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Masculinities and young men's sex education needs: problematising client-centred health promotion approaches

Abstract

In recent decades, dominant discourses in health promotion have emphasised empowerment, client participation and the notion of people identifying and being facilitated to meet their own health needs. However, there has been little analysis of the concept of 'need' and the possibility, at least, that the fulfillment of some such self-defined needs are not in the interest of social justice and equality. In this article, we present an account of the sex education needs of secondary school pupils from their own perspectives, and problematise the concept of self-identified needs in health education. Twenty-nine focus group interviews were conducted with 226 secondary school pupils in Ireland, and data were subjected to a qualitative analysis. Findings suggested that young men tended to prioritise practical guidance that would provide them with the skills and confidence to take the lead in sexual encounters, and display competence in the act of penetrative sex. We argue that these self-defined sex education needs emanate from a culture of traditional masculinity where, for a male, one's place in the pecking order is derived from one's capacity to conquer, lead, and display mastery with regard to sex. In the discussion, we attempt to unpack the notion of clients identifying their own needs and the concept of empowerment as it relates to our data, in the context of gender-based structural inequalities.

Key words: Sex education; masculinities; client-centred approach.

Introduction

Those who have followed health promotion developments even fleetingly over the past few decades will be familiar with dominant thinking within the field since the Alma Declaration in 1978. In its simplest form, this new wave health promotion embraces a bottom-up rather than a top-down approach (Catford, 2004), where health workers focus on enabling and empowering people to identify and meet their own needs, rather than prescribing what is good for them in a paternalistic manner. This is, of course, merely one aspect of contemporary health promotion ideals, but one in which we will focus here. This anti-authoritarian philosophy mediating contemporary health promotion discourses (MacDonald, 1998) has generally been considered to be a positive development, expanding Enlightenment principles of freedom, equality and democracy. This style of health promotion is often considered under the banner of the 'community development approach', but of course it does not need to be confined to the notion of geographical communities.

In this article, we present data from a wider study of secondary school pupils' perceptions of sex and sexuality, and focus specifically on the issue of young men's self-identified needs in relation to sex education. In the discussion section, we consider this data in relation to central issues in contemporary health promotion theory.

Methodology

This study invoked a qualitative methodology, which was deemed to best serve its aims and objectives. The Department of Education and Science's website facilitated the search of post-primary schools by location, type of school and size of school. A list of schools was drawn up, half in the city of Dublin, and half in rural areas. Although Relationships and Sexuality Education (RSE) had just become mandatory in Irish schools, an Expert Advisory Group concluded that sex education provision was "generally uneven, uncoordinated and sometimes lacking" (Inglis, 1998:3), and it was impossible to determine the nature and extent of sex education at the schools in advance of their selection.

The method chosen to collect data was the audio-recorded focus group interview, as this had been used previously in researching sexual matters and was found to be useful in exploring sensitive issues (Robinson, 1999). In addition the interaction among participants had the potential to generate richer data about the cultural norms of the adolescents. Once schools had agreed to facilitate the focus groups, written consent was obtained from both participants themselves, and from at least one of their parents or guardians. It was initially anticipated that 12 schools would be involved in the study, but it transpired that enough diversity and saturation had been achieved after 29 focus group interviews had been conducted at 10 schools. This is a sample size of extensive empirical scope - most focus groups consist of 4-5 interviews (Kitzinger, 1994). In all, 22 schools were approached of which 12 declined. At each of the 10 schools, 3 focus groups were conducted, with one exception where there were insufficient numbers of pupils willing to participate for one of the focus groups. Each focus group was comprised of 5-12 pupils and apart from one, groups were single sex. In all, 226 young people (102 females, and 124 males) participated in the study. The sample was comprised of pupils from both the Junior Cycle (15 or 16 years), and the Senior Cycle (18 or 19 years)¹. The data collection commenced in October 2003, and finished in January 2004. A tabular profile of the sample is indicated in Figures 1 and 2.

In this study, a research strategy resembling grounded theory (Glaser and Strauss, 1967, Glaser, 1992) was used to analyse data. Grounded theory, noted for its value in analysing groupwork (Kitzinger, 1994), is concerned with developing theoretical insights using the constant comparative method. The constant comparative method is a strategy whereupon incoming data are compared and coded into conceptual categories with similar items grouped together in a particular category. At the outset of this study, interviewers familiarised themselves with an 'interview guide' which was later subjected to scrutiny and revisions as new issues, previously unanticipated, emerged.

In both quantitative and qualitative research on young people, questions have been voiced about the validity of responses or accounts on the topic of sex, as these may be influenced by cultural expectations (Conner & Flesch 2001; Holmberg, 1998).

