

**University of Southampton**

**Let's Talk About Sex:**

**Social constructions of adolescent sexual practices and their potential for  
change**

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**ABSTRACT**

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**LET'S TALK ABOUT SEX:  
SOCIAL CONSTRUCTIONS OF ADOLESCENT SEXUAL PRACTICES AND  
THEIR POTENTIAL FOR CHANGE**

**by Diane Stevens**

In the light of the AIDS pandemic and political concerns regarding the number of unplanned pregnancies amongst adolescents, psychological research in the area of adolescent sexuality has increased exponentially in recent years. However, traditional psychological research aimed at explaining patterns of adolescent sexual behaviour, contraceptive use, and behavioural change have tended to be framed within an individual rational decision-making perspective, which this thesis argues is inappropriate for understanding such phenomena.

This aim of this thesis is to give a critical reading of the traditional psychological literature on adolescent sexual practices, and to explore the potential application of a social constructionist framework. Four studies are reported which examine the discursive production of adolescent sexuality in the accounts of participants with a 'stakehold' in such practices -politicians, educators, parents, and sexually active adolescents themselves. A range of methodologies was adopted, including in-depth interviews, semi-structured questionnaires and archive searches. Several forms of analysis undertaken, including discourse analytical techniques drawing heavily on the work of Parker (1992), Hollway (1986; 1986) and Smith (1990).

The analysis centres around the divergent constructions of sexuality and related phenomena produced in the various accounts which may undermine the potential effectiveness of interventions designed to change sexual practices. In particular, it was argued that policy-makers and educators may actively reproduce the discourses of sexuality which support the very practices they see as inappropriate, and aim to change.

The thesis draws to a close with a discussion of the implications of this research in terms of social constructionist psychology, methodology and the possible practical applications of work of this nature.

## **Table of contents**

List of Content	i
List of Figures	v
List of Tables	vi
List of Appendices	vii

## List of Contents

<b>Acknowledgments</b>	<b>viii</b>
<b>Preface</b>	<b>1-6</b>
<b>Chapter One: Understanding Adolescent Sexuality in a Changing <i>Zeitgeist</i>: Reviewing the Historic-Cultural Context(s) of Sexual Knowledge(s)</b>	<b>7-23</b>
1.1. Preamble	7
1.2. Pre-modern discourses of sexuality	8
1.3. Scientific sexuality at the dawn of the age of reason	8
1.4. Scientific knowledge in the early to mid C20th	10
1.5. Current psychological concerns	12
1.6. Current social-scientific concerns	14
1.7. Quantifying adolescent sexual practices and ‘outcome measures’: The historical and scientific ‘evidence’	15
1.8. Challenging the ‘evidence’: The value-ladenness of scientific and historical ‘facts’	18
1.9. Scientists and politicians as ‘uneasy bedfellows’	21
1.10. Scientific knowledge(s) and adolescence sexuality: some concluding remarks	22
<b>Chapter Two: Understanding Adolescent Sexual Behaviour and its Potential for Change: A Preliminary Review of the Scientific Literature</b>	<b>24-62</b>
2.1. Preamble	24
2.2. Social and psychological factors associated with adolescent sexual practices (explanatory variables)	25
2.3. Rational decision-making models as frameworks for theory and intervention	37
2.4. Changing adolescent sexual practice by direct intervention: current conceptualisations of the potential for change	44
2.5. An intra-paradigm critique of traditional sex research	51



2.6.	Predictive models and their shortcomings: a summary of the positivistic critique	58
2.7.	Concluding remarks	60

### **Chapter Three: Rethinking Adolescent Sexuality and its Potential for Change: An Inter-Paradigm Critique** **63-92**

3.1.	Preamble	63
3.2.	Brute empiricism and its discontents	64
3.3.	Beyond empiricism: the rise of constructionism	65
3.4.	Rendering curious traditional psychological constructs	70
3.5.	The social construction of adolescent sexual practices and identities	82
3.6.	Intervention models and their assumptions	88
3.7.	Concluding remarks	91

### **Chapter Four: Analysing Discourse(s): The ‘Turn to Text’ and its Methodological Implications** **93-126**

4.1.	Preamble	93
4.2.	Social constructionism and the case for inter-disciplinary methodologies	94
4.3.	Discourse analysis and the performative aspects of language	96
4.4.	Discourse analysis in the Foucauldian tradition	100
4.5.	Discourse analysis: current conflicts and tensions	103
4.6.	Debating discourse: distinguishing features of the two traditions	106
4.7..	Planning the research: the research questions and methodological framework	123
4.8.	Framing the research: a discourse analytic approach	
4.9.	Concluding remarks	126

### **Chapter Five: Constricting Sexual Behaviour and Sex Education in Political Discourse: The underlying Assumptions of the 1993 Education Act.** **128-202**

5.1.	Preamble	128
5.2.	The analytical method	129

5.3.	Content analysis of the Hansard debates: ‘units of arguments’	132
5.4.	Constructions and discourses inhabiting the debate	143
5.5.	The creation of two main ‘discursive positions’ in the text	157
5.6.	Interpretative analysis of the ‘discursive terrain’ of the political debates	176
5.7.	Concluding remarks	201

## **Chapter Six: Constructing Sex Education and Sexual Practices in Community settings: Can ‘Healthy Alliances’ Prevent ‘Dangerous Liaisons’? 203-244**

6.1.	Preamble	203
6.2.	Method	204
6.3	Analysis of Stakeholders’ perspectives	207
6.4.	The main discursive dimensions	231
6.5	Illustrative case study	234
6.6.	Community constructions and their material effects	238
6.7.	Concluding remarks	243

## **Chapter Seven: Constructing Sex Education and Sexual Learning in Scholastic and Familial settings: Pupil and Parent Perspectives 245-275**

7.1.	Preamble	245
7.2.	Abstract	246
7.3.	Introduction	246
7.4	Method	250
7.5.	Analysis	254
7.6.	Discussion	270
7.7.	Concluding remarks	274

## **Chapter Eight: Constructing Sexuality in the Dyad: Decisions, Discourses and Dilemmas 276-328**

8.1.	Preamble	276
8.2.	Introduction	277
8.3.	Discoursing sexuality	280
8.4.	The construction of gender and development in heterosexual discourse	291

8.5.	The contradictory nature of dyadic case studies	302
8.6.	The construction of risk and trust in reports of self disclosure	318
8.7.	Discussion	321
8.8.	Concluding comments	326
 <b>Chapter Nine: Reflecting Constructions or constructing Reflections? Re-conceptualising Adolescent Sexuality and its Potential for Change Within a social Constructionist framework</b>		 <b>328-361</b>
9.1.	Preamble	328
9.2.	Summary of thesis	328
9.3.	Reflecting on the thesis	339
9.4.	Suggestions for further research	357
9.5.	Concluding remarks	360
 <b>Appendices</b>		 <b>362-416</b>
 <b>References</b>		 <b>417-456</b>

## **List of Figures**

Figure 1: The Health Belief Model (HBM)	38
Figure 2: Explanatory variables fitting the HBM rubric	39
Figure 3: The Theory of Planned Behaviour (TPB)	41
Figure 4: Explanatory variables fitting into the TRA/TPB rubric	42
Figure 5: Distinguishing between traditions	107
Figure 6: Outline of the research question framework	115
Figure 7: Abbreviations of Party allegiance in the House of Lords	133
Figure 8: Preliminary coding scheme for the discursive construction of sex education in the Hansard debates	146
Figure 9: Similarities between discursive positions A and B	178

## List of Tables

Table 1:	Outline of the dyadic interview technique	120
Table 2:	Debate for and against amendment A263	134
Table 3:	Voting distribution for amendment A263	135
Table 4:	Debate for and against amendment A225	137
Table 5:	Debate foe and against amendment A62	139/140
Table 6:	Voting distribution for amendment A62	141
Table 7:	‘Allocation of Time’ (guillotine) debate	142
Table 8:	Voting distribution for the allocation of time debate	143
Table 9:	A comparison of family members’ perceptions of age-appropriate sex education	255
Table 10:	Percentages of pupils reporting topics discussed by parents/guardian	258
Table 11:	Percentages of pupils reporting specific parental taboos	260
Table 12:	Differences between mothers’ and fathers’ coverage of sexual topics with their children	262
Table 13:	Percentage of pupils reporting the most common affective reactions to discussion of sexual issues	264
Table 14:	Percentage of parents reporting a belief that items are covered in school-based sex education	267
Table 15:	Percentages of parents reporting various reasons for scholastic taboos	269
Table 16:	Percentages of parents who have not delivered sex educational topics despite identifying sex education as the primary responsibility of parents	269
Table 17:	Summary of sexual and contraceptive histories of respondents	305
Table 18:	Potential HIV/STD risks discussed in relation to timing of first intercourse	306
Table 19:	Reported assessment of own and partner’s STD/HIV risks	307

## **List of Appendices**

Appendix 1: H.E.A. Sex Education in the Community Interview Protocol	362
Appendix 2a: Sex Education: Pupil's Questionnaire	363
Appendix 2b: Sex Education: Parent's Questionnaire	376
Appendix 3a: Dyadic Interview Schedule	392
Appendix 3b: Individual Interview Schedule	395
Appendix 3c: Risk Questionnaire	400

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# LET'S TALK ABOUT SEX: SOCIAL CONSTRUCTIONS OF ADOLESCENT SEXUAL PRACTICES AND THEIR POTENTIAL FOR CHANGE.

## Preface

The title of this thesis indicates that it is **primarily** concerned with how people *talk* about adolescent sexual practices and how they *talk* about possibilities for changing those practices. Talk about practices and talk about behavioural change, however, do not map neatly onto material practices and material changes.

This thesis must, therefore, to some degree, concern itself with the material underpinning of those constructions, the physical actions referenced in people's talk i.e. what people actually *do*, and consider the nature of the interplay between talk and action in this domain.

In considering the distinctions between constructions of practices ('talk about sex') and actual sexual practices it is, theoretically, possible to delineate four distinct conceptual categories that such a task involves. These distinctions serve a useful explanatory function throughout this thesis.

Firstly, reference can be made to **physical sexual practices**, that is, discrete behaviours which are (technically, if not ethically), observable. This category could include vaginal penetration, putting a condom on an erect penis, swallowing a contraceptive pill etc. Whilst *technically* observable, such practices are typically recorded and studied by psychologists indirectly, usually by means of collecting data from respondents using some form of questionnaire or interview technique.

Secondly, it is possible to consider **contemporaneous psychological activity** associated with those practices, those mental phenomena which may co-exist in time with physical practices. Such psychological activities might include excitement, concern, fantasies, fleeting mental justifications, decision-making processes etc., which are typically conceptualised as occurring *inside* the individual concerned, and not *directly* observable. As these activities are not amenable to direct observation, psychologists have customarily relied on second-hand details elicited from those who have experienced such activities.



Thirdly, are the **retrospective accounts** of both physical sexual practices and contemporaneous thoughts and feelings that people can produce. This category largely equates to the typical data yielded in most pieces of psychological research reported, which is often taken as providing relatively unproblematic ‘access’ to the actual practices and psychological activity depicted in those accounts. In other words, retrospective accounts of sexual phenomena are often taken as straightforward faithful reproductions of such practices, thoughts and feelings.

Finally, the **general discourse(s) of sex** can be thought of as theoretically distinct from the other categories mentioned above, a category encompassing how sex and sexuality are talked about, written about and are otherwise represented textually.

In research terms, however, these conceptual distinctions, whilst relatively clear-cut theoretically, are rather blurred in practice. In each conceptual distinction, the common theme is ‘talk’; language is used to describe practices, both to ourselves and others; language is used to name, discuss and reflect on contemporaneous psychological activities; language is the means by which both researchers and respondents understand questionnaire or interview items and responses; and language is our primary means of communicating ideas about, and images of, sexuality.

Throughout this thesis, ‘talk’ is conceptualised as more than a neutral medium for transmitting information, thoughts and feelings; it is not simply taken to reflect a pre-existing reality, but brings a defining framework for our realities. Thus the language constituting sexual talk provides the raw material from which we build our recollections, experiences and understanding of our sexual realities. We represent experience to ourselves and others using concepts ‘prepackaged’ by language. It follows, therefore, that language is the precursor or fount of experience, and explanations of sexual practices or other attendant psychological phenomena lie not inside the individual, but in the linguistic world in which people interact.

From the social constructionist perspective adopted in this thesis, language, organised into discourses, is both performative and constitutive; it does not merely *describe* activities, it *creates* actions, fashions realities. As such, it should occupy centre stage in any study of sexual practices and behavioural change. As language is constitutive, in practice there can be no clear lines of demarcation between self, action, context and talk:

Individuals, the social practices in which they engage, the social structure within which they live and the discourses which frame their thought and experience become aspects of the same phenomenon...discourses are neither simply a product or side-effect of social structure nor one of individuals. They are embedded in that structure and are part of it, and at the same time serve to structure our experience. Thus discourse can be seen as a valid focus for forces of social and personal change (Burr, 1995:110-111).

With this in mind, the aim of this thesis is two-fold. Firstly, it aims to critique traditional psychological conceptualisations of adolescent sexual practices and behavioural change, and secondly, it aims to explore the possibilities for conceptualising these practices and their potential for change afforded by social constructionism, by presenting original materials analysed from a discourse analytic perspective.

In sum, this thesis is not primarily concerned with focussing on adolescent sexual practices per se, but rather exploring the discursive 'production' of adolescent sexuality in the accounts of those with a stakehold in those practices: politicians, educators, parents, and last, but by no means least, sexually active adolescents themselves. This approach is a far cry from the one that I envisaged at the start of the research process....

Essentially, the starting point for this undertaking developed from wide reading of the literature around adolescent sexual behaviour and sex education. When registering for my PhD I initially intended to conduct a study designed to examine the effects of sex education on adolescent sexual behaviour. In the spirit of true positivism, I envisaged multivariate statistical models, controlling for extraneous variables and results supporting the hypothesis developed from my pilot work. When my supervisor suggested pilot work using interviews, I wondered how on earth such material could be reduced down to a manageable data-set, although, familiar with post-positivistic styles of enquiry, I readily acknowledged the need to conduct context-sensitive research. However, it was the act of conducting the literature review which first gave me cause for concern; rather than aiding my search for a viable research programme that had not been previously undertaken, or isolate a variable that had not yet been considered, I began to realise that 'context' meant far more than 'situational variables'. Instead of finding useful pointers in the extant literature on sexual behaviour and its potential for change, I found mainly areas of contention and sources of great dissatisfaction.

Behaviour change, it seemed, was not based on any convincing account of what behaviour *is*. Furthermore, the theories of behaviour based on traditional psychological

conceptualisations of humanity bore no relation to my own experience of self and my own thoughts, feelings and behaviour. This led to an impasse insofar as I could not bring myself to argue that other people behave in a way that I do not, and exist in a form radically different to my own experience of existence. At this point, I began to realise that my constructions of personhood and experience were apparently at odds with dominant constructions of these phenomena in the traditional social-psychological literature.

As time progressed, I began to draw more and more on diverse source materials, some in psychological books and journals, others located outside of the discipline, which seemed to offer more promise, which resonated with my own experiences and dissatisfaction with the extant literature. These sources did not appear to form a coherent body of knowledge, and were sometimes contradictory in essence; they were sources which appeared, at the time, devoid of a comfortable category label. As an undergraduate, I, like my peers, took great comfort from neat labels: psychoanalysis, behaviourism, social cognition etc. I revelled in mastering established techniques, in learning lists of ideas developed by the 'Grand Masters(sic)' of psychology - Freud, Skinner, Piaget. I enjoyed the feeling of being a part of an established discipline where I could, potentially, move forward the boundaries of knowledge. As a post-graduate, without the warm comfort of lecturers' tangible guidance, it was with some trepidation that I left that secure base (with Ainsworth's and Bowlby's words ringing in my ears) and found myself drawn towards new and unfamiliar sources of literature which had no name. The sources later revealed themselves as part of movement termed 'Social Constructionism' (cf. Gergen, 1985, 1999).

The distillation of the analyses performed into the format of a Doctoral thesis has been a rather tiring journey; this foray led to the production of the following finished thesis which, ironically, manages to mask the process of its own construction, whilst criticising the obfuscation in others' work. In order to go some way to ameliorate this situation, this preface is designed to inform the reader of the background to the thesis, its aims and scope, to enable the reader to critique the thesis on its own terms, and to highlight my acceptance, from the outset, that my interpretation of the history of psychological research in this domain, the texts I allude to, and the conclusions I produce are open to alternative interpretations. I can only hope that readers find my analyses illuminating and useful.

Chapter one presents a broad historical overview of the emergence of sex research as a field of scientific and psychological enquiry in a changing *Zeitgeist*, exploring the role that psychology has played in promulgating a scientific discourse of sexuality, which co-exists

alongside other non-scientific discourses of sexuality. This chapter seeks to explore the ways in which changes of emphasis both within the discipline of psychology, and in the wider political, moral and socio-cultural milieu in which sex research is conducted, may have affected the foci, methodologies and interpretations of such work.

As a starting point for my Doctoral research, I undertook a traditional review of the literature on adolescent sexual practices and models of behaviour change, which for the main part, falls outside of a social constructionist perspective. In the main, this body of literature was conducted within an exogenic empiricist remit (cf. Gergen, 1985). This literature is primarily concerned with detailing adolescent sexual practices (or, more accurately, people's *reports* of such practices) within a positivistic, variable listing perspective. Chapter two gives a rather traditional summary of this literature, with a brief within-paradigm critique, providing an overview of the scientific/psychological 'findings', largely abstracted from the historical, social and political milieu in which such research was conducted.

Chapter three, by contrast, challenges the hegemony of positivism/post-positivism, and constitutes a social constructionist critique of the traditional literature, drawing on Burr's (1995) exposition of social constructionism. This chapter also contains a brief review of some of the recent work delineating sexual discourses, with a consideration of how to retain some consideration of the material basis to social life absent from many social constructionist/discourse analytical accounts.

In chapter four, the emphasis shifts away from purely theoretical concerns to address matters of methodology. As social constructionism radically challenges the ontological and epistemological basis of traditional research, it simultaneously offers suggestions for a radical reconceptualisation of methodological and analytical concerns. Here, a precis of the methodologies of Potter and Wetherell (1987) and Parker (1992) form the basis of an account of the development of an increasingly influential range of methods which can be broadly termed 'discourse analytic research' (cf. Burman and Parker, 1993) or more simply (but more contentiously) 'discourse analysis' (cf. Potter, Wetherell, Gill and Edwards, 1990). As a precursor to the presentation of my own materials/data, my particular analytical/methodological stance is set out in advance, in order to allow the reader to assess the extent to which this may have influenced my choice of background reading, the methodologies selected, my interpretation of the data and my thoughts about its potential applications.

Chapters five, six, seven and eight represent what would traditionally be referred to as the 'empirical' or 'results' section of the thesis, exploring the ways in which adolescent sexual practices and their potential for change are constructed in political discourse (chapter five), accounts of educational interventions by health service worker and other educators (chapter six), and sexually active adolescents (chapter eight). Chapter seven, in contrast to the rest of the material presented, contains data gathered during my early foray into research, using semi-structured questionnaires. The materials presented is based on parents' and year 11 pupils' responses to items concerning sex education and adolescent sexual practices. Chapter eight is particularly important, as this chapter reflects upon the difficulties experienced in handling the conflict between the theoretical and the practical distinctions between 'what really happens' in the domain of sexual behaviour (sexual practices), the psychological attendants of the practices (thoughts and feelings), the accounts people give of sexual practices (how they are reported) and the discourses through which sexual practices and experiences are understood.

In chapter nine, the thesis draws to a close with a re-statement of the development of the thesis, and its potential use in practical as well as critical/ theoretical domains. In doing so, consideration is given to the problems inherent in balancing a intellectual commitment to social constructionism with a pragmatic vision of what such a psychology could offer in the 'real'(sic) world.

## CHAPTER ONE

### UNDERSTANDING ADOLESCENT SEXUALITY IN A CHANGING *ZEITGEIST*: REVIEWING THE HISTORICO-CULTURAL CONTEXT(S) OF SEXUAL KNOWLEDGE(S)

#### 1.1. Preamble

[A]s long as sex is dealt with in the current confusion of ignorance and sophistication, denial and indulgence, suppression and stimulation, punishment and exploitation, secrecy and display, it will be associated with a duplicity and indecency that leads neither to intellectual honesty nor human dignity (Alan Greg, in the preface to 'Sexual Behaviour in the Human Male', Kinsey, Pomeroy and Martin, 1953).

The opening lines of this historic landmark in sex research serve as a reminder that just five decades ago, systematic research into human sexuality was almost inconceivable. This chapter begins with a brief introduction to the study of adolescent sexuality, which, for the most part, has been equated with the study of adolescent sexual practices and contraceptive behaviour (acts of intercourse, condom use, etc.) or the adverse biological outcomes of such practices (unwanted pregnancy, STD infection etc) ie. sexual practices as *countable events*. The vast majority of early studies concern themselves with the production of statistics believed to reflect the underlying 'reality' of the situation by estimating the extent of such practices.

This introduction to the literature on adolescent sexual practices is intended to 'set the scene' for this thesis insofar as it problematises the objective truth-status of *scientific* knowledge about adolescent sexual practices and contemporaneous feelings, questioning its claim to be a series of value-free, independent, objective facts. Rather, the findings presented in scientific journals and learned writings are conceptualised as *created* by, and in turn *recreating*, a scientific *discourse* of sexuality, which reflects, serves, and exalts preexisting knowledges or discourses surrounding sexual practices. In particular, it is argued that statements about sexual practices produced in scientific discourse tend to be intricately bound up with statements and values drawn from the pre-existing religious, moral, and perhaps most poignantly, political discourses which have come to form our taken-for-granted understandings of what sex *is*. By contrast, folk, aesthetic and recreational discourses appear to have been repressed by the rise to prominence of scientific understandings.

The primary aim of this chapter is to offer a reading of the historico-cultural context(s) of sex research which questions the orthodox positivist view of scientific data as value free and objective. In order to do this, the emergence of sexuality as a topic of scientific and psychological interest is discussed with reference to the legitimization of this enterprise, and the ways in which emphases have altered with the changing *Zeitgeist* both inside and outside the discipline of psychology. This chapter is intended to ‘set the scene’ for this thesis insofar as it provides insight into the historical, political and cultural backdrop against which psychologists have conducted their research.

## **1.2. Pre-modern discourses of sexuality**

Whilst Kinsey et al’s (1951) research is often cast as ‘ground-breaking’, it should be borne in mind that the study of sexual behaviour did not just magically ‘appear’ in the 1950s; it evolved from a long tradition of interest from mythology to the religious sector to the arts, and to fully appreciate the research findings of the past four decades, they must be located at the end of a long historical continuum.

Before scientists and social scientists began to take responsibility for explaining patterns of human sexual behaviour, its nature, roles, functions and norms were primarily the province of artists and theologians. In ancient civilisations, it appears that a far more liberal view of sex was held (Duddle, 1988). In the East, the Khama Sutra of Vatsyayana depicted the techniques of a pleasurable art, whilst in the West the Classical world upheld sex as a vital, guilt-free, often sacred activity. Today, some societies openly permit overt sexual behaviour to be expressed by the young without guilt, shame or inhibition in a manner that many in the West would find curious, perhaps even shocking (Sarrel and Sarrel, 1984). The more ‘civilized’ Western world has adopted a tendency to shroud premarital sex in shame, and alternative sexual outlets, such as masturbation, are often discouraged.

## **1.3. Scientific sexuality at the dawn of the age of reason**

Many modern societies attempt to tame and rationalise sexual behaviour via their various concepts of normality/abnormality and morality/immorality, often sanctioned by laws pertaining to such practices. The repression of sexual expression seems to stem primarily from the spread of the Judaeo-Christian tradition, and the control of sexuality appears to

have become intertwined with moral, legal and medical discourses, hence becoming almost inextricably linked with newly emerging value systems.

In contrast to the discursive production of sexuality by artists and theologians prior to the C18<sup>th</sup>, the rise to prominence of 'science as knowledge' marks a radical shift in our taken-for-granted understandings of sexuality and sexual practices. Foucault's writings on the history of sexuality (eg. Foucault, 1981) have been particularly influential in drawing attention to the emergence of sexuality as a topic of scientific interest. His reading of the history of sexuality has challenged the hegemonic view of history as a series of unproblematic facts or truths, and directed attention towards an appreciation of history as created by, and only intelligible through, discourse. It is discourse (not 'reality') which frames our understanding of what sexuality is or is not (cf. Morrow, 1995).

Foucault argues that in the C18<sup>th</sup>, rapidly increasing numbers of people, and the commensurate public health concerns, gave rise to the concept of a 'population', which brought with it questions concerning the management of control of resources. This focussed attention towards sexuality and its regulation:

[A]t the heart of this economic and political problem of population was sex: it was necessary to analyse the birth-rate, the age of marriage, the legitimate and illegitimate births, the precocity and frequency of sexual relations, the ways of making them fertile or sterile, the effects of unmarried life or the prohibitions...Things went from ritual lamenting over the unfruitful debauchery of the rich, bachelors and libertines to a discourse in which the sexual conduct of the population was taken both as an object of analysis and as a target of intervention (Foucault, 1976:25-26, cited in Burr, 1995).

According to Foucault, sex became of interest to the State, and agents of the State became invested with the authority to extort information from people regarding their sexual practices. It is here, he argues, that notions of perversion, unnatural practices and immorality became possible, and ideas about sexual 'normality' began to emerge. As such notions became internalised by individuals, self-surveillance in respect of such practices developed, the supervision of which can now be conceptualised as residing with the modern-day bearers of this authority, such as psychiatrists, medics and psychologists (Burr, 1995). The increase in scientific writings about sexuality is not, therefore, an entirely new phenomenon, but part of a larger historical movement concerned with classifications and divisions which serve to categorise and control the population.

Although various discourses of sexuality co-exist, some versions of events are awarded greater credence than others; they are given the status of 'knowledge', stamped with the label of 'truth'. At the present time, the scientific discourse surrounding sexuality is taken



by many as the ‘truth’ whilst alternative conceptualisations, drawn from, for example, religious or political discourse are seen as contestable. This is not to say that scientific ‘facts’ about sexuality cannot serve the interests of powerful religious and political factions; scientific ‘facts’ are frequently used by Church and State to support their own ideological positions. What is normally taken for granted is the *objectivity* of scientific knowledge (although it is widely recognised that others might well attempt to use this knowledge in ideological ways).

From within Foucault’s construction of the history of sexuality, psychology’s claim to be a liberatory force, acting for the greater good, becomes suspect:

Looked at against this background, the position of psychology itself becomes highly dubious. In this light, the practice of psychology becomes seen not as a liberatory project (in which ‘knowledge’ discovered about human beings is used to improve their lives), but as one more cog in the machine of social control. The practice of surveillance requires information about people. This information can then be used to establish norms for ‘healthy’ or ‘morally acceptable’ behaviour, against which any person can be assessed, or assess himself or herself (Burr, 1995: 68).

Rather than adding to a body of knowledge that has the potential to free us from sexual repression, or protect us from adverse outcomes of sexual practices, psychological knowledge can be seen as a form of social control or surveillance; anyone who has conducted an interview about sexual behaviour cannot have escaped this realisation when asked “Am I normal, then?” by respondents before they leave.

#### **1.4. Scientific knowledge in the early to mid C20<sup>th</sup>**

Although increased State interest in the sexual practices of the population was evident from C18<sup>th</sup> onwards, most writers concur that sexual behaviour as a field of social scientific investigation has increased exponentially over C20<sup>th</sup>, particularly during the last five decades. The foci of this expansion of research cannot be meaningfully abstracted from its historical and cultural milieu, in a period conceptualised by the redefining of appropriate social and sexual practices along gender lines.

In the 1920s the reported incidence of premarital sex doubled, along with rises in the rates of extramarital affairs by women (Miller and Simon, 1974). In the mid 1930s, a straw poll by a leading women’s journal revealed that 60% of women objected to the word ‘obey’ in the wedding vows (Irvine, 1990), perhaps highlighting a growing awareness of gender inequalities in marriage. Gender instability was exacerbated by World War II, and in

America the witch-hunts of the 1950s directed against homosexuals and Communists reflected, perhaps, a general sense of fear of 'Otherness'. As critic Michael Bronski (1987) observed, films like "The Fifty Foot Tall Woman" and "The Incredible Shrinking Man" captured the gender anxieties of the era (cited in Irvine, 1990).

The 1960s and 1970s were said to mark the so-called 'sexual revolution', with an upsurge in sex educational literature, the availability of the contraceptive pill, the advent of legalised abortion, gay liberation and an increasing acceptance of the individual's right to self-fulfilment. All of these can be construed as undercutting the patriarchal value system, and facilitating the convergence of the rates of male and female sexual behaviours, most apparent in the reported rise in the rate of premarital sexual intercourse, especially amongst females (Miller and Simon, 1974; Davis, 1971).

It was in this rapidly changing climate that Kinsey et al (1951, 1953) published their early works. Perturbed by the lack of statistical information regarding human sexual behaviour, Kinsey set about the daunting task of data collection in the face of public and professional disapproval. The two Kinsey volumes sold almost 1 million copies (Gagnon, 1988). Perhaps for the first time, people had access to *scientific* data which reflected not the 'official' image of sexual practices in the United States, where homosexual practices, masturbation and various heterosexual practices such as oral sex were held to be perversions, sins and/or crimes, but statistical data reflecting reports of such practices occurring with regularity in homes across America. People were invited to consider an alternative representation of sexuality where their sexual practices were not perversions, but the preferences of a previously silent majority (cf. Gagnon, 1988).

Yet whilst such research was ground-breaking, emphasising the *similarities* rather than the presupposed *differences* in physiological sexuality between the sexes, it neglected to take account the *meanings* that sexual activity holds for people. In a similar fashion, the works of Masters and Johnson (1966; 1970), conducted within a bio-deterministic, physiological framework, selectively emphasised such similarities. Once again, the *social* nature of human sexual activity was largely overlooked.

Scientific sex research thus shifted its emphasis from 'differences' to 'similarities' between the sexes, coinciding with changes in the socio-political climate. The women's rights discourse raised questions regarding the 'natural' differences between men and women (Duggan, 1990) which were echoed in the changing view of sex, from the instinctual to the ideological.

Around the same era, Schofield carried out two large-scale studies concerning the sexual practices of Britain's youth (1968, 1973). Whilst these studies undoubtedly provided useful background information in terms of a historical picture of young people's sexual activity, the emphasis was rather more descriptive than analytical. As Lees (1986) commented, such research failed to take into account that individuals, their relationships and their bonds are *social creations*. One of the major criticisms of the research into sexual behaviour is that the primary emphasis has been on 'virgin-counting' or 'social bookkeeping' i.e. in describing "who" is doing "what" to "whom" whilst paying relatively little attention to "why" certain patterns were emerging, or "how" such practices could be interpreted.

### **1.5. Current psychological concerns**

In recent years, many writers have raised questions regarding why the study of human sexuality has attracted so little funding or serious research attention within psychology until relatively recently (eg. Wellings, Wadsworth, Johnson and Field, 1990). Human sexuality appears to be one of the most talked about, yet least researched areas in psychology. It was not only ground-breaking pioneers such as Kinsey, Freud and Masters and Johnson who attracted adverse attention for their research activities, but also many of the lesser known researchers furthering the tradition. The typical reaction to social psychologists choosing to work in this field is nicely summed up by Byrne in the subtitle of his 1977 paper: "What's a nice field like you doing in a topic like this?", and the remnants of hostility directed at the pioneers remain in the criticism, indifference or bemusement of colleagues to the present day.

During recent years it could be argued that certain catalysts may have provided the impetus for more systematic sex research within psychology, which appear to have legitimated psychological studies of human sexuality and sexual practices. The whole notion of legitimisation of one's research is, in itself, curious. It seems an odd state of affairs when academics are encouraged to 'legitimise' their work. In most other specialisations, an area can be studied for its intrinsic interest or worth; students of visual perception do not need to make grandiose claims to improve the sight of the nation, nor psycho-linguists promise to improve elocution, yet sex researchers are expected to preface their work with reference to reducing teenage pregnancy rates, or changing HIV-related behaviours.

Since the advent of the so-called 'sexual revolution', the major focus has been research into the incidence of premarital sexual activity, teenage pregnancy and the effects of the

increased availability of the contraceptive pill. The vast majority of studies have focussed on either *pregnant or premaritally sexually active* (presumably 'at risk') young girls. Public health/family planning concerns, therefore, *appeared* to provide the impetus for research programmes intended to explain (and correct) the sexual practices of adolescents (Ingham, 1992a), although this endeavour seems almost exclusively aimed at the *female* adolescent population.

Later, the discovery of HIV and the subsequent medical uncertainty regarding a vaccine or cure further legitimised the psychological investigation of sexual behaviour (Kaplan, 1989), insofar as the transmission of HIV is seen as contingent on volitional behaviour of individuals, a focus which falls squarely within a psychological remit. As such, the focus of much recent research has switched to explaining 'risk activities', 'risk groups' and condom use. Researchers are increasingly trying to recruit young males, prostitutes and homosexual samples, with the primary emphasis switching from pill use to condom use. Hence the research focus has shifted from 'high risk for pregnancy' to 'high risk for the spread of HIV infection', from females to males, from heterosexual to homosexual - seemingly mirroring the main 'public health scares' and their concomitant 'moral panics' (cf. Cohen, 1972; Goode and Ben-Yahuda, 1994).

As Gagnon (1988) asserts, as the majority of latter-day research is driven by medical concerns relating to HIV infection, there has been a tendency to research sexuality from the perspective of sexual practices relating to HIV transmission, rather than examining AIDS from the perspective of sexuality. The result of this emphasis is that "...sex itself can become confused with the disease and being sexual in various ways becomes treated as an illness or as evidence of illness" (Gagnon, 1988:600). Even a cursory glance at the 'scientific' literature suggests that the interesting things about sex have become those things the *disease* makes interesting, and the all-consuming concern with 'risk activities' has led to a fragmentation of the topic area, with a noticeable lack of research into low-risk or no-risk activities such as sexual practices within long-term monogamous relationships, and non-penetrative activities such as masturbation (Gagnon, 1988).

Psychology's 'late entry' into sex research may also be due in part to paradigmatic changes within the discipline itself, as the prevailing behaviourist paradigm in the 1950s and 1960s with its emphasis on the strictly observable, and its heavy reliance on experimental method, may have rendered sexual behaviour, with its essentially private nature, being regarded as unsuitable subject matter for investigation. Once psychologists were 'allowed' to study aspects of sexual behaviour, and paradigmatic considerations were no longer an

insurmountable barrier, research began to diversify, and is now beginning to flourish, with a small but steadily increasing amount of qualitative research into phenomenological aspects of sexuality.

### **1.6. Current social-scientific concerns**

The most recent scientific studies of adolescent sexuality have, for the most part, been equated with the study of adolescent sexual and contraceptive behaviours (acts of intercourse, condom use, etc.) or the adverse biological outcomes of such practices (unwanted pregnancy, STD infection etc) ie. sexual practices as countable events. The vast majority of early studies concern themselves with the production of statistics believed to reflect the underlying 'reality' of the situation by estimating the extent of such practices. Much of the early and contemporary work in the field is concerned with the quantification of adolescent sexual practices, usually in terms of adolescents' involvement in 'risk activities' ie. the sexual practices associated with STD/HIV transmission and teenage pregnancy.

As outlined earlier, many researchers attribute the increased interest in research into adolescent sexual practices to three catalysts: The onset of the so-called 'sexual revolution' of the 1960s and 1970s, with an apparent rise in the incidence of premarital sex and the invention of the birth control pill (Duddle, 1988; Vinovskis, 1981; Irvine, 1990); the apparent 'epidemic' of teenage pregnancies with concomitant adverse psychological and medical effects (Ingham, 1992b); and the discovery of HIV with no immediate promise of a vaccine or cure (Memon, 1990).

As a result, the literature on adolescent sexuality has a marked tendency to mirror one or more of the following concerns:

1. Moral and political concerns embedded within discourses surrounding the 'sexual revolution' (eg. early sexual activity, especially of the premarital variety).
2. Political and medical concerns embedded within discourses surrounding unplanned adolescent pregnancies.
3. Medical and educational concerns embedded with discourses surrounding condom use.

Many of the psychologists who write books and journal articles in the field of adolescent sexual practices explicitly refer to epidemiological, demographic data and medical data in the introduction to their studies, using such data to justify their interest in the area, and to stress the importance of their work as an adjunct to such epidemiological, demographic and medical work. These data, summarised below, are generally taken as relatively unproblematic scientific and/or historical ‘facts’, but as I will attempt to show later, they are historically and scientifically contestable, and heavily value-laden.

### **1.7. Quantifying adolescent sexual practices and ‘outcome measures’: The historical and scientific ‘evidence’**

#### *Trends in sexual behaviour*

According to the historical and scientific knowledge(s) amassed to date, there appears to have been a general trend towards an increase in the incidence of premarital intercourse for females since the 1960s (Byrne, 1983; Hopkins, 1977; Vinovskis, 1981; Strouse and Fabes, 1985; Davis, 1971; Ostrov, Offer, Howard and Kaufman, 1985). It has also been noted that the average age of this transition is decreasing (Simon, 1989; Hopkins, 1977; McKenry, Walters and Johnson, 1979; Schinke, 1984), and that the traditional gap between the sexes has gradually begun to narrow (Jessor and Jessor, 1977; Diepold and Young, 1979). Crude meta-analysis of data from developed countries suggests that between 30% and 50% of young people experience sexual intercourse by the age of 16, 80%-90% by the age of 20 (Ingham, 1992b).

Findings indicate that younger respondents, especially males, report higher numbers of sexual partners than in previous surveys, and amongst those with 10 or more partners, 1 in 5 have attended an STD clinic (Johnson, Wadsworth, Wellings, Bradshaw and Field, 1992). The most recent figures from the Public Health Laboratory confirm an upward trend in STDs since 1995, particularly amongst teenage girls (White 2001). For example, the reported incidence of gonorrhoea in England and Wales rose 27% between 1999 and 2000 alone (White 2001), other estimates suggesting that it has doubled since 1995 (Kinghorne, 2001). The birth rate also appears to be increasing amongst *younger* adolescents (McKenry, Walters and Johnson, 1979), especially in geographical regions with high Standard Mortality Rates (Wilson, Brown and Richards 1992). Data from various European and American sources also reveal that there has been no increase in age at first intercourse since

the onset of AIDS (ACFS investigators, 1992; Ehrhardt, Yingling, and Warne ,1991; Richen, Imrie and Weiss, 2003; Adler, 2003).

### *Trends in contraceptive behaviour*

In general, contraceptive use amongst adolescents appears to be on the increase, and adolescents are now more likely to use condoms than they ever were before (Abrams, Abraham, Spears and Marks 1990). As a general finding, between one-third and one half of young people in developed countries report actual or attempted condom use at first intercourse. Condom use is often foregone in favour of contraceptive pill use with 'serious' partners, and condoms have a greater tendency to be used with 'casual' partners (Ingham, 1992b). There is evidence to suggest that young people who change their partners the most frequently report the greatest condom use, although this still tends to be confined to sexual activities with casual partners (ACFS investigators, 1992). Despite the increase in contraceptive use, unwanted pregnancies and STDs continue to receive attention as adolescents do not *always* use contraceptives (Farrel, 1979; Ford, Zelnick and Kantner, 1981; Jones and Philliber, 1983; McCance and Hall, 1972; Zelnick and Kantner, 1979; Zelnick and Kantner, 1980).

### *The emergence of adolescents as a 'risk group'*

Both unwanted pregnancy and STDs discriminate biologically against females - STDs are more easily transmitted from male to female than vice versa, but very much harder to detect in the female (Cates and Stone, 1992a, 1992b.). Excluding homosexual men and prostitutes, female teenagers have the highest reported rates of gonorrhoea, chlamydia and pelvic inflammatory disease of any age group (Brooks-Gunn and Furstenberg, 1990; White, 2001). Although few adolescents have AIDS, the numbers in the United States have been doubling in recent years, and one fifth of all cases have occurred in 20- 29 year olds. Thus they have been identified as a potential high risk group (Edgar, Freimuth and Hammond, 1988). As sexual activity is associated with higher risk of HIV transmission, the expanding time period between first intercourse and entering a stable monogamous relationship opens up a relatively large window of opportunity for infection.

Adolescents are widely regarded as key players in the future of the heterosexual spread of AIDS (cf. Bury, 1991; Ehrhardt et al, 1991)). Growing evidence suggests that heterosexual adolescents have not changed their behaviour markedly since the discovery of HIV (Sanders, 1990), especially those with a so-called 'syndrome' of 'problem behaviours'

(Nicholas, Sondheimer, Willoughby, Yaffe and Katz, 1989; Pederson, Samuelson and Wichstrom, 2003). Early identification of those particularly at risk (based on the known risk factors) is seen as essential to facilitate timely entry into sexual health care (Santelli and Beilenson, 1992).

### *Outcomes of unprotected sex 1: The AIDS epidemic*

The medical research community is faced with an epidemic for which there is no vaccine or cure. It is widely accepted by the medico-scientific community that by far the greatest number of new cases of HIV infections worldwide are acquired heterosexually rather than homosexually or intravenously. Both the male-to-female and female-to-male transmission routes are well documented (Wellings, 1987; Abramson and Herdt, 1990). Although the actual figures are presently low in adolescents, the numbers have been increasing in recent years, being more prevalent amongst adolescent females (Brooks-Gunn and Furstenberg, 1990).

Even under optimistic conditions, ie. total abstinence from 'risky' practices or widespread availability of a perfect vaccine, it has been estimated that it would take over 15 years to totally eradicate the virus in endemic areas, and in less optimistic but more realistic scenarios we will be living with AIDS for decades to come (Kaplan, 1989). The only forms of absolute protection from HIV are total abstinence or a completely monogamous lifelong relationship between partners who have never been exposed to the virus. As most adolescents are likely to become sexually active prior to marriage, most sexually active adolescents and adults are unlikely to become abstinent on a long term basis, infidelity is not unknown, and even long-term monogamous partnerships and marriages can come to an end, it has become necessary for health educators to consider ways of circumventing the potential epidemic amongst the heterosexually active population, who are unlikely to know the complete risk-histories of past, present and future partners.

### *Outcomes of unprotected sex 2: unplanned pregnancies*

To date, most policies, both nationally and internationally, place strong emphasis on the prevention of unwanted pregnancies (Cates and Stone, 1992a, 1992b). Teenage pregnancy is conceptualised as a multi-faceted problem in the literature. It has been portrayed as problematic in terms of the National economy, especially when looking at the rising number of births outside marriage (Adams, Adams-Taylor and Pittman, 1989; Vinovskis, 1981; McKenry, Walters and Johnson, 1979; Chilman, 1979). Welfare provision for single



parents families is increasingly seen as an unacceptable burden to the overstretched National budget, as evidenced in the U.S. Government's current consideration of welfare cuts in this sector. Although funding of pregnancy prevention services may be costly, Turetsky and Strasburger (1983) rather cynically report: "we can pay now or we can pay later" (Turetsky and Strasburger, 1983:341).

Teenage pregnancy is also portrayed in the literature as incurring costs for the individual. Adolescent parents often remain economically worse off than adolescents who do not become parents, as do their offspring (Furstenberg, Brooks-Gunn and Chase-Lansdale, 1989; Adams, Adams-Taylor and Pittman, 1989; Zellman, 1982; Hofferth and Moore, 1979; McKenry, Walters and Johnson, 1979; Chilman, 1979). Medical research suggests that anaemia, preeclampsia, cervical cancer and uterine problems are more prolific amongst pregnant adolescents than their older counterparts (cf. McKenry, Walters and Johnson, 1979; Schinke, 1984; Chilman, 1979). Babies born to adolescent mothers tend to have higher mortality rates, lower birth weights (but cf. Garn, Pesick and Petzold, 1986, for dissenting commentary), a higher incidence of congenital malformations, developmental disabilities such as retardation, blindness epilepsy, deafness and cerebral palsy. Other research demonstrates that the children of adolescent mothers are more prone to behavioural disorders (Finklestein, 1982), lower levels of intellectual functioning and an increased risk of being abused. Although the evidence is disputed by some writers, there appears to be more credence in the assertion that the adolescent is a higher risk pregnancy patient than the proposition that she is not (cf. McKenry, Walters and Johnson, 1979).

In view of the rise to prominence of adolescents as a 'risk group' in terms of unintended pregnancies and its attendant medical and economic disadvantages, and also as a potential 'risk group' in terms of HIV infection, there has been a growth in the sociological, medical and psychological literature aimed at discovering the correlates and causes of adolescent sexual practices. It is to this literature that I turn in chapter two.

### **1.8. Challenging the 'evidence': the value-ladenness of scientific and historical 'facts'**

Almost all societies attempt to manage sexuality in order to regulate fertility, and modern societies increasingly couch their concern over adolescent pregnancy in political and economic terms. In developed countries, the aggregate risks and costs associated with STD/AIDS infection and unplanned pregnancy appear to influence the priorities of policy

makers (Brooks-Gunn and Furstenberg, 1989; Brooks-Gunn and Furstenberg, 1990; Miller and Simon, 1974).

For the most part, the catalysts and legitimating forces behoving the increased scientific interest in sexuality go unquestioned. However, some writers have argued that the ‘facts’ and ‘figures’ on which much research is predicated are highly debatable. It is argued that histories are selectively produced to legitimate research and interventions, suggesting that moral and political concerns are perhaps more pertinent than bio-medical concerns. To illustrate this point, the accepted history of teenage pregnancy is that it is a growing and unprecedented problem which requires attention from medical/health professionals, who are generally promoted as objective and value-free, seeking only to improve conditions for the young. However, their objectivity could be called into question if it could be demonstrated that there was no ‘epidemic’, no ‘sexual revolution’ or that medical advice regarding HIV avoidance strategies is at odds with the epidemiological and statistical evidence?

#### *The myth of the adolescent pregnancy epidemic*

Vinovskis (1981), writing about the history of adolescent pregnancy in America, commented that very few people directly involved in policy making ever *question* the idea that adolescent pregnancy is a growing and unprecedented problem. Vinovskis points out that the fertility rate has actually *declined*, not increased, in recent years. Vinovskis (1981: 212) considers the possibility that:

the real problem of adolescent pregnancy for most Americans is not the number of pregnant teenagers, but the fact that an increasing proportion of them have their children out-of-wedlock.

Other researchers have reached essentially the same conclusion (cf. McKenry, Walters and Johnson, 1979; Adams, Adams-Taylor and Pittman, 1989). Between the 1960s and 1970s the number of teenaged girls giving birth actually declined in absolute terms, but the number of births *legitimised by marriage* declined more substantially. The number of illegitimate children put up for adoption fell dramatically; whereas in the early 1970s 90% of illegitimate births resulted in the offspring being *adopted*, by the 1980s 90% of adolescent mothers *kept* their children. One is, therefore, able to question whether the ‘problem’ is one of childbearing amongst young girls, childbearing outside marriage, or the decreased availability of babies for older childless married couples to adopt.

It has been argued that certain parties with vested interests have sought to promote an inaccurate portrayal of adolescent pregnancy. For example, Vinovskis claimed that:

Planned Parenthood - through its research and lobbying arm, the Alan Guttmacher Institute - played a major role in convincing the public and our officials of the 'epidemic' of adolescent pregnancy today. One of the most influential publications in this area is '11 Million Teenagers: What Can Be Done About the Epidemic of Adolescent Pregnancies in the United States?' (Alan Guttmacher Institute, 1976). Though the overall presentation of the data is misleading very few scholars and almost no one in the news media has challenged it (Vinovskis, 1981:222).

Here it can be seen that medicine, politics and morality intertwine, and that relatively powerful institutions and lobbies with vested interests have a part to play in *creating* knowledge about sexuality. When psychologists research adolescent sexuality from this perspective, and on the back of such legitimization, they too are serving these interests, reproducing the medical, political and moral knowledges through which we understand adolescent sexuality.

#### *The myth of the sexual revolution*

Similarly, the existence of the sexual revolution has also been questioned (cf. Davis, 1971; Miller and Simon, 1974; Diepold and Young, 1979). Such researchers contend that the historical data available suggest more of a gradual 'evolution' in the coital activity of adolescents, rather than a sexual '*re*volution', the concern expressed being not so much about absolute numbers, but the gender convergence in premarital sexual intercourse. Thus knowledge about our recent 'sexual liberation' is also contestable, and may have been fashioned as much by moral concerns about female emancipation and political concerns about social institutions such as 'marriage' and 'the family' as by medical concerns around the numbers of unwanted pregnancies and rates of STD/HIV infection.

#### *The politics of medical 'safer sex' advice*

Most psychologists, medics and educationalists appear to accept the medical advice that limiting the number of partners one has and using condoms will significantly reduce the risk of HIV infections. However, even within the bio-medical sphere, the objectivity and utility of such advice is questionable. What 'appears' to be objective, impartial advice about limiting one's number of partners can be conceptualised as imbued with moral and political concerns about promiscuity, and advice about condom use emphasises and reifies the medicalisation of sexuality which exaggerates the 'actual' risks of HIV infection for the majority of sexually active young people. Medical statistics are thus not intrinsically 'true',

but interpretable in a variety of ways which may serve the interests of religious, political and medical institutions.

Some interpretations of the epidemiological evidence question whether doctors and health educators are giving people the best advice on HIV prevention (eg. Hearst and Hulley, 1988; Siegal and Gibson, 1988). Such writers argue that limiting the number of partners may be largely ineffective in areas or amongst groups with a low infectivity rate. Having sex with a person with a 1% chance of being infected 100 times (the estimated average number of times per year people have sex) carries almost as much risk as having sex once with a hundred different partners who all also have a 1% chance of being infected.

With condom use, it is argued that even if they are 99% effective (which, on the basis of most clinical trials is an exaggeration) their use is less important than knowing the risk-status of one's partner:

Using a condom with an intravenous drug user, bi-sexual man or prostitute is far more dangerous than sex without a condom with someone who does not belong to any high-risk group (Hearst and Hulley, 1988:2431).

The risk in the latter encounter is estimated at 1 in 5 million per coital episode, which approximates to the risk of being killed in an automobile accident whilst driving ten miles to that encounter.

### **1.9. Scientists and politicians as 'uneasy bedfellows'**

Although the production of scientific knowledge about sexuality can be seen to serve the interests of moral and political institutions, the spheres of interest of politicians and scientists do not always coincide. For example, scientists and social scientists interested in collecting baseline data for epidemiological modelling appear to find themselves at odds with National Government agendas. Despite the importance of National survey work in this area, it is reported that both in the UK and USA government actions have blocked attempts to orchestrate nation-wide sexual behaviour surveys (Ehrhardt, 1992).

It has also been noted that government intervention based on scientific data has been 'selective' (Strong and Berridge, 1990). Some writers attribute the selective attention of the State, and the funding which accompanies this, to homophobia and punitive discourses of blame. Financial accounts of the Government funding of HIV related organisations add

weight to such accusations. The first overt sign of UK Governmental action was the implementation of the Public Health and Control of Diseases Act (1984) implemented in March 1985 (cf. Schramm-Evans, 1990), and yet by spring 1986, the only source of publicly accessible information was the Terrence Higgins Trust. In 1987, the Government eventually implored inhabitants of 23 million homes not to 'die of ignorance', causing widespread panic, but, ironically, the television advertisement of condoms was still prohibited.

Schramm-Evans (1990) noted that by the autumn of 1987, the Terrence Higgins Trust had received only £466,000 from central funds, whilst the press reported that a £10 million *ex-gratia* payment had been made to the Haemophilia Association to help them set up a trust fund for those haemophiliacs affected by AIDS. Such 'selective' allocation of central funding may reflect the discursive production of two categories of people with AIDS: 'guilty victims' (who have brought the disease upon themselves via their voluntary engagement in 'unnatural' or 'immoral' actions) and 'innocent victims' who have contracted the disease via their involuntarily exposure during medical interventions. The Terrence Higgins Trust, with its strong association with members of the gay community represented 'guilty' victims' who were perhaps not seen as deserving of Government financial assistance; by contrast, haemophiliacs the 'innocent victims' were worthy of Government aid.

#### **1.10. Scientific knowledge(s) and adolescent sexuality: some concluding remarks.**

Social scientific research into sexual practices cannot occur outside of the available discourses of sexuality; one cannot stand outside of such understandings, to apprehend sexual practices, or reports of such practices, to produce objective knowledge of such phenomena. Whenever researchers, practitioners, policy-makers or the people who engage in the practices under consideration think about, recall, talk about, or write about these practices, they do so linguistically ie. from within a discursive world which *appears* to reflect, but actually *constructs*, those thoughts, feelings, writings and practices.

Physical sexual practices (sexual intercourse, condom use etc) undoubtedly occur, as do contemporary psychological feelings, which are experienced as real. The difficulty arises when scientists claim they have direct access to such phenomena. Findings from sex research, based for the most part on retrospective accounts, reflect, at best, not what actually happens, but how what happens is reported and/or understood by the participants in

such studies. Just as scientific research cannot occur in a social and discursive vacuum, neither do the objects of such research. The participants' constructions of their sexuality, sexual practices and psychological feelings are as much a product of discourse as the scientific production of knowledge abstracted from such reports.

No researcher, no matter how 'objective' s/he tries to remain, is fully able to stand outside of his/her own values and understandings to conduct impartial research. The focus of the research topic, the methodology adopted and the way the results are interpreted are intimately intertwined with the discourses of sexuality through which such practices are understood. Adolescent sexual practices cannot be objectively reported, catalogued, or explained in scientific writings (or any other kind of text). As this chapter has aimed to show, current conceptualisations of adolescent sexuality within scientific literature are deeply embedded within political, moral, religious and medical discourses. The traditional scientific psychological literature reviewed in the next chapter, was discursively, not objectively, produced in the first instance, and is now discursively (re)produced by the present author. For the main part, the literature has been made available via a new scientific 'instrument of knowing': the sex survey (cf. Gagnon, 1988).

In the literature reviewed in the next chapter, such issues are not generally broached by the researchers themselves, and their research findings have a tendency to be presented as more-or-less 'factual'. The issues that this observation raises will be further explored in chapter three.

## **CHAPTER TWO**

### **UNDERSTANDING ADOLESCENT SEXUAL BEHAVIOUR AND ITS POTENTIAL FOR CHANGE: A PRELIMINARY REVIEW OF THE SCIENTIFIC LITERATURE.**

#### **2.1. Preamble**

In chapter one, it was explained that much of the early and contemporary research has been concerned with the quantification of adolescent sexual practices, usually in terms of adolescents' involvement in 'risk activities' ie. the sexual practices associated with STD/HIV transmission and teenage pregnancy.

As psychologists (and other social scientists) have become more involved in this field of research, the focus has tended to shift away from looking exclusively at statistical data, to encompass an understanding of the reasons why adolescents engage in such practices, and the thoughts and feelings associated with such practices and outcomes. Much of this research is based on the reports people make of these practices and feelings, which are, for the main part, taken as providing a more or less accurate reflection of these phenomena. However, little attention has been paid to the context and/or meaning of sexual practices, the discourses which inform our understanding of sex and sexuality, or the discursive functions of people's accounts of their practices, issues which will be taken up more explicitly in chapter three.

In this chapter, attention is directed towards reviewing the social and psychological variables and psychological processes posited as precursors or determinants of adolescent sexual practices. Such research presents, for the main part, as a series of disjointed hypothesis testing studies, but since the 1970s, researchers have been developing all-encompassing predictive models of adolescent sexual practices, which are often hailed as a firm basis for sexual health intervention programmes. These generically termed 'rational decision-making models' are briefly outlined. Then, the literature on sexual behaviour change (which is often directly or indirectly influenced by such 'knowledge') is reviewed, to consider whether, on the whole, intervention attempts have been successful in changing adolescent sexual practices. Finally, an intra-paradigm critique is presented which considers how recent moves towards more qualitative styles of enquiry could be influential in explaining adolescent sexual practices and effecting behavioural change.

## **2.2. Social and psychological factors associated with adolescent sexual practices (explanatory variables)**

Predisposing or explanatory factors have been widely researched in this field, although not to any great extent for adolescent males (Chilman, 1986). One way of breaking down the myriad of factors hypothesised to play a part in explaining adolescent sexual practices is to consider them as grouped according to their conceptual proximity to the individual. For example, many of the studies carried out by psychological and medical researchers have focussed directly on explanatory variables ‘internal’ to the individual, such as cognitive processes and structures, whilst some of the social psychological studies, and most of the sociological research, has focussed on explanatory variables located ‘outside’ the individual, such as the effect of socio-economic status or a country’s distribution of income. This section, therefore, provides a broad overview of the variables considered at the structural level, the extra-individual level, and at the level of the individual. The section ends with some consideration of the factors which may be hypothesised to exist at the level of the dyad, as, despite a dearth of literature in this area, most of the sexual practices of interest to the researchers whose work formed the basis of this review, occur dyadically.

### ***i Structural/demographic level influences***

Cross-national comparisons within developed countries (e.g. Jones, Forrest, Goldman, Henshaw, Lincoln, Rosoff and Wulf, 1985, 1988; Richens, Imrie and Weiss, 2003) suggest that countries which have a more typically open attitude towards sex appear to promote more responsible behaviour as assessed by the lower rates of unwanted pregnancies and terminations, yet do not appear to demonstrate higher levels of sexual activity at earlier ages. Generally speaking, the birthrate in countries exemplified by liberal views are low, as they are in countries with a more equitable distribution of income (Insko, Blake, Cialdini and Mulaik, 1970).

The political *Umwelt* of a nation (or region) has the potential to hinder the provision of effective birth control service and educational provision. One notable political concern in the literature is the potential effects of *provision of welfare* for unmarried mothers, typified in the belief that adolescents may become pregnant as a ploy to obtain access to State funded housing, one-parent benefits etc. Although no British research into this phenomenon was uncovered in the course of this review, some cross-national and American studies indicate



that Welfare provision for unmarried mothers has no discernable effect on the adolescent birth rate (Insko et al, 1970; Moore and Caldwell, 1977).

Many researchers have focussed on *demographic factors* (age, social class, ethnicity, religious affiliation etc) as independent variables in their investigations. Higher age at first intercourse is argued to be one of the strongest predictors of consistent contraceptive use (Brooks-Gunn and Furstenberg, 1989; Hofferth, 1987; Zabin and Clark, 1981; Wellings, Nanchahal, MacDowell, McManus, Erens, Mercer, Johnson, Copus, Korovessis, Fenton and Field, 2001).

Low socio-economic status has often been associated with earlier sexual initiation and an increased likelihood of premarital pregnancy (McKenry, Walters and Johnson, 1979; Diepold and Young, 1979; Wellings et al, 2001). Many studies, most commonly those conducted in the USA, have examined ethnic differences in sexual practices, concluding that black adolescent females are younger at first intercourse than their white counterparts, and experience higher rates of adolescent pregnancy (eg. McKenry, Walters and Johnson, 1979; Pete and De Santis, 1990). However, racial differences in the rate of adolescent pregnancies seem to disappear when 'age at first intercourse' is controlled for (Zelnick, Kantner and Ford, 1981), and the ethnic differences in the out-of-wedlock birthrate may be counterbalanced by the higher likelihood of white adolescents either electing for a therapeutic abortion or marrying their partner (Adams, Adams-Taylor and Pittman, 1989).

In general, religious *affiliation* appears unrelated to sexual behaviour, but regular *church attendance* has been associated with less coital experience (Zelnick and Kantner, 1974; White and DeBlassie, 1992; Miller and Moore, 1990; McKenry, Walters and Johnson, 1979). Adolescent females who score highly on measures of religiosity are more likely to report postponing sexual activity; however, when they do become sexually active they are found to be less likely to use contraception (Rosen and Ager, 1981).

Another demographic variable which has been the subject of research is the effect of *region* or residential location (eg. Kinghorn, 2001). There appears to be wide variations between purportedly representative samples in reported levels of sexual experience according to the geographical place of residence, and these are not easily explained by availability of termination and family planning services (cf. Fife-Schaw and Breakwell, 1992). Pervasive regional differences in levels of illegitimacy have lead to suggestions of a 'bastardy-prone sub-culture', where it is held that women living in the same area, and often related to each other, transmit such values and practices to their children and thus perpetuate this sub-culture,

along the same lines as culture of poverty theories of the 1960s and early 1970s (cf. Lewis, 1966). The concept has been re-worked to suggest the existence of a 'culture of pregnancy', which is in need of State funded interventions to prevent the cycle of repeating itself.

## *ii Extra-individual level influences*

Between the structural influences on sexual behaviour (over which both adolescents and those interested in changing their behaviour are generally perceived to have no direct control), and the individual factors influencing sexual behaviour (over which such control may be possible), are a range of influences which have been hypothesised to affect adolescent sexual practices. These extra-individual influences are generally seen as outside the control of the adolescent in question, but potentially amenable to direct intervention at some level, and include the provision of sexual information and services, and potential familial and peer group influences on adolescent sexual practices.

Some researchers have examined the role played by the *structure of the family of origin* in shaping adolescent sexual practices. Newcomer and Udry (1987), investigating the relationship between family configuration and adolescent sexuality, commented that several studies have demonstrated that not living with both biological parents is a predictor of early sexual intercourse. They also noted that families with 'absent fathers' are more strongly associated with this activity. *Family instability* has also been associated with high adolescent pregnancy rates (McKenry, Walters and Johnson, 1979; Miller, Benson and Galbraith, 2001).

Conversely, females who live with both parents (as opposed to just one) appear to be more regular contraceptive users (Whitley and Schofield, 1986). It has also been noted that the more favourably the mother-daughter relationship is reported by the daughter, the less likely it is that early sexual activity occurs (Fox and Inazu, 1980; Remez, 2003). The children of working mothers, especially professional women, are said to become more 'effective' contraceptors (Jones and Philliber, 1983), and the more years education completed by an adolescent's parents, the less likely it is that such adolescents report experiencing early sexual intercourse (Remez, 2003).

Some researchers (eg. Brown and Mann, 1990) have focussed their attention on the role played by *sexual health services*. Clearly, in encouraging the use of such services, factors such as distribution, access and expense must be taken into account. Perhaps not surprisingly, cost is more often a problem for younger adolescents, as is knowing where to obtain contraceptive services (Brooks-Gunn and Furstenberg, 1989; Whitley and Schofield, 1986;

Ingham and Stone, 2003). Many policy-oriented researchers (eg. Jones et al, 1985; Clawson and Reese-Weber, 2003; Pearson, 2003) have concluded that family planning services are not generally delivered to the adolescent population effectively. In particular, many researchers express concern that males do not take up services to the same degree as females (Marcell. Raine and Eyre, 2003; Pearson, 2003)

*Peer influences* have been thought to play a part in the etiology and/or early onset of teenage pregnancy (Schinke 1984; McKenry, Walters and Johnson, 1979; Brooks-Gunn and Furstenberg, 1989; Klitsch, 1990; Moore and Rosenthal, 1991a; French and Dishion, 2003). Jorgenson, King and Torrey (1980) found that modelling from one's girlfriends was associated with adolescent contraceptive behaviour, and discussion of birth control with girlfriends has been associated with earlier acquisition, if not more accurate use, of contraceptives (Milan and Kilman, 1987). However, receiving sexual knowledge *primarily* from peers as opposed to parents may be implicated in more permissive behaviours (Lewis, 1973). Some writers, however, have argued that *beliefs* about the pervasive influence of the peer group on adolescent behaviour appear to be stronger than the available evidence suggests (Hofferth and Hayes 1987; Miller and Moore, 1990), and should not be over-estimated (Mann, Harmoni and Power, 1989).

Other researchers have looked at the possible effects of *familial communication*. Moore, Peterson and Furstenberg (1986) suggested that parental discussion of sexual matters is associated with a lower likelihood of early sexual activity. Later research corroborates these earlier findings, as families who report higher levels of communication are more likely to have children who remain virgins longer (Guthrie and Bates, 2003) or at least report a lower number of sexual partners (Joffe and Franca-Koh, 2004). Some studies have reported that open and frank sexual communication between parents and their children increases contraceptive use and appears to delay age at first intercourse (Kastner, 1984; Newcomer and Udry, 1985; Darling and Hicks, 1982; Miller and Moore, 1990; Chilman, 1986; Warren, 1992). However, in general, low levels of direct communication about sex in the family are reported: "much communication about sex and sexual values is unspoken, indirect and non-verbal" (Fox, 1980:22). Sexual communication within family settings is generally held to be difficult:

Families head off discussion of sexual matters through a conspiracy of silence. Neither adults nor offspring really want to know what the other is doing. The parents, particularly, may suspect the worst, but, they'd rather hope for the best (Pocs, Godow, Tolone and Walsh, 1977:56).

There is also evidence to suggest that males receive even less sexual information from their parents than females (Scales, 1977).

Other writers have noted that individuals whose mothers are aware that they are sexually active are more likely to use contraception (Furstenberg, 1971; Herold, 1981; Miller and Moore, 1990), and, in a similar vein, fear of parental discovery and perceived negative parental sanctions appear inversely related to contraceptive use, but do not appear to always deter coital activity (Milan and Kilman, 1987; Herold, 1983; Zabin and Clark, 1981; Whitley and Schofield, 1986). Indeed, research suggests that higher levels of parental supervision *per se* may be related to lower rates of sexual activity, regardless of communication about sex (Hollander, 2003).

### ***iii Individual level influences***

Most of the psychological research to date has tended to focus on individual level explanations of adolescent sexual behaviour and contraceptive use. These factors fall into four main categories, cognitive factors (the role of knowledge, decision-making, attitudes towards sex and contraception etc.), intra-psychic factors (personality, motivation, identity issues, etc.), biological factors (eg. hormones) and behavioural considerations (skills and experience).

#### *Cognitive factors*

Factors relating to the *role of cognition* in adolescent sexual practices have been widely researched. Many studies have reported that a sizeable proportion of females do not use contraception because they do not believe that pregnancy will occur (eg. Whitley and Schofield, 1986; Zelnick and Kantner 1979; Kirby, 1980; Herold and Goodwin, 1981). Adolescents often appear to have unfounded doubts about their own fertility, which has been hypothesised as instrumental in their failure to use contraception (Morrison, 1985; Chilman, 1979; Cobliner, 1974; Dembo and Lundell, 1979; Cvetkovich and Grote, 1981).

Much of the published research centres around alleged *sexual knowledge deficits*. Zelnick and Kantner (1974) reported that many pregnant adolescents believe that conception occurs around the time of menstruation and that the safest time of the month is mid-cycle. In a review of the literature on contraceptive behaviour, Morrison (1985) put forward the view that many adolescents were largely uninformed about reproductive physiology and the various methods of contraception available. Many other studies have concluded that a lack of

information about birth control is implicated in unprotected sex (eg. Adame, 1985; Shah, Zelnick and Kantner, 1975; Zelnick and Kim, 1982), and where perceived (as opposed to actual) knowledge is low, there is also a higher incidence of risky sexual behaviour (Rock, Ireland and Peswick, 2003).

However, there is relatively little information about sexual knowledge and its relationship to sexual behaviour more generally. Surveys have shown that knowledge of contraception increases during adolescence, a factor usually attributed to sex education. However, taking a course in sex education is no guarantee of accurate knowledge (Zelnick and Kantner, 1979). Whilst knowledge may be *necessary* for contraceptive use, it does not appear to be *sufficient*. For example, AIDS knowledge appears to be reasonably high, at least in college samples (Edgar et al, 1988), but the informed majority do not appear to translate such knowledge into AIDS precautionary behaviours.

Some researchers have focussed on the *cognitive capabilities* of adolescents to process information in ways which facilitate prophylaxis. Mid-adolescence is widely reported to be the time when individuals emerge from the restrictions of concrete operational thought, to the stage of formal operational thinking. Abstract concepts such as fertility are hypothesised to be difficult to process cognitively until adolescents reach the stage of formal operations, even after extensive training (Smith, Nenny, Weinman and Mumford, 1982). The cognitive skills that are hypothesised to develop during adolescence are crucial to birth control use, in that the capacity to plan, acquire and utilise contraceptive methods is likely to depend on such foundations (Gerrard, Breda and Gibbons, 1990; Mann et al, 1989; Brown and Fritz, 1988; Peterson and Crockett, 1986; Bury, 1991).

This has moved some researchers to concentrate on the *sexual decision-making processes* attendant on sexual practices. As knowledge appears to be held but not utilised, some researchers have argued that, although adolescents are physically equipped to handle sexual relationships, some lack the cognitive skills to make rational decisions about their sexual and contraceptive practices (eg. Schinke, 1984; Cvetkovich and Grote, 1975; Rogel, Zuehkle, Peterson, Tobin-Richrads and Shelton, 1980; Whitley and Schofield, 1986).

Research into adolescent decision-making suggests that it involves many cognitive processes such as information processing, abstract reasoning, probabilistic thinking, learning and memory. It has been suggested that the development of specific competencies is contingent upon the simultaneous development of cognitive ability and substantive knowledge in the area about which decisions are to be made (cf. Mann et al, 1989).

For the most part, the decision-making literature concurs that by the age of 15 many adolescents show a reasonable level of competence in meta-cognitive understanding of decision-making, creative problem solving and commitment to a course of action, whereas younger children appear less able to create options and identify risks and benefits (Mann et al, 1989). It is hypothesised that certain family variables are also influential in socialising children into becoming competent decision-makers, such as families rated highly on measures of parent-child communication, family cohesion and parental conflict-resolution skills (Bell, 1982).

It has been argued that some adolescents appear to experience difficulties in understanding the implications of not using birth control (Gerrard et al, 1990; Cobliner, 1974). Several theories have been advanced to attempt to explain this. Some theorists argue that adolescents systematically overrate the probability of positive events happening to them (*unrealistic optimism*) and systematically underrate the probability of experiencing a negative event (*perceived invulnerability*) (cf. Weinstein, 1980; Weinstein and Lachendro, 1982; Weinstein, 1983; Weinstein, 1984; Weinstein, 1989; Moore and Rosenthal, 1991b.). Perceived vulnerability is considered to be a significant factor in AIDS-related behavioural change (Ross and Rosser, 1989; Milan and Kilman, 1987; Abrams et al, 1990) and pregnancy avoidance (Rainey et al, 1992; Kantner and Zelnick, 1972; Beck and Davies, 1987; Wellings, Wadsworth, Johnson and Field, 1995).

Other theorists (eg. Kaplan and Shayne, 1993) have concentrated more on accounting for the more generic problems associated with probabilistic thinking, in particular investigating the *heuristics and biases* identified in people's assessment of probabilities (cf. Kahneman and Tversky, 1973; Tversky and Kahneman, 1974; Tversky and Kahneman, 1981). Such research suggests that not only adolescents, but also adults (even statisticians) make relatively predictable errors when trying to assess probabilities when given relevant information. Such research can be construed as fundamentally at odds with research aimed at characterising adolescents, as opposed to adults, as irrational in their thinking about AIDS and pregnancy probabilities.

Some researchers have suggested that adolescents' *attitudes towards sex and contraception* are implicated in risky sexual practices. Indeed, many adolescents report feeling uncomfortable with the *idea* of using contraception (Zelnick and Kantner, 1979) - especially young boys (Pesa, Turner and Matthew, 2001). Negative attitudes toward contraception appear to involve many factors, including feelings of guilt, embarrassment, religious objections, ambivalence regarding the possibility of pregnancy, feeling that contraceptives are unpleasant

to use, and fears about possible side effects (Morrison, 1985; Zabin and Clark, 1981; Nadelson, 1980).

Several researchers (eg. Kastner, 1984) have suggested that the *perceived costs and benefits* of the various methods of contraception are influential in the adoption of a method. It has been argued by some that this knowledge is neither complete nor unbiased (Cates and Stone, 1992a, 1992b; Scales, 1977). In particular, adolescents have been shown to hold exaggerated worries regarding the health risks associated with the method most effective in pregnancy prevention, the combined oral contraceptive pill (Delameter and MacCorquodale, 1979; Herold and Goodwin, 1980; Pollock, 1992; Washington, 1993), whilst the health benefits are largely unknown. It appears that amongst adolescent samples, the perceived costs of contraception may be weighted more heavily than any perceived benefits (Whitley and Schofield, 1986; Kastner, 1984), or the positive aspects of unsafe sex may influence decisions regardless of their knowledge of the risks (Parsons, Halkitis, Bimbi and Borkowski, 2000).

#### *Intra-psychic factors*

It was traditionally assumed, especially in the literature conducted prior to the 1980s, that pregnant adolescent girls had a *conscious or unconscious motive* to become mothers (Chilman, 1986; Furstenberg, 1976) yet few adolescents report wanting to become pregnant when they begin to have sex (Whitley and Schofield, 1986).

Many other suggestions have been forwarded to try to explain the motivating factors involved in unprotected premarital intercourse. *Emotional influences* such as sex guilt, or erotophobia (Mosher and Cross, 1971; Byrne, 1983) appear to have a deleterious effect on contraceptive use, although such factors do not appear to actually discourage sexual activity per se. Other researchers have focussed on measures of *self-esteem*, which positively correlate with contraceptive use for females (Brooks-Gunn and Furstenberg, 1989), especially when co-existing with a negative mood state (MacDonald and Martineau, 2001). Similarly, acceptance of one's sexuality is correlated with contraceptive use for both males and females (Whitley and Schofield, 1986).

Whitley and Schofield (1986) also report *locus of control* as a significant explanatory factor in contraceptive use. As adolescents' feelings of control over their life and environment increase, so does their reported contraceptive use. Individuals who have a tendency to believe that their 'fate' is not a matter of personal control are reported to be less likely to be contraceptive users (Morrison, 1985; Chilman, 1986; McKenry, Walters and Johnson, 1979;

Cobliner, 1974; Steinlauf, 1979). In terms of compliance to contraceptive regimes, reported feelings of self-control also appear to play a part (Beck and Davies, 1987).

Another intra-psychic variable which has received attention by psychologists is *anxiety*. High levels of reported anxiety and irregular contraceptive usage are highly correlated in the literature (Brooks-Gunn and Furstenberg, 1989; Chilman, 1986).

It has been argued by some writers that *gender roles* and sexual behaviour are inextricably linked (Fingerman, 1989). It is said that vulnerability enhances female attractiveness, dominance enhancing male attractiveness (Rainville and Gallagher, 1990). However, it appears that adherence to traditional gender stereotype, whilst perhaps enhancing attractiveness, is associated with earlier sexual activity for girls and a lower probability of contraceptive use (Oskamp, Mindick and Berger, 1983; Chilman, 1986; Foshee and Bauman, 1992). In particular, girls who score highly on measures of dependency are over-represented in the adolescent pregnancy figures (Chilman, 1979). The rejection of traditional sex-roles is similarly associated with regular contraceptive use (Whitley and Schofield, 1986; Schinke 1984; Scales, 1977).

Although time and space preclude a fuller discussion, there is also evidence to suggest that personality variables, impulsivity and risk-taking propensity all have a part to play in the explanatory equation (cf. Morrison, 1985; Chilman, 1986; Moore and Rosenthal, 1991a).

### *Biological factors*

Other researchers have reviewed bio-hormonal studies of adolescent practices. Vinovskis (1981) claims that, to some extent, earlier child bearing may be the result of a trend towards earlier menarche (cf. also McKenry, Walters and Johnson, 1979; Miller and Moore, 1990). Some researchers (eg. Udry, 1986) maintain that testosterone, the hormone hypothesised to be most influential in sexual activity, is correlated with increased sexual *interest* in girls, but is not related to *actual* sexual behaviour.

### *Behavioural factors*

As adolescents become more sexually experienced they are reported to be more consistent contraceptors (Hofferth, 1987), although this effect appears stronger for females than males (Whitley and Schofield, 1986; Kvalen, 2000). White and DeBlassie (1992) found that early sexual behaviour also appears to increase the likelihood of frequent partner change.



Some investigators have focussed on the *skills-deficits* of 'at risk' adolescents. Condom use can be conceptualised as requiring two sets of skills - social and technical (Weisman, Nathanson, Ensminger, Teitelbaum, Robinson and Plichta, 1989). Whereas the technical skills may be relatively easy to learn (although research indicates a notable difficulty in this area, cf. Althus, 1992), social skills acquisition may be more problematic. For example, lack of communication skills is negatively correlated with effective contraceptive use (Chilman, 1986).

#### *iv Dyadic level*

Traditionally the burdens of unwanted pregnancy and its consequences have tended to fall on the female both because of their reproductive physiology and the heavy reliance on female-oriented contraceptive technology. However, the rising incidence of sexually transmitted diseases, especially HIV, has led to an awareness that research with male samples is urgently required, as primary prevention of STD/HIV infection amongst the sexually active rests largely on a contraceptive device primarily under male control, the condom.

There is growing concern in the recent psychological literature to appreciate the influence of environmental and situational factors and the ways in which they may shape behaviour, rather than concentrating almost exclusively on intra-psychic factors (cf. Smail, 1991). Many researchers have highlighted the need to explore couple's interactions regarding contraceptive behaviour (eg. Milan and Kilman, 1987), yet in the course of an extensive trawl through the literature, only two studies of dyadic aspects of sexual and contraceptive behaviour were uncovered which actually used couples as participants (Gerrard et al, 1990; Polit-O'Hara and Kahn, 1985).

Gerrard et al (1990) had dating couples' write accounts, separately but simultaneously, of their opinions regarding premarital sex and contraceptive use, then work jointly on a combined account of their views. The main findings indicated that the higher levels of knowledge possessed by the female over-rides the traditional male influence in decision-making in the domain of *contraception*, but males maintained their influence in the domain of sexual *activity*. This conclusion was reached on the basis that the male account was more similar to the joint account of their opinions about premarital sex, whilst the female account was more similar to the joint account of their opinions about contraception.

The other study of dating couples (Polit-O'Hara and Kahn, 1985) involved girls aged 15-18 and their male partners, interviewed separately but simultaneously. The findings indicated

that neither discussion nor frequency of discussion were sufficient to ensure that birth control was used, rather it was the *quality* of that discussion, ie. that the discussion actually lead to an agreement being reached, which lead to birth control methods being utilised.

When considering the dyadic factors associated with sexual practices, it is necessary, in view of the dearth of literature, to extrapolate from the explanatory variables from individually-focussed research findings. The literature contains relatively little research into how adolescents (or adults, for that matter) actually go about selecting their partners in real-world situations. The general picture that the literature paints is that many adolescents progress to intercourse quite rapidly after meeting their partner, that females are quite likely to blame alcohol, especially those females who had engaged in sex within the first 24 hours, often having only rudimentary information about their partner's sexual history (cf. Ingham, Woodcock and Stenner, 1990). For some, there appears to be an element of non-volition (Christopher, 1988; Muehlenhard and Cook, 1988), especially for females (Wellings et al, 1990; Holland, Ramazanoglu and Scott, 1990a).

Given that individuals report entering into sexual encounters with all manner of expectations, needs, capabilities and past experiences, researchers interested in understanding the role of such factors need to focus more on the dyad than the individual when attempting to understanding the outcomes of such encounters, even if one of the partners appears to adopt an essentially passive role (Ingham and van Zessen, 1997). Explanations of adolescent sexual behaviour need to take into account factors which are purported to influence each person's intentions, desires and expectancies, and try to assess how two (or more) separate individuals reach behavioural consensus.

Factors other than those mentioned under 'individual factors' above may come into play when assessing the costs and benefits of contraception in the dyad. For example, *not* using contraception may be a means of *impression management* in the early stages of a relationship, especially amongst the sexually inexperienced (Whitley and Schofield, 1986). Also, it may be particularly problematic for females to initiate contraceptive use in the dyad due to fears for their reputation (cf. Lees, 1986).

Positive correlations are reported between higher levels of *intimacy* and increased likelihood of contraceptive use (Herold and McNamee, 1982; Thompson and Spanier, 1978) *seriousness* and *duration* of their relationship (Foreit and Foreit, 1987), and *stability* of the relationship (Furstenberg 1971), all of which are indicative of the need for research into couples, rather than individuals.

High levels of *partner communication* have been associated with increased levels of adolescent contraceptive use (e.g. Jones and Philliber, 1983; Cvetkovich and Grote, 1981; Jorgenson et al, 1980; Whitley and Schofield, 1986; Polit-O'Hara and Kahn, 1985). A partner who is supportive of contraceptive use was found in one study to be the best single predictor of regular oral contraceptive pill taking (Wellings et al, 1990).

However, communication may not be straightforward. Embarrassment is reported as inhibiting sexual communication (Edgar et al, 1988), and sexual communication *prior* to intercourse appears atypical (Milan and Kilman, 1987). Research into self-disclosure (e.g. Cozby, 1973) suggests that whilst there is a rapid increase in non-intimate disclosures between opposite sex dyads, the disclosure of intimate information tends to be a slower, more gradual, process. Also, individuals may have privacy needs that obscure discussion of their past behaviours, or may wish to remain discrete, as the required information often involves third parties.

In addition to dyadic communication, an examination of the dyadic context of sexual practices may require some consideration of other 'situational' variables. Many researchers have postulated, and some have demonstrated empirically, that contextual or situational variables are implicated in reports of anticipated and actual behaviours in specific sexual encounters (eg. Strouse and Fabes, 1985; Hunt and Martin, 1988; Gerrard et al, 1990; Gold and Berger, 1983; Ingham, 1992a; Ingham and van Zessen, 1997).

Adolescent sexual intercourse often seems to be a '*spur of the moment*' occurrence (Brooks-Gunn and Furstenberg, 1989; Whitley and Schofield, 1986; Zelnick and Shah, 1983), and, as such, is often entered into without planning contraceptive use. Other situational factors which may influence dyadic decision-making may include the influence of *drugs and alcohol* (eg Bonoma, Coffey, Wolfe, Lynskey, Bowes and Patton, 2001; Dunn, Bartree and Perko, 2003), although it is possible that alcohol represents post-hoc *justification* for unprotected sex rather than being a directly attributable *cause* of that behaviour (cf. Leigh, 1990).

It has been suggested that a female's *perceived power* in the dyad is positively correlated with the use of birth control in adolescent couples (Jorgenson, King and Torrey, 1980); however, there is a growing trend for the literature to question the control young women have over the progress and content of their relationships (eg. Holland et al, 1990a), especially

amongst couple where the boyfriend is considerably older than the adolescent female (Gowan, Feldman, Diaz and Yisrael, 2004).

### **2.3. Rational decision-making models as frameworks for theory and intervention.**

As the empirical data reviewed here suggest, much of the research into adolescent sexual practices has tended to be descriptive, piecemeal and largely atheoretical (Byrne, 1977; Diepold and Young, 1979; McKenry, Walters and Johnson, 1979; Brooks-Gunn and Furstenberg, 1989; Miller and Moore, 1990). In the last two decades, many researchers have supported the view that adolescents could (or should) follow a more-or-less rational process of assessing the relative costs and benefits of their sexual and contraceptive practices (Miller and Moore, 1990). Models such as the Health Belief Model (cf. Rosenstock, 1974; Maiman and Becker, 1974), the Theory of Reasoned Action (cf. Fishbein and Ajzen, 1975) and the Theory of Planned Behaviour (cf. Ajzen, 1991) have become increasingly influential in theoretical and intervention work, providing a framework for drawing together predictive elements from the profusion of seemingly disparate research findings.

It is hardly surprising that such models have been so extensively relied upon to produce generalisable results in the face of the HIV epidemic, although such frameworks have not been thoroughly researched (with respect to their utility in the domain of adolescent sexual practices).

