ed)/Focus Group 2]

As indicated in Section 4.3, young women prepared each other for the experience of first penetrative sex, and pleasure was not something that was expected. While young men tended to speak of “pleasure” and “thrills” in relation to having sex (performance-anxiety notwithstanding), young women used a rather different language to describe sexual pleasure. Good sex (including oral sex) for women seemed to be more about “feeling comfortable” with what they were doing rather than deriving any great thrill from it. As young women shared their experiences of sex with one another during the focus groups, they were more likely to speak of degrees with which they were comfortable with the experience. This is not to say that young women did not feel in the mood for sex, because they did talk about “sexual desire”, “hormones” and “attraction”. However, the picture emerging across the sample was that young women did not get much pleasure out of the actual sexual practices in which they were engaging.\(^{31}\)

Some young women were extremely direct in stating that they did not embark on sex for their own pleasure, but rather for the male’s pleasure, and this was affirmed by others in the groups. Some participants indicated that this situation was unjust, although for others, it gave them a sense of achievement:

\(^{30}\) Female heterosexual pleasure became the subject of discussions in the 1960s when women began to challenge their passive socialisation, and engage in the ‘free love’ ideals prevalent at the time, without the restraint of derogatory labels. Alex Comfort’s best-selling publication, The Joy of Sex proposed that women were capable of multiple orgasms and could achieve high sexual arousal levels, fuelling a revision of thinking about female sexuality (Comfort 1970). The political response from feminist movements at the time was to open up discussions about aspects of sexuality, such as the issue of female sexual pleasure. “They [women] began to demand the right to define their own sexuality, to seek forms of pleasure not constrained by the set heterossexual pattern of foreplay (if you were lucky) followed by penetration, to see themselves as sexually active rather than passive objects of male desire.” (Jackson and Scott 1996: 5-6).

\(^{31}\) This finding concurs with Holland et al.’s (1998) study of young women in Britain.
Int: For a girl to perform a blow or a hand job, is there any pleasure for the girls?
General: No.
[All talk together incoherently.]
P4: There is pleasure in knowing that you are giving pleasure to him.
[All laugh.]
P12: There is pleasure in knowing that you are giving.
(Female, Rural, Leaving Cert, School 8/Focus Group 2)

In other focus groups, young women spoke about feeling proud about being able to
please, and one described her capacity to give pleasure as making her feel like God.
Other accounts suggested that the pleasure in sex was very one-sided, with participants
in various focus groups stating that, “the girls very rarely get anything back”, that males
“get their share and then they go”, and with sex described as “a guy thing.”

The latitude for male pleasure was deemed to be much wider than for females:

P5: Because they [males] seem like, well you hear that eh, oh gosh - that guys love
fingering girls and then [general agreement indicated from the group], and then they
love getting wanked and they love doing everything. And then, when it comes to you,
all you love is one thing and you don’t like wanking and you don’t like doing anything
else. Like they just get enjoyment out of everything.
(Female, Rural, Mixed, School 5/Focus Group 2)

Data from some male participants suggested that they were attuned to the notion that
women did not enjoy particular sexual practices, although the view was not shared
unanimously in the groups. Some male participants believed that women gained greater
pleasure from men giving oral sex to women. Others believed that some women found
the practice of female to male oral sex to be repulsive. There was also an indication in
data that young men appeared to sense that women liked to please men sexually. There
were, however, both male and female participants who believed that some women did
enjoy a range of non-penetrative sexual practices, indicating diversity within the broader
category of being ‘female’. One female participant highlighted the difficulty that young
women may experience in negotiating sexual pleasure with men:

Int: Okay. What about girls? Do you think girls are pushy sometimes with fellas?
P6: I think it’s kinda like a ‘him’ kinda thing. But I suppose ‘cause it’s not just lads
who want stuff, girls probably want stuff but they don’t know how to go about it. It’s
not as common.
(Female, Urban, Leaving Cert, School 3/Focus Group 1)

Our data suggest that the range of sexual practices from which some women gained
pleasure appeared to be more limited than that of men. In addition, many of the non-
penetrative sexual practices appeared to be orientated towards ejaculation and male

---

32 The possibilities identified in Comfort’s book The Joy of Sex did not quite transpire for many women whose actual
experience of sex fell short of the ‘multiple orgasms’ about which Comfort wrote (Maushart 2001). Indeed the book came
under criticism for its focus on male sexuality and concentration on how to maximise male arousal and satisfaction
(Maushart 2001). Another difficulty was the greater access to women’s bodies that a discourse of ‘free love’ afforded to
men; declining sex could be interpreted as failing to engage with the liberal discourses that emerged in the 1960s and
1970s. Koedt’s (1972) work in the 1970s put another spanner in the works in proposing that female orgasm was really
rooted in the clitoris rather than vagina (Koedt 1972). This fuelled debates about whether women actually needed
penetration (and therefore men) to get sexual satisfaction. However, as Jackson and Scott (1996) assert, heterosexuality is
not interpreted or experienced in the same way by all women.
sexual pleasure, something that many male participants themselves recognised. Interestingly, apart from anal sex, neither male nor female participants identified any sexual practices that men did not appear to enjoy, although individual men indicated their preferences for some activities more than others.

6.9 Postponing sex

Participants were asked about their perspectives on postponing sexual intercourse until marriage, and there was almost unanimous consensus that young people nowadays were not prepared to postpone sex until then. A few participants referred to the fact that marriage is happening later in the current period, and that this may be influencing people’s thinking. The very suggestion of postponing sex until marriage was deemed to be preposterous by some, although participants could name celebrities who publicly declared that they had or intended to postpone sex until marriage. However, so unconventional was the notion of sex confined to marriage for both males and females that participants believed that if young people held such views they might be too embarrassed to publicly state this.

There was just one case in the focus groups where a female participant stated that she wanted to postpone sex until marriage. In the isolated cases where other participants could name someone who had declared that he or she intended to wait until marriage before having sex, they were sometimes perceived to be somehow unlike ‘normal’ adolescents. Although sex postponed until marriage was considered by participants to be an obsolete notion in contemporary Irish society, there was reasonably strong support for the notion that young people might postpone sex until they were older. Some female participants believed that postponing sex might bring with it a sense of respect, which was the traditional mechanism through which female sexuality was regulated and controlled.

While virtually all male participants stated that they did not wish to postpone sex until marriage, a group of rural junior-cycle boys reported that they would not end a relationship where the woman wished to postpone sex until marriage. What is not clear is whether they would concurrently seek short-term uncommitted sexual relationships with other women in the period prior to the marriage. When young urban males were asked to consider a similar scenario, they believed that they would have difficulty staying in a relationship with a woman who wished to confine sex to marriage. One participant in that group suggested that one-night-stands in parallel to the non-consummated relationship would be the best solution.

6.10 Sex and the impact of alcohol

The consumption of alcohol was deemed by many participants to influence normative practices around sexuality. The general consensus was that alcohol increased the desire for sex for both men and women. In particular, alcohol was perceived to impact upon the behaviour of young women, whose gender-prescribed role was to define sexual boundaries. Both male and female participants generally believed that women become intoxicated faster and to a greater degree. There was a perception that alcohol intoxication resulted in young people, and particularly women, extending their usual sexual boundaries, and ‘going further’. There were several examples given where those with whom participants were acquainted had first penetrative sex while intoxicated.
While some participants believed that those under the influence “did not know what they were doing”, others disagreed with this, suggesting that people are very aware of what they are doing, but, when they regain sobriety, use alcohol as an excuse for having had sex. The notion of using alcohol as an exoneration for having sex tended to apply only to women. Because female sexuality is much more highly controlled with disparaging sexual labels than is male sexuality, alcohol intoxication could serve to minimise the damage done to a women’s reputation, insofar as she could still lay claim to being a ‘nice girl’ with boundaries and standards, which temporarily lapsed through intoxication. Some other women felt that intoxication extended their boundaries to a limited extent, where they might engage in kissing someone that they might not do while sober, or may “go with the flow”, while still knowing “what they were doing”.

The most common perspective of all was the belief that alcohol gives a person confidence. In a social world where subtle signals were everything, where uncertainty abounded and where moving on to the next stage of intimacy could meet with rejection at any point, alcohol served to reduce inhibitions on both sides. Alcohol also seemed to feature in the initiation of penetrative sex within a relationship.

6.11 Where do young people have sex?

Since virtually all school children live in their family home, participants were questioned about the social locations where sexual activities occurred. A huge diversity of locations were cited, indicating young people’s creativity in utilising available social space for engaging in sexual activity and signifying the agency of the these young participants. Houses were the most frequently cited locations where sexual activity occurred, and young people depended on the absence of authority figures from such locations to be free to engage in sexual activities. According to participants, family homes were locations for sexual activity among adolescents when parents were at work outside the home, out for the evening or away for a weekend. Babysitting also afforded young people opportunities for sex.

Some participants indicated that they would be uncomfortable about secretly using family homes and parents’ beds, while others suggested that they would have no difficulty with this. House parties were very frequently cited as events that presented opportunities for sex, although it appeared to depend to a large extent on the particular group of young people involved. In addition to houses, many participants knew of local areas, which were used for intimate encounters. A wide range of local places were cited, such as local commercial buildings, parks or wasteland, beaches and laneways. Night clubs were sometimes cited as locations for non-penetrative sexual activities. Some participants indicated disapproval of people being sexually explicit in public places.

---

33 Other studies have noted that young people often create a social space for themselves and that this constitutes a form of resistance to adult power (see Valentine, Skelton and Chambers 1998).

34 Participants’ agency, therefore, was influenced and enabled by conditions in their social network, that facilitated them in exploiting weaknesses in structural obstacles. In doing so, the participants constituted their own normative behaviour for the phase of adolescence.
6.12 Conclusion

Teenagers appear to have become increasingly more liberal about sexuality in the last few decades. The shifts in normative youth behaviours around sexuality may be closely related to young women’s increasingly ‘liberal’ stance in relation to sexual intimacies. At a broad level, it appears to be the agency of young women, facilitated through the processes and knowledge acquired in their social circle, primarily through friends and the media, that has redefined and re-shaped adolescent sexual norms. This has contributed to a reduction in the age at which sexual intimacies occur. Drawing on Lee (1998:459), young women’s agency may be seen as “derived from a distributed network of materials, texts, bodies and persons.” However, the notion of female agency here is problematised by the evidence that males may have more to gain from earlier sexual activities. Data gleaned in this study suggest that the kind of sexual activities that young people engage in are directed more towards male rather than female pleasure. This raises serious questions about whether the more liberal climate of sexuality really benefits young women at all. While they may be better off than their grandmothers, who lived in a fear culture as far as sexuality was concerned, they now have to negotiate their own safety and needs in a culture of adolescent sexuality that is largely self-regulated, though not without influences from outside.