¹ The Junior Cycle culminates in the Junior Certificate examination and the Senior Cycle in the Leaving Certificate examination. In all apart from at one school, pupils were in their examination year.

Gendered expectations raise concerns that males may exaggerate their sexual experiences, while females might play theirs down. Moreover, people may hold views about sex, but may actually behave in ways that are contrary to these views. Using focus groups with adolescents creates further challenges for researchers, particularly since group interaction can influence the status of the knowledge produced. We noted that at times during the interviews, episodes of acting out lent support to the very phenomena that participants were retrospectively recounting as a feature of their culture. In a separate article (Hyde et al, in press) we argue that what appear to be exaggerated or contrived aspects of data generated in focus groups may actually be a trustworthy representation of sub-cultural group processes. However, we also elucidate the dilemma that researchers face in distinguishing which parts of the interview mimic normative group cultural dynamics, and which parts can be taken at face value.

Findings

While the main focus in this paper is on the self-defined sex education needs of young men, a brief summary of the needs of the young women is useful in contextualizing data. Although a strong theme emerging from young women's accounts was the need for greater exposure to learning material on the topics of contraception, sexually transmitted infections (STIs) and how pregnancy arises, what distinguished the young women's needs from those of the young men was their additional interest in covering the topics of emotions and relationships in sex education classes.

While young men and women did identify some shared issues in terms of their sex education needs (such as more information on STIs), unlike their female counterparts, males tended to want more information on the 'practical' issues around the mechanics of sex.

Int: Did you get sex education in school?

P4²: Just . . . general knowledge [General laughter].

² '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.

P3: There was no practical side to it! [General laughter].
(Male, Rural, Leaving Certificate, School 1 (Co-ed)/Focus Group 1)

Among the practical issues raised was the need for instructions on using condoms correctly:

Int: Do you think that there is anything that nurses, school counsellors, people like that could be doing?

Several: Yeah

P6: Like in England they have instructions to show you how to put on a condom like and here they just show you a video and that's all they do.

P7: Like instructions.

(Male, Rural, School 10/Focus Group 1)

Young men's sex education needs tended to be presented in an objective and emotionally detached way, with a priority on acquiring practical knowledge on how to conduct themselves in sexual encounters.

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 practical advice as to how to sexually please a partner, and 'what to do'.

P2: There was nothing about how to please a woman . . .

P3: You need more things like, a lot of people don't know about 'em, what to do.

(Male, Rural, Junior Certificate, School 2/Focus Group 3)

However, when it came to transcribing the tapes, it was not always possible to distinguish which participant was speaking, and this is so where 'P' appears without a number. They 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.

In some groups, while the need for more knowledge about how to act in sexual encounters was cross-cut by expressions of immaturity, the young men nonetheless expressed their need for information on the psychomotor and physical dimensions of sex.

Int: Do you think that if there was a [sex information] service . . . what would you like...?

P: Just a service that gives you advice on like [interrupted].

P3: What to do in your situation like what you are doing. . .

P1: Probably porn stars like they're going to do the right thing – they know how to do it proper [laughs].

P3: Yeah, there'd be some riding [sexual activity (vernacular)] going on in there! [laughs]

(Male, Urban, Junior Certificate, School 4/Focus Group 2).

The priority of male sexual performance in a culture of traditional masculinity

Boys' needs for a specific form of sexual health education appeared to be rooted in a culture of dominant traditional masculinity. According to this construction of masculinity, one's identity as male is strongly associated with one's achievements in sexual conquest (Giddens, 1992). Displaying sexual prowess, mastery and conveying a strong interest in matters of sex and sexual pursuit are also dimensions of this version of masculinity. One's sense of self-esteem in the hierarchy of masculinity is judged by the number of sexual conquests, and one's sexual performance (Measor *et al*, 2000). To varying degrees, male participants in our study were influenced by this sense of masculinity, believing that males rather than females should lead, direct and know how to act in sexual encounters. For young men, performance anxiety was an overbearing feature in how they viewed sex.

P3: . . . what would the girl think . . . if you didn't know what to do?

(Male, Rural, Junior Certificate, School 2/Focus Group 3)

P2: It would be worse if she wanted to [have penetrative sex] and you couldn't perform.

(Male, Urban, Transition, School 9/Focus Group 3)

P1: You would feel nervous hoping you are doing it right . . .

P: Hope you're not making a fool of yourself. . .

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.

(Male, Urban, Junior Certificate, School 4/Focus Group 2)

The cultural expectation of male control in sexual encounters is borne out clearly in the following quotation in which one young man describes a sex position that he saw in a magazine directed at young women. His group-mate's response clearly conveys the cultural expectation that this information is irrelevant for females.