#### ***i The Health Belief Model (HBM)***

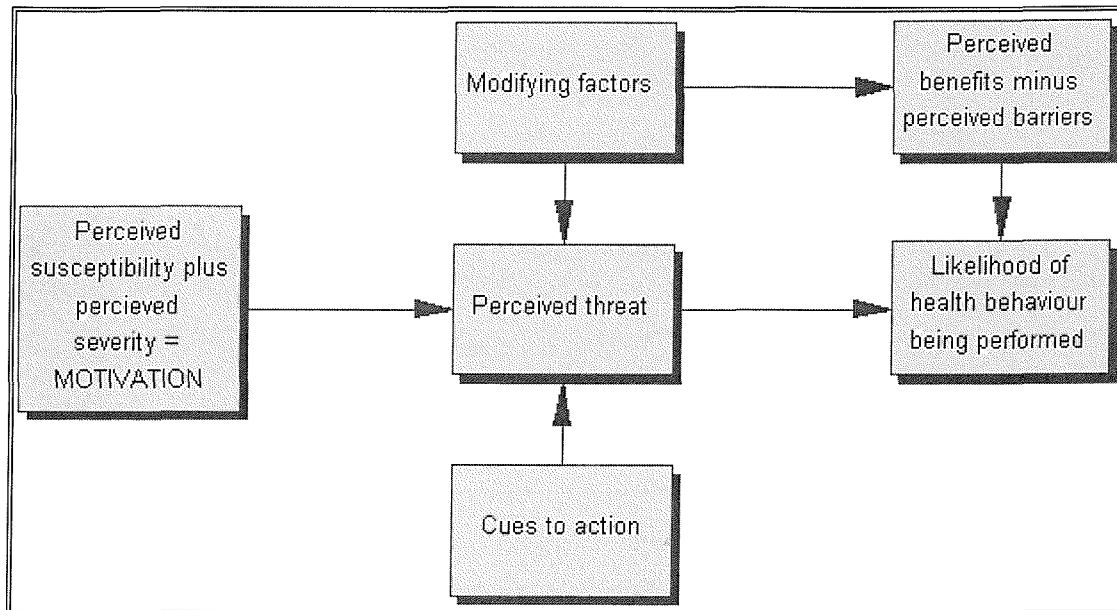
As the diagram overleaf illustrates (Figure 1), the HBM holds that an individual's attitudes and beliefs are important determinants of health actions. In its original formulation, four factors were believed to account for variation in behaviour (Rosenstock, 1974; Maiman and Becker, 1974):

1. Perceived susceptibility
2. Perceived severity
3. Perceived benefits
4. Perceived barriers

According to the model, susceptibility and severity combine to provide the motivation for the health-related action, which is determined by the individual's cost-benefit analysis of

perceived benefits and barriers. When a cue to action (either internal or external) is present, the health-behaviour is elicited. The model has been quite extensively utilised by researchers in this field (e.g. Rosenthal, Hall and Moore, 1992; Maticka-Tyndale, 1991; Eisen, Zellman and McAlister, 1985; Wilson and Lavelle, 1992), and studies have demonstrated varying degrees of success.

**Figure 1: The Health Belief Model.**



Many of the variables outlined in section 2.2 can be conceptualised as fitting within the parameters of this model. Individual perceptions such as “perceived susceptibility” and “perceived severity”, “modifying factors” and “cues to action” are hypothesised to combine to form “perceived threat”, which in turn determines the likelihood of engaging the protective behaviour. Other factors which influence the behavioural outcome are the “perceived benefits of action” weighted against the “perceived barriers to action”, which are in turn influenced by certain modifying factors. The literature outlined earlier suggests several components are likely to be influential, some of which are outlined in Figure 2 overleaf.

**Figure 2: Explanatory variables fitting the HBM rubric**

***Individual perceptions***

Knowledge of risks involved  
Desire to avoid STDs/pregnancy etc.

***Modifying factors***

Demographic variables (age, sex, ethnicity, class etc)  
Peer influences  
Intra-psychic variables  
Knowledge about HIV etc.

***Cues to action***

Advice (family, partner, and peer communication)  
Educational campaigns etc.

***Perceived benefits of preventative action***

Role of knowledge  
Past experience  
Positive attitudes towards sex and contraception etc.

***Perceived barriers to preventative action***

Adverse situational influences (alcohol etc.)  
Fear of parental discovery  
Negative attitudes toward sex and contraception  
Low self-esteem  
Perceived powerlessness etc.

***Enabling factors***

Partner support  
Availability of services  
Communication skills  
Perceived power  
High self esteem  
Access to contraceptive service etc.

***Self efficacy***

Perceived power  
Internal locus of control  
Relevant skills  
Prior experience etc.

As far as intervention programmes based on this model are concerned, it is assumed that individuals who hold appropriate information, perceive the threat, and appreciate that the benefits of change outweigh the costs that may be involved in the change, and are reminded of the action they are required to take, will change their health behaviours in a rational direction, ie. use condoms, remain monogamous, etc. Later, amendments were added to take into account general health motivation, enabling factors and self-efficacy (Rosenstock, Strecher and Becker, 1988).

Many extant intervention programmes involve attempts to modify such variables, particularly knowledge, which can be seen as (potentially) affecting one's perception of teenage pregnancy/HIV infection, and the severity of such outcomes, as well as providing 'cues to action'. Knowledge may also be implicated in affecting the perceived benefits of contraceptive/condom use/abstinence etc.

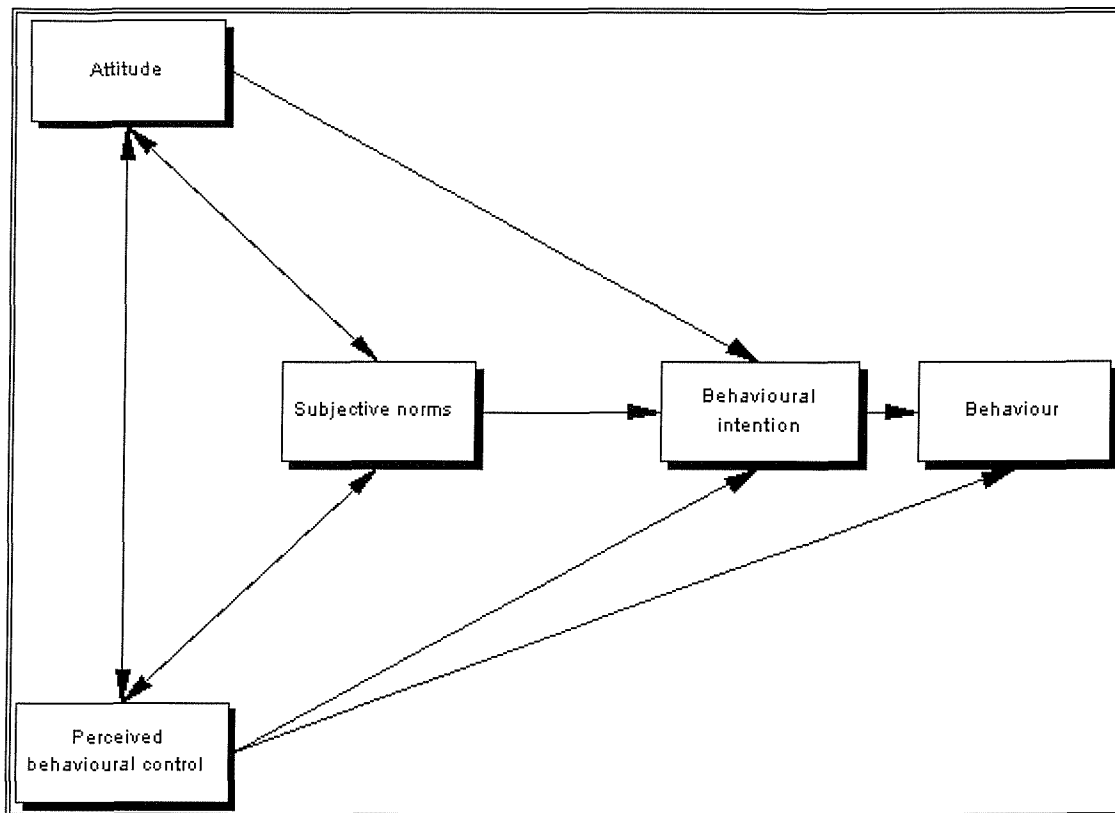
It should be noted, however, that some of the findings reviewed earlier do not appear to fit comfortably within the confines of the model, for example cognitive-developmental variables, biological factors, the dyadic context, reports of non-volition etc.

## ***ii      The Theory of Reasoned Action (TRA) and The Theory of Planned Behaviour (TPB)***

These are perhaps the most widely utilised predictive models in the field (e.g Jorgenson and Sonstegard, 1984; Rise, 1992; McCabe and Killackey, 2004). The Theory of Reasoned Action posits that a person's behaviour is best predicted by his/ her intention to perform the behaviour in question. Intention is influenced by 2 factors:

1. One's attitude toward the behaviour in question
2. One's view of the social expectations regarding the behaviour.

**Figure 3: The Theory of Planned Behaviour**



Each of these factors is a function of one's set of beliefs regarding the consequences of taking the action, the net sum of the product of beliefs, weighted by values, is significantly associated with attitude. Similarly, one's beliefs about what *other* people want one to do regarding the behaviour are weighed by one's motivation to comply with their wishes. With the advent of The Theory of Planned Behaviour, a measure of perceived behavioural control was added to the original Fishbein-Ajzen model, as conceptualised in Figure 3 overleaf.

As Sheppard, Hartwick and Warshaw (1988) point out, Fishbein and Ajzen's work in the mid 1970s brought the work on attitudes, a field that was in disarray previously, into sharp focus. Two meta-analyses carried out by Sheppard et al (1988) show general empirical support for the predictive utility of the model. As with the Health Belief Model, the many of the explanatory variables outlined earlier fit neatly within the parameters of such models (see figure 4 below).



#### **Figure 4: Explanatory variables fitting into the TRA/TPB rubric**

***Attitude toward the behaviour** (belief that behaviour leads to certain consequences and his/her evaluation of such outcomes)*

Knowledge

Attitudes towards sex, contraception, pregnancy etc.

***Subjective norms** (belief that specific people think he/she should perform the behaviour and his/her motivation to comply with such referents)*

Familial influences

Peer influences

Partner influences etc.

***Perceived behavioural control***

Self esteem

Locus of control

Prior experience

Skills

Perceived power etc.

Certain aspects of the literature reviewed, do not, however, fit neatly into this rubric. For example, research into the effects of biological factors, cognitive developmental variables, some intra-psychic factors (anxiety, risk taking propensity, personality variables etc) the dyadic context, situational variables and reported non-volition do not appear to slot easily into such models.

As far as interventions based on these models are concerned, changing behaviour is viewed primarily as a matter of altering the cognitive structures (attitudes and subjective norms) supporting the behaviour in question (Schmidt, 1991; Fishbein and Middlestadt, 1989). Many intervention programmes have attempted to alter adolescents' attitudes towards contraception etc., usually by providing knowledge. Less have been directed primarily at changing social norms, although some have tried this approach, and some skills based programmes focus on enhancing perceived behavioural control.

## **2.4. Changing adolescent sexual practices by direct intervention: current conceptualisations of the potential for change.**

The perceived problems of unwanted pregnancy and HIV infection have created scope for research aimed at investigating the possibility of preventing unsafe sex through various educative channels, both in terms of formal educational strategies (National campaigns, community initiatives and school-based sex education), and researching the effects of information received through more informal channels (media, parents and peers). In the following section, research relevant to ascertaining the potential and actual success of various educational strategies is reviewed. In general, although many researchers *believe* that sex education is needed (eg. McKenry, Walters and Johnson, 1979; Adame, 1985), there is a dearth of evidence concerning its actual effectiveness.

A review of the traditional literature reveals several possible strategies for preventing the unwanted outcomes of adolescent sexual activity, including offering access to contraception, providing knowledge about sexuality and contraception, influencing attitudes or enhancing life options. The most commonly utilised strategies involve the provision of knowledge (sex education) or services (family planning), far fewer attempting to change motivational constructs such as strengthening competing goals (eg. school achievement), providing alternative means of achieving goals (intimacy without penetrative sexual intercourse) or influencing social norms (eg. by attempting to make certain sexual practices non-normative).

### ***i Sources of formal education***

In terms of formal educational provision, much emphasis was placed on the National AIDS campaigns by the previous UK Government. In the UK, National AIDS campaigns have centred around two themes: knowing one's partner and using condoms for penetrative sex. However, these quite simple messages demand quite complex behavioural responses, and change is not an easy path. Safe(r) sex is, in itself, paradoxical, as urging people to use condoms not only reduces the risk of HIV infection in that sexual episode (but see Siegal and Gibson, 1988 for dissenting views), but simultaneously increases the risk of pregnancy if they adopt condom use as an *alternative* to pill use (cf. Trussell and Kost, 1987; Althus, 1992; Rein, 1985). In general, the findings indicate that young people have not responded as hoped to the campaigns urging people to get to know their partner prior to intercourse. Indeed, the meaning of 'getting to know' someone is often interpreted by the *recipients* of the message in a manner that message *promoters* did not intend (cf. Ingham et al, 1990).

Given that *knowing one's partner* is supposed to include an assessment of their engagement in risk behaviours in the past, it is perhaps surprising that there is virtually no mention of honesty between partners in any of the studies reviewed. In fact, only one direct reference was uncovered (Kegeles, Adler, and Irwin, 1988), and this involved the intention to communicate an HIV positive anti-body test to one's partner. The sample comprised homosexual and bisexual men attending an HIV testing centre for such a purpose. They reported that 12% did not intend to communicate a positive result to their primary partner, with 26.8% not intending to tell their non-primary partners. It appears that more research is needed to investigate the levels of purposive dishonesty occurring in the revelation of sexual histories, if health practitioners wish to promote 'knowing one's partner' as a safer sex strategy. Similarly, there tends to be a belief in mutual fidelity in early adolescent relationships (Breakwell, Fife-Schaw and Claydon, 1991) but how far this is substantiated in reality is largely conjecture.

Recent research reveals that there are still high levels of unwanted non-condom use (Smith, 2003). The *use of condoms* may require partner cooperation, but such cooperation may involve active communication that appears atypical of adolescent sexual encounters (Mitchell and Wellings, 1998; Allen, 2003a). For example, Goldsmith (1971) found that 1 in 5 females in their sample reported that they would be too embarrassed to ask their partners to use condoms, and this is commensurate with findings suggesting that females who rely on condoms report higher levels of communication with both male friends and their sexual partners (Cvetkovich and Grote, 1981). In order to negotiate effectively, interpersonal and communicative skills are deemed vital (Edgar et al, 1988).

There is some evidence to suggest that males are more willing to forgo condom-use than females, which serves to highlight the need to ensure women can be sufficiently assertive (Yesmont, 1992). Yet many researchers (eg. Gavey, McPhillips and Doherty (2001) suggest that the assertiveness required runs counter to commonly held conceptions of femininity. As Holland et al (1990a) point out:

[e]ducation for safer sex which assumes that women have a positive sexual identity, and that they are in control of the negotiation of sexual encounters will pass most women by (Holland et al, 1990a: 345).

Additionally many females report fearing the reputational consequences of even *talking* about condoms (cf. Coleman and Ingham, 1999; Lees, 1986), - let alone using them.

Although some respondents *claim* to have altered their sexual practices as a result of the public awareness about AIDS, there is little evidence when measures of *actual* sexual

behaviours are collected (Carroll, 1988). There is some limited evidence that small positive changes are occurring (Roscoe and Kruger, 1990; Zimet, 1992; Ishii-Kuntz, 1988), with concern about AIDS being the main reported 'cause'. Behavioural change as a direct result of the AIDS epidemic is difficult to estimate as there is little sufficiently detailed base-line data from the pre-epidemic era (Brooks-Gunn and Furstenberg, 1990). Where changes are reported amongst heterosexuals, they tend to report that they have been 'more selective' in their choice of partner, rather than abstaining from penetrative intercourse or reducing the number of sexual partners they have (Brooks-Gunn and Furstenberg, 1990), and the potential benefits of such a 'protective' strategy are extremely difficult gauge.

The apparent 'failure' of National campaigns to substantially alter young people's sexual practices has led to increased interest in more locally targeted interventions. 'Community education' covers a wide range of more locally based specialised educational initiatives, including outreach programs to target those individuals usually regarded as 'hard to reach' such as travellers, homeless people, ethnic minorities, illicit drug users, and men who have sex with men. It is thought that community-based educational initiatives may provide a useful avenue for utilising resources in a more locally targeted manner (cf. Memon, 1990), relatively unconstrained by bureaucratic structures and their personnel's fear of 'rocking the boat' as far as the electorate and local pressure groups are concerned. It is difficult to estimate the extent of the effects of such programmes due to their multifarious nature and a lack of rigorous evaluation (cf. Oakley, Fullerton, Holland, Arnold, France-Dawson, Kelly and McGrellis, 1995). It is also difficult to assess the number of adolescents they actually reach (Scales, 1981a).

In terms of targeting the majority of young people in the most cost-efficient manner, school-based sex educational initiatives are often hailed as the ideal medium. The World Health Organisation (WHO) state that it is ignorance, not knowledge, that results in unsafe sex (Adame, 1985). Data from National random samples have shown an association between 'ever having had sex education' and an increased likelihood of contraceptive use at first intercourse (Dawson, 1986), an increased likelihood of using contraception at age 17-18 (Marsiglio and Mott, 1984) and being an 'effective user' of contraception (Zelnick and Kim, 1982).

One of the most frequent reasons put forward advocating sex education is the assumption that there are *deficits in knowledge*. Ingham et al (1990) have suggested that the advice given to young people regarding risk reduction during intercourse needs to be more explicit, especially when one considers that the incidence of condom use at first intercourse is only

around 30%<sup>1</sup>. Other research has shown that many adolescents have quite clearly defined gaps in their sexual knowledge, for example, poor knowledge about sexual physiology (Moore and Erikson, 1985; Kontula, Rimpela and Ojanlatval, 1992), birth control (Moore and Erikson, 1985), HIV/STDs (Kraft, 1992; Moore and Erikson, 1985), and inaccurate perception of what monogamy and abstinence entail (Hernandez and Smith, 1990). Even in more recent studies, when there are high levels of HIV knowledge reported, adolescents seem to lack knowledge and awareness of the more common STDs (Cohall, Parks, Vaughan, Bannister and Northridge, 2001). Some authors also uncovered high rates of *perceived infertility* in adolescent girls (Rainey, Stevens-Simon and Kaplan, 1992; Peacock, 1982; Moore and Erikson, 1985). In general, adolescents say that they *want* more information (McGill, Smith and Johnson, 1989), although ‘at-risk’ teens appear less likely to appreciate the limits to their knowledge (Quadrel, 1991; Allen, 2001).

Many studies looking at the effectiveness of sex education postulate that sex education may be less effective for those who are already sexually active (eg. Ku et al, 1992). Sex education in general, and AIDS education in particular, is hypothesised to be most effective very early in adolescence (Franzkowiak, 1990; Schinke, 1984; Zabin, Kantner and Zelnick, 1979; McKenry, Walters and Johnson, 1979; Adame, 1985).

Several studies have explicitly attempted to highlight the relationship between sexual knowledge and sexual behaviour. Generally speaking, the effects, where positive, tend to be weak and short lived (Eisen et al, 1985; Hofferth, 1991). Adame (1985) concluded that most programmes, regardless of their structure, increase *knowledge*, especially amongst younger adolescents (Brooks-Gunn and Furstenberg, 1989; Scales, 1981a; Adame, 1985; Keller, 1991). However, even when adolescents are knowledgeable about sexual matters, only a minority appear to translate that knowledge into actual *behaviour*. In general sex education programmes, in their present form, have little discernable effect on behaviour (Dawson 1986; Hayes, 1987; Turetsky and Strasburger, 1983; Jones, 2001.). They do not consistently appear to significantly delay first intercourse, decrease the number of partners, increase condom use, increase the length of time people spend ‘getting to know’ partners before intercourse (Baldwin, Whitely and Baldwin 1990; Weisman et al, 1989; Orr, Langefeld, Katz, Caine, Dias, Blythe and Jones, 1992; Morrison, 1989; Keller et al, 1991; Edgar et al, 1988; Kirby, 1980; Dawson, 1986).

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<sup>1</sup> More recent research suggests that this figure has now increased to around 80% (Ingham, 2004, pers.comm.)

### *Sources of informal education*

In addition to the peer and familial factors examined earlier, the media are postulated to play an important role in the shaping of attitudes and social norms (cf. Ingham, 1992a). However, the studies that have been conducted have suggested that whilst the majority of adolescents obtain their information about HIV/AIDS via the media, they do not consider them credible sources (Abrams et al, 1990). Concerns have been expressed regarding newspapers (particularly, but not exclusively, the tabloids) sensationalising AIDS (Kitzinger, 1992), scapegoating sufferers (Watney, 1987) and rejecting the notion of the heterosexuals being at risk of HIV infection (Kitzinger, 1992; Campbell, 1990; Nicoll and Brown, 1994). Newer internet sources are easy to locate, and often lack essential elements (Smith, Gertz, Alvarez, and Lurie, 2000)

### *Difficulties in implementing intervention programmes*

The literature reflects what appear to be several issues related to the difficulties facing policy-makers expressing a desire to alter adolescent sexual practices. Firstly, there is no *clear* indication in the research of the determinants of behavioural change. Sexual health education appears to be predicated on the assumption that the various behaviours that have the potential to adversely affect sexual health are susceptible to the planned change, yet as a research community we know little about how individuals alter their behaviour *in situ* (Hunt and McCleod, 1987). It is difficult to see how educators can encourage adolescents to use condoms when almost no information exists about how adolescents initiate sexual activity, why and when they tend to use condoms, if they are aware of the correct methods of use, how they raise the topic in dialogue with their partner, and what this might mean in the context of their relationship (Brooks-Gunn and Furstenberg, 1989).

Secondly, it has been argued that, historically, adolescents appear to have been resistant to the messages of health promoters and slow in adopting healthy lifestyles. This is often attributed to factors such as perceived invulnerability or risk taking propensity, yet little is known about why some individuals are receptive to change, whilst others appear so resistant (Becker and Joseph, 1988).

Thirdly, as Gold, Karmiloff, Smith, Skinner and Martin (1992) point out, sexual health educators are faced with the daunting task of trying to make safe sex *exciting*. Advocating the use of condoms carries with it the implication that safe sex should be preplanned, yet many researchers have noted that sex is neither always planned, nor necessarily under voluntary

control (Ingham et al., 1990a; Christopher, 1988), and this may have strong repercussions for putting health education messages into practice.

Fourthly, not everyone is receptive to the idea that sexual health education is a positive move. Those who wish to see sex education curtailed often state that sex education can, and does, promote promiscuity (Furstenberg et al, 1989; Zelnick and Kim 1982). There are complaints from certain quarters the educators are ‘turning our children into sex experts’ (cf. Kasun, 1979). Opposing sex education can become a tangible means for *parents* to effect some control over procedures seen as withdrawing familial authority and replacing such authority with behavioural instruction based on physical health concerns (Scales, 1981b), with little reference to moral values (Richardson and Cranston, 1981) - or parents may simply feel that their children are too young (Ram, 1975).

However, the *majority* of parents do appear to want their children to receive sex education at school (Allen, 1987; Brooks-Gunn and Furstenberg, 1990). The irony is that many parents are uncomfortable about talking about sexual matters, so want the school to do it, whilst the school administrators worry about parental resistance and therefore express concern about what sort of programme they could offer (Reis and Seidel, 1989). Schools may be reluctant to give full support to programmes, often fearing reprisals from school governors or parents (Thomson and Scott, 1992), or feeling that racial and ethnic sensitivities may preclude discussion of such matters. Even where schools *are* committed to sexual health education the constraints of the National Curriculum, Clause 28<sup>2</sup> and inadequate teacher training in this sphere may adversely affect the chances of full implementation.

#### *The underlying assumptions of the literature on prevention strategies.*

The literature reviewed above appears to reflect three underlying assumptions about the nature of behavioural change in sexual domains. Firstly, there is the assumption that *knowledge leads to behavioural change*. It appears widely accepted in the educational literature that increasing factual information should lead to an increase in self protective behaviours (Strouse and Fabes, 1985) yet the bulk of the extant social scientific research findings do not support this contention. The existing literature on adolescent sexual practices appears to be overly concerned with the influence of *knowledge* on the adolescent contemplating sexual activity, and this may in part reflect an underlying assumption that *knowledge alone* is sufficient to ensure rational decision-making in this domain.

This leads to the second assumption, that *other factors facilitate/inhibit knowledge uptake*. More recent research has begun to acknowledge that various mediating facilitative or inhibitory factors exist between the information given and subsequent sexual practices. For example, some researchers argue that the social milieu of the adolescent contains unwritten (yet widely understood and accepted) rules concerning the sanctioning of sexual behaviour along gender lines. Such sanctions have been postulated to have an inhibitory effect on female contraceptive practices, as females may be rewarded for their 'passive' behaviour, and therefore are rendered incapable of actively preparing for a sexual encounter by either taking the contraceptive pill or carrying condoms. As a result, the contraceptive responsibility for a sexual encounter may, in practice, rest with the male, who may be quite unaware of his partner's state of unpreparedness. With the prevailing uneasiness in talking about sexual matters (it appears that whilst it is somehow acceptable to 'have' sex, it is highly embarrassing to hear the commentary) it is not too difficult to see how two young people could want to have sex for the most 'rational' of reasons (being in love, wanting to please their partner, etc.), be in full possession of the 'facts' regarding the relationship between sexual activity and conception, have quite accurate knowledge about HIV transmission and the need for safe(r) sex, yet still partake in apparently 'irrational' acts of unprotected intercourse.

The third assumption is that *behaviour change occurs at the level of the individual*. This seems to overlook the dyadic nature of the behaviours under consideration. As no two persons are likely to have shared identical life histories, their emerging conceptions of what constitutes reality, morality, or the appropriate expression of sexuality within their 'relationship' are unlikely to directly converge. So, without some notion of a power balance, the couple could find themselves locked in a situation with no means of resolution: if, for example, both want a sexual liaison, but one has considered the pros and cons of condom use and decided that *barrier methods of prophylaxis* are the rational solution, and the other, having contemplated the same issues from a different perspective, decides that *oral contraceptive* measure such as the combined contraceptive pill is in order. In order for the situation to be resolved, and the desired sexual liaison to take place, one partner must be *persuaded* that the other has the best solution. Research to date appears to have neglected how the art of persuasion or empowerment via negotiation skills is cultured within the family, whether it is discussed directly in conjunction with other sexual matters, or whether adolescents of either sex are comfortable with the use of power in their everyday lives in general, and their sexual and/or personal relationships in particular. It is this link between knowledge and its ability to be used that appears to have been overlooked.

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<sup>2</sup> Clause 28 has since been repealed (2003)



### *Explanations for unsuccessful strategies*

The dearth of evidence demonstrating the health-protective effects of sex education on adolescent sexual practices has prompted certain writers to explore the possible reasons for the apparent failure of such programmes. Several writers have suggested that *cognitive immaturity* may have a role to play in not attending to educational messages (Strouse and Fabes, 1985; Cvetkovich, Grote, Lieberman and Miller, 1975), insofar as adolescents may not recognise the relevance of sex education, as they do not perceive themselves to be sexual beings, or are more attuned to the immediate salient consequences of sex than the less salient, more distal and less probable adverse outcomes of their activities.

*Perceived invulnerability* to the 'known' consequences of the action has also been shown to hinder possible change (Greig and Raphael, 1989; Moore and Rosenthal, 1991b). Some researchers maintain that adolescents hold *misperceptions* regarding the magnitude of the risk of contracting HIV heterosexually and efficacy of risk-reduction behaviours, and hold unwarranted *negative attitudes* toward condoms (Siegal and Gibson, 1988). Others feel that adolescents may not be *personalising the risks*; they may *lack the technical/communicative skills* to put desired behaviour into action; they may eschew the advice given due to the *stigma of AIDS*; or feel that such behaviours may be *counter-normative* in their sub-cultural groupings (Edgar et al, 1988).

It may be that extant programmes do not reflect the aspects of sexuality that young people want information about, decreasing their *motivation* to take heed and/or comply with such messages. Research into the views of UK young people concerning their sex education (eg. Schofield, 1965, 1973; Farrel, 1987; Thomson and Scott, 1992; Woodcock, Stenner and Ingham, 1992; Allen, 2001; Hirst, 2004) has shown that many young people themselves are critical of much the biological emphasis of school-based education.

Other researchers contend that *contradictory sexual information* from other sources may 'dilute' the effects of formal channels of sex education. For example, Strouse and Fabes (1985) and Kirby (1980) have commented that television has a tendency to present sexual activity in a recreational manner, depicting sex as a casual activity, rarely dwelling on the adverse consequences of the activities they glamorise.

Some maintain that sex education programmes are simply, in essence, 'overly ambitious' (eg. Kirby, 1980); just as civics lessons do not claim to make pupils into better citizens, perhaps educators are expecting too much to expect sex education classes to have a profound effect

on essentially private activities in contexts far removed from classroom settings. As Ingham (1992a) points out, sex education is only one factor amongst many that may shape adolescent sexual practices.

## 2.5. An intra-paradigm critique of traditional sex research

According to Guba and Lincoln (1994), much of the traditional positivistic research can be criticised for its over-reliance on imitating the methodology of the natural sciences. They note that generally speaking, the heavy reliance on quantification in the Social Sciences, and the focus on *a priori* hypothesis testing, stem from a desire to attain the label of 'Science'. In recent years, the post-positivist movement in psychology has unearthed a variety of implicit problems that have surfaced as a within-paradigm critique. In this section, a number of criticisms of traditional sex research will be outlined, some of which refer to difficulties in interpreting generic research, others which relate specifically to theoretical problems with the models most commonly used to predict and explain adolescent sexual practices.

As the literature outlined earlier suggests, apart from the appropriation of rational decision-making models such as the HBM and TRA, theorising in the field has taken second-place to a series of disjointed hypothesis testing. Much of the research to date, especially that which is essentially quantitative in nature, is replete with problems which raise questions concerning the reliability/validity of much of the data produced. Numerous difficulties have been identified, including general issues surrounding reliability and validity of the data, problems with the ways in which key variables have been defined, the lack of contextual information regarding adolescent sexual practices, and the relevance of rational decision-making models to our understanding of the phenomena under investigation.

### *Reliability and validity issues*

One of the major methodological problems in sex research is the private/social paradox of the subject matter; sex is a *social* phenomenon but is normally conducted in *private*, hence the **physical sexual practices** tend to be (ethically) unobservable. Similarly, the **contemporaneous psychological activity** such as the motivations, predispositions and attributions one makes, are conceptualised as occurring internally. In research terms, this means that if a researcher wants to what has happened or why, the information has to be extracted in ways that necessarily incur some dangers to reliability. Koch (1988) acknowledged one of the major problems in sex research is the emphasis on **retrospective**

**accounts**, paving the way for the effects of bias of subsequent action, memory lapse, embellishment etc. In the main, these retrospective accounts are considered to offer a window to historical truths relating to the phenomena under investigation.

The five main problems in sex research coming under the rubric of reliability and validity are representativeness of samples, response rates, retrospective reporting, social desirability factors influencing responses, and problems emanating from cognitive aspects of survey methodology. The majority of studies reported earlier in this chapter have used non-representative samples, usually college students (usually individuals aged between 18 and early 20s), which may be hardly surprising given the problems of accessing the under 16s given the legal constraints and potential parental objections (Ingham, 1992b; Carter and St. Lawrence, 1985; Hopkins, 1977). Even where such restrictions are not an issue, the psychology of the sophomore may also have an impact on the external validity of much of the research, which relates almost exclusively to white middle class late-adolescents of above average IQ. There is also a gender bias in much of the literature (Brooks-Gunn and Furstenberg, 1990); in studies of teenage pregnancy and parenthood, the sample under investigation is almost always exclusively female whereas the role played by the prospective father in the situation is largely ignored. Even in the heterosexually-acquired HIV-related literature, female respondents are over-represented (Kalichman, Kelly and St. Lawrence, 1990). The net result of this trend is that there is little data regarding male contraceptive use, a particularly alarming realisation given that safer penetrative sex is seen as largely reliant on a male-controlled contraceptive method.

Although many researchers do not report their refusal rates, it is estimated that sex research typically has a refusal rate in the area of 30-80% (Diepold and Young, 1979). Such response rates have obvious repercussions for validity. It would be useful to try to ascertain some details about those who refuse to take part in such studies, but this is seldom attempted.

Retrospective reporting has a common set of problems in all research (Diepold and Young, 1979), but are of particular concern to researchers in this field (cf. Hearn, O'Sullivan and Dudley, 2003). These problems centre around notions of memory lapses and selective reporting of past and present behaviour. There are additional problems with retrospective accounts being taken as veridical, that of the difficulties posed by separating out historical truths or facts from the **general discourse of sex**, ie. addressing the thorny issue of whether it is possible to distinguish 'what actually happened' from 'what can be said'. This issue will be explored further in chapter three.

Another barrier to validity and reliability when one is reliant upon the uncorroborated retrospective accounts of respondents is that of socially desirable responding, which seems to occur even when complete anonymity is assured (Johnson, Mercer, Erens, MacManus, Wellings, Fenton, Korovessis, Macdowall, Nanchahal, Pardon and Field, 2001). It is difficult to quantify the extent of this problem with any degree of confidence. Pressures to report behaviours conforming to one's estimate of social desirability are likely to be strong (Hopkins, 1977). In a study looking at honesty in reporting of sexual behaviours, 7% said that they had not told the truth consistently on their questionnaires (Newcomer and Udry, 1988). In the light of HIV, social desirable answering may have become more of a problem, as young people are aware of health education messages concerning what constitutes acceptable/safe sexual conduct, whereas before the AIDS epidemic came to light, sexual behaviours may have been considered a more heterogeneous range of activities.

Finally, Schwartz (1999) has reviewed a range of problems under the broad rubric of the 'cognitive aspects of survey methodology' which highlight the extent to which self-reports are particularly sensitive to minor wording changes, context effects, and problems concerning how respondents make sense of questions in ways that do not map neatly with the researcher's intentions when drafting such questions, all of which have serious repercussions for reliability and validity.

#### *Operational definitions of key variables*

Many researchers have begun to appreciate the difficulties posed by the lack of a universal vocabulary for sexually related terms (Fischer, 1989; McDermott, Drolet and Felro, 1989). Hopkins (1977) noted that college students differed widely in their definitions of what constitutes loss of virginity, with many males and females equating virginity loss with masturbation to orgasm or simulating sex using inanimate objects. Conversely, full sexual intercourse without ejaculation was not seen as constituting a loss of virginity by other respondents. This has particularly serious repercussions for research conducted using questionnaires.

The independent variables in sex research are typically multi-faceted, not unidimensional. The ways in which researchers have coded certain variables is thus problematic. For example, it is often implied that socio-economic status is a unidimensional variable. Social class is often inferred by asking the participant the *father's* occupation, or their subjective opinion regarding which socio-economic group their family belongs to. Although asking the family directly may seem a more viable alternative, this cannot eliminate the probable effects of

social desirability; for instance there may be a tendency to alter one's job title to infer a higher social status so, for example, a 'television repairer' becomes an 'engineer'. Even if one could be reasonably confident that the researcher had correctly assigned an accurate job description to the family, the extent to which this relates to *social class* is debatable (cf Bernstein, 1961).

Even when a seemingly innocuous variable such as 'age' is of concern, the researcher is left with numerous theoretical and interpretative difficulties following statistical analysis, as there are considerable intra-group differences in the rates of physical development, social experience and cognitive development (Tanner, 1962; Warwick and Aggleton, 1990).

More damning, insofar as it is usually a central concern rather than a 'background variable' in psychological research, is the inconsistent manner in which 'effective contraceptive use' has been defined. Whitley and Schofield (1986) point out that although Fox (1977) and Thompson and Spanier (1978) agreed on an operational definition of 'effective' versus 'ineffective' contraceptive methods, Fox classified foam, condoms and diaphragms as ineffective methods whilst Thompson and Spanier classified them as effective methods! Of course, in the 'natural environment' outside of the 'research context' effectiveness is usually conceptualised as a continuum and attempts to dichotomise such things will almost inevitably lead to contradictions (Morrison, 1985). Similarly, where the relationship of the respondent to their partner is hypothesised to be a factor influencing contraceptive use, such relationships can be defined by type (casual, steady, engaged etc) exclusivity, length or level of intimacy reported. The inconsistent use of key variables across studies make meaningful collation of findings an almost impossible task.

Occasionally, but not so frequently in recent research, unintended pregnancy is taken as a surrogate measure of contraceptive non-use. Many of these studies are more correctly assessments of the characteristics of pregnant adolescents without reference to a 'control' group who are also sexually active. This leads to difficulties as the reader is unaware of the actual reason for pregnancy, which could be the result of no method being used, ineffective methods used, or the failure of a generally reliable method (Whitley and Schofield, 1986).

### *Context-stripping*

According to Lincoln and Guba (1994), the precision required by many quantitatively-oriented researchers using small subsets of variables necessarily 'strips' from consideration other variables which may, in 'real' situations alter their findings considerably.

Such stripping detracts from the relevance of the research outlined earlier. Perhaps the most obvious variable omitted from the record are those pertaining to the dyadic context of sexual practices. There is growing concern to appreciate the role of environmental and situational factors in psychological research and the ways in which they may shape behaviour, rather than concentrating exclusively on cognitive/intra-psychic factors (cf. Smail, 1991). Yet although many researchers *highlight* the need to explore couples' interactions regarding contraceptive behaviour (eg. Milan and Kilman, 1987), few have attempted to differentiate between the individual's personal use of contraception or the use in the *dyad*. This is particularly regrettable in research attempting to relate intra-psychic variables to contraceptive use for females, when whether a condom is used or not may reveal more about the psychology of the male partner with or without the desires of the female being taken into account at all.

Researchers who conduct multivariate studies are well aware that potentially important variables are unmeasured at worst, and poorly measured at best, particularly intellectual ability, peer influences, partner variables, motivation, family values, communication aspects and community influences (Miller and Moore, 1990). McKenry, Walters and Johnson (1979) also note that even where multiple variables are investigated simultaneously, the biological and social determinants are so inter-related that the separate effect of each can seldom be measured with any precision.

#### *Theoretical shortcomings in explanatory models*

The relatively low rates of variance accounted for by the TRA may reflect some fundamental problems with the theoretical links between the components therein. In particular, there is evidence to suggest that the relationships between attitude/behaviour and intention/behaviour are problematic, as is the conceptualisation of variables such as 'past behaviour'.

The attempt to predict behaviour from attitudes is based on a general notion of consistency. A review of the research has demonstrated that strong attitude-behaviour relations are obtained only under conditions of high correspondence between the target and action elements of the attitudinal and behavioural entities (Ajzen, 1987), but research conducted by Jorgensen and Sonstegard (1984) found that adolescents tend to struggle for consistency amongst their attitudes, beliefs and behaviours, undermining the utility of such models for this population at least.

The literature on the relationship between expressed attitude and behaviour consistently indicates correspondence is greater when the individual has had more direct exposure to the situations under investigation (Fazio and Zanna, 1987). This may explain some of the problems in successfully predicting adolescent sexual and contraceptive behaviour.

A review of the literature also reveals that remarkably little is known about the sexual decision making processes of adolescent couples, and the context in which that behaviour occurs. Many papers are concerned primarily with intentions e.g. whether a person *intends* to use a condom with *hypothetical* others, rather than *actual* behaviour (e.g. Barling and Moore, 1990; Chilman, 1986; Wilson and Lavelle, 1992; Glor and Severy, 1990; van der Velde and van der Pligt, 1991; Christopher, 1988; Fisher, 1984; Dusenbury, Botvin, Baker and Laurence, 1991). However, *intention* to use a condom is not the same as a condom *actually* being used. As Warshaw and Davis (1985) point out there has been a history of confusion in the literature between 'behavioural intention' and 'behavioural expectation'. 'Expectation' appears to have more predictive power, presumably because it allows for the possibility that the respondent is aware that 'extraneous' factors could alter the chances of the intention being realised behaviourally, thereby giving an estimated likelihood, rather than a measure of intention per se. Where both intention and actual behaviour have been measured in the same sample, intention to engage in sexual behaviours is reasonably well predicted, but this is not the case for the actual behaviour itself (McCabe and Killackey, 2004).

It has been noted that in practice, whilst persuasive appeal has managed to change behavioural intentions, there is little evidence of actual behaviour change (Blaxter, 1992). Evidence from qualitative research conducted in Holland found clear intentions to use condoms with new sexual partners in 95% of respondents, with 75% believing that this would be an easy task to perform (cf. Ingham and van Zessen, 1997). However 50% of the males and 18% of the females reported that they would not *insist* on condom use if that partner *objected*. Given that one cannot be expected to know the intentions, beliefs and preferences of 'new' partners, whom one may not even have met yet, such intention-behaviour links cannot be expected to be predictive of *actual* condom use in future encounters.

Several writers (eg. Catania, Gibson, Chitwood and Coates, 1990; Cobliner, Shulman and Smith, 1975; Brooks-Gunn and Furstenberg, 1990) have suggested that there are barriers to intended behaviours being performed, such as low self-efficacy, partner influence, lack of communicative skills, motivational aspects of the behaviour and the environmental context of the behaviour. Some researchers have found that other factors (eg. erotophobia, Fisher, 1984) enter the equation *independently* of the intention variable, undermining one of the main

assumptions of the model. Others have noted that intentions may be directly affected by factors other than attitudes and subjective norms in direct contradiction to the Ajzen and Fishbein schema (Bentler and Speckart, 1979).

Others have highlighted the importance of the role of past behaviour in present/intended future behaviour (van der Velde, Hooykaas, and van der Pligt, 1991; Traeen and Lewin, 1992; Brooks-Gunn and Furstenberg, 1990; van der Velde and van der Pligt, 1991). As this was not originally conceptualised as having a direct effect on future behaviour, Ajzen, accepting this point in his re-formulated Theory of Planned Behaviour, explained its role thus:

Under the assumption of stable determinants, a measure of past behaviour can be used to test the sufficiency of any model designed to predict future behaviour. A model that is sufficient contains all important variables in the set of determinants and thus accounts for all non-error variance in the behaviour. Conversely, if past behaviour is found to have a residual effect beyond the predictor variables contained in the model it would suggest the presence of other factors that have not been accounted for (Ajzen, 1991: 24).

Past behaviour is thus seen as a reflection of all the factors which determine present behaviour, with correlation between past and present being indicative of the behaviour's stability or reliability. In bringing in a habit component, which is often the single greatest predictor of behaviour (cf. Yzer, Siero and Buunk, 2001) we realise how little we know about the ontogenesis of these behaviours (Strouse and Fabes, 1985).

Adler (1979) also noted several more general problems with such models. Fishbein prototypes appear more useful in predicting behaviours in *familiar* situations where the alternative courses of action have previously been identified, than in unique situations. One might reasonably expect such models to be less effective in predicting first intercourse behaviour or behaviours in situations involving people the respondent hasn't yet met, ie. intention to use a condom with new partners. Neither can they fully explain *chains* of behaviour such as compliance with safer sex guidelines (compliance is ongoing, not discrete), compliance with contraceptive regimes or subsequent relapse. Pitz and Sachs (1984) contend that decision-models are more effective for predicting *simple* decision processes rather than deliberative *complex* ones.

In general, whilst the parsimonious causal structure of the TRA may have held up well in the social psychology laboratory, in 'real-life' situations there have been considerable problems in its implementation. As Liska (1984) points out, intention has not been found to be a necessary and sufficient cause of behaviour (see also Insko et al, 1970), intentions do not completely mediate the effects of attitude on behaviour, attitudes do not completely mediate



the effects of cognitions on intention, and the causal structure does not bear up empirically - indeed behaviour has also been demonstrated to affect both intentions and attitudes (Fazio and Zanna, 1978; Richard and van der Pligt, 1991).

### *The misapplication of rational-decision-making models*

A certain amount of the criticism of such models can be deflected when one considers that the models may have been misapplied to unsuitable behavioural domains. For example, Fishbein himself was not originally convinced of the utility of the model for explaining *contraceptive* behaviour (Fishbein, 1972) and empirically it has received equivocal results. His model has been applied in many circumstances in which one or more of the original criteria have been breached, for instance to predict behaviours which are not entirely under an individual's personal volitional control, in situations which involve some notion of choice (an element not considered in the strict interpretation of their theory) or when an individual's intentions are assessed when it is impossible for him/her to be in possession of all the necessary information to formulate an intention with any degree of confidence.

Fishbein and Ajzen (1975) have explicitly acknowledged their model's limitation concerning the distinction between a goal intention and a behavioural intention, their model being designed to deal with discrete behaviours, not outcomes or events that result from behaviours. Thus, it may be inappropriate to use this model to predict or explain adolescent pregnancy or the occurrence of a series of behaviours such as regular compliance with a contraceptive regime (Fishbein, 1972).

## **2.6. Predictive models and their shortcomings: a summary of the positivist critique.**

There appear to be seven main problems with the use of predictive models in this domain. Firstly, the use of such models implies that the behaviours under investigation are under *voluntary control*. For example, in that the TRA was designed to predict behaviours under strict voluntary control, one must bear in mind that actions are at least in part determined by environmental factors beyond an individual's voluntary control, thus fall outside the boundary conditions established for the model (Sheppard, Hartwick and Warshaw, 1988). It should be noted, however, that Fishbein and Ajzen originally claimed that there are few actions that fall outside the boundary of this model:

Since *much* human behaviour is under volitional control, *most* behaviours can be accurately predicted from an appropriate measure of the individual's intention to perform the behaviour in question (Fishbein and Ajzen 1975: 380, my emphases).

Secondly, there is an assumption that knowledge is available to be acted upon at the time the decision to act is made. Most models assume that information is always present (Shtarkshall, 1987), leaving little scope for consideration of the possibility that information could be partial or distorted, or for the possibility that there may be systematic differences in the perception of information between populations or individuals (cf. Tversky and Kahneman, 1981; Pitz and Sachs, 1984). Often researchers are interested in predicting an individual's intentions and behaviour for conditions in which their knowledge is imperfect and their control of events questionable ie. their future behaviour. Proponents of this model have generally failed to distinguish between an individual's *intention* to perform the behaviour in question and their subjective estimates of their chance of actually performing the behaviour *in reality* (Sheppard, Hartwick and Warshaw, 1988).

Thirdly, the models lack ecological utility. According to Ajzen and Fishbein (1977), a behavioural intention measure will predict the performance of any *voluntary* act unless intent changes prior to performance or unless the intention measure does not correspond to the behavioural criterion in terms of target, action, context, time-frame or specificity. Within these constraints the model holds up quite well in empirical tests, but the majority of researchers interested in real life problems find that their subject matter does not fit neatly within these rather limiting conditions.

The fourth shortcoming is that behaviour is conceptualised in a social vacuum. Although some of the models *attempt* to bring in a social dimension, for example, the Theory of Reasoned Action and the Theory of Planned Behaviour refer to the concept of 'subjective norms', taken as what the respondent believes significant others would approve or disapprove of, and the respondent's desire to comply with their perceived desires. Whilst significant others can be expected to be influential in one's behaviours, it is a difficult concept to operationalise. Typically, parents, peers and partners fall under this rubric. Much of the qualitative work investigating various aspects of young people's sexual behaviour casts some doubt on the assumption that these referents can bear any *direct* effect on specific sexual behaviours during sexual encounters, where the only influential people likely to affect the on-going behavioural sequence are the sexually active couple. What is particularly problematic is the minimisation of the influence of social factors, and the absence of the consideration of interactional processes.

A fifth concern is that the *context* of sexual behaviours is largely overlooked. As Ingham (1994) points out, such models do not provide an adequate framework for incorporating situational and contextual variables, hence characterising adolescent sexual behaviour as occurring in a void, rather than being described and understood in context.

A related concern is that the models are individually focussed. By definition, individual rational decision-making models can only ever hope to explain individual behaviour. However, sexual encounters are (usually) dyadic. The decisions concerning consensual/non-coercive sexual behaviour are essentially based on negotiation at best, and joint non-communication at worst (Ingham et al, 1992a), but even if one partner remains passive, the behaviour is the product of the thoughts, feelings, intentions, expectancies and actions of the interaction between two autonomous individuals. The models over-emphasise the individual at the expense of the interpersonal, social and cultural context of sexual activities (Ingham and van Zessen, 1997).

Finally, the models are static and rely heavily on quantitative measures. Such models tend to ascribe to individuals fixed levels of knowledge, attitude, perceived risk, etc. (Ingham and van Zessen, 1987), which it is assumed can be adequately measured by pencil-and paper tests. The range of possible understandings of the terminology of such tests are not taken into account (Ingham et al, 1992a). Although the development of these models can be valuable, their empirical testing is highly problematic (Ingham, 1992b). It is usually necessary to adopt highly structured questionnaires, and there is a tendency towards reducing the number of items to as small a number as possible, with an expectation that respondents can accurately differentiate their intention to use a condom at next intercourse on a scale of one-to-five. Similarly, the potential complexity of the influence of significant others is unlikely to be able to be captured by two or three questionnaire items.

## **2.7. Concluding remarks**

The traditional literature on adolescent sexual behaviour provides a profusion of explanatory variables suggesting influences from the structural to individual level. Despite the recent expansion in availability of sexual information from a plethora of sources, research into programmes aimed at behavioural change have tended to conclude that sexual knowledge does not appear to be readily translated into HIV and pregnancy preventative action by many recipients.

It is understandable that concerns about HIV transmission have encouraged behavioural scientists to examine the utility of predictive modelling and intervention models. But whilst increasing reliance on extant social psychological models such as HBM and TRA may be understandable, their value (either in terms of their predictive or explanatory power) in relation to adolescent sexual behaviour is questionable; some published studies claim the models are successful on the basis of explaining 10-15% of the variance, with little attention being paid to the 85-90% of the variance that has been left unaccounted for (Ingham, 1994). In their present form, such models appear largely unsuitable for explaining and predicting 'real' sexual practices *in situ*.

The continued reliance on 'scientific' approaches to the study of adolescent sexual behaviours has abstracted such practices from their context, excluded consideration of meaning and purpose, and encouraged a proliferation of data that, whilst perhaps offering *statistically* meaningful generalisations, say little about applicability in the individual case (cf. Guba and Lincoln, 1994).

There has been a widespread neglect of the *contextual* and *interpersonal* aspects of sexual behaviour. For example, as a research community we know little about *how* and *why* people choose the partners they do, how they communicate sexually, how people 'know' their partners, what sexual behaviours mean, and why they are engaged in. There appears to be a need to focus on the *social environment* in which sexual activity and contraceptive use takes place, and the intrapersonal factors affecting each partner, and how these inter-relate in the interpersonal relationship. Rather than limiting research to the confines of pre-existing models, it may be necessary to think about these issues in new ways (Ingham, 1992b), and to consider a re-positioning of psychology within the scientific community. As Rosenthal et al. (1992) concluded:

[W]e are unlikely to account for adolescent sexual risk-taking behaviour if that behaviour is viewed only as the outcome of a rational decision-making process. While beliefs about susceptibility to, and seriousness of, AIDS, and about the benefits of, and barriers to, condom use may be important, these must be considered alongside the contribution of ... perceptions of the meaning and obligations associated with love and relationships as well as domain specific factors such as the ability to communicate about sexual matters and to assert one's right to make sexual decisions (Rosenthal et al, 1992: 170).

Although the early research, especially that conducted by demographers and medics, was concerned with discrete behaviours (**physical sexual practices** as countable events), psychologists' involvement has led to an increased emphasis on the individual reports of cognitive processes (**contemporaneous psychological activities**). However, there remains a

strong element of quantification and elucidation of causal links. Sexual practices as countable events, and contemporaneous cognitive processes and structures as ‘accessible’ phenomena, are, for the most part treated as relatively unproblematically ‘factual’ but are evidenced only via people’s **retrospective accounts** of such phenomena. Although *intraparadigm* (post-positivist) critiques have become quite commonplace, *interparadigm* critiques have received far less attention in the scientific literature. Although there is a growing band of psychologists researching the social construction of various aspects of sexuality by analysing the **general discourse of sex**, such literature has, until relatively recently, rarely found its way into mainstream psychology journals. Relatively little research attention has been paid to the discourses through which adolescent sexuality and its potential for change are understood, and it is to these issues that I turn in chapter three.

## CHAPTER THREE

### RETHINKING ADOLESCENT SEXUALITY AND ITS POTENTIAL FOR CHANGE: AN INTER-PARADIGM CRITIQUE

#### 3.1. Preamble

The intraparadigm critique presented at the close of the previous chapter may appear to offer a strong challenge to the positivistic research tradition, but many of the challenges made could be met by a shift away from quantitative methods towards qualitative methods, and to a large extent, this move is well underway. However, a weightier challenge has been mounted by theorists who have advocated alternative paradigms which challenge the central ontological and epistemological tenets of much of the traditional work, not just its methodological shortcomings. The tendency of mainstream psychology to adopt the realist ontology of the natural sciences has resulted in strong support for adopting the hypothetico-deductive method which in turn has led to a focus on variables conceptualised as being observable and/or manipulable and testable (Henwood and Pidgeon, 1992).

In this chapter, an alternative to this traditional positivistic framework will be outlined, drawing primarily on the social constructionist writings of Gergen (1985; 1999) and Burr (1995). Here, a social constructionist perspective will be used as a ‘prism’ through which to critique the traditional literature, casting light on its dominant idealised image, that of the rational individual decision-maker, to show how that image is constructed through available discourses, rather than being a veridical reflection the person. The explanatory variables hitherto seen as integral to the sexually active adolescent or their environment will be ‘rendered curious’ rather than accepted as factual (cf. Gergen, 1985). As some of the recent qualitative work on adolescent sexuality falls within an epistemological framework incommensurate with experimental approaches, but commensurate with a social constructionist account of the person, this brief literature will be reviewed, to give a flavour of the tradition as it is currently emerging in this area.

Finally, this chapter aims to problematise the implicit assumptions about the nature of agency and change in the traditional intervention literature. For the most part, the individual is constructed as *either* the product of powerful social forces (especially in the demographic and sociological literature) *or* the product of internal processes and structures (especially in the psychological and medical literature), which has repercussions for how the potential for

change is envisaged. Understanding realities as socially constructed calls into question the utility of locating change at the level of the individual, in terms of trying to alter underlying cognitive structures, and focuses attention towards the discursive realm.

### **3.2. Brute empiricism and its discontents**

Positivistic notions in scientific discourse have been hegemonic for the last 400 years. In the past there has been a heavy emphasis on quantification in science, with a concomitant belief in an external fixed reality, one truth that can be known, measured, predicted and controlled. Put simply, 'reality' is external to the researcher, who can, and must, remain detached from the object under investigation. The findings of scientists are 'true', and can be 'proved' by hypothesis testing, experimental manipulation of variables and replication of results over time. Challengers of the hegemony of positivism situate 'facts' as statements which can only be *seen as true* in the context of the prevailing discourse, rather than 'true' in 'reality' (Guba and Lincoln, 1994). Psychologists have tended to see the 'natural' sciences as providing a suitable ontology, epistemology and methodology for their own discipline. 'Natural' sciences are conceptualised as data-driven, guided by experiment and concerned with the production of general laws and truths. Some writers (eg. Reiss, 1993), however, argue that psychologists may have misread 'science' insofar as they seem largely unaware of philosophical shift in thinking within the scientific community at large. Even within mainstream natural sciences, scientists are beginning to question the validity of Cartesian dualism, and it is becoming more widely accepted that all observation is imbued with theoretical assumptions (Guba and Lincoln, 1994).

According to Guba and Lincoln (1994) inter-paradigm critiques challenge received views in several ways, including contesting the possibility of objectivity, stressing the interdependence of theory and observation, and drawing attention to the theory-ladenness of facts, arguing that facts are not only theory laden, but are also value-laden. Theories can then be posited as 'value statements', undermining the value-free posture of empiricism. In chapter one, several of these issues were raised when looking at how scientific endeavours in this field have tended to mirror political, medical and moral concerns. Empiricism reflects not the acquisition of objective scientific knowledge about adolescent sexual practices outside of contemporary cultural, historical and political frameworks, but the creation of scientific knowledge reflecting the economic, political, and moral concerns of modern society (cf. Foucault, 1981).

The limited utility of essentialist approaches was already being recognised by the 1970s (Gagnon, 1973; Gagnon and Simon, 1974). Foucault's work was largely a deconstruction of essentialist perspectives and is therefore useful to researchers who wish to question the hegemony of scientific psychological essentialist claims. Foucault (1981) states that in the C18<sup>th</sup> and C19<sup>th</sup>, sexuality was transformed by scientific discourse into a 'storehouse' of knowledge subjected to analysis and classification. Two of the products of this transformation were that women's bodies became sexualized in a pathological manner, and children came to be defined as pre-sexual, and in need of supervision and protection. These 'products' are of particular interest here.

The pathologisation of female adolescent sexuality was a noticeable feature of much of the literature up to the 1970s, and is still implicit in much of the later work. The supposed 'pathology' underlying adolescent pregnancy has directed many research efforts (cf. Jessor and Jessor, 1975; Schinke 1984; Miller and Moore, 1990), including Goldfarb's search for 'pregnancy vulnerability' (Goldfarb, 1977; Goldfarb, Mumford, Schum, Smith, Flowers and Schum, 1977). Children as pre-sexual and in need of protection is also an enduring theme in the literature, whether it be calls for more and/or earlier sex education to prevent children becoming unintentionally pregnant ie. to *protect* them from sexual 'harm' (eg. Ingham et al, 1990), or calls for less education to preserve childhood innocence (eg. Kasun, 1979).

### **3.3. Beyond empiricism: the rise of constructionism**

The 'new' social psychology (Harre and Secord, 1978; Harre, Clarke and De Carlo, 1985) has been instrumental in encouraging a shift away from conceptualising of human behaviour as the result of reactions to external situations (behaviourism) or internal computations (cognitivism), to the conceptualisation of human behaviour as mediated through reason and meaning, with a re-introduction of the notion of human agency. In social psychology in particular, there has been a move towards understanding the ways in which social and psychological realities are constructed in discourse and texts (Henriques, Hollway, Urwin, Venn and Walkerdine, 1984; Parker, 1989; Parker, 1992; Potter and Wetherell, 1987; Harre and Gillet, 1994; Potter, 2000), which some hail as a move of paradigmatic proportions.



### *The basic ontology and epistemology of social constructionism*

Burr (1995) suggested that the genesis of modern social constructionism can be traced back to early symbolic interactionism (cf. Mead, 1934), which expressed the view that identities are constructed through social interactions. Gergen (1985, 1999) explains that the social constructionist movement in modern psychology is about articulating common forms of understanding as they exist *here and now*, which stands in stark contrast to the traditional image of psychology concerning itself with explicating the universal cause and effect styled 'laws' or underlying structures explain the human mind or behaviours:

Social constructionist inquiry is principally concerned with explicating the processes by which people come to describe, explain or otherwise account for the world (including themselves) in which they live (Gergen, 1985: 266).

He states that at the metaphysical level, theorising which falls under a social constructionist remit manifests one or more of the following assumptions:

1. How we perceive the world is not indicative of an underlying accessible reality. The events and entities that we take for granted as existing as apart of the 'real world' are "either highly circumscribed by culture, history or social context, or altogether non-existent" (Gergen, 1985: 267).
2. Constructions of the world are historically and culturally situated. For example, emotions, the autonomous self, and notions of childhood differ across time and culture.
3. Shared versions of knowledge are constructed in our everyday practices. This means that the extent to which a concept is sustained over time is not dependent on the empirical validity of such concepts; 'what counts as what' is always theoretically changeable.
4. Forms of negotiated understandings are crucial in social life as they are inter-connected with the activities people engage in: knowledge and social action go together.

Burr (1995) takes these four key assumptions and distils seven features from this tradition that distinguish the modern social constructionist perspective from traditional positivistic understandings of what psychology is, or should be.

Firstly, there is anti-essentialism. This is the belief that there is no predetermined nature or essence to people and their worlds; people have no pre-given content. The second distinguishing feature is anti-realism, which rejects the Humean exogenic notion that human knowledge is drawn directly from reality, or is in someway a “pawn to nature” (Gergen, 1985: 269). Thirdly, there is an emphasis on the historical and cultural specificity of knowledge. This expresses the idea that any theory or explanation is temporally and culturally bound, not a once and for all description of things as they really are. The fourth distinguishing feature is that language is taken to be a precondition of thought. The ways in which we understand the world is not from our direct perception of an external objective reality; rather the concepts and categories of our thoughts are produced by language. This contrasts with the implicit idea in most modern psychologies, that language is an expression of thought. Fifthly, language is seen as a form of social action. It is not the neutral medium for transmitting thoughts and feelings suggested in most psychological research, but language use in our interactions with others *produces* the knowledge which is the basis of the constructed world: “When people talk to each other, the world gets constructed” (Burr, 1995: 7). The sixth distinction is the focus on interaction and social practices; whereas traditional psychologists look for explanations *inside* the person, social constructionist turn their attention to the *interactive processes* between people, and the practices they routinely engage in. Finally, whilst traditional psychology proffers explanations couched in terms of *static* entities such as attitudes, schemas and personality traits, social constructionists emphasise the *dynamic* nature of social action. Under this rubric, knowledge is not something people have, but something people do (Burr, 1995; Gergen, 1985).

### *The central role of language*

Perhaps the foundation of the social constructionist movement is the rejection of the idea that the ‘truth’ about human behaviour can be ‘discovered’ by psychologists (or anyone else) searching for its pre-existing hidden structures. This simultaneously entails rejecting our ‘common-sense’ understandings of the nature of things, and moving language, as the constructive medium of the self and the social world, to centre stage.

Psychological phenomena are constructed through discourses which offer certain possibilities for legitimate action (a discourse, in this sense, is a set of statements, meanings and images which form together to paint a particular image of an object (of course, like any definition, this is contestable, and is a theme I will return to in chapter four). The things that we generally consider to be stable enduring features of self are linguistically produced, and are potentially as fluid and changeable as language itself. So, instead of conceptualising the

person as a fixed, unitary self, people are conceptualised as having fragmented multiplicities of potential selves. The feeling that we (sometimes) have of being an individual is somewhat illusory. Feelings of consistency and continuity are provided by our memories and our search for meaning; our self-identities are not integral parts of ourselves based on some essential feature, but fashioned from socially bestowed/available identities (cf. Burr, 1995).

The process of construction is rooted in language. Language as studied by traditional psychologists assumes that people, objects and entities predate the language used to describe them, language providing the labels with which to describe or express internal states. Language and objects are therefore, conceptualised as independent. Social constructionism, drawing on the post-structuralist view of language, denies that the individual can predate language, as language brings the person into being. Language provides us with the means of structuring our experience of 'self' and 'world'. We are born into a linguistic world, and come to understand ourselves and our experiences in terms of the categories given to us. Language, organised into discourses, gives us the means of creating identities for ourselves, and classifications for things in the world around us. It is clear then, from this perspective, that language does not simply reflect a pre-existing reality, but brings a defining framework for our realities. We represent experience to ourselves and others using concepts 'prepackaged' by language. It follows, therefore, that if language is the fount of experience, explanations of experiences lie not *inside* the individual, but in the *linguistic world* in which they interact.

The self-contained, rational, autonomous pre-existent self characterised by traditional psychologists is not the 'self' portrayed in social constructionist writings. As the self is produced through language, and language is ever-changing, then so is the self ever-changing. As available meanings are contestable, conversation becomes a site of potential conflict, where we can engage in a struggle to build, maintain or reject the identities on offer. From the myriad of discourses of age, class, ethnicity, sexual orientation etc, we weave our identities. However, that is not to say that one can construct any viable identity one chooses. In practice, we neither have a randomly fashioned identity, nor do we have *carte blanche* to fashion identities, as identities are simultaneously shaped by social practices (what we do) and social structures (how societies are organised and run). Discourses are intricately connected to the ways in which society is organised, and some discourses appear to become dominant in the interests of relatively powerful groups. For example, the dominant discourses of femininity are said by some to disadvantage women *vis a vis* men. If one accepts dominant constructions of femininity such as emotionality,

gentility, empathy and warmth, these ‘characteristics’ make it perhaps difficult to ‘bring off’ a viable identity as a politician (it is interesting to note how former Premier, Margaret Thatcher, was always depicted as a cigar-smoking man in the television satire “Spitting Image”), or a cut-throat company director, but easier to bring off an identity as a child-carer, or a counsellor. However, that is not to suggest that alternative identities *cannot* be fashioned, nor that change is impossible, issues that I will return to later in this chapter.

### *Conceptualising change from a social constructionist perspective*

Despite the seemingly insurmountable differences between social constructionism and traditional conceptualisations of psychology, there is, I feel, one common bond that they share, and that is an expressed aim to facilitate social enrichment by providing insight into perceived problems and suggesting potentials for change (cf. Willig, 1999a for recent commentary on the rise to prominence of this endeavour in recent years). The radical approach advocated by much social constructionist writing raises important questions regarding the application of knowledge in the service of change in this framework. The tendency in some quarters to characterise individuals and societies as ‘puppets’ or products of discourse seems to obviate the possibility that individuals can change anything at all.

Burr (1995) explains that such questions form part of the broader agency/structure debate, and tackles the seemingly impossible question of whether individuals can shape society, or whether society shapes the individual by drawing on the work of Derrida (1974, 1978, 1981, cited in Burr, 1995). Derrida argued that the binary oppositions that are typical of ideologies, such as individual/society, are false dichotomies; we are neither the product of society nor independent individuals, as a distinguishing line cannot be drawn between the two. As Burr explains, “the nature of things lies in the relations between them rather than in the things themselves” (Burr, 1995:107).

When we break away from the notion of the individual/society dichotomy to conceptualise the individual/society as a system, discourse can become the site of change:

Individuals, the social practices in which they engage, the social structure within which they live and the discourses which frame their thought and experience become aspects of the same phenomenon...discourses are neither simply a product or side-effect of social structure nor one of individuals. They are embedded in that structure and are part of it, and at the same time serve to structure our experience. Thus discourse can be seen as a valid focus for forces of social and personal change (Burr, 1995: 110-111).

Change is not an easy process, as what people *say* is bound up with what they *do* (social practices) and the ways in which society is organised (social structures), but change *is* a

possibility. As we are constructed by language, so are we also manipulators of it, or as Barthes explains, we are both ‘master and slave’ to discourse (1982, cited in Billig, 1991). These ideas will be contrasted with the assumptions about change manifested in the traditional predictive/intervention models later in section 3.6.

Now that the main issues have been outlined, this perspective can be used as a prism, following Gergen’s (1985) suggestion, to look at contemporary views about cognitions, motivations, perceptions and information-processing, not as explanatory variables, but as the focus of analytic interest in themselves.

### **3.4. Rendering curious traditional psychological constructs**

The previous chapter divided the literature according to whether the variable of interest was structural, extra-individual, individual or dyadic. Most psychologists would be familiar with those terms, and understand what was meant. In that respect, both author and reader could be said to be drawing on shared understandings. However, the way that I divided the literature was entirely arbitrary; there was nothing essential in the literature which meant that such distinctions could or should be made. I could have divided the studies by the number of participants, the journal in which the findings were published, their length etc. In the distinctions that I made, I drew on commonly spoken of boundaries with which we are all familiar, and created a socially fragmented framework for a fragmented set of influences. After all, psychologists are ‘expected’ to discover and group patterns together, to bring a sense of order or design to data about people.

One of the most prominent features of the traditional literature is that it appears highly fragmented, but certain key terms do permeate the texts. At first, when one reads such papers, the terms do not seem at all strange. They are the taken-for-granted concepts in an increasingly familiar set of papers. However, all of the key variables and hypothesised processes can be rendered curious. For all of them one can ask ‘What does this term mean? What do these words imply? Can that concept/idea be expressed differently? Why is this image so pervasive? Does this thing actually exist in reality?’

Each of the independent variables which were significantly associated with the dependant variable are commonly assumed to have ontological status by the researchers, ie. to be real entities that have demonstrated their existence empirically or been deduced logically. From the social constructionist perspective, this is highly questionable. For example, some of the

literature on adolescent sexual practices associates those actions with demographic characteristic such as age, class, ethnicity etc. In the positivist critique it was argued that these variables are notoriously difficult to measure effectively and consistently, which poses problems for the collation and interpretation of data. Under a social constructionist rubric, these 'variables' are not only problematic to measure, they have no 'real' existence, insofar as they are not essential properties of the individual. They are linguistic creations through which we attempt to understand the world and its inhabitants. Laumann and Gagnon (1995) refer to phenomena such as social class, gender, religious affiliation etc., as 'master statuses'.

These categorisations or 'master statuses' help to shape our perception of who we are, and what we and other people believe are acceptable forms of conduct. They confer statuses and positions which give existence certain meanings, and shape notions of legitimate and illegitimate behaviour. For example, take a common American finding such as racial differences in the official figures for premarital teenage pregnancy. It surely isn't something about 'blackness' which 'causes' premarital pregnancy (or a higher likelihood of such an outcome), but is more likely something about the positions and meanings offered by the statuses of 'young', 'black' and 'female', and something about the social practices deemed legitimate, and also something to do with the ways in society is structured in respect to being young, black and female. For social constructionists, cultural, political and economic factors can no longer go on being relegated to the status of *background* variables by psychologists; they provide the basic building blocks of action and identity.

Similarly, the TRA was shown to exhibit certain theoretical shortcomings, that people working in the field will, presumably, try to overcome, perhaps by adding in more variables, or making alterations to the conditions under which the model can be applied, or developing more sensitive research instruments. One of the main components in the model is the attitude-behaviour link. For social constructionism this poses serious difficulties as an 'attitude' as a relatively stable, enduring cognitive structure has no essence; it simply does not exist 'in reality'. It is a concept used by psychologists to account for hypothesised regularities in behavioural dispositions and verbal utterances. Potter and Wetherell (1987), who wrote the seminal constructionist critique of this concept, challenged the ontological status of 'the attitude' by demonstrating that in real speech, as opposed to questionnaires, people make very highly *inconsistent* statements about attitude objects, which makes the notion of their hypothesised stability highly questionable. People use the language of attitude to account for their behaviours and feelings, but their statements are not reflections of an underlying reality; they are used to perform social functions such as blaming,

excusing and justifying actions. Such criticisms do more than present difficulties for traditional attitude theorists and researchers - they render the search for such psychological entities futile.

If attitudes can be dismissed as 'explanatory fictions' what can social constructionism say about the rest of the concepts taken for granted by traditional researchers in the field? Let us return to a quotation from the end of the last chapter, a quotation I originally selected for its conciseness and intelligibility. The seemingly innocuous looking sentences below, whilst performing the function of problematising much of the earlier research, brings to the fore the key image that I wish to challenge here:

[W]e are unlikely to account for adolescent sexual risk-taking behaviour if that behaviour is viewed only as the outcome of a rational decision-making process. While beliefs about susceptibility to, and seriousness of, AIDS, and about the benefits of, and barriers to, condom use may be important, these must be considered alongside the contribution of ... perceptions of the meanings and obligations associated with love and relationships as well as domain specific factors such as the ability to communicate about sexual matters and to assert one's right to make sexual decisions (Rosenthal et al, 1992: 170).

The first thing to notice about this quotation is that we understand the main concepts alluded to, or at least we proceed as if we share an understanding of them: the people referred to are 'adolescent', and the practices they are engaging in are conceptualised as 'risk-taking'. The writers reflect on the literature which characterises these people as performing those behaviours as a direct result of cognitive information processing, or 'rational decision-making'. These are the terms I wish to problematise in this section. The second part of the quotation refers to a second body of knowledge which focuses on how people experience and understand sex and sexuality, but it is very much couched in terms of 'love' and 'relationships' which are by no means the only context or form of expression; the various ways in which sexual practices can be constructed will be the focus of section 3.5.

### *What is adolescence?*

Most of the literature in chapter two self-proclaims as evidence about young people's sexual **practices**, when, perhaps, it is more useful to conceptualise them as psychological explanations of **accounts** of such practices. Many papers refer to adolescence as a distinct developmental phase. There are three major approaches to the study of adolescence - storm and stress models, stage theories and role theories (Coleman, 1974), and all have one common theme: change. In many European cultural traditions, adolescence is often depicted as a period of turbulence, excess and passion (Violato and Wiley, 1990),

especially in the literary works of our cultural heritage by authors such as Chaucer, Milton, Dickens and Shakespeare. But Violato and Wiley (1990) demonstrate that 'adolescence' has been referred to in vastly differing ways within our culture across different historical periods, reflecting the economic contingencies of the day. Adolescence, then, is not a 'feature' of human life which occurs between two distinct points in time, but a historically and culturally specific construction painting a particular image of young people. Such a construction could be used performatively to excuse impetuosity and irresponsibility, or to justify measures to 'protect' such individuals from themselves and others.

Currently in the USA and Western Europe, adolescence is widely regarded as a period of physical, psychological, emotional and social change (eg. Bidwell and Deisher, 1991; Simmons, 1979) and these changes appear to be treated as important by parents and adolescents alike (Brooks-Gunn and Zahaykevich, 1989). It is a time when sexual experimentation is often expected to materialise (Paul and White, 1990; McKenry, Walters and Johnson, 1979), and fears emerge, especially in relation to adolescent girls, that they may be 'taken advantage of', perhaps reflecting discourses of *childhood innocence* and *female sexual passivity*. However, in previous eras children have been treated in more 'adult' ways than is customary today and the implicit assumptions and values in our culture which promote the idea that sexually mature females are somehow *prima facie* too young for motherhood is not supported by the ethnographic record.

This may suggest that the ways in which adolescence is discursively produced has ideological effects insofar as young parenthood becomes both socially unacceptable, yet still the 'fault' of either a parent, who didn't ensure protection, or the adolescent themselves, who was 'irresponsible'. Some writers have criticised the ways in which adolescents have been stereotyped as young people with social immaturity, emotional volatility and a propensity to risk take (cf. Abramson, 1990; Warwick and Aggleton, 1990) claiming that this somehow 'pathologises' this life period. It is to this 'feature' of adolescence I now turn.

### *What is risk-taking?*

In general, many articles construct the image of the sexually active adolescent as a 'risk-taker'. For example, Cobliner (1974) suggested that 43% of the pregnant sample reported *deliberate risk-taking*. But what does this actually mean? Did they weigh up the risks accurately and take a chance, or were they largely unaware of the actual magnitude of risk involved, or perhaps they were aware of the reputed risk, but chose to suspend their



belief? The overall impression given is that the girls acted in a manner that any reasonable person would, on reflection, have avoided. Whilst it may be the case that adolescents become parents, this may be a reflection of cultural rationality in the form of unrecognised advantages. If we accept at face value that a risk was deliberately taken which resulted in pregnancy, are we to also accept that people who do not use condoms want to contract STDs? After all, “if they had to take a pill for a month to become pregnant, relatively few teenagers, especially those of school-age, would become pregnant” (Rogel et al, 1980: 240-241).

Failure to use contraception is often referred to as risk-taking behaviour (eg. Brooks-Gunn and Furstenberg, 1990), but the very idea of deliberate risk taking is problematic. It is interesting to note that one study looking at virgins found that a willingness to take risks as a general trait was predictive of intention to use condoms with future partners (Breakwell et al, 1991); risk-taking, then, can *promote* health behaviours, not just lead to taking health risks. It is not too difficult to imagine that the prospect of producing or asking for a condom to be used when one has no prior experience could be considered a ‘risky’ thing to do. It is important to consider the real concerns society has about so-called adolescent risk-taking - is it risk-taking per se or the particular activities they ‘choose’ to engage in (Furby and Beyth-Marom, 1992)?

Many researchers (eg. Breakwell and Fife-Schaw, 1992) have a tendency to conceptualise the propensity to take risks as a ‘general trait’ with ‘predictive powers’, which is problematic for social constructionist writers who cast aside ideas of risk as an essence of the person. Similarly, many researchers appear to assume that heightened levels of risk perception are predictive of more definite behavioural intentions Yet others argue that ‘risk assessment’ is not part of an *a priori* decision, but serves *post-hoc* justificatory function, serving perhaps a more symbolic function of reflecting on AIDS (Ingham and van Zessen, 1997).

Many recent writers, working with qualitative data, have drawn attention to *variability* in the concept of risk. For example, some interviewees express risk-estimates as changing in magnitude or function during the course of sexual interactions. This suggests that risk is not an objectively defined property of an action, but can rather be constructed or deconstructed according the needs and desires of the risk assessor. When AIDS risk is discussed, it is often talked about in the context of being raised in order to *minimise* the threat rather than to objectively consider the ‘true’ potential of the risk involved (Ingham and van Zessen, 1997). By the same token it has been argued that enquiring into someone’s sexual history

may have become *ritualised* rather than fully *considered*. Similarly, in the traditional literature, risk perception has been found to be unstable across time and between individuals, with some people taking AIDS risks into account, others perceiving similar levels of risk without deciding to take it into account, others still being aware that AIDS does constitute a risk but being unable to estimate the size of this risk; others do not appear to think about such risks at all.

In this way, risk taking is not seen as a general trait which manifests itself in cognitive processes, nor as an enduring property of an action. It can be argued that the concept of 'risk' in the literature is communicated in a manner which attributes blame to individuals who do not behave in the idealised manner required by certain researchers, practitioners and policy-makers. The yardstick of risk that *they* have created is the measure for us all.

If sexual risk-taking can be seen as a discursive production of the scientific literature, what are we to make of adolescents' ability to make rational decisions?

*What is rational decision-making?*

Decision-making does not appear to be something that happens continuously, an enduring process guiding our every waking moment. Some adolescents demonstrate *reluctance* to engage in decision-making, which may reflect an ideological peer group norm in which it is 'cool' to be unconcerned; complacency may even be regarded as a *value* (Mann et al, 1989). Research with adolescent decision-makers often uses *adults* as a reference point, although we have little evidence to suggest that adults always display such rational decision-making skills, especially in sexual domains:

Decisions often are irrational from the adult perspective because adolescents fail to consider the consequences of their actions...and *subjectively* define the utility and probabilities of decisions (Strouse and Fabes, 1985: 70, my emphasis).

But this begs the question 'how else can one define *utility* if not by reference to the things that one personally values?'. Rating probabilities and utilities *differently* from adults does not *automatically* relegate adolescents to irrationality aspiring through age and experience, to rationality.

Decision-making as characterised in the psychological literature is replete with computer analogies, and scientific and statistical metaphors. Many decision-analysts feel the axioms of decision-theory are so compelling that if decision-makers violate them, such occurrences

are referred to as “paradoxes” (Bell, 1982: 961). However, conceptualising decisions as abstract manipulations of statistical probabilities occurring in a computer-like brain are in stark opposition to decisions as characterised from a social constructionist perspective. Here, decisions are actions, practices which occur between people engaged in social interactions, not intra-psychic events. What is reported in the literature is decision-making as spoken about *in discourse*; it emanates from mathematical discourses which are themselves human creations, constructions.

Before I go on to consider the enduring concept of rationality in the literature, it may be worth considering what is perhaps the most easily recognisable image of the individual in the cognitive paradigm, that of the person-as-information-processor. This construction of the person is hegemonic in the psychological literature, and as such is very rarely challenged. The person as the bearer of powerful explanatory cognitions (attitudes, beliefs, emotions etc), the ‘human computer’ is the central metaphor of the prevailing paradigm, and entirely consistent with the emphasis on individualism in our culture. Within this paradigm sexual practices emanate from the processes of the mind/brain, are individually produced, and under autonomous control. In short, the bearer is characterised as largely and individually responsible for his/her own actions. Internal psychological constructs, processes, traits and skills - formal operational thinking, perceived invulnerability, unrealistic optimism, self-esteem, locus of control, anxiety, personality traits, motivation, attitudes, knowledge and behavioural and communicative competencies - are thus invoked to explain adolescent sexual practices.

Little consideration is given to *how* these phenomena came to be constructed, or *why* their existence should be taken for granted. As psychologists we are educated in social institutions which value these constructions for their explanatory and predictive power. As we read learned books and journals these categories pre-date our entry into the discipline, and we come to fragment the person in such ways; the language of cognitive psychology is almost a precondition of our thoughts about psychology and cognition. As we perform experiments or conduct surveys, we interpret our data along these lines, recreating the classifications of such phenomena. Our psychological language thus is a form of social action; psychologists talk and the discipline and institutions of psychology are continually (re)created. The categories and constructs we create are instrumental in producing the image of the person-as-information-processor. Of course, some psychologists work with different constructions of the person, for example psychoanalysts create and work with images of the person-as-driven-by-powerful-wishes-and-desires, the behaviourist with constructions of the person-as-at-the-mercy-of-powerful-environmental-contingencies, the

social constructionist with the person-as-slave-and-master-to-discourse etc. But the common feature is that each perspective provides a framework for integrating notions about what it means to be a person.

### *The construction of the person-as-information-processor*

The discourse of the person-as-information-processor enables explanations of human action to be couched in terms of the success they have in reaching what are construed as 'optimal decisions'. There have been many papers published implying that individuals consistently make 'faulty' predictions (cf. Tversky and Kahneman, 1974, 1981) suggesting that individuals rely on subjective and intuitive assessments of probability rather than abstract statistical information. Tversky and Kahneman, perhaps the best known researchers in the field, identified the 'heuristics' (as opposed to formal rules) that people commonly use to form predictions. They see errors in the intuitive judgement of probability as akin to perceptual illusions, and these errors occur even when people are encouraged to be accurate and are rewarded for correct answers - even those who are statistically sophisticated appear prone to such errors.

The explanatory models outlined in chapter two are implicitly based on notions of protected sex as rational behaviour and the human potential to act in a rational manner. The concept of rationality has been highly influential in social psychological models in general, as well as those dealing more exclusively with 'health' behaviours. The concept of rationality has traditionally been aligned with science, which in turn has been equated with objectivity. It is claimed that every society has a body of knowledge which includes some standard or criterion of rationality as understood by its members (Abramson, 1990). In modern Western psychology, the emphasis on decision-making and logic can be seen as an extension of the computer metaphor, which leads to a belief that people can (or should be able to) change their practices by accurate risk assessments and modelling optimum judgements. However, in denigrating adolescents for basing decisions on 'subjective' utilities, there is a presumption that others can define utilities *objectively*, which brings us back to questions about the possibility of objectivity in general. It appears that the words *subjective* and *objective* are used in the literature not to merely represent essential properties of thoughts or actions, but to create a distinction between the access to knowledge/reality that scientists have, and the access to knowledge/reality that others have. From this perspective, acting 'objectively' or 'rationally' appears to mean acting in a way that certain stakeholders believe one should act.

The power to name what is real or define what is rational, in this respect, occurs firmly within scientific boundaries. As Derrida (1976, cited in Burr, 1995) explains, in all such binary oppositions one pole is assigned a more privileged position, yet such dichotomies are ‘false dichotomies’ as neither pole can exist without the other; objectivity cannot exist without subjectivity, they are not ‘poles apart’ but part of the same system of meaning.

### *What is rationality?*

Many researchers make reference to concepts of rationality and irrationality in their papers (e.g. Hofferth, 1987; Loewenstein and Furstenberg, 1991). For example Cvetkovich et al (1978) remarked on the “apparent irrationality” of some of their participants who claimed to fear pregnancy yet failed to adopt a method of contraception, or who knew that sexual intercourse was likely, but did not use contraception because they didn’t want to make it seem that intercourse had been planned. In such papers, rationality is held to be either a property of an individual, an action or a choice that was made at the time.

It is worth spending a little time to look at the characterisation of rationality in the psychological literature, as the idea of human action as ‘irrational’ seemed to emerge relatively recently. Prior to the 1970s people were apparently assumed to be good decision-makers, the most frequently cited summary paper in the field being ‘Man as an Intuitive Statistician’ (cf. Lopes, 1991). Then, opinion (as gauged by citations in social scientific research) appeared to change. Participants did not suddenly become less adept nor did researchers use more exacting standards, but they appeared to begin to emphasise some results at the expense of others. Lopes (1991) cites a study that was carried out using the Social Sciences Citation Index 1972-1981. Roughly equivalent numbers of reports of good and poor performance were published in reputable journals, but reports of poor performance were cited 27.8 times in the citations, good performance 4.7 times. This bias in citations increased *even though* the ratio of good:poor results remained about equal. Why should this happen?

