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<th><strong>Title</strong></th>
<th>Safer heterosex: perspectives from young men in Ireland</th>
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<td><strong>Authors(s)</strong></td>
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<tr>
<td><strong>Publication date</strong></td>
<td>2008-02-22</td>
</tr>
<tr>
<td><strong>Publication information</strong></td>
<td>Sexual Health, 5 (1): 25-30</td>
</tr>
<tr>
<td><strong>Publisher</strong></td>
<td>CSIRO</td>
</tr>
<tr>
<td><strong>Item record/more information</strong></td>
<td><a href="http://hdl.handle.net/10197/4174">http://hdl.handle.net/10197/4174</a></td>
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<tr>
<td><strong>Publisher's version (DOI)</strong></td>
<td>10.1071/SH07062</td>
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Abstract

**Background:** Existing research indicates that large numbers of people do not consistently use condoms when embarking on sexual relationships and instead use unreliable social cues to determine whether a potential partner is likely to have a sexually transmitted infection. This article reports on an aspect of the first major piece of qualitative research that explored young people’s perspectives on sexuality in Ireland, and focuses on how young men made sense of risk when it came to sexual behaviour. **Methods:** 17 focus group interviews (collectively comprising 124 young men) were conducted with male secondary school pupils in Ireland, whose ages ranged from 14-19 years. **Results:** The data are structured around three themes that capture how study participants made sense of sexual safety. These themes are (i) *Rumour, local hearsay and ‘knowing’ a potential partner,* (ii) *the social construction of the ‘slut’ category,* and (iii) *women as ‘bearers of disease.’* Young women in the young men’s social group tended to acquire a specific sexual identity, not necessarily through any definitive evidence of their sexual history, but rather through their normative behaviours – dress, presentation, appearance and so forth. It was on this basis that individual that the sexual status of a young woman was judged. **Conclusions.** Based on participants’ accounts, we conclude that notions of safer sex are not merely established in individual discussions between a couple embarking on a sexual relationship, but rather are discursively produced in the wider social setting beyond the sexual encounter.

Introduction

This article addresses the manner in which young men construct the notions of sexual risk and safety within the culture of adolescent intimacies in an Irish context. Based on the first major qualitative study of young people’s perspectives on sexuality in Ireland, we analyse how young men’s judgement of sexual safety is discursively produced within their cultural milieu. A central feature of
this discourse on sexual safety was the identity construction of young women in the social nexus. We explore how the sexual identity of young women was constructed (predominantly, though not exclusively, by the young men) in the social context, and how this gave way to moral categories whereupon specific women were assigned a contaminating identity. This identity construction in turn produced a discourse on sexual safety and the concomitant necessity or otherwise for condom use.

While condom-use has been the key feature of health promotion campaigns that aim to reduce the risk of STI transmission, earlier prevention campaigns, specifically in relation to reducing the risk of the HIV infection, also focused on the notion of knowing your partner’s sexual history before embarking on a sexual relationship. Since then, the emphasis on partner history has diminished with campaigns focusing on the use of condoms and alternatives to penetrative sex as a preventive measure against STIs. However, research suggests that the appraisal, status and evaluation of relationships continue to have an impact on how people assess their risk of contracting HIV and other STIs and the concomitant use of condoms.

Background

The late 1980s and early 1990s witnessed dramatic reductions in the incidence of many acute STIs across the countries of the then pre-expanded European Union (EU) in the wake of sexual behaviour modification associated with the burgeoning HIV/AIDS pandemic. However, since then, rates of STIs have climbed in many countries in the EU, including in Ireland and Britain. The number of newly-diagnosed HIV infections in Ireland increased dramatically between 1998 and 2003, with half of all infections being acquired through heterosexual contact, although, as is the case in Britain, the majority of these were acquired through heterosexual contact in sub-Saharan Africa.