6.13 Summary

- although gender codes delineating male and female behaviour have become far more fluid in recent years, they are still highly significant in imposing some degree of structure on the otherwise mutable world of adolescent intimacy
- males are expected to take the lead in the progression of intimacy, while women are expected to define boundaries
- participants were uncertain as to the prevalence of sexual practices in their wider peer group. However, data indicate that there is a great deal of diversity in terms of sexual experience within the broad category of ‘youth’, with diversity in evidence both within the same focus group and across the groups
- non-penetrative sexual activities such as masturbation and oral sex appear to be commonly practised in adolescent intimacies
- peer influence was an issue for the majority of people in the initiation of sex
- virginity was seen, on the one hand, as something to be lost in the context of a love relationship, while on the other hand it was perceived as a stigma to be removed, without the need for the relationship to be special
- intimacies tended to move forward with little or no discussion beforehand as to how far things would go; penetrative sex was often not planned or discussed in advance
- while young men occupied a position of dominance in controlling sexual interactions, they were also vulnerable should they fail to live up to the ideals of masculinity that many appeared to have internalised, particularly in relation to sexual performance
- for females, enjoying sex tended to be bound up with pleasing men sexually rather than satisfying their own desires
- alcohol seemed to enhance sexual desire for both men and women, and gave them the confidence to extend boundaries
young people, in cohesion with others in their peer group, creatively used a variety of locations in order to have sex, while circumventing the presence of authority figures.

6.14 Recommendations

Based on data presented in this section, we recommend:

• that educators consider ways in which peer influence might be harnessed to delay the initiation of sexual activity until individuals have developed the maturity to make individual choices about their sexual activities
• that sex education includes interpersonal skills-based training to enable young people to develop skills to improve communication about sex
• that young women are encouraged to negotiate and value their own needs for sexual pleasure
• that discourses of sexuality that centralise penetrative sex and non-penetrative activities aimed primarily at male pleasure are challenged, and that alternatives that take into account women’s sexual needs are afforded equal priority
• that young men develop a sense of self-worth about being male that is not phallocentric
• that the issue of adolescent alcohol consumption be addressed, through progressive alcohol policies and the creation of alternative sources of entertainment for young people.

7.0 Young people and safer sex

In this section the issue of accessing and using contraception will be addressed. We will explore how young people perceive responsibility for the use of contraception and the means by which they access contraception. In particular, we will consider young people’s experiences in using the sexual health services. The issue of carrying and using contraception will also be addressed, particularly in the context of adolescent youth culture where norms and rules of conduct about sexuality are highly gendered. With the advent of HIV/AIDS and the increase in other STIs, health education campaigns have focused on promoting condom use to make sex safer. The various reasons why condoms are not used consistently will also be explored.

When both male and female participants were asked about condom use, an almost unanimous initial response was that condoms should always be used when people are having sex, indicating that the central message about safer sex is getting through at one level. On further probing, however, a number of participants revealed that they had had sex without condoms, or knew of others in their peer groups who had had sex without condoms. As one young man put it: “Still wouldn’t think it was right but I would still go for it.” However, it would be completely inaccurate to present the overall picture depicting young people as a whole as irresponsible risk takers, since there was a great deal of diversity across the groups. Nonetheless, we will explore the reasons as to why some young people do not consistently put principles of safer sex into practice.
7.1 Young people’s knowledge of contraception

Young people understood that condoms provided protection against both pregnancy and the transmission of STIs. As indicated in an earlier section, young men in particular indicated that they would like more information on actually using condoms. Of concern is the fact that young men reported a lack of forums where they felt able and comfortable in accessing knowledge about using condoms. This uneasiness stemmed from young people’s lack of trust in those around them not to reveal information to their parents. Furthermore, while young men found it difficult to identify people from within their family from whom they could access accurate knowledge about contraception, neither could they envisage a situation where they could access such knowledge outside of their family, either from educational or medical professionals. This left young men in the vulnerable position of accessing knowledge about contraception from less reliable sources, such as their friends and peers. Girls tended to use magazines for information about contraception.

A considerable portion of young people, then, experienced limited access to accurate and reliable information about contraception in general. Notwithstanding this there was a small minority of young people who felt they could comfortably access information about contraception, both from inside and outside the home. As indicated in Section 4.2, only a minority of young people felt comfortable talking to their parents about sex.

7.2 Perceived responsibility for contraception

When young people were asked who they felt ought to be responsible for contraception, usually the response was that responsibility should lie with both partners. However, in some focus groups males were considered to be responsible for condom-use, while in others it was suggested that contraception (more generally) was a female responsibility, because the consequences were greater for women in terms of the risk of pregnancy. Some young females also felt that, ultimately, prime responsibility was theirs to ensure that contraception was used, given the fact that they would be bearing the consequence of pregnancy:

P8: No point in relying on the lad.
P5: You should rely on yourself, because if you’re safe, he’s going to be safe.
P8: Yeah, because if he wants it, and he hasn’t got one [a condom], he’s not going to wait until you go and get one.
{Female, Rural, Junior Cert, School 8/ Focus Group 1}

The fact that young females are the party who bear the risk of pregnancy led some young males to feel that the risks of unprotected sex were irrelevant to them (this issue will be explored further in Section 8). They stated that they would engage in unprotected sex, since they would not be the ones carrying the risks. In addition, since young women were perceived to be responsible for defining boundaries, they were also sometimes seen to be responsible for the consequences of making themselves available sexually.
7.3 Accessing contraception

7.3.1 Accessing condoms

A strong feature of data was the high level of awareness among young people of where they could access condoms. Numerous establishments and locations were identified as possible sources of contraception for young people: chemists, toilets in pubs or cinemas, and supermarkets. However, the fact that young people knew where they could access contraception did not necessarily mean that they felt in a position to actually do so. Participants displayed varying levels of comfort in terms of actually purchasing condoms. Usually, vending machines in the toilets of public houses were locations where condoms were most commonly accessed. Pharmacies were usually less popular outlets, because the young people had to come face to face with the vendor. While young people were generally aware that shop assistants were well accustomed to people purchasing condoms, this did not assuage the feelings of uneasiness and embarrassment they felt entering a shop or a chemist and purchasing them themselves. While young people rationalised that it would be unlikely that their purchase would be divulged or discussed some felt that the risk was too great.

Young people who lived in rural areas experienced added difficulty in accessing contraception. Many stated that they would find it particularly difficult to purchase condoms in their local pharmacy. Young people living in rural areas expressed particular fears relating to the lack of anonymity and privacy they would be afforded in a small town.

7.3.2 Accessing the contraceptive pill

We will focus here on those female participants who had experiences with the health services to access the contraceptive pill or other forms of contraception. Some young women had been prescribed the pill as a menstrual cycle regulator, and had experienced doctors who discouraged them from having sex. This sometimes caused embarrassment for the young women, especially if they were accompanied by a parent (usually their mother). Young women could only access the pill through a medical practitioner, and some of those who had done so had deliberately chosen a female GP. Urban-based young women tended to use family-planning clinics, which seemed to be unproblematic for them. While a small number of participants stated that they were comfortable and confident about taking to their GP, most were not. There was also some degree of uncertainty among young women as to what age they could access the pill without the knowledge of their parents. Those under sixteen who wished to access the service felt that this age restriction was limiting for them.

Participants used various strategies to circumvent the barriers they faced in accessing contraception. A couple of participants recounted that they had lied to the GPs about their age. One of these, at least, had deliberately consulted a GP who was not the regular doctor for her family. Another stated that she would feign other medical problems, such as dysmenorrhoea (painful periods), frequently controlled by the contraceptive pill, to secure access to it.

Difficulties in accessing the health services for sexual health matters were raised far more often in the focus groups in rural areas. In particular, young women worried about the fact that if their parents used the same medical service, GPs may reveal snippets of information that might make the parents suspicious. Even for a GP to acknowledge to
parents his or her acquaintance with their daughter, without revealing any confidential medical details, was enough to deter some young women. Rural towns did not afford much anonymity to young women trying to access the health services. One participant stated that she was in the waiting room at a GP surgery to access the ‘morning-after pill’ when her mother walked in. Another was confronted by a neighbour at a GP’s surgery. Because she was unaccompanied, she felt that everyone knew why she needed a consultation. Another described her mortification when the GP had to look up details about the morning-after pill from a book stored at the reception area. He then needed to telephone the pharmacy to check which type was in stock; the young woman was acquainted with the pharmacist, causing her to feel exposed and humiliated. In addition, a considerable number of female participants voiced concerns about whether the information exchanged between themselves and the GP would really be treated confidentially. During focus groups, some young women tried to reassure others that medical services were strictly confidential, although not all were convinced. Others were more trustful of their GP and aware of the seriousness of the Hippocratic oath. The notion of a walk-in centre for sexual health services was suggested in the course of one focus group with rural girls.

A group of girls in an urban area had been made aware of a clinic that they could attend to access the contraceptive pill as a consequence of a visit to their school by a doctor from the clinic. The doctor informed them that she would prescribe the pill to young women over the age of sixteen years.

As well as concerns about anonymity and confidentiality, a few young women stated that they would be simply too embarrassed to consult a GP for a prescription for the pill. One young woman found that using the Internet as a source of information about aspects of sexual health saved her embarrassment. In addition, the cost of going to the doctor every three months and paying the pharmacy bills was also raised as a deterrent to using the sexual health services.

Overall, the picture emerging for young women was one in which they were very aware of themselves as ‘deviants’ approaching a service designed for families and adults, where at any point their circumstances could suddenly be questioned and problematised. The issue of liberalising the sexual health service poses dilemmas for health professionals and policy makers insofar as it may be seen as another way of ‘encouraging’ and normalising early sexual behaviour. At the same time, young adolescents who are sexually active need to be protected from the adverse consequences of sexual activity. Those adolescents who are sexually active before the age of sixteen years are especially vulnerable.