Articles written by Kahneman and Tversky published between 1971 and 1973 followed by a review article in Science formed the cornerstone of the biases and heuristics literature, and between 1975-1980 the review article in Science was cited 227 times in 127 different journals, 20% of which were non-psychological. *All* were used to support the assumption that people are poor decision makers, which is surprising in light of the suspicion with which social scientists ordinarily look on tightly controlled laboratory-based experiments using student volunteers. In the review article, human incompetence is presented as a

scientific ‘fact’, like gravity. Their work had managed to shed its experimental details without sacrificing its scientific authority. To recap, the biases and heuristic literature centres around three fundamental ideas:

1. Probabilistic thinking is important if people are to understand and cope with real world certainty.
2. People’s intuition about probability is based on heuristics rather than formal computations.
3. Heuristics are fallible and lead to systematic errors in judgement.

Lopes (1991) points out that empirically this type of research is guilty of “strong inference” as there are only two possible outcomes, either the exact correct answer or any number of incorrect ones, which guarantees that one or other of the hypotheses will be supported by the data, but the *sheer weight* of all the possible wrong answers tends to lead to the conclusion Kahneman and Tversky present. However, he points out that whilst it may be possible to conclude that people use heuristics, it *cannot* be concluded that their judgements are poor. By the time the ‘Science’ article was published, Kahneman and Tversky had shifted their attention from ‘heuristic processing’ to ‘biased processing’, with very negative overtones about the systematic errors they allege we are prone to. It is very difficult, even after reading the original papers, to remember that the original purpose of their work was to *delineate process*, not to *judge performance*.

Tversky and Kahneman (1973), in dealing with lapses from optimal judgement can be seen as coming to premature conclusions regarding the ‘irrationality’ of human decision-making and reasoning processes. Oaksford and Chater (1992) assert that human rationality is bounded by the constraints placed on the cognitive processes by the claim that they are *computational processes*. A major constraint is that these processes must be capable of utilisation within the time scale at which normal human judgements are made. Any process which requires exponentially increasing resources can be regarded as computationally intractable ie. for certain levels of input these processes may not provide an answer in one’s lifetime, if at all.

In the early research into risky decision-making it became apparent that such ‘complexity’ issues were relevant, as Bayesian inference makes exponentially increasing demands on computational resources, even for problems involving *moderate* amounts of information.

Spontaneous real world decisions are not made by Bayesian inference processes because they *cannot* be:

Since the mind/brain is a limited information processor, the process of risky decision making cannot be based upon optimal, algorithmic procedures. This means that the only rationality to which we can aspire as individual decision-makers is one bounded by our limited computational resources. In consequence, the observation that we do not behave in accordance with Bayes theorem could not impugn our rationality. Our rationality could be questioned only if we were capable of using the optimal strategy but failed to do so. Thinking otherwise is akin to condemning us because we do not fly even though we do not possess wings (Oaksford and Chater, 1992: 226-227).

Bounded rationality dictates that 'satisficers' (rather than *optimisers*) can only act 'reasonably' instead of 'rationally' due to their limited computational resources. However, such a stance does not imply that rationality should not be striven for; it is argued that the quest for objectivity must be pursued, and subjectivity remains posited as an impediment to reasonable action (Simon, 1992). Bounded rationality will remain a liability until interpretation is recognised as a legitimate source of knowledge:

If ... social scientists are serious about interjecting interpretation into decision-making, a non-dualistic epistemology should be adopted. As a result, subjectivity will not be treated automatically as ancillary to objectivity, values, and a host of so-called non-logical factors, can be placed at the core of decision-making, without the fear of sacrificing reason. Therefore, satisficing does not have to be merely a reasonable alternative, until more encompassing heuristic devices are invented (Murphy, 1992: 299-300).

Simon's attempt to provide a socially sensitive perspective on decision-making by reference to 'bounded rationality' does not abandon the idea of a perfect rationality completely. Irrational impulse is seen as a threat to rational judgement, but through socialisation, education and training it is thought we might be able to bring it under control. Doxa, or opinion, must be abandoned so that episteme, or *real* knowledge can be obtained. The problem here for social constructionists is that rationality as the ideal, the pinnacle of decision-making, is upheld, despite being considerably watered-down. The empiricists idea that only knowledge that can be divorced from judgement should be considered worthy, is maintained.

More recently, a variety of writers have claimed that reason does not exist *sui generis* - reason itself is socially constructed:

[L]ike every other facet of social life, reason is invented, corroborated through dialogue and expressed in a qualified way. Instead of universal, reason is thematic and useful only in very specific circumstances (Murphy, 1992: 295).

Sources of information are imbued with interpretation. The social world cannot be equated with a set of brute facts and human logic machines - the social milieu is a *Lebenswelt*, not a dead empirical presence. There is no way to avoid the constructive role of language; how could knowledge unaffected by human presence be conceptualised, examined or publicly discussed? Reason is socially manufactured, like any other cultural artefact, and therefore reason cannot be hailed as value-free.

Accepting reason or rationality as a social construction necessitates a move away from the notion of the individual as an (inefficient) information processor to a consideration of the grounding of knowledge in the *Lebenswelt*. In this way, to act in a 'less optimal' manner does not signal a breakdown in rationality. It is an *alternative* 'way of knowing', and the interpretive practices people use to organise their lives and behaviour form the basis of a framework of understanding. In this tradition, Ingham (1994) produced an account of how rationality can be conceptualised in the discourse of sexually active young people.

Ingham (1994) identified five more or less distinct constructions. Firstly, the notion of rationality as *known*, but personally *unattainable*, ie. individuals are aware of what they *ought* to do in given situations, but feel they do not possess the faculty to control their actions or exercise choice in that situation. This is likened to components of some of the models mentioned earlier, such as self-efficacy, but, unlike those models, this aspect of the sexual encounter cannot be construed as another additive dimension, but one that ebbs and flows in the discourse of the sexually active, not a static characteristic of the sexually active individual.

Secondly, the concept of rationality as *unrealistic*. Many respondents expressed disbelief that it was possible to behave in a rational manner, either because of the impassioned nature of the behaviour in question, the mystical representation(s) they had of sex, or the appreciation that the supposedly risky element in one's sexual behaviour is just one in an ocean of risks individuals face every day, the majority of which they have no direct control over.

Thirdly, the characterisation of rationality as a *variable entity*, suggests that the accepted criteria for rational behaviour are not universally held. Whilst health professionals may hold health protective behaviour to be the pinnacle of behavioural rationality, others may value the pleasure, and/or the comfort of self-affirmation that early intercourse and/or unprotected intercourse affords.



Fourthly, the notion of rationality as *constrained by discourse*, or the taken-for granted assumptions within their social worlds (cf. Hollway, 1984). This type of consideration focuses on the restrictions one's life-view and experience place on the extent of understanding possible. For instance within the 'male sex drive' discourse (Hollway, 1984), males experience over-riding biological needs for sexual gratification that are not (or are not expected to be) perceived as controllable, which may affect the perception of sexually appropriate and permissible behaviours by the people involved. For example:

When a young woman insists on the use of a condom for her own safety, she is going against the construction of sexual intercourse as a man's natural pleasure and a woman's natural duty (Holland, Ramazonanglu and Scott, 1990b: 131).

Finally, Ingham considered whether rationality could be construed as *choice*, with rational decisions residing in the practical order, whilst:

[i]n the case of sexual activity - especially among young people - the demands of the 'expressive' order are so powerful as to in many cases, eclipse the demands of the 'practical' order (Ingham, 1994: 17).

Having used social constructionism as a prism through which to problematise some of the key aspects of 'traditional' explanations of adolescent sexual practices, I now turn to consider how researchers in the field have been using elements of social constructionist thinking to inform recent empirical work.

### **3.5. The social construction of adolescent sexual practices and identities**

Social constructionist accounts differ markedly from modern essentialist accounts of sexuality (Delameter and Hyde, 1998). Many theorists have already taken tentative steps towards re-defining sex as a socially constructed or discursively experienced behaviour, rather than a fixed biological action. Generally speaking, the literature on sexuality has gradually moved away from a biological emphasis towards an emphasis on the social aspects of sexuality (Gecas and Libby, 1976), contrasting 'animal' sexuality with the complexities of human sexual expression (cf. Lees, 1986). In the past there was a marked tendency in the scientific literature to frame sex in essentially biological and anthropological terms. Such an emphasis came to be criticised for appearing overly deterministic, masking the complexities of human action. As Lees points out:

Sexuality is looked upon as the epitome of natural behaviour ... (...) .... [t]he intransigence of this belief that sex is natural and biological exists in the face of irrefutable historical and anthropological evidence that sex, far from being natural, is highly malleable (Lees, 1986: 17-18)

Sexual behaviour, if *purely* instinctive or governed by biological need states, would presumably follow a similar pattern for all human mammals. Although sex may be construed as a biological action insofar as it is a bodily activity capable of being enacted between (usually) two physical individuals, the actual final expression of that behaviour differs widely across time and culture, and has meanings that extend far beyond the reproduction of the species. Indeed, relatively few acts of penetrative intercourse result in fertilisation, or are performed solely to fulfil that potential. This offers an opportunity to view sex as a social construction, rather than a natural act (Gilfoyle, Wilson and Brown, 1992).

It is not only sexual practices which are socially constructed, but sexual identities too. Traditionally, psychologists have favoured conceptualising sexual identities as unitary, fixed phenomena (cf. Weeks, 1985), but there is a growing realisation that identities, including heterosexual identities, are socially constructed: “No identity is fixed in biological matter; all identities are socially constructed on a discursive terrain” (Smith, 1990:44). One’s identity does not exist in isolation, nor is it complete before actions consistent with ‘who we are’ are performed. For example we are not first ‘heterosexual’ then decide to perform heterosexual activities; part of our sexual identity *comes into being* through sexual action and the meanings ascribed therein, and our sexual identity is, therefore, continually constructed, deconstructed and reconstructed throughout life.

Studying adolescent sexuality from a social constructionist perspective contrasts quite markedly with other ways of studying such phenomena. Traditional biologically-oriented research into human sexuality (eg. Masters and Johnson, 1966, 1970) concentrated its efforts primarily on actual **physical sexual practices**, using laboratory based observations. More recently, traditional social psychological research has tended to focus on **retrospective accounts** of practices and contemporaneous psychological activity *as if they were unproblematic representations of those activities*. Research into the social construction of sexuality typically involves talking with people about their experiences, feelings and desires not to gain direct access into ‘what actually happens’, but to explore the **general discourse of sexuality** which inform talk about sex. Language is therefore not considered as a neutral reporting medium, but as the focus of interest, as the medium through which people construct their sexual feelings and practices, and/or use such language to account for these phenomena. The typical emphasis is to examine the ways in

which dominant discourses are appropriated to make such experiences intelligible. However, in much of the very recent literature there has been a marked tendency to eschew the notion that discourses exists in a separate realm to physical practices, that is, there have been moves towards examining the ways in which discourses relate to material outcomes in the physical world, an issue I will return to later in this chapter.

*Sexual discourses: Some preliminary culturally and historically situated accounts*

One of the most frequently cited example of analysis of sexual discourse is that of Hollway (1984), although other writers are carrying on the tradition and adding to our understanding of the phenomenon (eg. Gilfoyle et al, 1992; Wilson and Brown, 1992; Willig, 1995, 1999b; Hird and Jackson, 2001; Tolman, Striepe and Harmon, 2003). Hollway delineated three discourses through which sexuality is known; the Male Sex-Drive Discourse, the Have/Hold Discourse and the Permissive Discourse. The Male Sex-Drive Discourse centres around the notion that men's sexuality is biological produced, and women are positioned, therefore, as the object in that discourse. There appeared (at the time of her research) to be no direct female equivalent (a 'female sex-drive' discourse) where men are positioned as objects.

The Have/Hold Discourse, according to Hollway, has as its focus the Christian ideal of monogamy and family life. In this discourse sexual pleasure or needs are not the focus, rather sex is seen as a woman's means of attracting and keeping a partner. The Male Sex-Drive Discourse and the Have/Hold discourse can be seen as complementary: men are constructed as biologically driven to sexual expression, to which women are the object, and women desire a life partner who they keep hold of through the mechanism of providing an available sexual outlet. Thus men and women can both 'get what they want'; put rather crudely, sexual release in return for partnership. In this scenario, a woman's sexuality and desires per se can be non-existent; sexual attractiveness alone can be enough. Where a woman is aware of her sexuality, its meanings are often constructed through this discourse, her enjoyment of sex being contingent upon the presence of a relationship, or love, or the *hope* of some sort of future commitment. Such theorising is consistent with the findings of the WRAP researchers (eg. Holland, Ramazanoglu, Scott, Sharpe and Thomson, 1992).

The Permissive Discourse, in which the principle of monogamy is challenged head-on, symbolises the fight against repression of sexuality for both sexes, placing the locus of sexuality in the individual rather in the relationship, reminiscent of the ideal of 'free love' in the 1960s. In this discourse there are no concepts such as 'commitment' or

‘responsibility’. Within this discourse, women can position themselves as ‘subject’, although questions may be raised concerning the reality of such freedom of positioning. In particular it is argued that many women simply “have no discourse with which to speak about sexuality and female desire” (Crawford, Kippax and Waldby, 1994: 574).

Other writers working in broadly the same tradition, have suggested certain amendments to Hollway’s three discourses. For example Wight (1996, cited in Ingham and Kirkland, 1997) prefers the term ‘predatory’ to the Male Sex-Drive Discourse, removing the biological imperative expressed in Hollway’s discourse, which he found atypical of the young Scottish males in his sample. He also suggested that the Have/Hold Discourse may be more fruitfully thought of as a ‘romantic’ discourse (cf. also Willig 1999b), enabling males to position themselves as subjects, as he found that many young males expressed a desire for such a union later in life. He added a fourth discourse, that of ‘not interested’ which meaningfully characterised the position of many of the younger males interviewed. Similarly, Gilfoyle et al (1992) delineated what they refer to as the ‘pseudo-reciprocal gift discourse’ in which sex was understood in terms of females ‘giving themselves’ to males, and males in return ‘giving the female an orgasm’. Another discourse delineated by Willig (1995; 1999b) was the ‘marital discourse’, which frames sex within long term stable relationships as based on trust and generating safety from HIV infection. This article is particularly important as it brings into focus the material effects of discourse, an important issue addressed later in this chapter.

### *The (re)production of sexual discourses and identities*

For Hollway (1984), the everyday practices individuals engage in both continually modify and reproduce their subjective identity. Femininity and masculinity are not fixed unitary category like the biological categories male and female, hence are not fixed feature of biological sex. She explores how men and women position themselves in relation to the various discourses concerning sexuality, and how their subjectivity, or history of such positionings, constructs their investments in taking up gender differentiated positions in heterosexual relationships thereby re-producing the discourses. Put simply, what it means to a woman to take up, say, a traditional position *vis-a-vis* ‘femininity’ leads to a reification of the construction of woman as feminine.

We come to see our own discursive practices, through which we are constituted, as ‘real’ parts of our selves; we claim authorship of the texts we (re)produce. We learn the categories, participate in the discursive practices which give meaning to those categories

and how to position ourselves within them, finally coming to believe we *have* the characteristics which locate us there, become committed to such memberships, and experience them in moral terms (Davies, 1990). For example, for those positioned within the Male Sex-Drive Discourse, there is a tendency to view sex as a biological drive, as something potentially uncontrollable, and therefore anti-rationalist by nature (Miles, 1993). Positioned within that discourse, sexuality is *experienced* in that manner, and practices legitimated by that discursive position (eg complaining of sexual frustration) appear 'natural' and 'real'. Positioned within the Have/Hold Discourse, such practices do not sustain an air of legitimacy.

### *The material effects of discourse*

In the material world (the world of actual physical sexual practices rather than discursive accounts of those practices), people become pregnant, engage in sexual intercourse, contract diseases, use condoms, agonise over aspects of their relationships etc, and the issue for psychologists is one of accounting for such material outcomes (cf. Ingham and Kirkland, 1997).

Although discourses are systems of statements which paint particular images of an event or experience, they are not merely free-floating linguistic constructions which exist in a separate sphere from the 'rest of the world', floating like balloons above the 'real world'. Nor do they, in the strongest form of the case, entirely constitute experience, there being "nothing outside of the text" (Derrida, 1976:158). Yardley (1997), writing as part of a growing number of health psychologists interested in 'the turn to text' recently brought together a body of contemporary research which begins to redress some of the problems she associates with privileging the socio-linguistic dimension to such a degree that the material dimension to existence is overlooked. Many discourse analysts shy away from discussing any concrete applications or interventions that their work may potentially have, but there is an increasing demand for them to do so (cf. Willig, 1999a). This is not to suggest that the 'material' world and 'discourse' are discrete 'entities' as :

Any approach to material being which could be readily reconciled with discursive analysis would need to incorporate an understanding that activity and context profoundly affect not only socio-linguistic meaning but also material aspects of our existence. This entails an appreciation that the material dimension of living organisms is not an objective realm of neutral physical matter and mechanical processes, but is itself imbued with purpose and continuously shaped and reshaped by dynamic interaction with the environment (Yardley, 1997: 10).

To illustrate the intimate links between the material and discursive worlds, Yardley draws on Foucault's examination of how changes in talk about objects are embedded in changes in practice. She refers in particular to *The Birth of the Clinic* (1989), where Foucault describes how the development of the 'clinical gaze' (the impersonal view of the body typified in Western medicine) was related to the practice of dissecting cadavers. Similarly discourses about the 'healthy body' or 'body beautiful' are accompanied by practices such as exercise, regular healthy eating and wearing fashionable clothes.

An awareness of the material consequences of unsafe sex has motivated much recent discourse analytic research (Willig, 1995). For example, Willig (1995, 1997, 1999b) argues that people involved in long-term relationships may feel unable to practice safer sex as the 'marital discourse' positions subjects in ways which do not facilitate the practice of safe sex in general, and condom use in particular. Condom use implies distrust, which runs contrary to the characterisation of their relationship as based on mutual trust and fidelity.

Other researchers (eg. Holland, Ramazonaglu, Scott, Sharp and Thomson, 1991; Lupton, 1994; Galligan and Terry, 1993) have explored the symbolic meanings attached to condoms, which for the most part have negative overtones, and the material effects such discourses entail. It has been suggested that the association of condoms with AIDS (cf. Lupton, 1994) has been particularly influential in this respect. The connection of AIDS with homosexuality and STDs means that it has accrued associations with contamination and pollution, and has come to be seen as a morally repugnant disease (Miles, 1993). The discursive creation of AIDS as morally dubious has repercussions for the meanings associated with the cultural artifacts associated with AIDS (eg condoms, dental dam etc) and the associated social practices (safe(r) sex, discrimination, homosexuality, queer-bashing etc). This may offer some insight into the ambivalence some people report concerning condom use with regular partners (Holland et al, 1991; Willig, 1995).

People's constructions of sexuality and sexual artifacts, such as young women's understanding of sex in terms of love, romance and relationships, inform their choice of practices. Miles (1993) noted that the dominant construction of heterosexuality as 'normal', penetrative vaginal sex as 'real sex', and alternative sexual practices as 'foreplay' work against health educators' notions of appropriate sexual practices:

The social construction of sexuality inevitably affects the negotiation of safer sex within the sexual practices of individuals (Miles, 1993: 498).

Similarly, Ingham et al (1992a) explain that the construction of sex as a mystical and uncontrollable force 'allows' people to justify and accept unsafe sexual practices as 'natural'.

Therefore, if discourses are bound up with practices, AIDS education that aims to change people's behaviour must address the wider discourses surrounding sexuality and sexual practices. Willig (1995) stressed that the relationship between discourse and practice differs fundamentally from the relationship between attitudes and behaviour. Discourses are not measured to 'predict' practices, they do not predate action. Practices are integrally bound with discourses. Particular practices become legitimate forms of behaviour within particular discursive context, therefore there is no artificial separation between talk and action.

### **3.6. Intervention models and their assumptions**

Historically, adolescents appear to have been 'resistant' to the messages of health promoters and consequently slow in adopting healthy lifestyles. As pointed out in chapter two, there has been a marked tendency for health educators to more or less uncritically accept the assumptions of individual rational decision-making models of behaviour, dismissing those who 'fail' to conform as 'irrational' by default, or believing that they too may be 'failing' to supply enough information or presenting the threat in strong enough terms to ensure the desired behavioural changes (Ingham, 1994). Using traditional approaches to behaviour change, individuals are conceptualised as resting at some point along a unidimensional scale of rationality, ie. all people are rational but some are more rational than others. Therefore, health educators continue to work on the assumptions that information is the key (cf. Aggleton, 1989), or that greater skills have to be promoted to enable individuals to put such knowledge into practice.

Some theorists, rejecting positivistic notions of human action, have argued that sexual practices are not amenable to rational assessment in this manner. Educational and behavioural change programmes appear to be based on communicating a technological definition of risk (Kendall, 1995), perceiving risk-taking as the result of a lack of information or skills. Yet as I have attempted to demonstrate in this chapter, risk is not an absolute concept, nor is rationality an integral feature of either people or decisions.

In considering the ontology and epistemology of individual rational decision-making models, both the theoretical models themselves, and the health interventions modelled from them, can be rendered curious through a social constructionist prism on five counts. Firstly they are essentialist and realist in orientation, and appear to be based on notions of 'scientific rationality' which conceptualises humans as logical (in the Bayesian sense), rather than understanding rationality as fundamentally variable, discursively produced in the immediate *Lebenswelt*. In a similar manner, certain properties are assigned as integral features of the person (attitudes, beliefs, emotions, traits etc) which do not appear to correspond to people's accounts of such practices. For example, Ingham (1994), notes the apparent gulf between young people's accounts of their sexual experiences and the components of the models traditionally used in research, which problematises the subject/object or researcher/researched distinction in such work, echoing the naïve realism of a positivistic epistemology.

Secondly, they fail to consider the meaning of sexual practices. The recent discourse analytic research outlined earlier suggests that in socially significant relationships perceptions of increased personal risk and safe(r) sex practices are unlikely - some relationships may be *too important* to take heed of the health messages:

Safer sex is unsafe if it has the potential to challenge a relationship with a significant partner - to a certain extent this problem is insurmountable. There will always be people for whom the creation of barriers in the most intimate part of their lives is inconceivable (Strouse and Fabes, 1985: 268).

The diametrically opposed hegemonic constructions of trust and risk may lead to greater difficulty in insisting on the use of condoms, as trust and health education messages clash head-on and commitment overrides health concerns (Holland et al, 1991; Willig et al, 1995; Willig, 1997; Willig, 1999b).

Rational decision-making models and the interventions based on their principles tend to overlook the discourse from which sexual meanings emanate, and through which sexual information is understood (Brooks-Gunn and Furstenberg, 1990). As such, there appears to be scant consideration of the central role of language as both a precondition of thought and as a form of social action (cf. Burr, 1995).

Thirdly, they focus on the individual, thus obscuring the crucial interactions and processes through which individuals (re)create certain sexual knowledges and practices, and through



which other possibilities for action are constrained (Ingham 1992b; Holland et al, 1992; Frith and Kitzinger, 2001).

Fourthly, they are static and rely heavily on quantitative measures. Such models tend to ascribe to individuals fixed levels of knowledge, attitude, perceived risk etc (Ingham and van Zessen, 1997), which it is assumed can be adequately measured by pencil-and paper tests. The use of such questionnaires as discursive materials is not recognised; the questionnaire or sex survey as a discursive practice made intelligible in the scientific discourses of sexuality is overlooked. Rather such instruments are taken as instruments which access the phenomenon under consideration directly (Ingham, 1992a). Little, if any, consideration is given to the role of the psychologist in promulgating an image of the 'rational bearer of stable traits' by the use of forced-choice rating scales, which encourage an artificial uniformity of response which is then taken as indicative of uniform cognitions and universal structures.

Finally, adolescent sexual practices are conceptualised as determined by top down (less so) or bottom up (more so) forces. In psychology, bottom-up models of change usually take the form of efforts to change such practices by manipulating 'cognitions' and 'attitudes' to alter behaviour. As I have attempted to show, these constructs are particularly problematic (cf. Potter and Wetherell, 1987). Social constructionism eschews both these models of change, focussing attention on discourse as the site of change. Discourse is not a property of an individual or a social structure, it is a culturally and linguistically available resource located in the social/interactive realm, so neither top-down nor bottom-up models can accommodate this notion conceptually (Burr, 1995). Educators who have a tendency to view the person as *tabula rasa*, waiting to receive knowledge, need to be aware of discourse analytic research which suggests that prior to sexual activity, young people already communicate dynamic and complex beliefs and attitudes towards condoms (e.g. Ogden and Harden, 1995), and those involved in making policy decisions must take the dynamics of risk and trust into account (Lear, 1995). Above all, they should consider that:

Human action does not exist in a vacuum, but within a web of interconnected processes: any change in one area will have repercussions for another. Messages exhorting sexual lifestyle changes may well be seen as disruptive or inappropriate, especially when one's current lifestyle and experiences are seen as 'normal' and, therefore, not requiring modification (Hunt and McCleod, 1987: 76).

### 3.7. Concluding remarks

This chapter has aimed to show that in rejecting positivism as providing a suitable ontology and epistemology for research into sexual practices, it becomes possible to question whether the research findings presented earlier in chapter two are about what is ‘really happening’ in the ‘real’ world. From a social constructionist perspective, they become not objective facts about ontological things, but accounts which form part of the scientific/psychological discourse of sexuality, and provide the means for making experiences intelligible to self and others. In the traditional literature, the retrospective accounts of young people are unproblematically equated with the physical sexual practices and contemporaneous psychological activities, and such reports are taken as evidence of entities with ontological status, as language is treated as a neutral medium for transmitting or expressing internal psychological states. From a social constructionist perspective, language is seen not as a reporting medium, but as the constructive medium which *creates* versions of reality.

It is also apparent that psychologists cannot continue to see their research endeavours and their scientific status as conferring objectivity and political neutrality. Psychological knowledge about sexuality can be seen as implicitly serving powerful State institutions and their agents such as politicians and medical practitioners. As Laumann and Gagnon (1995) point out, certain ‘key stakeholders’ have vested interests in normalising and pathologising particular adolescent sexual practices, and scientific psychological knowledge and its associated practices - the clinical trial, the sex survey, and therapeutic/counselling undertakings - can be seen as instruments of surveillance, rather than instruments of humanitarian liberation.

The positivist critique in chapter two concluded that little attention has been paid to the context and/or meaning of sexual practices, the discourses which inform our understanding of sex and sexuality, or the discursive functions of people’s accounts of their sexual practices. However, such issues cannot be addressed by simply adding more variables into pre-existing models, as the building blocks of the person are not pre-existing stable entities or essences, but are linguistic constructions, discourses. Adolescence, cognitions, gender, sexuality, beliefs, knowledge etc. are created discursively, and discourse is both the constructive medium and the potential site for change.

Post-positivistic critiques are challenging, but falling as they do within an epistemological framework commensurate with positivism, they ensure that such criticism proffers

solutions which merely paper over the cracks in the walls of the dominant paradigm. From inside the paradigm, all inter-paradigm challenges can be dismissed with refusals to consider the necessity of a new epistemological framework. As such, for those committed to positivist ideals, this chapter presents no threat. For those who are not so committed, eyeing the cracks in the walls and wondering about the foundations, this critique will seem damning indeed.

## CHAPTER FOUR

### ANALYSING DISCOURSE(S): THE 'TURN TO TEXT' AND ITS METHODOLOGICAL IMPLICATIONS

[R]esearchers in sexuality education have too readily and uncritically accepted the positivistic assumption that the methods and goals of the natural sciences can be applied to the human and social sciences....epistemologically this view rests on a correspondence theory of truth, which suggests that reality or truth is known 'out there' and 'in itself' independent of the subject...(...)...A research method that strips sexuality, education and valuing the ways in which persons construct meaning will have little to say about the specifically human aspects of sexual experience...and will produce results inapplicable to real-life issues (Morris, 1991: 87).

#### 4.1. Preamble

The literature review and critiques presented in earlier chapters exposed various weaknesses in the research concerning both adolescent sexual practices and models of behavioural change, some stemming from the discipline's adherence to methods reflecting the hegemony of science, others concerning the 'vested interests' that various moral, medical and political factions have in constructing sex and adolescence in particular ways. The vast majority of scientific research constructs people as essentially rational beings, and as such, information (in the form of sex education) is construed as pivotal in behavioural change. Sexual activity in adolescence is, in the main, cast in *negative* terms, and tends to be seen in terms of its potentiality negative outcomes (pregnancy and disease) rather than being seen as positive and pleasure-centred. The major emphasis is on **physical sexual practices** and **contemporaneous psychological activity** (exemplified by the search for universal cognitive structures and processes as explanatory variables), although, as explained earlier, this scientific knowledge is mainly based on **retrospective accounts** rather than direct experience of these phenomena.

In the sections which follow, I will argue the case for an interdisciplinary multi-method approach to researching adolescent sexual practices and their potential for change within an essentially social constructionist framework, with a concomitant rejection of rational-scientific conceptualisations of the person. This chapter provides a precis of the two most influential accounts of discourse analytic method that have emerged to meet the growing demand for suitable methodologies to complement the ontological and epistemological substrata of social constructionism (Potter and Wetherell, 1987; Parker, 1992). Although this chapter is primarily concerned with methodology, the explicit and

implicit theoretical differences between these two accounts are addressed. The specific aims of the thesis and the main research questions to be addressed are outlined, along with a brief synopsis of the analytical procedures adopted.

#### **4.2. Social constructionism and the case for inter-disciplinary methodologies**

As the social constructionist movement calls for a radical reformulation of much of our *thinking* about the nature of psychological phenomena, it also necessitates a radical transformation in the aims and *practice* of psychology (Burr, 1995). Objectivity is seen as an impossible guiding principle, as it is recognised that we encounter the world from where we stand, embedded in our historical and cultural assumptions, with all that that entails. As traditional psychological research is reconceptualised as part of the rhetoric of science, other accounts of human action become seen as equally valid in principle. Any account is simultaneously a description of an event, and part of that event; it is constituted in text. The aim of psychological research cannot therefore be to search for the ‘truth’, and the goals of inquiry become accordingly more pragmatic and political, for example to guide reform (cf. Willig, 1999a), or produce a reading which brings about the possibility for change (Burr, 1995).

The turn to text has three major implications. Firstly, it rejects the notion of psychology as value-free, questioning, for example, the possible functions of focussing attention on the individual or their supposed rationality. Secondly, it highlights the underlying assumptions of psychological accounts and challenges their status as ‘truth’. Thirdly, it draws attention to context, with a focus on reflexivity (Burman and Parker, 1993). But the ‘turn to text’ is not only a theoretical stance; it has concomitant methodological implications. It not only provides a means of conceptualising human action, it also opens up opportunities for new methods of researching social phenomena. Many psychologists interested in conducting research within a social constructionist framework have turned their attention to the analysis of discourse (cf. collections of discourse analytic writing such as Burman and Parker, 1993; Willig 1999a), as:

[A]n attention to discourse facilitates a historical account of psychological knowledge by challenging its truth claims, and requires a transformation of our notions of what a good methodology should be like (Burman and Parker, 1993: 9).

Social constructionism as a general movement, and discourse analysis in particular, challenge the notion that psychological phenomena are ‘inside’ the individual, where a

psychologist can 'discover' them. Psychological phenomena are instead considered to have a public reality:

Discourse analysis does not attempt to reveal psychological universals but rather is concerned with the social context in which subjects' (sic) responses are generated. Instead of studying the mind as if it were outside language, psychologists using discourse analysis study the spoken and written texts where images of the mind are reproduced and transformed (Burman and Parker, 1993, Preface).

The conceptualisation of the person here differs widely from traditional psychological conceptualisations; not only is the person cast as more dynamic and fluid, but the concern is with how people account for *themselves*, rather than how *we* as psychologists account for *them*. As such it is perhaps not difficult to see why there would be widespread resistance in mainstream psychology to accepting the validity of the discursive turn; it could serve to de-warrant the legitimisation of the scientific psychological community as a whole.

One particular challenge implicit in the turn to text is that, to a certain extent, it involves blurring the boundaries of the discipline, as interdisciplinary work is seen to hold more promise than working within pre-existing academic boundaries:

[D]ialogue is essential between psychologists and like-minded colleagues in sociology, anthropology, history, philosophy and literary studies. Should such dialogue occur, we might reasonably anticipate the development of new theoretical disciplines, metatheory for a new conception of science, and a general refurbishment of intellectual resources (Gergen, 1985: 273).

Part of the reticence in moving towards multi-disciplinary working may be due, in part, to concerns about these boundary lines. The structural and ideological factors which shape people's lives have been largely overlooked by psychologists, perhaps due to perceptions of their relatively unchanging nature, but also because they have traditionally been viewed as the territory of sociologists and political scientists. By the same token, cognitive and other intra-psychic factors have been over-emphasised as they appear to fall within the perceived boundaries of psychology as a distinct discipline. Boundary lines provide 'shape' and 'focus' for the discipline, demarcating spheres of influence which fashion an independent identity and purpose, a *raison d'être* for the discipline, which could be undermined if psychologists have to 'share' this role with others outside the discipline.

Discourse analysis blurs the boundaries between a myriad of approaches from divergent philosophical frameworks, and the common theme is attention to the significance and structuring effect of language and the use of interpretative and reflexive styles of analysis. Psychologists with a commitment to social constructionist accounts of human action

typically conduct their research within a discourse analytic framework. But the terms 'discourse' and 'discourse analysis' are not simply descriptive terms, used in the same ways by all researchers and theorists. Potter and Wetherell (1987) point out that some writers use the word 'discourse' to refer to all forms of talk and writing, some to refer specifically to the way talk is meshed together, others still take the term to be synonymous with broader historically developing linguistic practices, which sets the scene for a great deal of debate and confusion. As Burman and Parker (1993) note:

[I]t is very difficult to speak of 'discourse' or even 'discourse analysis' as a single unitary entity, since this would blur together approaches subscribing to specific and different philosophical frameworks (Burman and Parker, 1993: 3).

Discourse analysis is therefore an umbrella term covering a wide range of research practices, many of which have different aims and distinct theoretical underpinnings (Burr, 1995). What most approaches *do* share is a concern with the way language *produces and constrains meaning* (Coyle, 1995a). Burr (1995) comments that there are two more or less distinct social constructionist traditions in psychology, one emanating from Foucault's emphasis on historical relativity and political import, a legacy evidenced in the work of Parker, the other based on the action-orientation of language, a stance characteristic of much of Potter's work. As these two theorists have developed quite different methodologies, it is to these accounts of discourse theory and analytic practice that I now turn.

#### **4.3. Discourse analysis and the performative aspects of language**

For Potter (Potter and Wetherell, 1987; Wetherell and Potter, 1988; Potter et al, 1990; Edwards and Potter, 1992) discourse analysis is a research orientation with three central tenets. Firstly, it is concerned with *functional* aspects of language use, an aspect which draws on the theoretical tradition of speech act theory (cf. Austin 1962); attention is focussed primarily on what people *do* with their speech, highlighting the functions served eg. asking questions, accusing, justifying etc. Secondly, there is an emphasis on *construction*, or the ways in which pre-existing linguistic resources are selected to build up a picture of an object or event. This is not a 'mechanistic' process, but involves choices on the part of the speaker, as the assembly occurs according to the "orientation and interests of the speaker" (Potter et al, 1990: 207). Thirdly, there is an emphasis on *variation* rather than consistency in accounts. This third aspect has been particularly influential in social psychology, especially in questioning the traditional notion of attitudes (cf. Potter and Wetherell, 1987).

The central concern for psychologists working within this remit is the emphasis on language *itself*, not language as a means of accessing the 'true' nature of events. The task of the analyst is to examine texts for evidence of inconsistency or variability that is apparent to both the analyst and the producer of the text (Wetherell and Potter, 1988). Potter and Wetherell (1987) suggest that the variability that they see as so characteristic of discourse has traditionally been suppressed in psychological research by the use of methodologies which do not allow for recording inconsistent responses, for example using rating scales or fixed response categories. Even when respondents are permitted to answer in their own words, for example in interview studies, the coding schemes employed tend screen out inconsistency by transforming natural speech into broad categories of response developed by the analyst.

Potter and Wetherell (1987) maintain that the identification of interpretative repertoires and their functions should be the main focus of discourse analysis. Interpretative repertoires are:

[T]he building blocks speakers use for constructing versions of actions, cognitive processes and other phenomena. Any particular repertoire is constituted out of a restricted range of terms used in a specific stylistic and grammatical fashion. Commonly these terms are derived from one or more key metaphors and the presence of a repertoire will often be signalled by certain tropes or figures of speech (Potter and Wetherell, 1987: 172).

People draw on a number of different repertoires, which can be conceptualised as a 'toolkit' of resources, to perform certain functions with their speech. When an individual talks about an object or event s/he tends to draw on more than one repertoire, which manifests itself as inconsistency within that account. However, as these interpretative repertoires are not located at the level of the individual, but are culturally available linguistic resources, different people draw on the same repertoires from time to time, which is evidenced in the consistency of use of that repertoire across different accounts.

Potter and Wetherell (1987) note that different repertoires are normally separated from each other in accounts, so that they do not present immediate difficulties for the speaker at that particular instance. When more than one repertoire is being used, the variation is organised to perform different functions, for example a speaker may use one repertoire for justification, and another for blaming. Although each repertoire appears relatively innocuous in the abstract, they function to allow speakers to present themselves in morally tenable positions.

Potter and Wetherell see the advantages of this type of analytic exercise as threefold. Firstly, the analysis brings to the fore the subtlety and complexity of lay explanations as deployed in natural contexts. Secondly, it permits sensitivity to linguistic nuances of talk



which is difficult to uncover using traditional methodologies, and thirdly, it provides insight into the ways in which explanations are constructed and warranted which may allow psychologists to “understand the techniques through which these explanations can be undermined and transformed” (Wetherell and Potter, 1988: 183).

As an aid to performing this type of analysis, they have delineated ten stages in the analysis of discourse (Potter and Wetherell, 1987: 160-175), although they stress that these stages are not to be taken as a ‘recipe’, and should be considered as “a spring board rather than a template” (1987: 175). These stages are outlined below.

### *10 stages in the analysis of discourse*

**Stage one. *The research question:*** although there are no hard and fast rules about what sort of topic can be addressed using this approach, they stress that discourse is to be the focus in its own right (not to gain access to underlying phenomena), and the aim should be to ask about the construction of discourse relation to its function.

**Stage two. *Sample selection:*** sample size is not generally thought to be an important issue. What is important, however, is the provision of a clear description of the nature of the material to be analysed and its source of origin.

**Stage three. *Collection of records and documents:*** Any number of different materials can be used, regardless of whether the analyst has been involved in their production. Such materials might be archive materials, interviews or naturally occurring conversations.

**Stage four. *Interviews:*** Although any textual sources can be used, Potter and Wetherell state that interviews have the advantage of allowing the same issues to be covered by all respondents, which simplifies the initial coding process. Unlike in traditional social psychological research:

Analyses which identify only the consistent responses are thus sometimes uninformative because they tell us little about the full range of accounting resources people use when constructing the meaning of their social world and do not so clearly reveal the function of participants’ constructions (1987: 164)

They explain how variability can be encouraged by generating different contexts for responses, and taking a more proactive, rather than reactive, role as an interviewer.

**Stage five. *Transcription:*** High quality verbatim transcription is recommended as this facilitates analysis insofar as it demands that the transcriber attend to the text very closely.

**Stage six. *Coding:*** Preliminary coding usually involves sifting through the transcript to pare it down to text which refers to the particular research question of interest. Coding at this stage should be inclusive, although they stress that sometimes the ‘topic’ for analysis is not apparent until some preliminary analysis is underway, so coding and preliminary analysis often go hand-in-hand. Each instance of a piece of text sharing the same code should then be photocopied and put in a separate file to systemise the analytic process.

**Stage seven. *Analysis:*** Although there is no analytic recipe, as a starting point they advocate reading and re-reading the material to familiarise oneself with the subtle nuances of the text, and to search for a clue to the functions being performed by specific linguistic configurations. Useful questions to aid this process are “Why am I reading this passage in this way? What feature produce this reading?” (1987:168) The analyst must focus on what is actually written, rather than what the text is thought to mean. From this point onwards, the analytic focus is twofold; to search for variability - differences within accounts and features shared by accounts - and the function and consequences of different ways of talking. Functions are elucidated by forming hypotheses about what the functions may be, then searching for evidence in the text to support or refute those hypotheses.

**Stage eight. *Validation:*** There are several analytic techniques recommended for validation purposes. One is coherence, that is, the analysis should demonstrate how the text ‘fits together’ both in its breadth and in its detail. Any exceptions to regular patterning need to be examined for distinct features which could account for their exceptional nature. Another technique for validation is to consider the participant’s orientation to their use of language, that is, to look for ways of talking that the *respondent* treats as being consistent or different. New problems can be expected to arise in the use of linguistic resources, and attendance to these problems is also a source of validation insofar as it is evidence that such linguistic resources are being used. If two repertoires co-exist, they can create difficulties for the speaker insofar

as they highlight inconsistency; looking at how this inconsistency is handled by the speaker helps to validate the separate existence of such repertoires. The most powerful form of validation, however, is its fruitfulness in generating new explanations for problematic issues in the field of enquiry.

**Stage nine. *The report:*** The goal of the report is to allow the reader to assess the validity of the researchers' interpretations, providing the means of evaluating the process by which the interpretive schema were arrived at. This involves organising the report around examples of the data with explicit detail of the interpretation of those pieces of text.

**Stage ten. *Application:*** This final stage is concerned with exploring the practical uses to which the analysis can be put.

Potter and Wetherell (1987) stress that notions such as the quality of accounts or any notions about the accuracy or inaccuracy of descriptions of, for example, their mental state, should not concern the analyst:

[B]ecause discourse analysts do not accord a different status to the 'inner' and the 'outer', or to the 'mental' and the 'non-mental', the question of how, precisely, a person's description of their mental state represents or matches that mental state becomes irrelevant (1987: 179).

#### **4.4. Discourse analysis and the Foucauldian tradition**

Parker (1990,1992) does not subscribe to the notion of 'interpretative repertoires' as the basic analytic unit in discourse analysis, preferring the term 'discourse'. He defines a discourse as "a system of statements which constructs an object" (Parker, 1992: 5). The emphasis here is on examining the 'discourses' which create our realities, rather than a focus on the performative aspects of language use. Analysis is therefore not about function, but about understanding how realities are defined:

Discourses do not simply describe the social world, but categorise it, they bring phenomena into sight. A strong from of the argument would be that discourses allow us to see things that are not 'really there' ...(...)... Discourse analysis deliberately systemises different ways of talking so that we can understand them better (Parker, 1992: 4-5).

In order to approach discourse in the way Parker advocates, it is necessary to ask questions of the text, such as 'Why was this said and not that?' 'Why these words?' 'Where do the

connotations of these words fit with different ways of talking about the world?'. To aid the analytic process, Parker has published a set of criteria to enable fragments of distinct discourses to be distinguished in texts. The criteria Parker sets out are designed to enable researchers to produce analyses, but are not to be thought of as a methodological template:

I do not want to suggest that the criteria presented here constitute a method ...[but].... they will help to clear up some of the confusions that have followed the incorporation of discourse ideas into psychology (Parker, 1992: 5).

Parker (1992: 6-20) set out the seven main criteria and three auxiliary criteria that he believes can be used to delineate or distinguish discourses:

*Parker's criteria for distinguishing discourses*

**Criterion one. *A discourse is realised in texts:*** All things that can be read for meaning constitute texts (including bus tickets, buildings, clothes etc.), but for the purpose of research, the object of the research needs to be 'put into words', so that the preliminary analysis can proceed. The preliminary stage involves "exploring the connotations, allusions and implications which the texts evoke" (1992: 7) using some form of free-association.

**Criterion two. *A discourse is about objects:*** The use of words brings phenomena into being:

A discourse is about objects, and discourse analysis is about discourse as objects (1992: 9).

In other words, once an object is spoken in a text, the textual representation of that object becomes the focus of the analyst's attention.

**Criterion three. *A discourse contains subjects:*** Discourses address us as certain types of people, and we cannot avoid the perceptions of ourselves that discourses invite. Discourse analysis therefore involves specifying the kinds of person implied by the discourse, and speculating what 'one who identified with that person' could legitimately say from that position.

**Criterion four. *A discourse is a coherent system of meanings:*** The image a discourse portrays of a 'reality' can be distilled into statements which convey that reality, and these statements can be meaningfully grouped into coherent sets. This is done by "employing culturally available understandings as to what constitutes a

topic or theme” (1992: 11). Essentially, the task of the analyst is to map a picture of the world that the discourse presents, and also to speculate about how a text employing that discourse would deal with objections to that world-view.

**Criterion five. *A discourse refers to other discourses:*** The analyst needs to understand the relationship between different discourses in the text, which is aided by setting contrasting discourses against each other, and exploring how they overlap, contrast or inter-relate.

**Criterion six. *A discourse reflects on its own way of speaking:*** It is often possible to find instances where the discourse ‘folds in on itself’, providing a clue to its character and presence, for example when one hears “I’m not a sexist but...”, remarks which could be defined as gender-disparaging tend to ‘reveal’ themselves thereafter. The analysis should draw out implicit meanings by reflecting on the terms used, and attend to the ‘hidden meanings’ suppressed by virtue of the dilemmatic nature of language (cf. Billig, 1988). At this point, political/moral choices on the part of the analyst come to the fore when the analyst chooses terms to describe the discourse, for example, in describing discourses about gender as ‘sexist’.

**Criterion seven. *A discourse is historically located:*** Discourses are not static, and change across time and context. Analysis therefore should involve looking at how and where the discourses have emerged, how they have changed, and how they tell a story, “usually about how they refer to things which were always there to be discovered” (1992:16).

Parker feels that these criteria are “necessary and sufficient” (1992: 17), but advocates the employment of three further criteria to make an analysis politically useful.

**Auxilliary criterion one. *Discourses support institutions:*** Parker encourages analysts to identify those institutions that are reinforced whenever particular discourses are used, and also those which are attacked and subverted by such discourses.

**Auxilliary criterion two. *Discourse reproduce power relations:*** Consideration should also be given to the way that discourses reproduce power relations by considering what categories of person gain and lose from the employment of certain

discourses, and reflecting on who would want to promote or dissolve those discourses.

**Auxilliary criterion three. *Discourses have ideological effects:*** Parker suggests that analysts should deliberate on the ideological effects of discourses by exploring how the discourses connect with other oppressive discourses, and consider how such discourses allow dominant groups to ‘create’ a history which justifies present inequalities.

#### **4.5. Discourse analysis: current conflicts and tensions**

As is apparent with only a cursory glance at the methodologies advocated by the theorists above, there are many potential points of tension between writers committed to different discourse traditions. Potter, and other discourse analysts working within broadly the same tradition, are openly critical of certain aspects of Parker’s version of discourse analysis, both in terms of its theory and its method. Meanwhile Parker, amongst others, has aired some concerns about Potter’s ideas and methods. In this section, I will address some of the major points of conflict between the two approaches in order to try to clarify the nature of the differences in approach.

One of the major criticisms Potter et al (1990) have with Parker’s account of discourse analysis concern his conceptualisation of what a discourse *is*. They argue that Parker (1990) conceptualises discourses as objects which appear *independent* of the people who use them and the contexts in which they are used, which, in turn, gloss over the practical means by which discourses achieve their purpose in the text. They are critical of the reification of discourses in Parker’s work, which they see as emanating from his definition of discourses as ‘sets of statements’. Criticism is also levelled at Parker’s lack of emphasis on the pragmatic use of discourse in specific contexts; he neglects to focus on what speakers are *doing* with their speech, how their purposes are being achieved (Potter et al, 1990; Wetherell and Potter, 1988).

Potter et al (1990) also admit that they are ‘mystified’ by Parker’s analytic practice, as Parker claims to apprehend discourses *directly* in analysis, whereas they assert that this is not possible without detailed examination of the constructive devices used to mobilise such discourses. Discourses cannot be apprehended directly, as Parker’s analysis suggests, as what people are ‘doing’ with a discourse obscures its manifestation in the text.

They also maintain that in Parker's style of analysis, much of the analytic work is glossed over at the early stages of the analytic process, which is itself over-reliant on the analyst's categorisations and intuitions (Potter et al, 1990). As an example of this, they criticise Parker's sixth criteria (the suggestion to attend to the ways in which discourses reflect on their own way of speaking). Potter et al (1990) feel that the interest should not be in *that* this happens, but in *how* that reflexive moment is created, and the *function* that it serves at that moment in the utterance.

Another problem Potter et al (1990) have with Parker's view of discourses is that they resemble common-sense categories, which is problematic when Parker wishes to suspend such common-sense understandings until validated by the analysis. Problems arise when the categories are taken to be part of the identification process *and* part of the validation process simultaneously. They also feel that Parker is in danger of creating a discourse associated with every common sense object one can mention. So when Parker writes that:

[S]cientific discourse is one in which rights and powers to speak are clearly signalled by the amount of knowledge held, and the desire to be a scientists may be provoked when we hear or use that discourse (Parker, 1990: 198)

he is simply reflecting on what is commonly held to be 'science'. As his critics point out, recent research suggests that two distinct discourses (the empiricist and the contingent repertoires) sustain modern science (eg. Gilbert and Mulkay, 1984 cited in Potter et al, 1990).

Criticism at this level seems particularly illuminating. With the example of the scientific discourse, one could argue that the scientific discourse Parker alludes to is the set of statements from which the 'empiricist repertoire' is drawn, and the 'contingent repertoire' may have been construed quite differently if Parker had analysed the transcript, perhaps as a 'pseudo-scientific' discourse, or classified as an example of 'real scientists' positioning other 'pseudo-scientists' outside of the scientific discourse/empiricist repertoire. In criticising Parker's notion of what constitutes this discourse, Gilbert and Mulkey (1984) and Potter et al. (1990) appear to be closing off their 'reading' of scientific discourse to alternative interpretations.

Other writers have been critical of Parker's approach, especially in relation to the notions of truth and power. As Parker's approach to research rests on a theoretical foundation which problematises reality, and all readings are potentially as valid as all others, it is difficult for Parker to sustain the argument that some discourses are 'really' oppressive (Burr, 1995).

Abrams and Hogg (1990) are wary of the whole notion of political intent in such research arguing that if discourse analysts believe they are best placed to help give voice to marginalised groups, why are some marginalised groups selected and not others? Why for instance, should voice be given to women, or ethnic minorities, but not to paedophiles or members of the National Front?

Other more general charges that can be levelled at researchers who have taken up Parker's approach to methodology are that coding is often not made explicit and the analytic process is left largely unarticulated, which is particularly problematic given that large parts of the analysis are intuitive (Burr, 1995).

On the other hand, Parker (1990; 1992) is likewise critical of certain elements of Potter's work. Essentially, Potter and Wetherell's (1987) position is that talk is important not in terms of what it describes, but in what it does, in its practical consequences. Such a notion of discourse, which focuses exclusively on the internal workings of the text, appears to ignore the wider political implications of various ways of speaking (cf. Similar criticisms in Figueroa and Lopez, 1991). This attention to grammar is said to overshadow the implied social relationships and constructive elements in discourse (Parker and Burman, 1993). Macnaughten (1993) is also critical of the primary emphasis on grammar, and states that discourse analysis should be more concerned with the social relationships implicit in discourse, and the practices which various discourses legitimate. Other writers have noted that Potter also underestimates the availability of certain linguistic configurations for certain speakers, thus mistaking 'the way one speaks' for intentional rhetorical force (Sherrard, 1991 cited in Burr, 1995).

Potter's characterisation of the person as a 'tool-user' using interpretative repertoires as building blocks from which to construct accounts which justify a particular version of events (for example to deflect criticism or maintain credibility) can also be seen as problematic. The tool-user appears to be accorded a certain degree of agency, insofar as the person is envisaged as an active constructor of events, with a certain amount of choice as to which repertoires are used to fashion the account. However, there are certain difficulties with these assumptions. One of the obvious questions Potter leaves unanswered is *why* accounts are constructed in a particular manner. As they eschew "cognitive furniture such as...goals or wants" (Potter and Wetherell, 1987: 157), it is difficult to conceptualise where the motivation or desire to present themselves in a certain light, or to deflect criticism, emanates from. As Potter and Wetherell appear to have little, if any, interest in personhood, we are left with no explanation as to *who* it is that is doing the construction, or *why* it is



being done (Burr, 1995). If Potter wishes to suggest that subjectivity and personhood are dependent in some way on the interpretative repertoires available, he certainly does not make it clear in his writing *how* subjectivity comes about.

In practice, the basic analytic unit of the interpretative repertoire appears difficult to isolate; MacNaughten (1993) points out that it is not easy to determine whether different repertoires are discrete phenomena or whether changes in context are responsible for changes in meaning. Moreover Parker (1992) is critical of Potter and Wetherell's (1987) notion of there being a *limited* range of repertoires, which he feels implies an unrealistically closed system, which "feeds the positivist fantasy for an ultimate complete picture" (Parker, 1992: 11).

#### **4.6. Debating discourse: distinguishing features of the two traditions**

When reading accounts of the theoretical and methodological considerations of those working within a discourse analytic remit, and the criticisms they level against each other, it appears that many of the conflicts and tensions between discourse theorists stem from the different theoretical and methodological emphases they embody. Although they share many common assumptions about the social construction of objects and events, there are several revealing distinctions. Although I may perhaps over-stress these differences here to illustrate the point, it appears that there are four main areas of difference which need to be addressed; these are summarised in Figure 5 overleaf. For ease of reference, I refer to Parker's analytic unit as a 'discourse' and Potter's as a 'repertoire', although it is accepted that others would use the generic term 'discourse' for both.

**Figure 5: Distinguishing between traditions**

<b>Discourses</b>	<b>Repertoires</b>
Globalised presence <i>background</i> <i>abstract</i>	Localised presence <i>foreground</i> <i>embedded</i>
Constructive force <i>identity</i>  <i>subjectivity</i>  <i>suppressed awareness</i>	Performative tool <i>warrant</i>  <i>empty person</i>  <i>user aware</i>
Consistency <i>depth</i> <i>content</i> <i>meaning</i>	Variability <i>surface</i> <i>context</i> <i>function</i>
Addresses 'reality'	Sidesteps 'reality'

The first area of debate concerns the location in which discourses/repertoires are perceived to exist, which appears to influence discourse analytic enterprises, both in terms of theory and in terms of analytic practice. For Parker, discourses are conceptualised at a more global level, with fragments being spoken in texts, providing clues to the discourses operating 'behind the scenes'. For Potter, however, the focus is very much in the foreground, with what is actually being done with repertoires from moment to moment. Potter et al (1990) make it explicit that it is not possible to apprehend discourses directly as what people are doing with their talk gets in the way; one can't abstract out of the text the discourses that Parker sees as operating in the background. This has led some writers to charge Potter with turning attention to language at the expense of power (cf. Parker and Burman, 1993); some suggest that an attention to grammar and its discrete performative functions detracts attention from the political utility of the approach, turning the analysis of discourse into just another academic exercise (Figueroa and Lopez, 1991).

In terms of analytic practice, Potter and Wetherell argue that attention should be focussed on concrete instances of the contextualised performance of language from which repertoires can be abstracted (Potter and Wetherell, 1987; Potter et al, 1990). When they present their analysis, the 'data' are included with the analysis, showing repertoire use and function in action, embedded in textual examples. For other analysts, where the emphasis is on the themes running through texts and their implications, such concrete examples are not a

necessary or sufficient aspect of the analysis, as the coherence of background discourses cannot be wholly captured in such extracts. For Parker, *fragments* of discourses can be abstracted from whole texts, and whole ‘discourses’ do not manifest themselves in a concrete manner. There is, therefore, more emphasis on the analyst drawing together snippets from diverse texts and suggesting their appearance ‘in the shadows’ of people’s talk, rather than seeing them appearing in their entirety in any one clip. This may explain Potter et al’s (1990) concern about the largely intuitive nature of the early stages of Parkers criteria for distinguishing discourses.

For those working in a broadly Foucauldian tradition, such strict adherence to the text is seen as limiting. For some analysts, straying from the text is a pre-requisite for successful analysis, as this produces a more meaningful social and political grounding (Parker and Burman, 1993). Some of the writings that Parker advocates as particularly good examples of discourse analytic research (eg. Smith, 1990) contain very few illustrative extracts, and comprise mainly passages of analysis drawn from a wider view of the text. However, some researchers in this tradition, especially those interested primarily in issues of subjectivity (eg. Hollway, 1984; Stenner, 1993) find large extracts from the text useful when illustrating the notion of subject positions. The main difference in the presentation of materials seems to stem from Parker’s conceptualisation of extracts as illustrative when making a point *about* the data, whereas Potter uses extracts *as* the data.

A second, but related, difference between the two approaches concerns whether the primary aim of discourse analysis should be to examine discourses in terms of their constructive force, or to accept that repertoires are first and foremost performative tools. The difference in focus for different analysts leads to different analytical emphases. For example, in characterising language as a performative tool, questions such as: What are the functions of using this language? What is the speaker trying to achieve? How does the speaker bring about the desired effects? come to the fore (Potter and Wetherell, 1987). However, in conceptualising discourses as constructive forces, questions such as ‘Why was this said and not that?’ ‘Why these words and not those?’ ‘Where do these connotations fit with different ways of talking about the world?’ are paramount.

Dependent on one’s orientation in this respect, different issues seem to be addressed by researchers committed to these divergent traditions. For instance, repertoires are deemed as interesting in terms of their warranting power, whereas discourses are of particular interest due to their implications for defining realities and subjectivities. As noted earlier, Potter and Wetherell’s (1987) position is that talk is important not in terms of what it describes,

but in what it does, in its practical consequences. Parker (1992) on the other hand, is explicitly concerned with issues of subjectivity and personhood.

Parker (1992) states that accounts of self and action must be negotiated through social interaction, and subjectivity and identity are fashioned from available discourses. Influenced by post-structuralist thinking, identity is conceptualised as the product of prevailing discourses of selfhood, sexuality, race etc. that are culturally available. Discourses and the practices entailed within them are, in effect, the raw materials and manufacturing processes from which people are constructed. Discourses provide ways of representing the self by providing *subject positions* ('slots') for people to occupy, and actions and claims to voice are dependent on how people are positioned within such discourses, providing a 'structure of rights' which provide certain possibilities and limitations for practice within those discourses (Burr, 1995). Discourses address us as particular types of people, and we can accept or resist the representations they invite.

The emphasis on subjectivity in such accounts contrast quite markedly with the absence of attention to selfhood in Potter's work, although the focus on the way people use language to construct accounts which have moral warrant in the world seems to be based implicitly on a model of the person as 'actor in a moral universe' (Burr, 1995). Parker's interest in subjectivity also makes such an approach potentially compatible with some of the post-structuralist forms of the psychoanalytic movement. There is a element of suppressed awareness in Parker's version, although it is more pronounced in Hollway's work, where discourses are construed as using people (in the extreme view, people are 'spoken by texts' rather than speakers of them), whilst for the most part, Potter's repertoire users are portrayed as largely aware of what they are saying and why they are saying it. However, Potter and Wetherell (1987) do also suggest that talk may have unintended consequences, or implications the speaker is not aware of, implying that construction may take place at a non-conscious, non-intentional level, which rather contradicts the image previously portrayed of the active agent constructing versions of events for specific purposes.

The third major difference between the approaches centres around the attention paid to consistency and variability in texts. Potter et al (1990) may have a point when they 'accuse' Parker of reifying discourses, likening them to 'tectonic plates' clashing together; indeed Parker (Parker, 1992; Parker and Burman, 1993) acknowledges this. It appears at times that by Potter's standards, Parker does have a tendency to over-emphasise the static features of discourses, which can paradoxically construct them as universal, fixed, timeless entities, which appears strangely at odds with their supposed fluid, dynamic nature.

In the same way that Potter et al (1990) refute Parker's (1990) criticism that repertoires are unrealistically limited by appeals to the limited number *they* have identified in their transcripts, it could be argued that some discourses do *appear* relatively static and self-contained when spoken in interviews. Certainly in Hollway's work (eg. Hollway, 1984, 1986) many respondents appeared to conceptualise their own sexuality using one connected set of terms and images repeatedly. This difference between the two styles of analysis could emanate from the influence of the Foucauldian tradition, focussing more on hegemonic discourses supporting powerful pre-existing social institutions, which emphasises the repressive force of certain linguistic constructions. For example, Crawford, Kippax and Waldby (1994), emphasise the shared meanings which emerge in sexual encounters which are produced with reference to hegemonic discourses. They focus on the understandings that are *commonly* shared in a given culture at a given time, and argue that certain understandings are shared by women which are different to those shared by men, some shared by the sexually inexperienced that are different to those shared by the sexually experienced etc. In this way, certain discourses *appear* relatively consistent *within* accounts, but may differ *between* accounts, which contrasts quite markedly with Potter's views.

Such a difference in emphasis may account for some of the differences in analytic practice between Potter and Parker. For example, the emphasis on the power implications of discourses may account for the attention to depth and content. For Parker, Potter's predilection for grammar at the expense of content obscures the power of certain discursive constructions. Parker constructs discourses as having object-like properties, and the relationships and conflicts between them are the focus of interest. For Potter, the interest in variation directs analytic attention towards the surface of the text, and looking at the specific linguistic contexts in which variation manifests itself.

Related to this issue is the question of how far the analyst should read meanings into the text. For Potter, meaning is only important to the extent that it relates to function, and the advice to analysts is to read *what is actually written*, not what one thinks is meant (Potter and Wetherell, 1987). On the other hand, some discourse analysts advocate an in-depth, intuitive *reading for meanings* in their analysis. For example, Parker believes that it is necessary to explore the allusions, connotations and images the text evokes, which necessarily involves going further than attending to the actual words written or spoken (Parker, 1992). Other writers, (eg. Henriques et al, 1986) lean more towards hidden meanings, drawing on psychoanalytic concepts and hermeneutics. However, the 'deeper'

the analysis, the less confident one feels in convincing others of the validity reading, and the more difficult it is to articulate the analytic process (Burman and Parker, 1993).

Finally, the approaches differ in respect to their position on the discourse/reality problem. Potter and Wetherell (1987) make their position clear. They state that any contrast between the real material world and language “opens up a veritable snake-pit of philosophical and political issues” (1987: 180). Their response to the issue is to side-step it:

The world and its objects appear ready completed. There seems no alternative but to accept it as it appears. Discourse analysis aims to explicate the constructive activity involved in the creation of a ‘world out there’ and for this reason is reluctant to take any dichotomy for granted, without researching why problems should be formulated in this way (1987: 181).

They note two distinct issues which arise when one tries to deal with such issues. Firstly, the question pre-supposes access to a clear-cut non-discursive realm which discourse relates to, which they dispute. Secondly, they consider whether the question is rightly considered a philosophical matter, as facts and perceptions are only of interest to discourse analysts insofar as one can ask what procedures are utilised to warrant factual accounts, or how the effect of ‘mere description’ is discursively generated.

Not surprisingly, social constructionism encounters resistance when it is said that nothing exists outside of discourse, or all we have is discourse, with no firm reality (eg. Edwards, Ashmore and Potter, 1995). Parker (1992) has attempted to arrest this ‘slide into relativism’ by suggesting a version of the social world as discursively produced which does not deny the existence of a material reality, but still sees the building blocks of our experience as linguistically produced, taking a position broadly similar to Bhaskar’s notion of constructed object(discursively produced) and intransitive objects (pre-existing). He posits the existence of three realms of existence. Firstly, there are some real things in the world, ie. Objects with ‘ontological status’. Such things are the material objects of the physical world which provide things for us to think about, like trees, tables and bodies. However, we cannot have direct experience of such objects, only experience of them through language. When we talk or think or write about them, they acquire what he terms ‘epistemological status’; when such objects enter the realm of discourse, we can talk about them, give them meaning. Hence the epistemological realm, to which all we know belongs, is the world as we know it, not the world as it is. Certain objects with epistemological existence have a separate status which he terms ‘moral/political status’, such as intelligence, race and attitudes which are not real like our physical bodies, tables and trees, but are brought into existence through discourse and given a reality which has effects in the real world. They have only



epistemological status (as discursive constructions) but are treated as though they have ontological status. For example:

The epistemological status of things, then is often contested because such things present themselves as real (they derive from objects that actually exist) when they actually represent items constructed in a political rhetoric. Take the notion of 'schizophrenia', for example, which has a status as an object of knowledge (epistemological), which is now supposed to rest in chromosome 5 (ontological) but which is actually distilled from debates in medical psychiatry (moral/political) (Parker, 1992: 31).

Following these distinctions, sexual organs, **physical sexual acts** neonates, condoms and contraceptive pills could be said to have 'ontological status' (they actually exist). Through **accounts** of such entities and practices, whether spoken/written by research participants, discussed/written about by researchers, they acquire 'epistemological status' and it is *here*, within the **general discourse of sex**, not within the objects and practices themselves, that they acquire meaning (they can only be known through discourse, even though they exist as material objects). Hence, biologically based sex research (eg. Masters and Johnson 1966,1970) is conducted within this epistemological realm, not the ontological realm. The subject matter is 'sex as we know it' rather than 'sex as it is'. Within this realm, social-psychological research into certain key phenomena such as heterosexuality, attitudes towards condoms etc., have only 'moral/political status'; they may be experienced as 'real' but only have existence insofar as they are brought into being by discourse (they have no material existence). Research into **contemporaneous psychological activity** is thus almost exclusively concerned with objects with moral/political status.

This view is not without its problems, however. Although such a conceptualisation of the discourse/reality problem allows some notion of material existence outside discourse, which restricts the ways in which the world can be constructed, it throws up two problems. Firstly, it assumes that at some level, knowledge is a function of what is real, and secondly, it leads to questions about who is in a position to 'decide' which category of object status things have, who it is that can step outside discourse to make such distinctions (cf. Burr, 1995).

As theoretical, analytical and methodological concerns are interwoven in social constructionist approaches to textual analysis, the section below outlines the parameters of my empirical concerns, detailing the specific questions this thesis will address, before moving on to consider the analytic perspectives which have influenced my own 'turn to text'.

#### 4.7. Planning the research: The research questions and methodological framework

As chapters two and three reveal, much of the literature in the field of adolescent sexual practices and their potential for change has been conducted within a positivistic epistemological and methodological framework, with a heavy emphasis on isolating the variables predictive of risk behaviours, and interventions based on the perceived relationship between knowledge and behaviour.

Relatively little attention has been paid to the ways in which adolescent sexuality and its associated practices are conceptualised by those with a stakehold in such activities and their outcomes. The empirical aspect of this thesis, therefore, aims to explore the ways in which issues around adolescent sexual practices are constructed in the discourse of various stakeholder groups. As mentioned in the Preface, my initial research questions were primarily post-positivistic in outlook, but altered in the course of my fieldwork to encompass my concerns about the impossibility of answering questions framed in terms of ‘What factors predict risky sexual practices?’ and ‘Does sex education alter adolescent sexual practices?’. Some of the initial guiding questions which provided the impetus for this research included: How do educators and policy makers perceive such issues? Do policy makers and welfare custodians see themselves as working towards the same ends? Do they share common beliefs and assumptions about the role of sex education in HIV and pregnancy prevention? Do these views correspond to the views of parents? Young people themselves? Current educational and Government policies? The original emphasis was on understanding the nature of adolescent sexual practices and attendant psychological activities through the accounts of stakeholders.

Although those original questions remain of interest, my approach to them has been heavily influenced by recent social constructionist work, especially that of Parker (1992) and Hollway (1984). The analytic focus is to explore how and why adolescent sexuality and associated practices are discursively created in accounts, and how these discursive constructions pose material difficulties for such stakeholders. Regardless of the focus of many social constructionist writers, politicians will legislate, educators will disseminate information, parents will feel concern, and young people will engage in sexual practices, and it is in the ‘real world’ that these things matter to most people. For example, although the social construction of AIDS is a fascinating topic in its own right (cf. Miles, 1993), *talk* about AIDS is not the same as the *biological manifestation* of AIDS. Yet ‘talk about AIDS’ has material effects, for example, in allocating funds, laying blame, and negotiating condom use. It is the inter-relationship between discourse, practice and social structure that

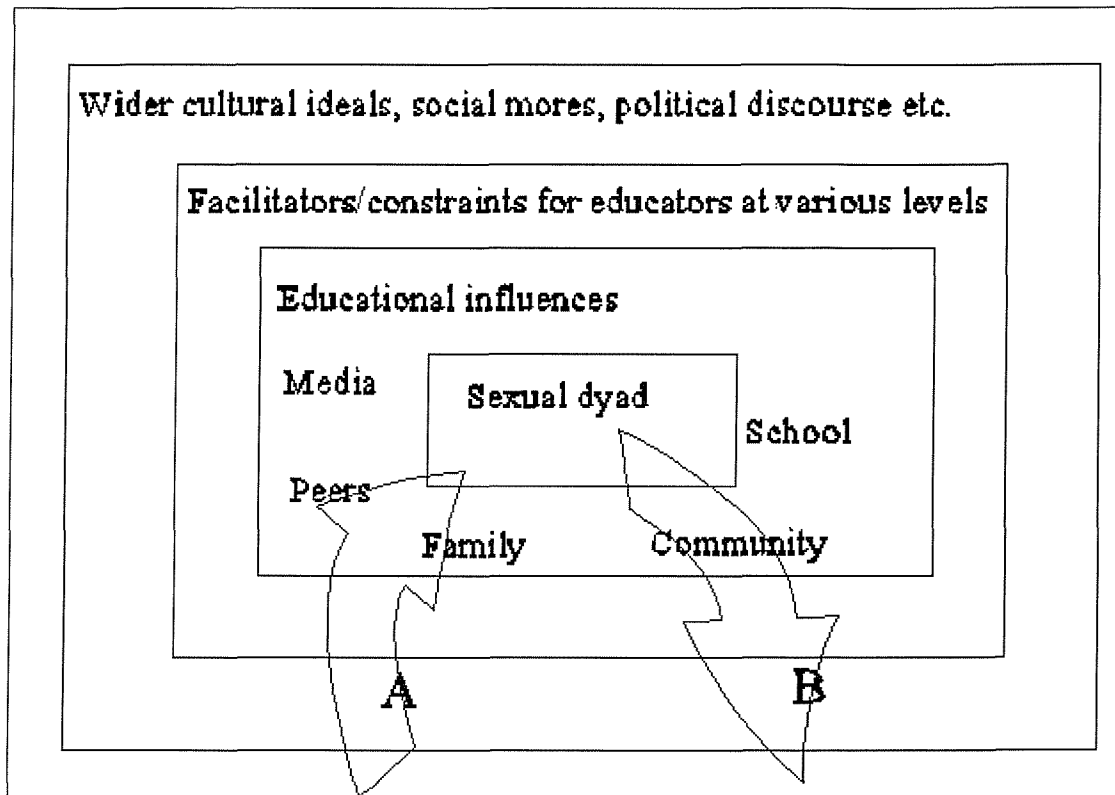


my interest lies. As these are aspects of the same phenomenon (cf. Burr, 1995), the discourse of adolescent sexuality can be seen as an ideal research focus both in terms of understanding what people say and in theorising about what they do, and as a focus for personal and social change.

Sex education provision can be seen as essentially political; it is both actively *promoted* by some and actively *resisted* by others despite the lack of conclusive evidence of its ability to actually alter sexual behaviour. There has been scant consideration of the potential barriers to information provision at the dyadic, familial, school, community, and wider political levels. The data-collection phase of this research involved collecting and analysing data from diverse sources, including an analysis of political discourse surrounding adolescent sexuality and educational policy as encapsulated in Hansard debates on these issues, analysis of accounts of formal school-based education provision and community-based initiatives, exploration of familial approaches to sex education, and gathering retrospective accounts of adolescent sexual practices including the reported reasons for engaging in sexual intercourse by interviewing sexually active adolescents both individually and with their partners. A focus on the general discourse of adolescent sex using stakeholder accounts facilitates the identification of the various discursive constructions of adolescent sexuality in these accounts and their inter-relationship with the material aspects and outcomes of such practices.

Whilst such analysis is primarily of theoretical value, it also provides a space for researchers and other stakeholders to examine their own constructions of sexual practices and behaviour change in this domain, and thus form a potential inroad into policy-making and open up new possibilities for research and practice. By inverting the traditional conceptualisation of educational transmission from top-down to bottom-up, the following framework for data-collection was developed (see figure 6).

**Figure 6: Outline of research question framework**



Arrow ‘A’ represents the top-down approach, or what appears to be the current direction of educational input for adolescents as conceptualised by past research, ie. ‘others’ decide what is appropriate sexual knowledge and/or acceptable messages for adolescents and set initiatives in place, whereas arrow ‘B’, the bottom-up approach, represents a channel through which the understanding of adolescent sexual practices has the potential to create alternative ways of formulating policy on sex educational issues. Currently we reside in a climate in which politicians legislate and educators educate with material effects, but there has been remarkably little research into constructions of adolescent sexual activity produced by the various stakeholders with an interest in changing such practices.

In contrast to rational decision-making models and concomitant attempts to measure relevant variables, discourse analytic research focuses on the construction of such phenomena. Rather than looking at the effects of pre-defined predictors, the emphasis turns to look at how people make sense of the objects and events under consideration. By examining discourse at various ‘levels’ of the framework in Figure 6, it is hoped one might be able assess matches and mismatches, points of overlap and areas of contention, in the

various constructions of these phenomena both within and between groups (to coin an empiricist phrase), and consider the ways in which such an analysis could be fruitful to those interested in education, service provision and personal change.

### *Research aims*

1. To problematise and give a critical reading of the traditional psychological literature on adolescent sexual practices and their potential for change (cf. chapters 1-4)
2. To explore how adolescent sexuality and related practices are discursively produced in accounts provided by those with a stakehold in adolescent sexuality: sexually active couples, school children and their parents, and various stakeholders at scholastic, community and governmental levels (cf. chapters 5-8).
3. To reflect upon the potential for changing sexual practices within a social constructionist framework (cf. chapter 9).

Using Denzin and Lincoln's (1994) terminology, I adopted the position of 'bricoleur' in my research and analysis. Accounts were collected via interviews, questionnaires, and archive searches. Several analytical devices were employed such as content analysis, discourse analysis and statistics, as:

The bricoleur is adept at performing a large number of diverse tasks, ranging from interviewing to observing, to interpreting personal and historical documents, to intensive self-reflection and introspection. The bricoleur reads widely and is knowledgeable about the many interpretive paradigms that can be brought to any particular problem ...(...)... The bricoleur knows that science is power, for all research findings have political implications. There is no value free science (Denzin and Lincoln, 1994: 2-3).

Four of the studies conducted are reported here.

### **Study one: *The Hansard debates on sex education.***

The first study reported involves analysis of recent political debates on sex education provision in schools. This was undertaken as adolescent sexuality appears to challenge adults at three levels; policy, concerned organisations and the individual. In terms of the potential for change:

It seems that progress must start at the top with public policy taking a firm stance on the issues. Only then can private organisations, teachers, parents and other professionals be clear about their roles and implement them successfully (Kendell and Coleman, 1988: 174).

Marshall and Raabe (1993) point out the need to examine discourses at the level of policy/governmental debate, as it is here that *power* is of immediate concern. The Hansard debates and associated literature surrounding these debates are particularly useful texts through which to identify various discourses of adolescent sexuality, associated practices and the potential for change therein at the political level. It is here that politicians can be seen as both framing the *debate*, and also having material effects on educational *provision*. As Lupton points out:

Textual analysis is one way of understanding how a society understands and deals with a phenomenon (1994: 307)

as such it presents an ideal means of studying the political level of the research framework outlined in Figure 6.

Discourse analytic techniques were used to study such texts, serving as a prism through which to view the hegemonic discourses and underlying assumptions of the legal changes to sex education provision in the UK. The texts were analysed both in terms of what was *said* (content) and how the words used constructed particular versions of objects and events (discourses). Discourse analysis was taken as a particularly effective means of analysis as:

In effect, you can use other peoples's own ability to artfully (and very helpfully) poke holes in each other's positions to reveal their constructed nature (Potter and Wetherell, 1987: 162).

Both the content analysis and the discourse analysis of this material are presented in chapter five.

### **Study two: *Interviews with community educators.***

The second study reports a series of semi-structured interviews conducted with members of various organisations with an interest in changing adolescent sexual practices. Semi-structured interviews give credence to the respondents *own words* and *experiences*, whilst ensuring all respondents discuss the same topics, but also provide more scope for other relevant issues to be explored. The range of questions set (see Interview Protocol in Appendix 1) was partly constrained by the nature of the original study from which these interviews are drawn (cf. chapter 6 for details), but essentially this is not an overriding

concern as the linguistic formulations used to talk about related phenomena are drawn from same discursive well. In any case, the interview protocol was not too dissimilar to one I might have chosen if given a 'free reign' (past and present educational initiatives, aims, priorities, views about what is ideal in terms of sex education etc). The interviews were tape-recorded with permission and transcribed verbatim. Content analysis of the transcripts is presented elsewhere (cf. Ingham, Jaramazovich and Stevens, 1994), and discourse analysis of the transcripts is presented and discussed in chapter 6.

### **Study three: *Semi-structured questionnaires with parents and pupils.***

The third study addresses some of the concerns I raised earlier regarding the conceptualisation of sex education in the extant literature. Many studies reported in the literature review claim to have looked at the effects of sex education on sexual behaviour, but they mostly attend to the *presence* or *absence* of sex education in general terms, rather than the *range* of the information given to young people. Therefore, this study sought to examine more closely at aspects of sex education covered both at school and in the home (ie. what respondents recall being spoken about in such contexts), and to ascertain the reported reactions of both parents and young people to the giving and receiving of sexual information. This study aimed to explore the topics of sex education that year 11 pupils at Hampshire school had experienced, both at school and in the home, some of their perceptions of their social and sexual worlds, as well as requesting information about certain aspects of their own experiences. This study also involved collecting similar information from their parents about what *they* thought their children knew about sex and relationships, what their child ought and ought not to be told about sex-related issues, and an account of these parents' own personal assessment of their child's sexual practices. The aim was to gather data which might provide a more detailed picture of what sex education can and does comprise, and pupils' and parents' perceptions of what it should or should not comprise.

Based on previous research and pilot interviews with 14 teenaged mothers and seven parents talking about sex education and sexual behaviour, the following themes were explored:

**Demographics:** age, family type (e.g. intact, single parent, reconstituted family etc), occupations of parents (or usual occupation if currently out of work), and the relative amounts of time within or without the family.

**Learning about sex** how and when they learned about sex and contraception, how they felt when they found out etc, their feelings about what constitutes appropriate sex education, what sexual information has been received at home and at school, sexual communication, gaps in knowledge etc.

**Personal relationships:** views about personal relationships and their expectations of dating etiquette, the acceptability of pre-marital sex etc, their experience of sex, dating, contraceptive use and sexual pressure etc.

**Personal perspectives on behaviour change:** reported beliefs about what constitutes the most effective means of changing adolescent sexual practices, and how teenage pregnancy and HIV infection can be avoided, how the transmission of HIV in the teenager population can be prevented.

Parents were also sent almost identical questionnaires, although details of their own sexual experiences were not sought, instead they were asked to comment on their child's sexual practices and perceptions, reactions to sexual information etc (a copy of Pupils' Questionnaire can be found in Appendix 2a; the Parents'[Fathers'] Questionnaire is in Appendix 2b. The Mothers' Questionnaire was identical to the Fathers' Questionnaire in terms of content, with gendered items reversed).

Semi-structured questionnaires were used in preference to structured questionnaires, as they provide more opportunity for respondents to use their own words to express their experiences, and allow for a wide range of responses to be recorded. This format also allowed for a greater number of respondents to take part than would have been possible if individual interviews had been carried out, and enabled some degree of direct comparison between those respondents. Content analysis and statistical treatment of results are presented in chapter 7.

#### **Study four: *Studying couples using the dyadic interview technique.***

The final study focuses on a previously neglected area, the heterosexual dyad. Traditionally psychologists have concentrated on individuals, usually females, with a strong leaning towards concentrating on the *outcomes* of sexual practices rather than the *process* of such practices. Whilst this is understandable in terms of the logistics of recruitment, it may also reflect, and (re)produce, the view of behaviour as resulting from individual psychological

structures (attitudes, internal motivations, drive states, rational decision-making processes etc). Such research, as reviewed earlier, has led to a theoretical void in conceptualising those behaviours. Researching the male-female dyad is particularly important as:

Heterosexual practice is an area where it is particularly important to recognise that men and women inhabit somewhat different worlds (Crawford, Kippax and Waldby, 1994: 572)

and heterosexual relationships are arguably the primary site where gender difference is (re)produced (cf. Hollway, 1984).

As the vast majority of adolescent heterosexual activity appears to takes place dyadically, a technique needed to be developed to research dyadic aspects of sexual encounters, without recourse to participant or non-participant observation. As a ‘bricoleur’ I accepted that “if new tools have to be invented, or pieced together, then the researcher will do this” (Denzin and Lincoln, 1994:2). The ‘dyadic interview technique’ was designed to try to bridge a theoretical and methodological void. The method developed involves three stages (see Table 1 below) viz a joint interview (see Appendix 3a), two individual interviews (see Appendix 3b), and completion of a semi-structured risk questionnaire (see appendix 3c for the Female Partner’s Questionnaire; the Male Partner’s Questionnaire was identical in terms of content, with gendered items reversed).

**Table 1: Outline of the dyadic interview technique.**

Order	Participant 1	Participant 2
Time 1	dyadic interview	dyadic interview
Time 2	individual questionnaire	individual interview
Time 3	individual interview	individual questionnaire

#### *The dyadic interview*

In the dyadic interview, the couple were interviewed together, using a semi-structured protocol. The interviews were tape recorded, and later transcribed verbatim. It was exclusively concerned with the present relationship, and served to invite constructions of the ‘public face’ of the relationship. Items on the dyadic interview explored how the couple recall first meeting, the process of *becoming* a couple, and how decisions are made (or believed to be experienced) in the relationship. The progress from first meeting to first

sexual involvement was traced, as well as the process and content of sexual communication and negotiation. Phenomenological aspects of sex were also explored, in addition to the couple's perceptions of how sexual knowledge influences their own sexual decision-making and practices, and what meanings they ascribe to their sexual practices.

### *The individual interview*

The individual interview was akin to traditional approaches to interviewing, adopting a semi-structured protocol, tape recorded, and subsequently transcribed verbatim. This encouraged exploration of the 'private face' of the relationship, and covered recollections of previous relationships, and reports of private thoughts and feelings regarding the present relationship; things, perhaps, that an individual respondent would not want to discuss in the presence of their partner.

The individual interviews explored themes such as when and how participants first recognised themselves as a 'sexual being', and explored comments relating to their views on sex, gender, and attraction, as well as unplanned pregnancy, contraception and STDs. Sexual education and communication issues were explored, particularly in relation to the perceived effects of such knowledge on their sexual practices and sexual feelings. Interviewees were also asked how they dealt with the experiences of puberty and adolescence, their early sexual feelings, first intercourse and any subsequent sexual experiences, through to their first penetrative sexual encounter with their present partner, and how they viewed the future of their present relationship.

### *The individual questionnaire*

More sensitive information (including questions about HIV risk behaviours, infidelity, dishonesty in the relationship, etc.) was collected via a semi-structured questionnaire completed in private, and left in sealed envelopes, which the participants knew would not be opened until both respondents had left the building.

Section one covered past behaviours (prior to meeting their present partner) and present behaviour (with their present partner), and included items relating to any concerns that they have regarding whether their behaviour has put them at risk of HIV infection, STD infection or pregnancy. Free-response items invited respondents to state why they do/not feel they have put themselves at risk, and what effect (if any) they think this may have had on their subsequent behaviour.