In spite of health education campaigns promoting the use of condoms to protect against the risk of STIs (including HIV) among those engaged in penetrative sex, there is evidence that large numbers of people are not taking the message on board and do not use condoms consistently. Research suggests that in many heterosexual encounters, condoms as an option do not even get discussed; Kordoutis et al found that in situations where condoms had not been used, they had not even been negotiated in 80% of instances; merely a prior knowledge of a partner played a part in defining sexual practices as safe. Other studies have also found that people depend on informal cues rather than direct communication to determine sexual safety. In her study of 17-22 year old college students in Montreal, Maticka-Tyndale noted that the overriding rule of HIV protection for participants was through the selection of partners deemed to be HIV negative. Indeed, a number of studies have found that simply being acquainted with someone was enough to satisfy them that the
sex would be safe.¹⁴ For example, in Hillier et al’s¹⁵ study of 512 senior rural students in Australia, most students associated condoms with safe sex, yet some tended to rely on ‘informal history taking’ (p.15) and monogamy out of an ambivalence about using condoms. Hillier et al observe the following:

Many of the responses reflected the belief that would could know in an informal way, whether one’s partner was likely to have an STI. This may be because of his/her appearances, for example whether s/he looks clean/healthy. Alternatively, it may mean depending on local or intuitive knowledge about the person’s sexual behaviours. . . .

The common aspect of these informal ways of knowing a person’s disease status is that they are likely to be based on conjecture or gossip rather than direct communication with the person concerned . . . (pp 22-23).

One way of explaining sexual risk comes from literature that focuses on the socio-political context of gender relations. This body of work draws attention to the manner in which power differentials in heterosexual relationships impact upon safer sex practices.¹⁶ In brief, the central concern here has been that since men are more likely to be physically bigger and economically better off than their female counterparts, they have more resources to push for their sexual needs to be met. This weaker negotiating position of women may lend itself to sexual coercion, or having heterosex without the use of condoms. Also located with the socio-political realm of sexual scholarship has also been the issue of the sexual regulation of women. A key theme here is the well-documented double standard that concedes sexual freedoms to men while women are subjected to sexual controls. As Jackson and Scott¹⁷ propose:

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 which threaten fertility. Women have also been vulnerable to male sexual violence and coercion, yet held responsible for both their own and their assailants' behavior (p.3).

The concept of a double standard has empirical support; Dunne et al¹⁸ reported that 61% of females in their study believed that having sex gives a girl a bad reputation, while only 5% of women believed that the same applied to males. For male respondents, 47% believed that having sex gave females a bad reputation while only 3% felt that the same applied to males. Other studies have also found that female sexual behaviour is regulated through the use of defamatory labels.¹⁹ ²⁰ As will become clear later in this article, the issue of the sexual regulation of females though derogatory labels will be central in our analysis of the way in which young men, in particular, construct a potential partner as sexually safe.

The approach taken in the foregoing study draws upon an interpretative approach and focuses, not on the interactive dialogue between two people engaged in an intimate encounter, but rather on how conventional wisdoms about safer sex are discursively produced within the young male group,
in particular, in a particular cultural setting. Whether such discourses filter down and are brought to bear in the actual one-to-one sexual encounters of the young people remains unclear and would require a different kind of investigation.

**Methodology**

Data presented in this article are part of a wider study that aimed to explore post-primary pupils’ perspectives on sexuality, sex education and the factors that impact upon their sexual knowledge and behaviour. Because the broad aims of the study were to identify group perspectives, it was decided that the focus group method, with data subjected to a qualitative analysis, was the most appropriate strategy. No method of data gathering is flawless, and focus groups are no different in this regard. They have been noted to inhibit individual group members in discussing sensitive issues in the presence of others, and to be limited in eliciting individual perspectives that may remain covert under the dominance of group viewpoints. Nonetheless they are useful at capturing discourses within which group members position themselves.

A range of types of schools in Ireland were approached as the site of sample selection, initially sourced through the website of the Department of Health and Children. Ten schools (out of a total of 22) agreed to facilitate the focus groups, 5 in rural areas and 5 in the city of Dublin, in both working-class and middle-class neighbourhoods. A total of 29 focus group interviews were conducted at these schools, 17 of which were conducted with boys (only) and included 124 young men, whose ages ranged from 14-19 years. This article is confined to data gathered from the focus groups with the young men.