7.4 Carrying condoms

The sort of gender codes of conduct that infiltrate youth sexual culture have a heavy bearing on who (male or female) carries condoms. Data strongly suggested that since young women must not be seen to be seeking out sex, it is not socially acceptable for them to carry condoms. For most young males, condoms in the possession of young females meant that they transgressed normative boundaries of femininity and were therefore categorised as ‘sluts’, likely to be ‘sleeping around’. Young females were aware of their vulnerability in relation to familiarity with and contact with contraception. While some girls believed that it would be sensible to carry condoms, gender norms prevented
them from doing so. In fact, young women regulated one another and engaged in labeling other young women who protected themselves by carrying condoms as "sluts" who were "looking for sex". Carrying condoms, then, is a risk to a young female's reputation, denoting an unacceptable level of sexual readiness or activity on their part.

This presumed level of female sexual awareness, however, was varyingly viewed as a positive or a negative attribute on the part of young males: positive because it increased their likelihood of sexual access, negative because it implied that the young woman was a 'slut' and therefore an increased risk for transmitting STIs. Ironically, the fact that the woman who carried condoms was more likely to use them, and therefore more likely to be protected from STIs was overlooked. Notwithstanding, whether it was viewed in a positive or a negative light, there was agreement between both camps that carrying condoms evinced an experience of sexual activity on the part of young females that deviated from gender codes of femininity.

Carrying condoms was not entirely unproblematic for young men. Some male participants were conscious of the fact that carrying condoms could send a particular signal to young females, portraying young males as seeking 'one thing' - sexual intimacy. This might well impede their chances of having sex, and alert the young woman to the possibility of sexual exploitation. On the other hand, though, for some young females, responsibility for condoms was perceived to be a male role, and so the expectation was that men would carry them.

### 7.5 Contraception and trust

Some males harboured suspicions that young women might trap them into a relationship by deliberately becoming pregnant, suggesting that the young men were aware of the high value that many young women place on romance and relationships. This prompted some male respondents to use condoms, even where the sex partner reported that she was on the contraceptive pill. This was particularly the case where the young men felt that a woman might be 'obsessed' with them. They expressed considerable fears in relation to having to trust young females [a] to be taking the pill correctly and [b] to actually be on the pill when they stated that they were:

\[\text{P: For all you know they [the females] are probably lying.}\]
\[\text{P: If they thought you were nice, I'd say they'd say it. They would, yeah.}\]
\[\text{P: If a girl is obsessed with you.}\]

Male, Urban, Junior Cert, School 7 [Co-ed]/Focus Group 1

Some young women, similarly, stated that they were on the pill because they did not trust that men would use condoms. Trust was more likely to occur in relationships. Ironically, the mutual lack of trust actually serves to enhance the practice of safer sex: where trust is lacking both partners take precautions. However, as we will explore in the next section, in some cases, neither takes precautions.

### 7.6 Obstacles to safer sex

Young people displayed an awareness of the significance of protection from pregnancy and STIs when having sex. In addition, most young people appeared to recognise the importance of using condoms consistently, and many indicated that it was an integral part of having penetrative sex. These young people, both males and females, were
adamant that even if condoms did "ruin the moment", they would not have sex without using them. Nonetheless, participants also reported a considerable amount of inconsistent use of contraception. Evidence suggested that a number of factors contributed to unsafe sexual practices among young people. These factors need to be considered in the context of the wider gender and normative patterns that are an integral part of adolescent sexual culture. These factors include 'knowing' a sex partner; the spontaneity of sex; male perceptions of condoms; the use of alcohol; taking a chance; feelings of invulnerability to pregnancy; and using condoms incorrectly.

- 'Knowing' a sex partner

A very strong feature of data was, for young males in particular, and to a lesser extent young women, to indicate that 'knowing' someone was enough to cause them to dispense with using condoms. 'Knowing someone' for males meant confining sexual relations to women who did not fall within the 'slut' category. Although, as indicated above, some young men stated that they would not trust that women were taking the pill, many indicated that they would not use condoms with a woman who was 'known' to them:

P3: I would go for it even with no condoms, if she said she was on the pill.
P4: If you know her, it's okay to do it without condoms, if she's on the pill.
P7: If you know she's slept around, it's different.
(Male, Urban, Junior Cert, School 4/Focus Group 3)

In spite of the widespread belief by many that young men sought out sex wherever they could find it, some young women felt confident that they could judge whether their sex partners had had multiple partners or not and so were not particularly concerned about the transmission of STIs. Like male participants, some females deemed that condoms were unnecessary if one was already acquainted with the sex partner.

While these young people might 'know' each other through their social milieu, it is most unlikely that they would really be aware of their sexual histories, particularly since data presented earlier suggested that young people do not discuss how far things will go in advance. Considering that young people no longer appear to confine themselves to monogamous relationships, it is highly unlikely that participants would also be aware of the sexual histories of the previous partners of those they 'know'. Having sex without a condom on the basis of 'knowing' someone places young people in a very vulnerable position in relation to the transmission of STIs and in particular HIV/AIDS.

- The spontaneity of sex

As indicated in Section 6.6, those engaged in an intimate encounter do not usually discuss the next physical advance, but rather send and receive signals through body language and physical manoeuvres. Verbal communication usually takes the form of the woman indicating when to stop. The lack of discussion in sexual encounters, other than verbal or non-verbal indicators to stop, has implications for the practice of safer sex. In cases where sex is unplanned, the couple are unlikely to have discussed contraception beforehand, since to do so would be to presume that sex will definitely take place. In the process of first-time intimate encounters, each party is uncertain as to whether the next move will meet with a rebuff. Given the gender codes that subtly regulate sexual
behaviour, it is particularly difficult for a woman to raise the issue of condom use during an intimate encounter, for to do so is to assume that sex will happen. The woman cannot be sure that her partner had intended to go this far and she becomes the one who stretches the boundaries, which as data presented earlier suggests, she is normally expected to defend. In addition, the proper use of condoms demands that a condom be put on as soon as the penis is hard, which can occur well before intercourse is considered to be a real possibility. In introducing the topic of condom use, the woman is transgressing gendered codes of conduct where the male leads and she either follows or, alternatively, where she defines the boundaries of any further advancement. To introduce the issue of condom use is to fast-forward on what might happen, and interferes with the spontaneous development or, alternatively, curtailment of events.35

As is indicated in the following extract, some women experienced relief when the male introduced the notion of condom use during an intimate encounter:

[Female speaker]: It is reassuring when the guy says, ’Oh no, no, like, we really have to put on a condom’, and he is really, like, if he is the one that is more like that than you being like that. It is really reassuring and you are kind of much happier about the whole thing then as well.

(Male/Female, Urban, Leaving Cert, School 6 (Co-ed)/Focus Group 1)

There was a suggestion in data that the intensity of eroticism was deemed to move at too fast a pace for it to be slowed down to put on a condom. The notion of spontaneity locates sex within the realm of romance and emotions. This removes it from the realm of reason and rationality, ousted it from a conscious decision-making process, thereby lessening the likelihood of young people effectively utilising appropriate protection while having sex:

P4: I personally think . . . sex is meant to be all nice and relaxed . . . so I wouldn’t like to say, ’We’ll get check-ups and then we’ll have sex on Saturday’, and this is the way it’s going to be. It’s all organised. I’d like it just to happen.

(Female, Urban, Junior Cert, School 3/Focus Group 2)

To plan sexual activity in terms of contraception or obtaining medical check-ups is to remove it from the realm of spontaneity and emotionalism.

There was a suggestion in one focus group with girls that the availability of post-coital (emergency) contraception might lend itself to having sex without a condom, insofar as young women would have thoughts of the morning-after pill “in the back of their minds.”

- **Male perceptions of condoms**

A further barrier to consistent condom-use is that young males perceive condoms as an inhibiting factor to their full enjoyment of sex. Although most participants in our study were adamant that it was “a case of having to” use condoms, others clearly felt that the reduction in pleasure experienced was a reason why people did not use condoms. It was suggested that young males do not necessarily perceive it as in their interest to insist on safer sex, and, according to one young man, “take the opportunity whenever they can to have sex with a girl on the pill.” Negative perceptions of condoms on the part of some young males, then, can lead to sexual activity occurring under the protection of just the

---

35 As Holland et al. (1998) propose, a woman’s decision to use a condom for safer sex may signify a sexual knowledge and lack of reserve that breaches conventional notions of femininity.
pill (or nothing at all), therefore leaving both parties open to the risks of STI transmission.

A further issue that problematised condom use for young men is that it could increase the anxiety that they experienced in relation to their penis size and sexual performance. As the following group of young men indicate, fears of pregnancy and STIs fade into the background as they try to live up to the ideals of masculinity:

Int: So there are a few things to worry about. What would be the biggest fears around having sex?
P: That you have a small willy.
P: Yeah, like fellas think more about that than getting the girl pregnant. That when you’re actually doing it, than getting a disease.
P6: Yeah, you do think more of, ‘Oh crap, what if I have a small willy?’
P4: But you can’t help it can you, not saying I have or anything!
Int: You would be more worried about your performance than things like pregnancy and things like that?
Various: Yeah.
P: Yeah, what’s she’s thinking.
[Male, Urban, Junior Cert, School 4/Focus Group 2]

Attention to penis size becomes more acute when the issue of condom use is introduced. Attempts to bring passion and reason together in condom use have taken the form of building the use of condoms into the scene. In this way, putting a condom on is done in a seductive way with stimulating manoeuvres that detract minimally from the sensuousness of the experience and the flow of the performance. This takes skill and practice and is likely to be very difficult for young people to pull off. Somehow, the reality for many young people is likely to be quite different. The male (usually) must endure the business of locating a condom packet, the struggle to open it and the endeavour to put one on without making mistakes that might demand a second attempt. All of the attention for this moment is focused on his penis, possibly heightening anxieties about penis size. In first encounters at least, since young women must not appear too eager for sex, they must wait in quiet embarrassment while this operation is in progress.

- **The use of alcohol**

In Section 6.10, we considered the influence of alcohol in relation to young people’s likelihood of having sex. According to young people, alcohol also plays a role in decreasing young people’s likelihood of using contraception to protect themselves against pregnancy and STIs.