Section two covered items such as whether or not the respondent's present partner has asked them if they had engaged in any commonly- identified risk activities (IVDU needle sharing, anal sex, receipt of blood products prior to mandatory screening, numbers of previous sexual partners, and number of one night stands etc.), and the timing of these questions in relation to their first sexual encounter. An extra question was asked about whether their fidelity to their present partner had been broached. If they *had* been asked by their partner to give accounts of such activities, they were instructed to indicate how they reacted to such questions at that time, and what reply they gave. If they had not been asked to report on these activities, they were asked to state why they thought their partner had not asked, and how they believe they would have reacted if their partner had asked. They were also asked to state whether they had indeed partaken in such activities.

Section three covered identical items, but asking respondents whether they had raised these issues in relation to their partner's past, and their perception of their partners actual past/present behaviour on these items. Respondents were also asked to write an account of the sorts of information, if any, they tend to keep from their partners, and what sorts of information, if any, they think their partners keep from them. Finally, they were asked to indicate whether they believe that it is acceptable to withhold information about one's past sexual behaviour, or keep secrets from one's partner, and to indicate their reasons for their responses.

### *The significance of the dyadic interview technique*

The benefits of this methodology are that converging views of the same events can be collected, and the semi-structured nature of the protocol ensured that the same events are covered by both respondents. It opens up the possibility of gathering data which may reflect a joint/negotiated reality, or insight into how individuals construct a 'couple' identity, and present this in a public forum (the interview). It also offers the opportunity to compare reports of the meaning of sex and sexuality, and their interpretation of sexual practices and experiences when presenting both individually and as a couple.

In general, interviews here are seen as superior to questionnaires when collecting data about the process of relationship formation and meaning, in that they can provide rich in-depth accounts in the respondents' own words. A linear historical perspective was adopted in the dyadic interview protocol in order to unravel the process of becoming a couple, with a focus on 'meaning' rather than just 'events', and an appreciation of the situational and

contextual factors reported as influencing their behaviour. The dyadic interviews also allow a focus on interactional aspects of both practices and meanings, enabling consideration of both practices and accounts as dyadically shaped.

However, questionnaires were chosen to investigate past risk behaviours and secrecy information because of the dyadic nature of the interview process; it was felt that respondents could allow themselves to be more honest in answering questions pertaining to socially undesirable behaviours if they could be certain that this information could not be conveyed to their partner. Asking such questions of a respondent who is aware that the researchers will shortly be engaged in an in-depth interview with one's partner was not felt to engender honesty, trust and full cooperation on the part of the respondent. Discursive analysis of this material is presented and discussed in chapter 8.

#### **4.8. Framing the research: a discourse analytic approach**

As suggested above, the literature on 'how to analyse discourse' is not at all like 'how to do a t-test' or how to interpret the computer output of a multiple regression analysis. Parker (1992) makes the point that, for the most part, introductory texts on discourse analysis are generally unhelpful to one new to the field, and he directs those interested in discourse analytic research to get a 'feel' for analysis by looking at how other researchers actually deal with texts. Reading other researchers' published materials brings to life what these theorists might actually mean, and, perhaps more importantly, gives one the confidence to do likewise. In addition to the styles outlined by Potter and Parker, two pieces referred to by Parker (1992) were particularly influential in developing my own analytic practice, *viz.* Hollway (1984) and Smith (1990). As Parker and Burman (1993) stress, different kinds of texts work in different ways, and there are dangers associated with taking one interpretation of discourse analysis and 'applying it' in the same way to all texts, so there are different analytic emphases in each of the empirical chapters in this thesis, reflecting the distinctive nature of the text analysed and the different questions arising from the research questions addressed.

For example, part of the analysis presented in chapter five was heavily influenced by Smith's (1990) analysis of similar parliamentary debates. She produced a particularly illuminating interpretative account of the parliamentary debates on the prohibition of the promotion of homosexuality in Local Government (Section 28 of the Local Government

Act 1988), and much of the inspiration for my own analysis of the Hansard debates was derived from this piece. Her analysis took the form of an interpretive account, illustrated with brief extracts from the debate, to give an indication of the tone of the language used to create various discursive constructions of homosexuality. To give a flavour of this style of analysis, a brief precis is presented below.

In her paper, she suggests that the genesis of the Clause 28 debate was the unprecedented amount of legitimacy that had been accorded to feminists, blacks and gays by some London Authorities. She argues that the prejudiced discourse used during the debates should not be interpreted as irrational prejudice, but “strategic anti-gayness” (Smith, 1990: p.43). The article was based around her understanding of the structure of the debates, and the strengths and weaknesses of the arguments used. Her analysis was oriented towards exploring how the promotion of homosexuality is intertwined with fears concerning the erosion of social order, bringing together disparate concerns such as disease, morality, the protection of children and the strained relations between Local and National Government. AIDS and homosexuality were represented in the text as threats, which she saw as functioning as a heterosexual denial strategy. The contamination of ‘normal people’ by radical difference was explored as an implicit theme, as was the construction of sexual orientation as biologically pre-programmed yet susceptible to corruption, normalcy as dependent on the threat from the non-normal. A further related theme was the splitting of homosexuals into ‘good homosexuals’ and ‘bad homosexuals’, ie. ones ‘in the closet’ versus those who are ‘out’. She argues that the notion of the idealised family was seen as being threatened by the promotion of homosexuality, therefore it needed to be eradicated. She noted the absence of any reference to the logical opposing argument in the opponents’ discourse, ie. that homosexuality can and ought to be promoted, which she argues could not be voiced as this would lead to a questioning of all identities, sexualities and ideas about family life. This brief precis, I hope, demonstrates that Smith’s method of analysing discourse is largely intuitive, abstracting systems of meaning from an in-depth analysis of the implicit meanings in the text, in contrast to Potter and Wetherell’s (1987) method of presenting textual extracts which form the basis of the analysis.

Likewise, some of the analysis presented in chapter eight is heavily influenced by Hollway’s work on the discourses which inform our understanding of heterosexuality (1984, 1986, 1989, 1995). Hollway’s work (outlined earlier in chapter three) gives a clear example of the different subject positions available for males and females in some of the discourses surrounding heterosexuality. She discusses how people develop an emotional commitment to such positionings, which influence what they feel they ought or

ought not to do. As some of the subject positions people occupy are fleeting, identity is conceptualised as dynamic, but other positions seem relatively fixed, which may account for many of the constant features of self people commonly report. Such a conceptualisation may appear to have a very restricted view of human agency, but the recognition of availability of alternative discursive positions enables a greater degree of autonomy of positioning, as people are cast as simultaneously *user of* and *used by* discourse. Again, the contrast with Potter and Wetherell (1987) is clear, as the emphasis is very much on exploring the commitment to particular dominant systems of meaning rather than focussing on how single individuals construct different versions of events to perform different functions in the text.

As a general analytic stance, my preference is for Parker's conceptualisation of discourse and discourse analysis. Parker's attempt to 'arrest the slide into relativism' resonates with my own position, which could be construed as one of historical critical realism, that is, a belief that reality can be construed only in historical and social contexts. Changes can and do occur over time, but positions can also become crystallised over time; an absolute concept of reality cannot be claimed, although reality-as-experienced can be treated *as if it were real*. My primary focus, therefore, is on textual consistency rather than variability within texts, people as more *used by* than *using* discourse. That is, I am more interested in the issues arising from shared meanings and the problems associated with individuals and groups with different constructions of objects and events than with the contradictory ways in which a single individual construes such objects and events. It is acknowledged that the nature of the texts selected for this thesis might encourage consistency of responses rather than throwing up variability; the Hansard debates were focussed on a single issue in a predefined context, and the rhetorical nature of the debates undoubtedly encouraged polarity of expressed views; the interviews with educators and health care professionals were focussed on single issues arising from their employment as sexual health workers, and the interviews with young people involved answering questions about one or two key events in relation to quite tightly defined aspects of their lives.

The exploration of the content of discourses, the implicit and explicit themes, their possible meanings, power implications, constructive force and identity conferring qualities are my primary concerns, although I have included some examination of the performative aspects of discourse in some of the analyses, an aspect of discourse analysis that Parker (1992) underplays. In some of the analyses, especially in the study of discourse in the sexual dyad, there is more emphasis on issues relating to identity and subjectivity, areas not addressed to any great degree by Potter, and it is here that the work of Hollway is particularly

informative. Whereas Potter and Wetherell (1987) tend to sidestep the discourse/reality problem, the nature of this research programme brings this issue to the fore, insofar as it seeks to produce an analysis which has implications for personal and social change. Attention is not focussed *exclusively* on discourse, but also on the social practices legitimated or constrained by discourse, and the material effects of discourse.

The methodologies presented above yield four different types of data for analysis, and each was analysed with due consideration for the form of the text and the specific questions of interest addressed. Firstly, each text was initially coded for explicit and implicit themes. As discourse analysis looks at the social construction of meaning itself, to understand how people make sense of events (Willig, 1995), particular attention was paid to the binary oppositions (contrasts) and metaphors (comparisons) alluded to in the texts (cf. Billig, 1990; Lupton, 1994). Secondly, fragments of the discourses permeating the texts were noted using Parker's (1992) criteria. Where two or more pieces of text referred to the same object or event, identification of both points of overlap and apparent distinctiveness were noted, to draw attention to the ways in which speakers appear to make sense of their experience. Thirdly, the action orientation of particular ways of talking was explored, especially in relation to the practices legitimated or suppressed by such linguistic formulations. Selective aspects of the analyses are presented in the chapters which follow.

#### **4.9. Concluding remarks**

In this chapter, attention has moved away from purely theoretical concerns to address issues relating to methodology. It was argued that as psychological research within a social constructionist remit tends to place more emphasis on the fruitfulness of analysis than the methods by which the texts are transformed:

[V]irtually any methodology can be employed so long as it enables the analysts to develop a more compelling case (Gergen, 1985: 273).

The two most popular accounts of discourse analysis drawn on by psychologists interested in conducting research within a social constructionist framework were discussed (Potter and Wetherell, 1987; Parker, 1992), and it was shown that these accounts encompass some quite fundamental differences in their theoretical and methodological concerns. In my own discursive analysis of texts in this thesis, I endorse Billig's line that scholarship transcends formally adherence to a rigorously proscribed technique (Billig, 1988), but the main

sources of inspiration on my methodological framework and analytic practice were delineated to illustrate their particular influence.

The aims, focus and methodological framework for the empirical work was set out, with an outline of the studies conducted and materials developed, and an overview of the analytic procedures adopted. The discourse analytic approach adopted draws heavily on the work of Hollway (1984, 1986, 1989, 1995), Smith (1990) and Parker (1992), although some of the performative aspects of discourse are also addressed, a principle distilled from the work of Potter and Wetherell (1987).

In the existing literature on social constructionism and discourse theory there has been little attempt to bridge the conceptual gap between everyday sexual practices, the use of linguistic resources, and the wider social structures in which they are embedded. It may be this lack of attention to *material effects* of discourse that has occluded the practical utility of such approaches for the psychological community. The analysis of discourse in this thesis, therefore, seeks to explore how the discursive construction of sexuality can either legitimate certain practices, or pose material difficulties, for sexually active adolescents and those with a stakehold in attempting to alter such practices. Consequently, a range of methodologies and analytic techniques are advocated, to facilitate the production of an account which, it is hoped, might have its own material effects for those concerned with personal and social change. The 'turn to text' is still in its infancy within the psychological community; the whispers of discourse analysts may be audible within the academic community, but they have not yet been heard by policy-makers.

## CHAPTER FIVE

### CONSTRUCTING SEXUAL BEHAVIOUR AND SEX EDUCATION IN POLITICAL DISCOURSE: THE UNDERLYING ASSUMPTIONS OF THE 1993 EDUCATION ACT.

[D]iscourse of any kind...is a site of struggle. It is a terrain, a dynamic linguistic, and, above all, semantic space in which social meanings are produced or challenged. This is most clearly, but not exclusively, the case with political discourse, since the theory and practice of politics and political talk is seen to be primarily concerned with power (Seidel, 1985: 44).

#### 5.1. Preamble

In the previous chapter, it was explained that the discourse analytic practice employed in this thesis favours Parker's (1990; 1992) stance, but borrows elements of Potter's work on the action orientation of linguistic formulations (Potter and Wetherell, 1987). In addition, this chapter owes a debt to Smith's (1990) interpretative method of analysing political texts, an influence most strongly felt in section 5.6. This chapter is divided into sections which reflect the 'depth' employed at each stage of the analysis.

The main objectives throughout this chapter are:

1. To analyse the texts to highlight the constructions used when politicians talk about 'sex education'
2. To explore how these constructions are used to legitimate certain practices
3. To consider the relationship between these discursive constructions and existing structures of power.

In this chapter, the 'outer frame' of the research model in Figure 6 is dealt with explicitly by examining debates on sex education provision as recorded in Hansard. At the most basic level, the debates were analysed in terms of their overt content, ie. what was said (see section 5.3). Then, to illustrate what a 'turn to text' can offer, three separate, but related, analyses are presented. Firstly, the main discourses evidenced in the debate (religious, familial, marital, medical, public health etc.) are delineated in section 5.4, showing how these discourses are

either ‘actively employed’ (cf. Potter and Wetherell, 1987; Potter et al. 1990) or ‘passively employed’ (cf. Parker, 1990; 1992) by speakers to construct ‘sex education’, ‘sexuality’, ‘AIDS’, ‘childhood’ and ‘family’. Several pertinent points of contention arise from this analysis relating to how politicians actively try to define sexuality, the family, normality and morality, and as these appear to create such ‘entrenchment’ in the debate, they are explored further in later sections.

The second analysis (presented in section 5.5) distills two main discursive positions from the debates, and locates them within an overarching meta-discourse of *state intervention in sexual practices*. The main themes in the discourse of each ‘side’ are outlined to highlight the ways in which the content of the debates became polarised around two distinct discursive tracts, each with an enduring image of sex education: Discursive Position A with its central image of ‘education as corruption’ and Discursive Position B with its central image of ‘education as protection’. This constitutes an important stage in the analysis of political discourse, as it helps to draw attention to the ‘bigger picture’ by demonstrating that there are two coherent systems of meaning embedded within the larger meta-discourse, and highlights the political (with a small ‘p’) implications relating to Parker’s three auxiliary criteria. It is only then that the discourses permeating the text (Parker’s criteria one to four) can be understood in context.

In the final analysis, Smith’s (1990) style of analysis is used in conjunction with Parker’s criteria five to seven and auxiliary criteria one to three (Parker 1992). The allusions and ‘hidden’ meanings in the text are explored to provide an interpretative reading of how the discursive constructions used created the appearance of a crisis around adolescent sexuality, and how this was effective in paving the way for legislative change. The chapter draws to a close with reference to the main material effect of such powerful discursive constructions (a change in the law), and considers the most likely future changes in practice (concomitant changes in the practices rendered illegitimate by virtue of this legal change).

## **5.2. The analytical method**

Whilst the criteria and styles employed in this analysis were outlined earlier in chapter four (cf. section 4.8), the formulations which inspired these analyses are not prescribed formulaically (cf. Parker, 1990, 1992; Potter and Wetherell, 1987; Smith, 1990). Accordingly, details of the actual mechanistic process are detailed below to allow the reader to ‘audit trail’ the methodological/analytic practices followed.



Firstly, as discourses are realised in texts (criterion one, Parker 1992), the relevant texts were located. A series of electronic searches were performed via the CD-ROM database POLIS, using the keywords '1992' and 'Education Bill' for the 1992/1993 session of parliament, to trace documentation from the presentation of the original Bill (no.71) to Royal Assent (July 1993). A more specific search was then performed concentrating exclusively on references to 'sex education' in both Houses, and as a result 5 main references were located. These represent the subset of debates where sex education entered into the discussion/statutory process.

Additionally, the various drafts of the Bill/amendments were traced, to follow the process of statute making, from the White Paper through to the final Act, including the Department for Education Circular 5/94 which was distributed to schools to inform them of their new statutory obligations under this Act. All associated references to current statutes in force were followed up in order to give a complete picture of the law as it presently stands, given the alterations encapsulated in the 1993 Act.

The debates were duly traced in *The Official Parliamentary Proceedings* (henceforth referred to as 'Hansard'), and the specific references to sex education were extracted. The objective at this stage was to trace the progression from the original White Paper (no mention of sex education) to statute in force (major legislative change).

Before the coding phase, the texts were read carefully several times, referentially initially (ie. read in terms of what was actually said), then, with increased familiarity with the material, read more interpretatively (ie. read for meaning).

Several photocopies of each debate were made to facilitate the preliminary coding phase. Each part of the text was scrutinised and the political affiliation of those speaking and voting was noted on one A4 copy, using Dod's Guide to the General Election (Bedford, 1992). Then, on another A3 copy (text centrally placed, enormous margins for note-making), the documents were open coded using the free-association technique advocated by Parker (1992). Each 'unit of argument' was underlined, then later tabulated and tallied by 'number of mentions' and the political affiliation of each proponent (see section 5.3).

The next coding stage involved a re-examination of the texts to code the connotations and allusions in the speakers' words, to locate fragments of individual discourses operating 'behind the scenes' of the text. In many cases, this was aided by attending to how the discourses often

reflect on their own way of speaking (criterion six). Words which conjured up particularly vivid image or allusions were highlighted on the text, then later abstracted and grouped under headings which reflected the central image/metaphor alluded to.

This completed, the texts were further examined to identify the objects being constructed in the text (criterion two) how they are described (criterion four) and the subject positions afforded therein (criterion three). The three main questions which enabled this coding were 'what is being talked about in this sentence/piece of text' (to identify object) 'how is it being talked about' (to identify metaphors/discursive systems of meaning) and 'what kind of person would use these words, to address whom' (to identify the subject positions available). This forms the basis of the analysis presented in section 5.4.

The content of the speeches was then coded by theme (eg. 'rights' or 'knowledge-behaviour link') in the margins, and after preliminary coding was completed, the themes were abstracted onto separate sheets and eventually organised under the two emergent 'Discursive Positions' in the debates. These discursive positions were outlined by "mapping a picture of the world" (Parker, 1992, p.12, criterion four) suggested by these positions and considering which institutions they support, which power relations they reproduce and what their ideological effects might be (auxiliary criteria one, two and three). Although Parker suggests that this 'mapping' is useful at the level of individual discourses, the technique is used here to highlight how large tracts of text can have political impact at a level of abstraction higher than single discourses. With increased familiarity with the material, various rhetorical devices became apparent throughout the debates' structures, and these were noted in a different colour on the copy, and are presented in section 5.5.

Consideration of, and reflections on, the discursive positions and constructions therein, led to the final level of analysis which comprises an attempt to elucidate the significance of such constructions. This is presented as an analysis of the 'Discursive Terrain' on which proponents of Discursive Positions A and B occupy their respective pitches (section 5.6). To this end, the texts were re-examined in the highly interpretative style advanced by Smith, in which the texts are read to highlight the power of meaning (Smith, 1990). This necessitates going *beyond* what is written to give a reading of the *implicit meanings* operating beyond the text. This part of the analysis was prompted by an examination of recurring references to 'mistrust' in the debates, and an interest in how the two Discursive Positions, the constructions they contain, the images alluded to, and the subject positions afforded intertwine to (re)create a 'moral panic' (cf. Cohen, 1972) concerning young people's sexuality. This 'moral panic' is never alluded to

*directly* by the speakers; it is obscured beneath the structure and rhetoric of the debates - perhaps, even below the conscious level of awareness of the speakers.

In summary, the texts, especially those emanating from the Lords' debates, are so rich that layer upon layer of interpretation is possible. The present chapter presents four layers:

1. 'Units of Argument' (ie. content of speeches)
- ii. 'Constructions and Discourses' (ie. analysis of the discourses inhabiting the text)
- iii. 'Structure of Debates' (ie. thematic analysis of Discursive Positions A and B)
- iv. 'Discursive Terrain' (ie. interpretative analysis of inter-relationships between some of the arguments used, the Discursive Positions, the constructions, discourses and positionings (re)created in the texts)

It is emphasised at the outset that these 'layers', whilst possibly conceptually distinct (being separated for sake of clarity here), are not so distinct in practice (as suggested by the overlap between analyses presented).

### **5.3. Content analysis of the Hansard debates: 'Units of Arguments'.**

Traditionally, psychologists looking at reported speech have chosen to conduct some form of content analysis, perhaps taking each speaker's turn, laying bare the bones of the debate, looking at the emergent themes and structure. In this section, I outline what *appears* to be the 'purpose' of the debates (the provision of a vehicle for the arguments used for and against legislative change), and the patterns of the votes cast according to political affiliation.

The first mention of sex education came in a debate on the Education Bill, Committee of the Whole House, Lords Committee Stage, Sixth Day (*Hansard, House of Lords, 10<sup>th</sup> May 1993, Columns 1090-1118*). On this occasion, Lord Stallard first attempted to effect legislative change by suggesting the following three amendments to primary legislation (Education Bill 1992) summarised overleaf:

- A263:** A commitment for all sex education to be given in a moral framework, including those aspects under National Curriculum (Science).
- A264:** The parental right to withdraw children from any form of sex education.
- A265:** Placing the onus on schools to inform parents in writing about sex education provided.

His stated aim with this package of amendments was “to strengthen parental involvement in sex education” (Hansard, House of Lords, 10<sup>th</sup> May, 1993, Column 1090). Although the debate concerned all three amendments, after the defeat of A263, the others were withdrawn and hence no votes cast. Lord Stallard stated his wish to reconsider the nature of the debate before tabling further amendments.

The arguments used during this debate, and the political affiliation of those using them are presented in Table 3 below. The political affiliations of the members of the House of Lords is abbreviated in this chapter as depicted in Figure 7 below:

**Figure 7: Abbreviations of Party allegiance in the House of Lords.**

<b>Abbreviation</b>	<b>Party Allegiance</b>
lab	Labour
con	Conservative
lib/dem	Liberal Democratic
xb	Cross-bencher (no formal allegiance)
UDUP	Ulster Democratic Unionist Party
UUP	Ulster Unionist Party
SNP	Scottish National Party
Pl.C	Plaid Cymru (Welsh Nationalist)

**Table 2: Debate for and against amendment A263.**

Arguments for A263	Mentioned x times by y	Arguments against A263	Mentioned x times by y
1. Clarity of existing procedures and statute	1 lab.	1. Adequate provision already exists	1 xb.
2. Parental right to a backstop	2 lab 2 con. 1 xb.	2. Parents may be ignorant of HIV/AIDS issues	2 lab.
3. Unsuitable sex education leads to promiscuity	1 lab. 5 con.	3. Sex education does not lead to promiscuity	1 xb.
4. Accusation of an AIDS industry/ denial of heterosexual risk	1 lab.	4. One cannot restrict access to information in the light of HIV/AIDS	2 lab. 1 lib\dem.
5. The proposed changes would lead to more 'workable' arrangements	1 con.	5. The proposals are impractical	1 xb. 1 con. 1 lab.
6. Biological 'facts of life' will remain in the National Curriculum	1 con.	6. Most parents want sex education in schools	1 xb. 1 lab.
		7. HIV education can contain the epidemic	2 lab
		8. It is an attack on the National Curriculum	1 xb.
		9. The wishes/rights of the child need to be taken into account	1 lab.
		10. Playground factor; children find out anyway	1 bishop. 1 lab.
		11. Parents find it hard to talk about sexual issues with their children	1 lab.
		12. Proposals would lead to no sex education in schools	1 lab.
		13. Liberal education leads to a lower pregnancy rate	1 lab.
6 arguments FOR	15 MENTIONS	13 arguments AGAINST	21 MENTIONS

As the table above illustrates, a greater *number* of arguments were put forward against the amendment than for it, which may, in part, explain why the motion was lost at division. The most common arguments for the motion were that sex education leads to promiscuity, and that parents must be given a 'backstop' provision. Objections were mainly on the grounds that the

proposed changes were impractical, and that full access to information regarding HIV transmission is necessary in the light of the rising number of infections. The political affiliation of the 83 voters is detailed in Table 3 below.

**Table 3: Voting distribution for amendment A263**

<b>Affiliation</b>	<b>Content</b>	<b>Not Content</b>
<b>Conservative</b>	16 (30%)	37 (70%)
<b>Cross bencher</b>	7 (58%)	5 (42%)
<b>Labour</b>	4 (31%)	9 (69%)
<b>Liberal Democrat</b>	0	3 (100%)
<b>Bishops</b>	0	2 (100%)
<b>Total:</b>	27 (33%)	56 (67%)

The next mention of sex education came during a debate during the Lords, Committee of Whole House, Lords Committee Stage, Seventh Day debates (Hansard, House of Lords, 13<sup>th</sup> May 1993, Columns 1479-1481). On this occasion, Lord Northbourne moved amendment A302b, proposing that HM Schools Inspectorate check that schools are promoting a balanced view of political and sexual education. This amendment was withdrawn, on assurances from the Education Minister in the Lords, that this aspect HM Inspectorate's role is adequately covered by present statutes in force.

The third debate occurred during the speeches which comprised the Lords Report Stage, Third Day (Hansard, House of Lords, 21<sup>st</sup> June 1993, Columns 120-142). Here, Lord Stallard proposed another amendment summarised overleaf:

**A255:           Taking teaching about sexually transmitted diseases out of the National Curriculum**

**Allowing primary school governors to decide whether they have sex education taught in their schools, and if so, what form and content it will take**

**Making sex education part of the secular curriculum, and keeping a statement on its policy regarding content, etc.**

**Establishment of a right to withdraw one's child from sex education on religious grounds**

**Making teaching about sexually transmitted diseases a compulsory part of sex education.**

The arguments for and against the amendment are presented in Table 4 overleaf. The most common argument in support of the amendment was that loopholes in the law as it stands are being used as a means of disseminating unsuitable information, and a change in the law would not only close this loophole, but make it easier for educators to understand and implement their statutory duties. The arguments against the amendment were spread fairly evenly across the board.

The proposals for change appear to have been gaining favour at this point. The Minister, recognising this, promised to draft a new amendment in consultation with Lord Stallard in return for the withdrawal of his amendment at this stage. Lord Stallard withdrew the amendment on assurances that the Government accepted the principle and would itself draft a new amendment in conjunction with him to redress these issues.

It was during this debate that the notion of a 'trade-off' was first made apparent, with the Lords having to make a difficult decision, trading compulsory sex education for a parental right to withdraw.

**Table 4: Debate for and against amendment A225**

<b>Arguments for A255</b>	<b>Mentioned x times by y</b>	<b>Arguments against A255</b>	<b>Mentioned x times by y</b>
1. Sex education used to be optional	1 lab.	1. The proposal's true aim is to end sex education in schools	1 lab.
2. Issue of parental rights akin to right to withdraw from religious education	1 lab. 1 con.	2. Sex education ought to be improved rather than allow parents to withdraw	1 bishop.
3. Right would rarely be exercised	1 lab.	3. Parents may not ensure that their child is given sex education at home	2 lab.
4. Loopholes in existing provision mean that inappropriate or explicit sex education is occurring in schools	1 lab. 1 con. 1 bishop.	4. Accurate information can contain the HIV epidemic	1 xb.
5. It simplifies and clarifies sex education arrangements	1 lab. 1 con. 1 bishop.	5. Proposals are impractical as questions arise spontaneously in school	1 bishop.
6. Success of the abstinence movement	1 lab.	6. Abstinence is unrealistic	1 lib\dem.
7. Compulsory elements satisfy the right to information	1 bishop.	7. HIV makes sex education necessary for everyone	1 lab.
8. Schools can still answer spontaneous questions from pupils	1 con.	8. Child's right to full information	1 lib\dem.
		9. Child is exposed to sexual information from many sources	1 lib\dem. 1 bishop.
8 arguments FOR	13 MENTIONS	9 arguments AGAINST	11 MENTIONS

During the House of Lords Third Reading (Formal) (Hansard, House of Lords, 6<sup>th</sup> July 1993, Columns 1290-1329), Baroness Blatch (Education Minister) brought forward amendment A62 which she had earlier promised in return for Lord Stallard's withdrawn amendment in the previous debate. An outline of the proposal is detailed overleaf.



- A62: Provision of compulsory sex education in secondary schools**
- Teaching on HIV, AIDS and STDs to be compulsory therein**
- Establishment of parental right to full or partial withdrawal of their child from sex education**
- Removal of AIDS, HIV, STDs and all non-biological aspects of sex from the National Curriculum**
- Making it the responsibility of school governors to maintain a record of their sex education policy**
- Schools to be obliged to make copies available to parents free of charge**
- The situation remains the same for primary schools except parents have a right to withdraw their child from such teaching without the governors permission.**

The arguments for and against the amendment are presented in Table 5 overleaf. The most commonly used arguments in favour were the low expected rate of parental withdrawal, and that the moral framework, compulsory status and parental right to withdraw would lead to improvement in sex educational provision in schools. Objections raised centred around the notion of the rights of the child to receive information, and the concomitant fear that sex education might not be given at home by the parents who have exercised their right to withdraw. There was also a concern that schools would have logistical difficulties in implementing the proposed changes.

**Table 5: Debate for and against amendment A62**

Arguments for A62	Mentioned x times by y	Arguments against A62	Mentioned x times by y
1. Only discerning parents will use their right to withdraw	4 con. 1 lab.	1. Abusing parents may deliberately withdraw their children	1 lab. 1 xb.
2. Withdrawal will be minimal	3 con. 1 lab.	2. Parents may not give the withdrawn child sex education at home	2 lab. 1 bishop. 1 lib\dem.
3. Will lead to more sex education overall	1 lab.	3. The amount of sex education will be reduced	1 lab.
4. Will lead to greater opportunity for cross-curricular sex education	1 lab.	4. Sex education is often spontaneous and it is therefore impractical to have full or partial withdrawal	1 con. 1 lab. 1 bishop.
5. It clarifies policies surrounding sex education	1 lab.	5. Too many recent changes in sex education policy	2 lab.
6. Will lead to improved sex education and teaching materials	1 lab. 1 con. 1 bishop.	6. Improve sex education rather than giving parents the right to withdraw	1 bishop. 1 con.
7. Every child will receive the 'facts of life'	1 bishop. 1 con.	7. Ignorance leads to higher teenage pregnancy rates	1 lib\dem.
8. Sex education will have compulsory status	2 con. 1 bishop.	8. Children will pick up their information from inaccurate sources.	1 lib\dem. 1 bishop.
9. It ensures the moral framework is adhered to	1 bishop. 1 xb. 1 con.	9. It is impossible to have a moral framework if only biological aspects of sex are to be discussed in the National Curriculum	1 lab.
10. Denial of extent of threat to heterosexual community ( AIDS industry)	1 xb.	10. The risk of HIV infection means that everyone has to be educated	2 lab.
11. Children mature at different rates	1 con.	11. Children become sexually active quite early	1 lab.
12. Ignorance is not a problem - children receive information from a wide variety of sources	1 con.	12. There is too little sex education already	1 con.
13. Sex education leads to moral decline, teenage pregnancies etc.	1 con.	13. More debate is needed before such an important decision can be implemented.	1 lab.
14. Schools can give guidance to parents who opt to withdraw their children from sex education	1 con.	14. HIV/AIDS education is cheaper if disseminated via the National Curriculum	1 lab.

Arguments for A62	Mentioned x times by y	Arguments against A62	Mentioned x times by y
15. Parents will consider the child's wishes	1 con.	15. Schools have a responsibility to prepare children for adult life	1 con.
16. Parental rights	1 con. 1 lib\dem.	16. Rights of the child (Children Act etc.)	3 lab. 1 con. 1 lib\dem.
17. Unsuitable sex education has been disseminated	2 con. 1 lib\dem.	17. The true aim of the amendment is to abolish HIV education	1 lab.
18. Teachers could still answer spontaneous questions	1 lab. 1 con.	18. Children need to be able to trust their teachers	1 xb.
		19. HIV education must remain in the science module	2 con.
18 arguments FOR	36 MENTIONS	19 arguments AGAINST	34 MENTIONS

During the course of this debate, Baroness Jay proposed an amendment to A62 (A62a) to ensure that the pupil's wishes are taken into account in the decision to withdraw if he or she is of sufficient understanding to make an informed decision. This was withdrawn before the vote. Similarly, she also raised a further possible amendment to A62 (A62b) suggesting that pupils over the age of 16 cannot be compulsorily withdrawn from sex education by their parents. This was not moved as Baroness Blatch maintained that the issue was one which should be decided in the House of Commons.

Lord Kilmarnock then raised a further amendment to A62 (A62c) obliging HM Schools Inspectorate to keep the Secretary of State informed about the extent and quality of sex education in schools. The amendment was withdrawn after assurances that statutes are already in force to cover such eventualities.

Amendment A62 was passed. Fewer points were made in its favour than against, but there were slightly more mentions. The political affiliations of the voters are presented in Table 6 below. The most notable shift in the voting patterns is amongst the Conservative peers, who originally voted against Lord Stallard's (Labour peer) original amendment; it seems reasonable to assume that at this stage, voting was more prominently along traditional party lines, especially in view of the amendment being tabled by a (then) Government Minister.

**Table 6: Voting distribution for amendment A62**

<b>Affiliation</b>	<b>Content</b>	<b>Not Content</b>
<b>Conservative</b>	103 (98%)	2 (2%)
<b>Cross-bencher</b>	19 (79%)	5 (21%)
<b>Labour</b>	5 (20%)	20 (80%)
<b>Liberal/Dem</b>	2 (25%)	6 (75%)
<b>Bishops</b>	1 (100%)	0
<b>Independent socialist</b>	1 (100%)	0
<b>TOTAL</b>	131 (80%)	33 (20%)

The final (attempted) discussion of sex education took place in the Commons, when the Bill returned to the House of Commons for MPs to undertake their formal Consideration of Lords' Amendments (Hansard, House of Commons, 19<sup>th</sup> July 1993, Columns 26-43). In this instance, a conventional 'debate' failed to materialise. As there were more than 580 separate amendments to the Education Bill as a whole to be considered, the Minister leading the debate suggested that it was not only appropriate, but logistically necessary, to curtail the debate by use of the 'guillotine' procedure; this appeared a reasonable suggestion given that if it were not used, there would only have been 53 seconds to debate, and vote on, each of the amendments. Several members of the House were not happy about this, some (eg. Alan Howarth, Conservative) specifically because it meant that the Lords' amendments on sex education would not be debated. The 'Allocation of Time' debate (ie. use of the guillotine), was debated using the arguments outlined in Table 7, and was put to division and votes cast as in Table 8 overleaf.

**Table 7: 'Allocation of Time'(guillotine) debate.**

<b>Arguments for the guillotine</b>	<b>Mentioned x times by y</b>	<b>Arguments against the guillotine</b>	<b>Mentioned x times by y</b>
1. Need to get the Act through parliament before the next session	1 con.	1. House of Lords have no right to instigate such changes	1 con.
2. Most issues have already been debated	1 con.	2. Sex education has not been debated in the Commons	2 lab. 1 con.
3. Use the guillotine to save time	1 con.	3. Need more time for debating the issues	1 lab.
		4. Heterosexual transmission of HIV is rising	1 con.
		5. Teenage pregnancy rate is high	1 con.
		6. Sex education does not lead to promiscuity	1 con.
		7. The state has a duty to educate all	1 con.
		8. Most parents want sex education	1 con.
		9. Abusing parents may deliberately withdraw their children from sex education	1 con.
		10. Rights of the child	1 con.
		11. It is cost effective to have sex education in the National Curriculum	1 con.
		12. Withdrawal from sex education will lead to an increase in the rate of HIV infection.	1 con.
3 arguments FOR	3 mentions	12 arguments AGAINST	14 mentions

Most of the objections listed above came from Conservative member Alan Howarth, who later went on to vote *for* the guillotine. Here, the guillotine motion was passed, divided very much along party lines, all Labour members voting against, all Conservative members voting for (see Table 8). Of course, as this was an allocation of time motion, not a debate on sex education per se, conclusions cannot be drawn regarding the reasons for the vote; many issues were subject to the guillotine procedure, not just the issues surrounding sex education. However, one thing that can be said with certainty is that the issues debated in the Lords, and the subsequent legislative amendments, were unable to be discussed in the Commons as a direct result of the guillotine procedure, and indeed were never debated, or voted on, by *elected* Members of Parliament.

**Table 8: Voting distribution for the allocation of time debate**

Party	Ayes	Noes
Conservative	286 (100%)	0
Labour	0	213 (100%)
Lib/Dem	0	4 (100%)
UDUP	1 (100%)	0
UUP	1 (100%)	0
SNP	0	1 (100%)
PLC	0	2
Labour + Co-op Majority	0	2 (100%)
<b>Total:</b>	288 (56%)	222 (44%)

#### 5.4. Constructions and Discourses inhabiting the debate

It is notable that regardless of the patterns of votes cast and the actual points raised, the vast majority of speakers on both sides of the debate drew on the same set of linguistic resources to construct sex education. In the analysis which follows, I will endeavour to show that speakers tended only to differ in their utilisation of two discourses: ‘sex education as protection’ (associated almost exclusively with those who wished to veto a parental right to withdraw their children from sex education in schools) and ‘sex education as corruption’ (associated almost

entirely with those who supported a right to withdrawal). In this section, the analysis moves on to identify the objects being constructed in the text (ie. what is being talked about), delineate the discourses which inhabit those textual constructions (ie. how the objects are talked about), and consider which subject positions are available in those texts (ie. who would say that, to whom). In the first instance, the construction of 'sex education' itself is considered in sufficient detail to serve as a full worked example of the analytic technique used. Then, the construction of other related phenomena are considered, albeit in lesser detail.

### *i      Constructing sex education*

Following Parker's criteria one to four (1992), the texts were located and coded according to the method outlined in section 5.2. The discourses inhabiting and constructing sex education were identified using two specific techniques advocated by Parker (1992):

1. Free associating from images and allusions in the texts (cf. criterion one). An example of this can be seen in the following extract:

I feel very strongly that the role of parents should be enshrined in the Bill  
(*Hansard, House of Lords, Earl of Perth, 21<sup>st</sup> June 1993, Column 134*).

Here, two words can be singled out. Firstly, the word 'role', secondly 'enshrined'. The word role is interesting in this context, as 'roles' are not generally written into statutes, which by custom in English law contain duties and obligations. It begs questions such as 'Who else's 'roles' should be treated likewise?' Teachers? Children? Grandparents? Department of Education? Why/Why not? The word 'enshrined' is also interesting. It conjures up images of religious ceremonies, sacredness, worship. It leads to questions such as 'Why was that word chosen in preference to 'written into' 'encapsulated' 'recorded' or 'mentioned'?'

Some further examples of the words highlighted in this manner this can be seen in Figure 8.

2. Locating pieces of text where the discourse reflects on its own way of speaking (cf. criterion six). A particularly clear example of this is evident in the following extract:

Since raising the issue almost a year ago, I have been caricatured in some sections of the press and in correspondence as a religious fanatic, a narrow-minded zealot and somebody totally out of touch with the real problems

facing children today, especially with the challenge of sexually transmitted diseases including the HIV virus and AIDS. Most of those allegations have come from people who should know better. None the less, as well as being untrue such allegations make no contribution to the debate on this important issue (*Hansard, House of Lords, Lord Stallard, 10<sup>th</sup> May 1993, Column 1091*).

Here, it can be seen that the speaker is very much aware of how others might construe his dialogue, and in commenting on this, he (very helpfully) draws attention to one possible discourse inhabiting the text - in this case, a religious discourse. Such statements are both the start point and the end point for 'peeling off' the various discourses from their textual backing.

Another type of self-reflection by speakers which casts light on the constructed nature of social phenomena is illustrated in the extract below. Here, the act of construction is brought into focus by the speaker insofar as the text highlights the speaker's awareness that world-as-constructed from his position is not necessarily the same as the world-as-constructed from the listeners' position, the two constructions of sex education being presented side by side for contrast:

It is not an attack on family life; it is a defence of life itself (*Hansard, House of Lords, Lord Eatwell, 10<sup>th</sup> May 1993, Column 1105*).

Figure 8 overleaf offers a brief schematic (abridged for brevity) of some of the distilled statements which serve as an analogue of the discourses of sex education inhabiting the Hansard debates (an analogue insofar as it infers or represents 'the discourse' even though only *fragments* of discourse exist in the text), and the words drawn from the text to support the existence of that discourse in the text. In contrast to this schematic, which, by necessity, is decontextualised, more detailed extracts from the text are then presented to explore these constructions *in situ*. It is not suggested that this 'list' is exhaustive, but that it seems to capture the most common ways of constructing sex education from my detailed reading of the text.



**Figure 8: Preliminary coding scheme for the discursive construction of sex education in the Hansard debates**

<b>Discourse...</b>	<b>Exemplar words and phrases...</b>	<b>Prominent in...</b>
<i><b>Religious Discourse</b></i>	'Sacred task' 'Moral and spiritual framework' 'Conscience' 'Trespassing' 'Moral vacuum'	Both sides
<i><b>Medical Discourse</b></i>	'Nurse' 'Health' 'Disease' 'Immunise' 'Vaccination'	Both sides
<i><b>Recreational Discourse</b></i>	'Fun' 'What's love got to do with it?'	Both sides
<i><b>Marital Discourse</b></i>	'Sacrament of marriage' 'Two parents' 'Having one partner' 'Do the right thing-wait for the ring' 'Chaste' 'Faithful'	Both sides
<i><b>Sex Education as Corruption</b></i>	'Sullyng' 'Pornographic' 'Encouragement to promiscuity' 'Dangers'	Pro-withdrawal
<i><b>Sex Education as Protection</b></i>	'Knowledge is the key' 'Life-saving information' 'Immunise' 'Precautions'	Anti-withdrawal

## *Religious Discourse*

By way of example, several discourses embedded in the text are considered here in more detail than in the remainder of the chapter, to enable the reader to glimpse behind the curtain of the analytic method, and appreciate the significance of the words highlighted in relation to the discourses from which they are drawn. A particularly useful discourse to use for illustrative purposes is that of the religious discourse, as it is particularly notable in the speeches of one of the most vehement supporters of the parental right to withdraw. Other discourses will be dealt with in less detail, but that by no means suggests that they are of lesser importance in the text.

As a starting point, it is worth taking a second look at the extract from Lord Stallard, used above to illustrate the way the discourses can fold back on themselves:

Since raising the issue almost a year ago, I have been **caricatured** in some sections of the press and in correspondence as a **religious fanatic**, a **narrow-minded zealot** and somebody totally **out of touch** with the real problems facing children today, especially with the challenge of sexually transmitted diseases including the HIV virus and AIDS. Most of those allegations have come from people who should know better. None the less, as well as being **untrue** such allegations make **no contribution** to the debate on this important issue (*Hansard, House of Lords, Lord Stallard, 10<sup>th</sup> May 1993, Column 1091, my emphases*).

*Prima facie*, it appears that Lord Stallard is rejecting the subject positions afforded in the religious discourse, using extreme phrases such as ‘zealot’ and ‘fanatic’, positions which, one assumes, no-one would expect anyone to willingly occupy. He suggests that

- (a) the ‘allegations’ are untrue
- (b) these type of issues/labels have nothing to do with the ongoing debates on sex education

However, distancing himself from the religious discourse by rejecting the implicit identities afforded therein can be seen as a strategy employed to enable him to make a contribution without enduring such criticisms or wearing this negative identity label. Effectively, he has ‘headed off at the pass’ any criticisms that he has a personal investment in the debate, on religious grounds at least. If religious affiliation or convictions is ‘really’ to have no input of the debate, it might be a realistic expectation that Lord Stallard would make no (further) contributions which may encourage others to position him within that discourse. However, as the following extracts from several of the debates illustrate, religious connotation and allusions pepper his speech:

1. The guidelines duck the issue of parents being given an opportunity to exercise their **conscience** (*Hansard, House of Lords, Lord Stallard, 10<sup>th</sup> May 1993, Column 1093, my emphasis*).
2. ...sex education necessarily **trespasses** into areas of **personal morality** and therefore **personal conscience** (*Hansard, House of Lords, 10<sup>th</sup> May 1993, Lord Stallard, Column 1094, my emphases*)
3. I do not accept any party decisions on my **conscience**. I never will and I never have (*Hansard, House of Lords, 10<sup>th</sup> May 1993, Lord Stallard, Column 1117, my emphasis*).
4. I am supported in my views by a letter I received this morning from the Conservative Family Campaign. I can do no better than quote from that letter which states: "There are deep **parallels between sex education and religious education**, and there can be no doubt that similar **principles** of withdrawal on **religious** grounds apply. It cannot be right that parents be forced by legislation into exposing their children to material to which in **conscience** they hold deep objection. This is a rare opportunity to address this scandal and I hope and **pray** you and your Lordships' House will seize it, to the benefit of all our nation's children"(*Hansard, House of Lords, Lord Stallard, 21<sup>st</sup> June 1993, Column 123, my emphases*).
5. ...[I]f the [Plymouth] **brethren** are to be referred to, they adhere to the **scripture** in **Romans, chapter 16, verse 19**, in which the **apostle Paul** says: "I would have you wise unto that which is **good** and simple concerning **evil**". The incidence of HIV and AIDS among them is nil (*Hansard, House of Lords, 6<sup>th</sup> July 1993, Lord Stallard 1993, Column 1300, my emphases*).
6. That can usually be done without **trespassing** into more sensitive areas.....I do not think that teachers need worry about **straying** a little into sex education when dealing with other lessons (*Hansard, House of Lords, Lord Stallard, 6<sup>th</sup> July 1993, Column 1302, my emphases*).

In extracts 1-6, the language used, whilst replete with religious symbolism, is not so extreme as that mentioned in the original extract; it is perhaps more reminiscent of religious belief, rather than religious fanaticism. In these instances, the subject positions which may be on offer in the text could be those of 'upholder of the right to religious freedom' 'Christian' or 'guardian of public morals'. Extracts 4 and 5 are particularly effective as they allow the speaker to use quite powerful religious language on behalf of *other* people, and perhaps function as a distancing device; to quote from scripture in the House of Lords may seem a little out of place for a secular Peer, but not so when one is merely reporting the views of a religious minority who have asked to be represented to the House. Extracts 2 and 6 are interesting in that they position sex education/sex educators negatively within the discourse ie. as sin/sinner, as evidenced by the repeated use of the word 'trespass'.

## *Medical Discourse*

In addition to the religious discourse, it is also apparent that a medical discourse permeates the text. Here, sex education is positioned as prophylaxis, an object which provides an almost physical barrier between the child and disease. In extract 7 below, it is interesting that the speech is prefaced by the speaker proclaiming herself 'a nurse', which immediately sets the scene for understanding the speech which follows from a medical viewpoint:

7. I should like to preface my brief contribution by emphasising that **as a nurse** I am intensely aware of the importance of educating young people about the significance of sexual activity, not only as it relates to *moral and family values*, but also as it relates to **health** and the risks of **disease**. The advent of **AIDS** has highlighted the need for health education to ensure that no young person is **exposed** unwittingly to **risks** (*Hansard, House of Lords, Baroness Cox, 10<sup>th</sup> May 1993, Column 1097, my emphases*).

There appears to be a caveat implicit in the text regarding the medical discourse, as it is set alongside, not in opposition to, the religious connotations of the phrase *moral and family values*. There is no suggestion (in this extract at least) that one discourse should claim more validity than the other, but there is a suggestion that the link between sex education and health emanated from concerns related to AIDS. Sexual 'health' therefore seems associated with the prevention of HIV infection, and is distinct from, but potentially compatible with, sexual morality. It is worth noting that the majority of references to sex education within a medical discourse focus heavily on HIV/AIDS, with only rare mentions of teenage pregnancy. Positioning sex education favourably within this discourse is an enduring feature of those speakers questioning the validity of a parental right to withdraw, rather than those who support such a right.

Similarly, in extract 8, health is seen as dependant on information. The use of extreme case formulations adds considerable force to the medical connotations:

- 8 The **health** of **each** of *our children* is dependent on the information available to **all** *our children* (*Hansard, House of Lords, Lord Eatwell, 21<sup>st</sup> June 1993, Column 132, my emphases*).

In addition, Lord Eatwell invites listeners to occupy the subject position 'parent' by his reference to *our children*. People who choose to identify with the parent position are thereby invited to accept sex education as a medical concern, amongst all the other medical concerns they may have regarding their children.

### *Recreational Discourse*

Sex education is constructed by all speakers as only acceptable when positioned outside the recreational discourse. This discourse is placed alongside the medical discourse in extract 9, implicitly associating the medical construction of sex education with lessons which are alleged to take place outside the confines of the 'moral considerations' required by statute. It is clear that in this extract, the medical discourse is in opposition to the religious discourse. In that it is argued that this form of sex education 'ceases to be funny' it is clear that the speaker rejects the validity of positioning sex education within that discourse. Two further points of interest here. Firstly, the issue of the apparent coyness of the speaker in detailing the words used, perhaps because they are more effective if left unsaid (one can only *imagine* how *shocking* they must have been), and secondly, the pupils in this class were 16 years old - above the legal age of consent- hardly the impressionable children that other speakers have referred to as in need of protection from explicit forms of education.

9. [A] lesson was given by someone from *Gloucestershire Royal Hospital's AIDS Department* who began the class by writing on the blackboard words which I shall not repeat to the it Committee unless requested. She then reportedly told the 16 year-olds about "**fun**" **condoms**...(....)Prima facie, that might seem to be rather **fun**. It is perhaps a rather more fun way of promoting sex education than happened when I was at school. *Apparently the whole lesson contained no reference whatever to any moral issues or to the value of practicing sex within marriage.* It appeared to promote sex as **fun**, to be practiced on the basis of safety conferred by the use of condoms - an approach referred to as a "**condom-based morality**". In that context it actually **ceases to be funny** (*Hansard, House of Lords, Baroness Cox, 10<sup>th</sup> May 1993, Column 1097, my emphases*)

In extract 10 below, there is a suggestion that modern-day sex education (content undefined) should be legislated against because it has a *direct* link with unrestrained sexual activity; presumably sex education is being positioned here in a recreational discourse insofar as it provides, in effect, *instruction or permission* to have, for example, multiple partners:

10. [T]he kind of sex education that is being given in schools today is not just information.. it is an *encouragement to promiscuity* (*Hansard, House of Lords, 10<sup>th</sup> May 1993, Baroness Elles, Column 1103, my emphasis* ).

### *Marital Discourse*

In contrast to the recreational discourse inhabiting the text as a foil for both sides of the debate, the marital discourse appears to occupy an elevated position in the text, insofar as all those who 'speak it' hold it up as an essential feature of sex as promoted via sex education. In extract 11 below, concern is expressed that the promotion of monogamy is lacking. Here, the marital

discourse is intertwined with the *religious discourse*, although, as in Willig (1999b) the marital discourse is a term used to include any mutually monogamous heterosexual partnership (not necessarily bound by marriage). The use of the 'safe sex' label may also have been appropriated from either medical or recreational discourses, and re-positioned in a more morally defensible discourse. Safe sex becomes a moral issue, not a health or pleasure issue:

11. I feel that the message that the **safest sex** is having **one partner** bound by *marriage* is hardly ever heard (*Hansard, House of Lords, Baroness Masham, 6<sup>th</sup> July 1993, Column 1308*).

In extract 12 it is clear that sex education is associated with families and *couples*. Sex as reflected in this educational experience is not, therefore, an individual concern, but imbued with emotion/commitment and the future possibility of children:

12. The Government are clear therefore that all sex education should take place within a framework which encourages pupils to consider the moral dimension of their actions. They should recognise the **value of family life and mutual respect** (*Hansard, House of Lords, Baroness Blatch, 13<sup>th</sup> May 1993, Column 1481*).

It is notable at this juncture that sex, morality and families appear almost indivisible in the text, an issue which is taken up later in section 5.6.

The final two discourses of sex education outlined below are strongly associated with either the proponents of the right to withdraw (sex education as corruption) or opponents (sex education as protection). Much of the debate consisted of these two discourses being pitched against each other in various ways, and they are introduced only briefly below, as they are discussed in much greater depth and detail in section 5.6.

### *Sex Education as Corruption*

Those speakers in favour of a parental right to withdraw drew heavily on the discourse of sex education as corruption. In extract 13 below, it can be seen that this discourse, rather neatly, *folds back on itself*:

13. Am I right in thinking that under the amendment it will be possible for a parent...to complain if the matter being taught is **corrupting** -if that is the correct word to use? (*Hansard, House of Lords, Earl of Perth, 6<sup>th</sup> July 1993, Column 1310, my emphasis*).

In some parts of the debate the supposed corrupting influence is aligned with 'abuse', and the use of the word 'peddled' conjures up the image of sex education as an illicit drug, which has

the effect of painting a picture of education as a mind-altering substance that becomes ingested. Such words seek to position those who distribute such material as social pariahs, child abusers, criminals. It is interesting to note, in extract 14, the words ‘if not all’ contain within them a suggestion that even members of the House are invited to apply for those positions:

14. At earlier stages, we heard a great deal about the **corruption** and **abuse** being **peddled** in certain cases to children. That is something against which I am sure almost all your Lordships, *if not all*, want children safeguarded (*Hansard, House of Lords, Earl of Perth, 6<sup>th</sup> July 1993, Column 1310*).

### *Sex Education as Protection*

In many instances where the right of withdrawal is questioned, references are made to the protective qualities of sex education. Sometimes, ‘protection’ is aligned with the religious discourse, so that sex education can be constructed as a “sacred task” (*Hansard, House of Lords, Earl of Perth 10<sup>th</sup> May 1993, Column 1103*) and in extract 15 below, such a juxtaposition is apparent:

15. **Unless they have information** and knowledge, they can **fall into the trap of temptation** that surrounds them. The temptations are far more powerful than the equipment that they have to resist them (*Hansard, House of Lords, Lord Houghton, 6<sup>th</sup> July 1993, Column 1306, my emphases*).

Here, in the use of words such as ‘temptation’ and the reference to the ‘equipment they have to resist’ (reminiscent of the phrase ‘the mind is willing but the flesh is weak’), protection is presumably from ‘sinful’ thoughts and/or behaviours. In aligning ‘protection’ with ‘religion’ rather than with ‘health’, there is a powerful counterpoint to the kinds of criticism highlighted in extract 9 above. In extract 16, a fragment of the protective discourse manifests itself in the word ‘shielded’. Here, it is not education which is ‘peddled’ (see extract 14) but sex itself. Here, the educator is invited to adopt the position of ‘protector’ as opposed to ‘abuser’, with sex itself positioned as abusive. However, this is not to give the impression that sex itself is a negative entity, as it has been ‘exploited’, apparently transformed into an enemy of the child by the dark forces of commercialism:

16. Children do not exist in a **shielded** environment. They grow up **attacked** from every direction by the cynical, **vicious**, commercial **exploitation** of sex. There is a desperate need for them to have reliable, authoritative information with which to **cope** with these cruel pressures (*Hansard, House of Lords, Lord Judd, 6<sup>th</sup> July 1993, Column 1317*).

Some of the illustrative extracts highlighted in this section do not only construct sex education. It is to these additional phenomena that the analysis now turns, drawing attention to several of the prominent discourses used to construct sex, HIV/AIDS, the family, and childhood.

## ***ii Constructing other phenomena related to sex education***

In the process of deconstructing 'sex education' in the debates, it is impossible to ignore the other social phenomena which are simultaneously constructed. Perhaps the most obvious social phenomenon which is constructed in the central 'topic' of sex education is sex itself. Whenever the words 'sex' or 'sexuality' are mentioned, they refer to heterosexuality; homosexuality is always referred to in specific rather than general terms.

### *Heterosexuality*

Speakers on both sides of the debate are unanimous in constructing heterosexual sex as natural, normal (extract 17), and part of the essence of a person, hidden but waiting to be discovered (extract 18):

17. [T]he needle not *normal* sex is a major source of AIDS (*Hansard, House of Lords, 10<sup>th</sup> May 1993, Earl of Halsbury, column 1099, my emphasis*).
18. ...discovering their own sexuality...(*Hansard, House of Lords, Lord Bishop of Guildford, 10<sup>th</sup> May 1993, Column 1111*).

Religious (extract 19), marital (extracts 19 and 20) and familial discourses (extract 21) frequently inhabit such dialogue.

19. [S]exuality should be recognised as an enormous and great gift. It is part of our responsibility to use it to create and sustain fulfilling personal relationships (*Hansard, House of Lords, Lord Bishop of Guildford, 10<sup>th</sup> May 1993, Column 1111*).
20. Do the right thing! Wait for the ring! (*Hansard, House of Lords, 21<sup>st</sup> June 1993, Lord Stallard, Column 125*).
21. We are talking about sex education as it relates to reproduction.... (*Hansard, House of Lords, Baroness Blatch, 6<sup>th</sup> July 1993, Column 1319*).



## *Homosexuality*

By contrast, homosexuality is never alluded to as ‘natural’ or ‘normal’ - indeed it is notable that it is never portrayed in a positive light throughout the debates. For the most part, those who wish to legislate for a parental right to withdrawal are most vociferous on this issue, whilst the opponents seem to sidestep the whole issue, very rarely making any direct mention of homosexuality. Homosexuality is constructed primarily as deviance (extract 22), immoral at worst and amoral at best (extract 23), and set outside moral/religious and the familial discourses:

22. We are talking about sex education as it relates to reproduction and not to some **deviant behaviour** which is involved in the other kind of sex education which has more to do with lifestyle (*Hansard, House of Lords, Baroness Blatch, 6<sup>th</sup> July 1993, Column 1319, my emphasis*).
23. It was in response to similar concerns over **amoral** teaching of sex education and the associated explicit promotion of **positive images of homosexuality** ...(...)...To have provisions designed to prevent that kind of **amoral, anti-family** teaching may be an inadequate safeguard..... (*Hansard, House of Lords, Baroness Cox, 10<sup>th</sup> May 1993, Column 1098, my emphases*).

Occasionally, a medical discourse also inhabits the text when constructing homosexuality, with medical expertise seen as synonymous with understanding homosexuality (extract 24). Such discourses seem to position homosexuality as ‘sickness’:

24. [W]e find that children in our schools are being taught that one in 10 males are homosexual and yet we have a **medical expert** saying that the number of **homosexuals** is less than 2 per cent...(Hansard, House of Lords, Lord Stoddart, 10<sup>th</sup> May 1993, Column 1109, my emphases).

## *HIV/AIDS:*

There are marked differences in the construction of HIV/AIDS in the debates, largely along the lines of the speakers position *vis a vis* the parental right of withdrawal. Many of those in favour construct HIV as a minority issue (usually, but not always in relation to homosexual activity - see extract 17 above). There are several references to what is described as an ‘AIDS industry’, which is seen as an attempt by unnamed promoters of homosexuality to infiltrate the educational system and divert public money (extract 25) to further their own aims. Lord Stoddart complains:

25. It seems to me that we have been taken for a ride not only in relation to education but to public expenditure, too (*Hansard, House of Lords, Lord Stoddart, 10<sup>th</sup> May 1993, Column 1109*).

Whilst some opponents, for example Baroness Jay, simply reject that discourse in its entirety, others prefer to (re)construct HIV/AIDS as a universal phenomena, and certainly one which intertwines with heterosexual identities. Extract 26 is particularly interesting, as it combines heterosexuality, HIV infection, both the **permissive** and the *marital* discourse, and sex education:

26. HIV infection is still rising. Notably, it is rising in the heterosexual population...ignorance about HIV is widespread...let us suppose, for example, that a young person is not aware that heterosexual activity can be a source of AIDS and cheerfully informs **a new partner** - *perhaps someone who is become a permanent partner* - that there is nothing in his or her personal **sexual history** that could be a threat, not realising the contrary to be the truth. That is why it is vital that every child should receive a clear, accurate education in the facts about HIV infection. The health of each of our children is dependent on the information available to all our children (*Hansard, House of Lords, Lord Eatwell 21<sup>st</sup> June 1993, Column 131-132, my emphases*).

### *The family*

Two particular constructions of the family are of interest in the text. Firstly, the uncontested construction of the family as natural and the basic building block of a strong society. In extract 27 below, a *religious* discourse enters the text, which renders the ‘preacher’ a hypocrite, saying one thing, whilst doing another (making sex education compulsory for all). Hence, sex education becomes associated with an attack on both the family and society:

27. It is no use *preaching* that the family is the **natural** unit of a **healthy** society and then doing something calculated to undermine it (*Hansard, House of Lords, Earl of Halsbury, 10<sup>th</sup> May 1993, Column 1099, my emphases*).

The second pervasive (yet contested) discourse is one which I have named the ‘hearth-and-home’ discourse, as it conjures up images of two loving parents who work in unison to nurture children and protect them from all the harsh realities outside of the warmth and security of the family; an idealised family who can apparently do no wrong. Not surprisingly, this discourse frequently inhabits the dialogue of those who seek to create additional rights for parents (extract 28). Attacks on this construction tend to come from those who oppose the creation of such rights. In particular, attention is drawn to the possibilities of abuse within the home (extract 29), and the possibility that some families may themselves have a degree of ignorance

regarding HIV/AIDS (extract 30):

28. I believe that only the most concerned and responsible parents will seek to exercise that right (*Hansard, House of Lords, Lord Stallard, 10<sup>th</sup> May 1993, Column 1094*).
29. ...those who have been involved in sexual abuse may opt their children out of sex education at school because of the fear of disclosure.... (*Hansard, House of Lords, Baroness Jay, 6<sup>th</sup> July 1993, Column 1295*).
30. I have asked movers of the amendment "Are you totally confident that those parents who might withdraw their children from sex education are well informed as to the characteristics of HIV infection? Are you confident that they will keep themselves up to date? Are you equally confident that they will instruct their children fully and accurately?" In the current climate of fear, prejudice and misinformation, I submit that no *reasonable* person can hold those opinions with confidence (*Hansard, House of Lords, Lord Eatwell 21<sup>st</sup> June 1993, Column 132, my emphasis*).

Extract 30 makes explicit some of the possible implications of the 'hearth-and-home' discourse in the context of sex education, and position those who espouse it as 'unreasonable' in this context.

### *Childhood*

Much has been said thus far about the construction parents, but little about children. Regardless of the position adopted by speakers *vis a vis* the voting, all speakers appear to construct childhood as a time when children are in a state of innocence which should be preserved for as long as is practicable (extracts 31, 32), a state which is dissipated when a child acquires sexual knowledge. In this respect, it could be argued that a biblical discourse creeps into the text, with the obvious parallels to the Creation account in Genesis

31. [Y]oung children should not be **deprived** by the education system **of their innocence**. But quite young children who come out into the playgrounds at primary schools have already **lost their innocence** through confused and mixed messages from their surrounding culture....if they are to be deprived of innocence it is surely better that it should be done accurately and sensitively rather than by innuendo and hearsay (*Hansard, House of Lords, Lord Kilmarnock, 21<sup>st</sup> June 1993, Column 136*).
32. [B]y the age of 11 the **innocence** of a great many children is **sadly** already fairly **frayed** (*Hansard, House of Commons, Mr. Howarth, 19<sup>th</sup> July 1993, Column 35*).

The equating of innocence with an ignorance of matters sexual is further suggested by the image of the child as asexual until adolescence. In extract 33, it is implied that sexuality is either non-existent or dormant in the child, until puberty:

33. I cannot think of any excuse why children should not have the information at **puberty** because that is when **sexuality becomes a real issue** for the vast majority of them (*Hansard, House of Lords, Lord Addington 21<sup>st</sup> June 1993, Column 128, my emphases*).

Whether children can or should be ‘shielded’ from sexual information thereafter is a point of contention in the text, with those opposing the right to withdraw pupils from sex education constructing the child as rather more autonomous (extract 34), and entitled to individual rights separate from those of the parents (extract 35):

34. They lead lives which their parents may not know about, may not wish to know about and may not contemplate. To ignore that fact is simply to ignore the realities of life. The children may not be leading lives which any of us would necessarily wish to repeat. They may not be leading lives which, as parents, we should commend. But we must acknowledge that they are becoming sexually experienced at a very young age and that they seek to experience their own autonomy (*Hansard, House of Lords, Baroness Jay, 6<sup>th</sup> July 1993, Column 1295*).
35. The Children Act respects the autonomy of young children but the United Kingdom is also signatory to the UN’s international convention on children’s rights, which gives entitlement to education and information that enables the child to lead a responsible adult life. The European court has now ruled to give young people a right to education in this area (*Hansard, House of Lords, Baroness Jay, 6<sup>th</sup> July 1993, Column 1295*).

## 5.5 The creation of two main ‘Discursive Positions’ in the text

The aim of this present section is to make the two distinct Discursive Positions A and B explicit, to ‘peel back the edges’ and let them reveal themselves more clearly to the reader. The coding procedure produced a relatively small number of common themes which ran through the text. Once coded, the themes were compared and contrasted across those voting for or against the relevant amendments put forward in section 5.3 above. These themes were then arranged to ‘map the world’ (cf. Parker, 1992: 12) as seen from within the two main Discursive Positions, to allow those positioned therein, in effect, to present their own world views.

The extracts below illustrate these themes, which seem to suggest, using the speakers own words and phrases, how the world appears to be constructed by those who identify with these discursive positionings. These extracts offer insight into how the social world may appear from the vantage points of Discursive Positions A and B respectively. Finally in this section, a preview of ‘winners and losers’ within each discursive position (cf. Parker, 1992) and points of contention within those positions are highlighted to set the scene for section 5.6.

I have chosen, at this point, to label these two discursive positions Discourse ‘A’ and Discourse ‘B’ rather than the more usual convention of giving them descriptive names, as, in this context, the politics of naming poses a danger. Discourse A could have been labelled the ‘conservative’ or ‘traditional’ discourse, and discourse B the ‘liberal’ or ‘permissive’ discourse, but this not only encourages an assessment of them in terms of party politics, but also obscures, or even contradicts, a deeper, more interpretative level of analysis which reveals that these discursive positions are not as diametrically opposed as they first appear (cf. section 5.6).

### *i      Thematic analysis of Discourse A*

Discourse A encapsulates the basic line of argument taken by those calling for legislative change marked by a tendency to construct sex education as a problem, and the central metaphor is one of corruption. Distilled into a single statement, the central tenet of this philosophy is that ‘*sex education is the problem, morality is the solution*’. Its world-view is mapped out along the following thematic dimensions, and appears to function as a call for a return to ‘old fashioned values’:

#### *Defining education*

Proponents of legislative change made frequent allusions to the nature of sex education. Commonly references were made to heterosexuality, reproduction, the suitability of content and the amount of sex education deemed appropriate. In the majority of utterances, sex education is constructed as desirable only if very narrowly defined, usually in terms of basic reproductive ‘facts’:

- 36      We are talking about sex education as it relates to reproduction and not to some of the deviant behaviour which is involved in the other kind of sex education which has more to do with lifestyle (*Hansard, House of Lords, Baroness Blatch, 6<sup>th</sup> July 1993, Column 1319*).

It is emphasised that sex education should focus exclusively on heterosexual activity. Specifically, the need for *HIV education* is not seen as particularly pressing, as the risk to heterosexuals from HIV/AIDS has been conflated by an overly powerful AIDS lobby. As Lord Stoddart explains:

- 37        We have been told that there was to be a great epidemic. Indeed my noble friend Lady Jay suggested that we might be on the brink of a Black Death. I have not heard people shouting ‘Bring out your Dead’ yet ...But now the Government have admitted...that the long prophesied HIV and AIDS epidemic has not materialised in the way it was predicted (*Hansard, House of Lords, 10<sup>th</sup> May, Lord Stoddart, column 1109*).

According to Lord Stoddart, estimates of the extent of homosexuality in the population are “propaganda” and “a downright lie” (*Hansard, House of Lords, 10<sup>th</sup> May, Lord Stoddart, Column 1110*). The link between homosexuality and death from AIDS was emphasised several times:

- 38        Of the 5,000 regrettable deaths over the last 10 years, only 62 involved heterosexuals (*Hansard, House of Lords, 10<sup>th</sup> May, Baroness Elles, column 1110*).

Even amongst those, there is still conjecture about whether HIV is heterosexually acquired:

39.        [T]he needle not *normal sex* is a major source of AIDS (*Hansard, House of Lords, 10<sup>th</sup> May 1993, Earl of Halsbury, column 1099, my emphasis*).

In addition to being defined narrowly in terms of heterosexual reproductive facts, there is absolute consensus that such education should be firmly grounded in morality:

- 40:        The Government are clear therefore that all sex education should take place within a framework which encourages pupils to consider the moral dimension of their actions. They should recognise the value of family life and mutual respect (*Hansard, House of Lords, Baroness Blatch, 13<sup>th</sup> May 1993, Column 1481*).

It is often claimed that what was being ‘called’ sex education in schools, may fall outside of the narrow definition suggested above:

41.        [I]n some schools much was being justified under the broad heading of sex education... (*Hansard, House of Lords, Lord Stallard, 10<sup>th</sup> May 1993, Column 1091*)

.... and that the moral framework had been “abandoned” in some schools (*Hansard, House of Lords, Lord Stallard, 10<sup>th</sup> May 1993, Column 1091*).

The overall suitability of educational content is a central concern, and appropriate consideration of the suitability of the materials for children at various ages is seen as of paramount importance, as Viscount Caldecote points out:

42. There is the balance between the potential damage which can be done by too little instruction as against the potential damage which can be done by giving sex education which is unsuitable because of content in relation to the state of the child's development (*Hansard, House of Lords, Viscount Caldecote, 6<sup>th</sup> July 1993, Column 1307*).

In terms of the appropriate amount of sex education, the general feeling generated is one of 'less is more'. Some sex education is clearly seen as beneficial, but concerns are expressed that to some extent, and maybe a large extent (it is difficult to gauge consistency of this view across the speeches), the National Curriculum (Science) is being used as a vehicle for unsuitable information:

43. ...I am among many of your Lordships who were angered when we discovered that what we regarded as over explicit AIDS education had somewhat surreptitiously appeared in the national science curriculum for 11 year- olds. (*Hansard, House of Lords, Lord Pearson, 21<sup>st</sup> June 1993, Column 127*).

Sex education has a tendency to be construed as best provided in discrete periods, as, in this way, parents could withdraw their children more easily than at present. At present, sex education has the potential to be relatively unconstrained, as it was alleged to have been prior to the introduction of Clause 28:

44. [S]ex education can be addressed elsewhere in the curriculum, particularly under the aegis of AIDS education and especially in the Science curriculum. That opens the possibility for a recurrence of similar teaching in other guises. Presumably many of the staff in post are still the same as those who were there a few years ago. Therefore to have provisions designed to prevent that kind of amoral, anti-family teaching limited to guidelines may be an inadequate safeguard and, surely, it is desirable to have them on the face of the bill (*Hansard, House of Lords, Baroness Cox, 10<sup>th</sup> May 1993, Column 1098*).

Formal education may be necessary at some level, but it has the potential to corrupt.

### *Knowledge-behaviour link*

Amongst those who supported the right of parental withdrawal, there were frequent allusions to a linear relationship between sexual knowledge and sexual behaviour. As Baroness Elles states:

45. [T]he kind of sex education that is being given in schools today is not just information; it encourages them to act on it. It affects their moral outlook, their moral behaviour and their conduct in general...It is not just information; it is an encouragement to promiscuity (*Hansard, House of Lords, 10<sup>th</sup> May 1993, Baroness Elles, column 1103* ).

It is reported that sex education has failed to alter behaviour in the desired direction (less), and this, in turn, is used as the impetus for addressing issues around young people's sexual behaviour and moral codes, and the possible causal link between unsuitable education and undesirable outcomes of sexual activity:

46. We have a moral decline. Is it possibly because of some of the sex education that has been going on in schools? Sex education has been so effective that it has done very little to reduce the numbers of young people indulging in sex under the age of 16 and the number of pregnancies of girls under the age of 16 (*Hansard, House of Lords, Baroness Blatch, 6<sup>th</sup> July 1993, Column 1320*).

### *Hierarchy of rights and responsibilities*

Another theme which permeates the dialogue concerns the rights and responsibilities of various sections of society. The State invests in people certain rights, and with those rights come responsibilities. Whilst it is universally agreed that sex education is necessary, it is primarily seen as the responsibility of parents rather than the State. Proponents of this discourse seem to encourage parents to see withdrawal of their children from sex education as not only a 'choice' but as a 'right'.

The rights of the parents are thus conceptualised as above those of the school. Historically, school governors had their rights elevated above those of the parents, and change in this respect was called for. Several speakers argued that the National Curriculum had over-ridden the roles of parents and school governors in this regard. In the hierarchy of rights with respect to sex education, the National Curriculum must be below that of the school governors, who should have the responsibility of stating whether or not their school provides sex education, and what form and content it will take.

To safeguard these 'rights', and prevent further erosion and/or confusion, parliament has a clearly defined responsibility to create a "backstop provision" (*Hansard, House of Lords, Lord Stallard, 10<sup>th</sup> May 1993, Column 1094*). It is typically envisaged that this might occur when sex education provision made by the school is inappropriate, especially in view of the sensitivities of certain religious and ethnic groups to such topics. In this way, the law extends the parental rights already in existence in relation to religious education to sex education.

These rights are described as necessary because of the role of *personal conscience* in this area.



It was claimed that parents had “genuine anxiety” (Hansard, House of Lords, Lord Stallard, 10<sup>th</sup> May 1993, Column 1096) regarding the kinds of sex education taking place in schools, inevitably, as:

47. ...sex education necessarily trespasses into areas of personal morality and therefore personal conscience (*Hansard, House of Lords, 10<sup>th</sup> May 1993, Lord Stallard, column 1094*).

Politicians, too, are not outside, but *within* this sphere, and personal concerns in this domain may take precedence over political concerns, even if they are in direct conflict with their political allegiance. As Lord Stallard retorted when questioned in this matter:

48. I do not accept any party decisions on my conscience. I never will and I never have (*Hansard, House of Lords, 10<sup>th</sup> May 1993, Lord Stallard, column 1117* ).

### *Social Organisation*

References are frequently made throughout the debates to social organisation, particularly with respect to the model of the person implicit in the dialogue, and the ways in individuals are, or should be, placed in society. From Discursive Position A, it is said that people and the social structures within which they interact have natural states and positions within the social order. For example, children are born into *families* which are seen as the basic building blocks of society; a family here is narrowly defined, consisting of two heterosexual married parents with children:

49. I want to paint a scenario where two parents -mother and father- ask to meet the person designated as responsible for their child’s education... (*Hansard, House of Lords, Lord Pearson, 21<sup>st</sup> June 1993, column 127*).

Any educationalist wishing to exploit a loophole in existing guidelines (such as extending the meaning of the word ‘family’ to include single parents or same sex unions) was left in no doubt that this is not acceptable:

50. I should have thought your Lordships had precisely the normal family in mind when this house passed the wording of the 1986 Education Act and the 1988 Local Government Act - and how right you were (*Hansard, House of Lords, Lord Pearson, 21<sup>st</sup> June 1993, Column 128* ).

Parents (in this case those who choose to exercise their right to withdraw) are described as “discerning” (Hansard, House of Lords, Baroness Blatch, 6<sup>th</sup> July 1993, Column 1292).

Within this familial context, children are said to be born innocent, and this childhood innocence should be maintained for as long as possible, certainly into adolescence. It is during adolescence that young people are assumed to become naturally curious about sexual matters that have hitherto not concerned them; they are essentially asexual up to this point. Parents and their children (under parental guidance) have a right to decide what is appropriate in terms of sex education, which, in turn, necessitates a non-interventionist stance of behalf of the Government - they must “leave the matter to the people” (Hansard, House of Lords, Earl of Perth, 10<sup>th</sup> May 1993, Column 1104).

From this vantage point, other societal institutions such as the Church are seen as having a role to play in terms of teachings on sexual matters, both as teachers and guardians of public morality. The over-riding concern appears to be that societal institutions -families, schools, church and State- should promote ideals over and above the ‘harsh realities’ of modern life.

### *Problems and solutions*

Discourses can only truly be coherent and whole if they possess a sense of closure (Smith, 1990), therefore it is useful to consider whether the world-as-construed from within Discourse A is able to be able to provide ‘solutions’ to the phenomena identified as ‘problems’. The themes outlined above suggest that the major problem is the potentially corrupting influence of sex education. The proposed solution is one of moral vigilance. This moral vigilance is centred around the idea of promoting a single moral code. Sexual morality and family life are seen as inextricably linked, perhaps most clearly illustrated in the contributions of Lord Stallard to the debates, who explicitly advocates a form of sex education promoting the expression of sex only within marriage. As an example, consider the words of The American Abstinence Movement, cited by Lord Stallard:

51. [D]o the right thing! wait for the ring! (Hansard, House of Lords, 21<sup>st</sup> June 1993, Lord Stallard, column 124).

Within Discursive Position A, the promotion of ‘safe sex’ cannot be a substitute for the promotion of ‘morality’; those positioned within Discourse A are vehemently opposed to any form of “condom-based morality” (Hansard, House of Lords, Baroness Cox, 10<sup>th</sup> May 1993, Column 1097). As Lord Ashbourne so forcefully puts it:

52. [ I] believe that the *real* answer for dealing with AIDS and other sexually transmitted diseases is for the Government to take their courage in both hands and *tell* citizens that, if they want to avoid those diseases, they should be chaste before marriage and faithful within it (*Hansard, House of Lords, 10<sup>th</sup> May 1993, Lord Ashbourne, column 1106, my emphases*).

Careful reading of the thematic content of Discursive Position A, especially the solutions proffered, confirms that it is not fully complete. It contains marked disjunctures which render the world-as-construed from that vantage point open to valid criticism. For example, Lord Stallard's frequent calls for the State to adopt a 'moral' stance in relation to sex education is apparently at odds with his production of 'evidence' suggesting that sex education per se has no effect on behaviour. If this is so, the evidence produced precludes the need for any sex education at all; if all sex education is ineffective, why have any at all? Or why promote one version over another?

There are several further unresolved issues in the text; for example, it is widely acknowledged that parents have ultimate responsibility to educate their children in sexual matters, but also that children find it difficult to talk to them (and vice versa). A further issue left unresolved is that of what position teachers should adopt if asked spontaneous questions by 'withdrawn' children, or in classes where they might be present, and where this leaves the responsibility of teachers *vis a vis* the rights of parents. Given that the protection of the child from corruption is a key issue, there also appears to be insufficient attention directed towards the notion of how to reconcile the probable exposure of the child to the "grubby half-truths of the playground" (*Hansard, House of Lords, Lord Bishop Guildford, 21<sup>st</sup> June 1993, Column 130*) when children are excluded from formal sex education lessons.

Finally, the impossibility of teaching the *biological* aspects of sexual maturation and reproduction as a set of 'facts' within the National Curriculum (Science), which is wholly differentiated from sex education (which must be taught within a *moral* framework), is never elaborated upon. Sex education cannot be exclusively biological (in science) whilst simultaneously moral. Indeed, Lord Elton, himself a proponent of the compulsory right to withdraw, would find himself in the impossible position of ensuring his grandchildren, in National Curriculum (Science), receive the very kind of sex education he so vehemently opposes:

53. I would wish my grandchildren to be withdrawn from lessons in which sexual activity was taught as a subject in a moral vacuum as a purely mechanical, biological function because that is true of animals but not of human beings (*Hansard, House of Lords, Lord Elton, 6<sup>th</sup> July 1993, Column 1315*).

In addition of the lack of closure in Discourse A, it is worthwhile at this point to consider Parker's (1992) auxiliary criteria, to consider which institutions may be either reinforced or subverted by such discourse, and which persons gain and lose therein.

As with all discursive structures there is an ever-present power dimension (Parker, 1992). Net gainers in Discourse A appear to be:

- i. The democratic process itself, through its reification as a vehicle for moral, social and juridical good
- ii. Medical Institutions, whose 'proofs' are used to support the 'truth'
- iii. Marriage and the family, in their status as the natural unit of society.
- iv. Discerning parents, insofar as they are accorded new 'rights' in law
22. Vulnerable children, who are withdrawn from the potentially corrupting influence of sex education.

Conversely, there are net losers:

- i. Non-standard families, who are no longer accorded the status of a 'real' family, and are implicated in the 'moral decline'
- ii. Moral pluralists, with their 'subversive' or 'permissive' views about sexuality
- iii. Schools governors, who will have their current responsibilities superseded by the rights of parents.

This thematic analysis of Discourse A highlights many issues which pave the way for a world-view which is quite distinct from that mapped out by Discursive Position A.

## ***ii Thematic Analysis of Discourse B***

Discourse B encapsulates the basic line of argument taken by those who wish to veto a parental right to withdraw their child from sex education classes. Many speakers demonstrated a marked tendency to construct sex education as a panacea, and the central metaphor is one of protection. Distilled into a single statement, the central tenet of this philosophy is that '*promiscuity is the problem, education is the solution*'. Its world-view is mapped out along the

following thematic dimensions, and appears to function as a call for openness in matters sexual, and a rejection of 'Victorian values'.

### *Defining education*

In the dialogue of those adopting Discursive Position B, sex education is conceptualised as essential primarily because of the threat of HIV infection amongst young people. AIDS is posited as a global risk and sex education as providing life saving information. In contrast to Discursive Position A, it is seen as thoroughly irresponsible to deny the risk to heterosexuals, as:

54. HIV infection kills. It kills with certainty and it kills the young. Those characteristics distinguish the virus from almost all other viruses prevalent in the British population. Fortunately HIV infection is also preventable (*Hansard, House of Lords, Lord Eatwell, 10<sup>th</sup> May 1993, Column 1104*).

Therefore, such education should be given at every opportunity:

55. Every opportunity for ensuring that the pupil learns must be grasped (*Hansard, House of Lords, Baroness Brigstocke, 6<sup>th</sup> July 1993, Column 1304*).

It is generally accepted that the majority of children want more discussion of sexual matters at earlier ages, and it is assumed that the present situation regarding sex education does not adequately meet their expressed needs. Young people are receiving "too little... too late" (*Hansard, House of Lords, Baroness Jay, 10<sup>th</sup> May 1993, Column 1107*).

It is argued that in countries where sex education is not so thorough, the HIV rate is higher than in the UK. For these reasons, it is argued that sex education needs to be broad-based and explicit, as: "[h]alf information is bad information" (*Hansard, House of Lords, Lord Kilmarnock, 10<sup>th</sup> May 1993, Column 1102*).

With regards to the moral grounding of sex education, whilst it is unanimously agreed that education must be given within a moral framework with due regard for family life, such phenomena are interpreted in a rather more pluralistic manner, as "one man's moral code is another man's draconian measure" (*Hansard, House of Lords, Lord Addington, 10<sup>th</sup> May 1993, Column 1102*).

In essence, the protective qualities of sex education are stressed. Young people are considered to need protection from pervasive risks within their social world:

56. [T]hey are living in an environment in which they are bombarded by advertising, videos and the exploitation of sex. Somewhere or other there is a need to shore them up to help them to weigh and evaluate that to see it for what it really is...we are talking about the need to support our children in a turbulent and exploitative world (*Hansard, House of Lords, Lord Judd, 21<sup>st</sup> June 1993, Column 138*).

The risks are of such magnitude that failing to provide information could have life-threatening consequences:

57. The risk faced by young people who do not learn the facts about HIV and AIDS is not the risk of an emotionally stunted life not the risk of moral confusion. The risk that they face is death. AIDS kills; it kills with certainty and it kills the young. And AIDS is catching (*Hansard, House of Lords, Lord Eatwell, 6<sup>th</sup> July 1993, Column 1311*).

The proposed changes in legislation are accordingly dangerous as:

58. They are a restriction on information - and in this field information is the key (*Hansard, House of Lords, Lord Addington, 10<sup>th</sup> May 1993, Column 1102*).

...and:

59. The health of each of our children is dependent on the information available to all our children (*Hansard, House of Lords, Lord Eatwell, 21<sup>st</sup> June 1993, Column 132*).

### *Knowledge-behaviour link*

As seen above, from the vantage point of Discursive Position B, all young people are seen as needing full and detailed sex education. Although the precise nature of the education deemed appropriate is never detailed directly, the link between sex education and sexual behaviour is clear. Unlike sex education as construed within Discourse A, it does not encourage promiscuity, rather it has the potential to prevent risk behaviours by shielding the recipient from 'sexual temptation':

60. Unless they have information and knowledge, they can fall into the trap of temptation that surrounds them. The temptations are far more powerful than the equipment that they have to resist them (*Hansard, House of Lords, Lord Houghton, 6<sup>th</sup> July 1993, Column 1306*).