Focus groups on a sensitive topic with young people present particular ethical challenges for researchers. One such challenge relates to the issue of confidentiality whereupon maintaining confidentiality depends on members not revealing confidences beyond the group, thus limiting the control the group leaders have. This difficulty may be more of a threat in focus groups with children and young people, since they may take confidentiality less seriously, and in the contemporary climate, are generally discouraged from harbouring secrets. There is also the possibility that the intensity of the interaction may cause distress to participants. To minimize these difficulties, participants in this study were provided with written information conveying the voluntary nature of participation, and of the option of leave the group interview at any time of their own volition, without needing to make their reasons known. At the commencement of each focus group, ground rules were outlined concerning confidentiality, respect for the perspectives of others, the importance of truthfulness and so forth. The researchers also reassured participants of their complete independence from the school, and guaranteed participants that the recorded interviews...
Data analysis invoked the central strategies advanced within Glaser’s and Strauss’ grounded theory, and involved two members of research team. The preliminary interview guide was refined around more focused topics as data gathering progressed to accommodate emerging theoretical insights. The constant comparative method was invoked to organize data, with like items of data being compared and categorized, and diversity and difference accommodated. Data gathering occurred contemporaneously with the analysis of early interviews.

Findings

When young men were initially questioned on the issue of safe sex and condom use, their immediate response tended to be consistent with the official safe sex message – than one should always use a condom when engaging in sex. The young men tended to be quite emphatic about this, often qualifying it with statements that one would want to be ‘mad’ to have sex without a condom these days. Yet when probed further, a more complex picture emerged in which the young men were found to construct sexual risk and safety in a more fluid and less definitive way. We consider how they made sense of sexual safety in relation to three themes, namely: Rumour, local hearsay and ‘knowing’ a potential partner; the social construction of the slut category; and women as ‘bearers of disease.’

Rumour, local hearsay and ‘knowing’ a potential partner

When young men were asked if 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. 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.

Int: Syphilis, yeah, genital warts . . . do you think they are easy to get - these kinds of diseases?

P1: It depends.
P3: You can tell by the girl.

1 P denotes that a participant is speaking, and where the identity of the participant was recognised in the course of transcribing, the participant is identified by a number. However, at times during the interviews, particularly in the heat of an interaction among group members, it was impossible to identify who the speaker was. This problem was compounded by virtue of the fact that the young people within specific groups tended to speak with the same accents and the same level of maturity in their voices.
P2: Ah you can’t tell if she has it . . .
Int: How would you tell? . . .
P: You know from a girl if she is like that from everybody, ’cause once a girl is like that then everybody knows she is like that.
P3: Your friends like one of your friends would say it to you like.
(Male, Urban, Third Year, School 4/Focus Group 2)

Int: Would you ever have sex without a condom?
A few say ’No.’
P: No – only if they were on the pill and hadn’t been sleeping around.
Int: Only if they were on the pill and hadn’t been sleeping around – how would you know that?
P: Girls aren’t usually going to tell you that.
Int: They are not going to tell you that?
P: Everybody knows.
(Male, Rural, Sixth Year, School 10/Focus Group 1)

P3: It’s what you hear.
P2: They could have been with every single fella that lives round your area like and everyone knows.
(Male, Urban, Fourth Year, School 9/Focus Group 3)

While rumours that a woman might be sexually promiscuous were reported to influence sexual behaviour, sometimes such hearsay included specific references to an STI.

P: Rumours going around about different girls, ’She’s got crabs. Stay away from her!’ ’Like people saying that.
(Male, Rural, Third Year, School 2/Focus Group 2)

’Knowing’ someone was perceived to be enough protection for some young men, even though there was little reference to any serious discussion with a potential sex partner about her previous sexual history.