P1: . . . it had a diagram of, like, a guy sitting on a chair. Anyway, he was lying down and [interrupted] . . . they want people to go and try different positions.

P2: But it was in a girl's magazine! What's the point in having it in there? Do they want people to go out and try it?

(Male, Urban, Transition, School 9/Focus Group 2)

Taking the lead in getting into positions during sexual encounters was clearly seen as a male role. At the same time, in openly seeking out information about enhancing one's sexual technique, young men risked aspersions being cast upon their sexual prowess. One young man revealed how the male peer group monitored and invigilated cultural norms of masculinity:

Int: Are there any magazines for your age group?

P1: No, not for our age group. You'd be murdered if you were caught reading a magazine for different [sex] positions.

Int: Would you yeah?

P1: Well, you'd be absolutely slagged [teased] if you were looking for tips out of a magazine.

(Male, Urban, Transition, School 9/Focus Group 2)

While young men believed that they were *inherently* expected to know what to do, ironically, many were open in the interviews about their need to enhance their knowledge about to achieve good penetrative sex.

According to the boys' accounts, young women who took the lead in sexual encounters or gave the impression that they were sexually experienced risked being labeled as 'slags' (data pertaining to this issue will be reported on separately). Sexually assertive women threatened the male cultural expectation of leadership and dominance in sexual actions, and could potentially damage male self-esteem rooted in traditional yardsticks of masculinity.

But doing it with someone who has experience they would just slag you or something and you'd just get down.

(Male, Urban, Junior Certificate, School 4/Focus Group 2)

Talking about sex for the young men centred more on their sexual psychomotor skills rather than the wider issues associated with sexual relations or the emotional experience mediating the physical actions.

Int: Do you think it would be easy to talk - I mean before you decided to have sex with a girl would you talk - what would you talk about first like?

P3: If you're saying, 'Do you want to talk?' to a girl after her first time it would be easier like to say, 'Was that alright?' or 'Was I doing something wrong?' or 'Should I put it in a different place?'. . .

(Male, Urban, Junior Certificate, School 4/Focus Group 2)

Many young men in the sample revealed that their greatest source of knowledge about sex emanated from television. Yet the erotic heights reached in televised versions of sex are probably rarely achieved by most sexually active people, and may give young people unrealistic expectations about sex. 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 may influence 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)

A number of young men accessed pornography. In the following extract, the way in which women are objectified in pornography was transferred to constructing 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 Certificate, School 7 (Co-ed)/Focus Group 1)

Pornography, a powerful culturally-derived representation of masculinity and femininity has been associated with enhancing the male sense of phallic control and mastery (Ussher, 1997).

Discussion

Collectively, the culture of exalting penetrative sex over and above other means of expressing masculinity, and of judging success in terms of displaying sexual prowess and mastery, played into the construction of the most immediate and pressing sexual health needs that male participants in this study identified for themselves. In short, male sex education needs were largely centred on accomplishing or enhancing sexual performance and in doing so, indirectly reinforcing a dominant masculine identity that mediated young men's cultural milieu. From our data, it emerged that young men wanted their masculine identity to be further affirmed in sex education classes. With regard to condom use, there is of course nothing inherently sexist about a young man wanting to learn how to put on a condom properly; indeed for responsible sexual behaviour, this practical knowledge is essential. What problematises it is that it seems to be bound up with the issue of perfecting performance around the act of penetrative sex as a central feature of expressing masculinity. In this phallogentric culture, the focus on 'hardness, strength, activity and endurance,' centralized on the erect penis, leaves little space or value or non-penetrative sexual pleasure (Potts, 2002:137).

Our data throw up for discussion two key interrelated wider issues that have implications for health promotion theory and practice, namely: (i) the issue of client groups identifying their own needs; and (ii) the complexity of the concept of 'empowerment'.

(i) Client groups identifying their own needs

An assumption of the community development approach is that the client group at which health promotion is directed is disadvantaged and disempowered, and in the sense of economic disadvantage, this is often the case. However, there are other sites of oppression, such as gender, that impact upon people's health and well-being, and these cross-cut each other in various ways and to varying degrees. The upshot is that our data, focusing on gender as a site of oppression, suggest quite simply that the needs of lay groups (in this case young men) are not always noble, and enabling these needs to be met is not always in the interest of others in the society as a whole. Other theorists have of course recognised that the rights claims of various groups need to be considered in relation to those of others (Tones, 1996).

Feeding into existing dominant phallogentric models of sexuality would reproduce inequalities by sustaining a secondary sex role for women in the realm of sexuality (to be passive yet responsive), and for the young men themselves buttresses a dominant cultural form that expects them to take control. While on the one hand the normative expectations of this cultural form keep men on top in terms of dominance, it also places a great deal of pressure and stress on them. Referring to the insecurity and anxiety about sexuality underpinning the attitudes and behaviour of the young men in their study, Measor *et al* (2000: 101) related this to '. . . the price they pay for the power and dominance they claim.'