It is argued that liberal attitudes and detailed sex education from an early age reduces the likelihood of 'problematic' outcomes of sexual behaviour such as unintended pregnancy and STD infections, including HIV/AIDS, and is more likely to delay the onset of first intercourse

than advance it. As Lord Kilmarnock states:

61. There is no evidence that early awareness leads to a life of more partners and greater promiscuity. In fact, the evidence goes the other way (*Hansard, House of Lords, Lord Kilmarnock, 10<sup>th</sup> May 1993, Column 1101*).

### *Hierarchy of rights and responsibilities*

This theme takes a different turn from with Discursive Position B. Here, democratic rights and responsibilities are seen to take precedence over individual rights of both parents and children. In a democracy, the rights of the majority have precedence over those of the minority, and it is argued that the majority of parents want sex education in schools. Moreover, affording a minority of parents the right to withdraw their child from sex education could reduce the extent and effectiveness of the resultant sex education for the children of the majority, by failing to keep their children fully informed.

There is an implicit hierarchy of rights, and the rights of the child outweigh the rights of the parents in this domain:

62. I do not believe that the rights of the parents in these matters outweigh the rights of children or the rights of society (*Hansard, House of Commons, Mr. Howarth, 19<sup>th</sup> July 1993, Column 36*).

The care of the child is paramount, and this includes having respect for a child's growing sense of autonomy:

63. We have to acknowledge that in this country today many young people have a sense of autonomy. They have a sense of their own understanding of what they want...It is frankly inappropriate in this day and age for us to assume either what their children are doing or indeed what they want to do (*Hansard, House of Lords, Baroness Jay of Paddington, 10<sup>th</sup> May 1993, Column 1108*).

In addition, the responsibility of the State is to ensure that the 'rights' of the child take precedence over the wishes of the parents:

64. The Children Act respects the autonomy of young children but the United Kingdom is also signatory to the UN's international convention on children's rights, which gives entitlement to education and information that enables the child to lead a responsible adult life. The European court has now ruled to give young people a right to education in this area (*Hansard, House of Lords, Baroness Jay, 6<sup>th</sup> July 1993, Column 1295*).

However, even children do not have an absolute right to *withdraw* from sex education, as the rights of society at large are positioned above those of the individual, whether adult or child, as:

65. HIV infection is a social issue, not a family issue (*Hansard, House of Lords, Lord Eatwell, 10th May 1993, Column 1105*).

### *Social organisation*

As from Discursive Position A, those positioned within Discourse B speak about people and the social structures within which they interact as having natural states and positions within the social order. Some of these contrast quite markedly with the picture painted earlier. In particular, the family is not necessarily the best arbiter of decisions regarding the child.

The family into which a child is born is conceptualised as imperfect; parents can be ignorant about the threat of HIV infection, and from the vantage point of Discourse B, it is recognised that HIV education is too important an issue to be left to them. It is feared that some parents may even attempt to cover up sexual abuse within the family by withdrawing their children from classes. Thus parents exercising a right to withdraw will not necessarily be ‘discerning’, but fallible, in need of help or guidance. A Baroness Jay reasoned:

66. My fear is that that tiny minority may be precisely those most in need of sexual support and education within school rather than in their home. Those children may be unwillingly opted out and may be opted out in circumstances which are detrimental to their well-being...those who have been involved in sexual abuse may opt their children out of sex education at school because of the fear of disclosure. That is not a wild red herring but comes from the NSPCC - a very authoritative source. (*Hansard, House of Lords, Baroness Jay, 6<sup>th</sup> July 1993, Columns 1294-1295*).

As parental fallibility or ignorance is a possibility, denying a right to withdraw should not be seen as a generalised attack on the family, but a means of safeguarding it in much broader terms:

67. It is not an attack on family life; it is a defence of life itself (*Hansard, House of Lords, Lord Eatwell, 10<sup>th</sup> May 1993, Column 1105*).

The child born into the family as seen from Discourse B parallels the child in Discourse A insofar as it is assumed that children are born innocent, and innocence is a state which should be preserved for as long as possible. Indeed, Lord Kilmarnock regrets that:

68. [Q]uite young children who come out into the playgrounds at primary schools have already lost their innocence through confused and mixed messages from their surrounding culture (*Hansard, House of Lords, Lord Kilmarnock, 21<sup>st</sup> June 1993, Column 136*).



However, in contrast to Discourse A, innocence is not necessarily an idyllic state, as it affords risk. In their innocence children are at risk, and the State, somehow, must take on a duty of protection:

69. Children do not exist in a shielded environment. They grow up attacked from every direction by the cynical, vicious, commercial exploitation of sex. There is a desperate need for them to have reliable, authoritative information with which to cope with these cruel pressures (*Hansard, House of Lords, Lord Judd, 6<sup>th</sup> July 1993, Column 1317*).

This is seen as especially important during adolescence, which is characterised as a time of “natural curiosity” (*Hansard, House of Lords, Earl of Halsbury, 10<sup>th</sup> May 1993, Column 1099*). Protection, in the form of information, cannot be entrusted to the family, as the highly charged emotional state of adolescence makes familial communication impractical:

70. At that age, the emotional undercurrents are often too strong to be managed in that context (*Hansard, House of Lords, Lord Bishop of Guildford, 6<sup>th</sup> July 1993, Column 1309*).

The potential dangers in sexuality are seen as indivisible from the social environment. Sex is spoken of as imbued in our culture, and it is argued that both Church and State have to recognise this reality and work with it. As the statutory duty of schools is to prepare the child for adult life, the responsibility of the State takes precedence if there is a conflict between the school’s duty and the parents’ wishes. Like children, Society is also seen as ‘under threat’ and in need of protection:

71. Society has the right to be protected from the spread of a lethal virus, just as it has the right to be protected from lethal driving or any other homicidal activity (*Hansard, House of Commons, Mr. Howarth, 19<sup>th</sup> July 1993, Column 37*).

The threat is sufficiently great that it cannot be cast as merely a family problem, as summed up by Mr. Howarth:

72. I do not believe that the rights of parents in these matters outweigh the rights of children or the rights of society (*Hansard, House of Commons, Mr. Howarth, 19<sup>th</sup> July 1993, Column 36*).

### *Problems and solutions*

The themes outlined above suggest that the major problems are those of sexual promiscuity and its material outcomes, teenage pregnancy and disease. The proposed solution is sex education. It is argued that promiscuity can be overcome, or at least its material effects can be neutralised, through education. Present trends in HIV infection and teenage pregnancy are conceptualised as

reversible through sex education. Evidence for this is presented by making cross national comparisons:

73. In Holland, against a background that I think most members of the Committee would regard as rather liberal in its sexual mores, a detailed, open, sexual health education starts in primary school. That country has the lowest rate of teenage pregnancy in the industrial world. That compares favorably with our poor record in this country of the highest teenage pregnancy rate in Western Europe. The conclusions that can be drawn from that are obvious. (*Hansard, House of Lords, Baroness Jay of Paddington, 10<sup>th</sup> May 1993, Column 1107*).

The problematic outcomes of teenage sexual behaviour can be reduced, as information is a prerequisite to responsible decision-making regarding health. For example, education about AIDS is argued to have kept the figures for the UK amongst the lowest in Western Europe:

74. [S]ex education in our schools....led to some of the facts on which we can congratulate ourselves, such as the low HIV rate in this country (*Hansard, House of Lords, Baroness Jay, 6<sup>th</sup> July 1993, Column 1322*).

It is recognised that there are many different moral codes, and parents who are worried about the moral code implicit in the school's provision can give their child what they perceive to be the 'correct' one at home:

75. If the moral standpoints are presented in the home they will have effect if the child is receptive to them. If they are not, the moral objections will not matter (*Hansard, House of Lords, Lord Addington, 21<sup>st</sup> June 1993, Column 128*).

Careful reading of the thematic content of Discursive Position B, especially the solutions proffered, confirms that, like Discursive Position A, it is not fully complete. It too contains marked disjunctures which render the world-as-construed from that vantage point open to equally valid criticism. Several unresolved issues and ambiguities permeate the Discourse. For example, sex education is given the credit for the low incidence of HIV infection in the UK, but there is no corresponding explanation of why it has failed to reduce the teenage pregnancy rate, or how it can maintain its exalted position in view of those figures.

Similarly, if the world-as-construed for Discourse B were complete, one may wish to ponder the question of why the idea of a 'trade-off' is so tempting:

76. **The 64,000 dollar question** is whether the government are prepared to accept the trade-off of removing something from the national curriculum and overturning the current non-mandatory nature of sex education in the 1986 Act in return for mandatory sex education plus a conscience clause...**I shall be completely frank. I find it difficult to choose** (*Hansard, House of Lords, Lord Kilmarock, 21<sup>st</sup> June 1993, Column 136, my emphasis*).

In addition to the lack of closure in Discourse A, when considering Parker's (1992) auxiliary criteria, certain institutions can be seen as advantaged by this Discursive Position:

- i. As with Discourse A, one of the net gainers in Discourse B is the democratic process itself, reified by virtue of being the vehicle of the debate.
- ii. Researchers
- iii. Educators
- iv. Those working for AIDS related organisations
- v. The State, as society as a whole is seen to benefit from protective education
- vi. Pluralism/Liberalism, as 'alternative' views are given equity with, or are seen as superior to, 'traditionalist' views
- vii. Children, all of whom who receive compulsory education benefit from its protective influence.

Conversely, net losers are created in this Discourse:

- i. Traditionalists, who are made to accept alternative definitions of appropriate behaviours and the existence of moral codes which do not reflect their moral absolutism
- ii. Parents, whose rights are assigned lower priority than their children's rights.

### ***iii Creating Discursive Realities***

Within the general dialogue, at a higher level of abstraction than the individual discourses, these two broad-based positions A and B appear to 'stand alone', easily identifiable, cohesive standpoints fashioned from the available linguistic sources, demonstrating consistency within the group and notable variety between the two groups. At this level of analysis, a cohesive pattern of images builds up a compellingly constructed world view, the acceptance or rejection of which confers particular contestable subject positions, some of which have been mentioned in passing in the preceding sections.

The rather polarised nature of the Hansard debates gives a ready opportunity to explore the various rhetorical devices used to promote such world-views as both truthful and morally tenable. 'Truth' is claimed using various warranting and de-warranting techniques, and morally tenable positions are fought for by the creation and occupation of identity-conferring

subject positions in the text, for example ‘the reasonable person’ or ‘the problem-solver’.

*Positioning: the fight for the position of truth-teller.*

The world as seen from within Discursive Positions A and B is rendered not only *possible* but undeniably *real* by a set of specific rhetorical devices negating the possibility of all other ‘false realities’ by rejecting their existence, and elevating their own world view to the status of ‘truth’. Their regularity and consistency, even in the face of strong opposition and contradiction, suggests that they are used purposively, at the level of conscious awareness, to serve the function of *truth proclaiming*.

The most important rhetorical device apparent in the text is that of ‘warranting’, or establishing one’s right to speak. Hence speakers do not simply ‘say what they believe’ but rather seek to influence the listener to accept their word as truth by, for example, invoking the power of numbers:

77. I have received **many letters** on this subject (*Hansard, House of Lords, Duke of Norfolk, 10<sup>th</sup> May 1993, Column 1101, my emphasis*).

...or claim to be speaking from a position of some authority, whilst simultaneously positioning oneself within medical, familial, religious or charitable discourses:

78. I should like to preface my brief contribution by emphasising that **as a nurse** I am intensely aware .... (*Hansard, House of Lords, Baroness Cox, 10<sup>th</sup> May 1993, Column 1097, my emphasis*).
79. ...as a **parent**... (*Hansard, House of Lords, Lord Eatwell, 10<sup>th</sup> May 1993, Column 1104*).
80. ... I am chairman of **Crusaid**... (*Hansard, House of Lords, Lord Eatwell, 10<sup>th</sup> May 1993, Column 1104*).
81. I have been approached by a very **significant number of fellow Christians** working in the front line of social work and education (*Hansard, House of Lords, Lord Judd, 21<sup>st</sup> June 1993, Column 137*).

Warranting and de-warranting are often played out on the field of the discourse of statistical power; they have had *more* letters, have *more* supporters, cite larger scale studies (especially quantitative research findings). Additionally, within Discourse B, appeals for realism are made, locating research over anecdote within an empiricist framework. The positioning of their chosen research findings as ‘fact’ can be seen as an aid to securing their position as ‘truth-teller’:

82. [Cites UK statistics for age at first intercourse, contraceptive use, number of teenage pregnancies and HIV infection rates] We cannot ignore those facts. They are not anecdotes. They are not wild stories from pressure groups. They are not lurid tales from the tabloid press. They are responsible facts (*Hansard, House of Lords, Baroness Jay, 6<sup>th</sup> July 1993, Column 1296*).

### *Positioning oneself as 'reasonable'*

Other rhetorical devices used include appeals to reasonableness, which, if not heeded, automatically assign the label of 'unreasonable' to opposers (cf. Gergen, 1999), deflating the impact of their discourse:

83. ...no reasonable person can hold those opinions with confidence (*Hansard, House of Lords, Lord Eatwell, 21<sup>st</sup> June 1993, Column 132*).

Along the same vein, speakers make concessions to the 'other side', whilst stressing their own views by use of repetition, and sometimes sarcasm, to emphasis the point. Appeals for reasonableness are balanced by concessions to the 'other side' on relatively 'safe' ground, areas of expected commonality, before broaching issues which are in dispute:

84. I also strongly believe, **as I believe we all do**, in the value of the strong family. One pillar of that is to encourage strong parental responsibility (*Hansard, House of Lords, Viscount Caldecote, 6<sup>th</sup> July 1993, Column 1308, my emphasis*).

### *Positioning oneself as 'problem solver'*

There are various ways in which speakers attempt to bring off this identity. One frequently used technique is to appeal to existing Government policy, casting the Government as hypocritical, the creator of confusion, or both, and deflecting any contradiction of the speaker's own 'solution':

85. Surely the principle of involving parents and informing them ought not to be coming from me. I should have thought that it is entirely in line with the Government's stated philosophy, through charters, citizen's rights and the involvement of parents. It ought not to be me who is saying this. I ought to be listening to it. But I have to say it because in this particular case it is necessary (*Hansard, House of Lords, Lord Stallard, 10<sup>th</sup> May 1993, Column 1095-1096*).
86. It is no use preaching that the family is the natural unit of a healthy society and then doing something calculated to undermine it (*Hansard, House of Lords, Earl of Halsbury, 10<sup>th</sup> May 1993, Column 1099*).
87. It is no wonder...that our education system appears to be in a permanent state of confusion and frustration (*Hansard, House of Lords, Lord Stallard, 21<sup>st</sup> June 1993, Column 120*).

Speakers on the other side of the debate do likewise, making the Government seem hypocritical if the *do* change:

88. I urge the Government to be true to their principles of individual choice based on full information and to reject this amendment (*Hansard, House of Lords, Lord Eatwell, 21<sup>st</sup> June 1993, Column 132*).

In structuring arguments so that a problem is presented alongside a workable has the effect of making the recommended course of action seem rather measured and well-considered.

#### *iv The House of Lords as a 'battlefield'*

One discursive construction which is particularly pervasive in the debates which has not yet been mentioned is that of the military metaphor, as suggested in extracts 89 and 90 below:

89. I suggest that the Government **stick to their guns** (*Hansard, House of Lords, Lord Addington, 10<sup>th</sup> May 1993, Column 1102, my emphasis*).
90. It is folly to **lower our guard** now... (*Hansard, House of Lords, Lord Eatwell, 10<sup>th</sup> May 1993, Column 1105, my emphasis*).

This metaphor appears at various different times in the debates, sometimes to encourage the Government to 'fight' against disease by providing explicit sex education, and at other times to justify a parental right to withdrawal as a 'defence' against alleged corruption in the classroom.

These two uses in particular help to define the debates as 'war', with supporters of opposing views cast as the enemy. Occasionally this metaphor is entwined with a religious discourse, creating the image of, perhaps, a 'just war', exemplified by references to "valiant peers" (*Hansard, House of Lords, Earl of Perth, 21<sup>st</sup> June 1993, Column 134*), who are seen to have "pursued their cause" (*Hansard, House of Lords, Lord Judd, 6<sup>th</sup> July 1993, Column 1316*).

Closely aligned with the *military metaphor* is a strong seem of mistrust. Mistrust is, perhaps, most clearly evidenced by the accusation that the other side have a '**hidden agenda**':

91. ...*camouflage* to disguise the **true intent** (*Hansard, House of Lords, Earl of Perth, 6<sup>th</sup> July 1993, Column 1310*).
92. The Minister's remarks which **pretend** that all parents will be conscientious are just another piece of *camouflage* (*Hansard, House of Lords, Lord Eatwell, 6<sup>th</sup> July 1993, Column 1311*).

93. We are dealing with those matters **only** because the Bill **offers** the opportunity to those who wish to raise them on every conceivable occasion (*Hansard, House of Lords, Lord Houghton, 6<sup>th</sup> July 1993, Column 1305*).
94. I suggest that **despite all the rhetoric** about compulsory sex education, **there is one, and only one, objective** in this amendment: that is, quite simply to create a framework which will allow parents to remove their children from classes on sexually transmitted diseases (*Hansard, House of Lords, Lord Eatwell, 21<sup>st</sup> June 1993, Column 131*).

...which is, as one might expect, contested:

95. I have no **hidden agenda** (*Hansard, House of Lords, Baroness Blatch, 6<sup>th</sup> July 1993, Column 1320*).

In such a discourse, the opposition do not simply speak, but spread “propaganda” (*Hansard, House of Lords, Lord Stoddart, 10<sup>th</sup> May 1993, Column 1101*). The frequent use of the military metaphor and frequent accusations which comprised the theme of mistrust were the impetus for the final level of analysis of these debate, presented in 5.6 below.

## 5.6. Interpretative analysis of the ‘Discursive Terrain’ of the political debates

In this section, an interpretative analysis of the inter-relationships between some of the main arguments used, the Discursive Positions, the constructions, discourses and positionings (re)created in the texts) is presented. The meanings and powerful political import of the discourses are explored to suggest how they might map with other ways of talking about the world. This highly interpretative account owes inspiration to Smith (1990), and carries forward the ‘military metaphor’ to consider what, precisely, each ‘side’ may be ‘fighting’ against, and offers my reading of ‘how the war was won’ by Position A. Essentially this was done by following up the main allusions, and trying to work them into an account which illuminates the power of meaning within the text.

This final level of analysis focusses on the symbolism inherent in the text, exploring the interplay between discursive constructions, and how these can be interpreted in the light of accusations of ‘hidden agendas’. Rather than being simply debates about sex education, the text serves as a vehicle for a ‘moral panic’ which exists around adolescent sexuality This ‘moral panic’ is synonymous with fears concerning the deterioration of social order, evidenced by the undisputed presence of ‘moral decline’. When it is said that...:

96. We are dealing with those matters only because the Bill offers the opportunity to those who wish to raise them on every conceivable occasion (*Hansard, House of Lords, Lord Houghton, 6<sup>th</sup> July 1993, Column 1305*)

...it is clearly suggested that the debates have been ‘hijacked’, but not simply by one side of the debate as suggested above, but by both sides, and I suggest that it is the case that they were hijacked *in order* to (re)create a moral panic concerning young people’s sexuality.

The structure of the debates, rather misleadingly at first reading, suggests the existence of two polarised positions, which I have previously labelled Discursive Position A and B. The final level of analysis, therefore, asks: ‘What kind of discursive terrain is able to support the two distinct Discursive Positions A and B outlined above?’ Whilst the debate appears polemical, it is not as oppositional as it first appears, as both positions share a considerable amount of common ground (see Figure 9). Indeed, they should be conceptualised as fashioned from the same discursive cloth into which is woven the ‘moral panic’. This takes the analysis beyond the exposition of the ‘hidden agendas’ alluded to in the course of the debate, ie. what do proponents of Discursive Position A really want (less sex education) and what do proponents of Discursive Position B really want (more sex education). I argue that the debates centre around what is structurally, discursively, personally and materially invested by both sides in the joint (re)production of a moral panic surrounding teenage pregnancy and HIV infection, and how this simultaneously frames, and is framed by, shifting discursive constructions of ‘morality’, ‘the family’, ‘normality’, ‘sexuality’ and the distinction between ‘difference’ and ‘Radical Difference’.



**Figure 9: Similarities between Discursive Positions A and B.**

**Both ‘Sides’....**

- Deny childhood sexuality
- Extol the benefits of some sort of sex education
- State that educational improvement is necessary
- Posit promiscuity as a problem
- Link morality with family life
- See a need to reduce HIV/ teenage pregnancy rates
- See a need to protect children
- Contain an idea of ‘correct’ information
- Allege some ‘inappropriate’ teaching goes on

**Neither ‘Side’...**

- Support the ‘permissive discourse’
- Are pro-homosexuality
- Advocate compulsory sex education pre 11

*i      The Discursive production of the Moral Panic*

97.      We have a moral decline. Is it possibly because of some of the sex education that has been going on in schools? Sex education has been so effective that it has done very little to reduce the numbers of young people indulging in sex under the age of 16 and the number of pregnancies of girls under the age of 16 (*Hansard, House of Lords, Baroness Blatch, 6<sup>th</sup> July 1993, Column 1320*).

The Hansard debates are, on closer inspection, not so much about sex education but an invitation to (re)create a *moral panic* surrounding adolescent sexuality. This moral panic both *precedes* the debate and is *re-created* in the course of the debate as the proponents of Position A and B vie to assert their right to neutralise the threat at the heart of the moral panic according to their proposed ‘solutions’. The debates, in effect, provide an opportunity to raise disparate concerns regarding morality and the erosion of social order. Moral panics are not natural phenomena, they are achieved through discursive initiatives creating the appearance of crises (cf. Cohen, 1972). The debates analysed here are part of the moral panic, not distinct from it, insofar as they feed the notion of teenage pregnancy and HIV infection as ‘symptoms of a society gone wrong’. The debates are not simply talk about changing the provision for sex education in schools, but an exercise in drawing distinctions between the *symptoms* of a society in moral decline and the *causes* of that decline. Like every moral panic, there is a *folk-devil* or *bogey figure* held to be responsible for, or implicated in, the panic. Positions A and B differ insofar as they identify this bogey figure differently. In order to see how this discourse shapes the text, several questions are explored, such as: ‘What is the threat?’ ‘How is it represented?’ ‘How can it be excluded?’ and ‘How can the threat be neutralised?’

It is to those questions that I now turn.

*What is the threat?*

At the heart of the concern that ‘society is a society gone wrong’ is the distinction between ‘alternative lifestyles’ and ‘deviancy’ or ‘difference’ and ‘Radical Difference’ which can be conceptualised as essentially meaning the same thing insofar as the meaning of those terms can share part of the same semantic space, which I shall term ‘Otherness’. Otherness is not a single entity but a multi-faceted conglomeration of anything deemed to fall outside the realms of ‘normality’ and ‘naturalness’.

It may be useful to conceptualise Otherness as a set of disparate, (but inter-related) concepts, the manifestation of which is the focus of the moral panic: adolescent sexuality and its

undesired outcomes. ‘Otherness’ consists of sexual promiscuity, homosexuality and other behaviours generally seen as undesirable, such as intravenous drug use etc. For some *all* of these are dangerous, for others *some* of the contents may be relatively inert. Nevertheless they are there.

Every moral panic needs a bogey figure which functions as both a focus of blame, and also as a means of bringing unity to a fragmented society by focussing on the one aspect of that society which is seen to be tearing it apart. For both sides, ‘the family’ as a social institution or structure is conceptualised as at the heart of society as a whole; it is the natural building block of a stable society. The corollary of this is that to threaten ‘the family’ is to shake the foundations of society as we know it. As the child is the centre or *raison d’etre* of the family, its most valuable asset, it needs protecting assiduously:

98. [T]hey are living in an environment in which they are **bombarded** by advertising, videos and the **exploitation** of sex. Somewhere or other there is a need to **shore them up** to help them to weigh and evaluate that to see it for what it really is...we are talking about the need to support our children in a **turbulent** and exploitative world (*Hansard, House of Lords, Lord Judd, 21<sup>st</sup> June 1993, Column 138*).

The child is hence constructed as natural, pure and sacrosanct in a stable society. ‘The child’ appears to become symbolic of social order itself; protect the child and one protects society as a whole.

Positioned within Discourse A, the ‘sex educator’ functions as a bogey figure, whose potential to influence young minds makes it the prime contender for the role of ‘corruptor’.

99. Some think that a Mephistophelean group whom they refer to as “the sex educators” are systematically eroding family values (*Hansard, House of Commons, Mr. Howarth, 19<sup>th</sup> July 1993, Column 33*).

The ‘corruptor’ is aligned with, and therefore may be taken as symbolic of, ‘Otherness’. If this is the case, the child who is under threat from the ‘corruptor’ and needing protection, is synonymous with ‘social order’ coming under threat from ‘Otherness’.

From the analysis presented earlier in section 5.5 the folk-devil or bogey figure for Position B would seem to be promiscuity, but as this is a rather diffuse, faceless concept, and ostensibly outside the scope of a debate on sex education, they appear to associate this figure with life in a highly sexualized society; it is, in effect, part of the extant *Zeitgeist* which needs to be warded off. In these debates, therefore, in the absence of the facility to directly attribute the root cause

of the moral panic, they seem to adopt a *symbolic* bogey figure and -AIDS- which becomes the focus for their prevention message:

100. The risk faced by young people who do not learn the facts about HIV and AIDS is not the risk of an emotionally stunted life not the risk of moral confusion. The risk that they face is death. AIDS kills; it kills with certainty and it kills the young. And AIDS is catching (*Hansard, House of Lords, Lord Eatwell, 6<sup>th</sup> July 1993, Column 1311*).

Constructing AIDS as a bogey figure is a useful discursive strategy for two reasons. Firstly, it helps to bolster the image of the threat as external, and it is a convenient entity given the history of AIDS as a focus for moral panics throughout the 1980s. Those positioned within Discourse A willingly accept AIDS as B's bogey figure/threat, as, conveniently, it occupies a recognisable position as 'Other'; that is, that which is to be resisted.

#### *How is the threat represented?*

It seems rather strange to suggest that politicians have spent their time constructing bogey-figures only to then attack them. It leads to the rather obvious question: 'Why construct Otherness at all?' It is worth dwelling on this issue for a while. Without a distinct Other, society has no means of establishing what it sees as *natural identities*; things can only be proper, right and good against the backdrop of things that are improper, wrong and bad, only 'natural' insofar as other things can be labelled 'unnatural' (cf. Smith, 1990).

However useful, Otherness has the capacity to endanger. Its dangerousness can only be neutralised when it is kept outside, labelled as 'different and *un*acceptable'. If allowed to become 'different but acceptable' the fear of those positioned in Discourse A is that it will become what we may call 'Radical Difference'; difference which will not want to be perceived as different, not want to stay outside, distinct and easily identifiable, but seeking to come inside, not content with remaining as 'different' but seeking recognition as 'the same'. In this way 'threat' is represented as an 'invader figure' (cf. Smith, 1990).

#### *How can it be excluded?*

Otherness, if to be rendered impotent, has to be repelled; it can exist, but it must do so outside, where it can be seen clearly and readily identified. In order to ensure that Otherness is identified and kept distinct, lines of defence need to be drawn, boundaries set up. At various points in the text several distinct forms of identity are apparent, all of which need to be protected from Other:

- i. Personal identity (eg. the child)
- ii. Social-structural identity (eg. the family)
- iii. Sexual identity (heterosexual)
- iv. National identity (British, not European)

Each form of identity is in need of protection from Other. Such identities need safeguarding by protective boundaries. For those positioned within Discourse A, the protective boundary is morality, **one** morality, which can repel the purveyor of unsuitable sex education. It is emphasised that there is *one* moral code, which is supportive of family life, defined by reference to the marital discourse, religious (Christian) discourse, heterosexual discourse and parenthood. There is no semantic space for moral pluralism, and when such dialogue emerges in the text, it appears to represent a point of weakness in their protective boundary, chink in the protective armour, a space through which Other could 'invade'.

For Discourse B, the protective boundary is education, the means of keeping their symbolic bogey figure (AIDS) without. For them, the absence of full AIDS knowledge is the absence of protection; partial knowledge would therefore be their 'chink'. This represents an impasse in the debate, as A cannot allow the kind of explicit reference to homosexuality that B requires, and B cannot leave sex education incomplete in this respect.

#### *How can the threat be neutralised?*

All members of the legislature demonstrate an investment in the moral panic; they all share common fears. Although these fears seem to be about 'education', they effectively bring together disparate concerns relating to the disruption of the social order. Positioned within Discourse A, changing the law is a step towards reinstating the ideals believed to be the key arresting the slide into moral decay. Images of the perceived speed of social change abound, suggesting that they may fear that social change will accelerate out of control with devastating effects on social structures. Indeed, the moral panic furnishes them with evidence to support that fear - AIDS, teenage pregnancies, one third of all children being born outside wedlock, and an ever-increasing divorce rate. The fear is real enough; it is fear of the unknown effects of Other on the extant social structures which are the bedrock of society.

In that both sides are aware of the weakness inherent in their protective armour, they recognise the need to construct additional lines of defence. From the vantage point of Discourse A, in the pure natural space, in our essence, nothing is defiled. Under the threat of 'Otherness', defences

are drawn to keep it so. The boundaries of our social identities (e.g. heterosexual, family member etc), are seen as 'under attack', hence the need for constant vigilance. The bogey figure has many facades, it has chameleon-like qualities; one might not recognise its face. Indeed, it is suggested that the corruptor has begun to break through some of the defences; it is present in some State funded organisations - schools, Health Service, Social Services, even, as the debate suggests, in the House itself; the effects the corruptor brings are already visible (teenage pregnancy and HIV), and those effects can be devastating. The use of the military metaphor emphasises this point: Now, more than ever, is the time to join forces, bolster defences, clarify identities and repel Otherness.

How can the family and hence society ward off the threat of Otherness? Lines of defence need to be drawn, and in Discourse A those are drawn with the pen of morality. What is natural, right and true writes our identities. Within Discourse A ideas about boundaries and lines of defence are not, however, about morality in the sense of a God-given morality, a means of safeguarding our souls; the approach is rather one of '**pragmatic** moralism', that is, morality which ensures the (re)production of social structures.

The boundaries of personal identities, social-structural identities, sexual identities, and National identities need protecting. These identities, which distinguish one from 'Other' are not only shown to protect the individual from a loss of identity, ie. questioning who s/he really is, but they can actually protect against the biological manifestation of Otherness, AIDS. What psychologists or epidemiologists believe about 'risk behaviours' not 'risk groups' putting people at risk of HIV infection fade into insignificance within the extremes of this position. Identities can, and will, protect white, British heterosexual families from HIV infection. How can this be so? Because AIDS is 'out there' with Otherness; it does not occupy legitimate space. It is seen as not *really* a threat to white, British heterosexuals and their children, it merely 'pretends' to be. As such, AIDS can be constructed as 'product', a commodity used by the 'AIDS Industry'; first it encourages people to believe that they are at risk biologically, or worst still their children are at risk, then it offers protection: sex education.

Those positioned within Discourse A, however, recognise that this 'protection' is no gift, it is the proverbial 'Trojan Horse'. Once allowed to cross the boundaries of our identity, we will then be faced with fighting off its contents (promiscuity, immorality and other vehicles of subversion), and this attack will come not from 'outside' where Otherness is identifiable and therefore impotent, but from inside, as the child who is exposed to the educator/corruptor will be defiled. The nucleus of the social structure of the family will be infected, transformed, and

reproduce that contamination thereafter. Just as HIV contaminates the nucleus of the cells in the body, turning them against themselves, reproducing themselves in their infected form, leading to bodily corruption, and eventual death, so AIDS education will contaminate the nucleus of the family, corrupting it, reproducing itself and finally extinguishing its existence. As the family has been shown to be symbolic of social order, therein we see the 'true' risk; the educator/corruptor will sow the seeds of the destruction of society as we know it.

Equally compelling, though, are the images conjured up by those positioned in Discourse B. Situating themselves primarily within a health discourse, they tend to adopt what I would term a 'pragmatic-rationalist' approach. The same threats are experienced, but an attempt is made to rationalise them away. The bogey figure is given a biological embodiment; it is a de-personalised, objective, recognisable biological threat which, in its casting as such, can then be dealt with within the normative framework. Hence 'AIDS' is divorced from its 'deviant' connotations, and brought into the political arena as a connotation-free viral threat. As Lord Eatwell explained in extract 100, it kills young people (not young 'gay' people, or young 'IVDUs') - simply young people.

The existence of a so-called 'AIDS Industry' is denied by Baroness Jay, and AIDS work is dissociated from marginalised groups (thus relinquishing its long association with homosexuality, IVDU, prostitution, Africa, etc) and brought firmly under control of a rational empiricist framework; it is , they seem to suggest, 'safe in our hands'. For the pragmatic-moralist, this is simply not possible. AIDS is not, and cannot be, connotation-free. It is a symbol of Other and cannot be divorced from that with which it is aligned; one cannot expect salvation in the guise of the AIDS Industry, for it is the agent of the harbinger of doom, Otherness.

Like those adopting the pragmatic-moralist approach, the pragmatic-rationalists agree that lines of defence need to be drawn, but they draw theirs with the pencil of education, rather than the pen of morality. The protective boundary drawn around the child is education, and by their own admission, education has the *potential* to be corrupted:

101. **Everyone** would acknowledge that some unsuitable material may have come from some sources... (*Hansard, House of Lords, Baroness Jay, 10<sup>th</sup> May 1993, Column 1116*).

The need for a continued universal education is backed by statistics suggesting that the figures for HIV infection in non-IVDU heterosexuals have risen sharply in recent years. There seems to be some implication that education is more important now because it cannot be argued that

only *minority groups* are affected. The implication here is that disease and Otherness have already invaded the primordial natural space. However, HIV is never *really* conceptualised as being *truly* within; it still may be possible to confine it to minority groups such as IVDUs, prostitutes and homosexuals. In this way the debaters effectively draw a clear line of defence around 'heterosexual identity' itself. Risk is seen as only applicable *to* Other, and from within the protected space one can only be at risk *from* Other. Therefore, positioned within the protected space, one can never pose a threat to the outside.

Even within a European perspective education is deemed necessary not to protect the whole of the Union, or to avoid a further spread of infection to other European nations, but to prevent *them* from infecting *us*; AIDS is a threat **to** us from **Other**. The relatively low rate of (recorded) HIV infection in the UK helps foster notions of natural immunity:

102. Not only do these figures suggest that the British campaign has been important; they also emphasise the need for the education of our children, for in which countries do so many of our children spend their holidays? (*Hansard, House of Lords, Lord Eatwell, 10<sup>th</sup> May 1993, Column 1105*)

The image of the UK as pure and clean, but under attack, reinforces the notion that we must bolster our defence, keep 'Otherness' at bay (there is no indication that those within the protected space could pose a threat to foreign holiday-makers *here*). Similarly, AIDS continues to be associated with Other, whether it be Blackness, African-ness:

103. ....when being taught geography, they are considering the realities of life in modern Africa. It is totally absurd to suggest that their national curriculum should exclude them from awareness of HIV and AIDS (*Hansard, House of Commons, Mr. Howarth, 19<sup>th</sup> July 1993, Column 37*).

So, for **both** sides of the debate, AIDS is *essentially* non-heterosexual by nature; it is also non-white, non-British and non-law abiding:

104. Society has the right to be protected from the spread of a lethal virus, just as it has the right to be protected from lethal driving or **any other homicidal activity** (*Hansard, House of Commons, Mr. Howarth, 19<sup>th</sup> July 1993, Column 37*).

For the pragmatic-rationalists AIDS becomes the single entity from which children need to be protected, not homosexuality, deviancy or other forms of Otherness. Their discourse is centred around notions of life or death, and is built on the assumption that 'forewarned is forearmed'. However, the armour they suggest citizens don is not a complete shield against the bogey figure; it has points of weakness in its defensive properties.



Likewise those positioned within Discourse B see that Discourse A's boundary is also flawed; morality simply does not work. For example, promoting pre-marital chastity is challenged by stating that it was never the norm; it isn't a viable option and it never really was. So-called Victorian values are called into question:

105. Sexuality is part of our art and culture. We cannot avoid it.... I cannot think of any period in history when abstinence has been the social norm...Indeed it is difficult to find a period during which **moral** pressure was exerted more strongly against **promiscuity** in our history than the **Victorian** period. We had to introduce an Act which locked up women considered to be prostitutes. I suggest that a more **realistic** approach is to provide information (*Hansard, House of Lords, Lord Addington, 21<sup>st</sup> June 1993, Columns 128-129*).

However, in the continual creation of opposing subject positions such as 'realist' and 'idealist' either proponents of Discourse B can be seen to fall short (why settle for grim realism when one can have the ideal?) or proponents of Discourse A chase impossible dreams and suffer the medical consequences. There is very little evidence to suggest that such identity-conferring labels are contested; in the main most speakers seem to accept being positioned by others as 'an idealist' or 'a realist' suggesting that both positions are seen as morally tenable in this context.

## *ii Symptomology of the Discursive Terrain*

According to Smith (1990), rather than focussing on the truth-claiming discourses, it is more important to analyse the conditions of effectiveness of these truth claims by engaging in 'symptomology'. Symptomology is the term Smith uses to describe the investigation of the structure, strengths and weaknesses of the truth-claiming discourses, to understand why they are so persuasive, and how they are able to sum up such disparate concerns so effectively. The discursive initiatives produced to repel Otherness appear to have influenced both the structure and outcome of the debates in several ways, most notably via the power to define and defend 'normality'.

The extant legislation required that sex education be promoted with due regard for the value of *family life*, conveyed within a *moral framework*, and its utility and inviolability was never questioned during the debates. Herein lies the crux of the debate; what is 'a moral framework' and what constitutes a 'family'? It is essential at this point to realise that wherever any definition is proffered one needs to simultaneously address what alternative definitions could mean, in order to understand why concrete definitions are imperative. As anxieties appear to

centre around various contested definitions, It is to those definitions that I now turn.

### *Defining the family*

There are a vast number of references to 'the family' in the debates. For the majority of speakers sex education as a promoter of *family* values invariably means that sex education must be confined to teaching centred around heterosexuality. This constitutes *real* family life, in opposition to the 'pretend' family life scorned by Lord Pearson. For those positioned within Discourse A, the true definition of the family is clearly stated; heterosexual, married, with children. Indeed, Lord Pearson condemns an Education Manual circulating in schools which draws attention to what amounts to a loophole in the law, ie. that other definitions of 'family' (ie. non-nuclear, even homosexual) could be taken as the basis for teachings around 'family values' or 'family life'. To do so he draws on widely accepted shared meanings of what 'a family' is:

106. I should have thought your Lordships had precisely the normal family in mind when this house passed the wording of the 1986 Education Act and the 1988 Local Government Act - and how right you were (*Hansard, House of Lords, Lord Pearson, 21<sup>st</sup> June 1993, Column 128*).

It would appear that the juxtaposition of 'sex' and 'the family' also places such teaching firmly within a non-permissive discourse ('being sexual' means 'getting married and having a family'). This conceptualisation of the family is clearly centred around a 'hearth-and-home' discourse, the married heterosexual couple with children whom they love dearly, cherish, protect and who are genuinely interested in their child's moral/pastoral well-being (extract 108). Hence comments from those who spoke against the 'right to withdraw' amendment (extract 107), stating that some parents may be abusive, are largely derided; as there is no room in Discourse A for consideration of an 'anti-hearth-and-home' discourse:

107. My fear is that that tiny minority may be precisely those most in need of sexual support and education within school rather than in their home. Those children may be unwillingly opted out and may be opted out in circumstances which are detrimental to their well-being...those who have been involved in sexual abuse may opt their children out of sex education at school because of the fear of disclosure. That is not a wild red herring but comes from the NSPCC - a very authoritative source (*Hansard, House of Lords, Baroness Jay, 6<sup>th</sup> July 1993, Columns 1294-1295*).

108. I totally disagree with the noble Baroness, Lady Jay, that there is a danger that the wrong sort of parents will take their children away. The other kind of parents who are not responsible will be only too pleased to leave instruction to the school and absolve themselves of that responsibility. They will not want to take their child away (*Hansard, House of Lords, Viscount Caldecote, 6<sup>th</sup> July 1993, Column 1307-1308*).

It is simply not accepted as an issue in this context; the ‘hearth-and-home’ discourse is so central to Discourse A, that it appears that to question it would be to lose the linchpin of the discourse. The pervasiveness of familial discourse in this debate is so enduring that one speaker, who had no children, questioned her own right to speak on the matter:

109. My Lords, as someone who has never had any children I feel considerable hesitation in joining in this discussion.... (*Hansard, House of Lords, Baroness Sear, 6<sup>th</sup> July 1993, Column 1298*)

Proponents of Discourse B, however, are able to construct ‘the family’ as a more diverse and robust entity. Historically, it may be argued that the institution of the family has survived many attacks in the past; political revolutions, industrial revolutions ... the sexual revolution is, perhaps, just one more challenge, not *necessarily* a threat. A more pragmatic-rationalist view of the State might consider supporting the family through material benefits such as tax concessions, employment, housing and high quality education for all. The question is, is it also part of the State’s role also to provide the *values* by which individuals in their familial context (however defined) should live their lives?

Of course, the desire to be seen as ‘a family’ by those who do not fit Lord Pearson’s strict criteria, could be perceived as reification of ‘the family’ as the bedrock of an ideal society; an ‘alternative family unit’ rather than a ‘pretend family’. This invites questions such as ‘What are the real anxieties surrounding the loss of a purely heterosexual, married definition of ‘family life?’

As I argued earlier, the fear, according to those positioned within Discourse A, is that it will lead to a breakdown in the natural social order. The family, if no longer exclusively defined, has to share its space, its natural age old right to that space, with Other. This might be seen as the thin end of the wedge; once the ‘hearth-and-home’ has to vie for its rightful position, its power base will be lost. It will no longer be entitled, *sui generis*, to call itself ‘*the* family’. Once it has lost its right to ‘pole position’, *everything* may have to be fought for. The invader will be within; anything could call itself a family, because the definition is now non-exclusive. Homosexual couples might call themselves ‘a real family’; unmarried mothers might call themselves ‘a real family’. Social order will not only be changed, but overturned. There will be no right or wrong, no natural or unnatural, no room for a *true* identity, no *hierarchical* society. There will be no absolute morality, only moral relativism, which is seen as the philosophical slide into chaos, where the boundary between the natural space and Otherness is lost.

Thus, the exclusion of ‘alternative definitions’ becomes symbolic of the pragmatic moralists’ resistance to Radical Difference, a means of neutralising the threat whilst functioning as the creator of unity (one norm, one family, one morality, one Nation).

### *Defining morality*

Within Discourse A, morality is an *absolute* phenomenon, there is only one morality with respect to sex education: the taken-for-grantedness of heterosexuality, the ideal of pre-marital chastity, the sanctity of marriage, the promotion of fidelity therein, and the rejection of homosexuality and ‘promiscuity’ as valid forms of sexual expression.

Almost inevitably, this leads to one or two (but by no means all) positioned within Discourse B questioning the notion of **one** morality, **a single** moral framework, by considering the validity of a plurality of moral codes. This is unlikely to be acceptable to those positioned within Discourse A as they perceive this as the slide into moral relativism, that most feared by pragmatic moralists. It is not, however, that those positioned within Discourse B actively *want* a state of moral relativism to prevail, but the kind of sex education that they *may* see as acceptable *may* provide a forum for those ideas to circulate.

Although speakers positioned within Discourse B state quite firmly that supporting sex education is not condoning promiscuous behaviour:

110. To provide sex education is not to condone promiscuous behaviour, let alone encourage it  
(Hansard, House of Commons, Mr. Howarth, 19<sup>th</sup> July 1993, Column 36).

...the actual *presence* of promiscuity and moral decline are never disputed - but neither are they defined. Although it is asserted in Discourse B’s text that “one man’s moral code is another man’s Draconian measure”(Hansard, House of Lords, Lord Addington, 10<sup>th</sup> May 1993, Column 1102), in reality only lip-service is paid to a plurality of codes as there appears to be *broad* consensus about what is ‘right’ and what is ‘wrong’.

### *Defining the moral decline*

One contested issue in the debates appears to be pivotal, and that concerns the effects (both *potential* and real) of sex education. Those positioned within Discourse A seem to construct sex education in such a way that it can be a vehicle for the *acceptance* or *validity* of the practices associated with Otherness which are, in turn, perceived to be the cause of a society in

decline. For them, teenage pregnancy and HIV infection are preventable by promoting morality, *one* morality, the truth which supports the ground on which the stable institutions of society are built. HIV and teenage pregnancy prevention cannot be entrusted to 'sex educators' because they have the potential to corrupt, and that potential comes in the form of importing a moral ambivalence around the practices which have *caused* the moral decline.

Those positioned within Discourse B have the task of *proving* that by educating children about sexuality and HIV, one is not also encouraging them to accept the practices associated with 'Otherness'. Within Discourse B, those practices are merely some of the *symptoms* of a society in moral decline. It is argued that people are not taught to be promiscuous through formal educative channels, they simply *are* promiscuous *regardless*. This is the bottom line of their argument. Young people are already, or may presently decided to become, sexually active; if they are educated about the dangers that sex can hold, then they will be more likely to behave rationally and protect themselves from the negative consequences of sexual behaviour, ie. unplanned pregnancy and HIV infection. In this way, it is possible to eradicate some of the *symptoms* of the moral decline.

However, for those constructing moral decline from the vantage point of Discourse A, it is not enough to get rid of the *symptoms*; one needs to eradicate the *cause*. If the underlying cause is seen as moral ambiguity, it is reasonable for them to continue to call for sex education to be wholly contained within a tightly proscribed moral framework. In this context, the 'real' problem is moral ambiguity, and the greatest agent of moral ambiguity is the acceptance of the various practices which have given rise to Discourse B's perceived symptoms. According to this view, if society wants to educate young people, it needs to be able to trust sex educators to *dissuade* people from partaking in these practices, but the fear is that they might (perhaps inadvertently) *encourage* people by 'normalising' these practices. They promote the view that society must deny the oxygen of publicity to all these practices, and the situation created by the 'right to withdraw' empowers the reliable 'hearth-and-home' family to physically remove children from any source of contamination from such subversive ideas, and in doing so, it is believed, the corruptive potential of those ideas can be neutralised.

Those constructing the world from the vantage point of Discourse B disagree, as they hold that their opposers have not addressed the *immediate problem* of teenage pregnancy and HIV infection which is happening as they speak. However, they concede that those positioned within Discourse A are right in their contention that *all* sex educators cannot be *completely* trusted to deliver information in the approved moral framework. Because all the speakers, without exception, agree on this point, and cherish the same things, their line of argument loses

potency; the rationalists cannot guarantee that education will not create a forum for the moral relativism which both sides acknowledge as the antithesis of their own legitimising discourses.

### *Defining the danger in sex education*

Sex education is constructed as so potentially hazardous by proponents of Discourse A that the Government would find itself in morally untenable position (note the *religious* discourse inhabiting the text) of demanding that parents place their own children in danger:

111. I am supported in my views by a letter I received this morning from the Conservative Family Campaign. I can do no better than quote from that letter which states: "There are deep parallels between sex education and *religious* education, and there can be no doubt that similar *principles* of withdrawal on *religious* grounds apply. It cannot be right that parents be **forced** by legislation into **exposing** their children to material to which in *conscience* they hold deep objection. This is a rare opportunity to address this **scandal** and I hope and *pray* you and your Lordships' House will seize it, to the benefit of all our nation's children"(Hansard, House of Lords, Lord Stallard, 21<sup>st</sup> June 1993, Column 123, *my emphases* ).

The offensive materials alluded to are reported as 'typical' and 'representative' but supporting evidence is lacking. Supporters of legislative change do not even *need* to say what unsuitable education entails because:

112. *We know exactly* the kind of sex education that is being given in schools today is not just information. it is an encouragement to promiscuity (Hansard, House of Lords, 10<sup>th</sup> May 1993, Baroness Elles, column 1103, *my emphasis* ).

As the opposers of the amendments never question that *some* unsuitable materials are used in schools, it is thereafter taken to be 'a fact'. Opposers *could* have asked for very explicit examples and supported their use, redefining them as moralistic within a pluralist approach, or even just setting them in context. This form of distancing oneself from 'corruptive materials' may be rhetorically significant, but it may also serve to negate the possibility for radical changes to the existing educational provision, or even work against the possibility of them *staying as they are*.

The question is then: 'Why did no-one seek to establish what materials were being referred to in order to attempt a defence?' The answer may be that beyond the two sides of the undisputed discourse of child protection, either through providing knowledge or shielding a child from it, there is a common anxiety related to a sub-group of educators attempting to 'corrupt' children.

For the majority of speakers, including many of those positioned within Discourse B,

presenting information about homosexuality in a positive or non-judgemental light is simply unacceptable. One speaker, disputing one published estimate of the proportion of homosexuals in the population, refers to the statistic as “a downright lie” (Hansard, House of Lords, Lord Stoddart, 10<sup>th</sup> May 1993, Column 1110), and brings in the word of an ‘expert’ to prove it thus. The ‘expert’ is, in fact, a medical doctor. What is the effect of stating that homosexuality is the subject expertise of a medical doctor? Bringing such matters into the medical discourse re-frames homosexuality as disease, ie. in need of prevention, inoculation or cure. It is never posited by either side that homosexuality may exist naturally, or that heterosexuality may be a social construct; all children are thus implied to be ‘naturally’ heterosexual, yet destined to be kept in a state of asexuality until adulthood, or possibly marriage. As Smith puts it: “it is taken for granted that a space of sexual normalcy exists as the primordial and natural space” (Smith, 1990: 48).

Whist homosexuality as a discursive strategy is necessary to create a ‘foil’ against which to construct the ‘naturalness’ of heterosexuality, it needs to be kept ‘outside’ excluded, in order to be neutralised.

Homosexuality is a dangerous concept as it posits the idea that sexuality is not fixed, dependable. Heterosexuality occupies the natural space therefore homosexuality cannot be the norm; it contaminates what is natural, it is Other. Heterosexuality was here first, it is natural, it commands the original space in a social structure seen as too small for two sexualities. Any attempt to try to break into this space is an affront to natural social order; there are enough threats from without, there is certainly no room for threats from within. It may be necessary to talk about homosexual practices as an HIV transmission route (ie. with negative connotations), but the *promotion* of homosexuality, or even its tolerance, reconceptualises ‘gay’ as a self-contained *visible* minority, and in that way it is feared that it may cross boundaries. It no longer simply circulates around the space of the normal, but seeks to take its place by pretending that it *is* normal. Homosexuality can never be the bedrock of the family, it is a pretender, a mocker, a grotesque quasi-mirror image of the ‘true’ family, and must be resisted.

### *iii Legislative change as a legitimate exercise*

In the context of the moral panic discourse, legislative change is legitimate precisely because it offers a potential means of neutralising Radical Difference. As Smith (1990) points out, attempts to eliminate and neutralise radical difference will ultimately fail, but offering the *possibility* of success is a pre-requisite for a successful discursive initiative.

The effects of the legislative change were to ensure that the biology of human reproduction remains compulsory within National Curriculum (Science); there was no disputing that it should be left there. For those positioned within Discourse A, the apparent *non-sequitur* of teaching biology within a moral framework (how can a biological (not social) act have a moral code?) is not an issue; biological reproduction, perhaps, simply *is* moral in so far as it is heterosexual, it allows no space for Other (eg. homosexuality), hence is an act of resistance to and exclusion of Otherness. Similarly, the familiar ‘hearth-and-home’ ideal frames all other aspects of sex education (the values, attitudes, social aspects, etc) to resist other aspects of Otherness (eg. sexual permissiveness). Biological aspects of *reproduction* necessarily fall within a heterosexist discourse, but as *alternative sexualities* can be ‘fashioned’ or ‘chosen’, all reference to sexuality needs to be carefully monitored.

#### *iv Political Rhetoric and ‘Playing the Truth Game’*

The moral panic pre-existed the debate, as evidenced by public involvement in the debates; they wrote to their MPs or other bodies of representatives, and their letters were cited by both sides during the debates. The moral panic is, therefore, a part of the public discourse of sexuality.

Both sides of the House can be seen to be essentially playing a ‘truth game’. Truth games are very seductive, the positing of truth claims as evidence leads to the positing of counter truths, which, rather than negating the forgone ‘truths’ simply serves to reinforce the game itself. Once the claim is made that corruptive sex education exists, and its effects are devastating, evidence is then be presented selectively, out of context, juxtaposed with other moral panics (abortion, prostitution, sexual permissiveness, homosexuality, IV drug use, deviance) to suggest equivalence (cf. Smith, 1990). Counter-truths are no longer an effective means of nullifying the claims; the claims are public knowledge. Misleading ‘evidence’ is often taken at face value, and once used without challenge, it is then generally accepted as legitimate and can thereafter be used without question. Such evidence quickly assumes a power of its own, evoking the image of a ‘corruptor of young minds’.



### *The cohesiveness and persuasiveness of Position A's Discourse*

Part of the persuasiveness of A's rhetoric stems from, ironically, their inability to name/recognise their bogey figure; the 'invader' has many guises, its face is never seen, its agents could be anywhere, in schools, in churches - even within the House of Lords itself. This image permeates the debate, and there is a strong sense that the corruptor within is even more dangerous than the corruptor without. At various times, the Church (in the guise of the Bishop of Guildford) and Peerage are implicated (Baroness Jay in particular is singled by the Education Minister):

113. ...I know - not just I believe or I have a feeling that- that some of the AIDS organisations - I say this to the noble Baroness Lady Jay- have been responsible for making available to schools wholly inappropriate literature which I understand has been used in the classroom (*Hansard, House of Lords, Baroness Blatch, 10<sup>th</sup> May 1993, Column 1116*).

Organisations which she later suggests seek influence within the House:

114. The most unsuitable literature is very often distributed to schools by the very organisations which have been so actively opposed to these amendments in the House tonight and which have been lobbying very hard to persuade people to oppose my amendment (*Hansard, House of Lords, Baroness Blatch, 6<sup>th</sup> July 1993, Column 1320*).

Once again, the image conjured up is that of the contaminator within - even within the House of Lords itself - inciting others to corrupt children by affiliation with the legislature.

Some of the pragmatic-rationalists cite support from various religious groupings, emphasising the acceptability of sex education within the religious discourse (therefore 'good' not 'evil') - but such positionings would only hold weight if one could be sure that the corruption had not insinuated its way into such bastions. There is an implicit accusation in the pragmatic moralists assertion that churches are unusually silent on sexual issues:

115. I speak as a Christian when I say that when one looks hard at what is happening in our society something is very wrong. We have the terrible tragedy of unwanted pregnancies and teenage abortion I feel that the message that the safest sex is having one partner bound by the sacrament of marriage is hardly ever heard. The Churches should be getting that message across, but they seem to be so often silent over sexual matters. The problem of sex should be shared between the Church, parents and teachers (*Hansard, House of Lords, Baroness Masham, 6<sup>th</sup> July 1993, Column 1308*).

The Lord Bishop of Guildford, who was originally in favour of leaving HIV within National Curriculum (Science), is caught between a rock and a hard place, and smarting from being in

the firing line complains that his job is made difficult because behaviour is established prior to people seeking religious intervention:

116. I hesitate to speak because, as the French say, there are three sexes: men, women and clergymen. When preparing people for marriage, I have sometimes wondered whether my job is to try to turn night owls into homing pigeons (*Hansard, House of Lords, Lord Bishop of Guildford, 6<sup>th</sup> July 1993, Column 1308*).

In doing so, he distances himself from the spectre of the bogey-figure; he did not, however, effectively defend the accusation. It is particularly interesting to note how the Bishop attempted to position himself outside of *any* form of discourse of sexuality as a means of countering criticism, presumably recognising that there is danger ever-present within sexuality, insofar as it is vulnerable to corruption. He later changed his allegiance before the vote and agreed to support the amendments proposed.

There appears to be no real possibility of a solution, that is, a universally agreed upon way of repelling Otherness to protect existing social structures. In order to (re)establish 'natural' social order there needs to be an object of blame; however blame is alternately assigned to the symptom, then the cause, resulting in ever-circulating debate. For those positioned within Discourse A only morality can protect, for Discourse B it is the knowledge about AIDS. But for Discourse A that knowledge represents the antithesis of morality, their only line of defence.

#### *The limitations of Position B's Discourse*

Having bogey figures which partly occupy the same semantic space, meant that when playing the truth game, opposers of a change drew the short straw. It could be argued that if they *really* cared about the effects of the breakdown of social order and the presence of corruption within formal educative channels, which they both agreed exists, surely they would support the rights of parents to withdraw their children from their corrupted defence (sex education) and clothe them in one which might have more defensive properties. The reason that they *couldn't* support the right to withdraw was their suspicion that those situated within Discourse A had a hidden agenda, viz the abolition of sex education in schools:

117. I suggest that **despite all the rhetoric** about compulsory sex education, **there is one, and only one, objective** in this amendment: that is, quite simply to create a framework which will allow parents to remove their children from classes on sexually transmitted diseases (*Hansard, House of Lords, Lord Eatwell, 21<sup>st</sup> June 1993, Column 131, my emphases*).

Sex education, from within Discourse B, is their only armour; a potentially corruptible armour being better than no armour at all. However, in their insistence that more explicit sex education is more protective, they fell into a chasm; fuller education is generally accepted to include more discussion of the so-called 'realities' of the sexual lives of young people and society at large. This inevitably leads to discussion of 'non-normative' sexual practices, eg. the notion of a gay identity may be taken as read, with consideration of all that entails.

There is an impasse in their line of argument at this very juncture as they are unclear about where the line would need to be drawn to keep sex education within the moral framework that both sides claim to support. That weakens their argument *vis a vis* their opposition, for *they* know *precisely* where that line is to be drawn: sex education can and should include details of human reproduction, and this biological function, if questioned, is to be explained ideally in terms of pre-marital chastity, love, marriage, fidelity and the procreation of life.

Many proponents of Discourse B attempt to either distance themselves from Discourse A's accusations of corruptive sex education, or seek to salvage their 'evidence' from sources within the family or the church, central institutions of the stable State, reproducers of social structures, taking up the military metaphor to position teachers as foot-soldiers in the fight against moral decline:

118. I have been approached by a very significant number of **fellow Christians** working in the front line of social work and education...They have to deal every day with the realities of children often in acutely deprived areas - **children who do not have the kind of parental support that we should like all our children to have** and who do not have the kind of **caring, loving, intelligent home environment** that we should like all our children to be certain of enjoying....teachers in the **front line** of that **reality** are looking to people like us, in the House, for our support for what they are trying to do with children on behalf of society as a whole (*Hansard, House of Lords, Lord Judd, 21<sup>st</sup> June 1993, Column 137, my emphases*).

In effect, we have here a description of a typical 'hearth-and-home' environment, presented as the 'ideal' but quite distinct from the 'real', who appear to be constructed almost as an 'underclass'. This also brings into sharp focus the availability of the positions of 'idealist' and 'realist' so often available throughout the debate.

There is, in effect, a fatal flaw in position B's discourse relating to a concession made quite early on in the debates. The seemingly innocuous statement below is perhaps one of the most influential in the whole series of debates. Coming from Baroness Jay, the figure in the House most strongly associated with both Position B and AIDS charity work, it reads as an admission that there can be no guarantee that sex education can repel Other:

119. Everyone would acknowledge that some unsuitable material may have come from some sources... (*Hansard, House of Lords, Baroness Jay, 10<sup>th</sup> May 1993, Column 1116*).

It appears that once those positioned within Discourse B made the concession that some educators are indeed corrupt, that concession starts to frame the debates. It automatically adds weight to Discourse A's contention that sex education can be -is- aligned with 'Other'. The educator can indeed be an agent of undesirability, the vanguard of a host of dangerous and undesirable ideas. That concession perhaps symbolises how the legislative body *as a whole* is deeply mistrustful of sex education. No matter how 'rational', 'realistic', or 'empirically based' the arguments put forward by the members of the Upper House, the bottom line will always be the same; sex educators cannot be trusted to deliver 'factual' information about human reproduction and HIV transmission without also promoting, via normalisation, acceptance of 'Otherness' ie. promiscuity and homosexuality.

Set against this concession, those positioned within Discourse B had a mammoth task ahead if they were to realistically secure any chance of moving the House towards *not* changing the law in favour of a parental right to withdraw. It has to be remembered that they are co-(re)producers of the moral panic; they concur that society is indeed under threat and in need of protection. Their line of argument was hindered by this concession, as it functions as acceptance that there is *potential* for corruption within sex education. In doing so, they added support to the notion that inappropriate teaching can be seen as 'the thin end of the wedge' of the erosion of social order, and in being seen to 'side' with the potential corruptor, a morally tenable position might be difficult to sustain. Those who sought to resist legislative change yet knew about the corruption implicate themselves, by default, in that corruption.

However, they cannot support a right to withdrawal as they recognise that children need protection; not all having grown up to appreciate the 'hearth-and-home' ideal, and are in need of support, understanding and *acceptance* by the State. Acceptance, here, is a dangerous word because it encapsulates the circularity of the debate thus far; acceptance of difference does not seem to be a part of the philosophy of the pragmatic moralist. Difference, to them, is not constructed as 'simple difference'. It is not akin to the difference between apples and pears, or even the difference between different religious affiliations; it is constructed as 'Radical Difference', that which seeks not to sit alongside what is 'right' and 'natural', but to re-define it as only 'maybe right' or 'maybe natural' alongside other rightnesses, other naturalnesses. What form could such re-definition take? Natural homosexuality? Natural single parenthood?

Proponents of Discourse A could never accept such constructions as valid, and *that* is why homosexuality cannot be allowed to be presented as an alternative to heterosexuality, single-parenthood as an alternative to ‘family’ life. They are not ‘alternatives’ they are ‘the great pretenders’. *Pretender* is not a word used lightly, insofar as our identities are validated by their naturalness, as are our institutions, our social-structural identities.

Where could this all lead? For ‘realists’, a change in the law could lead to some young people risking exposure to HIV; for ‘idealists’ the greatest threat may be bigger than the lives of a few individuals who may die from a disease like AIDS (who would, in all likelihood, be perceived by those positioned within Discourse A as citizens who consort with Other); it is the threat of the creation of a ‘pretend society’. Within the Western tradition of modernity individual lives are dispensable; people die, indeed perhaps sacrifice themselves for the greater good, as most clearly exemplified in wartime: perhaps the heavy use of the military metaphor captures a sense of such historical allusions.

#### v. *Discourse A: A Pyrrhic Victory?*

If Discourse B’s accusation of the existence of a ‘hidden agenda’ to abolish sex education was well-founded, some of those positioned within Discourse A may have felt that they paid a high price for their ‘victory’. They offered appeasement by making sex education in State secondary schools compulsory, and this compulsory sex education **must** contain information about sexually transmitted diseases, including AIDS. This appears bewildering in the light of the contention that their *real* intent was to try to abolish sex education altogether. However, it has two stings in its tail; one is that it is required to be taught within ‘a’ moral framework with due regard for ‘family life’; the other is that schools have to make full details of their educational practices available for all parents to inspect, indeed they are recommended to consult with parents’ representatives when drafting their policies, and they must respect the inalienable **right** of the parent to **withdraw** their child if they wish to do so, regardless of their reasons. In this way, the State effectively neutralises the threat whilst simultaneously absolving itself from blame for any damage done to ‘the family’ by sex education, as now ‘the family’ are now positioned as the guardians of the Nation’s morals.

An obvious question is, of course: ‘Why, if sex education has such corruptive potential, did those within Discourse A make such a move?’. The answer appears to be two-fold. Firstly, the legislative change would effectively remove the promotion of Otherness, rendering sex education fairly innocuous, as it is fairly predictable that such legislation would have profound

material effects on the kinds of information presented in schools. Accusations of corruption, immorality -and now criminality- should be sufficient to create a climate of fear amongst those responsible for formal teaching: fear of being labelled a 'corruptor of young minds'. Secondly, for all their protestations throughout the debates, the moral pragmatists recognised that the 'hearth-and-home' image of the family may bear little resemblance to many 'real' families in the UK today, and State intervention at some level may be necessary to draw the protective boundaries around the child that their *parents* may be failing to draw.

120. The **other kind of parents** who are not responsible will be only too pleased to leave instruction to the school and **absolve themselves** of that responsibility (*Hansard, House of Lords, Viscount Caldecote, 6<sup>th</sup> July 1993, Columns 1307-1308, my emphases*).

Under the new legislation, the children from those other (or 'Other') families will have no choice but to learn about one morality, one ideal, one definition of the family in their school-based sex education. This 'cleansed', single-morality-based education has no potential to corrupt; it is neutralised..... except that, surely, there must be one lingering doubt. Can the educators be trusted to deliver this form of education? If not, the State may be exposing the nucleus of its reproduction, the child, to corruption once again. In this light, their insistence on a parental right to withdrawal becomes fully understandable: the parents they perceive as most likely to exercise this right, the 'discerning' parents, will ensure the ideal goes on, reproducing it across the generations. The parents who do not exercise their right could not have been trusted to instill a single moral code anyway - so the State intervenes to try to do it for them. It is interesting to note that speakers who questioned the suitability of teachers to provide sex education did not address the question of how suitably equipped parents are to deal with this task. Perhaps there is no need to; 'discerning' parents are automatically cast as natural educators, the reproducers of the central social structure, the family. Families reproduce families, biologically, structurally and discursively. That the corruptor, in the guise of the sex educator, might attack that continuity of structures, is implicit in Discourse A as *the family* is aware of the dangers and is constructed in opposition to such education:

121. I am a *grandmother* and I am sure that there are *parents* and *grandparents* in the Committee who have managed to live a perfectly *normal life* without such sex education. I am sure, too, that others do not want their *grandchildren* and *children* to receive that information which is being given in schools. It is the kind of literature which **20 years ago** would have been considered **obscene** and **pornographic** but it is now **taken for granted** (*Hansard, House of Lords, Baroness Elles 10<sup>th</sup> May 1993, Column 1104, my emphases*).

The implicit assumption here is that the **corruptive** is **commonplace**. The image conjured up is that this is the thin end of the wedge, but, as with similar accusations throughout the debates,

no examples are provided to justify the accusation of ‘pornography’.

**vi.      *The material effects of the debates: Sex education under the new regime***

Circular number 5/94 (DFE, 1994) was circulated to schools to inform them of their new statutory obligations regarding sex education. It contains a categorical statement of the laws pertaining to sexual conduct and a reminder of the statutory requirement of the moral framework and the promotion of family values. It makes it clear that the role of schools is to back whatever form of sex education the parents of the pupils want, but offers little in the way of concrete advice on how it may be possible to please all of the parents all of the time. It is made explicit that sex education cannot be value free (amoral) and suggests that:

122.      The purpose of sex education should be to provide knowledge about loving relationships, the nature of sexuality and the processes of human reproduction ...they should be helped to consider the importance of self-restraint... loyalty and fidelity (Department for Education, 1994: 2)

...thereby actively promoting heterosexuality outside the permissive discourse, and excluding homosexuality and other forms of Radical Difference. Although the document does draw attention to the idea that not all families are the idealised ones enshrined in the political debates, the ‘hearth-and-home’ construct is reified, presented as something to work towards, encouraging those in non-traditional family units to ‘raise their sights’ in this respect. Sex education is simultaneously framed within a public health discourse by reference to the (then) Government objectives of lowering the incidence of pregnancy in the under 16s and the STD infections rate by the year 2000. It is made clear that the Government have no legal right to dictate the content and delivery of sex education, but there is a legal requirement that such education is balanced and objective. Like so many other terms, these are left teasingly void of definition. The central message, however, is that Discourse A’s *acceptable* forms of sexual expression have to be *learned* and *promoted*. School policies are required not only to cover the content, but also the degree of explicitness. There is an implicit warning that cross-curricular education may not be a viable option:

123.      In developing policy on the organisation of the teaching of particular topics, governing bodies should...ensure that where children are withdrawn, there is no disruption to other elements of their education (Department for Education, 1994: 6).

It is suggested that it is potentially unlawful for a teachers to give contraceptive advice to a pupil under the age of 16. However, there is one proviso, as if there is suspicion of child abuse

(ie. a child positioned outside the ‘hearth-and-home’ discourse), teachers may seek recourse under a different law, the Children Act (1989), which permits teaching children how to ‘keep safe’. Further on, there is a re-statement of Clause 28, the final reminder on the illegality of promoting homosexuality as a ‘pretended family relationship’.

## 5.7. Concluding remarks

Throughout this chapter, I have argued that these debates are more than juridical; they are not only about what is acceptable *information* about sex, but also what constitutes acceptable **sexual practice**:

124. .... I believe that the real answer for dealing with AIDS and other sexually transmitted diseases is for the Government to take their courage in both hands and *tell* citizens that, if they want to avoid those diseases, they **should be** chaste before marriage and faithful within it (*Hansard, House of Lords, 10<sup>th</sup> May 1993, Lord Ashbourne, column 1106, my emphases*).

The Legislature not only sought to legislate to provide an educational framework, it attempted to direct behaviour (even though this was not meant to be a debate on the legality or social acceptability of sexual practices):

125. We are not *telling* young people to **stop having sex** for all time; we are just *telling* them to **take the correct precautions** (*Hansard, House of Lords, Lord Addington, 10<sup>th</sup> May 1993, Column 1102, my emphases*).

Part of the tension running throughout the debates centred around the absence of a universally agreed way of repelling Otherness to protect existing social structures. In order to (re)-establish social order there needed to be an object of blame; however, depending on which ‘side’ one supports, blame is alternately assigned to the symptom, then the cause, resulting in ever-circulating debate. For those positioned within Discourse A only morality can protect, for Discourse B it is the knowledge about AIDS. But for Discourse A that knowledge represents the antithesis of morality, their only line of defence.

All sides of the Legislature appear to share common values which essentially place the needs of society above the needs of the individual; the main function of the democratic process is the re-affirmation of the underlying values of stable social order. The debate is not simply about the intricacies of the laws pertaining to education. It is centred around the (re)production of existing social structures; it is, in the final analysis, about power and legitimation.



The moral panic discourse has the function of giving otherwise disparate, largely unvoiced concerns, a voice. The question regarding the effects of sex education on social structures was no longer simply a matter of 'prove it' or 'disprove it', it becomes a symbol of a much larger issue. Playing the truth game, positing truths and counter-truths did not eradicate the moral panic, it merely served to temporarily paper over some of the perceived cracks, and the focus will now, presumably, simply move to another aspect of the panic. The politicians did not create the discourse, they tapped into pre-existing discourses - religious, moral, familial, public health - surrounding sexuality, and framed the education debate, and the education provision, accordingly. Such discourses were effectively used to legitimate practices associated with marriage, heterosexuality and child-bearing, whilst rendering illegitimate practices associated with homosexuality and sexual permissiveness.

This debate is not 'over'; it is simply waiting to once again be given voice.

Given that these legal constraints are likely to have material effects on the kinds of sex education occurring in schools, chapter 6 aims to explore how sex education fares in community settings where different laws, or different interpretations of the same laws, prevail. In particular, attention is directed towards identifying the ways in which sex education is constructed by those working largely outside school settings, and how these constructions in turn might have their own material effects on sex education provision in community settings.

In circular 5/94 (DFE, 1994), one of the elements posited as 'good practice' in developing a sex education policy is identifying the pupils' needs (but there is no suggestion that the school should *meet* these needs). Instead, it suggests using questionnaires or discussions to help identify pupils' current concerns, and assess their current skills and knowledge. In chapter seven, a study is presented which aims to assess the pupil's and parents' perception of their school's sex education provision. Unfortunately, the circular offers no advice on how to assess the relative weighting, where some parents want a more explicit form of sex education whereas others would only really happy with the fundamentals of human reproduction. In this respect, there appears to be an *a priori* assumption of homogeneity both amongst pupils and their parents, which is left unjustified; chapter seven raises these issues further.

## CHAPTER SIX

### CONSTRUCTING SEX EDUCATION AND SEXUAL PRACTICES IN COMMUNITY SETTINGS: CAN ‘HEALTHY ALLIANCES’ PREVENT ‘DANGEROUS LIAISONS’?

[A]lthough there is much that the Government and NHS need to do, the objectives and targets cannot be delivered by Government and NHS alone. They are truly for the nation -all of us- to achieve. We must be clear where responsibilities lie. We must get the balance right between what the Government, and Government alone can do, and what other organisations and agencies need to do and, finally, what individuals and families themselves must contribute if the strategy is to succeed (Virginia Bottomley in ‘The Health of the Nation’, Dept. Of Health, 1992: 3).

#### 6.1. Preamble

In the previous chapter, legal changes to sex education provision were seen to be influenced by two contrasting discursive positions in the political debates, which in turn ‘borrowed’ linguistic constructions commonly associated with religion, medicine etc. Whilst it is argued that this legislative change may have material effects on the provision offered in schools, the quotation offered above makes it clear that the (then) Government’s targets with respect to unwanted pregnancy<sup>1</sup> and STD infection are to be addressed by a variety of Statutory and Non-Statutory Organisations. This chapter considers some of the sex educational initiatives carried out in various community settings by such organisations.

As the quotation at the head of this chapter suggests, sexual health alliances are promoted in ‘The Health of the Nation’ (Dept. of Health, 1992) as the key way forward in improving sexual health. The notion of healthy alliances is based on the assumption that the key players in the promotion of ‘sexual health’ share a common agenda, and can work together to materially affect the sexual health of the population. With the various legal and practical constraints on sex education in scholastic settings, various community responses to perceived sexual health needs have emerged, and this chapter explores some of the underlying assumptions of some of these initiatives.

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Whilst the Government has changed since the time this research was conducted, broadly similar targets have been set by the present Government’s Social Exclusion Unit (cf. SEU, 1999) ie to reduce the rate of conception amongst the under 18s in England by 50% by 2010.

The aims of this chapter are:

- i. To explore how various stakeholders construct adolescent sex and sexuality and consider their attempts to alter associated sexual practices
- ii. To highlight the main themes, commonalities and points of tensions within and between the discourse of various groups of participants
- iii. To consider the possible material effects of such constructions in relation to educational provision and changing sexual practices

This is achieved by explicating the themes running through various accounts of such educational endeavours, and detailing two additional discursive positions in addition to Position A and Position B reviewed in the previous chapter. These positions, which I have termed ‘The Corporate Health Care Discourse’ and ‘The Discourse of Alternativism’ are articulated alongside several of the main themes recurring in the talk of the participants. A case study is presented as an example of how the various constructions attract and resist one another in one particular community setting, and appear to hinder the development of a coherent, universally agreed-upon strategy for meeting ‘The Health of the Nation’ targets in that locale. The chapter draws to a close by considering how such an analysis can be influential in drawing attention to the limitations hegemonic discourse on sex and sexuality place on educative practices.

## **6.2. Method**

In 1993/1994 a team of 3 researchers, including myself, from the University of Southampton travelled to 8 sites throughout England to conduct in-depth semi-structured interviews with 80 people involved in community sex education initiatives. Those interviewed were those commonly held to be the ‘key players’ in sex educational initiatives in those sites by the District HIV Prevention Coordinator (DHPC); this was verified by the respondents when shown the lists of other interviewees’ names. Interviewees were assured of confidentiality, and extracts from the resultant transcripts are therefore unattributed (including references to the gender of the participants) to protect anonymity. The transcripts were content analysed, and detailed reports written outlining, amongst other things, the initiatives in place, their aims and

objectives and preferred modes of working (cf. Ingham, Jaramazovich and Stevens, 1994). Subsequently, a more in-depth qualitative analysis of the interview material was undertaken by the present author to explicate the major themes inherent in the text to explore the difficulties interviewees had in working towards the 'healthy alliance' model advocated by the Government (cf. Ingham, Jaramazovich and Stevens, 1995; Ingham, Jaramazovich and Stevens, 1997).

My distinct contribution to the 3 publications outlined above was as follows:

1. Comprehensive site reports written for the 3 districts for which the present author conducted solo interviews (chapters 4, 5, and 7 in Ingham, Jaramazovich and Stevens, 1994).
2. Explication of three key discursive dimensions which underpin the transcripts, lending coherence to the texts as a whole in section 6.4. below (cf. Ingham, Jaramazovich and Stevens, 1995; Ingham, Jaramazovich and Stevens, 1997)
3. Discourse analysis of the material from one complete site to show how the various stakeholders' perspectives 'hang together' in situ, presented as an illustrative case study in section 6.5 below (cf. Ingham, Jaramazovich and Stevens, 1995; Ingham, Jaramazovich and Stevens, 1997)

This chapter draws heavily on the analysis of discourses in the texts, using the analytic procedures outlined earlier in chapter five. As in chapter five, numbered illustrative extracts are drawn from the text to facilitate the reader's appreciation of the analytic process where appropriate. As a preface to the main analytical sections, it is useful to consider at the outset one or two influential discursive positions drawn from my readings of the transcripts of the major groups of stakeholders. Two primary Discursive Positions, in addition to Discourses A and B outlined in chapter 5, are worthy of note: 'The Corporate Health Care Discourse' (cf. extract 1) and 'The Discourse of Alternativism' (cf. extract 2).

1. Selective words and phrases used by one respondent:

...contracting processes ...negotiation with providers ...working group ...developing specification for services ...project implementation ...strategic focus ....service delivery problems ....profitable ...resources and efficiencies... (*Director of Primary Care*).

2. We think that services should be shaped and developed with the full involvement of the people who actually use the services. That might sound obvious, but in [town] that is a controversial statement, believe it or not, it is not accepted, not least within the health service...they've got such barriers of medical arrogance that they don't see the point (*Social Services employee*).

The former discourse would appear to have its basis in the market forces ideology of 1980s Britain, and the latter can be seen as a form of resistance to this philosophy, its presence defined by its outward rejection of both the 'market forces' ideology and the medical model as an appropriate template for understanding sexual behaviour. Within both discourses, but considerably more pronounced within The Corporate Health Care Discourse (cf. extract 3), is the 'ideology of choice' subtext:

3. Ultimately it has got to be the individual that has got to take responsibility for themselves or their life and it is really what everyone else can do to help equip them to do that but at the end of the day **it is your choice what you do with your life and whether you do or do not have a sexually transmitted disease** (*Director of Primary Care, as above, my emphasis*).

Similarly, the Social Services employee considered his/her role "...to increase their **choices** around safe sex"(my emphasis).

The 'ideology of choice' subtext appears quite innocuous on the surface, and gives, for example, the impression of a client-centred approach to health services, emphasising the right of an individual to exercise choice in his/her life rather than have decisions imposed upon them. However, as Lowenberg (1995) points out, when such a notion is applied to health decisions (rather than service utilisation) it can lead to a 'blaming the victim' philosophy, since, if people are held to be responsible for their own *health*, they can also be held responsible for their own *diseases* too:

The resultant view, that each person chooses his or her level of health and illness, extends the stigma that was previously attached to a small number of diseases defined as 'psychosomatic' to all instances of illness. Genetic, social and environmental limits to personal choice are often overlooked in these pronouncements.... The rhetoric implicates individual life-style choice as the cause of disease (Lowenberg, 1995: 322).

In a similar fashion to those who spoke in the Parliamentary debates, all interviewed had a tendency to cast themselves in the role of a 'benevolent protector' and, mostly in the case of those working for Statutory bodies, there was an emphasis on their perceived 'professionalism' which could be construed as a form of warranting. As an example, many respondents referred to concepts such as "friendly professionalism" (Family Planning Nurse) or their "professional judgement" (Health Promotion Officer). I say 'perceived' professionalism as some of the

purchasers of their services do not appear to be convinced that such professionalism exists (cf. extract 4):

4. It's nice controlling a service with professionals because you think you know what to expect from professionals and that guarantees some sort of quality and some sort of result, but I do not think that has been shown to be the case (*Purchaser*).

As in the previous chapter, the normal/abnormal heterosexual/homosexual distinction is frequently drawn, and is inherent even in some speech acts expressing anti-discriminatory messages; examples of such distinctions will be highlighted throughout the analyses.

### 6.3. Analysis of Stakeholders' Perspectives

In order to change the sexual behaviour of the Nation, especially that of its younger members, those involved in this endeavour need to:

- (a) be aware of what that behaviour is
- (b) know what it ought to be
- (c) consider what needs to be done to bring (a) and (b) closer together
- (d) know how to implement that change
- (e) know how to assess whether that change has indeed occurred.

Much of the work conducted in the various sites comes under the remit of 'health' and the health perspective tends to dominate both conceptualisations of the behaviour under consideration and conceptualisations of the most effective mode(s) of change. Much of the work conducted can be understood by reference to various workers' positionings *vis a vis* 'The Corporate Health Care Discourse' or 'The Discourse of Alternativism' and both discourses have as a central notion the concept of *choice*, whether it be exercising existing choices around sexual behaviour or creating awareness of choice amongst those who were not previously aware that such choices existed.

The analysis presented below takes each stakeholder group in turn, showing how they position themselves with reference to these discourses (and, where appropriate, how they position themselves in relation to those outlined in chapter 5) and considers the material effects such positionings may have on the resources and influence available to those working within

community-based educational initiatives. Under each subheading, all the quotes given are from those working within that particular stakeholder group.

Initial analysis of the transcripts resulted in their being divided into distinct subgroups involved in sex education provision for the districts concerned -NHS purchasers, NHS providers (Genito-Urinary Medicine [GUM], Family Planning Service [FPS], Health Promotion), District HIV Prevention Coordinators (DHPCs), Non-NHS Statutory providers (Social Services, Education Department), and Non-Statutory/Voluntary Organisations (eg. Youth and Community Workers).

Each of these categories of ‘stakeholder’ tend to position themselves as playing a key role in understanding and changing sexual behaviour, and tend to construct that role as somewhat unique.

Each block of transcripts was first looked at in isolation to uncover similarities and differences in the ways that they talked about their work. In the first instance, the main themes were mapped to reflect the topics comprising the interview protocol (see appendix one). Next, the themes were re-considered and the distinctive patterns of words and images were drawn out for examination, in order to elucidate how the interviewees construct telling images of sexuality and sexual health. Finally, consideration was given to the ways in which these various positionings might materially affect the possibility of stakeholders working together towards the same ends, which was, after all, the challenge set by ‘The Health of The Nation’.

#### *i. NHS Purchasers*

Purchasers’ perceived responsibilities can be understood by both their material and discursive position within the ‘Corporate Health Care Discourse’. Respondents talked about, for example, “corporate goals” encouraging “competition”:

5. The question is whether or not there will be a *tender* and which providers will be invited to *supply* that services...(my emphasis).

The transcripts reveal how purchasers create a ‘need’ (eg. pregnancy avoidance) and cater for it (eg. provide FPS clinics). Some purchasers described their role being “to *inform* ... people of their sexual health needs” (my emphasis). They have a tendency to describe their main role as ‘setting minimum standards’ in service provision, casting young people as potential ‘clients’

who need to be provided for in the most 'cost-effective' manner. As in other industries, clients of the 'Health Industry' are to be attracted through advertising, and offering a choice of high quality services. Their 'publicity campaign' takes the form of sex education and advertising service availability. As potential clients are constructed as exercising choices, sexual health is essentially construed as the responsibility of the individual concerned, not the Health Service, as alluded to in extract 3 above. Such discursive initiatives conjure up the image of a free market, casting purchasers as non-interfering, non-interventionist purveyors 'choice' and 'product', whilst simultaneously diverting blame if the client 'declines' to avail themselves of the 'services' and 'products' on offer.

Education tends to be cast as secondary to the provision of services, and is spoken of mainly in terms of *information* which, in turn, encourages people to utilise the services that they provide.

It is interesting to note that young men are often perceived to have "unmet educational needs" simply because they rarely utilise the facilities. The assumption appears to be that there is a universal market for their services, so those who do not to take them up must not be having their needs addressed adequately by that service. As in the political discourse of the previous chapter, it is noted that:

6. [M]any of the health professionals in providing units are extremely concerned about ... the information given that goes under the label of sex education...