Int: You would be a bit worried about diseases then?
P6: Depends on with what girl it is.
P5: If you know her, like, you wouldn’t be too worried. If you don’t know her you wouldn’t know what to expect.
(Male, Rural, Third Year, School 2/Focus Group 3)

P4: If you know her, it’s ok to do it without condoms, if she’s on the pill.
(Male, Urban, Third Year, School 4/Focus Group 3)

Although this analysis is focused on the perspectives of the young men, it is worth noting that, in spite of the widespread belief among young women that males sought out sex wherever they could find it, some young women similarly 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. Although the young women tended to be more preoccupied with pregnancy prevention than contracting an STI, like the young men, some deemed that condoms were unnecessary if one was already acquainted with a 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 from the wider study suggested that young people do not discuss how far things will go in advance.30 Considering that young people no longer appear to confine themselves to monogamous relationships, it is highly unlikely that participants would also be cognisant 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 as far as the transmission of STIs and in particular HIV/AIDS.

The social construction of the 'slut'

During focus group discussions with young people, it often came to light that 'slut' was a term not solely applied to young women who were deemed to have had sex with multiple partners but could also depict perceived behaviour, style of dress, or simply arise from rumour and gossip. According to some young males, the manner in which young women presented themselves in terms of dress became associated with the category of 'slut'.

Int: How would you know [about a woman's reputation]?
P2: You hear.
P: Their dress.
P4: Going around in a mini skirt so anybody could feel her up.
P: They wear like hot pants and all like, getting hokey pokey, like, I am not being funny they do . . .
(Male, Urban, Third Year, School 4/Focus Group 2)

P1: You'd see some girls and you'd just know they are. . .
P5: The way they dress.
(Male, Urban, Fourth Year, School 9/Focus Group 3)

P8: Yeah and you would know, by how they act, if they are going to be easy . . . if they dress up very tarty and all that. You know that they are lookin' for one thing.
(Male, Rural, Sixth Year, School 2/Focus Group 1)

In some instances, an amalgamation of factors such as dress and intoxication were processed by the young men to construct the 'slut' identity of particular women. In the following extract, the young men were describing the cultural symbols that might signify to them that a woman belonged to the category of 'slut'.
Little skirts and all.
Dirty.
Skirts and boots and all that.
Mini skirts.
If they were locked [intoxicated] they would [have sex] yeah . . . I am just being honest like . . .

Young males acknowledged that terms such as 'slut' were used actively, and applied to specific individuals in their social circle. Of particular interest here was the fact that it may not necessarily have been associated with the way a woman dressed or behaved which was responsible for them being labelled a 'slut', but rather it could be the consequence of rumour. This left young women in a particularly vulnerable position, at risk of being labelled a 'slut' on the basis of gossip. 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 getting into a relationship very difficult for them.

Finally, the slut label was also constructed around women whose behaviour was deemed to be sexually forward. By normative rules of conduct, women were expected to follow rather than lead in moving an intimacy forward, and in creating boundaries as to how far things would go. Women who signalled an eagerness for sex too early into a relationship were treated as 'easy' and assigned to the 'slut' category.

Some members of the group gasp or make faces as though they are surprised/disapproving.

[Some members of the group gasp or make faces as though they are surprised/disapproving.]

The lads act shocked but they know it's true.
Several: Yeah yeah.
If they were a slut before, they're going to be slut, but if they are not a slut you would wait a couple of months.

It should be noted that while young men were far stronger than their female counterparts in positioning themselves within discourses that categorised women's sexual behaviour negatively, some female participants were similarly judgmental about the sexual behaviour of their female peer. In presenting a critical perspective on sexually permissive females in this way, these young women distanced themselves from the stigma of 'slut' category that they associated with others. On the whole, males were far stronger than females in castigating and categorising female sexual behaviour, and male sexual behaviour was rarely subjected to the same level of criticism as that of the young women.

The people who are having sex, do you think that they would have reputations?
Although there was diversity in the extent to which it was deemed to be acceptable, particularly among the young women, male sexual promiscuity was considered to be far less problematic by both male and female participants than was female promiscuity. 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 that experienced by young males.