- **Taking a chance**

There was evidence that some people were using very ineffective means to avoid a pregnancy. For example, one young woman had used information about her menstrual cycle to avoid a pregnancy, yet could actually have become pregnant then (just after a period ended). Such methods are particularly unreliable since teenage women tend to have an irregular menstrual cycle.

The withdrawal method was widely recognised to be unreliable, yet some teenagers still appeared to use it.
• *Feelings of invulnerability to pregnancy*

While there were no female participants who reported that they saw themselves as invulnerable to pregnancy, some indicated that their peers did see themselves as invulnerable to the risks.

• *Using condoms incorrectly*

There was evidence in the study that young people did not always use condoms correctly. Condoms are intended to be put on as soon as the penis is hard, but it was clear from the accounts of the young people that at least some young people put them on when arousal was well underway, and possibly after some sperm had been released prior to full ejaculation.

7.7 Young people’s recommendations regarding contraception

In an earlier section, we noted that young people indicated that they would like more school-based sex education, including information on contraception and condom use. In addition, a chief concern of participants in relation to contraception was that it should be cheaper and more affordable for young people, and more available in places that young people frequent. While condoms are readily available in chemists, public houses, clubs and shops, they are not located in the places young people frequent like youth clubs and sports centres. This means that young people may fail to access condoms because they lack the confidence to enter an unfamiliar location, such as a chemist’s or a shop, and purchase condoms. Entry to public houses or clubs can be problematic since the younger age groups are underage for admission to these locations.

7.8 Conclusion

Condom use is a key dimension in how the intimate lives of young people are organised because it demands to be fitted in to the normative social practices around sexuality. Condom use disrupts the ‘ideal’ sequence of lovemaking and deviates from the only sex script to which many young people are exposed - from watching sex scenes on television. Health education presents a message that condoms should be used because this is the most rational course of action in limiting the unintended effects of sexual activity. Rational judgement models of health education have an underlying assumption that people will act upon knowledge available to them using reason. However, the use of condoms for safer sex is not a straightforward business, but rather more complex than ‘rational-judgement’ models might imply. The social context within which intimacies occur must be considered in understanding why, in practice, condom use is inconsistent.

7.9 Summary

• young people were generally aware of the message that condoms ought to be used every time they have sex in a new or casual relationship; however, the inconsistent use of condoms appears to be widespread
• generally, males were deemed to be responsible for purchasing and carrying condoms, and females for using the contraceptive pill
• women were more likely to have accessed the sexual health services for the pill, while males tended to use vending machines to purchase condoms
• gender norms proposing that women must not appear to be seeking or too eager for sex militate against women buying and carrying condoms
gender norms make it difficult for a woman to propose in advance of intercourse that condoms be used, because for her to do so would involve her extending sexual boundaries which she is normally expected to maintain.

Other reasons why young people do not appear to practice safer sex include a false confidence that they will not contract STIs from people they know; the spontaneity of sex; decreased sensitivity of penetration for men; the added stress for young men that condom use brings; alcohol intoxication; feelings of invulnerability to pregnancy and STIs; and incorrect use of condoms.

### 7.10 Recommendations

Based on data presented in this section, we recommend:

- that young people are equipped with sound knowledge about conception, fertility and contraception through sex education
- that young people are facilitated in challenging gender norms about the purchase and possession of condoms
- that sexual health services, and especially GP services, consider mechanisms to make their services more user-friendly for young people
- that condoms are widely available in areas where young people socialise
- that contraceptives are made available at the lowest possible cost so that young people who are sexually active are not discouraged from using them.

### 8.0 Unintended consequences of sexual activities: pregnancy and sexually transmitted infections (STIs)

In this section, participants’ perceptions of some of the unintended consequences of sexual activity will be considered: in particular, pregnancy and STIs. With regard to pregnancy, building on the issues raised in Section 7 in relation to responsibility for contraception, we will explore the extent to which young people link their sexual behaviour to the possible adverse outcomes of sexual activity. Males’ and females’ perspectives on how both they themselves, their sex mates and their parents might react to a pregnancy at this stage in their lives will be considered. With regard to STIs, it was noted in Section 4.5 that participants reported having very limited information on STIs. In this section, we will consider in greater depth participants’ understanding of STIs and young people’s perceptions of the sexual health services. There are, of course, other unintended consequences of early sexual activity such as the impact on self-esteem and the psychological fall-out, which we have referred to in earlier sections.

One of the most striking aspects of teenage pregnancy in Ireland is its stability over the past 30 years, though with annual variations (see Appendix 6). The figure for 2001, for example, is fractionally lower than when the figure peaked twenty-one years earlier in 1980. Between 1972 and 2001, the percentage of young women aged fifteen to nineteen becoming pregnant in any one year has stabilised at around 2-3% - that is, for every 100 women in the population aged fifteen to nineteen years, 2 or 3 become pregnant in any given year.

The number of teenage pregnancies that might be considered to be crisis pregnancies is difficult to determine, as individual women, however young, may respond in different ways to being pregnant (Crisis Pregnancy Agency 2003). However, abortion rates have risen each year for this age group, and the increase has been consistent throughout the 30-year period, unlike the birth rate for this age cohort, which fell slightly after its peak.
in 1980. In 1972, for every 1,000 women aged fifteen to nineteen in the Irish population, just under 1 young woman (giving an Irish address) had an abortion in England and Wales (0.9/1000). For the year 2001, the corresponding figure for this age group had risen to almost 6 (5.9/1000). The abortion figures are actually higher for women in their twenties and, irrespective of age, each of these objective figures carries a personal crisis story behind it. For the year 2001 alone, 944 teenagers (those under twenty years) giving Irish addresses had abortions in Britain.

8.1 Perspectives on pregnancy among young people

Both young women and young men in this study reported that they were concerned about pregnancy as an unintended consequence of their current or future sexual actions. Not a single participant suggested that a pregnancy would be welcome at this stage in their lives. Both male and female participants were acquainted with at least one young woman in their locality who had become pregnant and some were acquainted with several. Some young people recounted local statistics on adolescent pregnancy, and where they did, these tended to be far higher than the national average (see Appendix 6). However, hardly any participants were aware of people in their locality who had been infected with an STI, although they could name celebrities who had contracted the HIV virus. It seemed to be partly for this reason that pregnancy tended to pose a far greater threat to both male and female participants than did STIs. While pregnancy was seen as a problem that could arise very suddenly and was seen as a long-term problem, STIs were not. Pregnancy carries with it a visibility that is difficult to conceal over time; it is possible to sustain privacy with most STIs, with the result that young people do not confront these frequently in their everyday lives. The issue of STIs will be considered later.

8.1.1 Anticipated female responses to a pregnancy

Young women’s concerns were often expressed in relation to their perception that they themselves, rather than their sex mates, would have to carry the responsibility should a pregnancy arise. Young women from rural areas in particular were aware of possible stigma that they were likely to experience in their locality. One young woman believed that she had been mistakenly seen as a young single mother in her local town while in the presence of her baby brother and experienced associated feelings of discomfort.

Many participants felt that a pregnancy would ruin their lives and problematise their plans for further or higher education. Some were aware of situations in their locality where a young woman was left without the support of the baby’s father. Young women’s expectations for support depended on the nature and strength of the relationship, with little support expected after a ‘one-night-stand’.

Some female participants felt that males would be less concerned about the risk of pregnancy than would females, particularly in short-term relationships. When young women were asked as to whether they would avail themselves of organisations that would offer them support in the event of a pregnancy, most indicated that they would not

36 While this concern may seem obvious it is, nonetheless, important because studies in Ireland (Greene, Joy, Nugent and O’Mahony 1989, Richardson 1991, Hyde 1996) and elsewhere (Luker 1975, Bury 1984, Phoenix 1991) have found that many young women who become pregnant believe themselves to be invincible to pregnancy and do not adequately assess their risk. Rynne and Lacey (1983) similarly found that 78% of pregnant women in their study worried only a little or not at all that they might become pregnant, although most did not want to become pregnant.

37 Based on previous research (Hyde 1999, 2003), young women’s speculations that they themselves would have to shoulder the responsibilities for a pregnancy were reasonably accurate, particularly since very few were in stable relationships.
know where to seek help. However, some participants were aware of the work of supportive organisations through television advertising. At some schools, the school counsellor was a possible source of support in the event of a pregnancy, although there was a sense of a reluctance to use this service. Friends were considered to be the primary source of assistance.

8.1.2 Anticipated male responses to a pregnancy

In spite of the perceptions of many female participants that men did not care very much about the possibility of a pregnancy, some men expressed strong fears about this. Other men revealed that they would be at a loss as to what to do and felt that they would have to accept it. When male participants were asked about who should carry the most responsibility should a pregnancy arise, in most cases both parties were deemed to be held equally responsible. However, when questioned further, for many young men, the possibility of taking responsibility if a pregnancy arose depended on their relationship with the woman rather than any unconditional responsibility for a child that might result from the union. A sense of accountability for the possible consequences of their sexual actions did not apply in all sexual liaisons, but rather depended on their relationship with the sex partner. In this sense, while women would bear the brunt of the responsibility irrespective of the nature of the relationship, young men could elude responsibility in more casual relationships. A women labelled a `slut` was the least likely to be offered support:

P5: Just say she came to your door and say, `You got me pregnant,` and you’d say, `Go away. I don’t know you`.
Int: And would you do that?
Various: No, I’d never do that.
P2: It depends if they’re a slapper that you slept with just once. You mightn’t believe them at all because it would just be...
P3: Just say, `[the baby’s father] might be someone else. Go away`.
(Male, Urban, Transition, School 9/Focus Group 3)

Less common perspectives were also presented. One young man, for example, held the view that whoever initiated the sex ought to carry the greater degree of responsibility, while another contended that the female partner was deemed to be expected to carry a greater degree of responsibility because she could have declined sex. Many male participants acknowledged that the woman would ultimately `carry the can` should a pregnancy arise. This sometimes came across in the form of empathy for a young woman who might find herself pregnant – an understanding that her life was likely to be adversely affected, and they did not want to be responsible for doing this.