Purchasers acknowledged that non-health professionals may be better at providing education for young people, but nevertheless maintain that the Medical Discourse provides legitimacy for this endeavour. In all transcripts in this group, successful outcomes of sex education involve reducing the conception rate and increasing in service utilisation. There is a heavy emphasis on quantification often with repeat purchasing of services contingent upon such measures being added in, even for the lowest cost operations they purchase, such as peer education initiatives:

7. The peer group project was actually funded initially for 12 months through HIV money and it was set up to be delivered in a particular way. The re-funding [is contingent upon] built-in monitoring, it has built-in outcomes that are to be measured as part of that project.

When purchasers talk about *sex*, they are essentially talking about *heterosexual* activity; only heterosexual sex and the needs of heterosexuals are perceived as normal:



8. The project to look at issuing condoms through GPs was trying to focus around HIV and part of the assumption in that was that they would attract, certainly '*homosexual men*' if not '*men men*', but the evidence from those studies tended to be that they were used for *normal* family planning purposes by *normal* people...(my emphasis).

In extract 8 above, the term 'men men' suggests that homosexual men are not 'real' men (perhaps they are 'women men'...?)-they are certainly positioned outside the 'normal'. Homosexuality is, however, recognised as important in relation to HIV transmission, and one purchaser expressed particular concern in respect to married homosexuals. S/he was considering implementing educational initiatives for such homosexuals, not under a *sexual* health remit, but under a *mental* health remit. In positioning homosexuality as a mental health problem, it is explained that the public themselves (not the speaker) are prejudiced:

9. I think with regard to the homosexual aspect, people are quite comfortable with it as long as it doesn't impinge on their lives... if people started flaunting themselves around town and parading, I think they'd feel differently. As long as they are seen to be a group of disembodied people, it's alright.

From the position of the benevolent protector, the NHS purchasers stated their priority was to concentrate on young people in order to reduce the number of teenage pregnancies in their districts, some attributing at least part of the 'problem' to insufficient access to emergency contraception. It was often said that improving access to emergency contraception would *inevitably* lead to a reduction in the teenage pregnancy rate. At the same time, it was recognised that sexual health is a wider issue than just pregnancy rates, but the definitions of 'wider' only appeared to encompass sexually transmitted diseases. Young people were said to be targeted for one or more of the following reasons:

- (a) because it is believed that 'adults' are adequately provided for already
- (b) because they don't know how to target those older members of the public who are not accessing mainstream services
- (c) because a drop in teenage conceptions is a key target in 'The Health of the Nation'.

Sex is frequently referred to in terms of its outcomes. The primary emphasis is on heterosexual females, justified by the need to lower the conception rate amongst teenage (unmarried?) girls. It was widely reported that the conception rate could be reduced by their intervention because teenage pregnancies are constructed as universally *unwanted*. Part of the purchasers' role, therefore, is "to inform young people of their sexual health needs", ie. the need to avoid pregnancy. An obvious assumption here is that young people don't have pre-

existing needs or desires - they have to be given them. This image is curiously at odds with the ideology of choice subtext highlighted earlier; now the purchaser is suggesting that young people are not exercising their own 'choices' but those 'choices' given to them by others.

Purchasers recognise that in the grand scheme of sexual health provision, they are 'top of the pile'; they control the purse strings and appear content to implement top-down service specification with those to whom they contract-out certain responsibilities. They have, in effect, the power to name and define what 'sexual health' is in their district. Purchasers themselves make providers aware of what constitutes good practice, giving concrete advice on service specification, and spelling out contractual obligations - they sometimes even "...provid[e] the service philosophy". However, they detail certain limits to their responsibilities with respect to sexual health in their districts; as sex education and sexual behaviour are not *wholly* constructed within a health discourse, some purchasers wish to abdicate some of their perceived responsibilities to other agencies with a stakehold in sexual behaviour, and in doing so reduce some of the financial burden on the Health Service:

10. I think one of the difficulties is that many of the issues you are talking about are more '*social*' than '*health*' in terms of parameters but Health Authorities get charged with certain duties and responsibilities and that seems to me singularly **inappropriate**, in some ways, where the solution to many of the problems is not in our **gift** ... we spend a lot of time and effort with professional staff *attacking* problems whose root cause is elsewhere ...how much time and effort can you **legitimately** use, if you like, of **Health Service money** to address problems that are really perhaps not ours to solve (my emphases).

Extract 10 is quite useful as it sets two opposing constructions of sex against each other (*social* and *health*) with a concomitant suggestion that such constructions have implications with regards to who should *legitimately* pay for preventative work in this area. The position of benefactor appears to be operating behind the scenes as evidenced in the use of the word '**gift**'. Finally, the use of the word '*attacking*' effectively positions the speaker as fighting a losing battle (a battle which the listener is invited to construct as one of someone else's making), thereby inviting sympathy, and perhaps deflecting blame if the strategies ultimately fail.

Although the purchasers recognise that they occupy relatively powerful positions, they allude to constraints preventing the fulfilment of their perceived obligations. The two most commonly cited problems in this respect are the competition for resources in the light of the money needed to fund acute services, and the moral agendas of Health Service and non-NHS personnel, ranging from allegations that Roman Catholic gynaecologists refuse to refer girls for terminations on religious grounds, to mocking the sensitivities of their managers:

11. I've been requested by fellow managers to take down posters with condoms on them because it made them feel physically sick, and they will say so at senior meetings of managers; they are not embarrassed to say so, in fact they feel quite noble.

In drawing attention to the moral agendas of *others*, the impression is given that they themselves are neutral in this respect.

*ii. Sitting in the purchaser/provider split: DHPCs*

DHPCs occupy a slightly ambiguous position within the purchaser/provider structure, some having one role, some the other, and some a mixture of the two. They have a tendency to broaden out their HIV brief to sexual health in general, which they tend to define in terms of negative outcomes - reducing STDs, HIV and teenage conception rates. The continual association of 'sex' with 'negative outcomes' creates a 'sex as a problem' discourse which frames the interviews. One DHPC in particular welcomed the term 'sexual health' as it has offered an opportunity to raise more HIV awareness, and, as another points out, all three 'problems' stem from unsafe sex so it makes sense to tackle them in tandem. Like many of the stakeholders, DHPCs mainly target young people. All agreed that one of their priorities was to make services more accessible, increase service uptake, and reduce discrimination around people who are HIV positive. It is said that this needs to be done without 'promoting homosexuality'. Although all of the DHPCs interviewed were unanimous in their contention that they could not be 'positive' about homosexuality, they appeared to be arguing that they could nevertheless foster an air of non-discrimination in their districts.

DHPCs with purchasing power felt themselves to be in a stronger position to influence work conducted in their district as, if providing units did not meet their requirements and service specification, funding could quickly be withdrawn. Without such budgetary control, DHPCs did not feel so confident. In extract 12, potential 'blame' is associated with past and future members of staff with financial control:

12. Some of the personalities who may join the department - well snake-in-the-grass term comes to mind- it matters who is in control, and what they believe, and what they understand, and what they will have.

The DHPCs are very clear that they have a key role to play in educating people:

13. Education is not just the prerogative of the Education Department. Education is something that Health can get involved in.

In terms of educational initiatives, some mentioned that they thought Peer Education projects were a useful means of skirting around the thorny issues in school-based sex education, and tailoring messages to specific groups. These were more likely to talk about education as more than just information provision, encompassing skills, motivation-enhancement and confidence-building. One mentioned that s/he had funded some Peer Education work, but was sceptical about its value, especially claims that it is “empowering”, suggesting that Peer Educators are, perhaps, lacking in some respect as educators:

14. [I]t’s not an answer to sex education, they’re not teachers, we can’t expect so much of them.

Others express concern about the parental right of withdrawal from sex education in schools, and one clearly voiced his/her concern from within a ‘child protection discourse’, echoing Discursive Position B in the Hansard debates:

15. I am not sure about this thing about parents having the right to take their children out from sex education, it does not seem to me to be very protective of the child, to deprive them of that information.

Part of their role is perceived to be raising awareness of HIV with *purchasers* as well as the public, mainly because the focus in most Health Authorities tends to be on reducing teenage pregnancy rates rather than HIV prevention. Sometimes, purchasers had to be shocked into action by the DHPC playing to their fears of the ‘invader within’ ie. the spread of HIV into the non-IVDU heterosexual population, for instance by informing the purchasers that:

16. [O]ne of the injecting drug users who used the (neighbouring town) needle exchange was HIV positive and never made any secret of the fact that he still shared works with people in (town) and has sex with women in (town).

From the viewpoint of the DHPCs success should (ideally) be measured behaviourally, but in practice it is more likely to be measured by counting the number of condoms given out. One DHPC claimed that s/he didn’t know how to measure whether or not s/he had been successful, as s/he saw his/her role as providing rather intangible ‘healthy choices’.

The two DHPCs with purchasing roles positioned themselves within The Corporate Health Care Discourse with ease, with talk of ‘projects’ needing to have “minimum quality

standards”, ‘dictating’ the ethos of the work done and ensuring initiatives are “accountable”. One mentioned a particularly common purchasers’ gripe of resenting funding services used by people from outside the NHS and/or their district with no financial recompense; for example, being asked to train Social Services staff, when it is felt that they should employ their own trainer, the FPS bidding for HIV money, schools expecting help with sex education but being reluctant to pay for it, etc. Constructing health care as a business may have material effects on forming new partnerships for health provision; indeed, there is marked antagonism between organisations who are expected to form such ‘healthy alliances’:

17. It’s the philosophy and ethos of Health and Social Services, each one doesn’t trust the other. They’re in it for what they can get.

Having purchasing power and/or political influence (which usually go together) is seen as the key to forging alliances that can have material effects:

18. I have made some very fruitful healthy alliances with people at coal face level. When it comes to actually spending money or making sure things happen on a borough wide basis you need to be quite a powerful person. Now if the Director of Education was standing up and shouting about HIV and sexual health as a mega-issue, things would happen....

It was also noted that a good example was missing at the highest level, as “[t]here is no marriage between the Department of Health and the Department of Education up at that top level”. Such statements suggest that ‘blame’ is a construct which benefits from being pushed higher and higher up the organisational hierarchy.

DHPCs frequently aired concerns around homophobia affecting educational initiatives in their districts:

19. There was a bit of a feeling in Health that gay men had it all sewn up, the frighteners had been put on, they’ve changed their behaviour, we needn’t worry about them, we really ought to worry about the IVDU population, in which we haven’t got a single HIV positive, and other groups far more than gay men. I think a bit of homophobia reigns in the District AIDS Working Group.

This ‘homophobia’ is evidenced in a variety of ways, but appears to concern them primarily in relation to keeping the HIV figures as low as possible. Without high rates of HIV it is unclear whether they would express the same level of concern around homophobia. The impression given is that homophobia should be dispelled, not for its own sake, but to enable HIV prevention work to flourish.

There is much talk of difficulties in their work stemming from the perception of preventive work as the 'poor relation' of the NHS, an inherited culture of mistrust between Education and Health Departments, and fears surrounding both National- and District-wide scaling-down of sexual health work in the near future. They all refer to their own particular means of off-setting these particular dangers, some perhaps a little underhand:

20. If we can sew it up so that somehow we internally protect that money as needing to go to priority groups as is stated in our AIDS Prevention Strategy, then I think we can safeguard it...If not I can blow the whistle on that and it could be so embarrassing. HIV is quite a political issue and that could hit the papers ... I have no compunction about that.

Other barriers to widespread educational initiatives are more moralistic or religious in nature, with an awareness that others position sex education outside religious discourse. One organisation who wanted the DHPC's input gave left the DHPC in no doubt that sex is sullyng:

21. [The organisation] had evangelic roots and sex is a complete anathema...I felt like a scarlet woman talking about sex education.

Status was said to be enhanced by having purchasing power and therefore being able to influence strategy. The fund-holders acknowledge that Youth and Community work is generally held to be of lower status than other educational work, although it was also argued that Voluntary Organisations have more credibility amongst their clientele than Statutory Organisations or 'The Establishment'. This may be partly due to Voluntary Organisations grass-roots involvement with clients engaging in socially undesirable/illegal behaviours - prostitution, homosexuality and IV drug use - and serves to highlight that power and influence may be constructed differently by colleagues and clients.

### ***iii. NHS Providers***

#### *Family Planning*

Working within the Family Planning Service, it is perhaps inevitable that these interviewees tended to concentrate their efforts on pregnancy prevention, although this is not necessarily their primary function of course, which is, as its names suggests, to help clients to realise their preferred options in terms of family size and spacing of children. The implication is, of course, that young people do not *want* to bear children.

Like the NHS purchasers, the Family Planning Service provider units concentrate most of their *educative* efforts on young people, but for slightly different reasons. They tend to speak from a position within a ‘child protection discourse’, which is sometimes intertwined with a familial discourse, for example when a nurse explains, “we mother them a bit...”. They tend to position young people as essentially psychologically immature, vulnerable and frightened. One respondent attributed the extract 22 to perceived psychological immaturity:

22. One boy stood by the door and yelled across the room “I don’t want to talk about it, I just want condoms!”

...yet extract 23 tells another story, constructing such ‘outbursts’ as a consequence of inadequate service level provision for their clientele, suggesting that it may not age per se but a feeling of frustration and unmet service needs behind such reactions:

23. ... we had middle-aged teachers having temper tantrums in the waiting room, lying down and kicking their legs in the air saying “I want to be seen”...and this big burly man terrorising the receptionist saying “I want my condoms, I want them now”.

Young people’s powerlessness, materially speaking, is also acknowledged by some:

24. When you talk to them you realise how constrained they are, you know, “I’ve got to go, I shouldn’t be long, I’ve got to go to my violin lesson, my mum’s picking me up.” They have no autonomy really.

Extract 24 is particularly interesting insofar as it conjures up the image of a child from a caring, middle class family, reminiscent of the ‘hearth-and-home’ discourse in the Hansard debates, and suggests that ‘underage clientele’ are a broader spectrum than those positioned in Discourse A might like to believe.

The Corporate Health Care Discourse permeates the transcripts, with frequent allusions to “our business plan” providing “programmes of care” carrying out “audits” and looking for “a gap in the market”. Although the Corporate Health Care Discourse may encourage clients to believe they are receiving a service, in reality geographical access to these services may be less of an issue than material access; service are ‘a right’ for some but have to be ‘earned’ by others:

25. [M]y feeling is that by the time they get to me they really *deserve* what they’ve come for, there’s no way I’m going to send them away, because it’s so difficult (my emphasis).

Such personnel have a tendency, though not as pronounced as the purchasers, to ‘inform’ people of their sexual health needs, although it is stressed that their service is more client-centred than management-centred. Young people are clients, and as such have their service preferences taken into account. It is said with some authority that:

26. [T]hey don’t want non-medical settings, they want...friendly professionalism.

If ‘medical’ is synonymous with ‘professional’ ‘non-medical’ is, presumably, synonymous with ‘amateur’.

Cost-effectiveness of services was mentioned by all the interviewees, and as sex education was constructed as largely a school issue, it was felt that schools who request their input should be prepared to pay for it, as their own budget is limited. It is suggested that mainstream educationalists have perhaps not done enough to discourage sexual activity amongst the young:

27. I think to date with a lot of the sex education that has existed has literally not talked about what you feel about it, it has not talked about having to say ‘no’.

Educating the young is talked about as beneficial to foster an inter-generational agenda of adolescent pregnancy prevention. The FPS interviewees had all had some input into sex education in their respective districts, and they shared a tendency to cast teachers as ‘inappropriate’ educators, because their knowledge is out of date, they are inadequately trained, or they have chosen to ‘relinquish’ their responsibilities; hence one respondent referring to her input into schools as doing their “dirty work”, which fosters the impression that ‘talk about sex’ is somehow ‘sullyng’. Those working within medicine, especially nurses, tended to be cast as ‘natural’ educators, who could help teachers not only in terms of their ‘expert knowledge’ but by helping schools to circumvent the laws pertaining to teachers offering contraceptive advice to people under the age of 16.

One of the expressed aims of education is to encourage young people to take responsibility for their own sexual health, having as its subtext the ‘ideology of choice’:

28. [Y]ou’ve decided to do this, you have to take responsibility now, and it’s your problem if you get all these diseases.

Education is spoken of not only in terms of passing on information about reproduction and “how to say ‘no’ to sex” but also in terms of encouraging people to access services. This latter aspect may provide a hint of a recurrent theme of the fear of promoting promiscuity



(reminiscent of the Hansard debates). There is a marked tendency to offset this using the justification that most of their clientele are sexually active *prior* to their first clinic attendance; as one nurse explained “I’m not persuading them to do anything”. If they are not sexually active when they first register, part of the remit is to try to *dissuade* them from becoming sexually active. This, of course, does not ‘rest easy’ with the ideology of choice subtext; it seems that choices are there to be exercised, but only if they fall within the range of choices deemed acceptable by the providers themselves.

In extract 27, the moral aspect of non-permissive sexual discourse is clear; sex is something that girls should say ‘no’ to - at least for the time being. It is often assumed that many of their younger clientele have a large number of sexual partners, and this is perhaps reflected in their talk about contraception; it was notable during the interviews that staff frequently referred to older women ‘coming in for their pills’, yet ‘giving condoms’ to their younger clients, thereby reproducing the contraceptive patterns alluded to in the literature review. Once in established relationships it is perhaps not only permitted but *expected* that a woman will switch contraceptive methods from coitus-dependent to user-dependent methods. The contraceptive discourse in the clinic can be seen to both legitimise and reproduce these pattern.

The Corporate Health Care Discourse also permeates talk about access to emergency contraception, which is seen as a cost-cutting exercise (a means of cutting the ‘abortion bill’) rather than, as the interviewer expected, a means of circumventing panic or avoiding trauma for FPS clients. Outcomes of the various educational initiatives are cast in similar terms: increasing client numbers and improving client satisfaction ratings. For some, lowering the pregnancy and/or termination rate in the district was an outcome measure; others were aware that this target was *expected* of them, but felt that it was *unrealistic*.

FPS work is mainly conceptualised as crisis-driven. As providers, their input into prioritisation and decision-making is limited, if present at all. NHS administrators are singled out as the *real* decision-makers, and some respondents were fearful that there is a hidden agenda to give Family Planning remits to GPs on a large scale, leading to valuable time and energy being spent on just thinking of ways to keep the service going in the face of cuts:

29. The unit general manager came on a Saturday morning during a clinic, red-faced and angry, thumping his hand on the desk, pulled our posters down and said “You are not allowed to advertise this service...if you advertise this service more people will use it and it will cost more money” ...He wanted to chop the service really and get the GPs doing all the family planning...GPs could run the service under someone else’s budget.

Another respondent only felt confident that service levels would remain intact because of that district's purchaser having to tackle a particularly high level of teenage pregnancy as a priority. Sexual health from the FPS perspective, involves not only pregnancy prevention in young people, but also STD avoidance, or, more unusually, psychosexual counselling, but all are concerned with *negative* aspects of sexuality.

The problems reported regarding effective service delivery are often financial, as they are competing for money against acute services. As with the purchasers, mention is made of competition for limited funds. However, in their discourse this competition for money constructs the FPS as scroungers, thieves -possibly even murderers:

30. The arguments they've used in the past are, "how can you take money out of the mouths of sick people, who will die if they don't have it? Your service can't possibly be as important as the elderly or whatever because these are sick people."

Alliances are not always easy to forge - even within the NHS - as staff report experiencing divided loyalties, as the 'child protection' discourse has material effects on alliance building. For example, FPS report that GPs ask:

31. "How are we expected to deal with this patient if we don't know they've come to you?" Well, we're sorry but the bottom line for me is the kids, really.

### *Genito-Urinary Medicine*

As expected, the definition of sexual health utilised by those working within GUM centres around avoiding sexually transmitted diseases. The respondents interviewed in this group all had young people as a priority target, and reported that they spend extra time talking to all young clients and first-time attenders. Targeting other groups was not generally seen as acceptable due to the stigma inherent in the suggestion that certain groups of people are more prone to contract sexually transmitted diseases. In addition to treating disease, one respondent felt that it was part of his/ her duties to provide an atmosphere conducive to people exploring their fears around STDs.

Successful outcomes are seen in terms of increasing attendance (although this can be counter-productive as it could lead to the conclusion that STDs are increasing in the target population), reducing both STD rates and the stigma attached to having a STD. Some of these objectives are measurable, others not; for instance, it is difficult to 'measure' the extent to

which someone has taken it on board to examine their choices with respect to their behaviour.

It was reported that GUM staff generally position themselves as the 'poor relation' of the medical family, and as such, the term 'sexual health' is welcomed as it lends an air of credibility to their work, by emphasising 'health' as opposed to 'disease':

32. Depending on who I'm talking to, I'll say "I'm a sexual health worker". It's given credibility to it which is vital.

Respondents had various suggestions for reducing the stigma attached to GUM services:

33. I think you ought to have a GUM clinic and a Family Planning Clinic side by side, or the doctors in the GUM can do Family Planning ... let's call it a Sexual Health Clinic.

This illustrates how fragile the boundaries are around specialised sexual health services, and adds credence to job-loss fears of interviewees in many stakeholder groups, as it is apparent that more than one person is qualified/capable of doing the jobs traditionally done by others. For non-medics working in GUM settings, status seems even more important, and is conveyed through the medical discourse; for example, in the case of GUM counsellors who feel complimented by the words:

34. I've always treated you two as junior doctors.

Like FPS, GUM clientele are constructed as largely responsible for their own sexual health, and the onus is on them to seek the help provided:

35. [Y]ou can lead a horse to water but you can't make it drink, but at least if you give the facts to people and say "there are these infections out there, do you want to catch them?"

According to GUM staff, sex education should attempt to encourage heterosexuals to acknowledge the health risks associated with heterosexual sex, including, for example, the dangers of oral sex without condoms. This may indicate an awareness of a heterosexual denial strategy in respect to AIDS. However, the threats to the heterosexual community seems to be positioned very much 'outside' this community, as in the Hansard debates. As an example, one respondent acknowledged that certain people may have limited choices with respect to condom use, which might put them at risk, but only saw difficulties in terms of *other* cultures, in this case, Asian:

36. There's no point in me sitting here and saying "Look, you've got to use a condom" to a woman, if she's got no choice, the sexual practices she has with her husband. It's really understanding other cultures and how they work.

Within the advice given in clinics, which is generally reported to be 'value-free', is an undercurrent of homophobia in the form of HIV being less of a threat if confined to 'target groups', positioned outside rather than inside the heterosexual community, effectively constructing AIDS as 'Other':

37. [A]s I said to him yesterday, "You're bisexual and you want to do that fine, I'm not here to say yae or nay, but you've now got to think of using condoms because do you want to pass something onto your wife?"

Education is seen as a vital part of helping GUM to meet The Health of the Nation targets. Within GUM, advice on risk-minimisation is available on a one-to-one basis, to help clients realise their own personal risk. However, there is also support for school-based education, and GUM staff considered that they could help out by providing 'expert knowledge' in this field. They expressed favour at having a 'captive audience' and felt that preventing 'bad habits' from forming might be easier than trying to break 'old habits' in the clinics later.

As with some of the supporters of Discursive Position A in the Hansard debates, it is reported that there is too much emphasis on HIV given by mainstream educationalists, and not enough about other diseases:

38. Personally I feel the work that's being done is too much HIV orientated. I think we should forget about HIV and AIDS ... let's go in on sexual health. Let's talk about thrush, let's talk about chlamydia. HIV is out there but if you protect yourself against these things you aren't going to catch HIV.

In terms of service provision, power is seen to reside with the purchasers, who themselves have competing demands on their financial resources. Talk about GUM prioritisation echoes 'The Corporate Health Care Discourse' insofar as it is peppered with references to cost-effectiveness, with some resentment evident in one of the larger GUM units having to provide resources for people living outside the district, with no financial recompense from their clients' 'home' Health Authority.

Problems with meeting their objectives include being perceived as the 'poor relation' of medicine and the stigma attached to STDs. Given the stigma attached to their work, they also spent a lot of time and effort raising the profile of their department *within* the NHS. There is some consensus that The Health of the Nation targets are 'wrong', as HIV infection is not as

widespread a problem as many other STDs; chlamydia is suggested as one disease which, perhaps, should have been given a higher profile. There is a suggestion that the Government has not really embraced the need for sexual health care; indeed, they are said to shy away from anything to do with 'sex' because:

39. [I]t's a dirty word, everybody does it, most people do it in the dark and you don't talk about it.

In many ways, it appears that the work of GUM is 'tarnished' by its association with the 'dirty' construction of sex, not only in terms of the connotations of the word 'sex', but by the 'secrecy' their anonymous clientele engender. It is, therefore, not always an easy task to forge alliances, especially with GPs:

40. There's antagonism between the GPs and us, and you can understand it; we're treating their patients and they don't know the treatment is being given. You've got to allow that anonymity for people to come in.

### *Health Promotion Personnel*

With Health Promotion personnel there is again a marked tendency to target young people - sometimes specifically young women- and sometimes gay men. The consensus of opinion amongst these Health Promotion workers is that information alone is not enough to constitute sex education. There is a suggestion in the texts that sex education is only now being promoted because of the HIV epidemic, and this is seen as unfortunate. Sexual health tends to be conceptualised in terms of disease prevention, with an emphasis on the prevention of risk behaviours, rather than the promotion of sexual pleasure. Health Promotion staff report working with standard health promotion models emphasising information, choices, skills, attitudes and the individual's environment, with talk about changing sexual behaviour change being largely indistinguishable from talk about avoiding coronary heart disease.

Prioritisation tends to be top-down from the purchasers, with one Health Promotion Officer commenting that in the case of a difference of opinion with targeting and objectives, there was always the option of leaving your job. Some cited long term aims such as reducing the levels of teenage pregnancy and STD/HIV infection, but in the short-term outcome measures were less likely to be behavioural, including such measures as counting the number of staff they had trained, or 'increasing choices' around HIV. Their priorities are said to reflect the expressed needs of young people (where resources allow), for example making condoms available for those who do not access traditional services such as FPS.

They do not expect cross-agency working to be easy; they, like other providers, are concerned with the “territorial issues” which arise when others are doing ‘their’ job. There was a suggestion that other stakeholders in the education of young people are not meeting their obligations in this respect, and one respondent directly questioned who should be responsible (financially) for sex education within school settings, and another felt that if the Department of Health withdrew their (financial) support, the Education Department probably wouldn’t bother with sex education at all. The image fostered is one of ‘others’ shirking their responsibilities and leaving sex education to Health Promotion Officers rather than doing it themselves. The mistrust between various organisations is implicit in extract 41:

41. Their [schools] main worry seems to be about how the parents are going to react, and what may get into the press, rather than the implications for the young people. That concerns me because *I wonder who they're trying to protect and in whose interests they're doing it*. I don't think they're really aware of that (my emphasis).

They highlight problems working with schools, such as sex education having a low priority within the Education Department generally, and teachers appearing more sensitive about sex education than Health Service employees, perhaps feeling constrained by moral agendas and religious issues. The military metaphor (education as a battle) effectively highlights the uphill struggle they portray:

42. [I]t is quite a battle to get it [sex education] on their agenda .... I think they are worried that we're going to be too explicit and we're going to cover areas that they don't think are appropriate...

Health Promotion personnel are positioned by other respondents as occupying the ‘middle ground’ in sex educational initiatives, bridging the gap between ‘Health’ and ‘Education’. Health Promotion staff, who have a tendency to cast themselves as “professional people” when it comes to sex education, are more likely to self-identify as “health professionals” and see themselves as more effective than teachers with respect to sex education. Their professionalism positions them as value-free, non-ideological:

43. Part of doing a professional job, I think, is leaving your personality at home.

Some advocate raising the standard of school-based sex education by leaving it largely to another ‘health professional’ - the school nurse:

44. Possibly the way I have found conflict just looking at now, is where school nurses are possibly working in schools and they are actually going in and doing some of the health education and I am actually trying to promote teachers to take them on board.

**iv. Non NHS Statutory Organisations**

*Social Services Personnel*

45. By and large Social Services tend to pick up the people other people can't be bothered with....all of these problems are supposed to be so severe that nobody else can handle them.

Extract 45 above suggests the work of Social Services may be rather different to that undertaken by other Statutory Organisations. The 'person' constructed in this extract does not appear to resemble the 'client' in previous extracts. Within the Social Services, 'The Corporate Health Care Discourse' gives way to 'The Discourse of Alternativism'; for example, their expressed philosophy tends to be far more person-centred (see extract 2 above) and more broad-based than 'health' or 'educational' initiatives elsewhere. It is said by some that Social Services can add a more 'social' perspective to an overly-health based agenda, as the *real* answer to alleviating negative outcomes of sexuality is to give people a sense of worth, not just information, and involves consideration of the wider social milieu:

46. [I]t's not just about self-confidence, it's not just about sex. It's about young women and their position in society, it's about sexism, it's about the deal they get dealt ... you cannot do HIV training in isolation with all that. If you're really talking about equipping young people to protect themselves and to practice safer sex, you're talking about giving them a stake in their own future, you're talking about making them feel that they are worth protecting, that they are not a piece of shit which is the signal that more and more young people are getting these days, and that's a big one.

They espouse a common belief that they are working very much at the 'sharp end' of educational provision, for example, working with gay men, people with learning difficulties, and young people in care, the latter being heavily over-represented in the teenage pregnancy figures. Overall, where they work with young people they tend to target their heterosexual health messages on females, and their gay educational initiatives on males.

Like those positioned within Discursive Position B in the Hansard debates, they invite other stakeholders to appreciate the 'reality' of people's lives rather than concentrating on what stakeholders would like people's lives to be like. Understanding 'real life' is a necessary precondition for behaviour change *in situ*:

47. [I]t's got to deal with people's real experience, what their real experience of sex is [because] scare messages and "don't do it" isn't going to work.

One Gay Community Development Worker felt that his/her task was to 'increase choices' around safe sex in the gay community, but felt that he was prevented from using the same channels as other Community Workers working with heterosexual clients. S/he explained that s/he would have liked to have been able to:

48. ...do something in one school and prove that all the 14 year old boys were not suddenly converted to sodomy in the twilight world of homosexuals, then other schools might do that too...

...but felt pessimistic with the emphasis on "family values" in the school curriculum. Extract 48 is interesting because it brings to the fore the notion that sexuality may not be 'fixed', with a suggestion that heterosexuality is perceived as vulnerable to subversion by 'Other'. This interviewee reported feeling removed from the decision-making process, as, for example, s/he was not a member of any of the district's advisory groups, didn't recognise any of the names on the interview list for the district, and constantly felt the need to justify the existence of his/her work-in-progress. Like service providers in the NHS, s/he felt that condom distribution is essential if promoting choice, but as with other Statutory Organisations, their approach can be seen as often more reactive than proactive, dealing with 'problems' as and when they arise, rather than trying to offset them in advance.

Many Social Services personnel working with both heterosexual and homosexual client groups criticised what is described as "the deepest rooted prejudice in our society" - homophobia. It is portrayed in this way because, it is argued, it is so rarely challenged. One respondent recalled that whenever the Social Services run anti-discrimination workshops for their own staff, few (if any) attend, giving "professional excuses" and calling such events "an indulgence".

There is a feeling of tension between the approaches adopted by 'Health' and 'Social Services' respectively, expressed in the form of an attack on the medical profession as a whole because of their perceived 'medical arrogance' (see extract 2 above). It was argued that medics know nothing about attitudes and behaviour, yet are "taking over the [HIV] show" even though they know there is nothing that they can (presently) do to prevent or cure HIV infection. When approaching the NHS for money, one bidder explained his/her unsuccessful bids as follows:

49. The money is there but basically I think because medics don't actually understand or appreciate what preventative work is all about, we didn't get it through.

Sex, sexuality and sex education appear to be constructed differently from the NHS purchasers and providers. One respondent, for example, spoke about educating people "...in such a way



that they get the best out of it for themselves”. However, this initiative was aimed at people with learning difficulties, not the ‘usual’ target groups of most NHS providers. It is interesting to note that it is reported that these people have “adult desires, they’ve got adult sexualities.” There seems to be an implication elsewhere in these interviews that people would assume that adults with learning difficulties have ‘childlike desires’ which is reminiscent of the childhood innocence and asexuality assumed in the Hansard debates. Sex for non-adults, or people of below average intellectual ability is still essentially centred around the importance of teaching girls how to say ‘no’.

### *Education Department Personnel*

Not surprisingly, Education Department personnel tend to target school-aged people, although not exclusively through mainstream sex education provision in schools. One, for example, had previously been involved in a community project on teenage motherhood, which used teenage mothers as an ‘anti role model’ to discourage other young girls from becoming pregnant. Again, most offered outcome-related definitions of sexual health, concentrating on the need to focus on ‘negative’ aspects of sexuality such as HIV, unwanted pregnancy, abortion and avoiding “the dangers of promiscuity”.

Sex is constructed not only in terms of negative outcomes, but also as an adult heterosexual activity. Homosexuality is only really touched on in terms of HIV transmission routes, and one teacher noted how prejudiced the children in his/her school are regarding homosexuality. Morality as integral to sex education was mentioned by all, but only one explicitly maintained that young people actually need to be taught “the difference between right and wrong”.

Sex education, it is said, is about lowering the rate of sexual activity, and this is attempted through a variety of methods, including reminding young people of the illegality of sex below the age of consent (which is hoped to help counteract peer pressure), teaching assertiveness techniques to young girls (which is hoped will help them to say ‘no’ to sex), and the use of peer education to get their messages through. The value of promoting responsibility and independent thinking is also stressed in these interviews.

Successful outcomes of the educative process include changing young people’s behaviour (evidenced by a reduction in the pregnancy rate), or at least the recipients *saying* that it has had an effect on their behaviour. Education staff construe their power to influence behaviour as fairly limited for two main reasons. Firstly, the effects of the low status accorded to

preventative work of any kind, and secondly, legal and organisational constraints on what they can or cannot say and do in terms of school-based sex education. Concerns surrounding Clause 28 are apparent, and the implication in extract 50 below is that it is acceptable to talk about the main modes of *prevention*, but uncertainties arise in relation to talking about some of the actual behavioural modes of *transmission*:

50. We do not worry so much about contraception it's the 'act' of homosexuality. *That* we have to be very careful about I think, actually *promoting* homosexuality as a *norm* (my emphases).

To overcome this, some of their teaching responsibilities are discharged to other personnel such as school nurses. In view of the difficulties teachers perceive in relation to the discussion of sexual issues in schools, an advisory teacher had been approached to have some input into PGCE courses, to prepare trainee teachers in this regard, but s/he felt that it was unfair that Universities do not pay for this input in view of the Education Department's meagre resources.

Prioritisation is conceptualised as a 'balancing act', decided primarily by balancing their perception of what the Government would like them to do (reduce the teenage pregnancy rate through education) against the constraints imposed on their teaching content and style by school governors, the law, and the image of the school:

51. The image of the schools is important - we are competing - every student who comes into our school brings in about one thousand pounds... you lose 10 students you lose ten thousand pounds.

Sometimes responsibility for sex education was abrogated to the school nurse (perhaps positioning sexual knowledge as subsumed under medical knowledge), although this was justified as largely unavoidable in light of the perceived legal constraints:

52. [I]t's a cop out but I put my hand up to it...she's the one with the specialist knowledge but also from our point of view we dare not put our necks on the block.

Other impediments to delivering sex education within school settings include pupils' embarrassment (especially boys) in discussing sexual matters, staff morale, and the competing demands of the National Curriculum. It was felt that in general, there was a major problem in matching different people's notions of what is 'appropriate' sex education for school-aged children. One way to get around these perceived problems could be to utilise those with whom the Education Department have forged alliances; however, alliances are not so easy to fashion, sometimes because of preconceived notions about other personnel:

53. I haven't got a high regard for Social Services, but perhaps I'm prejudiced.

It is also pointed out that a good example is not in evidence at Governmental level, which may serve to pass blame for any present or future failures further up the hierarchy:

54. I don't think there's that dialogue between the real power in Education and Health. I don't think there's that dialogue. I think they see themselves as two quite separate departments.

#### v. *Non-Statutory Organisations*

The main target group for the Non-Statutory Organisations' personnel was young people - sometimes further defined as young *women*- who are not accessing traditional services. Their approach appears to be the most 'person- centred' of all providers; one expressed his/her aims thus:

55. [T]o make contact with young people who are unlikely to be in contact with existing services and build relationships with them, empowering them to make informed choices about their bodies, their relationships and their lives (*Peer Educator*)

Such personnel have a tendency to position themselves firmly within 'The Discourse of Alternativism' rather than 'The Corporate Health Care Discourse', but they do appear to target similar target groups. Many of the initiatives in place focus on heterosexuals. Whilst one project worker did *profess* to not assume heterosexuality, s/he nevertheless felt unable to hand out explicit gay literature, as images of homosexuality are not as easy to defend as words:

56. There is some stuff in the drawer that I have got that I would never give out to young people, those things with the drawings of the men on and stuff like that. You have to be more careful with things that you actually give out rather than what you say (*Peer Educator*).

Some people working with youngsters express a desire to carry out work which appears to overlap with other initiatives outlined by providers in other stakeholder groups, for example:

57. [G]irls having the confidence to say 'no' to sex, that is a project in itself, but really we should have been involved in it more in our project....(*Youth Worker*).

For this group of workers, there is an inkling that the tendency to concentrate on working with females does not rest easy within The Discourse of Alternativism:

58. It is quite ironic really, the concentration with work with young women, girls and young women, I think there is something there which I really think feels really uncomfortable which I think is something to do with ... the concentration of the work has been on the girls, they have got themselves pregnant. It is very unfair to Youth Workers because I do not think they feel that, but somehow that view is in there somewhere, almost as if it is not worth doing the work with boys or young men, almost as if -what is the point? They never take responsibility for their actions (*Community Worker*).

However, s/he says that if s/he *did* conduct work with boys, s/he would want the same for them as for the girls, but this translated as wanting boys to be, in his/her words “sensitive” and “accountable”, not as s/he described his/her focus with girls, to be “confident” and “supported”, suggesting markedly different constructions of ‘male’ and ‘female’ in this context.

Outcomes for educational initiatives are not seen as necessarily behavioural (in terms of pregnancy prevention, for example) but are more concerned with whether attendees have enjoyed sessions, and feel more confident as a result. Where purchasers/funders required statistics as outcome indicators, these mainly took the form of the numbers of people making enquiries or attending such sessions.

Sexual health is defined broadly in terms of ownership of one’s own body, and more holistic rather than solely genitally based. In terms of work prioritisation, any overlap with The Health of the Nation targets is seen as largely coincidental. For them, education has a much wider remit than for other educators. There appears to be an emphasis on ‘Peer Education’ amongst this group of interviewees, which is described as “empowering”, but not only for the *recipients*, but for the Peer Educators themselves:

59. It is very empowering for the young people involved, and the people that we have worked with so far have found that it really does a lot for their self esteem to be really trusted enough by the grown ups to just actually deliver the information (*Community Worker*).

It is also constructed by its advocates to have more credibility with young people, and additional professional credibility is sought via University-accredited Youth Work qualifications. It is recognised that educators in the Statutory sector assume that as they work for next-to-nothing, they therefore possess a low degree of professionalism. ‘Worth’ is thus conceptualised as measured fiscally and in comparison to formal educative discourses.

It was commonly reported that traditional services are not easily accessible for many young people:

60. [T]he kinds of Family Planning Clinics or the GUM clinic that we have at the moment, they find it difficult to get young people to go to them so I think a good move would be to try and bring workers into the community (*Community Worker*).

Similarly, sex educational needs are not necessarily best served within schools:

61. I am not convinced at school is the best place to do it ...I think it works better outside of a formal structure (*Outreach Worker*).

Their initiatives, therefore, tend to be community based rather than school-based and are reported to be concerned with promoting 'choice', raising confidence and improving self-esteem. However, where projects have young *women* as their focus, this appears to translate as encouraging girls to say 'no' to sex.

In terms of power, it is recognised that they have no tangible decision-making power in their respective districts, and they are so far down the hierarchy that they cannot even access a direct line of communication; for example:

62. [Youth Workers] are never given or very rarely given the opportunity to actually talk to the decision-makers, they have to do it through me, but I never get to see them either, so I do it through the DHPC (*Youth Council manager*).

The purse-holders are themselves characterised as being afraid of handing over their power - especially to Youth and Community workers:

63. [Y]ou are actually putting the power into other people's hands, they make the decisions and when they are making decisions you cannot (*Community Worker*).

...yet their distance from the power base appears so great that there must be very little power to actually invest in these young people. The projects that they are involved in are not central in the provision of sex education in the communities they serve - indeed they appear marginalised - and this is recognised by those overseeing them:

64. I think we are still on the borderline of being involved. What we consider to be very important, the peer project, to others it is sort of peripheral (*Community Worker*).

All commented that Youth Work is generally undervalued by mainstream Educationalists and 'Health Professionals'. One particular problem they report involves misunderstandings between themselves and other organisations. One Youth and Community Worker explained:

65. People with a Health Promotion brief found it hard to appreciate why it was not just easy to allow Youth Workers to give out condoms and to have access to condoms through Health Promotion (*Peer Educator*).

On a more ‘material’ level, all of those interviewed expressed concern at not having enough money to work to the best of their capabilities and “prove that Peer Education can work”.

#### **6.4 The Main Discursive Dimensions.**

As the illustrative extracts above suggest, there are various common themes and points of contention both within and between the groups of respondents interviewed. Detailed examination of one selected site highlighted three main discursive dimensions which appeared to ‘underpin’ the transcripts, lending coherence to the texts as a whole whilst simultaneously highlighting points of tension. Once articulated, these dimensions were checked against transcripts from other sites to ascertain whether these dimensions could be used to provide a ‘prism’ for a fruitful reading of the transcripts from the other seven sites. As these dimensions resonated with many other speakers’ discourse, the illustrative extracts in this section are drawn from interview transcripts from across all eight sites. The various conceptualisations of sexual behaviour and sex education geared towards meeting the targets set in The Health of the Nation can be understood with reference to the following dimensions:

##### ***i. Power, Control and Agenda-Setting***

NHS Organisations generally have adequate funding to employ full-time workers, and are more often represented on more formal alliances around policy issues than those on the Social Services and Education side, and those working at grass roots level, particularly in Gay Community Development Work, are hardly represented at all.

Mainstream providers tend to employ a top-down approach to needs assessment, whereas voluntary agencies claim to place greater emphasis on the needs of the groups they serve (cf. extract 2 above). Access to power is seen by purchasers and providers alike as the key to decisions regarding sex education provisions in the Community. Few of the interviewees had any difficulties placing themselves in the decision-making hierarchy, and identifying the amount of power they could wield.

In the vast majority of interviews, money was identified as the single most important factor in controlling agendas. Control of budgets automatically affords the power to define which initiatives are valid:

66. Some have not achieved the aims and objectives... that were agreed... We stop funding it, we close it down,...I think we are getting stricter...I cannot go into the problems, with the confidentiality it is a bit difficult .... I do not even know if I should say that we have stopped funding it (*Purchaser*).

A particularly illuminating example of the role of money in power, control and agenda-setting is that of Peer Education projects. Even in districts where there is a stated commitment from many sectors to Peer Education, it appears woefully underfunded and the workers are aware of the lack of professionalism credited to them:

67. Everything we do is based on a shoestring, we do not splash out because we cannot....Very, very often, I believe, it is the pounds shillings and pence, it is the projects with a lot of money that are looked towards for the results and the patterns for the future, and things like ours, which are way down here somewhere [points near the floor], you stop looking at anything below that figure because it is such a small amount that it cannot be really effective (*Youth Worker*).

There is a suggestion that Voluntary Organisations may be justified in their assumption that purchasers do not take them as seriously as they might like. For example, some purchasers do not appear to define them as 'proper' set-ups:

68. Interviewer: Is that a voluntary organisation?  
Purchaser: No, they've got a *proper* manager... (my emphasis).

In addition to fiscal concerns, there is something of a divide between those interviewees (particularly purchasers, DHPCs and medics of various kinds) who recognise that they 'control' sex educational provision and services [sometimes to the extent that they 'dictate' the philosophy of initiatives that they fund -and even the 'needs' of their client groups; cf. analysis of purchasers discourse in section 6.3. above] and those who do not. Some admit that they find it difficult to 'let go' of this power to, for example, let grass-roots initiatives experiment with placing power in the hands of the recipients of health messages (cf. extracts 73 and 76). By contrast, others construct themselves as rather passive in this respect, happy to hand power, control and agenda setting over to the 'client':

69. You can't impose your agenda - it is their space (*Health Promotion Officer*)

*ii. Female heterosexuality and male homosexuality as negative forces*

When targeting groups, most organisations cited in section 6.3 focus on young people, mainly women, as one of the major problems is seen to be unwanted teenage pregnancies. However, a focus on pregnancy, hence the female, obscures the dyadic nature of sexual behaviour and fosters a negative impression of female sexuality, with female sexuality constructed as 'problematic'. From purchasers to peer educators, the virtues of encouraging young girls to 'just say no' to sex were extolled, with only one respondent starting to formulate an objection to working with females in this way (cf. extract 58). Nowhere in the transcripts was there any corresponding reference to target young boys specifically with the aim of 'encouraging them', 'building their confidence', 'raising their esteem' or otherwise inducing them to resist the sexual advances of young girls. This dimension in the transcripts serves to emphasise the construction of female sexuality as essentially passive, and active female sexuality as 'problematic' and warranting some form of intervention. It is notable that pregnant teenage girls have been targeted by *health* professionals, including the purchasers, even though it is acknowledged that the root of the problem lies elsewhere (cf. extract 10). It appears, therefore, that whilst some community education purchasers and providers recognise that unwanted pregnancies and sexually transmitted diseases reflect wider social issues, they still appear to concentrate their efforts on small-scale single-agency solutions.

Similarly, Community Development Work with homosexual target groups tend to focus exclusively on gay men, casting homosexuality as problem-centred (AIDS, STDs) rather than sexuality-centred. Although there is a strong 'sex positive' slant in much of this work, with a heavy emphasis on sexual pleasure, the focus on gay men, rather than lesbians, suggests that the development work is not *really* designed for the benefit of improving sexual advice and information about gay sexuality, but rather is designed to 'contain' disease. If this is not the case, there needs to be consideration given to the notable absence of equivalent services for lesbians. Certainly, at least one Social Services employee recognised that services for married bisexuals in his district were funded initially on the back of heterosexual fund-holders fears concerning the possibility of HIV spreading *into* the 'heterosexual community' from the 'homosexual community' (cf. extract 77).

'Abnormal' homosexuality is constructed in opposition to 'normal' heterosexuality. Reflecting extracts 8 and 9 highlighted earlier, extract 70 below emphasises the 'extraordinariness' of being gay:



70. We still have people saying: “It was nice to meet such-and-such with AIDS when they came along on the course but it’s a shame they were gay. Why can’t we have *ordinary* people?” (*Social Services employee, my emphasis*).

### *iii. Empowerment versus damage limitation*

Most health and mainstream educational workers conceptualise sex education as a form of ‘damage limitation’ rather than seeing the benefits of a sexual education in its own right. In extract 71 it is clear that targeting by the purchaser is dictated by concerns about *problems* whereas extract 72 demonstrates how another purchaser defines his/her objectives in terms of *solutions* to such ‘problems’. Both indicate that priorities are based around notions of ‘damage limitation’:

71. [W]e have identified our main target group as being teenagers, where we have the most concerns and problems (*Purchaser*).
72. ...to provide access to termination services (*Purchaser*).

Community Development workers, on the other hand, are more likely to place emphasis on empowerment, and express a desire to celebrate sexuality in its entirety, not just focussing on problematic outcomes. Extracts 73 to 75 conjure up rather different images of educational initiatives to those suggested in extracts 71 and 72:

73. [T]o create open situations where children have the opportunity to discuss their own personal feelings and values about unwanted pregnancy, underage sex and termination of pregnancy in a safe environment before they are in a position of having to make a decision (*Youth Worker*)
74. [T]rying to promote a positive attitude towards sex and your own sexual desires, with a group of young people whose experience of sex, by and large, has been wholly negative (*Social Services employee*)
75. We could have, perhaps, a mega-event - celebrating their [young people’s] empowerment, if you like (*Outreach Worker*).

## **6.5. Illustrative Case Study**

Section 6.3 above separated out the ‘constituent parts’ of the Community education system, and section 6.4 the main discursive dimensions, but in the present section the focus shifts to a single community, to explore how the various stakeholders’ discourse fits together in a

compelling fashion, influencing the shape of sex education provision and sexual health services in that community. In this site, many respondents express the belief that if certain misunderstandings are cleared up between the key agencies involved in education in community settings, alliances will form, prosper, and dovetail to meet the same ends. However, analysis of the transcripts reveals that rather than being involved in the *same* endeavour and working towards *common* goals for broadly *similar* reasons, there are marked differences in how the key players construct sexual behaviour, sex education, and desired outcomes. In many ways, these key players appear to be speaking different languages, with alliances providing little in the way of translation.

Much of the decision-making can be described as ‘top-down’ from the purchasers. Their priority is to target young women due to the high teenage pregnancy rate, which sets the scene for constructing sexually active young people as ‘problematic’. Levels of service provision are a major concern, with education seen as being of secondary importance, with a tendency to finance infrastructure over information provision. Their primary construction of sexual health is that it is an individual’s own responsibility (cf. extract 3), and their task is to ensure that “choices and alternatives” are made available. ‘Choice’ is provided in the form of services and it is down to each individual to exercise their will in this respect.

Teenage sexuality is conceptualised as ‘problem-centred’ and ‘outcome dependent’. For the purchasers, the provision of accessible clinics is the key to reducing teenage pregnancy rates. They appear not so much concerned with what people *do*, but with them not becoming pregnant, or if they do, having access to termination services. The FPS clientele are mainly female, and extra resources are allocated to certain geographical areas with particularly high pregnancy rates. The underlying assumption appears to be that if the young client is sexually active, she won’t stop having sex, but if she comes in for advice and is still a virgin, it is advisable to send her away to think about it. In doing so, it is possible to see how providing such a ‘choice’ may have material effects on the would-be client, increasing the chances of remaining unprepared for her first sexual encounter.

The purchasers in this district recognise that there is a need for sex education outside formal settings, and are generally supportive of peer education, finding it, in ‘The Corporate Health Care Discourse’ parlance “cost effective”. They are aware that Establishment figures may not be the best people to reach the young, yet admit that letting go of control can be problematic:

76. ...you have to be **brave** enough to let go and say well, actually, there is a group of **long haired sandal-wearing people** out there who can get the confidence of these people...I think Health Authorities and most Statutory bodies find it difficult to let go (*Purchaser*).

Extract 76 highlights several issues. Firstly, the word 'brave' helps the speaker to position herself as 'courageous' and 'pioneering' in this respect, especially in relation to the 'other' kind of purchasers alluded to in the text, who find handing over power a 'difficult' task. Secondly, it alludes to non-Establishment figures in a rather clichéd pejorative manner, perhaps suggesting a lack of professionalism reflected by their demeanour. This latter point is reflected in the interviews of those 'non-Establishment' providers.

The providers, on the other hand, have a tendency to construct their remit rather differently, depending on their particular focus. The DHPC's role is seen in the wider context of sexual health, as other issues such as teenage pregnancy stem from unsafe sex. S/he admits that funding occasionally has to be liberated by playing to heterosexual fears of HIV infection rather than focussing on the actual needs of the groups who need financial support (cf. extracts 16 and 77). 'The Corporate Health Care Discourse' folds back on itself in her interview, when s/he refers to her support for a particular "cost-effective exercise - for want of a better phrase". Elsewhere, the language of this discourse is apparent in her talk of bids, negotiations and commodities.

The GUM clinic based in a nearby city sees 14 percent of clients from this district, and are not being paid for providing this service. They have been targeting young people since The Health of the Nation, but relatively few of their clients are in their teens, most being over 35. It appears, then, that The Health of the Nation may not reflect the particular 'problems' in this district, and could, in some way, be obstructing localised targeting. Obviously, their main aim is to reduce the incidence of HIV/STD, but they resent HIV being pushed to the fore whilst other STDs largely ignored. The heavy emphasis on HIV by the Government has had material effects on the availability of literature on other sexually transmitted diseases, as many of the producers of these leaflets have concentrated their production efforts on HIV/AIDS pamphlets at the expense of others they used to produce in large quantities. They, like many other Health Service personnel, state that The Health of the Nation targets will not be met until there are drastic changes within the Education Service.

The Education Department in this district seems to have adopted a rather defensive stance regarding sex education, in light of the fears surrounding the provision of 'inappropriate' sex education. A 'specialist advisor' has been employed with a partial remit to get sexual health

education onto other people's agenda. The postholder, however, sees the main function of this role as *protecting teachers* from criticism of the way they provide sex education and promoting the importance of morality in sex education, by impressing upon pupils "the difference between right and wrong".

Community education work conducted by Voluntary Organisations, in contrast to the Education Department, is rather more 'progressive' in its outlook. Still targeting young women, but within a feminist perspective, it is based round notions of increasing confidence, teaching self defence, raising self-esteem and fostering empowerment. However, it is noteworthy that there is still, despite the talk of 'choice' and participants 'setting their own agendas', the aim of encouraging people to consider "the health risks around casual sex and penetration", setting the penetrative sex and permissive discourse in the context of 'health problems'.

On the other hand, some of the Gay Community Development work funded by the Social Services appears to position itself within the permissive discourse of sexuality (cf. Hollway, 1984), with its emphasis on "eroticising safe sex". Interestingly though, their 'love safe, live sexy' (my emphasis) logo seems to mark a shift into a more 'romantic' discourse (cf. Wight, 1996, cited in Ingham and Kirkland, 1997). The project officer responsible for this initiative explained that originally funding was not forthcoming as there was a general disbelief that there were any homosexuals in the resident population. Although now reasonably well funded, the project workers here are cynical of the value placed on their efforts, believing that there is a hidden agenda, that there is no *genuine* interest in gay issues, just fears concerning married closet homosexuals - the fear that:

77. ...poor married men might spread the plague to their nice little heterosexual wives (*Social Services employee*).

Although there is talk of encompassing a "sex-positive" slant in this work, it is still essentially problem-centred as they are funded to focus on HIV reduction. There is no equivalent work in progress for lesbians in this district.

Generally with Community Development work, there are perceived problems encouraging others to accept the worth of this endeavour, but this can be challenged if one is employed by a Statutory Organisation as opposed to a Voluntary Organisation, as this automatically adds an air of ‘professionalism’:

78. There is a low expectation of professionalism of projects like this...whenever you meet new professionals like GPs they are expecting you to be a kind of gay volunteer nobody and when you say ‘I am employed by Social Services’ they are really quite surprised, it is quite good actually because they are immediately impressed (*Social Services employee*).

Voluntary Organisations, for example the Youth Council, express both fiscal and reputational concerns. They talk about the problems of working with such small budgets that they’re not taken seriously by anybody with decision-making power, and the frustration they experience when other agencies expect their staff to put in additional work on an *unpaid* basis when funding has run out. The Youth Council in this district aims to meet concerns expressed by young people by promoting ‘choice’ through the medium of peer education. Although the purchaser in this district claims to support this way of working, the project appears woefully under-funded. As one worker commented when awarded only £7,000 for a 2 year project:

79. [It is] probably one of the biggest issues young people face today with one of the smallest resources... (Peer Educator)

It appears to be a circular problem; if they work on a shoestring they’re not taken seriously, and if they succeed on such a small amount, funders do not expect to have to pay any more in the next round of bids.

## **6.6. Community Constructions and their Material Effects**

The analyses reported in the preceding sections highlight that certain constructions of sex, sexuality and sex education initiatives may have material effects on sex education provision in community settings. In this section, it is suggested that differing constructions of these social phenomena affect the possibility of forging so-called ‘healthy alliances’, and lead to a rather limited and limiting conceptualisation of what can be done to reduce the ‘problems’ identified by those charged with changing patterns of sexual behaviour.

### ***i. The feasibility of ‘healthy alliances’***

Within ‘The Corporate Health Care Discourse’ so-called ‘healthy alliances’ are perhaps a mere

pipe-dream. Organisations can ostensibly *want* the same thing and appear to be working towards *similar* objectives, but it is difficult to see how they can *attain* the same thing; The Health of the Nation targets are one aspect of what these organisations do, but the organisations themselves comprise individuals with their own express wishes and desires which appear to run contrary to the wishes and desires of others. As was suggested in section 6.3., different emphases and employment backgrounds may have a pervasive effect on the construction of sexual phenomena central to their notions of education. Take, for example, the three main service providers in sexual health: GPs, GUM and FPS. If (and this is a big ‘if’) they perceived themselves to be on an equal footing and their boundaries were clearly defined and impenetrable, it *may* be possible for them to work together effectively to reduce the rates of unwanted pregnancy and STDs. However, many such respondents revealed that this simply is not possible in their districts for a variety of reasons.

In their interviews there is a marked tendency to construct each other as, in their own words “divisive” and “self-seeking” or position themselves as the disadvantaged “poor relation” *vis a vis* other groups involved in similar initiatives. Problems appear to arise from the construction of health care funding as a ‘competition’, particularly when that same money is being sought after by those working in ‘acute services’ within the NHS (cf. extract 30), work which has a ‘concrete’ face: it can be seen and counted (heart by-pass operations, transplants, numbers of emergency operations performed, etc).

Certain organisations recognise that they are simply not accorded similar status within the NHS, with GUM and FPS in particular conceptualising themselves as the “poor relations”. Even within GUM and FPS, GUM is the ‘poorer relation’ because of the stigma attached to sexually transmitted disease. One respondent from a GUM clinic believed this stigma could be reduced by joining forces with Family Planning to become a ‘Sexual Health Clinic’. However, this respondent couldn’t stop going that extra mile, implying that the GUM staff could ‘appropriate’ the role of FPS completely. Similarly, other respondents within the both GUM and FPS expressed concern about GPs taking over their remit, but being unable to do the work as well as they could. It is the mistrust and fears surrounding the further blurring of these boundaries which render true alliances unlikely.

Even where organisations do not see themselves as ‘low status’ amongst their peers, in a climate of fear and mistrust, boundaries become more assiduously guarded:

80. If they are doing my job, then I am going to lose mine; you need to keep boundaries clear, sort out which bits belong to who. With this market now you have to fight for money, your job or the things you are interested in. You have to do that in a selfish way (*Health Promotion Officer*).

In sum, it appears that the unequal power distribution within the NHS and other Statutory and Voluntary Organisations, which is closely tied to access to funding, is such that *democratic* working relationships are implausible in this context; whosoever has the most money and status sets the agenda and directs the course of the work, and this in itself is contrary to the notion of fostering ‘healthy alliances’.

## **ii. Discursive positionings: medicine or morals?**

Sexual ‘health’ can be constructed as more than just the absence of disease; for example, it can involve :

[A]bsence and avoidance of STDs and disorders which affect reproduction; control of fertility and avoidance of unwanted pregnancy; sexual expression and enjoyment without exploitation, oppression or abuse (*Goldsmith 1992, cited in Coyle, 1995b: 158*).

Talk about sex education and sexual behaviour in community settings seems to reside within an umbrella discourse of the medicalisation of sexual activity, and this is most apparent in the discursive dimension which casts female sexuality and male homosexuality as negative forces; essentially sex is seen only in terms of its negative outcomes -unwanted pregnancy and HIV transmission- and only really of interest insofar as they are seen as ‘medical problems’.

As explained earlier in this chapter, analysis of the transcripts suggests the availability of two additional primary discourses for sex educators in community settings to align themselves with, ‘The Corporate Health Care Discourse’, and partly in opposition, ‘The Discourse of Alternativism’. I say ‘partly’ because, although they seem quite distinct in their aims and approaches, essentially they are still almost exclusively contained within an umbrella discourse of the medicalisation of sexuality.

To illustrate this point it is worth considering the origin of the two terms I have chosen for these two primary discourses. They are borrowed from talk about ‘traditional medicine’ and ‘alternative medicine’. As ‘traditional’ medicine is administered by qualified medical doctors, so mainstream (traditional) sex education provision and conceptualisations of sexuality are controlled, administered and overseen by ‘professionals’ (doctors, family planning staff, school

nurses etc); as 'alternative' medicine is within the remit of lay healers and non-medically qualified practitioners, other forms of sex education and conceptualisations of sexuality are the remit of 'non-professionals' (Youth Workers, voluntary workers etc.) By professionals funding non-professionals to undertake some (peripheral) educational initiatives, the 'alternative' becomes 'complementary' ie. under the control of the self-styled 'experts' and seen as secondary to their work, rather than as 'an alternative' in its own right.

In essence, discourse which constructs service providers as 'mainstream' acts as a self-sustaining power base, and, whilst other organisations may be 'given' money (by those positioning themselves as benevolent donors), the money has strings attached; they are given money to encourage hard-to-reach clients to conform to what is considered the norm (conform to notions of appropriate sexual behaviour and access traditional services). Their role is truly 'complementary' rather than truly 'alternative'. Indeed, this is spelled out in advance by the Department of Health:

Improving and promoting sexual health is not the sole responsibility of the NHS...the key objectives cannot be achieved without involving other agencies and organisations which may have differing but *complementary* roles to play (Department of Health, 1993: 14, my emphasis).

Both discourses can be conceptualised within the medicalisation of sex as both discourses are essentially promoting 'sexual health' in the form of prevention of pregnancy and avoidance of HIV/STD infection. The appearance of a 'holistic' approach in 'The Discourse of Alternativism' is largely cosmetic and illusory, and is trying to effect the same ends. As an example of this, take Peer Education; it can be argued that funding is liberated *not* for peer groups to develop their own conceptualisations of sex and sexuality, but to encourage them to encourage others to share in the philosophy and ideals of those truly wielding power: politicians, mainstream educationalists and medics.

Some purchasers readily admit that they spend a considerable amount of time trying to 'bring into line' such projects:

81. I spend a disproportionate amount of time on the voluntary sector contracts for a number of reasons....because they're not about what we want them to be about (*Purchaser*)



Extract 82 serves as an example of a peer educator explaining her aims:

82. [T]o make people aware of their sexuality, to improve their sexual health and to *reduce the risk of unwanted pregnancy and the transmission of sexually transmitted diseases*. That's basically our aim. Sure, **the ideal is a one man, one woman monogamous relationship** ... but I think we're pretty pragmatic and realise that we are living in the 90s and most young people may not choose to go down that route (*Voluntary worker, my emphases*).

Clearly, in this example, sexual health is constructed with reference to a medical discourse, and is cast as essentially problem-centred. There is a heterosexual **marital discourse** permeating the text, held up as 'the ideal', although with the pragmatic realism reminiscent of Discourse B, it is an ideal that s/he feels few aspire to. Nonetheless, it is the ideal. With their clients at least, even from within 'The Discourse of Alternativism', there is little scope for conceptualising sex and sexuality outside the discourses of morality and medicine.

A similar idea was hinted at by one respondent from Social Services explaining why Peer Education approaches to sexual health education simply do not work with young people in care. As s/he pointed out, positioning his/her client group outside the 'hearth-and-home' ideal: "you're not dealing with sixth formers here". It is not that there is no means of forging alliances amongst people brought up in the care environment; indeed, they already utilise their existing peer networks effectively. It is that these networks have emerged to the perceived benefits of the group, not 'The Establishment'. Rather than exchanging advice on 'how to say no' or avoiding high risk behaviours, such networks instead offer advice on where to score, how to turn tricks, how to make money with the one resource they assume control over - their bodies. It is the *message* that is resisted (or alien), not the mode of transmission. Sexual health messages advocated by 'The Establishment' do not make sense in the lives that some people lead; sex is not necessarily a moral or medical entity for them. It is a commodity, a means of gaining status, money and/or emotional warmth. People do not necessarily lead lives that compartmentalise sex into a box marked 'health decisions'. Expanding Goffman's concept of total institutions (Goffman, 1968) to life in a children's home, such behaviour may offer insight into the behaviour of people living 'ordinary' lives in mainstream society. Could sex and sexuality be about more than morals and medicine for everyone?

### *iii. Sex education and behavioural change*

The community-based initiatives described by the respondents appear to be primarily based on the individual rational decision making models outlined in chapter 2, and therefore subject to

the criticisms described in chapter 3. The central tenets of much of the work carried out (with the notable exception of work with ‘hard-to-reach’ clients) is that:

- a) educators know what people (particularly young women) want, and
- b) they believe that they are ideally placed to deliver it effectively.

As with Discourse B, information is the key. In mainstream provision there is scant consideration of ‘lived’ sexual behaviour and the phenomenology of intimacy, and therefore sex tends to be considered in isolation of intra-individual, extra-individual and interpersonal (dyadic) factors.

The providers most likely to consider these aspects (Social Services and Voluntary Organisations) still have a tendency to be ‘problem-centred’ and ‘outcome-related’, and, where young women are targeted, the emphasis is on teaching them, or giving them the confidence, to say “no”. This may function as a means of reproducing the traditional ‘Male Sex Drive Discourse’ (Hollway, 1984, 1986) insofar as females are still positioned as ‘object’ in such texts. Having to say ‘no’ is *having to answer someone else’s question*, casting female sexuality as essentially reactive rather than proactive, passive rather than active, thus perpetuating, or at least never questioning, androcentric conceptualisations of heterosexual action.

## **6.7. Concluding remarks**

This chapter has presented extracts from interviews with community educators, drawing out the main themes and discursive constructions suggested by those texts, and exploring some of the possible material effects of these discursive initiatives. The analyses presented highlight the various ways in which educators construct adolescent sex and sexuality, and how these in turn inform, and are informed by, their educational practices.

Some of the ways in which constructions *vary* between groups make it unlikely that such groups will be able to form ‘healthy alliances’. In particular, the construction of ‘health as a business’ and the relative ‘professional’ standing of educators of various denominations seems to foster sufficient mistrust and concerns about job ‘boundaries’ (especially between the main NHS provider units -FPS, GUM and GPs) that such alliances are unlikely to prosper.

Yet there are clear areas of similarity between groups of ‘educators’ and for the most part these similarities take the form of constructing adolescent sexuality as problem-centred and outcome-orientated. Essentially most of their dealings with sexually active adolescents are crisis-driven rather than concerned with sexuality in the round. The hegemonic discourses of sex and sexuality permeating these texts place certain limitations on educative practices. It is difficult, for example, to foresee how discrimination towards people with AIDS can be eradicated (as some DHPCs and GUM workers would like) whilst AIDS is continually being associated with homosexual modes of transmission, and homosexuality in turn is positioned outside ‘normality’. In a similar way, there is an obvious problem when trying to increase ‘choices’ around sexual activity, whilst constructing adolescent sexuality within very traditional marital/non-permissive discourses. In particular, the promotion of images of female sexual empowerment and emancipation conflict sharply with the ever-present message that (good?) girls should say “no”.

## CHAPTER SEVEN

### CONSTRUCTING SEX EDUCATION AND SEXUAL LEARNING IN SCHOLASTIC AND FAMILIAL SETTINGS: PUPIL AND PARENT PERSPECTIVES

As children, we learn about many things from adults, but with respect to sexual practice, there is great secrecy. The context in which sexuality is embedded, the choreography of sex and what counts as 'normal' or 'expected' or 'taken for granted' remain unclear (Crawford, Kippax and Waldby, 1994: 547).

#### 7.1 Preamble

In this chapter, some preliminary findings from a questionnaire-based study into sex education provision at a Hampshire school are reviewed. The objectives of this chapter are threefold:

- i. To examine the components of sex education in more detail than in much of the previous research, particularly with respect to any differences between the types of information given to sons and daughters by mothers and fathers
- ii. To examine common constructions and dimensions of 'sex education' and ascertain whether a sample of pupils and parents identify 'taboo' areas of sexual knowledge. It was noted at the close of chapter five, that at the level of political discourse, there appears to be an *a priori* assumption of homogeneity - if not between parents and pupils, then between parents themselves - regarding what constitutes 'appropriate' education in this domain. During the debates and in the literature distributed to schools in the aftermath of the legislative change various assumptions were highlighted regarding what constitutes 'acceptable' sex education, and this chapter aims to question some of these assumptions using a data-set collected from a fairly typical suburban state school in Hampshire.
- iii. To cast light on some of the sampling difficulties in this domain, in particular the issue of high rates of non-response from a target population, by providing evidence to suggest that parents who partake in surveys about sex education differ in important ways from those who decline to take part in such research.

## **7.2 Abstract**

Much of the previous research into sex education has tended to treat sex education as a unidimensional variable, or neglected to isolate the different 'kinds' of information given by 'educators'. The present study aimed to survey all the pupils and parents in year 11 at one suburban school to investigate aspects of sexual acculturation amongst these pupils and parents, the kinds of information received from various sources, and highlight, in particular, any notable gender differences and taboos in sexual communication. 177 pupils and 75 parents completed detailed questionnaires. The main findings indicate significant differences between male and female pupils in the type and amount of sexual information received at home, with girls generally reporting receiving more than boys. There are also marked differences between the amount and type of sexual information relayed to children by mothers and fathers, with mothers typically reporting higher levels of communication than fathers. Masturbation and sexual techniques emerged as particular taboo areas, both at home and at school, although there were some difficulties reported with the discussion of a much wider range of topic areas. Further exploratory analysis revealed that the amount and type of sex education topics are associated with actual sexual behaviour, but not associated with an increased likelihood of wanting to have sexual intercourse. There were no significant differences between the type and amount of topics received by children living in 'traditional' or 'non-traditional' family configurations. Parents who accepted sex education as primarily their own responsibility (as opposed to those who saw it as primarily the school's responsibility) did not generally report higher levels of communication regarding most of the sexual issues listed. The results are interpreted as providing evidence that males and females are differentially socialised with respect to sexuality, and this socialisation is compatible with the reproduction of extant traditional gender-roles and the hegemony of penetrative forms of sexual expression. The results are tempered by findings which suggest that the sample of parents is biased towards those parents who are (a) predominately middle-class, and (b) reported by their children as providing a greater amount of sexual information at home.

## **7.3 Introduction**

Sex education encompasses more than the simple transfer of sexual information from source to recipient for its own sake. One need only look at the historical context of sex education to appreciate that the discourses which inform our understanding of sex education ebb and flow with the tide of public and political concerns; it is very much a history of shifting emphases. Barry (1979) demonstrated that during the 1930s, the primary aim of sex education appeared to

be the prevention of illegitimacy. During the 1940s Dallas (1972) argues that the emphasis moved to the avoidance of venereal disease, and throughout the 1950s into population reduction. Barry (1979) noted that in the 1960s and 1970s contraception was the most prominent feature, and Reid (1982) points out that during the 1980s personal responsibility in the area of sexual activity was increasingly accentuated, with a strong emphasis on decision-making, and encouraging young people to take responsibility for their sexual conduct. As the literature review presented in earlier chapters suggests, much of the recent emphasis through the 1990s has been on condom use and STD/HIV/AIDS prevention, despite the recent legislation. It is, after all, the only *compulsory* element in school sex education as the law stands at the time of writing.

Regardless of which educational discourse is hegemonic at any particular time, the history of sex education reveals that almost without exception, successive researchers have interpreted their own findings as suggesting that although there is an increasing amount of sexual information provided for young people from cohort to cohort, it is nevertheless somewhat lacking from the perspective of the recipient. In general, most of the research conducted to date suggests that young people view sex education as ‘too factual’ and ‘too little, too late’ (cf. Ingham, 1992b; Salihi, Brown, Melrose and Merchant, 2002). For example, Schofield’s research in the mid 1960s, with its emphasis on girls and biology, described sex education as failing to meet the expressed needs of young people. Later, Farrell (1978) reported that schools were not filling the gap left by parents (although boys did appear to be getting more education than they were in Schofield’s research). More recently, Allen (1987) reported that 25% of parents had not discussed *any* sexual issues with their children.

Gathering reliable and valid data in this domain is, however, problematic. There has been much written about methodological difficulties in researching sexual phenomena, including both sexual conduct and sexual communication. In many of the larger-scale studies of sexuality which have included sex education as a variable (eg. Jones et al., 1985; Wellings, Wadsworth, Johnson and Field, 1995), sex education appears to be conceptualised as monolithic, an entity that, at best, people have ‘greater’ or ‘lesser’ amounts of, and at worst, either ‘have’ or ‘do not have’. As Dallas commented, sex education is “a wide, all-embracing and all but meaningless term” (Dallas, 1972: 9). In some of the smaller-scale studies, there has been more of an attempt to conceptualise what sex education ‘is’ by asking young people whether or not they have received information on various topics. The first systematic attempt at this approach was undertaken by Farrell (1978) and extended in the work of Allen (1987), but as these dates suggest, this research was conducted in the pre-AIDS era.

Whilst there is inevitably a heavily reliance on self-reports in the literature, the use of self-reports measures, is, nevertheless, subject to intense criticism. Allen's (1987) work was particularly influential in this field, as it drew attention to the existence of marked discrepancies between what *children* report their parents had talked about, and what the *parents* themselves report they had said to their children. As was explained in chapter 2 (cf. section 2.5), one of the major methodological problems in sex research is the private/social paradox of the subject matter; sex is a *social* phenomenon but is normally conducted in *private*, therefore technically (or at least ethically) unobservable.

Whilst it is claimed that sexual *behaviour* is often misreported (Boulton, 1994), it is notoriously difficult to gauge the extent of such misreporting; even using comparisons with well-designed surveys with exemplary response rates, or extrapolating from various indicator measures, or using triangulation of sources, the best one can conclude is that the results are *comparable*, not 'correct'. External validation of reports of sexual behaviour is virtually impossible to conduct (Ingham and Memon, 1990). Of particular note is the oft reported conclusion that discrepancies between male and female rates of certain sexual behaviours suggest that either males have a tendency to over-report or females have a tendency to under-report. Similarly, when one wishes to examine *thoughts and feelings* regarding sexual matters, the information has to be elicited in ways that necessarily incur some dangers to reliability.

Firstly, as Moore and Rosenthal (1993) point out when asking questions about sexual behaviour, there is usually no 'gold standard' of corroboration. Secondly, there are certain conscious and unconscious barriers to giving an accurate portrayal of the past. Such barriers include feeling pressured or concerned that privacy may not be respected (Moore and Rosenthal, 1993), an inability to recall information accurately (Catania et al, 1990; Robson, 1993), deliberate 'selective' reporting (Robson, 1993; Oppenheim, 1992; Schwartz, 1999) and social desirability factors (Catania, Gibson, Chitwood and Coates, 1986, 1990). Thirdly, technical aspects of the research may affect reliability and validity, such as the use of suitable wording, being either too technical/medical or too vernacular (Moore and Rosenthal, 1993). This latter point was emphasised in Allen's (1987) study, where she reported that 15% of the 16 year-olds in her study either did not understand or had extremely limited understanding of the words typically used by educators. Fourthly, Schwartz (1999) reviews the available evidence on the cognitive aspects of survey methodology and concludes that subtle differences in question wording has serious repercussions for reliance on self-reports, not least because the ways in which questions are shaped and the contexts in which they are set encourage respondents to ascribe meanings to the questions that the researchers may not themselves have intended. Finally, the external validity/generalisability of findings is adversely affected by

issues such as low response rates (Moser and Kalton, 1979) and a strong volunteer biases (Catania et al, 1986).

Whilst some researchers have whole-heartedly endorsed the use of interviews to maximise validity in this domain (eg. Schofield, 1968; Ingham and Memon, 1990), others have argued that interviews can be a problematic tool for eliciting information with a sexual content. Catania et al. (1986) argue that, particularly when using interviews, volunteer bias in this domain leads to over-estimates of sexual behaviour. In this paper, Catania et al. demonstrate that a more representative cross-section of the population volunteer for *questionnaire* studies rather than interview studies, a factor they attribute to the anonymity and confidentiality afforded by self-completed questionnaires. At a more general level, questionnaires can circumvent some of the problems of interview bias (Oppenheim, 1992), and logistically are often more advantageous than face-to-face interviews as they allow more people to be sampled on a small budget (Fife-Schaw, 1995).

Despite the plethora of potential problems with self-report techniques alluded to in the research, the literature on research methodology is also replete with practical suggestions for overcoming some of the problems with reliability and validity in this domain. In this present study, several techniques were employed to help improve reliability and validity, and these are outlined in the design section below.

The purpose of this study is to explore some of the perceptions of sex education at home and at school amongst a sample of pupils and parents. This study follows a similar pattern to Farrell's (1978) and Allen's (1987) previous research, but the list of topics explored has been extended to include information related to HIV infection and the negotiation of safe(r) sex (sexual communication, obtaining contraception etc), and the moral aspects of sex attendant on the moral panic surrounding adolescent sexuality (saving sex for marriage, saying 'no' to sex etc). Whereas Allen only identified one "taboo subject" (1987: 196) -masturbation- the present study aims to explore whether any such taboos continue to exist in the light of fears concerning HIV infection in the 1990s. This study also aims to elicit details of the respondents actual sexual behaviour, a dimensions absent from work of Allen (1987) and Farrell (1978). Finally, this study aims to explore the extent of some of the possible volunteer biases evident in research of this kind.



## 7.4 Method

### *Respondents*

177 pupils in year 11 at a Comprehensive school in Hampshire were recruited via negotiation with the Head of PSE (Personal and Social Education). This number represented the complete set of Year 11 pupils present over a 2 day period of data-collection. Although they were assured that completion of the questionnaire was not compulsory, all pupils elected to take part. In contrast to the 100% response rate of the pupils, only 41 mothers and 34 fathers returned completed questionnaires. Full comparison of mothers, fathers and children was only possible on a subset of 33 respondents, representing a response rate of only 21% of fathers/father figures and 23.8% of mothers/mother-figures, taking into account the pupils who said that there was no mother and/or father figure in the home. This figure is not dissimilar to postal questionnaire response rates on less sensitive issues (cf. Moser and Kalton, 1979).

All 177 pupils completed and returned questionnaires and all but one had indicated their gender. The sample comprised 105 males, 71 females and 1 of indeterminable sex. The mean age was 15.89 years. In terms of sexual experience in the pupil sample, 37.6% of the males in this sample reported having had sexual intercourse on at least one occasion, as did 48.5% of the females.

Almost two thirds lived with both biological parents, and the rest reporting alternative familial configurations, most of which included the presence of the biological mother. The persons nominated in the family configuration variable constitute the 'parents' referred to in the rest of the items on the questionnaire. With respect to their ethnic origin, four out of five pupils reported their ethnicity as white European, with the largest minority thereafter identified as Asian. Estimates of socio-economic status were gauged from asking pupils to state the usual occupation of their parents and coding the responses with reference to the Registrar General's Classification of Occupations. The pupils reported their parents occupations as indicative of a broad social spectrum, ranging from higher professional to unskilled workers.

### *Survey design and pilot work*

As mentioned in the introduction, the instrument and survey design adopted in this study incorporated a number of design features to help enhance reliability and validity. As several eminent authorities recommend, the pilot work began by collating past research to enhance content validity of the questionnaire (cf. Anastasi, 1961) and arranging talks with 'key

informants' (cf. Oppenheim, 1992). As a starting point for the questionnaire development, pilot interviews with 14 teenaged mothers and seven of their parents were conducted to explore recollections of sex education and limitations of sexual knowledge in a sexually active teenage sample. Analysis of these interviews revealed that *none* of these girls had talked to their parents prior to becoming pregnant, and over a quarter had not discussed sexual matters with the fathers of their unborn children. Whilst 12 of the 14 pupils reported receiving information from school, such education was recalled as being primarily concerned with biological issues, and was not generally regarded as particularly useful by the recipients. The heavy accent on the 'biological' character of sexuality, the apparent lack of emphasis on the 'communicative' aspects of sexual negotiation and the 'culture of silence' suggested by the transcripts prompted the inclusion of items relating to learning about sex, sexual norms in teenage relationships, and perceptions of taboo areas in talking about sexual matters.

During the design stage of the questionnaire, three meetings with the Head of PSE took place, to discuss both the content and format of the questions, and to discuss the suitability of the instrument with the 'gatekeeper'. Before the main pilot work was undertaken, Oppenheim's advice to have an expert "pick [the] questionnaire to pieces" (Oppenheim, 1992: 63) was taken. This involved major input by the Head of PSE at the target school (as an expert on the practicalities of children's understanding of sexuality-related issues) and a senior academic in this field (as an expert in research of this genre).

With respect to the format of the questionnaire, closed ended questions were used wherever possible as they are quick to complete and reduce coding errors (Fife-Schaw, 1995) but some open-ended questions (including sentence-completion tasks) were included to allow the respondents to reply unconstrained by any prior expectations of the investigator (Fife-Schaw, 1995; but cf. Schwartz, 1999, for dissenting commentary).

As part of the questionnaire development, the suitability of a range of sexual terminology was explored, and various forms of wording were pre-tested with a small subset of year 10 pupils (N=38). The final sexual terminology selected was correctly defined by at least 94% of this pilot sample. As a result of this piloting, several questions had short explanatory comments added. The final questionnaire was piloted on six mature students (serving as a proxy for the adult respondents) to ensure that the questions were understood and respondents answered appropriately (cf. Fife-Schaw, 1995).

Following the main pilot work, a series of three questionnaires were compiled based on previous literature and the results from the pilot work, with some of the wording from previous

research (cf. Allen, 1987) adapted to suit the sample. Piloting suggested an estimated completion time of 20-40 minutes.

Several procedures were adopted to attempt to alleviate the low response rates and biases typically associated with such sensitive areas of research. For example, Oppenheim (1992) advises that response rates can be maximised by giving participants *advanced warning* of the research, explaining the importance/relevance of the research and nature of the selection procedure. During the period of negotiating access to the main sample population, all parents of year 11 pupils were sent a letter outlining the project, and allowing them to raise any objections they might have to their child or themselves taking part. No parents raised any such objections. It is widely acknowledged in the research methodology literature that certain groups of people may be particularly offended by research into sensitive issues such as sexuality (cf. Fife-Schaw, 1995). Due to the number of Asian children in the sample, it was originally decided to have versions of the questionnaire drafted in several Asian languages, including Urdu, for parents for whom English is not their first language. An Asian teacher who was consulted at the design stage foresaw no problems with the translation, and recommended a translator. Unfortunately due to the sensitive nature of some of the questions, the translator withdrew support at a very late stage, and as a result of time pressures at that stage, only the standard English version was available for the main study.

As Oppenheim (1992) indicates that there are particular problems attendant on not knowing the reasons for non-response, therefore being unable to ascertain the kinds of bias this introduces to the study, instructions were included in the questionnaire requesting that respondents put an 'R' next to questions that they did not wish to answer, to increase the chances of gaining *some* information from as many respondents as possible. The questionnaires of pupils and their parents also had matching code numbers so that it would be possible to estimate some sample characteristics of the parent non-responders from the demographic details given on the questionnaire completed by the pupil respondent.

### ***Procedure***

A questionnaire and a parental questionnaire pack (see Appendices 2a and 2b) were distributed to all year 11 pupils during their timetabled PSE class. Each questionnaire had a unique code number in the top right hand corner which matched the code number on the questionnaires the pupils were given to take home for their parents/guardians. The pupils were familiar with the investigator from previous observations and pilot sessions conducted with this cohort at earlier stages of the research process. It was made clear from the outset that participation was

voluntary. Each group was instructed that if any individual pupil wished to take part in the survey, they should complete the questionnaire on their own (without conferring), and to ask if there were any aspects of the questionnaire that they did not understand, and to put an 'R' next to any question that they did not wish to answer. The respondents had 50 minutes to complete the questionnaire. On completion, the pupils' questionnaires were placed in a box at the front of the classroom.

The investigator was present throughout all the data collection periods, in order to clarify any misunderstandings regarding the questionnaire, to explain anything the pupils did not understand, and to answer any personal queries. Respondents were assured of anonymity and confidentiality.