*Women as 'bearers of disease'*

The double standards evident in discourses surrounding young people’s sexuality are not confined to labelling the behaviour of young males and young females. The distinction between the genders is carried over in to young males’ perceptions of a person who has sex. There is a strong sense of concern on the part of young males as to the consequences of engaging in sexual activity with a ‘slut’ or a ‘slapper’. This is not concern as to the effect this might have on their own reputation or their social standing; rather their concern is more grounded in the corporal, in their worry as to diseases they are liable to contract from those labelled as ‘sluts’ or ‘slappers’. These young women were constructed 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, Third Year, School 7 (co-ed), Focus Group 1)
P6: If they are too forward you would go off them. You never know what you might get off them.
(Male, Rural, Third Year, School 2/Focus Group 3)

P2: It would be easier if you knew she had been with a few people to get her checked out and make
sure she hasn't got anything.
(Male, Urban, Third Year, School 4/Focus Group 2)

Of note here then is this further twist to the double standards in relation to sexuality among young
people. While females who were identified as ‘sluts’ or ‘slappers’ were viewed with suspicion and as
bearers of disease, young males did not see nor depict themselves in this light. Their accounts
suggest that they worried about catching diseases but not of themselves spreading diseases.
However, there were some conflicting perspectives among young males of a young woman who is
classified as a ‘slut’; while some would be wary of having sexual contact, others would view it as a
situation that allowed them to engage in casual sexual activity without any ties or commitment.

Conclusion

The most dominant mechanism that young men reported using to protect themselves against
contacting the HIV virus was the identification of partners assumed to be uninfected. This
identification process was based upon very unreliable cultural cues. Data presented in this article
indicate that notions of safer sex are not merely established in individual discussions between a
couple embarking on a sexual relationship, but rather are discursively produced in the wider social
setting beyond the sexual encounter. In this social setting, for the young men, the identity of
potential sex partners was socially constructed in terms of whether or not the latter were deemed to
be safe for sex. Data indicated that an individual young woman’s public sexual biography was
central to her identity as sexually safe. Young women tended to acquire a specific sexual identity,
not necessarily through any definitive evidence of their sexual history, but rather through their
normative behaviours – dress, presentation, appearance and so forth. These findings indicate that
the sexual double standard continues to be a feature of young people’s culture whereupon women’s
sexuality is monitored and regulated through the use of derogatory labels. It should be noted,
though, that in the wider study it was found that young men’s sexual attitudes and practices were
also monitored and regulated, predominantly by members of their own peer groups.31

Our findings in an Irish context support those of existing studies that have found that people rely on
informal or indirect cues to determine sexual safety.32 33 34 35 However, our focus group data have
brought out strongly how discourses of sexual safety are produced in peer groups through group
interaction. The extent to which this discursive construction of safer sex, a very strong aspect of
the young people's culture, filters down in individual interactions and influences how young people actually make decisions is beyond the scope of this study. However, we propose that health promotion strategies aimed at young people should take into account the cultural discourses on sexual safety that mediate young people's cultural milieu, and that are likely to lead to sexual behaviours with adverse consequences.

Acknowledgement

The authors would like to thank the Crisis Pregnancy Agency for funding this research. The opinions expressed in this publication are of the researchers and are not necessarily those of the sponsor.

References


22 Hyde, A., Howlett, E., Brady, D. & Drennan, J. The focus group method: insights from focus group interviews on sexual health with adolescents. Social Science and Medicine 2005a; 61, 2588-2599.


26 Hyde, A., Howlett, E., Brady, D. & Drennan, J. The focus group method: insights from focus group interviews on sexual health with adolescents. Social Science and Medicine 2005a; 61, 2588-2599.


34 Ingham, R., Woodcock, A. & Stenner, K. Getting to know you... Young people’s knowledge of their partners at first intercourse. *Journal of Community and Applied Social Psychology* 1991; 20, 1301-1321.