Most young men articulated how becoming fathers at a young age would impact negatively on their lives. Like the young women, these young men talked about the responsibilities, impediment to their schooling, and dependency that could result from early fatherhood. A smaller number of male participants believed that their lives would not be greatly affected if their sex partner became pregnant. Some young men feared the manner in which their `normal` lives might be disrupted by the commitment that a pregnant woman might expect of them and the impact that this would have on their male friendships. There was also a fear among some young men in the study that a former sex partner might announce that she was pregnant, even when this was not
actually the case (which one male participant reported had happened to him). Two participants in the same focus group suggested that the woman might behave in this manner in order to sustain a relationship.

8.2 Anticipated parental responses to a pregnancy

In the discussion about pregnancy during the interviews, the prospect of telling parents filled most participants with dread. Anticipated responses from parents included disappointment, disappointment combined with support, and anger. Some female participants felt they would be excluded from the family home. At the extreme, one young woman suggested that she would not go home were she to become pregnant. Inability to approach their parents may be one of the reasons why some women choose abortion. In our study, some young women expected a gendered response from parents. In most cases, young women believed that their fathers would react in a more negative way.

Young women from rural areas were particularly concerned about their obligations to parents in avoiding a pregnancy. They believed that in rural areas their parents would become the target of gossip if they became pregnant. Some young women felt that the fact that the male partner may not have to tell his parents reduced his level of concern about the possibility of a pregnancy. These young women believed that the male partner’s parents would be spared from the same level of local gossip, in part because paternity can be concealed.

When asked how they felt their parents would respond to their sex partners becoming pregnant, the vast majority of male participants also speculated that responses from their parents would be mainly negative. As with data from female participants, a range of parental responses was anticipated. Though generally presented in less strong terms that female respondents’ predictions, young males anticipated parental responses ranging from initial anger followed by support, to more general hostile reactions. Even in instances where parents did not communicate about matters of sexuality with their children, participants nonetheless predicted a negative response.

Male participants were usually quick to acknowledge that young women would meet with a more negative response from parents compared with the reaction they themselves might receive, because young women would be seen as more culpable in failing to prevent the pregnancy. It was also acknowledged that the reaction was likely to vary among parents.

8.3 Perspectives on abortion

Overall, the main difficulties that the young women in our study identified with pregnancy at this stage in their lives - telling parents, thwarted education and work plans and social stigma - were the same as those that Mahon et al. [1998] cited as the main reasons why women in their study opted for an abortion. However, there were mixed perceptions of abortion within focus groups, with some young people indicating pro-life perspectives and others, pro-choice. A considerable number of female

38 In Mahon, Conlon and Dillon’s (1998) Irish study on women and abortion, a fear of telling parents was one on the main reasons that women chose to have an abortion.

39 Existing research in an Irish context (Hyde 1997) suggests that these young women’s speculations about the gendered responses of parents were broadly accurate.
participants were very open about the fact that if they found themselves pregnant in their current circumstances, they would opt for an abortion. Some participants considered that it was the cost of having an abortion that prevented some young women from having a crisis pregnancy terminated. Abortion engendered a sense of fear and shame to the extent that young women who may have had abortions did not tend to discuss it within their own social group.

Male participants attending a school in a middle-class catchment area seemed more open to talking with a partner about the course of action to be taken in the event of a crisis pregnancy. They also tended to be less negative about the possibility of a sex partner having an abortion in such circumstances.

8.4 Sexually transmitted infections

8.4.1 Knowledge about STIs

As indicated in Section 4.5, a central area of deficit in terms of sex education at school that participants highlighted was the area of STIs. Indeed, the lack of knowledge that some pupils had about STIs became very obvious in the course of the focus groups - pupils appeared to be learning new information through the questions posed by the interviewers. The interaction among young people themselves in the focus groups often elucidated gaps in their knowledge. Since oral sex and masturbation seemed to be a feature of young people’s intimate encounters, participants were asked specifically about these in relation to STIs. In some focus groups, students, even at the senior cycle, admitted that they were not aware that STIs could be transmitted through oral sexual activities and masturbation.

In other focus groups, some participants appeared reasonably knowledgeable about the manner in which STIs may be transmitted via non-penetrative activities, while others in the same focus group expressed uncertainty. Some participants suggested that oral sex might be seen as safer sex because, although young people may be aware of the transmission of diseases through oral sexual practices, they may not think about this when engaging in such practices. A considerable number of participants reported that they would have difficulty in recognising the symptoms of an STI, and, as suggested in Section 4.5, school-based sex education programmes had not prepared them well in this regard.

8.4.2 Mechanisms for avoiding STIs

When young men were asked whether they were concerned about STIs, a very common response was that they reduced their risk of contracting an STI by avoiding women who were believed to be sexually promiscuous and were therefore suspected to be carriers of disease. As indicated earlier, many participants revealed that they would have sex without a condom on the basis of ‘knowing’ a person. However, while most young men revealed that they had very loose boundaries in terms of sexual activities, and were always ready for some form of sex (penetrative or non-penetrative), as indicated in Section 5.4.1, they did not depict themselves as sexually polluting. On the basis of local hearsay within the male grapevine, young men made potentially life-changing decisions about which women were ‘safe’ for sex, and which women were likely to be contaminated. Young women were generally far less concerned about contracting STIs than they were about pregnancy.
8.4.3 The perceived threat of STIs

As indicated earlier, part of the problem was the lack of ‘visibility’ of STIs in young people’s culture. For young women, contracting an STI was particularly important to conceal because of the strong association between the ‘slut’ category and women as bearers of disease. For a young woman, revealing that she had sex was one thing; admitting that she contracted a disease was quite another. HIV/AIDS and other STIs tended to be associated with particular categories [gay people] or geographical locations [the African subcontinent], at a distance from the social lives of these young heterosexuals. On the whole, it was more the exception than the norm for young people in focus groups to register any real concern about themselves contracting HIV/AIDS.

In spite of an overall sense of complacency about STIs and HIV/AIDS, a minority of participants did express an equal concern about STIs and pregnancy, and in particular, the serious consequences of HIV/AIDS. A very small number of participants stated that they were more concerned about contracting an STI that they were of pregnancy, and these were virtually always males. By and large, though, very serious STIs such as HIV/AIDS were treated in a rather dismissive way by participants. Participants did not seem to engage with the notion that HIV placed a real threat to people having sexual intercourse without a condom in a culture of casual sex.

8.5 Young people and the sexual health services

When participants were asked their views of the sexual health services, females and males recounted very different perspectives. While male participants generally reported that they had never had to access the health services for sexual matters, female participants, especially those in the senior cycle, tended to be far more familiar with the system. As indicated in Section 7.3.2, a number of the young women had already accessed the health services for the contraceptive pill, for emergency contraception, or with problems associated with menstruation. Young women indicated that they would use these same services if they suspected that they had contracted an STI, although with great reluctance. Urban women, as indicated in Section 7.3.2, tended to use the services of family-planning clinics, which appeared to be more user-friendly for young people.

Few male participants had considered what they would do or where they might go if they suspected that they had an STI or a sexual health problem, again suggesting a general distancing of themselves from the possibility of ever developing one. In most of the rural interviews, young males tended to be unaware as to whether or not there was a special clinic in the local town. While some of the young men reported that they would be comfortable confiding in a doctor, others reported that they would not, turning to friends or siblings instead should they ever find themselves in this situation.

A number of young men felt that they would be too embarrassed to visit their regular GP, and suggested that they would travel outside of their area to achieve anonymity. Other male participants were aware that they would, of necessity, seek the services of a GP, though with great reluctance. One indicated that he would use a telephone helpline. A small number of young men in the junior cycle felt that they would have to ask their parents to accompany them, indicating their vulnerability in the transition from childhood to adulthood. Others said that they would see a doctor on the pretence to parents that they were suffering from other ailments [colds and flul]. One young man suggested that
his parents would have to locate the medical centre, as he himself would have no idea as to where it was. He reported that he felt that his parents were there to support him, and he would draw on their support if necessary.

8.6 Conclusion

While many sex education programmes focus on the idea of delaying first intercourse as a means of avoiding STIs and crisis pregnancy, the notion of postponing penetrative sex for this reason did not feature strongly in the accounts of participants. Rather, the young people focused on the use of condoms and other contraceptives to counteract the unintended consequences of sexual activity. However, while young people seem to link their sexual actions with the possible risk of a pregnancy, they do not have the same level of concern about STIs. This complacency about STIs lends itself to young people engaging in sexual activities without consistently using condoms. The implications of this for the spread of serious STIs such as HIV/AIDS are significant.

8.7 Summary

- both females and males were concerned about pregnancy, and, for most, this concern was stronger than the fear of STIs
- pregnancy posed a threat for both males and females in terms of their education and work plans, but women believed that their lives would be more greatly affected than those of their sex partners
- participants anticipated that their parents would respond negatively should a pregnancy arise, although the degree of turmoil that this was expected to create varied across the sample
- young women living in rural areas were particularly concerned about the stigma that a pregnancy would bring for their families
- young women anticipated that the level of support that they might receive from a partner in the event of an unanticipated pregnancy would depend on the relationship with him, and this view tended to be endorsed by the young men
- a considerable number of women stated that they would have an abortion in the event of a pregnancy
- participants’ knowledge of STIs varied greatly, and gaps in knowledge were evident among some participants
- participants tended to be relatively complacent about contracting STIs and tended to use very delusive strategies for avoiding STIs.

8.8 Recommendations

Based on data presented in this section, we recommend:
- that young people learn to develop a strong sense of responsibility for their actions in engaging in sexual activities
- that sex education classes challenge young men and women to consider the adverse outcomes and unintended consequences of sexual activity
- that young people are provided with a comprehensive knowledge of STIs and their prevention.
9.0 Conclusion

Adolescent sexual culture is controlled, regulated and monitored through norms and rules within the social milieu and these impose some degree of social order on an otherwise chaotic situation. Some of the social practices are reproduced from previous generations and modified to varying degrees, while others are created and developed within the cultural labyrinth itself. We have indicated how female sexuality is regulated through the use of derogatory labels and value judgements in the everyday speech patterns of both men and women. We also explored the way in which male sexual dominance is governed and sustained through social practices within male peer groups, and how young women themselves sometimes act to reinforce it. The sexual behaviour of both females and males tends to be circumscribed by gender codes, and this clearly has implications for the practice of safer sex. Overall, although the burden to maintain male dominance presents very real pressures for young men, young women come off worse when all the layers of power and regulation are explored. Their behaviour is controlled and constrained to a greater extent, yet at the same time they face the almost constant threat of male sexual pressure.