Each pupil was then requested to deliver the parental questionnaire packs to their parents or guardians that evening. Each pack contained one 'male guardian' and one 'female guardian' questionnaire, along with a letter re-stating the nature of the project, and containing full instructions for questionnaire completion, along with a stamped addressed envelope. This step undertaken following Oppenheim's advice that a letter of introduction and the inclusion of a stamped addressed envelope (rather than a business-reply envelope) reduces non-response rates (Oppenheim, 1992).

Over the following four weeks, returned parental questionnaires were received through the post, and were analysed alongside the pupils' questionnaires. They were read thoroughly, and the emergent themes noted, coded, and summary statistics calculated.

Following this, the pupils' data were explored along three dimensions; gender, family configuration ('traditional' ie. pupil resident with both biological parents versus 'other') behavioural status (virgin or non-virgin). Parents' data were also explored along the lines of gender and 'educational responsibility' ie. subdividing parents according to whether or not they stated that the primary responsibility for sex education lies with the parents. For reasons of clarity and economy, only selected results are highlighted in this chapter. All data presented in this study are in percentage terms unless otherwise stated.

## 7.5 Analysis

### *i Sexual acculturation*

Parents and children report age-appropriate sexual learning in contradictory ways. With respect to normative expectations regarding age and gender appropriate sexual knowledge fathers appear to differ from mothers and children in their views on the appropriate age for girls to learn about sexual intercourse ( $F=5.10$ ,  $df=2$ ,  $80$ ,  $p<0.05$ ), with mothers and children putting the age significantly lower than fathers. A similar pattern was observed with the ages deemed appropriate for girls to learn about contraception ( $F=3.59$ ,  $df=2$ ,  $82$ ,  $p<0.05$ ). There were no significant differences between the groups for the age appropriate for girls to learn about AIDS or STDs. With age-appropriate education for boys, fathers tended to express the view that boys should learn about sexual intercourse later than both mothers and children ( $F=3.75$ ,  $df=2$ ,  $83$ ,  $p<0.05$ ), but there were no significant differences between the three groups concerning appropriate ages for boys to learn about contraception, AIDS or STDs. These results are summarised Table 9 overleaf.

With regards to sexual behaviour, the data suggest that children report that sex is acceptable at earlier ages than their parents report. There was a significant difference in the mean acceptable age for girls to have sex, with mothers and fathers stating a mean age of 17.4 years and their children citing a mean age of 15.8 years ( $F=11.85$ ,  $df=2,64$ ,  $p<0.05$ ). Similarly with the acceptable age for boys to have sex, mothers and fathers cite an average age 17.4 years and their children put the mean figure at 15.4 years ( $F=11.09$ ,  $df=2,64$ ,  $p<0.05$ ). It is interesting to note that whilst only 9% of parents thought that their child had already become sexually active, 27.3% of their children stated that they had already experienced sexual intercourse at that time<sup>1</sup>.

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1

For the purposes of meaningful comparison, this data is taken from the subset of 33 families for whom data is available from both parents and children.

**Table 9: A comparison of family members' perceptions of age-appropriate sex education<sup>2</sup>**

	Mothers	Fathers	Children
<b>Appropriate age for girls to learn about....</b>			
<b>sexual intercourse</b>	10.35 years	11.66 years	9.83 years
<b>contraception</b>	11.43	11.91	10.57
<b>AIDS</b>	11.43	11.95	10.74
<b>STDs</b>	11.5	11.74	10.95
<b>Appropriate age for boys to learn about....</b>			
<b>sexual intercourse</b>	10.48	11.56	10.02
<b>contraception</b>	11.64	11.81	10.84
<b>AIDS</b>	11.55	11.86	11
<b>STDs</b>	11.63	11.69	11

The majority of the sexually active pupils<sup>3</sup> had not communicated with their parents about this aspect of their behaviour. Of those pupils who were already sexually active, 76.3% of the males and 51.5% of the females had not told either parent. Of the girls who had told one or both of their parents, the most common response they reported was one of understanding (46.2%) whereas for boys the most common response reported by boys was one of ambivalence (42.9%). The results suggests that the girls' sexual behaviour is the subject of *understanding* whereas boys' behaviour is not generally subject to such commentary. Of those who had not told their parents, over a quarter of boys and 60% of the girls assume that their

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2

For the purposes of meaningful comparison, this data is taken from the subset of 33 families for whom data is available from both parents and children.

3

The remainder of data in this section is taken from the whole set of pupils' and parents responses (Ns=177, 75)

parents would react badly (anger etc), again highlighting the perception of differential treatment of male and female sexual behaviour. For the virgins in the sample, when asked who they would tell if they *did* become sexually active, over three quarters of the boys and over half of the girls indicated that they would tell neither parent.

Regarding the meanings that the pupils already attach to contraceptive preparedness, the sentence completion tasks revealed several prominent themes, which demonstrated some degree of gender disparity, as shown below:

*Girls who are on the pill are.....*

62.5% of females answered with positive affect (clever, smart, sensible etc) in contrast only 30.5% of males responding in this manner. 15.8% of males and no females suggested the response 'slags'. One in five females and one in four males suggested the response 'safe' or 'safer'.

*Girls who carry condoms are....*

35% of males wrote a positively-slanted response such as 'sensible' or 'clever' whereas 63.5% of girls suggested such answers. 12.8% of males responded that such girls are 'slags', whereas only 1.6% of females indicated this response. 'Safe' or 'safer' was suggested by 26.7% of males and 17.5% of females.

*Boys who carry condoms are.....*

34.8% of males chose a term reflecting positive affect, whereas 61.9% of females chose such terms. Safety was put forward by 29.1% of males and 22.2% of females. Detrimental comments such as 'slags' were chosen by only 1.2% of males and no females.

Gender differences were apparent in the use of words concerning reputation (slags etc.), suggesting that reputational issues are predominantly used to refer to females rather than males, but are largely located within male discourse.

Some similar gender disparity manifested itself in the range of responses from mothers and fathers in the sample, but is not so marked as in the pupils responses, as indicated below. In general mothers appear to express a more positive view of contraceptive preparedness than fathers, who appear more negative about females' contraceptive preparedness than male contraceptive preparedness. Safety issues were not those most frequently cited; contraceptives and the act of contraception seem to hold meaning beyond health issues for parents too.

*Girls who are on the pill are .....*

Response with positive affect (sensible, responsible, thoughtful etc) were mentioned by 62.1% of mothers and 40.7% of fathers, and negatively-laden responses (promiscuous, immoral, 'asking for trouble' etc.) were more common amongst fathers (27%) than mothers (18.9%). Being safe(r) was mentioned by only 10.8% of mothers and 11.1% of fathers.

*Girls who carry condoms are.....*

Responses with positive affect were slightly more common amongst mothers (64.8%) than fathers (55.5%) and responses with negative affect more represented in the fathers comments, with 10.8% of mothers and 22.2% of fathers indicating such responses. Being safe(r) was explicit in the replies of 16.2% of mothers and 11.1% of fathers.

*Boys who carry condoms are.....*

Responses with positive affect were given by 70.2% of mothers and 66.6% of fathers. Responses with negative affect were given less often for boys than for girls, with 8.1% of mothers and 11.1% of fathers giving such answers. Again, being safe(r) was mentioned by 13.5% of mothers and 11.1% of fathers.

The sentence completion tasks indicate that condoms, pills and their users are not seen in neutral terms; connotative meaning are attached to contraceptive devices and usage, meanings which transcend purely biological notions of reproduction and health technology. They are understood within discourses of reputation, responsibility, risk, and morality.



**ii      *Sex education in the home***

Table 10 below summarises the responses to the 18 items each respondent was presented with and asked to state whether or not these topics had been discussed at home.

**Table 10: Percentage of pupils reporting topic discussed by parents/guardians**

Topics discussed by parents/guardians	Males	Females
Sexual intercourse	54.3	69.6*
Periods	21.3	89.9**
Pregnancy	37.2	84.1**
Body changes at puberty	46.8	69.6**
AIDS	55.3	55.1
STDs	37.2	47.8
Masturbation	22.3	17.4
Wet dreams	20.2	10.1
Contraceptive pill	19.1	66.7**
Condoms	55.3	66.7
Sexual techniques	16	8.7
Where to obtain contraceptives	24.5	43.5**
Abortion	21.3	50.7**
How to say 'no' to sex	20.2	44.9**
How to talk about sex with the person you are going out with	10.6	23.5**
How to talk about contraception with the person you are going out with	7.4	24.6**
The importance of saving sex for marriage	13.8	30.4**
The importance of only having sex within loving relationships	26.6	52.2**

\* significant difference  $p < 0.05$

\*\* significant difference  $p < 0.01$

As the above table shows, significantly more girls than boys report receiving information on most topics, with the notable exception of wet dreams, sexual techniques and masturbation, although the figures for these topics were generally low. For these particular items, the differences are not statistically significant.

On average, males have fewer topics covered at home than females (mean 5.10 topics versus 8.59 topics,  $t=-4.81$ ,  $df=161$ ,  $p=0.00$ ). 11.42% of males and 1.4% of females had *none* of the topics covered at home, indicating that in some households sex education simply does not occur, lending weight to the proponents of Discourse B, who feared that this might indeed be the case. Of those indicating that they would like additional information on the topics listed, approximately half of the respondents felt the need for extra information at home. For boys, the areas they felt that they needed more knowledge of were *AIDS* (17.4%) *sexual techniques* (25.4%) and *how to talk about sex with partners* (11.1%). For the girls, the issues were more varied: *AIDS* (20.8%) *STDs* (22.2%), *masturbation* (22.2%) *sexual techniques* (17.5%) *abortion* (12.1%) *how to talk about sex with partners* (13.8%), and *how to discuss contraception* (10.4%).

With respect to ‘taboo’ topics with parents, over one third of the boys and over half of the girls felt that they could not discuss *any* of the items listed with their fathers, and 26.2% of boys and 11.5% of girls felt that they could not discuss *any* with their mothers. Many other respondents selected particular items from the list, and these ‘taboos’ are listed in Table 11 overleaf. The figures calculated do **not** include the figures for those respondents who could not discuss any of the issues with their parents<sup>4</sup>, only those who did feel able to discuss *at least one* of the topics listed. The topics which appear to pose particular problems for the respondents are sexual techniques and masturbation, and, to a lesser degree, wet dreams.

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4

For the purpose of absolute comparisons with some previous research, the figures cited above should be added into the relevant columns.

**Table 11: Percentage of pupils reporting specific parental taboos**

<b>Specific Parental Taboos</b>	<b>Females cannot discuss with mothers</b>	<b>Males cannot discuss with mothers</b>	<b>Females cannot discuss with father</b>	<b>Males cannot discuss with fathers</b>
<b>Sexual intercourse</b>	4.9	6.2	9	6.7
<b>Periods</b>	1.6	0	14.2	1.7
<b>Pregnancy</b>	0	1.5	3.6	0
<b>Body changes at puberty</b>	1.6	0	1.8	0
<b>AIDS</b>	0	0	0	0
<b>STDs</b>	0	0	0	0
<b>Masturbation</b>	13.1	10.8	16.2	10
<b>Wet dreams</b>	9.8	7.7	7.1	6.7
<b>Contraceptive pill</b>	1.6	0	3.6	0
<b>Condoms</b>	0	3.1	0	0
<b>Sexual techniques</b>	27.9	13.8	11.6	11.7
<b>Where to obtain contraceptives</b>	0	0	0	0
<b>Abortion</b>	0	0	0	0
<b>How to say 'no' to sex</b>	1.6	1.5	0	1.7
<b>How to talk about sex with the person you are going out with</b>	1.6	0	1.8	0
<b>How to talk about contraception with the person you are going out with</b>	1.6	0	1.8	0
<b>The importance of saving sex for marriage</b>	0	0	0	0
<b>The importance of only having sex within loving relationships</b>	0	0	0	0

In order to gauge *why* these respondents find discussion of certain sexual issues problematic, they were asked to state the *reason* they find such things difficult to discuss. Interestingly, with the paternal taboos, the most common responses were extremely vague eg ‘because I just can’t’ demonstrating perhaps how difficult young people find it to *articulate* their feelings around sexual issues. This kind of response was forwarded by 41.3% of males and 25.5% of females.

The subgroup of mother-father pairs (N=33) who responded appeared to confirm the impression given by the pupils that sex education in the home is mainly the prerogative of mothers. Table 12 overleaf details the proportion of mothers and fathers who report having spoken to their children about the various sexual topics listed. As the table shows, substantially fewer fathers than mothers had covered each of the topics listed, and these differences are significant in the vast majority of cases<sup>5</sup>. It is interesting to note in relation to HIV prevention that AIDS had only been covered by 81.1% of mothers and 45.2% of fathers who responded, and condoms by only 69.7% of mothers and 28.5% of fathers. As the table reveals, it is more usual for parents to talk about sex within the context of loving relationships rather than *marriage per se*.

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5

Unfortunately, direct comparison with their children could not be undertaken as pupils only gave an indication of ‘parents’ covering these issues, rather than mothers and fathers individually.

**Table 12: Differences between mothers' and fathers' coverage of sexual topics with their children**

Topics covered	Mothers	Fathers
Sexual intercourse	78.8	32.3**
Periods	78.8	22.6**
Pregnancy	81.8	38.7**
Body changes at puberty	84.9	22.6**
AIDS	81.8	45.2**
STDs	54.6	22.6**
Masturbation	24.2	6.5*
Wet dreams	21.2	6.5
Contraceptive pill	60.6	22.6**
Condoms	69.7	28.5**
Sexual techniques	6	0
Where to obtain contraceptives	48.5	9.7**
Abortion	57.6	22.6**
How to say 'no' to sex	54.5	12.9**
How to talk about sex with the person you are going out with	15.2	0*
How to talk about contraception with the person you are going out with	15.2	0*
The importance of saving sex for marriage	27.3	16.1
The importance of only having sex within loving relationships	66.7	25.8**

\* significant at  $p < 0.05$

\*\* significant at  $p < 0.001$

Regarding the list of topics presented, 5.6% of mothers and 20.7% of fathers felt that they **could not** discuss *any* of those topics with their children. In addition to this, where respondents felt able to discuss at least some of these issues, two distinct taboo areas emerged: 22.2% of mothers and 10.3% of fathers reported that could not discuss masturbation, and 33.2% of mothers and 17.3% of fathers could not discuss sexual techniques. Parents appear to hold similar views on why these topics are taboo; they are widely cited as ‘private’, ‘embarrassing’, or ‘inappropriate’ topics of conversation. In addition, several parents reported that they simply do not know *how* to broach these issues. The differences between the mothers’ and fathers’ responses in terms of magnitude on these variables is counterbalanced by the higher proportion of fathers reporting that *all* the topics are taboo.

None of the mothers and only 3.3% of fathers thought that *all* of these topics should be discussed. With reference to the topics they thought **should not** be discussed between parents and children, some specific taboos were highlighted from the list, the most prominent being sexual techniques, which one in ten mothers and one in eleven fathers categorically stated **should not** be the subject of discussion.

It is interesting to note that when asked about how they feel when sexual issues are discussed with them, the young people in this sample tended to ascribe different feelings to themselves and others, depending on who such issues were discussed with. The two most commonly reported responses were ‘embarrassed’ and ‘neutral’ (fine, OK or some such synonym). It is clear from Table 13 overleaf that both males and females ascribe more embarrassment to father than mothers, and report experiencing more embarrassment when talking to fathers as opposed to mothers. Embarrassment appears to be a particularly prominent feature of sexual communication between fathers and daughters.

By contrast, in school, slightly fewer girls report more embarrassment talking with their teachers than with their mothers (it needs to be borne in mind that the majority of their sex education was provided by a male teacher), and on the whole the majority of pupils report that the discussion of sexual matters is far more likely to be divorced from negative connotations. This suggests that sex education at school might be more readily received than sex education at home.

**Table 13 : Percentage of pupils reporting the most common affective reactions to discussion of sexual issues**

Person talking	Feelings	Male	Female
Mother, talking to child	Embarrassed	21.4%	15.9%
	Neutral	32.1%	22.2%
Father, talking to child	Embarrassed	34%	50%
	Neutral	25.5%	6.7%
Self, talking to father	Embarrassed	45.5%	62.2%
	Neutral	26.2%	20.7%
Self, talking to mother	Embarrassed	24.1%	23.3%
	Neutral	37%	31.7%
Teacher talking to pupils	Embarrassed	23.8%	8.9%
	Neutral	46.3%	62.5%
Self, talking to teacher	Embarrassed	17.1%	21.4%
	Neutral	52.9%	51.8%

### *iii Sex education at school*

Both male and female pupils reported considerably more topics covered at school (means 11.4 and 10.29 respectively) than at home (5.1 and 8.59 respectively). The most frequently cited topic discussed at school was AIDS (94.9% of males and 91.2% of females), and the least frequently cited topics were sexual techniques (25.5% of males and 10.3% of females) and the importance of saving sex for marriage (24.5% of males and 27.9% of females). This latter finding supports to the proponents of Discourse A's contention that their version of a 'single' moral framework may have a lower profile (in this school at least) than they would advocate.

With regard to the topics relating to the communicative aspects of sex, less than half of the pupils report receiving information about how to discuss sex and contraception with prospective partners (41.62% and 36.22% respectively). Similarly, less than half of the pupils reported receiving information relating to the 'moral' aspects of sex, namely how to say 'no;' to sex, the importance of saving sex for marriage, and the importance of only having sex in loving relationships (48.86%, 25.87% and 39.17% respectively).

With respect to ‘taboo’ subjects in school-based sex education, none of the boys reported that any topic was taboo, but 17.3% of the girls indicated that they would not be able to discuss *any* of these areas with their teacher. Of those who outlined specific areas that they *could not* discuss (**not** including those who said they could not discuss any issues), masturbation (18.3% of males and 23.1% of females) and sexual techniques (18.3% of males and 33.7% of females) emerge as particular taboo areas, making detailed discussion of sexual pleasure and alternative to penetrative sex problematic in scholastic as well as in familial settings.

As with the parental taboos, some respondents found it difficult to articulate the reasons for their perceived inability to discuss such issues with teachers (males 24.5%; females 11.9%). This may reflect both the ambivalence around discussion of such matters and also an insufficient sexual vocabulary.

Parents were asked to indicate which topics from the list they thought had been covered at school, and the results are presented in Table 14 overleaf. It is interesting to note that there is broad consensus amongst parents regarding what is or is not taught, with the vast majority expressing a belief that AIDS and sexual techniques are included, but relatively few considering that saving sex for marriage, sexual communication, STDs or the contraceptive pill are on the school’s agenda.

It is notable that such a high proportion of parents believe that sexual techniques and masturbation are covered as part of school sex education, as according to most of the pupils these issues have *not* been discussed. A significant minority of parents expect that *saying no to sex* will be discussed, but do not generally have high expectations that sex will be discussed wholly within the confines of marriage, although more than two in five expressed the belief that sex is discussed at least within the context of loving relationships. Although the majority of parents do not think that the importance of saving sex for marriage is stressed in school-based sex education, only a minority choose to educate their children on this matter at home either (cf. Tables 10 and 12).

60.5% of mothers and 68.8% of fathers indicated that all the topics *should* be discussed. It is interesting to note that where specific scholastic taboos *are* mentioned, one in fifteen parents cite masturbation, and almost one in five fathers and more than one quarter of mothers specifically mention sexual techniques. More controversially, several parents, including almost one in ten fathers, expressed the view that ‘the importance of saving sex for marriage’ should **not** be discussed by the school.



**Table 14: Percentage of parents reporting a belief that items are covered in school-based sex education**

Topics covered	Mothers	Fathers
Sexual intercourse	86.5	80.8
Periods	89.2	84.6
Pregnancy	89.2	88.5
Body changes at puberty	89.2	84.6
AIDS	91.9	92.3
STDs	35.1	38.5
Masturbation	75.7	80.8
Wet dreams	29.7	30.8
Contraceptive pill	10.8	19.2
Condoms	83.8	88.5
Sexual techniques	94.6	88.5
Where to obtain contraceptives	62.2	65.4
Abortion	56.8	69.2
How to say 'no' to sex	40.5	46.2
How to talk about sex with the person you are going out with	21.6	34.6
How to talk about contraception with the person you are going out with	24.3	38.5
The importance of saving sex for marriage	8.1	19.2
The importance of only having sex within loving relationships	40.5	46.2

Parents indicated a variety of reason why such topics should be taboo, and these reasons are summarised in Table 15 overleaf. It is interesting to note the rather high percentages of fathers who report that items should not be discussed because they are 'moral' issues.

The reasons presented depict an interesting array of positions in relation to the House of Lords debates. Some parents, particularly fathers, appear to support the notion that sex education can lead to promiscuity, whilst others feel that moral issues have no place in the curriculum. One prominent theme, that of 'personal discovery' was not touched on at all in the Hansard debates.

Over one third of parents (mostly mothers) indicated that they would like to see additional topics covered in the school curriculum. The two most requested topics were homosexuality and the emotional aspects of sexuality (requested by 18.2% and 13% of mothers respectively).

**Table 15: Percentages of parents reporting various reasons for scholastic taboos**

Reasons for not discussing scholastic taboos	Mothers	Fathers
Encourages promiscuity	7.1	25
They are 'moral' issues	7.1	37.5
They are matters of personal discovery	42.9	12.5
They are too embarrassing to talk about	7.1	12.5
They are not relevant to the school curriculum	21.4	12.5
They are 'disgusting'	7.1	0

*iv Further exploratory analyses*

In order to comment on some of the possible associations between sex education and sexual behaviour, several exploratory analyses were undertaken. Comparison of virgins and non-virgins in the sample revealed that non-virgins reported exposure to a greater number of topics at home than virgins (7.57 topics versus 5.78 topics,  $t=2.29$ ,  $df=154$ ,  $p=0.023$ ), and more in school (12.06 versus 10.32 topics,  $t=2.59$ ,  $df=160$ ,  $p=0.01$ ). Looking at the virgins, and subdividing them along the dimension of 'ever wanted to have sex?' there were no overall difference in the number of topics covered at home ( $t=1.33$ ,  $df=84$ ,  $p=0.19$ ) or at school ( $t=0.78$ ,  $df=88$ ,  $p=0.44$ ).

The responses were also subdivided along the dimension of 'traditional family'(child living with both biological parents) and 'non-traditional family'(parents living in a differently configured familial unit), in order to ascertain whether the 'hearth-and-home-discourse' implicit in Discourse A could be shown to have material effects on either the sexual education offered in familial settings or the sexual activity of their children. Analysis revealed no difference in the number of sexual topics covered in these respective family configurations (means 6.34 and 7.00 respectively,  $t=-0.82$ ,  $df=161$ ,  $p=0.41$ , n.s.).

These analyses offer mixed support for those positioned in Discourse A insofar as sex education is associated with loss of virginity, but does not appear associated with *wanting* to have sex. It is interesting to note that those children from 'traditional' family units are just as likely to be sexually active as children from differently configured familial settings.

Exploratory analysis of the data from the parents identified a subset of parents (58% of mothers and 53.1% of fathers) who suggested that *parents* should tell children about sexual matters, and the data were explored to ascertain whether they had indeed provided such information for their children. This was undertaken in order to examine whether these parents (who proponents of Discourse A held to be the ones most likely to withdraw their children from sex education in school) acted on their perceived obligations in this regard, or ‘neglected’ such duties, as feared by proponents of Discourse B. Table 16 overleaf presents data which strongly suggests that not *all* mothers and fathers who believe that sex education is the parents’ primary responsibility *actually* provide such information at home.

Table 16 reveals that the vast majority of the fathers in the sample had not mentioned sexual intercourse at all; over half had not told their children about AIDS, and three quarters had not mentioned other STDs. Although the figures for mothers are lower than those for fathers, many of the mothers had not covered these topics either.

The mothers who expressed the opinion that sex education should come from the parents differ from the ‘other’ mothers in the sample on only two items; more had told their children about ‘how to say ‘no’ to sex’ ( $X^2=7.41$ ,  $df=1$ ,  $p=0.006$ ) and about ‘the importance of saving sex for marriage’ ( $X^2=4.38$ ,  $df=1$ ,  $p=0.036$ ). For the fathers, there were no significant differences at all between the two subgroups. Most of these parents believe that issues such as sex within marriage are not covered at school, yet very few have elected to complete this aspect of their child’s education at home.

**Table 16: Percentages of parents who have *not* delivered sex educational topics *despite* identifying sex education as the primary responsibility of parents**

Topics <i>not</i> covered by respondents	Mothers	Fathers
Sexual intercourse	16.7	70.6
Periods	25	82.4
Pregnancy	29.2	64.7
Body changes at puberty	20.8	82.4
AIDS	20.8	58.8
STDs	41.7	76.5
Masturbation	75	94.1
Wet dreams	87.5	94.1
Contraceptive pill	33.3	82.4
Condoms	20.8	76.5
Sexual techniques	91.7	100
Where to obtain contraceptives	50	94.1
Abortion	41.7	82.4
How to say 'no' to sex	33.3	82.4
How to talk about sex with the person you are going out with	83.3	100
How to talk about contraception with the person you are going out with	83.3	100
The importance of saving sex for marriage	66.7	76.5
The importance of only having sex within loving relationships	25	70.6

#### v *Estimation of sample bias*

As there is no direct means of gauging the sample characteristics of the subset of parents who declined to take part in this study, such details must necessarily be surmised by looking at the pattern of responses on the matched pupil's questionnaire. In this way, it is possible to estimate the generalisability of the findings of the full family set of data to similar pupil populations, and also consider what kind of response bias may be affecting other similar research conducted in this field. The main differences between the parents who responded and those who declined are set out below.

Those pupils whose parents responded reported...

- Higher SES as referenced by fathers' employment ( $t=-3.11$ ,  $df=118$ ,  $p=0.002$ )
- Higher SES as referenced by mothers' employment ( $t=-3.19$ ,  $df=109$ ,  $p=0.00$ )
- Hearing about sex at earlier ages ( $t=-1.99$ ,  $df=150$ ,  $p=0.049$ )
- A lower likelihood of ever having had sex ( $X^2=4.06$ ,  $df=1$ ,  $p=0.044$ )
- A lower estimate of the percentage of girls who have had sex by the age of 16 ( $t=-2.09$ ,  $df=172$ ,  $p=0.038$ )
- A lower estimate of the percentage of boys who have had sex by the age of 16 ( $t=-1.99$ ,  $df=171$ ,  $p=0.048$ )

They also reported that their parents were more likely to talk about...

- Sexual intercourse ( $X^2=8.82$ ,  $df=1$ ,  $p=0.003$ )
- Periods ( $X^2=10.99$ ,  $df=1$ ,  $p=0.001$ )
- Pregnancy ( $X^2=8.92$ ,  $df=1$ ,  $p=0.003$ )
- Body changes at puberty ( $X^2=7.06$ ,  $df=1$ ,  $p=0.008$ )
- AIDS ( $X^2=5.76$ ,  $df=1$ ,  $p=0.016$ )
- The pill ( $X^2=5.82$ ,  $df=1$ ,  $p=0.016$ )
- Condoms ( $X^2=4.96$ ,  $df=1$ ,  $p=0.026$ )
- Where to get contraceptives ( $X^2=8.86$ ,  $df=1$ ,  $p=0.003$ )
- Abortion ( $X^2=7.78$ ,  $df=1$ ,  $p=0.005$ )

## 7.6. Discussion

Perhaps the most pervasive findings in this study concern the marked gender disparity in the data. Home-based sex education appears to demonstrate a strong gender-bias insofar as it seems to be largely a responsibility taken on by *mothers* rather than fathers. Similarly, *females* report having more topics covered at home than males. Whilst there is some suggestion that children of both sexes find it difficult to communicate with their fathers about such issues because of embarrassment, communication regarding sexual issues with the opposite sex parent appears particularly problematic for more girls than boys.

The results of the sentence completion tasks suggest that boys are more likely than girls to have adverse reactions to female contraceptive preparedness. Male negativity in this respect could be seen to influence female behaviour, insofar as reputations are at stake; it may be the case that females might not protect themselves not because *they* view such behaviour in negative terms, but because they recognise that *males* do.

It is noted that females are more likely than males to expect a *negative* reaction from their fathers to their becoming sexually active, and males are more likely than females to expect parental *ambivalence*. This suggests that even before young people become sexually active, males and females develop differential awareness of the meaning(s) that such behaviour entails; fathers are perceived as being, by implication, more accepting of adolescent boys' sexual activity than adolescent girls' sexual activity.

In general, the results of this study suggest that the pupils responding have greatly varying perceptions of the sex education they had received at school, but in general, they report wanting more information than they have already been given. Although there was general consensus amongst pupils that AIDS had been covered in school, relatively low levels of coverage of the topics related to sexual communication were reported (how to talk about sex and contraception with partners, saying 'no' to sex etc). Without coverage of such topics, it is difficult to see how sex education, in its present form, could break what appears to be a 'culture of silence' around adolescent sexuality, and, this being the case, these young people may well continue to rely on hegemonic understandings of gender in relation to sexuality. In particular, the actual and expected reactions to parental discovery of sexual activity, and the marked gender disparity in reactions to female contraceptive preparedness suggests the reproduction of traditional positionings *vis a vis* the 'have-hold' discourse (Hollway, 1984; 1986) and a greater acceptance of the permissive discourse for males rather than females.

Similarly, at home, half of the respondents reported wanting more information than they had been given. Yet as only 11.42% of males and 1.4% of females had reported no coverage of the topics covered at home, it seems that a higher proportion of parents in this sample had discussed at least some aspects of sexuality with their children than in Allen's (1987) sample. The rather limited number of topics delivered by parents who express the view that parents should tell children about sex suggests that proponents of Discourse B may be justified in their fears that many parents who *might* object to school-based sex education may not provide sufficient information at home, especially regarding HIV. *None* of the fathers who saw sex education as the primary task of the parents had talked to their children about sexual techniques, or how to talk to potential partners about sex or contraception. Almost three quarters had not spoken about 'moral' issues such as saving sex for marriage or having sex only within loving relationships, or how to say 'no' sex. Mothers appear more likely to have discussed these matters, although many, of course, had not. It appears, therefore, that proponents of Discourse A may be mistaken in believing that these more 'responsible' parents would necessarily provide such input.

In terms of taboo areas of communication in the home, two particular topics emerged from the analysis - masturbation and sexual techniques - and generally these taboos are recognised by children and parents alike. Similar taboos emerged from the data on school-based sex education, although many parents mistakenly believed that these topics are covered in schools. Some interesting additional scholastic taboos were mentioned by several parents, including the unacceptability of discussing moral issues such as 'saving sex for marriage' in school curricula, and some mothers wishing to see some discussion of homosexuality in the classroom, lending support to proponents of Discourse B. By the same token, those positioned within Discourse A may well argue that schools are not providing enough coverage of the 'moral' aspects of sexuality, with less than half the sample reporting that such issues had been covered at school, and the head of PSE stating that whilst 'saying no' and 'sex in loving relationships' **are** covered, 'saving sex for marriage' is not a topic that he has promoted in his classes.

The taboos identified may have serious implications for discussing safer sex behaviours, as they may preclude discussion of alternative sexual practices to penetrative sex, thus (re)producing hegemonic constructions of heterosexuality, simply by failing to *challenge* the hegemony of penetrative forms of sexual expression. The particular taboos surrounding masturbation and sexual techniques may be seen as automatically precluding discussion of alternatives to penetrative sex, or the use of solo-sex activities or mutual masturbation as a means of sexual pleasure and/or expression.

Potential areas of conflict between pupils and parents are highlighted in the data, in relation to both sex education and sexual practices. Several conflicting perceptions are highlighted in the data - which perhaps suggest misunderstandings between schools and parents - the most obvious of which is the very high proportion of parents who believe that sexual techniques and masturbation are covered as part of school sex education, although according to most of the pupils (and the Head of PSE) these issues are *not* on the curriculum. It is also clear that parents have less expectation that STDs will be covered as part of the sex education curriculum than HIV/AIDS, which is reminiscent of the fears of the GUM personnel detailed in chapter 6, that HIV may be overplayed by educationalists at the expense of education concerning other sexually transmitted diseases.

With regards to actual behaviour, a gulf is apparent between what parents *believe* their children are doing and what their children *actually* report. It appears that parents do not generally have an accurate perception of the likelihood that their children are sexually active, as those positioned within Discourse B are aware. Findings such as these lend weight to Baroness Jay's

contention that parents may not know the kind of lives their children are leading, and this sample of pupils clearly had little intention of putting them in the picture.

It is also apparent that these parents are not the homogenous group constructed in chapter five, and their conflicting views on what should and should not be covered in sex education classes make it difficult to see how schools can please all of the parents all of the time. Contrary to proponents of Discourse A some parents, especially fathers, feel that saving sex for marriage should *not* be discussed in schools, suggesting that some parents may be in support of adopting a framework of moral pluralism for school-based sex education, as did several proponents of Discourse B.

In closing, as is customary, some of the limitations of the present research need to be addressed. In particular, certain limitations of this study render some of the findings particularly difficult to interpret. For example, it is more than likely the case that the vast majority of pupils have received broadly similar sex education at school, yet there are some quite marked differences in the actual topics the pupils report as covered. Of course, there may have been slight differences between information given in various classes, or pupils absent from certain lessons, but it is also equally plausible that the differences reported in school-based sex education reflect extra information *requested* from this source; this may also cast some light on the reported differences in the amount of topics covered at home. In other words, the data concerning home-based sex education may be more a reflection of the level of inquisitiveness of the child than the intentions of the parents in this respect.

To a large extent, interpretation of the data is limited by the instrument used. There is no way of gauging at what point in that child's development such topics were covered, in how much depth, who instigated each act of communication etc. Similarly, it is difficult to ascertain *why* topics which were not identified as taboo were nevertheless not discussed.

It almost goes without saying that the results cannot infer causality. In terms of the exploratory analysis which suggests that those children who received more topics at home are more likely to be sexually active, it is impossible to infer, or even make a strong case for, a causal relationship. It cannot be established whether the child actively sought information, or was passively given information when there was some suspicion that the child was, or was about to become, sexually active. Certainly in the pilot interviews, many girls recalled sexual communication resulting from their mother's suspicions that they had become sexually active. Further problems emanate from the use of a small convenience sample (albeit one which covered a broad range of ethnicity, religious affiliation, SES etc.). In particular, the response



rate from parents was rather disappointing in view of the measures taken to attempt to counteract this. One particular issue here was the number of parental questionnaires which are known not to have reached the parents; twelve were returned to the author by a local Bus Company, and one was returned to the school after being found in a nearby park (all with their stamps torn off....) and it is very possible that many more went the same way.

Finally, the methodological caveat outlined at the close of the analysis section above suggests that research into parents' provision of sex education at home, or their views on that provided by schools, may represent a 'best case scenario'. They may not be representative of all parents, but predominantly white, middle class, will probably have covered more sexual education at home than is the norm, have started this process earlier, and be less likely to have sexually active children.

## **7.7 Concluding remarks**

In this chapter, it has been argued that girls and boys may be differentially socialised with respect to the amounts and type of sexual information they receive from their parents. In the main, girls receive more information from their parents, and mothers provide significantly more information than fathers. Marked gender disparity was also evident in the responses to sentence completion tasks regarding contraceptive preparedness across the two generations, with mothers and daughters typically ascribing more positive characteristics to contraception than fathers and boys.

Sexual techniques to a large extent, and masturbation to a lesser extent, emerge as taboo areas of sexual communication for many pupils and parents alike. However, it was noted in this chapter that the supposed homogeneity of 'parents' as characterised in the Hansard debates presented in chapter five, is at odds with data presented here. Whilst there may be some consensus regarding what is taboo, many parents expressed divergent views on what is 'acceptable' or 'desirable' in terms of sex education at school; some specifically requested the inclusion of information on homosexuality and the removal of 'moral' aspects of sex education. This is curiously at odds with the picture of parents painted by proponents of Discourse A in chapter five. What can be concluded is that many of the parents who consider sex education as their primary responsibility - especially fathers - do not, in many cases, appear to provide such information in the home.

This chapter has also provided clear evidence of response bias in this sample, and, if it is accepted that this can be generalised to similar research using pupil and parent samples, it may be the case that previous research has over-estimated of the extent of sexual information given in the home and over-sampled parents with higher SES.

As the previous three empirical chapters have presented analyses related to political, community, scholastic and parental constructions of sexuality and sex education, the final empirical chapter now turns to consider constructions of sexuality in a sample of young sexually active dyads.

## **CHAPTER EIGHT**

### **CONSTRUCTING SEXUALITY IN THE DYAD: DECISIONS, DISCOURSES AND DILEMMAS**

Sexual communication and negotiation occur within an interpersonal context where meanings are called forth with reference to the unfolding joint actions of self and other and with reference to the taken-for-granted and hegemonic discourses which govern heterosexual relations. Meanings are constructed and reconstructed intersubjectively, that is with reference to the occasioned meanings as well as with reference to broader social meanings (Crawford, Kippax and Waldby, 1994: 572).

#### **8.1. Preamble**

In this chapter, the analysis moves on to consider the ‘inner core’ of the research framework outlined earlier in figure 6. To this end, an analysis of interviews transcripts and questionnaire responses from a small group of sexually active couples is presented, as outlined in section 3.5 and the overview below.

The objectives of this chapter are four-fold:

- i To identify several prominent discourses of sexuality informing reports of sexual conduct, and to explore the potential relationships between such discourses and practices
- ii To highlight some of the ways in which accounts of heterosexuality and related practices are constructed with reference to discourses of gender and development
- iii To present four dyadic case studies, focussing specifically on the contradictions evident between the individual interview transcripts and the dyadic transcripts, and the interviews and questionnaire responses
- iv To examine the construction of risk and trust in reports of self-disclosure.

Finally, the chapter draws to a close with a discussion of the implications of such an analysis for traditional political, moral and public health messages with respect to changing heterosexual practices, and briefly comments on some of the methodological issues raised by this study.

## 8.2 Introduction

Whilst many of the researchers whose work is summarised in chapters three and four<sup>1</sup> (eg. Hollway 1984; 1989, Willig, 1995, 1999b; Ingham and Kirkland, 1997) refer to possible relationships between sexual discourse and sexual practices, at the time of conducting this study, no research was located which had focussed *directly* on the **dyadic** production of sexual accounts. In the present study, four sexually active dating couples<sup>2</sup> (age range 18-21 years) were recruited on campus via posters placed in a University Hall of Residence for volunteers to take part in a study about young people's relationships. There was no direct mention of the sexual aspects of the study, so as not to deter any respondents who self-identified as couples despite not being sexually active. The resulting four dyadic interview transcripts, eight individual interview transcripts and eight completed questionnaires comprise the data from which the following analyses emanate. The data were collected using the instruments detailed in Appendices 3a, 3b and 3c, following the procedure prescribed in Chapter four (see section 4.7).

The use of such a small homogenous sample is not uncommon in much published work in this area (especially where the focus is primarily on the language used, rather than the individuals using it), and sampling issues are not an over-riding concern (cf. Gilfoyle et al, 1992). As the emphasis is on the range of available linguistic resources and shared meanings that the respondents bring to the interview and how these are used to justify, explain and reflect on sexual practices, there is no reason to suppose that these same resources are not available to other speakers performing and recounting broadly similar practices. However, for the sake of clarity, the concentration in this particular study is limited to this particular sample. The transferability or generalisability of the forthcoming analyses is, therefore, to be determined by future readers and researchers who are free to accept my reading of the texts as more or less helpful and illuminating in their own research endeavours (cf. Robson, 1993).

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1

The literature review corresponding to this study can be located in chapter three (Section 3.5)

2

Participants names have been changed to protect their anonymity.

Before proceeding to the analysis, it may be worthwhile taking this opportunity to refer back to the Preface, to consider the various assumptions made about the data presented here; in particular the distinctions and inter-relationships between:

What actually happened (in a material sense) between the corporeal individuals who participated in this research (the **physical sexual practices** and **contemporaneous psychological activities**)

*and*

How such events are reported during the interviews and questionnaire completion (the **retrospective accounts**)

*and*

The **general discourse of sex** which informs such accounts.

In chapters three (section 3.5) and four (section 4.6) it was argued that language, organised into discourses, constitutes psychological and physical 'realities', discourse being intimately bound with practices. When people communicate experiences, including novel ones, they necessarily appropriate pre-existing discourses to make their experiences intelligible to self and others. Without discourse, material objects can and do exist (things with ontological status in Parker's parlance; cf. Parker, 1992) but there can be no human experience (or at least no means of communication or understanding action). Actions and objects are 'experienced-as-real' through discourse - it is through language that we 'know'. As Parker (1992) points out, material 'things' are endowed with 'epistemological status' - we 'know' them through talking, painting, reading, writing, singing about the internal or external referent in question. Most of the time, most people seem quite happy to accept that there is a straightforward correspondence between things with ontological and epistemological status. However, the theoretically infinite number of ways of talking about the same referent casts some doubt on this correspondence. Language, organised into discourses, gives structure and meaning to experience, but is simultaneously borne out of practice as well as constituting it. Once brought into our vista linguistically, there is no possible means of saying what something really 'is' or 'was'; its existence is only capable of being known, experienced and acted upon as a discursive construction.

With reference to the distinctions and inter-relationships alluded to above, three issues need to be addressed. Firstly, in the context of psychological research it is usual to assume that participants are not deliberately fabricating information. The physical aspects of ‘what actually happened’ are potentially materially verifiable, for example, physical evidence exists to substantiate certain events (a condom is used, a man ejaculates, a woman is pregnant). To a large extent, ‘what actually happened’ has an ontological basis, a basis in the material realm.

This leads to the second issue, that of reports. Whilst this appears the easiest element of the research process to isolate, it is perhaps the most difficult aspect to conceptualise. In essence, reports are simply ‘what the respondent said’ about his/her ‘practices’ and ‘psychological activities’<sup>3</sup>. Leaving aside the thorny issues of deliberate fabrication and poor recall, it is impossible to check the ‘veracity’ of accounts as, even with absolute accuracy of recall, there is no one-to-one relationship between experience-as-experienced and experience-as-reported. From the point of the ontological existence of the bodies, events and sexual artifacts onwards, there has to be what amounts to a ‘leap of faith’ when reading even the most ‘factual’ report. By convention, it tends to be accepted that respondents attempt to give accounts which reflect, as far as possible, a meaningful version of the past which corresponds reasonably well with the past-as-experienced.

Thirdly, whilst it seems *possible* to report ‘material-happenings-as-experienced’ more-or-less accurately in retrospective reports, the words used to concurrently ‘construct’ and ‘convey’ such happenings are, themselves, imbued with a myriad of meanings. In trying to say ‘what actually happened’ respondents say considerably more. In making intelligible such happenings, they construct versions of events from available discourses of sexuality as:

[T]he body and its actions are understood according to prevailing codes of meaning (*Gilfoyle et al, 1992: 210*).

These constructions become the only ‘knowable’ aspects of events, whilst simultaneously constituting the past: essentially, sexuality and sexual practices are simultaneously embodied, individually experienced, socially negotiated and discursively (re)produced. As such, in any piece of research, reports of practices and psychological activities created in and through discourse are inseparable from such practices. Like the seamless circle, practices cannot be

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It should be borne in mind that Parker (1992) is quite clear that whilst some objects (eg. condoms and physical bodies) with ‘epistemological status’ have ‘ontological status’, others belong to the class he identifies as having only ‘political/moral status’ which have no material reality but are treated by speakers as if they do (eg. psychological entities such as attitudes)

understood except through discourse, meaningful discourse is generated with reference to the material (or experiential) basis of existence, and such discourses inform meaningful practice.

The discursive (re)production of heterosexuality and its associated practices in the talk of four couples is analysed in the following four sections.

### **8.3. Discoursing Sexuality**

The interview transcripts contained many references to the hegemonic discourses of sexuality outlined by previous researchers in this field (see especially Hollway, 1984, 1989), with the ‘male sex drive’ and ‘have/hold’ discourses particularly prominent in the text and the ‘permissive’ discourse deployed only occasionally. In addition, a newly emerging ‘safe(r) sex’ discourse permeates the text of each respondent, but, as will be seen later in the analyses, the deployment of associated practices appears adversely affected by conflicting pressures from seemingly contradictory discursive positionings.

#### ***i The Male Sex-Drive Discourse***

Aspects of the ‘Male Sex-Drive Discourse’ can be detected in all the respondents’ transcripts. The Male Sex Drive Discourse centres around the notion that men’s sexuality is biological programmed, and women experience sexuality qualitatively differently, not having the same physical ‘need’ for sex, therefore being cast as the object of the discourse. There appears to be no direct female equivalent in the transcripts (a ‘Female Sex-Drive Discourse’) where men position themselves as objects.

The Male Sex-Drive Discourse may have the power to materially affect the behaviour of those positioned within it as subject, for instance by providing a *justification* for men having sex with someone they do not really know. Its pervasiveness was clear from the interview transcripts, and positioning himself as subject in this discourse, Peter appears to claim that seeking sexual gratification with new partners is not only acceptable, but almost *expected*. Rational decision making is not constructed as compatible with the surge of irrational passion experienced when Peter positions himself therein:

- (i<sup>4</sup>) Interviewer: Do you think you may have ever put any pressure on anyone else to go further than they wanted to go?
- Peter: Not...Yes, definitely I have.....but not in any *real* way.
- Interviewer: In what way have you done that?
- Peter: Erm... I don't know....I tend to try and lead them on and see how far I can get, basically, and leave it at that....
- Interviewer: Why would you have sex on the first night you met them?
- Peter: Because you get *overwhelmed with lust* basically.

However, when talking about his present long-term relationship in the dyadic interview, the male sex drive discourse is alluded to only in reference to Peter placing himself *outside* that discourse. The following excerpt illustrates an instance where Peter assumes that the interviewer might think that sex did not occur 'naturally' but that he may have instigated it:

- (d) Interviewer: Did you think that sleeping together was inevitable?
- Caroline: Oh, yeah.
- Peter: It was, yes. But it wasn't that *I* was saying that we really must do it. It just happened as a *natural* progression.

Mark demonstrated that positioning oneself outside of this discourse may sometimes problematic, insofar as this discourse posits male sexual desire as natural, innate:

- (i) Mark: I think there's an innate, you know, you're sort of born with... you know, you have sexual pleasure and pleasure is an instinct, and therefore you gain an idea that it is good from the pleasure.

The family are posited as playing a role in the (re)production of the Male Sex-Drive discourse, not only in terms of how sex is talked about to boys, but also how girls interpret their parents' words and actions. Not all males are cast as in favour of the practices associated with this discourse - especially if they are the fathers of daughters:



- (i) Rebecca: My dad finds it exceptionally hard, because .... he was in the army, he came from a family of boys, his first two girls ... he had daughters and it was wonderful, and he's determined to look after us till the end. I think he's purely terrified by the thought of us being with a guy, probably because *it's basically what he was like*.

## ii *The Have/Hold Discourse*

The Have/Hold Discourse shines through the dyadic interviews with all respondents, at times, ascribing at least *some* of the meanings of their sexual activity from the existence of sex within the confines of a close exclusive relationship<sup>5</sup>.

Sex as a means of securing an emotional commitment is a central component of the Have/Hold discourse (cf. Hollway, 1984). Even for Rebecca, the only female participant who ostensibly claimed to separate sex from emotional commitment, sex appears to serve this very function:

- (i) Rebecca: I thought by that time [first intercourse] *I'd got him*, although he didn't think that ... but I sort of knew! (Laughing).

Sexual pleasure, although *sought* by Rebecca, is not constructed here as an end in itself, but rather as an springboard for securing a *relationship*.

Similarly, Debbie reports sex as meaningful from within the Have/Hold Discourse, and the construction of 'sex-as-commitment' appears to serve as confidence-bolstering for her:

- (d) Interviewer: Did sleeping together change the way you viewed the relationship?
- Martin: Mmmm
- Debbie: It did me. I thought it was far more *commitment* from him, and so I've since felt more *secure*, together.
- Interviewer: Did it change the way you felt about yourself?
- Debbie: It made me a little bit more *confident*, I think just generally more happy. It was like ... sort of, you're calm inside, you're not worrying, het up, and what will he think, what won't he think ... sort of settled, so ... it's the confidence and *feeling sure* about things between us (my emphasis).

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However, as none of the males in this sample specifically spoke about sex itself as performed in order to 'keep' a partner, Wight's (1994) 'Romantic Discourse' may be a more apt description for the positions adopted by them.

The symbolic wait for Debbie to be *sure* that she has secured some form of emotional commitment created some tension in later in the interview, insofar as Debbie appeared to experience a certain degree of embarrassment linked to her perception that she moved to the physical phase of her present relationship rather quickly:

- (d) Interviewer: So how soon did you become involved?
- Debbie: Quite quickly really! (Both laugh loudly)
- Martin: It was about three days, four days?
- Debbie: Yes - about a week? (Laughing)
- Martin: It wasn't *that* long! (Both laughing together)
- Debbie: Shush!

There was obvious embarrassment created by her perception that she did not behave in a wholly appropriate manner in accordance with her positioning within the Have/Hold Discourse. The extract illustrates that *waiting* before sexual involvement may have a special significance for her within this discourse, signalling evidence of commitment in the face of the Male Sex-Drive Discourse, perhaps highlighting her apparent need to contest and try to regain the position challenged by her partner in the previous extract:

- (i) Debbie: He'd asked me a couple of times beforehand and I'd said no, and one of the reasons I'd said no the first time was because I wasn't ready, and then afterwards it helped to know that I could say no and he would still be interested in me.

For this couple, it appears that positions available within the Have/Hold Discourse pose problems for Debbie *initiating* sexual activity, as the ball always has to be *seen* to be firmly in Martin's court:

- (d) Martin: Yes. it's quite funny really, 'cos we had long chats, and for some reason, I don't know what it was, she came up with the topic of conversation that 'I always think the man should make the first move' and I was going 'Mmmmm.....'
- Debbie: (Laughing)
- Interviewer: Dropping big heavy hints!
- Martin: Yeah, but ... so, there were little hints like that, perfectly *innocent* suggestions ... time was getting later, so I said 'Well, I better go to bed now, I better stop disturbing you', and she said 'oh, you don't *have* to go', so we chatted some more, and 'oh, you really *don't* have to go' and it was about four o'clock in the morning...

Here, it can be seen that traditional gender-differentiated positioning *vis a vis* the Male Sex-Drive Discourse and the Have/Hold Discourse may indeed be complementary (cf. Hollway, 1984, 1989) yet neither Martin or Debbie, positioned therein appear to be able to ‘get sex’ when they wanted to. In particular, it is clear that Debbie could not *say* what she really *wanted*, her physical desires only being voiced only in response to his. It is particularly illuminating that he chooses to construct her suggestions as ‘innocent’, perhaps serving to (re)create an ‘innocent’ or ‘sexually naïve’ identity in the face of an imminent sexual encounter.

The have/hold discourse can also function as a convenient foil for both the male sex drive discourse and the permissive discourse, providing a morally justifiable means of excusing one’s sexual ‘mistakes’, as Martin recalls:

- (i) Martin: Basically I’d met her at a party, and she’s invited me to a party at hers, and basically I found her attractive, she found me attractive, but neither of us would have got along that well. *She fooled herself into thinking that we did, and so did I...* for some time, but once we’d made love, afterwards I felt ... I found her silly, I found her irritating and I realised that I’d made a bit of a mistake there ... (...) ... I’d only had sex once, so *I still had my drive*, you know, I still had to go out and find someone else... (my emphases)

The peer group are sometimes cited as influencing female positioning as subject within the Have/Hold Discourse, and deriving the meaning of sex therein, by illustrating the negative aspects of the main alternative: being perceived as the *object* of the male sex drive discourse outside a relationship:

- (i) Interviewer: What sort of messages did you get from your friends about sex?
- Debbie: Horrific, because the first two that did, it became obvious very quickly that they had chosen completely the wrong type of guy, that they were there just to sleep with someone and they ended up screwing themselves up over it, and it clear that, well, ‘I’m not going to do it like that’, from watching them, made me determined ... possibly more through them than home, that made me realise that it had to be something a bit more special, that I had to *wait* for. Seeing them make a complete mess of everything!

As with other research conducted in this area (eg. Hollway, 1986; Crawford, Kippax and Waldby, 1994; Gavey, 1992), there appears to be what amounts to a missing discourse of female sexual desire - but not missing *feelings*. Debbie, for example appears confident that sex would not have occurred that first night, although she doesn’t say that she *didn’t* physically desire it. The excerpt below encapsulates the ambivalence which can occur when Debbie and

Martin are sexually attracted to each other whilst positioning themselves in relation to disparate discourses on sexuality:

- (d) Debbie: It wouldn't have happened that first night. I wouldn't have wanted to.
- Martin: I didn't really want to. I mean I certainly didn't want...it's a good question, actually. I was certainly *excited*, but at the same time, if we had made love that first night *I wouldn't have had a very high opinion of Debbie*.
- Interviewer: Why?
- Martin: I know it's a strange thing to say, I mean *I don't like that thought, but it's still a fact*, it would have affected how I'd viewed Debbie, at least for a short time afterwards, and even though if she had wanted to make love then, I probably would have made love to her ... (my emphases).

Male positioning as subject within the Have/Hold Discourse can be associated with a potential shift in the balance of power in his relationship, as evidenced when Rebecca was asked where the power lies in her relationship with Mark:

- (d) Rebecca: Quite equal. Before it was him, the first couple of months it was definitely him controlling, saying 'I don't want to do this, I don't want to do that'. But now it's more equal - he had more power at the start because *I wanted him more than he wanted me* (my emphasis).

For Rebecca when only *she* wanted a commitment, she seemed to experience comparative powerlessness; now they *both* seem to want such commitment, this sense of powerlessness appears to have dissipated.

For some respondents, it appears that some discursive positionings may provide more satisfaction than others. For example, the allure of the Have/Hold Discourse for Caroline is such that she seems to only understand the experience of *others* through the same set of meanings. In particular, deriving meaning from the Have/Hold Discourse is clearly seen as superior to experiencing sex as the object of the Male Sex-Drive Discourse. In the extract below, her friends' experiences appear to reinforce the primacy of the Have/Hold Discourse for her, rather than opening new possibilities for such an alternative positioning within the Permissive Discourse:

- (i) Caroline: I don't think I'd like to [have a one night stand], because a friend of mine said she felt a bit cheap. I know she actually cried after the first time she slept with someone, but I didn't honestly feel like that at all. She talked as if she was the one who knew everything, and I was, you know, the innocent - naive and all this stuff - and yet now that I'm going out with Peter, it's changed our relationship a bit because I'm going out with someone who really does care about me and I really care about him, whereas she still sort

of sees these blokes and I think they sort of use her a bit, so... I think she knows she's being used, deep down, I think she craves love.

### iii      *The Permissive Discourse*

It has been argued that the emergence of such a discourse, or its increasing salience, can set up many contradictions for women; on the one hand it appears equitable, conferring upon females the same rights to full sexual expression as males, but on the other hand it creates the conditions for experiencing a slag/drag dichotomy (cf. Lees, 1986), with the weight of a spoiled reputation being singularly theirs. This considered, it is not surprising that no reference was made to such a discourse in the *dyadic* interviews, where perhaps such talk could undermine the management of a couple's impression of togetherness and emotional commitment, although it did surface in some of the *individual* interviews:

- (i)      Mark:                I sort of had 'a holiday of discovery' as I call it, where I lost my virginity and met a lot of girls, that sort of thing. That was just a summer holiday, and then in terms of a sexual *relationship* not much really happened until I went away from home.
- (i)      Martin:                Basically I'd met her at a party ... I found her attractive, she found me attractive, but neither of us would have got along that well.
- (i)      Rebecca:                Its something people can do for pleasure...it's completely natural, but it's something that will happen whether you love someone or not.

For most respondents, however, sex is not constructed as *truly* meaningful within the Permissive Discourse, as having many partners or non-monogamous relationships is said to detract from the meaning of sex, as Sally states:

- (i)      Sally                      Well, if they brag about it, it makes me think that it's not as meaningful as it actually is, but I think it depends on the person. I mean, if you're the sort of person who doesn't *shag everything* then it is meaningful.

Some of the females are aware of their *right* to have non-emotionally involved sexual activity, but still seem to prefer deriving meaning from within the Have/Hold Discourse:

- (i)      Caroline:                I know I started sleeping with Peter late, you know, but I think *if I wanted to sleep with someone earlier I would have done* - I just hadn't found anyone who I cared about enough to sleep with... if it wasn't someone special I think I'd feel a bit cheap (my emphasis).

Of course, having a perception of the right to behave in a certain manner does not automatically give one access to the meanings of those behaviours in the eyes of others, as Martin showed earlier in his claim that he would have had a low opinion of Debbie if they'd had sex the first time they met, even though he would have had sex with her if she'd asked.

#### *iv      The Safe(r) Sex Discourse*

Within this newly emerging discourse, heterosexual sex is accounted for in terms of self-protection, disease avoidance, communication, individual responsibility and condom use. Distilled into one line, its central theme might be that it is better to be 'safe' than 'sorry'. However, although all of the respondents seemed aware of the existence of this discourse, and for the main part positioned themselves therein in accounts of their more recent sexual activity, they reported some difficulties in positioning themselves as either subject or object. The *negotiation* of safe(r) sex was highlighted as particularly problematic, as it sometimes appears to interfere with occasioned impression management, and in doing so may have implications for the construction of positive identities in the early stages of the relationship. In particular, Mark expressed the view that talking about condoms becomes easier, and more likely, with mutual understanding built up over time:

- (d)      Mark:                    ...also you know where you stand, because its been quite some time now, you know that you're secure, they're not going to think you're a total weirdo...

The Safe(r)-Sex Discourse as expressed in these interviews emphasised *personal* protection, rather than *mutual* protection:

- (i)      Sally:                    You know, it can happen to anyone if *you* don't take sexual *responsibility* for *yourself* then *you* are putting *yourself* at risk. I don't think there's any particular group that's affected (my emphases).

Although there may be some reflection that AIDS awareness campaigns have been effective in this respect, there is little chance of sex itself becoming unfashionable:

- (i)      Interviewer:            Do you think AIDS has influenced your sex life?  
  
          Caroline:                No. Well, apart from the precautions I take. *I don't think it would ever stop me having sex*, but it makes me more careful (my emphasis).

The discourse around safe(r) sex is fashioned from pre-existing linguistic resources and experiences, thus prophylaxis is justified by appeals to condom use as ‘normative’. In the extract below the ‘novelty’ and ‘acceptability’ of the discourse are emphasised by reference to the future, allowing Rebecca to position herself as both normal and fashionable:

- (d) Rebecca: ...It’s just *generally quite accepted* that condoms are *the way forward* (my emphasis).

In her present relationship Rebecca made the ‘first move’, generally perceived to be counter-normative for females<sup>6</sup>, she appears to be relatively comfortable positioning herself as an active *subject* in the new discourse, with the construction of ‘sex-as-dangerous’ seemingly over-riding the potential embarrassment of being positioned by partners as sexually precocious:

- (i) Rebecca: It’s always a bit of a chance, you think ‘am I making the right..?’ ...Well, you know, it was a bit *embarrassing*, because you’re making the first move, but it’s better to be safe than sorry.

The males in this sample were more likely to offer accounts which position them as objects in the Safe(r)-Sex Discourse insofar as females are cast as the final arbiter of condom use:

- (i) Interviewer: If Sally decided to go on the pill and not use condoms, would you go along with that?
- Harry: I don’t know really, I suppose if you look at the figure for the failure rate of the pill and those for condoms, the pill’s safer, so if it was what she wanted I suppose I would go along with it, if it was *her* decision.

The discourse of safe(r) sex with its central theme of protecting oneself is associated with a specific behavioural counterpart; ‘no condom, no sex’. The excerpt below provides an example of this practice:

- (d) Interviewer: Have you ever been tempted not to [use condoms]?
- Caroline: There are times when you think ‘oh, God!’....
- Interviewer: So why don’t you go with that feeling?
- Caroline: Well, it’s not going to hurt just that one time not to have sex with him.
- Interviewer: So you would rather not have sex than have sex without?
- Caroline: Yes.

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Indeed, Mark commented on how remarkable such a happening was, whilst Rebecca acknowledged that most females do not behave likewise

It may be the case that Caroline feels able to forego sex, even when she desires it, because going with her feelings is a choice she is able to accept or reject, as unlike the males in the sample, there is no suggestion that female sex desires are potentially overwhelming biological 'drives'.

The practices associated with the Safe(r)-Sex Discourse appear to be well understood by this sample. Harry and Rebecca explain that verbal communication is *essential*, and non-verbal forms of communication are not acceptable:

- (d) Harry: No, I would have *asked* her whether she wanted me to, it's a bit *presumptuous* to just walk off and put a condom on, then walk back again.
- Interviewer: Do you see it as an expected part of a sexual encounter that some point someone says something about contraception?
- Harry: Definitely.
- (i) Rebecca: As I said with Mark, really, you know, you're doing the preliminaries and somebody says 'Have you got a condom?' .... *duty condom*. It's something .... you know, if someone just reached for one and put it on I'd think it was a bit forward. I wouldn't like that at all ...(...)... I think it's assuming too much, *taking advantage* if somebody just goes for it.

Rebecca's description of the non-penetrative aspects of the sexual encounter as "the preliminaries" suggests that, for her, the Safe(r)-Sex Discourse is consistent with the hegemony of penetrative sex, rather than promoting other forms of sexual expression.

Within this discourse, condoms are cast as commonplace, workaday items, and Harry suggests that use becomes more-or-less habitual:

- (d) Interviewer: When do you normally decide to use a condom?
- Harry: All the time - I've always got it in mind that I have to use a condom so I've always got it ready, or in the bedside draw ... it's just automatic, I just reach over to the bedside draw switch off the telly, and ... yeah ... I can't imagine either of us forgetting!

Despite communication and the general availability of condoms, sometimes, safe sex appears to be impeded by the break in the flow of the encounter which occurs when a condom needs to be donned. This is reported as creating embarrassment:



- (i) Debbie: And I think you're embarrassed enough as it is anyway, and it is an added embarrassment, *the pause* ... it's just that, I think it's because, knowing, and that pause, just putting it off a bit longer, and it's just very awkward and embarrassing, you wish you could just get going.

Despite the frequent deployment of this discourse in accounts of sexual practices, several sexual encounters without condoms were recounted. In Martin's and Debbie's excerpt below, they acknowledge a need to account for the inconsistencies between their actual practices and the discourses which customarily inform their accounts of sexuality:

- (d) Interviewer: Why, on those occasions, didn't you use condoms?
- Martin: Ermmmm .....
- Debbie: ....It had crossed my mind at the time, I was surprised when you didn't, and then I was equally surprised when you stopped ... then carried on again, but I didn't say anything because ... the one time when we didn't was slightly *unusual* anyway, and ... I don't know. I knew I was surprised when you started again, but we never really talked about that, *we never really talked about stopping easily*.
- Interviewer: So, why do you think on that occasion you hadn't used condoms?
- Martin: That .... that was an *exceptional* circumstance, and it was the heat of the moment actually ...
- Interviewer: Did you have condoms to hand?
- Martin: ....the fact that we did [have condoms to hand]... that I knew at the back of my mind that it wasn't really going to make any difference, and Debbie knew that as well. I mean, *if she has said something I would have stopped immediately* and put one on, but I don't think either of us wanted to (my emphasis).

It is interesting that Martin and Debbie both express surprise, first on the grounds that there was something 'exceptional' about the circumstances surrounding the events, then that the other should have said or done something. This aspect is particularly illuminating, as earlier it was suggested that Martin has a tendency to position Debbie as rather more passive than he in respect to sexual practices, yet here, he appears to be suggesting that, in this discourse at least, he expected activity. In accordance with his firm, frequent positioning within the Male Sex-Drive Discourse, in "the heat of the moment", *Martin* could easily have adopted a more proactive stance, yet he questions why *Debbie* failed to do so, taking this as evidence that she wanted condom-less sex as much as he did. In her stating that they had never talked about "stopping easily" she alludes to his positioning as subject in the Male Sex-Drive Discourse; she was unaware of whether he *could* stop. Whatever the case, when Martin failed to act according to *her* expectations, voicing her desires appeared problematic for Debbie.

#### 8.4 The Construction of Gender and Development in Heterosexual Discourse

The interviews were further analysed to explore the ways in which the respondents explain their present sexual practices, highlighting the existing linguistic resources used to account for their actions. Two particular forms of explanation are utilised to explain heterosexual feelings and practices, those of 'gender' and 'development'.

When accounting for their sexual practices, many references were made to behaving in relation to perceived 'norms'. Whilst adherence to normative codes of behaviour may serve to fashion positions as morally tenable (cf. Potter and Wetherell, 1987) it simultaneously has the potential to create a self-perception of a non-autonomous individual. The normative influences alluded to in the transcripts concern the norms governing gender-appropriate behaviour (what males and females ought to do) and age-appropriate conduct (what young people ought to do). These norms, in effect frame the range of positions it is tenable to adopt. Of these, the construction of gender is perhaps the most interesting as it seems to (re)produce quite traditional gender-distinct positionings within the hegemony of penetrative sex.

*Heterosexual practices and gender discourse: the constructions of 'gender equality' and 'gender difference'*

All of the males and females gave similar responses when asked about the *balance of power* in their relationships, citing evidence such as their having equal say in general and sexual decision-making. Similarly there were many instances in which the participants outwardly *denied* that males and females experience sex and sexuality differently, with apparent male/female differences explained as individual differences in *personality*, rather than differences based on biological sex. At first glance, there seems to be a marked differences between the more traditional gender-distinct constructions of personhood in favour of a more 'egalitarian' constructions of masculinity and femininity, but there is considerable scope for challenging the adoption of this discourse in the practices reported, as the construction of gender equality often dissolves in the text when it runs into the construction of gender difference.

It became apparent during the in-depth discussions on their experiences of sex and sexuality that there were telling distinctions in the respondents perceptions, expectations and behaviours along traditional gender lines which contradicted their expressed views in the essential similarity between males and female, which give the reader some insight into what it 'means'

to be an adolescent male or female for the participants in the study. Although 'gender equality' is presented as *if it were real*, it appears to be more of an *ideal* which respondents have difficulty incorporating into their views on sex and sexuality, and their actual behaviour.

Although a *discourse of sexual equality* appears in the transcripts, such *practices* are rarely apparent, for example both males and females suggesting that at some level chastity or relative chasteness is beneficial for females but not males. Similarly there is an expectation amongst most of the respondents that females desire emotional commitment more than sexual pleasure, and males vice versa. Such instances suggest that gender equality is a construction that the respondents theoretically have available, but appear to access in only very general terms, and chose not to deploy this resource as a means of reflecting their personal sexual experiences, with a marked tendency to construct gender differences when ascribing meaning to their sexual practices.

It is often said in the literature that the Male Sex-Drive Discourse and the Have-Hold Discourse are hegemonic, and map quite neatly with traditional conceptualisations of masculinity and femininity, offering quite gender-specific subject and object positions. As Hollway explains:

Discourses make available positions for subjects to take up. These positions are in relation to other people. Like the subject and object of a sentence women and men are placed in relation to each other through the meanings which a particular discourse makes available (Hollway, 1995: 236).

Certainly, in this study, the Male Sex-Drive Discourse and the Have/Hold Discourse are often so pervasive that they are sometimes presented as a biological *facts*:

- (i) Martin: I remember seeing it on the TV and it was talking about *animals* and it was the males *instinct* is to spread its seed as widely as it can, and then, drawing my own conclusions, the female is *obviously* going to want someone there to protect her child, that would be her *instinct for survival*, so I can see why more women would prefer to become more emotionally involved and want to stay with one man, have sex with one man, whereas guys seem to think that you're a better man if you go out and have sex with different women.... I think possibly they do, yeah. I think in general females *require* a lot more emotional commitment before the physical, whereas males tend to shy away from the emotional side of it, and we prefer a physical relationship (*my emphases*).

There seems to be a general awareness and acceptance amongst the respondents of the mutuality of the gender-distinct positionings associated with the male sex drive discourse and the have/hold discourse:

- (i) Interviewer: What sort of messages did you get about sex from previous girlfriends?
- Mark: Erm... I think they view sex differently to boys, I mean there's that famous saying, the one about 'girls use sex for love, and boys use love for sex' something like that.

Other discursive positionings, however, appear to collide head on, creating concerns over the appropriateness of the views espoused. For example, the discourse of sexual equality seems to contradict the gender-appropriate practices associated with gender-differentiated positions within the have/hold discourse and, for Caroline, results in a conundrum of 'political correctness':

- (i) Interviewer: Do you think males and females think about relationships differently?
- Caroline: Erm ... I suppose that sometimes you do because you want different things out of a relationships .... I think we think about it in the same way at the moment, but ... but generally I suppose women want a lot more affection whereas men want more action I suppose. *I shouldn't say things like that!* (my emphasis)

For Harry, sexual equality is not fully integrated with his positioning within the Males Sex-Drive Discourse, although he still holds that it *should be*:

- (i) Harry: Yeah, it [sex] might be a more serious step for girls, because it's like peer pressure for boys....
- Interviewer: Why do you think that is?
- Harry: I don't know... it's just sort of general peer pressure going on...there are some girls like that probably though ... but on a general thing ...it's more acceptable for boys ... but I think it *should* be equal.

Looking at how participants report the use of impression management techniques allows some insight into the re-production of the discourses through which masculine and feminine identities are fashioned, with the more-or-less conscious manipulation of practices reproducing gender stereotypes, Debbie noting that she takes a back seat intellectually and tries to look attractive, Mark emphasising the positive, active aspects of self:

- (i) Interviewer: How do you think you behave around males? Do you think you behave differently?
- Debbie: I'm sure I do. I hope not, but I've a feeling that I do. I'm possibly *not as serious* when I'm around guys, I try to *smile more*, whereas when I'm with a group of girls I tend to talk more seriously. I hope I'm not more flirty, but I

think everybody is whether they like it or not. I think it's probably subconscious (my emphases).

- (i) Mark: I always have to make more of an *effort* in front of females, but I don't know why that is. Maybe it's that I'm trying to *impress* them (my emphases).

Framing practices by reference to gender appropriate codes of sexual conduct can have potential material effects on sexual conduct, for example by hindering direct sexual communication. Traditional gender-disparate discourses of sexuality position women as essentially sexually passive (cf. Hollway, 1984; Holland et al, 1992), and in (re)creating the construction 'woman-as-passive' it is difficult to envisage those positioned therein speaking or behaving in ways likely to be perceived as initiating or desiring sexual contact. The positions which are typically regarded as 'available' for males, on the other hand, allow those positioned within to self-identify and, with practice, sex-seeking activities. The extract below highlight how such positionings appear to be associated with the potential for incurring rejection or a spoiled identity for Martin and Debbie respectively:

- d) Interviewer: Do you think there's a danger in talking about sex and contraception?
- Martin: Maybe I thought that subconsciously...there's always that thought of rejection lurking round.
- Debbie: I wouldn't have mentioned it before ... it all happened really quickly anyway ... I didn't want you to think I was pushing *that kind of thing*... because I wasn't ... it would have been nice but it wasn't vital (my emphasis).

For these respondents, it appears that the hegemonic discourses are contradictory in some respects. For instance, what it means to be 'a man' may conflict with constructions of equitable behaviour, causing a contradiction to arise when one attempts to act in accordance with both definitions. Adopting gendered discourses of self appear may be potentially confusing when one feels simultaneously a social expectation to subscribe to notions of sexual equality; Martin, for example, was experiencing difficulties coming to terms with women who do not conform to his traditional expectations of the feminine:

- (i) Martin: The thing is ... the fact that we're overlapping now is because we're so social and civilized, so all strange things are happening because you get females who are *the other way around*, and it's much more obvious now. Yes, emotion *complicates* it. It doesn't have to, though, I mean the emotion of love is fairly straightforward, but it's all the other little bits that creep in that make it complicated, like you should be having a good time, but you're actually not, because so-and-so has said something the other day, which is ... so yes, definitely ... *it makes your brain ache sometimes* (my emphases).

Gendered subjectivity plays a part in discursive positionings insofar as all the respondents appear aware of the gender-distinct expectations informing behaviour. Martin, for example, with reference to traditional gendered subjectivities, interprets Debbie's first kissing him as *prima facie* evidence of her wanting a *relationship*:

- (i) Martin: ...I reckoned that she wouldn't actually do that [kiss him] unless she was serious about wanting to have a relationship.

Interpreting behaviour as having gender-distinct meanings has an interesting effect where the Male Sex-Drive Discourse meets the Have/Hold Discourse head on. Martin's interview is replete with reference to 'sexuality-as-biologically-constructed', thus re-producing discourse supporting the idea of gender distinct codes of behaviour as inevitable, as does Peter, who constructs gender differences as if they exist in *fact*:

- (i) Peter: Girls are a lot more emotionally involved than boys on the whole, I'd say. Boys tend to be... they find it a lot easier to keep their emotions separate.
- Interviewer: Why do you think they are different in that way?
- Peter: I don't know ... I think we are different physically and emotionally, *that's the way we're made so that's the way it is* (my emphasis).

Virginity is also constructed differently for males and females in the transcripts, and this seems to be associated with gender-differentiated reactions for males and females to the loss of virginity, which may reflect gender distinct values associated with chastity:

- (i) Sally: I don't know....I just felt like I'm always losing things, and like, I find them the next week, but my virginity, when it's gone it's gone for ever.
- (i) Interviewer: And how did you feel about losing your virginity?
- Martin: I wasn't too worried about it - I'd been trying to lose my virginity for years by that time.

Gender-appropriate behaviour, unlike biological sex, is seen by some of the *female* respondents as non-fixed, and as such is not necessarily accepted as 'fact', but as having at least the potential to be otherwise:

- (i) Rebecca: When we were about fifteen, sixteen, to be honest it was always the boy that went out and bought the condoms, but as I've got older I've seen that that's not necessarily the case.

- (i) Debbie: Erm.....I think at sixteen you spend more time waiting for them to make the first move, you're still at that point where you're lead to believe you have to fulfil a certain role, a role that you are lead to believe is the right role to follow. It's only with experience that you learn that there are other possibilities from what you were taught, the conventional way.

...although fragments of traditional gender-differentiated discourses of appropriate behaviour can and do still appear to make certain practices difficult, perhaps especially when in close proximity to individuals presumed to subscribe to traditional gendered views of personhood:

- (i) Rebecca: Well, I have to say, if it [a condom] was behind the counter I would think twice about it, if I actually had to ask, I don't think I could walk into a chemist with a dodderly old man behind the counter and say 'twelve of your best please!'

Each interviewee described some of their early sexual learning experiences which afford some insight into their historical positionings in relation to discourses of masculinity and femininity. With regard to the Male Sex-Drive Discourse, the males recall what reads as an active (or predatory) positioning whilst the females tended to recall rather passive positionings insofar as the males recall 'looking at' or discussing female bodies, whereas the females recall being 'looked upon'. For example, in the extracts below, Debbie recalls the discomfort of being subjected to men's gaze, whereas Harry, Martin and Mark report types of surveillance of real or imagined women, rather than being surveyed themselves:

- (i) Debbie: Because I was a very quick developer, and it was just little things like being the first girl in primary school to wear a bra was horrible, an immense amount of teasing. Then the fact that I grew fairly big anyway which does not only lead to some teasing from people at school, but just walking down the road, and guys in cars, things like that.
- (i) Interviewer: Had you thought about girls before going through puberty?
- Harry: Yes, I suppose ...it's just the done thing. Yeah, lads talk about... (laugh) breasts... and more breasts ... erm ... I think it changes as you get older.
- (i) Harry: We'd just discuss girls, I guess, the female *form*....
- (i) Martin: That was talking about ...girls in general was not sort of... sometimes talking about sex with a pretty woman, usually... it was someone none of you knew and would never know... like Madonna, and what have you. Yes, we'd talk about that, but we'd never actually talk about, or very rarely talk about, actual girls that we knew...

- (i) Interviewer: When did you first really start to notice girls?
- Mark: Ermmm ... very young in so far as I remember *looking at photographs* in a photography book, and thinking 'Mmmmm...' and that was when I was nine or ten or something.... (my emphasis).

The males in the sample reported learning in their early teens that they are expected to be *active* in the pursuit of girls, sometimes constructing such activities as a challenge set by other males, a kind of initiation task which enabled Harry to become 'part of the gang':

- (i) Harry: There was a sort of peer pressure there to lose your virginity to an extent, but it wasn't anything overwhelming, there was a sort of almost sexual rivalry, nothing serious ... and it'd be, you know, kissing a girl would be quite a big thing, it'd be like at the school disco, *you'd walk round with her so all your mates would see* ... I remember the first girl I ever kissed and it was at school, at a school disco, and most of my friends had been kissing girls, and I remember sitting in assembly there next day and they said '*oh, you can join the club now*' (my emphases).

It is interesting that some of the respondents suggested that the physical environment, as well as one's social milieu, is imbued with meanings which may serve to reinforce not only the subject/object distinction in sexual conduct for females, but also its *inevitability*:

- (i) Rebecca: Well the very fact that the condom machine was in the boys toilet, it automatically puts all the emphasis on them to protect themselves....you know, *the male is the dominant, the female subservient*...that's always going to be there though, isn't it? *It's never going to go away* (my emphases).

There is, however, a suggestion that for some respondents, discursive positionings can and do change over time:

- (i) Mark: The first time was more I want to know what it's about, I ant to find out, then it was that I wanted to try it again, but now it's something that it's more that I enjoy seeing someone else happy...The first time... I think there was a *strong emotion* involved in the first time I had sex, but it wasn't necessarily love, it was *curiosity*, and I am a very curious person, and slowly it's changed from curiosity through *intrigue* to a more of a *sharing* level (my emphases).

### *Heterosexual practices and developmental discourse*

All of the respondents spoke about their experience of sexuality and associated practices along a developmental continuum which was distinct from the gender-discourse insofar as references to developmental aspects of sexuality were recalled which did not overtly refer to gender. It is



not only discourses of gender that are used to account for sexual practices, but also discourses of development, specifically the construction of youth.

Within the context of development from child to adult, losing one's virginity can take on certain symbolic meanings in relation to adolescence:

- (i) Rebecca: For me, when I became sexually active, it was more of a *rite of passage*, it's something that I had to do, it's part of my life that I had to get moving. It felt right. It was a conscious decision on my part. I don't think it was really that spontaneous for me (my emphases).

Within this context of development, all four females spoke of what amounts to a 'Marital Discourse' (cf. Willig, 1995, 1999b) being actively or passively promoted as normative in their social milieu, framing their desires:

- (i) Rebecca: Because I suppose when you grow up you see your parents, you see couples on TV, *it's a state you aspire to be in*. In my school in particular, it was intrinsic to be in a relationship, to be part of a couple (my emphasis).

During adolescence, the peer group is cited as a *prompt* to escalate the amount of sexual activity experienced insofar as it seems to function as permission to act likewise. It is interesting to note the rather linear fashion of sexual activity alluded to:

- (i) Rebecca: Well, I remember a friend of mine got into a relationship very early on when she was about thirteen till she was about seventeen, and she went on the pill when she was fifteen, and I remember that as a major scandal for our group. She told everyone about it, the family planning and it was all very exotic and interesting, and I think that kicked everyone up the bum, moved everyone on... We were seeing people, and *you felt you had to move up the ladder*. It's ...it's more *acceptable* once somebody else has already done it (my emphases).

For Caroline, it appears that the revelation that her peers were sexually active created some tension, as her individually experienced desires placed her in conflict with what was becoming constructed as 'normal' within her peer group:

- (i) Interviewer: Did you ever feel pressured, for instance by your friends at school, that you should be sexually active?
- Caroline: Well, I thought 'should I be?', because the last summer *everybody* suddenly started sleeping with each other and I thought 'Oh my God! *What's wrong with me?*', but I was seeing a bloke and I didn't want that... I didn't really like him enough for that...

Rebecca described how, for her, part of being a young adolescent centred around an awareness of the demands of the forthcoming role as ‘adult’, a kind of *quasi-adult role*:

- Rebecca: Well, ....when your fifteen, sixteen all you want to be is grown up, ordering drinks, in the pub, smoking, it’s all *trying to be older than you are*.
- Interviewer: And sex is seen as a grown up thing?
- Rebecca: Yes. It’s sort of an *emulation*, it’s trying to create adulthood when you’re still quite young.

For Sally, it was having her first boyfriend, rather than her first sexual encounter which was symbolic of her emerging adult status:

- (i) Interviewer: Did having a boyfriend make you feel differently about yourself?
- Sally: Yes, definitely. I wrote it down in my diary. It made me feel a lot more grown up. It made me feel like I was much more grown up.

At various points during the interviews, sex, dating, and sexual communication are constructed as constituting a newly emerging post-pubescent identity. For example, with Rebecca, sex seems to confer a positive identity through the Have/Hold Discourse, by making her feel *liked*:

- (i) Rebecca: I suppose it [sex] gave me a lot more confidence. It made me feel a lot better in myself...it made me feel, maybe attractive to someone else, and that was, you know, good for the ego.
- Interviewer: Do you think that’s important at that sort of age?
- Rebecca: Definitely, yeah. Because you’re so unsure about everything, so many things are happening to you that you’re *not sure who you are*, really, you’re suddenly confronted with a *new* person, and it’s nice to know that somebody *likes* this new person.

In contrast to Mark, for whom sex appeared to provide a means through which to *find* himself (on his “holiday of discovery”), Rebecca’s account suggests that for her, sex seemed to be associated with seeing herself through the eyes of her partner, who functions as a prism through which to view herself.

For both the females and males in this sample, *dating* is recalled as a personal achievement, perhaps even something to be congratulated for:

- (i) Interviewer: How did your friends react to you having a boyfriend?
- Sally: They were surprised...it wasn't surprise, it was like 'Oh, wow! *Well done!*' type of thing, it was that sort of reaction.
- (i) Harry: ...they just didn't think I was *capable* of getting a girlfriend.

Once adulthood is reached, sex is constructed as part and parcel of close relationships. Sex, for these couples, is constructed as normative behaviour in the context of such close relationships - almost inevitable - for both males and females:

- (d) Interviewer: Do you think that sex is something that enters into most relationships of people your age?
- Martin: Yes, after a certain amount of time.
- Rebecca: I'd think it was *unusual* to be going out with someone for two or three months and not be sleeping with them...

Some of the male respondents spoke about penetration in terms of achievement, with Martin for example commenting that the ability to 'give' a competent sexual performance is an important issue:

- (i) Martin: I was interested to watch any film with a sex scene in - it was more out of curiosity, and to store something away, like 'oh, so that's good is it? Fine'. I didn't pick up anything about contraceptive use. I was determined that when I did finally have sex I wanted to be *good at it*. You pick some things up from magazines, too.

There is some suggestion that the female participants recognise such 'needs' in their partners, as they seem to avoid or neglect issues around the limited physical pleasure they experience with their partners. As will be seen later in the case studies, disappointment with the physical aspects of sexual practice is spoken of by all of the females, but none of their partners appear to acknowledge this. Emotional readiness and trust are reported as having greater importance for females than 'performance' issues, and it is rather aspects such as *waiting* that become invested with meaning, as does the acceptance of 'the wait' by patient partners, thus (re)producing the gendered nature of sexual subjectivities.

The rather linear progression of sexual activity reported for the males<sup>7</sup> and females<sup>8</sup> seems to culminate in the act of penetrative sex. Once sexually active, there is, it seems, no turning back, or progressing back down “the ladder” for these respondents. As well as sexual intercourse in relationships being constructed as normative in the developmental context, penetrative sex is the *sine non qua* of heterosexual practice, as such penetrative sex is constructed as hegemonic. As Lord Stallard highlighted in the Hansard Debates (cf. chapter five), some health educators, especially the American Abstinence Movement mentioned in the Hansard debates, promote the viability of advocating ‘born-again’ virginity as a ‘solution’ to the ‘problem’ of adolescent sexual activity and its outcomes, urging adolescents to return, psychologically and behaviourally (obviously not physiologically), to a state of virginity. All of the participants were asked directly for their thoughts on the viability of such a proposition. In all cases, the suggestion was simply not taken seriously, most commonly met by bewildered looks and/or laughter. The transcripts contain a number of statements which may shed some light on why this may be the case. Penetrative sex was constructed by Debbie as the starting point of a new phase in her relationships, and as such it was inconceivable that once a relationship had become sexual, it might revert back to non-penetrative forms of sexual expression:

- (i) Debbie: I knew there would be no going back, that once I decided to do that with him, *I couldn't, at a later date, turn round 'No, not any more'*, which is probably one of the reasons why I waited so long. I wanted to be absolutely sure (my emphasis).