(ii) The complexity of the concept of empowerment

A recognition that the traditional version of masculine sexuality can both sustain male dominance, yet at the same time leave young men exposed and vulnerable brings us to the issue of empowerment. Much health promotion theory has invoked structuralist theories of power, with power being conceptualised as something centrally held by one group over another, and empowerment as the means through

which the underdogs take or share some level of this power through an 'upstream' focus of 'building individual capacity' (Tones and Tilford, 2003: 94). Yet post-structuralist notions of power conceive of power in a very different way. Michel Foucault, for example, theorised power as something that is performed or exercised at different points in the social network rather than something possessed (Foucault, 1994). Most significantly, within Foucauldian thinking, power has the potential to be both productive and repressive. Thus, if we draw upon the data in this paper concerning how male participants relate to the dominant model of sexuality we see that on the one hand, this construction of sexuality affords them mastery and control and works in their favour, while it simultaneously constrains and regulates them (and of course works against women). Dominant discourses of masculinity can work against men in a number of ways: by encapsulating the parameters of their identity within normatively defined limits; by cutting off or invalidating other possibilities of manifesting masculinity that might allow for the expression of vulnerability; and by impeding the development of a positive identity that does not depend on sexual capacity or prowess. There are many forms possible for expressing masculinity and these vary both historically and culturally.

Using a post-structuralist framework for understanding gender dynamics is, however, problematic because of its relativist perspective that does not privilege one interpretation over another. This creates theoretical tensions with the political aims of feminism and with much health promotion discourse that makes value judgments about ethics, justice and so forth. Space limitations prohibit the development of this theoretical discussion – we are merely flagging it here as an issue that may be taken up in further theoretical debates within health promotion.

Implications for health educators

In the case under consideration here, what might be an appropriate course of action for health promoters is to set aside as a priority the agenda of the young men and their quest for more knowledge about the psychomotor skills of sex. Instead, in the interests of social justice, challenging them to consider ways of thinking about masculinities and how their own sexual identities developed may be a more appropriate way to proceed. These efforts at consciousness-raising may, of course,

face the charge of amounting to 'a constructive exercise of power that improves the medical gaze' (Gastaldo, 1997: 118). They would certainly amount to efforts to redefine 'normality' for the young men. Yet arguably those with knowledge of alternative ways of viewing the world that allow injustices to become transparent have a moral obligation to enlighten others. Indeed, Tones (1996:16) argues that transmitting health knowledge is not sufficient, but must be accompanied by critical consciousness-raising designed to 'create indignation and concern over social issues and injustices'. In the process of empowering people through facilitating them to meet their own needs, their 'own needs' become redefined through the development of critical consciousness. Thus, emancipatory models are not so much based on the practice of health promoters going to communities and groups, encouraging them to identify their own needs and facilitating people to meet these, but rather on enlightening people and revising their worldviews by exposing them to a new set of discourses.

It is a huge challenge for sex educators to develop programmes that succeed in superseding discourses that have been handed down through generations, and are a pervasive aspect of patriarchy. However, an aspiration of some shift in thinking is not overly ambitious.

In short, we defend the notion of health promoters acting to enlighten their clients on alternative ways of thinking that may well result in some groups of clients not having their initial self-identified needs met. In addition, we hope that some of the issues raised in this paper may be developed in future theoretical and empirical work within health promotion.

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Figure 1. Profile of the sample

Overview	
Total number of participants	226
Number of female participants	102
Number of male participants	124
Number of focus groups	29
Number of leaving certificate groups	12
Number of junior certificate groups	11
Number of transition year groups	3
Number of mixed groups (senior and junior cycle mixed)	3

Figure 2 Rural and urban schools

Rural (5 schools)														
Co-ed			Male			Male			Female			Female		
School Number 1			School Number 2			School Number 10			School Number 5			School Number 8		
LC (m)	LC (f)	JC (f)	LC	JC	JC	JC	LC	LC	Mxd	Mxd	Mxd	JC	LC	
8	7	8	9	7	5	8	8	6	8	7	7	11	12	---

Urban (5 schools)				
Co-ed	Co-ed	Male	Male	Female

School Number 6			School Number 7			School Number 4			School Number 9			School Number 3		
LC (m/f)	JC (f)	JC (m)	JC (m)	LC (f)	LC (m)	JC	JC	LC	T	T	T	LC	JC	LC
5	6	6	10	8	8	8	7	8	9	8	8	8	8	8

Notes

1. LC refers to stu
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.