In drawing attention to the way in which adolescent sexual behaviour is regulated and controlled, we are not making value judgements to suggest that adolescents should be encouraged to be more sexually expressive, or that early sexual experimentation is healthy for young people. We are simply exploring meaning in the existing situation, and proposing that within the existing situation, young men and women do not operate in a level playing field as far as degrees of power and freedom are concerned. The challenge for parents and educators is to alter the existing situation so that young people can really make decisions with which they are at ease, and not simply act under the peer influence that permeates contemporary adolescent culture.

Through peer influence, young people seem to be propelled to conform to patterns of behaviour about which they are themselves unsure. For all of the rules and norms in adolescent culture, there is also a great deal of insecurity and uncertainty crosscutting the fun, anticipation, and excitement. Young people may have to cope with rejection and disappointment, and possibly even the humiliation of their intimate experiences being the subject of peer gossip. They must decide what 'being ready' means, whether feelings of being in love are 'real' or ephemeral, and whether they can trust potential sex partners to maintain the confidentiality of the intimacy. Our data indicate that, among the less self-assured participants, it was the pressure to embed themselves in the culture, to belong, and to feel 'normal' that fostered uncertainty and unease. Some young people wanted to embed themselves in the culture of youth, but were not particularly at ease in doing so. The insecurities and uncertainties that characterise adolescent sexual culture are created, in part, by the fact that it is to a large extent self-regulating, although not without influences from the adult world.

---

40 To draw on Swidler (1986, cited in Inglis 1998) young people are exposed to "contested ideologies" where there is regular and open questioning of traditional beliefs and values. This, Swidler proposes, leads to "unsettled lives".

41 This suggests a state of 'individualisation', a feature of contemporary societies where decisions are faced individually (Bauman 2000) through internal value systems. Morality is based on personal conscience and responsibility, and sources of moral guidance contradict one another (Bauman 1995). Drawing on Vattimo (1992), Pedersen (2000:424) describes the demands that the apparent freedoms in contemporary society can bring in terms of "being able to shift gears between multiple perspectives and thus live with the 'disorientation' which emancipation in a pluralistic world necessarily entails."

42 Theorists such as Bauman (2000:34) root many of society's current problems (unhappiness, uncertainty and so forth) with the move towards a society of individuals whose quest for individual autonomy has led to "chronically . . . disembedded individuals".
9.1 Adolescents in Ireland: a homogeneous group?

One of the objectives of this study was to explore whether the attitudes about sex, and intimate experiences of participants would vary according to the level of sex education, the type of school (same-sex or co-educational) and their social location (rural or urban). We have addressed the issue of whether greater exposure to sex education impacted on young people’s perceptions of sexuality in Section 4.5.6. With regard to the type of school, we found that the broad patterns were no different between co-educational and same-sex schools, except that boys and girls at co-educational schools tended to be in closer contact with each other, have more opposite-sex friends, and sometimes shared sex-education classes. In the case of rural and urban schools, we found that there were also very few consistent noticeable differences in the patterns emerging. While rural parents appeared to be somewhat more conservative than their urban counterparts, there was no evidence that that the young people were. Nonetheless, our data strongly suggest that young people are not a homogeneous group but, rather, are very diverse. As we have indicated throughout the report, while some patterns were more dominant than others across the interviews as a whole, there were variations in reported attitudes and practices both within groups and across groups.

There was some indication of a socio-economic patterning, insofar as boys from areas of social and economic deprivation tended to identify to a greater extent with a traditional and oppressive version of masculinity compared with those in a middle-class catchment area. Similarly, middle-class girls tended to be more assertive about their opinions on sexuality compared with working-class girls. The impact of socio-economic status needs to be considered in future research.

9.2 Sex education: where do we go from here?

How can sex educators hope to address the complexities that have been raised in this study? Deeply engrained gender codes will not easily be dissolved, but there are some strategies that might be considered. Consciousness-raising for both females and males about the way in which gender codes operate in intimate encounters is a first step. In addition, young women need to be equipped with negotiating skills to enable them to maintain the boundaries with which they are comfortable, and for those who really feel ready, the confidence to insist on safer sex if necessary. Efforts to promote self-esteem, confidence and self-worth and to help women identify and articulate their own needs are central. In addition, one way to attempt to realign the pleasure imbalance is for women to develop the skills to negotiate for their own pleasure in intimate encounters.

We have identified in data representations of what resembles traditional masculinity but also, alternative and more egalitarian ideas. Some young men in our study were already comfortable with the notion that they did not need to manifest dominance and expertise in sexual matters to secure a sense of maleness. A challenge for sex educators is that

---

43 A previous Irish study (Lalor et al. 2003:127) that compared rural and urban differences in sexual activity among young people, found that significantly fewer young people from rural areas compared with urban areas reported having experienced penetrative sex and the more common kinds of sexual activities (genital fondling, masturbation and oral sex). However, in that study, the difference was most noticeable between those living in rural areas outside of big towns (for example, on farms) and those in urban areas. The bigger the town was, the closer to urban levels that the reported levels of sexual activity became. In the case of our study, schools were located in towns, and it is not known how many of the participants were domiciled in the town, or how many lived in the surrounding areas.

44 Existing research from Britain suggests that socio-economic group (SEG) influences the initiation of penetrative sex, with those in higher SEGs experiencing first intercourse at a later age on average that those in lower SEGs (Wellings, Field, Johnson and Wadsworth 1994).
the particular version of masculinity that manifested itself most strongly for the young men in this study was an oppressive type of masculinity, casting women as objects of male sexual desire, where men take and women give. This version of masculinity is one that is reproduced within their culture, yet it is amenable to being revised through exposure to more egalitarian and positive constructions of masculinity. Sex education programmes are one possible site of dialogue, where traditional masculinities can be challenged to create a new understanding of sexuality for both males and females. This is no easy task, and is likely to be met with resistance by the young men themselves. It is likely to have a much better chance of succeeding where parents and significant others draw on the same egalitarian discourse.

It may be difficult in practice to sell the notion to young men that ‘sex drive’ appears to be, at least partly, the outcome of the social environment rather than entirely rooted in genetic factors. For those young men who remain unconvinced that ‘sex drive’ may, to an extent, be the product of nurture, they still need to learn to take responsibility themselves for dealing with their own sexual urges, irrespective of where they believe that they are rooted. Understanding the socially constructed nature of how we think about sex, including repressive discourses about male sexual conquest and the way in which females think about sex, holds the possibility of creating new opportunities for young people in the negotiation of more democratic and, indeed, safer sex.

9.3 What is needed

Based on the findings of this study, we recommend that the following areas need to be addressed:

**The role of parents**

We recommend:

- that resources be developed to help parents communicate with their children about sex in a manner that promotes dialogue and discussion
- that parents foster in their children, and especially in their sons, a respect for the sexual boundaries of other people irrespective of cultural expectations or the young men’s own ‘desires’
- that the role of parents is developed in empowering their daughters to assert what they themselves (the daughters) want in their relations with males
- that parents attempt to monitor the types of media to which young people have access to ensure that adolescents are not exposed to age-inappropriate sexual material.

**The strengthening of partnerships**

We recommend:

- that parents and teachers work in partnership to develop school-based sex education programmes within the guidelines already developed by the Department of Education and Science so that young people are equipped with the ability to make informed choices about their sexual behaviour.
The delivery and content of sex education programmes

We recommend:

• that the complexities of delivering school-based sex education programmes are acknowledged, and schools and teachers are supported in their endeavours
• that a greater degree of consistency is achieved in delivering sex education in a regular manner in schools across the country
• that aspects of sexuality are directly linked with wider components of the RSE programmes such as respect for others and the enhancement of self-worth
• that all pupils throughout the country are exposed to consistent and regular information about reproductive physiology, sexual pathologies, and contraception so that they may develop a strong sense of their risk of pregnancy and STIs should they choose to engage in sexual activities
• that young people are consulted about the content and style of sex education programmes and are simultaneously facilitated through consciousness-raising in becoming self-aware of their own biases and socialisation into gender roles
• that the Department of Education ensures that policies governing the delivery of sex education in schools promote teaching strategies that allow all pupils to engage with the subject matter, while recognising that most Irish schools have a Catholic ethos
• that innovative teaching and learning strategies are developed to enable young men to challenge traditional masculinities and societal texts and images that promote a particular version of ‘maleness’
• that educators consider ways in which peer influence might be harnessed to delay the initiation of sexual activity until individuals have developed the maturity to make individual choices about their sexual activities
• that sex education includes interpersonal skills-based training to enable young people to develop skills to improve communication about sex
• that sex education classes challenge young men and women to consider the adverse outcomes and unintended consequences of sexual activity.

The role of schools

We recommend:

• that all schools fulfil their responsibilities in delivering the sex education components of the RSE programmes
• that schools evaluate sex education teaching and identify specific teaching staff with the capacity, skills and commitment to engage school pupils in learning
• that teachers are adequately prepared for their role as sex educators.

Adolescent alcohol consumption

We recommend:

• that the issue of adolescent alcohol consumption is addressed.
Sexual health services

We recommend:

- that sexual health services, in particular general practitioners, consider mechanisms that make their services more user-friendly for young people
- that young people be informed as to where to go to access contraception, although the initiation of early sexual activity should not be encouraged
- that condoms are widely available in areas where young people socialise
- that contraceptives are made available at the lowest possible cost so that young people who are sexually active are not discouraged from using them.

The role of young people

We recommend:

- that young people develop a strong sense of individual responsibility for their actions in engaging in sexual activities.

Gender inequalities

We recommend:

- that young people are facilitated in understanding the wider dimensions of their sexual attitudes and practices in terms of justice, power, and equality
- that girls and young women are taught to be assertive in negotiating sexual interactions so that they are equipped to manage coercive intimate encounters
- that young people are enlightened about the manner in which female sexuality is regulated and the way in which this is linked to the control of women more broadly in society
- that young women are encouraged to negotiate and value their own needs for sexual pleasure
- that discourses of sexuality that centralise penetrative sex, and non-penetrative activities focused primarily on male pleasure are challenged, and that alternatives that take into account women’s sexual needs are afforded equal priority
- that young men develop a sense of self-worth about being male that is not based on their sexual abilities.

9.4 Main areas for action

The main areas for action are as follows:

Education and information services

- the provision of educational programmes for parents to enable them to better understand adolescent sexuality and to facilitate them in educating their children about sexuality
- the strengthening of existing structures for parents and teachers to work in partnership in developing sex education programmes
• increased support in terms of financial and human resources for schools and teachers in their implementation of the RSE programme, in addition to those people already employed by the Department of Education and Science
• additional training, preferably through accredited third-level post-graduate programmes, for teachers engaged in the teaching of RSE, to facilitate them in teaching the complex topic of sexuality
• attention in the design of sex education materials to the wider cultural context of adolescent sexual behaviour, so that gender-based power differentials are not reproduced.

Sexual health services
• sexual health services need to consider mechanisms to make services more user-friendly for young people
• condoms need to be widely available in areas where young people socialise
• the cost of contraception should be at the lowest possible level so as not to discourage sexually active young people from practising safer sex.

Cultural dimensions (these mediate the educational services referred to above, as cultural change requires consciousness-raising through education)
• the development of a sex education curriculum that facilitates young people in understanding the wider dimensions of their sexual attitudes and practices in terms of justice, power and equality
• at a broad level, discourses of sexuality that centralise penetrative sex and non-penetrative activities aimed primarily at male pleasure, need to be challenged. Alternative discourses that take into account women’s sexual needs ought to be afforded equal priority
• positive media influences need to be promoted that present less restrictive gender codes for young men and women and enhance responsible sexual behaviour
• progressive policies on alcohol need to be developed and a range of alternative alcohol-free social outlets made available for young people. Additional education concerning the adverse effects (such as crisis pregnancies) of excessive alcohol consumption needs to be provided.
10. References


Understanding teenage sexuality in Ireland


Gray, J. (1992) Men are from mars, women are from venus. Thorsons, London.


PHLS [2002] Sexual heath in Britain: Recent changes in high risk sexual behaviours and the epidemiology of sexually transmitted infections including HIV. HIV/STI Division, PHLS Communicable Disease Surveillance Centre, London.


Sheerin, E. (1998). Life as it is: values, attitudes and norms from the perspective of midlands youth. Midland Health Board.


Understanding teenage sexuality in Ireland


### Appendix 1

**Distribution of schools that declined to facilitate focus groups**

<table>
<thead>
<tr>
<th>Type</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural Co-ed</td>
<td>3</td>
</tr>
<tr>
<td>Rural Girls’</td>
<td>3</td>
</tr>
<tr>
<td>Rural Boys’</td>
<td>2</td>
</tr>
<tr>
<td>Urban Co-ed</td>
<td>1</td>
</tr>
<tr>
<td>Urban Girls’</td>
<td>1</td>
</tr>
<tr>
<td>Urban Boys’</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>12</strong></td>
</tr>
</tbody>
</table>

### Appendix 2

**Profile of the sample**

<table>
<thead>
<tr>
<th>Overview</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of participants</td>
<td>226</td>
</tr>
<tr>
<td>Number of female participants</td>
<td>102</td>
</tr>
<tr>
<td>Number of male participants</td>
<td>124</td>
</tr>
<tr>
<td>Number of focus groups</td>
<td>29</td>
</tr>
<tr>
<td>Number of leaving certificate groups</td>
<td>12</td>
</tr>
<tr>
<td>Number of junior certificate groups</td>
<td>11</td>
</tr>
<tr>
<td>Number of transition year groups</td>
<td>3</td>
</tr>
<tr>
<td>Number of mixed groups [senior and junior cycle mixed]</td>
<td>3</td>
</tr>
</tbody>
</table>
### Rural (5 schools)

<table>
<thead>
<tr>
<th>Co-ed</th>
<th>Male</th>
<th>Male</th>
<th>Female</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>School No. 1</td>
<td>LC (m)</td>
<td>LC (f)</td>
<td>JC (f)</td>
<td>Mxd</td>
</tr>
<tr>
<td>School No. 2</td>
<td>LC</td>
<td>JC</td>
<td>LC</td>
<td>Mxd</td>
</tr>
<tr>
<td>School No. 10</td>
<td>JC</td>
<td>JC</td>
<td>LC</td>
<td>Mxd</td>
</tr>
<tr>
<td>School No. 5</td>
<td>LC</td>
<td>LC</td>
<td>LC</td>
<td>JC</td>
</tr>
<tr>
<td>School No. 8</td>
<td>Mxd</td>
<td>Mxd</td>
<td>Mxd</td>
<td>LC</td>
</tr>
</tbody>
</table>

| 8 | 7 | 8 | 9 | 7 | 5 | 8 | 8 | 6 | 8 | 7 | 7 | 11 | 12 | _ |

### Urban (5 schools)

<table>
<thead>
<tr>
<th>Co-ed</th>
<th>Co-ed</th>
<th>Male</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>School No. 6</td>
<td>LC (m/f)</td>
<td>JC (f)</td>
<td>JC (m)</td>
<td>T</td>
</tr>
<tr>
<td>School No. 7</td>
<td>JC (m)</td>
<td>LC (f)</td>
<td>LC (m)</td>
<td>T</td>
</tr>
<tr>
<td>School No. 4</td>
<td>JC</td>
<td>LC</td>
<td>LC</td>
<td>T</td>
</tr>
<tr>
<td>School No. 9</td>
<td>LC</td>
<td>JC</td>
<td>LC</td>
<td>T</td>
</tr>
<tr>
<td>School No. 3</td>
<td>LC</td>
<td>JC</td>
<td>LC</td>
<td>_</td>
</tr>
</tbody>
</table>

| 5 | 6 | 6 | 10 | 8 | 8 | 8 | 7 | 8 | 9 | 8 | 8 | 8 | 8 | 8 |

### Notes

1. The school number refers to the order in which the interviews were undertaken.

2. In the case of co-educational schools, female focus groups are identified as ‘(f)’ and male as ‘(m)’. In the case of one group (at Sch 6), a group was a mixed sex group ‘(m/f)’.

3. ‘Mxd’ denotes that the focus group was drawn from a mix of junior and leaving certificate pupils.

4. ‘T’ denotes that students were in their transition year.

5. The last row indicates the number of participants in each group.
Appendix 3

Information for and consent from parents

Post-primary pupils’ perspectives on sexuality, and the factors that influence their sexual knowledge and behaviour

This information sheet contains information to help you decide if you would like your child to take part in this study.

Who is funding and doing this research?

The research is funded by the Crisis Pregnancy Agency which was established in 2001 under the Health (Corporate Bodies) Act 1961. The Crisis Pregnancy Agency is mandated to prepare and oversee a strategy to provide for a reduction in the number of crisis pregnancies through educational and other services. The research will be conducted by a team of researchers from University College Dublin. The research project commenced in August 2003, and is due to be completed in February 2004.

What is the purpose of this study?

The purpose of this study is to answer the questions, ‘What are young people’s views on sexuality and sexual behaviour?’ ‘To what extent do young people link behaviour with consequences?’ ‘How do young people learn about sex?’ ‘What factors influence how young people think about sex?’ We are interested in your child’s views and opinions. It is hoped that the findings from this study will directly inform educational programmes on a planning level, in terms of their content and delivery, and allow for a greater input from students in the development of such programmes. It is also hoped that findings will help to inform communications campaigns targeted at preventative behaviour/information supports for young people.

How will this information be sought?

Through a once-off group interview in which 8 children will be interviewed together. Two trained research staff will be present during this interview. Your child will not be interviewed alone. What is sought is the spontaneous views of the young people; the interviewers will not be presenting their own ideas, or setting any agenda.

Where will the interviews take place?

At your child’s school, during school time.

Who else is involved?

Over 250 children at 12 schools in rural and urban areas throughout Ireland. The name of your child and your child’s school will remain anonymous. We are only interested in knowing your child’s name to establish that you, the parent, have given consent for participation.

What will my child’s participation involve?

We anticipate that each group interview will last between one and one-and-a-half hours. To ensure that we have an accurate account of the information given, a tape recorder will be used to record the interview.
Does my child have to participate?

No, participation is entirely voluntary. Children who agree to participate (with the consent of their parent(s)) will also be free to leave the interview at any time. If you decide that you do not wish for your child to participate, or if your child wishes to leave the interview, you will not be asked to give your reasons; we will accept your decision.

What will happen to the information from this interview?

Once the interview is over, the information on the tape will be transcribed onto paper so that we can read it and begin the process of looking at the information for common meanings across groups. As the study progresses, the findings from the different schools will be compiled. The study will initially be disseminated in a research report, and later in academic journals.

Where will the information be stored and for how long?

The tape recording will be stored, under an allocated code number/pseudonym, in a locked drawer in the researchers' workplace. The tape recording will then be transferred to a password protected computer. Any subsequent printed transcripts of the interviews will also be stored in a locked drawer. Your child’s name or the name of the school will not appear on the transcript. Each tape recording and written transcript will be given a number for identification purposes. The researchers will be the only people who will know what number corresponds to your child’s school and this will not be divulged to anyone. This means that you neither your child nor his or her school will be identified from the information provided. At the end of the study, the tape will be destroyed. All information will be treated as strictly confidential in compliance with the law.

Further information

If you wish for further information regarding this study please contact Etaoine Howlett or Dr Abbey Hyde at [number provided].

If having read the information sheet, you wish for your child to participate in a group interview, please complete the consent form below, and ask your child to return it to the school tomorrow. You may keep one copy of this information for your own records.

Thank you very much for taking the time to read this information.

Dr Abbey Hyde, Principal Investigator.

-------------------
Consent Form
-------------------
I give my consent for my child to be included in the above study.

I understand that my child’s participation in this study is voluntary and that it involves a once-off group interview with other children.

Signature of parent(s) ___________________________ Date __/__/____

Name of child ___________________________

Signature of researcher ___________________________ Date __/__/____
Appendix 4

Information for and consent form for participants

Post-primary pupils’ perspectives on sexuality, and the factors that influence their sexual knowledge and behaviour.

Pupils must also have the written permission of their parent(s)

This information sheet contains information to help you decide if you would like to take part in this study.

What is the purpose of this study?

The purpose of this study is to answer the questions, ‘What are young people’s views on sexuality and sexual behaviour?’ ‘To what extent do young people link behaviour with consequences?’ ‘How do young people learn about sex?’ ‘What factors influence how young people think about sex?’ We are interested in your honest views and opinions.

How will this information be sought?

Through a once-off group interview in which you would be interviewed in a group with 7 other pupils. Two trained research staff will be present during this interview. You would not be interviewed alone. What is sought are the honest views of the young people in the group; the interviewers will not be presenting their own ideas, or setting any agenda.

Where will the interviews take place?

At your school, during school time.

Who else is involved?

Over 250 pupils at 12 schools in rural and urban areas throughout Ireland. Your name, and the name of your school will not be known to anyone apart from the researchers.

What will my participation involve?

We anticipate that each group interview will last between one and one-and-a-half hours. To ensure that we have an accurate account of the information given, a tape recorder will be used to record the interview.

What will happen to the information from this interview?

Once the interview is over, the information on the tape will be typed up and printed out so that we can read it and begin the process of looking at the information for common meanings across groups. Your name or the name of the school will not appear anywhere. All information will be treated as strictly confidential in compliance with the law.

Do I have to participate?

No you don’t, it is up to you yourself. If you do wish to participate you will need your parent(s)’ consent in writing. If you do agree to take part, you will also be free to leave the group interview at any time should you so wish. You will not be asked to give your reasons; we will accept your decision. If there are more than 8 pupils in your class who (with the consent of their parent(s)) wish to participate, a raffle will be held to select 8
names, so that all pupils are treated fairly.

If having read the information sheet, you wish to participate in a group interview, and your parents agree that you may participate, please complete the consent form below.

Thank you very much for taking the time to read this information.

Dr Abbey Hyde, Principal Investigator.

Consent Form
I give my consent to be included in the above study.

Name of pupil ________________________

Signature of pupil ________________________ Date __/__/__

Signature of researcher ________________________
Appendix 5

Interview guide
Please use the following as a ‘trigger’ list to invite discussion rather than a ‘question’ list.

Sex education
Are sex education classes given at this school? Tell me about them? [Content, and who teaches it; how are they conducted and what the main message is; how satisfied are you with them?]

How/where did you first learn about sex?

Where have you learnt about sex since then? [Media etc.]

Have you ever discussed sex with your parents, brothers/sisters? [When, where, what was said etc.]

When you girls (or boys) get together do you ever mention sex? [In what context – jokes, serious discussion etc.]

Sexual practices
What do you think about people having sex with each other? [How long should they know each other, what should they know about each other, is there a ‘right’ age, what does it depend on etc.]

What do you think about people of your age having sex with a number of different people? Do you think that it is different for boys and girls? [Indirectly ask about the sexual double-standard.]

Do you know of people your own age who have had sex?

Is there a pressure hanging over people to have penetrative sex, so that they are no longer virgins?

Do people of your age have oral sex? How do you know? [A lot of people say that young people have oral sex [head/blow job] these days – is that true?]

If people of your age are having sex, where (location) and when do people of your age have sex?

Do alcohol/drugs influence sexual behaviour?

Would you ever be afraid of losing a boyfriend/girlfriend by not having sex?

Do you think some boys/girls can be pushy?

Who usually makes the first moves [making passes, kissing, feeling] nowadays?

Do you have a sense of what you would or would not do in a situation with a boy/girl?

What are your views about people abstaining from sex until they are older? [What’s the right age/circumstances do you think?]

[If it comes up that some have had sexual intercourse] What is sex really like? Was it
really all that it was cracked up to be? Before you had sex, what did you expect it to be like?

Do you think that having had sex or not having sex makes a difference to how you feel about yourself?

Is there a pressure nowadays for boys/girls to feel that they should have sex? Where does this pressure come from?

Have you heard about the notion of ‘date rape’. What do you think of it? Why do you think that it happens?

**Contraception**

Who do you think should be responsible for using contraception? [Boy/girl/both.]

What do you think about people carrying condoms? [Boys carrying condoms, girls carrying condoms.]

Do you think that you would ever have sex without a condom? If so in what circumstances?

Why do you think that crisis pregnancies happen?

Do you think that you have enough knowledge about contraceptives? Where did you get your information on contraception?

What contraceptives have you heard of?

How easy is it to get contraceptives?

Where would you get them?

How would you feel about going to a doctor, nurse, or pharmacy for contraceptives?

Do you know how contraceptives work?

What do you think of condoms? At what point should on a condom be put on?

Do you think that people your age might be tempted to ‘take a chance’ the odd time?

**Pregnancy and STIs**

Do any of you worry about getting pregnant? [For the boys, their sex partner getting pregnant.]

If you [for boys – someone they had sex with] got pregnant now or in the next couple of years, how would it affect your life?

How do you think that your parents would respond?

What other things might you consider about having sex? [AIDS/STIs.]

How might you prevent STIs/HIV?

Would you know where to go if you were concerned about AIDS/STIs?

How do you think that things might be improved so that girls/boys of your age can
prevent crisis pregnancies/STIs and feel better about themselves with regard to sexual matters? Do you think that people who work in health care could make things better for young people? [How etc.]

Factors influencing sexual attitudes and behaviour
What do you think has made a difference to how you think and behave about sex? [The following are prompts if you need them.]

• What your friends/other young people say
• What parents/teachers have told you
• Fear of consequences
• Fear of parents’ responses to a crisis pregnancy
• Knowledge of people with a crisis pregnancy
• Religious beliefs
• Sexually transmitted infections [STIs]
• AIDS
• Magazines/the media
Appendix 6

Number of pregnancies (abortions and births) to females in Ireland under twenty years per 1,000 females in the population aged 15-19 years

<table>
<thead>
<tr>
<th>Year</th>
<th>Total number of females in the population aged 15-19 years</th>
<th>Number of births to females under twenty per 1,000 females in the population aged 15-19 years</th>
<th>Number of abortions to those aged 15-19 years per 1,000 females in the population aged 15-19 years</th>
<th>Number of pregnancies to females under twenty per 1,000 females in the population aged 15-19 years (agg. of births and abortions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1970</td>
<td>125,200</td>
<td>16.84</td>
<td>0.2</td>
<td>17.04</td>
</tr>
<tr>
<td>1972</td>
<td>133,900</td>
<td>21.20</td>
<td>0.9</td>
<td>22.10</td>
</tr>
<tr>
<td>1974</td>
<td>140,000</td>
<td>22.55</td>
<td>1.4</td>
<td>23.95</td>
</tr>
<tr>
<td>1976</td>
<td>146,000</td>
<td>21.80</td>
<td>1.6</td>
<td>23.40</td>
</tr>
<tr>
<td>1978</td>
<td>151,700</td>
<td>21.67</td>
<td>2.3</td>
<td>23.97</td>
</tr>
<tr>
<td>1980</td>
<td>157,200</td>
<td>22.77</td>
<td>3.0</td>
<td>25.77</td>
</tr>
<tr>
<td>1982</td>
<td>159,400</td>
<td>20.63</td>
<td>3.3</td>
<td>23.93</td>
</tr>
<tr>
<td>1984</td>
<td>162,000</td>
<td>17.82</td>
<td>3.2</td>
<td>21.02</td>
</tr>
<tr>
<td>1986</td>
<td>161,200</td>
<td>16.24</td>
<td>3.4</td>
<td>19.64</td>
</tr>
<tr>
<td>1988</td>
<td>162,500</td>
<td>15.11</td>
<td>3.2</td>
<td>18.31</td>
</tr>
<tr>
<td>1990</td>
<td>161,000</td>
<td>16.57</td>
<td>4.0</td>
<td>20.57</td>
</tr>
<tr>
<td>1992</td>
<td>159,000</td>
<td>17.05</td>
<td>4.4</td>
<td>21.45</td>
</tr>
<tr>
<td>1993</td>
<td>154,000</td>
<td>15.63</td>
<td>4.2</td>
<td>19.83</td>
</tr>
<tr>
<td>1996</td>
<td>165,600</td>
<td>16.68</td>
<td>4.5</td>
<td>21.18</td>
</tr>
<tr>
<td>1998</td>
<td>168,000</td>
<td>19.06</td>
<td>5.3</td>
<td>24.36</td>
</tr>
<tr>
<td>2000</td>
<td>160,500</td>
<td>19.41</td>
<td>5.4</td>
<td>24.81</td>
</tr>
<tr>
<td>2001</td>
<td>156,200</td>
<td>19.76</td>
<td>5.9</td>
<td>25.66</td>
</tr>
<tr>
<td>2002</td>
<td>152,000</td>
<td>19.59</td>
<td>Figures not yet published</td>
<td></td>
</tr>
</tbody>
</table>


Notes re. Table of Appendix 6

1. The total number of females in the population aged fifteen-nineteen years were obtained from the CSO’s Vital Statistics reports in which the estimated population according to sex and age are tabulated for each of the years.
2. The number of births recorded to women aged under twenty years were obtained from the tables indicating births registered and classified by age of mother at maternity in the CSO’s Vital Statistics reports, and more recently the CSO website (www.cso.ie).

3. The abortion figures reflect only those young women who gave Irish addresses. They do not include the very small number of females under fifteen years of age giving Irish addresses and who have abortions in England and Wales. However, the inaccuracies here are expected to be very slight since only 1.2% of all abortions to those under 20 [n=12] were to girls aged 14 and under for the year 2001.

4. Adolescent births per 1,000 females aged fifteen-nineteen years were obtained by calculating the percentage of births to those under twenty years, in relation to the number of women in that age cohort in the population for each year and multiplying the percentage by ten to get the rate per 1,000 females in the population. It should be noted that the number of births to those aged fifteen and under is aggregated in the Report on Vital Statistics, which means that the small number of girls aged fourteen and under who are included in the figures of births to women under twenty, but not in the total population aged fifteen-nineteen years, will affect the calculations. However, the number of births to those aged fourteen are so small (2.2% of all births to those under 20 years for 2001) that the inaccuracies resulting will not be significant.

5. The number of pregnancies to females under twenty per 1,000 females in the population aged fifteen-nineteen years (aggregate of births and abortions) does not include the number of spontaneous abortions (miscarriages) that occurred.