The idea of such second-degree celibacy seems unlikely to have much influence Debbie's sexual practices, as for her this would mean that the ‘relationship’ ceased to exist. Similarly for Mark and Rebecca, reverting to non-penetrative sex is perceived in terms of leaving the relationship *lacking*. Penetrative sex is constructed as *integral* to the relationship:

- (d) Mark: If we went from having sex to having no sex again, I think it would be very strange.
- Interviewer: Why?
- Rebecca: Because it's part of a relationship that missing. If it is a sexual relationship, once it's there you can't take it away. If it wasn't there you would just be good friends....I think it's *absurd* though because the whole part of being in a relationship is, you know, that there is something that separates it from just friendship, and that ‘thing’ is usually the sex.

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<sup>7</sup> Looking at and talking about the physical attributes of girls, seeking a girlfriend, progressing through a ‘scale’ of petting, actively pursuing sexual activity, engaging penetrative sex

<sup>8</sup> Aspiring to be part of a couple, getting a boyfriend, progressing through a ‘scale’ of petting, saying ‘no’ to sex, engaging in penetrative sex

## 8.5. The Contradictory Nature of Dyadic Case Studies

This section focusses directly on the eight individual respondents as four couples, and aims to demonstrate the dyadic production of sexual accounts and highlight contradictions both in and between various accounts of the same events given by the two people involved.

### *i The Dyadic Production Of The Sexual Narrative*

Excerpts from the dyadic interviews are used to illuminate how the dyad, as opposed to the individual, produces an account of past and present aspects of the relationship, and how they jointly manage the public face of their relationship as presented in the interview setting.

The dyadic interview technique (cf. chapter four, section 4.7) was a particularly useful tool for investigating the process of jointly negotiating the ‘public face’ of these relationships. Their individually distinct constructions of ‘the past’ need to be negotiated and (re)produced dyadically; here we catch a glimpse of the process of the dyadic production of the narrative of Harry and Sally’s relationship:

- (d) Interviewer: Had you ever spoken about it [sex] before [having sex]?  
Harry: Loads.  
Sally: No. Not until the first time, after three weeks, well then, we didn’t really....  
Harry: Yes, we did...  
Sally: Well, I don’t know. We didn’t *really*....  
Harry: Yes we did.

In the excerpt below, Debbie’s recollection, once conveyed publicly in a linguistic form, is re-defined by Martin, emphasising the highly constructed nature of ‘their past’. *When* Martin and Debbie became a couple needs negotiating, especially in light of the different (individual) meanings attached to their actions:

- (d) Interviewer: So when would you say you first became a couple?  
Martin: Erm, we were trying to work out the date weren’t we?  
Debbie: I would say....

- Martin: It was that night, the night we first... the night we stayed up to chat.
- Debbie: I would say it was later that week when ... when it became obvious that... because there were so many people at the time, who you'd kiss on one night then move on. It's when you kept going back that it became obvious, later that week.
- Martin: Do you think was maybe because you weren't sure that I was going to stay with you?
- Debbie: Yes. So I'd say it was probably that weekend after when we... when it became *obvious*.

Similarly, when Rebecca tries to explain that for her, *friendship* was never on the agenda (drawing on shared meanings she believes we may have in common), Mark interjects, trying to promote the view that they have more to their *relationship* than just sex:

- (d) Rebecca: I never saw him as a friend (laughs). *You know what I mean...?*
- Interviewer: You mean you always had other.... designs?
- Rebecca: Yeah, I never really was, like, let's have a *chat*, be really good *mates*...
- Mark: ... we do that sometimes...
- Rebecca: Yeah, *sometimes*...(laughing).

As part of the dyad Mark seems to be attempting to *re-write* the historical narrative of their relationship with reference to romantic feelings which, by his own admission, were not there at the time, as he and Rebecca were sexually active for several weeks before he acknowledged that they were having a relationship:

- (d) Interviewer: Why do you think that sleeping together signals that the relationship is more serious?
- Rebecca: I think you just reach a new level of intimacy really. Personal intimacy.
- Mark: To quote that film we were watching the other night 'You can tell someone you *love* them without saying the words' (my emphasis).

Dyadically at least, *she* stresses that intimacy, rather than the physical act of sex, is paramount in this relationship:

- (d) Rebecca: But there's sex and there's sex. There's intimacy without full, you know, and there is sex without intimacy. And it's the intimacy which is important.

However, later in her individual interview, she appears to struggle with the notion of positioning herself as subject within the permissive discourse. Her words convey a sense that she was simultaneously positioned therein *and* wanting to derive meaning from the Have/Hold Discourse; in essence, it seems that the expression of her feelings is caught between two discourses:

- (i) Rebecca: I don't.... this is really hard to explain. *I don't necessarily equate sex with love*, so I suppose in that sense I've put myself at risk of .... automising ...making everything automatic, making everything seem like an action, which I think risks losing some feeling behind sex. *I don't know if you know what I mean*. I think there's a danger in equating sex with just an action that two people can do. And not paying attention to the feelings and emotions behind it which are, you know, usually better things.

Rebecca seems to be saying that for her, active and passive positionings in discourses surrounding sexuality involve experiencing different feelings. Paradoxically, she talks of taking an *active* subject role in the permissive discourse as leaving her feeling emotionally *passive*, seemingly denying her the opportunity to experience what she considers to be the 'better' aspects of sex.

Similarly with Harry and Sally, Harry contests being positioned as sexually undiscerning. Recalling their first sexual encounter, Harry defends his position as sexually discerning in contrast to Sally's assertion that Harry did not *necessarily* value knowing her prior to first intercourse:

- (d) Sally: ...it was ... I can't remember...it was that time...it was late, about five o'clock in the morning wasn't it?... I don't know, one thing just led to another and like I mean, I didn't want to rush into it...I wanted to be quite sure before I had sex with him.

Interviewer: Is that very important to you?

Sally: It is to *me* - I don't think it's that important to Harry, though.

Harry: It is - I wouldn't just shag *anyone*.

In terms of the risk activities reported, there are also contradictions apparent between the various accounts, and these are summarised in the tables below for the purposes of comparison. Looking at the individual interviews, there are inconsistencies between each partner's account of the events they recollected. Additionally, there are inconsistencies between the verbal accounts given and the responses recorded on their risk questionnaires. The three tables below summarise what could be loosely termed the 'factual' data drawn from the

interviews and questionnaires, and provide a point of comparison or ‘backdrop’ for the case studies outlined thereafter. Table 17 below gives a potted history of the sex and contraceptive histories of the respondents taken from the risk questionnaires and individual interviews<sup>9</sup>.

**Table 17: Summary of sexual and contraceptive histories of the respondents.**

	Age now	Age began dating	Age at first sex	First sex in a relationship?	Time between meeting and first sex	Past condom use for penetration	Present condom use
<b>Mark and Rebecca</b>	19	15	16	no	two weeks	occasional	every time bar one
	18	13	16	yes		every time	
<b>Harry and Sally</b>	19	14	18	yes	one month	every time	every time
	19	16	19	yes		(virgin)	
<b>Peter and Caroline</b>	19	15	17	yes	two months	most times	every time
	18	13	18	yes		(virgin)	
<b>Martin and Debbie</b>	20	14	18	no	< one week	every time	every time bar two
	19	15	17	yes		most times	

Table 18 overleaf summarises the risk activities each partner recalls discussing in relation to the time that they first had sex together (data taken from the risk questionnaires).

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This information is taken as more or less factually accurate, despite possible differences in meaning ascribed to such events, and serves as the baseline for making assertions about the level of accurate ‘baseline’ knowledge partners have about each other later in the case studies.



**Table 18: Potential HIV/STD risks discussed in relation to timing of first intercourse**

	Number of previous partners	Fidelity in present relationship	Number of casual partners	Receiving blood products	Anal sex	IV drug use
<b>Mark and Rebecca</b>	after	after	after	no	after	before
	after	no	after	no	no	after
<b>Harry and Sally</b>	before	no	no	no	no	no
	before	no	no	no	no	no
<b>Peter and Caroline</b>	before	no	no	no	no	no
	before	no	no	no	no	before
<b>Martin and Debbie</b>	after	no	after	no	after	no
	after	no	before	no	no	no

Table 19 overleaf provides an overview of how each respondent reported his/her own past 'risk practices', and whether they thought their partners might have put themselves at risk of STD/HIV infection in the past. In this way, one can see whether each partner has an accurate (or at least 'shared') perception of their partner's past behaviour in these domains (data are based on the information from the risk questionnaires).

**Table 19: Reported assessment of own and partner's STD/HIV risks**

	<b>STD risk</b>	<b>HIV risk</b>	<b>Reported number of partners</b>	<b>Reported past condom use</b>
<b>Does Mark acknowledge his own risks?</b>	yes	yes	He's had 5	He used them occasionally
<b>Does Rebecca acknowledge Mark's risks?</b>	no	no	She thinks he's had 6	She thinks he used them half of the time
<b>Does Rebecca acknowledge her own risks?</b>	no	no	She's had 9	She used them every time
<b>Does Mark acknowledge Rebecca's risks?</b>	no	no	He thinks she's had 8	He thinks she used them every time
<b>Does Harry acknowledge his own risks?</b>	no	no	He's had 3	He used them every time
<b>Does Sally acknowledge Harry's risks?</b>	no	no	She thinks he's had 3	She thinks he used them every time
<b>Does Sally acknowledge her own risks?</b>	n/a	n/a	She was a virgin	not applicable
<b>Does Harry acknowledge Sally's risks?</b>	no	no	He thinks she was a virgin	not applicable
<b>Does Peter acknowledge his own risks?</b>	no	no	He's had 6	He used them most of the time
<b>Does Caroline acknowledge Peter's risks?</b>	no	no	She thinks he's had 5 or 6	She thinks he used them every time
<b>Does Caroline acknowledge her own risks?</b>	n/a	n/a	She was a virgin	not applicable
<b>Does Peter acknowledge Caroline's risks?</b>	no	no	He thinks she was a virgin	not applicable
<b>Does Martin acknowledge his own risks?</b>	no	yes	He's had 2	He used them every time
<b>Does Debbie acknowledge Martin's risks?</b>	no	no	She thinks he's had 2	She thinks he used them most of the time
<b>Does Debbie acknowledge her own risks?</b>	no	no	She's had 1	She used them occasionally
<b>Does Martin acknowledge Debbie's risks?</b>	no	no	He thinks she's had 1 or 2	He thinks she used them most of the time

The case studies which follow highlight that the construction of events may differ in part due to the different perceptions that each individual has of the same behavioural practices. On occasion, though, differences in account are consistent with one partner deliberately misleading the other.

**ii Case study one: Mark and Rebecca**

Looking first at the individual interviews, there appear to be inconsistencies in the couple's perception of how enjoyable first intercourse was:

- (i) Interviewer: Was it what you expected?
- Rebecca: (Laughs) No, not really, it was a bit of *an anticlimax*. I'd worked myself up in the heat of the moment, then you know, it was all over very quickly. That was it really.

He thought it was more like:

- (i) Interviewer: How do you think she felt?
- Mark: Erm... I think maybe she thought it would... I hope she was *excited* by it, think it was *new and different*.

During the dyadic interview, Rebecca positions herself as suitably well informed to make rational decisions about possible risk. This position seems at odds with recollections of actual events:

- (d) Interviewer: Is there anything you wish you would have known about each other before you became sexually involved?
- Rebecca: (Long pause) No... well... No... I think I knew enough to consider myself safe. I wouldn't have put myself in a position where I thought I would be at risk from disease or anything like that, I suppose we must have talked about it... ?
- Mark: Mmmmm....
- Rebecca: ...we did know each others histories?
- Mark: Mmmmm.

It is apparent that the joint production of their communication history Rebecca wishes to present simply does not hold water. It appears that Mark does not *want* to concur, which suggests he may think Rebecca is mistaken. It seems that the presence of others who are party to an event has repercussions for what Rebecca can and cannot claim. One explanation could

be that the desire to present herself as ‘informed’ and ‘a rational decision-maker’ becomes more prominent during her interviews than when completing the questionnaire; the questionnaire data certainly support Mark’s reluctance to concur with Rebecca, as there she acknowledges that questions concerning her partner’s sexual history including his past condom use were not asked until *after* they became sexually active. During his individual interview Mark suggests that Rebecca perhaps should have had some grounds for concern, as his condom use in the past was sporadic, although he tempers such concerns by justifying his non-use of condoms on the grounds that he ‘knew’ his partners:

- (i) Interviewer: And what has your contraceptive use been like with previous partners?
- Mark: To be honest, not superb! Erm... contraceptive wise, good, because I know that they’ve always been like on the pill...
- Interviewer: How did you know? Did you ask or... ?
- Mark: Yeah. I knew, except for one on holiday which was the very first one ...inexperienced. But in terms of using a condom, not always one hundred percent, which is why ...*but then again, with most of them I knew them before..(my emphasis)*

Such ‘lay’ or ‘personal’ conceptions of safety are in stark opposition to bio-medical constructions of ‘risk’ and ‘safety’. In respect to past STD risk the worry is qualified on his risk questionnaire thus:

I’ve not had sex before my present partner for sometime, but have in the past not used condoms....Due to the long time since previous partner it has very little effect now (2 years).

In terms of asking questions relevant to Rebecca’s past risk practices, he reports asking how many previous sexual partners she has had, although he did not ask until *after* they first had penetrative sex. He states that the figure is eight, although on her questionnaire she explains that she originally *lied* to him about the real figure by *lowering* it, although she revealed the truth at a later date. She has also had one sexual partner that she has never told him about, as this liaison was synchronous with their relationship. He has not asked her about any one night stands she may have had, believing that she has had one, whereas she reports that she has had two (which may include the infidelity she reports). Mark **had** questioned Rebecca’s fidelity, and believed her when she said she had *not* been unfaithful. On her questionnaire she states that she lied, and did have penetrative sex with someone else, using a condom. Finally, he states that he is aware that his present partner has engaged in anal sex, but he did not ask about this until *after* they became sexually active.

In the free response section, Mark commented that he doesn't talk about his past sexual experiences with Rebecca, nor she with him, as, he says, that would be "tactless". However, he believes that couples *should not* keep secrets from each other, as this adversely affects communication, respect and mutual acceptance. This highlights a contradiction between what he feels *ought* to be the case, and what, in their relationship, *is* the case.

Rebecca, on the other hand, does not express fears that her past sexual activity has placed her at risk of contracting HIV or other STDs, as she has *always* used condoms with her nine other partners. On the question of her secret infidelity she explains: "I lied blatantly and convinced him of my *true worth*". For her, it seems, the 'truth' about one's behaviour may contradict the 'truth' about one's identity and value.

She reports asking how many partners Mark had previously *after* they became sexually involved. She appears aware of his risk taking in that she thinks he used condoms around half of the time, whereas he described his past condom use as "occasional". Sometime after their first sexual encounter she asked him whether he'd ever had any one night stands. He reports four; she thought it was two or three. She *assumes* that he used condoms most of the time with one night stands, but again he describes his use as "occasional". She has never questioned his fidelity, believing that she would 'know' if he had been unfaithful, nor has she asked whether he has engaged in anal sex, believing it to be something that wouldn't appeal to him.

Her assertion in the joint interview that she knew 'enough' to keep herself safe seems doubtful in the light of such reports. However, it appears that for this couple *knowing* a partner means *not having to ask questions*; tact and feeling that another's sexual preferences can be inferred from non-sexual knowledge seems to negate the need for certain questions to be asked directly.

The issue of self-identity versus desired projected identity was raised by Rebecca on her risk questionnaire; she stated that partners should not keep secrets from one another because:

... past behaviour and experiences compose the person you are; to hide your past is to keep your partner at a distance from you.

However, she does not confide in Mark about her sexual feelings towards other men, out of concern that this may make him feel "insecure". She assumes he keeps similar things from her, as such revelations would bring forth her "anger and jealousy". They both, it seems, have a vested interest in *not* communicating fully, and draw a fine line between total honesty and eliciting an up-to-date version of the truth.

### *iii Case study two: Harry and Sally*

Similar contradictory constructions are also apparent in this case. As with Rebecca, Sally did not appear to elicit much physical sexual satisfaction from her early sexual encounters with Harry, but she does not appear to have communicated this to him.

During the dyadic interview Harry and Sally present an impression of their relationship as having security *independent* of its sexual content, possibly in order to negate the possibility that their relationship might be construed as primarily sex-based, or not set on a secure emotional foundation:

- (d) Interviewer: What about individually, does it [sex] do anything for you personally?
- Sally: No, it doesn't for *me*.
- Harry: No, I think for *some* people they might feel more secure that they're having sex, but not for *us*.

When Harry is interviewed alone, however, sex *is* construed as creating a sense of personal security:

- (i) Interviewer: What does the sexual aspect of your relationship mean to you?
- Harry: Probably quite a lot really, it makes us closer, and there's the physical thing, I like the fact that she likes me enough to have sex with me - *it makes me feel more secure, really*.

Sally expresses no concerns regarding exposure to HIV, STDs or pregnancy as she was a virgin prior to meeting Harry, nor had she engaged in IV drug use, anal sex or received any blood product prior to mandatory screening. Harry has not asked her any of the risk questions and she reports that she would "assume he was joking" if he did. Harry questioning her fidelity would, she says, leave her "devastated".

Although she has not asked Harry about IV drug use, she *assumes* that he hasn't partaken. *Prior* to their first sexual encounter, she asked him how many sexual partners he'd had, and he told her that he'd had three and used condoms every time; questions about one night stand were covered during that discussion. Questions regarding anal sex and blood transfusion were not asked as they had not occurred to her. She had not raised the question of his present fidelity on the grounds of *trust*, indicating that her construction of trust may work against *ongoing* discussions of risk:

He would be very upset and think maybe we shouldn't continue our relationship if I don't trust him.

Sally feels that couples *should not* keep secrets from each other because "honesty brings people closer". She says she keeps no secrets from Harry, although she thinks that he keeps his personal problems from her so as not to worry her.

Harry also expresses no concern over exposure to HIV/STDs; although he has had 3 sexual partners in the past, he has never had sex without using a condom, used IV drugs or engaged in anal sex. Blood product questions are not seen as relevant because, he says, people his age are too young for this to matter. In terms of risk questions, he says that he has neither asked Sally about her past, nor questioned her fidelity as it would appear that he didn't trust her, as she had *already* said that she was a virgin, and therefore would be offended. He thinks that it is acceptable for couples to keep secrets from each other as long as the *content* does not affect the other:

Sometimes people need some space and privacy. Honesty is very important, though, about issues which may affect both of you.

Like Mark and Rebecca, Harry and Sally seems to have a vested interest in non-communication in certain areas. In terms of the information Harry keeps from Sally, this tends to be about his masturbatory habits, as he thinks this may lead her to believe that sex with her was not satisfying. Secrecy can, it seems, have protective properties; trying to establish that original truths remain (ie. that she really was a virgin, was remaining faithful etc) would be construed as evidence of mistrust, which is inconsistent with their view of the relationship.

### ***iii Case study three: Peter and Caroline***

For Peter and Caroline, the most obvious contradictions in their reports concern the future of their relationship and their perceptions of condoms. For Caroline, there is a certainty about their being 'meant for each other':

- (i) Caroline: I think this relationship with Peter is the one I've always been looking for in that sort of way....

....but for him things are not so clear cut:

- (i) Interviewer: Have you ever thought about risks in your relationship with Caroline?
- Peter: There is a risk of one of us getting hurt at some point, especially as we're living in the same house next year. I'm a little bit apprehensive about that ...(...)... Just... being in love, and that being quite a commitment and me not really... thinking that's a good idea ... a sort of moments panic...

Dyadically they create the impression that although they were not previously in agreement about what sort of contraception was preferable (condoms), their views are now united. Privately, Peter presents a different picture:

- (i) Interviewer: What are your views towards condoms?
- Peter: A pain in the arse! They really are. They can spoil the moment, they're annoying, they tend not to be easily to hand when you want them and all the rest of it, but... never mind.
- Interviewer: What sort of contraception would you prefer to use?
- Peter: *Is it a catch question?* I would prefer something other than condoms....I think I would, especially with Caroline ....

Caroline considers herself not to have been exposed to any previous risk of HIV/STD or pregnancy as she was a virgin before she met Peter. As she has used condoms every time with Peter, she believes her risk status to remain unchanged. Peter has not enquired about previous IV drug use or anal sex, and other heterosexual risk issues had not been broached as he was aware that she was a virgin previously.

They had a conversation at some point about drug use where he stated that he hadn't experimented with IV drugs. She asked Peter about the number of previous sexual partners he'd had at some point *prior* to their becoming sexually active, but the conversation was far from easy, as she explains on her risk questionnaire, creating the impression that words and actions are somehow inseparable:

He got quite embarrassed I think - he doesn't like talking about his past partners and I think it makes him feel as though he's cheated on me.

She recalls that Peter claimed to have had five or six previous sexual partners, two or three of them casual partners/one-night stands and that he had used condoms every time. She has not



questioned his fidelity since, stating that he'd be hurt if she did so, and *knows* that he wouldn't be unfaithful to her anyway. Neither has she asked about anal intercourse, feeling he would find the question "insulting", perhaps indicative of negative/homosexual connotations.

With reference to secrets, she believes that as relationship is based on trust, lying *undermines* the relationship. She says that she doesn't keep secrets from Peter concerning them as a couple, although she does keep friends' confidences. For Caroline, once truth has been established, it cannot be re-negotiated without breaching *trust*. Caroline's interview hints at a suspicion surrounding Peter's veracity, a suspicion borne out by Rebecca's revelation of her sexual liaison with Peter *after* he had started sleeping with Caroline.

Peter does not consider that his past behaviour has put him at risk, as he always used condoms in the past apart from with one partner who was on the pill, whom he regards as a negligible risk. He recalls feeling embarrassed when Caroline asked about his previous sexual partners, telling her that he had five partners. However, he recalls the question being asked *after* they had become sexually involved. Whereas Caroline thought he had used condoms *every* time, he states that this was not the case. He says that his fidelity has never been questioned by Caroline, and that he would be offended if it was, despite having been unfaithful to her with Rebecca. Knowledge of her virginity was established prior to their becoming sexually active, and Peter has not questioned her fidelity since, as he expresses total trust in her and feels she would be shocked at being asked.

On the whole Peter feels that couples should *not* keep secrets from each other, especially issues that are relevant to both parties. Interestingly, his past non-use of condoms and his alleged infidelity have not been discussed. In terms of information that he keeps from her, Peter expressed some reticence in talking about past relationships, as he finds such issues embarrassing. He feels that she keeps nothing from him.

#### v *Case study four: Martin and Debbie*

Again with this couple, there is an inconsistency between their individual accounts of the pleasure inherent in their first sexual encounter:

- (i) Interviewer: What's your recollection of the first time you slept together?
- Debbie: Erm...I remember the first time sleeping with Martin meant a lot more to me than the first time I slept with my other boyfriend. *It wasn't that brilliant*, but then it never really is... (my emphasis)

Whereas Martin's view was:

- (i) Interviewer: And what was it like for Debbie?
- Martin: Well, she said she enjoyed it. I believe she did.

As with Rebecca and Sally, Debbie does not speak in any detail about her lack of sexual pleasure, or indeed her partner's sexual technique. In their dyadic interview, Martin and Debbie initially present a picture of harmony, projecting an image of themselves as a stable couple:

- (d) Interviewer: Have you had any arguments?
- Martin: We haven't had any major tiffs or arguments but...
- Debbie: ...we disagree, we don't fall out.

But later when issues are being discussed in more depth, one argument is reputed to have almost ended their relationship:

- (d) Interviewer: And how did that make you feel?
- Debbie: When I found out? I was furious. I was really... possibly it was at that point then... if we hadn't have got over that point then we wouldn't have been going out now.

During the dyadic interview a discrepancy occurred *within* that interview, with Martin recalling that he initially considered using condoms with Debbie due to his worries concerning HIV in view of sexual risks he had taken with a previous partner. Much later in the interview he seems to 'forget' that he previously said that he had considered risks at that time:

- (d) Interviewer: So why did you say that [before first intercourse with Debbie]? Why did you say 'we'll definitely use a condom'?
- Martin: Erm, because... well it's safer anyway...Debbie was actually using the pill, and was at the time, whereas it's much safer to use condoms. Although I was ... I've just finished a spell in the Navy, and *there was some doubt as to whether I may have been infected by my last partner* and ... I didn't think I was but I thought I'd make sure I wasn't.

- (d) Interviewer: Did you think about telling her before you made love for the first time?
- Martin: Well, at the time I think I'd pushed any thoughts of such things to the back of my mind. *It was only after we'd been going out for some time* that I started .... I think I was taking the relationship fairly seriously and I thought ... and some of this started surfacing again, thinking, you know, I'm not entirely sure, so I think I really need, to be happy with myself, factual evidence that I'm not [HIV positive].

In the dyadic interview, Debbie expressed some annoyance that HIV risk was not discussed, but had earlier stated:

- (d) Debbie: *It's something you just don't do* [discussing sexual histories] ... it being awkward, 'cos I think that once you've got that far, then it would have been... you talking about your past and me talking about mine, and at the time *I didn't want to know about his past ... well, I did want to know but, but I didn't want to hear him talk about it.*
- Interviewer: Would that have spoiled it for you?
- Debbie: Yes, I wanted to talk about *us* and that kind of thing, *not anybody else and him*, or anybody else and me, *just the two of us*, and we couldn't really have done that until afterwards... (my emphases)

The excerpt above suggests that Debbie experienced conflicting desires; although she wanted to know, she didn't want him to *say* anything, as this communication would have been in conflict with creating an impression that they had no history with anybody else. She wanted to foster the illusion that only 'her' and only 'now' matters.

Debbie does not consider that she has put herself at risk of AIDS/STDs in past relationships as she had only one previous partner who was also a virgin at the time. Pregnancy risk was not considered as contraception was used every time. She does not worry that her present sexual behaviour has put her at risk of HIV/STD infection as Martin has been tested for HIV and is antibody negative.

IV drug use was talked about prior to first intercourse. Martin asked Debbie about the number of previous partners she'd had prior to becoming sexually involved, and she told him that she'd had one previous partner, with whom she used condoms occasionally. On her questionnaire she states:

I felt slightly embarrassed as he had slept with more people than me yet at the same time was secretly pleased that I had not had more partners than he in fear of making me appear *a slut* (my emphasis)

This highlights one possible role played by reputation in discussing sexual histories, constructing sexual experience differentially for males and females; her pleasure here appears to be derived from being perceived as relatively inexperienced.

The issue of infidelity has not been broached, nor anal sex. Martin had not asked her about one night stands, and she feels the nature of her previous experience precludes this:

He knew I'd only slept with one other person and that I had been seeing him for a while. I think I would be hurt that he thought I would do *such a thing*, and why he needed to ask, but I would reply honestly (my emphasis).

This extract from her questionnaire is interesting insofar as it offers some insight into how the practice of a one night stand (*such a thing*) would incur negative identity connotations for Debbie.

Debbie was aware that Martin has never taken drugs due to conversations she was party to prior to their becoming a couple. *Prior* to their first sexual encounter she claims to have asked him how many sexual partners he'd had, to which he replied three. However, he recalls the question coming *after* they'd had sex for the first time. She explains on her questionnaire that:

He was a bit vague to begin with and I felt like he didn't want me to push the matter. I also felt like I was *prying*. He told me instantly but I got the impression it wasn't relevant therefore he was vague.

She thinks he used condoms 'most of the time'. She recalls asking about one night stands before they became sexually involved, and he was "embarrassed" but told her that he'd had one, but didn't use a condom as they didn't have penetrative sex. She had never questioned his fidelity, as she "trusts him" and feels he would react badly to any suggestion that he had been unfaithful. She hasn't asked him directly about anal sex as she recalls being party to a discussion where he said he's never done it and thought the idea was "disgusting".

Debbie states that she does not keep secrets from him, and believes that couples should not have secrets, especially with regards to previous risk behaviour. However, Martin had kept his fears about HIV infection and his appointment for an HIV test secret until the appointment was made. She hadn't previously been aware that he had any concerns over his HIV status:

Initially *he needed* to not only be sure that he could trust me but that *he wanted* to tell me things. I think now that he *is* sure about us and wants to tell me everything (my emphases).

She excuses his behaviour even though she believes it is wrong to keep such secrets, and interestingly justifies his behaviour with reference to *his* needs rather than *hers*.

On his risk questionnaire, Martin recognises that theoretically he may have put himself at risk of HIV infection, although this concern had not affected his behaviour until after his relationship with Debbie became serious. He feels his fidelity has not been questioned as Debbie *trusts* him. He recalls that she did ask him about anal sex, again at some time *after* their first sexual encounter.

He has not asked Debbie about IV drug use, *assuming* that she would not have been involved with drugs. He believes that he asked about the number of previous partners she'd had *after* they became sexually involved, and thinks that she used condoms most of the time. He stated that he would not question her fidelity as he *trusts* her and knows that she would "probably be quite indignant". He recalls asking her about anal sex sometime *after* they became sexually involved.

He feels that in certain circumstances it *is* acceptable to keep secrets from each other, as he does not confide all his worries in her, but thinks people should tell the truth about their past, even though he himself didn't do this, drawing attention to the mismatch between what he thinks *ought* to happen and what *did* happen in reality.

## **8.6. The Construction of Risk and Trust in reports of self disclosure**

It is clear from the transcripts that self disclosure is not an isolated action but a *process*. Previous research has suggested that initially in relationships it is normative to engage in low-intimacy descriptive self-disclosure that reflects positively on oneself, and there appear to be, even in intimate relationships areas of discussion that are not customarily spoken of:

There are norms about what is appropriate even in developed relationships. Taboo topics that are 'off limits' to relationship partners .... the state of the relationship, extra-relationship activity, relationship norms, prior relationships with opposite sex partners, conflict inducing topics and negatively balanced self-disclosures (Dindia, 1994: 38-39).

Evidence to support this is provided by all the respondents, in that few of the most common transmission routes were discussed prior to first intercourse. Even where conflict inducing or

‘taboo’ topics are broached, this tends not to happen until the couple have established a sexual relationship. Even then, it appears that partners need to determine *whether truth is worth risking*, insofar as it may constitute a breach of *trust*. Certainly Rebecca’s infidelity and Martin’s HIV worries caused them to face this dilemma. Several researchers have argued that self-disclosure may be avoided as it can lead to misunderstandings:

We may not discuss loaded issues with people we do not know well, not for fear of being judged badly, but for fear of being misunderstood if the proper groundwork in mutual knowledge is not laid in advance (Planalp and Garvin-Doxas, 1994: 14).

For Rebecca and Martin, this was an obvious concern, but also for those other interviewees who expressed embarrassment and awkwardness in trying to discuss or establish their partner’s risk-status.

Sometimes, of course, the lack of communication may be purposive. According to Spencer (1994) secrets involve the intentional concealment of information from specified others which is seen to have a value to the holder; the value to Harry was that keeping ‘secrets’ protects Sally from worry, and for Rebecca, her secret protects an important part of her self-identity, her worth, as reflected in the eyes of her partner.

In section 8.5 above, there are two inter-related constructions running through the text: *risk* and *trust*. The twin ideals of risk minimisation and trust maximisation in these relationships are problematic, as the presence of trust seems to work against the possibility of engaging in the kinds of full and frank communications which may reduce exposure to HIV/STD risks. As Boon (1994) points out, trust begins where knowledge ends; this kind of knowledge-less trust was in evidence amongst all the interviewees insofar as they did not ask sensitive questions (anal sex, infidelity, number of one night stands) where they could *assume* that such questions were not really necessary.

It is also clear from the transcripts that the respondents are aware that there are a range of potentially *conflicting* risks to negotiate. When asked to articulate how she negotiates risks, Caroline explains that her primary concern is pregnancy, but she sometimes has to struggle to justify her ‘choice’ in the light of her positioning within the Safe(r)-Sex Discourse:

- (i) Caroline: I’d say, I know it’s stupid, but pregnancy prevention. That’s the first thing that comes to my head. Then, you know, sexually transmitted diseases.

For Caroline there is relatively little faith in condoms as a means of *pregnancy* prevention:

- (i) Caroline: There is always the....There is still to this day the paranoia afterwards, 'is it burst? Is it burst?'

....although paradoxically she appears to have absolute faith in them for HIV prevention, stating on her risk questionnaire that she doesn't feel her past or present behaviour has put her at risk *because* she has used condoms consistently with all her partners.

Some of the risks associated with sex for these couples do not map neatly onto health-educational or biomedical constructions of risk. The concept of 'risky sex' has a certain fluidity in the text, being ascribed not only to avoiding HIV transmission routes, but sometimes actively partaking in such activities to provide *evidence of trust*; risk can also take the form of making oneself *vulnerable* encompassing certain *intra-psychic* concerns:

- (i) Interviewer: Do you think it's different if you love someone?
- Rebecca: Yeah. I think it can mean a lot more, in that you're *showing* someone that you're prepared to ....that sounds awful! But to take all those risks ... you know....just to basically....well, for women *it's to let someone actually enter your own body*, I think that's a pretty big thing, but in the same way it need not be a really big thing, you can let it mean something or not. It's a bigger deal to *let someone inside you mentally* rather than physically. That's what it is. It's hard to put into words...

Others explain that it is possible to rationalise out the risk of HIV infection, by associating HIV with 'other', which may be serving a heterosexual denial function:

- (i) Harry: You look at the figures and it's only really a very small percentage, and then that's mainly men who have sex with ... blokes, really... then you don't have sex with people who do drugs, that cuts down the risk to some infinitesimally small amount.

As the analysis in section 8.5 highlighted, *trust* is constructed as integral to all the couples' relationships, and trust itself is constructed as negating the need for full and frank communication about possible risky practices. For Harry and Sally, they independently claim they cannot discuss subjects such as infidelity as this would signal the end of their relationship as the 'trust' they invest in each other would be breached. For Caroline, questions about fidelity cannot be asked as they would "hurt" Peter, and she feels that she knows him well enough to 'know' that he is faithful. Indeed Peter states that he would be offended if she asked such questions, despite the fact that he has been secretly unfaithful himself. Rebecca has been questioned about her fidelity, and admits lying to Mark about this. It seems that it is not only 'questions' which threaten 'trust', but possibly 'answers' as well; even 'the truth' itself can be

dangerous when trust is constructed as the cement which holds relationships together. All the participants spoke of being quite sure that they had minimised exposure to risk within the safe(r) sex discourse, and use the construct of 'trust-as-established' as the inviolate core of their relationship, which in turn makes it difficult to see how to renegotiate their contraceptive practices when admitting, continuing or starting to engage in risk activities.

## 8.7 Discussion

The analysis of discourses informing the heterosexual practices of the young people in this sample have certain implications for the various strands of safe sex advice advocated by health professional and educationalists such as abstinence, delaying first intercourse, alternatives to penetrative sex, using condoms every time penetrative intercourse is practised, or at least making informed choices with respects to HIV/AIDS.

Firstly, with respect to promoting abstinence, for these respondents the proponents of Discourse A are too late to instigate their preferred 'solution' of pre-marital chastity, but recollections of their early adolescence suggest that such a concept was unlikely in any case. The sexual *debuts* reported are imbued with psychological and sociological meanings, constructed as a symbolic 'rite of passage' into adulthood. Particularly for the female respondents losing one's virginity was a social and emotional *milestone*, whilst for some of the males, *not* losing it was a bigger concern; virginity was described more like a *millstone*, or a state from which to extricate oneself, rather than one to preserve until marriage.

For these respondents sex has a profusion of meanings which transcend the physical act of intercourse; sex can mean partnership, confidence, intimacy, trust, love, pleasure, solace, a learning experience, a biological imperative, growing up, a competition... The question, according to the proponents of Discourse B, is whether it is *realistic* to expect adolescents to forgo this aspect of 'adult' relationships? The respondents in this study overwhelming say 'No'. But another question might be: is such a move advisable? Sex is associated with many positive outcomes for all interviewees, not only in terms of the physical pleasure it may bring, but in the possibilities for intimacy that the removal of boundaries between self and other affords.



Foregoing sexual intercourse once one is sexually active (so-called ‘second-degree celibacy’) was *rejected* as a behavioural possibility by these respondents for a variety of reasons including its perceived meaning within relationships, and the withdrawal of sex as a marker for a relationship’s breakdown:

- (d) Debbie: I think it would be *unfair* to have sex with them once and then refuse afterwards - unless you wanted to *end* the relationship.

Even for relatively ‘late-starters’, once virginity is ‘dispensed’ with, the onset of sexual activity in subsequent relationships is expected to work to a shorter time-frame:

- (i) Sally: I think that now I’ve lost my virginity I don’t think that if I went out with someone else it would take me a month

The possibility of future abstinence from penetrative sex was discussed with all respondents, and most appeared to view such action as an *alien* concept, although Sally did consider it at least feasible:

- (d) Sally: ...I guess it’s feasible but we enjoy it so why should we stop?

Abstinence as a viable alternative to penetrative sex does not take into account the hegemony of penetrative sex for those positioned within the Male Sex-Drive Discourse or the Have/Hold Discourse. Within the permissive discourse forgoing sex would presumably be even less likely, where an individual’s own pleasure and desires are paramount, without constructions such as ‘morality’, ‘love’ or ‘commitment’ available to discourage sexual activity. Such positionings, when occupied simultaneously within the Safe(r)-Sex Discourse might reflect what proponents of Discourse A refer to as a “condom-based morality”.

The emergence of a ‘Safe(r)-Sex Discourse’ with its emphasis on condom-use within the hegemony of penetrative sex, has the potential to overlay the more traditional pre-existing discourses of sexuality, but whilst some respondents reported that it may deter single instances of sex if condoms are not to hand, it seems unlikely to prevent, deter, or delay sexual intercourse where condoms are to hand, or when sexuality is simultaneously understood with reference to constructions of ‘drive’ which are supra-rational.

Secondly, some of the evidence presented in this study suggests that these young people may have been unlikely to have responded well to messages suggesting that they delay first

intercourse - not because they necessarily report sex as an enjoyable experience - but because the timing of losing one's virginity in the first instance, or progressing to sex within subsequent relationship or encounter is often described within a developmental discourse as if it were 'natural', or at least 'normative' in mid to late adolescence, even for Rebecca who had previously described it as a purposefully chosen "rite of passage":

- (i) Rebecca: Lots of people were doing it....
- (i) Rebecca: I felt it was a natural part of growing up....
- (i) Rebecca: I'd seen my friends go through it....

With respect to the third suggestion, the interviews provide some indication that non-penetrative alternatives to intercourse may not be universally constructed as 'safe'. Total risk avoidance in most penetrative encounters is not *actually* possible, only risk *minimisation*, which itself may carry relationship risks, insofar as it has to be negotiated, and alternatives to penetrative sex, falling outside hegemonic understandings of sex, may need to be justified. Sally reported that she had previously engaged in mutual masturbation as an alternative to penetrative sex when she was a virgin, and in describing her involvement in this practice, voiced her pregnancy/STD fears around it, which she labels as "paranoia". However, speaking from a strictly epidemiological standpoint, such activities *can* carry a small risk of pregnancy and/or HIV transmission (cf. Gupta and Weiss, 1995). Martin also expressed his worries around non-penetrative sex, his HIV test sought as a result of his fears surrounding his engagement in certain non-penetrative sexual activities.

The fourth recommendation, that of consistently using condoms, seems to have been quite widely adopted in this sample. Yet the respondents explanations of their sexual practices suggest that whilst they report relatively high rates of condom use, the *negotiation* of safe(r) sex (defined in terms of condom use) still remains problematic, especially with regards to discussing sexual histories (the details of which are often taken into account when deciding whether condom use is required). For example, ambivalence reigns over what *ought* to be said versus what can *legitimately* be said within the constraints of promoting a positive identity and the dyadic creation of transformational intimacy or 'us-ness', as Debbie described earlier. There appears to be an inherent dilemma in the situational and relational need to promote 'us-ness' and the health education directive to discuss sexual histories, and this appears to hamper the smooth fashioning of safe(r) sexual practices - at least in the context of the relationship at hand.

Even when concerns about sexual histories are put aside, there remains, for some, the lurking fear of rejection or the risk of upsetting one's partner if condoms are mentioned when the females also uses the contraceptive pill:

- (i) Mark: You think 'is she going to say no [to sex]?'
- (i) Peter: It [being asked to wear a condom] was sort of an affront to my cleanliness

First sex with a new partner is highlighted as a particularly problematic time to try to negotiate safe sex, as some respondents reported feeling unsure about the status or the boundaries of the relationship:

- (i) Martin: It's [past HIV risks] not the kind of thing that comes up in conversation, before we were making love *we were more like friends who kissed a lot...* before you make love it's just not a subject you talk about.

The emotional context in which sexual activity takes place and the construction of 'sex-as-beyond-control' occasionally thwarted condom use even amongst the regular condom users in this study, and was accounted for by reference to an acceptance that sexual conduct is not always under rational control. This was typical of the responses of males, and when expressed during the dyadic interviews, such notions were not questioned by their girlfriends:

- (d) Harry: ...it was something in the air...
- (d) Martin: I just couldn't wait and I don't know why...it was nicer, not stopping and having to put it on that time [condoms were at hand]
- (d) Interviewer: Do you always feel completely in control of your sexual feelings?  
Mark: No. There can be very strong feelings, and if you're in control of them it can be a bit boring! But..I don't know, sometimes you just get a feeling that... it can't be rationalised out, you can't say 'I am feeling this for a reason' it's something ...it's there ...it's almost gut instinct, and that's when it's not in control.

It is interesting in Mark's comment, that he constructs rationality as something that can sometimes be *chosen* (cf. Ingham, 1994), but it is not always something that is *wanted*.

Finally, the issue of making informed choices with respect to HIV/AIDS appears problematic in the light of this analysis. Obviously, any of the barriers to full communication outlined in

the preceding points have serious implications for making *informed* choices, but even if all the relevant information has been communicated, the notion of *choice* is still somewhat problematic. Overlaying these individual concerns are issues concerning the gendered nature of heterosexuality and its implications for exercising sexual choices with respect to sexual practices. Positioned within both the Male Sex-Drive Discourse and the Have/Hold Discourse the females interviewed seemed to be positioned as the *gatekeepers* of sexual activity, and the final arbiters of contraceptive choice. However, the ambiguity over subject/object positionings within the Safe(r)-Sex Discourse, combined with the construction of 'female-as-passive', even within seemingly equitable relationships, makes the position of females as *arbiters of choice* in sexual encounters problematic.

This study has also raised a myriad of methodological issues, one of which centres around how to conceptualise the *inconsistencies* in the data. Where differences occur, whose 'account' is to be labelled 'true', who is to be 'believed'? For traditional model-driven psychologists this would pose serious issues of reliability and validity, but from within a social constructionist paradigm, such issues can be constructed not as 'problems' but as 'opportunities'.

The dyadic interviews present the 'public face' of the relationship, not 'inconsistent accounts' but a rare opportunity to observe the process of the dyadic production of their sexual reality, their dyadic inter-subjectivity. Interviewed individually, participants' discourse provides a window into the construction of their individual subjectivity (albeit partly fashioned by their experience of the other) and how this relates to the dyadic production.

Analysis of such material is a complex procedure, in effect teasing out the strands of sexual discourses and simultaneously comparing sometimes disparate meanings informing reports of an unwitnessed, largely silent activity performed by two individuals who are now trying to fashion a unified report of the past! Sexual practices, for these participants, seems to be intertwined with various identity issues and impression management concerns - who they are, what they want to be, and who they want others to think they are- but are described within the confines of interviews which are themselves forms of dyadic and individual impression management.....

## 8.8. Concluding Comments

In this chapter, it has been argued that whilst theoretical distinctions can be made between 'what actually happens' in sexual contexts, how it is reported in interviews, and the general discourse of sex, such distinctions are rather blurred in practice. For the main part, physical-events-as-experienced are taken as an analogue of 'what actually happens'. When looking at how people account for their practices, how they understand and explain their feelings and actions, such reports are always fashioned from available discourses, which convey, construct and partially obscure 'what actually happened'. Sex-as-experienced is a fluid concept, only partially reliant on 'what actually happened', as individually held perceptions and meanings attendant on feelings and practices simultaneously shape and endow those recollections with significance. Various examples of the dyadic production of the narrative emphasised both the non-fixed definition of 'the past' and some of the limits imposed on what it is possible to claim; co-producers of events are able to verify or delimit the range of possible constructions of physical or temporal events.

It was established that the participants' talk about sex is largely fashioned from the hegemonic Male Sex-Drive and Have/Hold Discourses, which have a tendency to be conceptualised as complementary, and to a certain degree 'natural' by both male and female respondents alike. With respect to the emergent Safe(r)-Sex Discourse, whilst a certain ease of positioning therein was evident in the transcripts, certain problems were noted with regard to the associated practices. In particular, it was argued that the negotiation of safer sex is sometimes hindered by participants' investment in constructing their sexual identities with reference to contradictory constructions of the sexual self drawn from the more traditional discourses which inform accounts of heterosexuality. Furthermore, the hegemony of penetrative sex and the construction of female-as-passive seem curiously at odds with the tendency of the males in this sample to cast the female as the final arbiter of condom use.

The construction of gender and development in the transcripts was accentuated to offer some insight into the emergence of gendered expectations in relation to sexual experiences, and show that sexual activity appears to be conceptualised as a continuum, a linear process which culminates in penetrative sex, which in the main signals the attainment of adult status. Similarly, within individual relationships, sexual practices reflect such linearity insofar as once penetration has occurred in the context of a relationship, none of the respondents could envisage switching to non-penetrative forms of expression without signalling the end of that relationship.

Case studies were presented which demonstrate how the same behavioural or temporal events can be constructed differently by those present. Whilst the tabulated data show quite a high degree of consistency between the couples, some differences are nevertheless apparent. Moreover, with the interview material, it becomes more apparent that the differences noted are sometimes consistent with deliberate mis-information being communicated in the dyad - or simply silence prevailing. The twin constructions of 'risk' and 'trust' suggest that lay conceptions of risk and risk-assessment may be at odds with biomedical notions, and trust prevails *beyond* knowledge. All the respondents, whether reporting risky practices or not, seemed to have vested interests in maintaining an image of their relationship as trust-based, which appears to work either against total honesty or against full and frank communication.

Finally, this chapter concluded with some consideration of the implications of this analysis for traditional measures recommended to discourage or 'make safe' sexual practices amongst young people.

## **CHAPTER NINE**

### **REFLECTING CONSTRUCTIONS OR CONSTRUCTING REFLECTIONS? RE-CONCEPTUALISING ADOLESCENT SEXUALITY AND ITS POTENTIAL FOR CHANGE WITHIN A SOCIAL CONSTRUCTIONIST FRAMEWORK**

#### **9.1. Preamble**

The final chapter in this thesis starts with a brief summary of the theoretical and evidential points raised in each of the preceding chapters, followed by a discussion of some of the main the theoretical, methodological and practical issues emanating from this research.

As psychologists with an interest in discourse are under increasing pressure to apply their analyses in the real world (Willig, 1999b; Stainton-Rogers and Stainton-Rogers, 1999), the implications of this thesis for sex education are discussed with reference to the potential for change suggested therein. Particular emphasis is placed on theorising the role of the psychologist in this domain and the difficulties educators face in trying to change adolescent sexual practices whilst simultaneously reproducing the conditions under which the extant behaviours emerge. In addition, some of the dilemmas facing social constructionist psychologists who wish to see their analyses used in applied settings are considered, including the unwarranted appropriation of such research by ‘mainstream’ psychologists, issues surrounding the acceptability of such research to practitioners and policy-makers, and the problems attributable to the largely under-theorised nature of this emergent discipline. Finally, the chapter draws to a close with some tentative suggestions for further empirical research and theoretical work in this field.

#### **9.2. Summary of the Thesis**

The aims of this thesis have been three-fold; firstly to critique traditional psychological conceptualisations of adolescent sexual practices and behaviour change (chapters 1-4). Secondly to explore how adolescent sexuality and its associated practices are discursively produced in stakeholder accounts (chapters 5-8). Thirdly to reflect on the potential for changing sexual practices afforded by this research (chapter 9, section 9.3). To this end, the first three chapters reflected on the historical and political context of research in this domain. In chapter

one it was argued that within what may be termed the 'scientific discourse of sexuality', social scientists (including psychologists) and other researchers (eg. medics, epidemiologists, demographers, historians etc.), have been producing data which are claimed to *reflect* reality, but which actually create such realities.

It was argued that whilst physical objects and temporal events happen (in a material sense), they are experienced almost exclusively through discourse; there is no one-to-one relationship between what-actually-happens and the words used to communicate such happenings. In essence, knowledge is **produced**, not discovered, and it was suggested that knowledge about sex has been fashioned from political, moral, religious and medical discourses which serve the interests of relatively powerful groups in society. Psychologists, as co-producers of this knowledge, cannot escape the implicit criticism that they are part of a scientific movement which, to a large extent, closes off alternative understandings of experience. By aligning themselves with 'objectivity' and the quest for 'universal truths' they have positioned themselves alongside such groups and relegated other accounts of experience to mere 'lay' conceptions, which seriously questions the image of psychology as a liberatory enterprise.

The second chapter reviewed the traditional literature amassed by researchers whose aim was to explain and/or predict adolescent sexual practices (a body of knowledge, which, it was argued, has largely failed in its aims) and subjected such literature to an equally traditional (intra-paradigm) critique. During this chapter, it became apparent that this modern scientific knowledge about adolescent sexuality has been primarily concerned with physical sexual practices as countable events and/or individually experienced cognitions and emotions. However, whilst such research purports to be about such happenings (or 'facts', if you like), these events, be they physical or mental, have not been 'observed' but 'reported' by participants in such research. This being the case, it was argued that the research claims to be about physical or psychological happenings, when it is 'really' about the retrospective accounts of such phenomena-as-experienced. It is apparent from the slippage in the literature between 'what-actually-happens' and the 'reports' given, that readers are, for the most part, simply expected to accept that 'happenings' and 'reports' are one and the same thing. Moreover, whilst there is some allusion to the general discourse of sexuality in some recent qualitative work in this domain (cf. Hollway, 1984, 1986; Gilfoyle et al, 1992; Wilson and Brown, 1993; Crawford, Kippax and Waldby, 1984; Wight, 1998), the relationship between 'what is said about what happened' and 'what actually happened' is absent from this body of research, an issue which was taken up in chapter three.



Chapter three took the extant psychological literature as the focus of analytical interest in itself. It tackled the issue of the relationship between ‘events’ and ‘reports’ directly by outlining the central tenets of the social constructionist perspective (cf. Gergen, 1985, 1999; Burr, 1995) and used this perspective as a ‘prism’ through which to (re)view the traditional literature by rendering curious the taken-for-granted elements of modern psychology: empiricism, essentialism (especially cognitivism) and individualism. Here, it was argued that modern scientific knowledge about adolescent sexuality is only ‘true’ in the context of prevailing discourses (cf. Guba and Lincoln, 1994). Rather than looking for explanations for sexual practices either *inside* the person or *outside* in their environment, social constructionist writers urge researchers to consider human action as intelligible only discursively. In this light, the ‘reports’ which are taken as ‘facts’ and treated as synonymous, cannot be straightforward, veridical accounts of the past, but are themselves fashioned from available discourses, or systems of meanings, through which experiences are made intelligible to self and others. The central problem, then, in traditional psychological accounts of sexual practices, centres around the relationship between language and knowledge. Traditional psychologists conceptualise language as a neutral reporting medium which affords objective researchers a window to the psyche, a way of ‘knowing’ the person and their experiences by re-constructing the world under the skull in the laboratory or field, capturing the ‘essence’ of the person on paper for posterity.

However, social constructionist writers hold that language cannot merely describe ‘what happens’, as it is through language that happenings are known; in effect, language creates the past and present, it is simultaneously a *part* of ‘what is known’ and an *account* of ‘what is known’. Reports of ‘real events’, therefore, are fashioned from available discourses, discourses creates realities, realities are communicated via discourse. The subsequent research summaries and reports written are manipulated by psychologists, whose manipulations and subsequent refashionings appear in journal articles. The very existence and intelligibility of such articles to the readership are themselves a product of empiricist realist discourse, and contain ‘explanations’ of ‘action’ (probably) not shared by the participants who are being theorised about. The important issue here is that there appears to be an ever-widening gulf between ‘what-actually-happened’ and subsequent iterations of intelligible discourse, and the further away from the actual experience a report is, the more likely it is to be legitimised as objective scientific knowledge. There appears to be very little room in traditional scientific research for ‘shared knowledge’ or ‘negotiated understandings’ between ‘researcher’ and ‘researched’, or an awareness of the interdependence of the two. From this perspective, the role of the psychologist as a humanitarian liberator is once again called into question. Moreover, awareness that certain key stakeholders have vested interested in normalising and pathologising

particular adolescent sexual practices suggests that surveillance - not liberation- might more accurately reflect the role of the psychologist.

Within a social constructionist framework, language takes 'centre stage' not as a neutral reporting medium, but as constitutive of experience; there is no artificial dividing line between language and practice. Discourses inform our choice of practices, which in turn are rendered intelligible to self and other discursively, and it is this embeddedness and interdependence which poses problems in attempting to distinguish between discourse and practice.

Yet despite the philosophical and empirical difficulties in conceptualising the subject of psychological research, an increasing number of discourse-oriented psychologists have made tentative steps towards suggesting that their own research endeavours have practical applications in the 'real world'. Far from constraining social constructionist theory and method to the *linguistic* realm, some writers have suggested that the analysis of discourse is a suitable starting point for those interested in changing *practices* (cf. Burr, 1995; Willig, 1995, 1999b). As talk and practice are intimately bound, certain forms of talk can legitimate certain practices, and likewise practices can inform talk. Given this emphasis on talk, language comes centre stage as both constitutive and communicative. In terms of understanding potential change, as it is argued that discourses and social practices are intertwined, change in one sphere can influence change in the other, so discourse is seen as a potential site of change insofar as discourse has material effects. In terms of conceptualising the relationship between the 'research' and 'reality', it was argued that for the purpose of clarity, 'reality-as-experienced' should be treated 'as if it were real' (cf. Parker, 1992).

In chapter four, two of the most popular accounts of discourse analysis in psychology were outlined, alongside some of the current tensions between discourse analysts working within divergent philosophical frameworks. In particular, detailed consideration was given to Parker's (1992) account of the relationship between the material basis of experience and the discursive realm. The distinction Parker makes between categories of object with *ontological status* (those things which have material existence in reality) and those with *epistemological status* is particularly useful insofar as it brings into focus the difference between 'what actually happens' and 'how happenings are known'. Once events are 'spoken', they acquire *epistemological status*, and it is in this realm that psychological researchers enter the picture. The research reported in the subsequent four chapters concerned accounts of adolescent sexuality produced by various groups who self-identify as having a stakehold in such practices: politicians (chapter five), community education providers (chapter six) parents (chapter seven) and young people

themselves (chapters seven and eight).

The analysis in these chapters was conceptualised as a focus of interest not only in terms of how sexual phenomena are constructed in the discourse of various stakeholders, but also as a focus for exploring the material effects such discursive constructions might have. That is, the discursive construction of sexuality in stakeholder accounts was explored *strategically* to identify how such discourses may legitimate certain practices or pose material difficulties for such stakeholders attempting to alter such practices.

In chapter five, the outer layer of the research framework outlined in chapter four was considered through an analysis of the Hansard debates on sex education which occurred during the passage of the Education Act (1993). It was argued that two opposing constructions of sex education permeated the Debates, those of 'Sex Education as Corruption' and 'Sex Education as Protection', the former being utilised by those wishing to effect a change in extant legislation to allow parents to withdraw their children from school-based sex education, the latter by those who wished to deny parents this choice. In the main, there appears to be a high degree of consensus that childhood is essentially an asexual period in life, which is irrevocably changed by sexual knowledge.

One of the most interesting aspects of these constructions is the ways in which they are aligned with moral and medical discourses of sex education. Sex in adolescence was variously defined by reference to immorality and illness, which in turn suggests alternative constructions of appropriate sexual practices such as chastity or safe(r) sex. The ways in which adolescent sexuality is constructed in Discourse A was argued to legitimate practices such as adult heterosexuality, particularly those practices occurring within marriage which are associated with childbearing. Discourse B positions the same practices as legitimate, but extends legitimacy to additional sexual practices so long as protection against unwanted pregnancy and/or STD/HIV transmission is ensured.

In the Debates, heterosexuality is constructed as both natural and under threat, from a 'deviant' form of sexuality - homosexuality. As both ways of constructing sex education stress the importance of speaking about sexuality within a 'moral framework' with due regard for 'family life', both were argued to render legitimate only heterosexual activity, whilst simultaneously rendering homosexual practices and heterosexual permissiveness illegitimate enterprises.

The material effects of such discourses are, in a sense, quite obvious; the Education Act had the effect of changing the law regarding sex education in schools insofar as sex education (including information about HIV transmission) became compulsory, and a new right for parents was created *viz* the right to withdraw their child from such education at school. However, such constructions of sex education, like the constructions of homosexuality in the Local Government Act (1989, cf. Smith, 1990 for a detailed analysis) may have had a more wide-ranging effect than this, hinted at in subsequent Government advice to schools. Official circulars (Department for Education, 1994) informing schools of their new statutory duties advised them to consider the practical implications of arranging withdrawal of pupils and developing sex education guidelines in consultation with parents, which could in turn have led to 'less sex education' or more 'conservative' forms.

Indeed later in chapter six, several of the community educators interviewed argued that the legislation created what amounts to a climate of fear within the Education Service, with teachers feeling unable to speak freely. Some appeared to position 'talk about homosexuality' as 'illegal' in itself, rather than the 'promotion of homosexuality'. In recognition of the key material effects of such discourse on practices in schools, the thesis went on to consider the various educative roles in the wider community. Given the likely constraints on school-based education as a material effect of the Education Act 1993, attention turned in chapter 6 to educative attempts in community settings.

In that the dominant construction of working relationships in the (then) Government's "The Health of the Nation" (Dept. of Health, 1992) White Paper was one of 'harmony', it is interesting to consider the presence of two distinct ways of talking about sexual health within the umbrella discourse of the medicalisation of sexuality. Here it was argued that contrary to the intention of The Health of The Nation, the differing constructions of sexual health held by various subgroups of key workers rendered the possibility of alliance unlikely. Many of the potential barriers to collaborative working centred around problems emanating from 'The Corporate Health Care Discourse' especially from the construction of 'health as a business' which in turn was used to justify the process whereby educative projects had to bid for funds against other agencies. This appeared to have several material effects; bidders in competition engaged in much wrangling about who should pay for the services they offer, individuals tended to place great store by keeping firm lines drawn around their work (voicing suspicions that other might be after 'their' jobs), and people who received little money to fund initiatives compared themselves and their work unfavourably with their more highly paid counterparts.

In contrast to the House of Lords debates, most educators drew heavily on 'The Corporate Health Care Discourse' which doesn't cast sexuality in moral terms, but mainly as a 'health' issue, with 'moral' choices being supplanted by 'health' choices. It was noted that this subtext of 'choice' might be particularly limiting, as it was often deployed regardless of the situational context in which their clients experience their sexuality, almost implying that people deliberately choose to contract STDs. By contrast, other providers described their work by reference to a 'Discourse of Alternativism', casting sexuality as a wider social issue rather than a health or educative issue *per se*. Interestingly one of the DHPCs interviewed only constructed 'health as a social issue' in the context of justifying *not* funding certain projects.

The construction of a hierarchy of decision-making in each district was virtually inseparable from talk about money, but also power, control and agenda setting. Power was constructed as a tangible entity which could assiduously be held on to, or generously (or even bravely) passed to others.

Constructions of sexuality, whilst showing some variation in the texts, had a marked tendency to position female heterosexuality and male homosexuality as negative forces. At times in the text, it seemed as though female heterosexuality and male homosexuality *per se* were 'abnormal' and/or 'unhealthy'. These constructions manifest themselves clearly when contrasted with their opposites: male heterosexuality was hardly mentioned, and female homosexuality didn't feature in a single initiative. Even where the Discourse of Alternativism was (occasionally) employed, this link was more tenuous, but nevertheless present insofar as adolescent females were cast as 'at-risk' in a way that male adolescents were not.

Another powerful dimension in the texts centred around the polarities of empowerment and damage limitation. By far the most common construction of sex education was one of limiting the potential damage that sexual practices can engender. Relatively little mention (only one respondent) was made of the potential for education to empower or liberate young people - and certainly mentioned not by any HIV fundholders.

It was argued that hegemonic discourses prevail where heterosexuality alone is widely accepted as normal, the marital discourse seen as the ideal, and the female as sexually passive, and this limits the potential for opening up alternative educative discourses. Even if this were a real possibility amongst older clients, the dominant construction of education providers as benevolent protectors, and children as innocent yet in need of protection, seem likely to function as barriers to alternative forms of education and service provision.

Whilst educators and service providers are clear that they aim to increase choices, it appears that they are continually reconstructing adolescent sexuality within traditional, marital, non-permissive discourses. In particular, the universal construction of the female as sexually passive, effectively positions the female as subject in the Have/Hold Discourse and object in the Male Sex Drive Discourse. It appeared that powerful constructions of age and gender might be operating to overshadow attempts to treat adolescent males and females equally. Young people were constructed by some respondents as *tabula rasa*, having no pre-existing needs, but rather having to be informed about what their needs were, which is reminiscent of the construction of childhood innocence in the House of Lords Debates.

As in the House of Lords, several respondents were suspicious about what is conveyed within the remit of sex education in schools. Despite some divergent views on this issue, participants had a strong tendency to position themselves as benevolent protectors, and, as in the House of Lords debates to construct their client group (especially young people) as in need of protection. This in itself had a divisive effect on alliance building, as, for some, protection was equated with confidentiality, which the GPs. consider inviolable.

Another link between the Community educators and the Lords was in the use of the construction of the 'invader within', whereby bidders appeared to play to heterosexual fears of invasion from 'outside' sources of HIV contamination. Even amongst GUM staff, it was notable that HIV risk behaviours were often constructed in relation to non-white racial groups, and non-heterosexual sexualities.

The vast majority of interviews framed sex education within an umbrella discourse of the medicalisation of sexuality, with medics positioned as 'natural' educators in this domain. However, rather than seeing sex as something inherently 'healthy', the focus was on sex as a problem, as 'disease'. Indeed, for some, the construction of sex as unclean seemed to spill over into sex education as "dirty work", and reflect negatively on the staff who work in this domain, who see themselves as "poor relations", perhaps tarnished by their close association with anything sexual. Sexual health is cast in almost universally negative terms, with a focus on sex as synonymous with possible negative outcomes of sexuality - unplanned/unwanted pregnancy, STDs, and psychosexual counselling. For the most part, the respondents shared the perception that the medical model provides much needed legitimacy for work of this kind.

It was interesting to note that the 'hearth and home' ideal of Discourse A was not one shared by Non-Health Service personnel. In opposition to the Lords' construction of family values as

integral to sex education, many speakers in community settings expressed the potential limiting effects of such ideas on HIV education, although there were marked similarities in constructing adolescent sexuality as problem-centred, outcome oriented and crisis-driven.

In chapter 7, the emphasis moved from the community into the scholastic and domestic arenas. Sex education provision at home and at school for a cohort of children in year 11 at a local school was explored. A fairly standard, mainly quantitative analysis of questionnaire responses from pupils and parents was presented. It was argued that amongst this sample, pupils expressed a desire for more information, especially concerning the communicative aspects of relationships. This is interesting as without communication, young people may be more likely to rely on hegemonic understandings of sexuality (cf Richardson, 1996).

The data presented suggest gender divergent experiences or expectations of sex education, which are interpreted as suggestive of the differential sexual socialisation of boys and girls within the home. Girls reported receiving proportionally more sexual information than boys, with the information far more likely to be delivered by mothers as opposed to fathers. With regards to behaviour, boys reported that their sexual activity was more likely to be met with parental ambivalence. Such gender divergent responses were also evident in exploring the meanings associated with contraceptive preparedness, as females attached more positive connotations to behaviours such as carrying condoms, whereas some boys used words associated with a spoiled reputation to describe girls who are contraceptively prepared (cf. Lees, 1986). It was noteworthy that condoms and pills are not seen as neutral items by parents and children alike, but as bearers of connotations which transcend biological notions of reproductive and health technology, meanings which draw on the available discourses of reputation, responsibility, risk and morality.

This chapter went on to question some of the assumptions made by proponents of Discourse A in the House of Lords Debates, and found no differences in the type or amount of sex education given by families who are traditionally- or non-traditionally-configured. However, parents who reported that sex education was primarily their responsibility were more likely to cover the more 'conservative' issues such as saving sex for marriage, and how to say "no" to sex, reminiscent of the calls from position A. As those positioned in Discourse B had argued, far more pupils reported being sexually active (defined as having sex on at least one occasion) than their parents believed. The assumption made in the Debates that parents are a relatively homogeneous group was not sustained by the present data. Indeed several parents reported that saving sex for marriage should **not** be part of the school curriculum **because** they are moral

issues.

Two major taboos were reported - both in home-based and school-based education - namely masturbation and sexual techniques. It is interesting to note that the parents felt that they were taboos because they are “private” issues or “matters of personal discovery”, reinforcing the construction of sex as ‘private’ highlighted in chapter 6, and perhaps sustaining what amounts to a ‘culture of silence’ around sexuality. The focus in the discussion of data mainly focused on the material effects of such taboos, as an all-inclusive HIV education would ideally cover issues such as the avoidance of the major HIV transmission routes, which may require coverage of alternatives to penetrative sex. An inability or reluctance to discuss sexual techniques and masturbation seems likely to preclude this from the curriculum. It was argued that omission of such material both reflects and reconstructs the hegemony of penetrative forms of expression by its failure to challenge such dominant constructions of sexuality.

In chapter eight, the focus returned to the major theoretical issues raised in chapters one to four. Attention was devoted to conceptualising the difficult distinctions between physical sexual practices, contemporaneous psychological activities, retrospective accounts of such activities and the available linguistic resources used to fashion such accounts. It was argued that whilst the past-as-experienced does not necessarily map with what actually happened, it can usefully be used as an analogue for research purposes. When the past-as-experienced is reported, the reports produced, however, are themselves problematic for the researcher, as they comprise two theoretically distinct aspects as they both simultaneously *convey* and *construct* the past. That is, in making the past intelligible to both themselves and others, participants structure their accounts from pre-existing discourses of sexuality.

The actual report given during an interview cannot, therefore, be a straightforward account or explanation of experience, as reports are themselves transformed through appropriation of meaning from the available linguistic resources which inform the participants understanding of phenomena. Furthermore, these discourses themselves serve to both limit what can be said, and, somewhat paradoxically, open up what has been said to virtually limitless interpretations. For the psychologist, the constructions themselves become the only knowable aspects of these past experiences.

Whilst this presents some rather obvious obstacles for psychologists who are both committed to researching material events whilst simultaneously considering psychological phenomena to be socially constructed, as social practices and the discourses which inform them are practically



inseparable (cf. Burr, 1995; Gergen 1999), the analysis of discourse can nevertheless offer a useful tool for reflecting on adolescent sexual practices.

The couples' accounts of their sexual practices were largely fashioned from the hegemonic Male Sex-Drive Discourse and Have/Hold Discourse, which are mostly posited as 'natural' and appeared to serve identify-conferring functions. It was argued that such discourses materially affect sexual practices, for example by inhibiting the initiation of sexual advances (Have/Hold Discourse) or facilitating sexual predation (Male Sex-Drive Discourse). Furthermore it was argued that such discourses not only affected the individuals who positioned themselves therein, but an awareness of, and sensitivity to, the discursive constructions of significant others can also serve as a powerful disincentive to engage in counter-normative practices.

A newly emerging Safe(r)-Sex Discourse was also apparent in their talk, but this discourse appeared difficult to embody in practice consistently, as, it was argued, sexual identities are strongly intertwined with the hegemonic discourses alluded to above. In particular, it was claimed that hegemonic constructions of females as sexually passive do not meld easily with the active construction of the females as the gatekeeper of condom use in this discursive context.

It was interesting to note the range of constructions of sexual practices in the accounts of these young people which did not overlap with the constructions in the texts in earlier chapters. In particular, regardless of whether sex was experienced as physically pleasurable, it was constructed mainly as a positive practice, symbolising such diverse experiences as intimacy, trust, the removal of boundaries between self and other, enjoyment, lust, love, competition, romance, coming-of-age ... to name but a few. In stark contrast to the prominent moral, medical, and political constructions in chapters five and six, sex was not constructed as something necessarily in need of intervention, nor young people in need of protection, as to these young people, sex was constructed as pivotal, linear, and identity-conferring.

This chapter drew to a close with some consideration of the implications of the analysis for a range of safe(r) sex initiatives, from chastity to consistent condom use, concluding that the differential constructions of sexuality in the talk of the politicians in chapter five, educators in chapter six, and parents in chapter seven and the young people in chapter eight render current safe(r) sex messages/ initiatives unlikely to succeed. Furthermore, the almost universal constructions of sex as penetration and relationships as trust-based, combined with the hegemony of the Male Sex-Drive and Have/Hold Discourses which so powerfully colour the

textual lives of the young people featured here, materially affect safe(r) sex practices.

### **9.3. Reflecting on the Thesis**

Before moving on to address the third aim of this thesis, it is helpful to preface my arguments concerning the application of the research in chapters 5-8 with some consideration of the role of the psychologist, and to summarise some of the more recent writings on applied social constructionist psychology.

Both the theoretical expositions and the empirical data gathered for this thesis spotlight the precarious role of psychologists wishing to involve themselves in attempts to change - or even simply to describe - adolescent sexual practices. Whilst this aim is rendered doubly problematic for psychologists interested in the turn to text, it is nevertheless a much wider issue affecting the whole of the psychological community. In essence, reflecting on this thesis invites both the reader and the author to question the role of the psychologist. In this section, I wish to argue that social constructionist psychologists not only *could*, but *should* become involved in research in applied settings. In advocating that the evidence here could have the potential to be applied, I argue that the data suggest that insofar as extant sex education programmes might reasonably be expected to draw on the commonly used discourses in chapter 5-8, they are more likely to reinforce than challenge hegemonic understandings of heterosexuality - and as such are unlikely to succeed in changing adolescent sexual practices. Whilst it is argued that applied social constructionist psychology could greatly enhance educative attempts insofar as it could enable policy makers to understand the complexity of adolescent sexual practices, this is tempered by an appreciation of the current difficulties facing researchers and practitioners who share this aim.

#### ***Reflections on the Role of the Psychologist***

In reflecting on this thesis, I wish to consider both the implications of psychologists becoming involved in processes of social change, and raise important questions about the political implications of psychologists' advice. According to Gergen (1999), during the history of scientific endeavour, the scientific establishment -including psychology- has invariably taken the 'side' of the dominant.

Social researchers, including psychologists, play an important role in both policing adolescent practices and inducing self-surveillance, and it is clear in chapter eight that the respondents matched themselves against psychologically produced notions of normality. As the traditional discourses of sexuality are clearly gender-differentiated, and behaviours are made meaningful by reference to these discourses, failing to challenge them, or worse still, actively promoting them as 'natural' features of people and relationships, brings the scientific neutrality of psychologists into question. Far from being involved in a liberatory enterprise, Burman (1996) argues that psychologists typically engage in practices which create, not discover, the standards by which people monitor and reflect on their own thoughts and actions. Psychological knowledge is, in effect, used to legitimise interventions which may disadvantage some, whilst supporting other, relatively powerful, social elites. With this in mind, it might appear sensible to abandon any thoughts of application, but there are two sound reasons why social constructionist psychologists should risk involvement in applied settings.

Firstly, as chapters 2 and 3 demonstrate, traditional psychologists have been remarkably unsuccessful in their interventions in this domain. This may be because the socio-cognitive frameworks developed by traditional social psychologists and widely used by Health Promotion personnel are unlikely to produce behavioural change. The individual cognitions cannot be altered to change behaviour - a change in practice requires shifts in the discourses surrounding sexuality (Willig, 1999b). Similarly, health promoters' appeals to rationality are unhelpful, simply because what is 'rational' from within one framework of meaning is not necessarily so from another. In other words, insofar as change is considered desirable, social constructionist psychologists should risk involvement to empower people who wish to change their own sexual practices.

Secondly, not getting involved is, in itself, a political act with serious ramifications. Given that social constructionists are often critical of establishment-imposed attempts at change, psychologists with an interest in social and/or personal change are caught in a dilemma. Extending social constructionist accounts of sexuality into the material domain raises issues about the possible appropriation of research findings by relatively powerful groups in society, who might use such knowledge to mystify and legitimate their own interests (Willig, 1999a). To emphasise, say, the existence of individual commitment to certain discursive positions may both divert attention from the social structures which legitimise such positions, or serve to lock people in restrictive understandings of themselves and others.

However, for some, **not** getting involved is even more problematic:

the risks of abstention from involvement in social and psychological practice are greater than its benefits. Even in our roles as discourse analysts abstention means collusion with the status quo. We need to mobilize our skills as discourse analysts in order to intervene in the struggle over how language constitutes our world(s) (Willig, 1999a: 158).

Collusion with the status quo, in this case, can be seen to reify heterosexuality and its associated sexual practices. Heterosexuality is rarely specifically challenged as it is usually simply taken as natural and normal (Carabine, 1996), or as Richardson (1996: 2) argues, our world has become rife with “institutionalised heterosexuality”. In order to be effective, Willig argues that educative attempts should be prepared to “challenge institutionalised discourses and practices and thus become an explicitly political project” (1999b: 113). Social constructionism can offer protection from such dominant institutionalised discourses by challenging the notion that science is a neutral practice, and offering itself as a resource for others to take up to render curious other unchallenged and limiting ‘truths’.

If, for argument’s sake, it is assumed that social constructionist accounts could serve a useful function in planning sexual health interventions, this would be by no means a straightforward state of affairs. The notion of an applied social constructionist psychology is inherently problematic and there are several potential difficulties emanating from the application of a relatively under-theorised approach in psychology. Among the obstacles faced are problems associated with the appropriation of the research by dominant groups, the question of its acceptability to policy makers, and a more general set of problems related to the relatively ‘embryonic’ state of this approach.

So, the claim that social constructionist psychologists ought to become involved in such endeavours is severely challenged by several seemingly insurmountable problems. In particular, as mentioned earlier, many writers (eg. Willig, 1999b) are concerned about dominant groups appropriating findings from discourse-analytic research and using them for purposes other than those intended by the original researchers. It is not difficult to see that using discourse-informed models of sex education (cf. Willig, 1999b) might be construed as manipulative, as, even with the best of intentions, it is hard to envisage how researchers can realistically continue to be involved - and able to censor - emanations from their work. Willig (1999b: 122) argues that such endeavours need to be “an on going never-to-be completed project” to prevent more liberating discourses of sexuality simply becoming new, potentially restrictive hegemonic forms of understanding sexuality. Her wish for continued involvement and responsibility seems

unlikely given the power accorded to political, legal, medical and educational emanations of the State, whose perceptions of adolescent sexuality and tolerance of alternative sexualities may be antithetical to her own espoused 'solutions'. Take, for example, suggestions for sex education emanating from her work (cf. Willig, 1999b). Some of her suggestions may find favour with some of the health promoters, educators and practitioners interviewed in chapter six, and those aligned with Discourse B in chapter five, such as the need to routinise condoms, perhaps by re-casting them as personal hygiene items or items for protection from cervical cancer, but they are unlikely to find acceptance amongst proponents of Discourse A. Indeed, the association with disease (cancer) may itself produce problems for sexual active couples themselves, carrying with it negative connotations which might spoil the 'romance' of sexual encounters, whilst simultaneously reproducing the discourse of 'females as gatekeeper' insofar as cervical cancer is something that only women need to protect themselves against.

Issues of appropriation aside, many of the proposed solutions derived from such studies may be unpalatable to policy-makers. If suggestions so seemingly innocuous as routinising condoms could be problematic, what then of Willig's suggestions for challenging constructions of passive female sexuality by including the use of erotic imagery in sex education, exploring sexual fantasies, and teaching girls to masturbate? It seems highly unlikely that the politicians whose discourse featured in chapter 5 would sanction such endeavours, nor the parents, pupils or school featured discuss such matters, given the pervasive natures of the taboos surrounding masturbation in particular and sexual techniques in general.

At a more general level, practitioners and policy makers tend to seek suggestions for programmes of change which are more-or-less predictable -or at least measurable- and such guarantees cannot be generated through research of this kind. As the analysis in chapter eight demonstrated, these young heterosexuals derive a myriad of meanings and forge subjectivities from the practices they share, and whilst alternative practices and ways of understanding are always possible, changing practices is not so simple as 'changing discourses' or opening up new positions within existing discourses. The discourses which either position people, or people choose to position themselves within, are replete with emotional significations, as people come to claim authorship of such appropriated meanings (cf. Hollway, 1984, 1986). Neither do people appear to have absolute freedom to position themselves at will; relationships involve others, discourses are bound with subjectivities, and alternative positionings will necessitate making a host of complex inter-related changes. As Willig (1999b) points out, people embody discourse and come to experience bodily sensations and psychological activities within such discursive positionings, and there is no guarantee that alternatives discursive

positions will produce the same internal sensations - or even any sensation at all - making change even more challenging and unpredictable.

Finally, as Wetherell (2001) explains, social constructionism and discourse analytic methodology are 'embryonic'. Being a relative newcomer inevitably means that this approach is comparatively under-theorised when compared to positivistic and post-positivistic fields of enquiry. One particular sticking point which warrants more detailed theorising is the so-called discourse/reality problem. In this thesis, I have repeatedly made reference to Parker's (1992) contention that a material world exists outside the discursive realm, and this realm provides us with the things to which we attach significations. As Gergen would say "Whatever is, simply is" (Gergen, 1999: 222). Whilst other theorists (eg. Edwards et al, 1995) argue that there can be no materiality without discourse, this line is likely to undermine any attempt at application, trapping us in recursive loops with no means of linking the discursive and extra-discursive realms. Cromby and Nightingale (1999) are particularly critical of Edwards et al (1995) desire "to wish away the tiresome, brute facts of existence" (1999: 9), pointing out that Edwards et al (1995) have misinterpreted Derrida's comment that 'nothing exists outside the text' as a literal statement, rather than as Derrida's expression of the banality of that which is extra-discursive, as Derrida himself did acknowledge the possibility of a reality preceding the text.

To flourish as a discipline, we need to redress the over-reliance on discourse and language in social constructionism, as denial of the extra-discursive is a *reduction ad absurdum* (Nightingale and Cromby, 1999). As Willig (1999a) notes, problems occur when privileging language to this degree, such as diverting attention from the material constraints which might inhibit people from taking up alternative discursive positions.

Despite these not inconsiderable problems, an increasing number of social constructionist psychologists are calling for researchers to consider the potential implications and applications of their work. Willig (1999a) outlines 3 main ways in which discourse analysis could be applied to real-world issues. Firstly, she argues that discourse analysis can be used as a *social critique*, a means of undermining the truth claims of society by revealing their constructed nature. Whereas it is relatively uncontentious to use a critique such as this thesis as an abstract academic exercise, Taylor (2001) suggests that a critique itself can serve practical ends. Secondly, Willig argues that discourse analysis can be used as a form of *empowerment*, highlighting constructions and promoting spaces for resisting these constructions. Thirdly, discourse analysis can be used as a *guide for reform*, through activities such as direct intervention, lobbying and campaigning, and providing spaces for alternative constructions to

circulate. Whilst this thesis is not intended as a direct intervention in itself, it is hoped that any publications emanating from this work may serve both as a means of critique and to highlight spaces for resisting dominant discourses.

The analysis of discourse in this thesis is a useful exercise both **academically** - for theorising about the role of language in shaping sexualities - but also **practically**, by focusing on discourse as a site of potential change. The myriad of discourses and possible discursive positionings, including those directly concerning heterosexuality, can occasionally lead to contradictions being experienced with regard to sexual activity and its meanings. These contradictions in discursive positions are never completely resolved, and whilst things appear to mesh together in complementary positionings or what is seen as the natural state of affairs in the relationship, occasionally a crack appears in what appears normal:

Consciousness-changing is not accomplished by new discourses replacing old ones. It is accomplished as a result of the contradictions in our positioning, desires and practices - and thus in our subjectivities - which result from the co-existence of the old and the new. Every relation and every practice to some extent articulates such contradictions and therefore is a site of potential change as much as it is a site of reproduction (Hollway, 1986: 260).

It follows that the identification of such contradictions might be a good place to invite people to consider alternative ways of understanding and acting in the world.

### ***Reflections on the applications of this thesis***

The primary aim of this final chapter of this thesis is to reflect upon the potential for changing sexual practices afforded by a social constructionist framework. To this end, I argue that such a framework provides two pathways: the problematisation of extant programmes and discourse-informed suggestions for new programme designs. Firstly, the analyses presented in earlier chapters suggests that there are problems with extant initiatives which need highlighting, centering around potential barriers to change at many levels:

#### ***Barriers to effective education and service provision.***

If policy makers wish to change behaviour, then the two most fundamental problems they face are a basic lack of understanding of the behaviour they have set themselves the task of changing, and a lack of awareness of the limitations that their own constructions place on their actions.

The sharp contrast between the constructions of sexuality in chapters five and six and those in

chapter eight, highlights several obstacles to the provision of effective educative programmes. The politicians and educators referred to earlier appear to have overlooked the realities of sex-as-experienced in their claims that sex education is either an incitement to promiscuity (Discourse A) or sufficient for rational decision-making (Discourse B and the Corporate Health Care Discourse). In chapter six it was apparent that the construction of 'health as a business' fostered an atmosphere of competition and mistrust which is not conducive to alliances forming between agencies at coal-face level. Furthermore, the high status accorded to 'information' as the mechanism for behavioural change, with its corollary that young people have something 'lacking', serves to simultaneously pathologise their target groups and construct the individual information processor as the site of change. Such State funded educational initiatives appear to take little account of the role of social structures and the limitations that hegemonic understandings of sexuality impose on individual action.

### *Barriers at the level of political debate*

In addition to the legal barriers to full and frank sex education imposed by the Education Act (1993) and Clause 28, many of the claims made by the speakers in favour of such changes appear at odds with the evidence presented elsewhere in this thesis.

Proponents of Discourse B may have been correct to assume that many parents simply do not know what their children are doing, as the evidence presented in chapter seven suggests that more of the young people in that sample were sexually active than their parents thought. Also, this evidence may confirm the fears of those politicians positioned within Discourse B that the parents who might withdraw their children might not educate them at home.

Although political discourse, through its legislative function, frames educational and service provision, the discursive positionings fashioning their talk are not whole-heartedly shared by the majority of policy makers and educators featured in chapter six, as educators in school and community settings described both the legal barriers to discussing aspects of sexuality such as homosexuality, and the moral directive to discuss sex within the context of family life, as an impediment to meeting their prevention objectives.



Interventions designed to support behaviour change need to be designed in the full knowledge that there are many levels of barriers to information giving, whether they are legal sanctions (eg Clause 28 and the Education Act, 1993), barriers erected by funders or agenda-setters in community settings, taboos at home and at school, or the individual and dyadic barriers to implementing safe(r) sex advice.

#### *Barriers at the level of community action*

Many of the educators in community settings in chapter six reported difficulties working with each other in the ways recommended by the Department of Health due to the lack of a shared agenda. Many of the community educators interviewed were not working to what they saw as *ideal* (earlier and more frank sex education), but to what they see as *possible* (ie. piecemeal educative attempts aimed at reducing the unintended outcomes of sexual activity), which suggests a dichotomy between the public face of many educators' work and their privately espoused views.

#### *Barriers at the familial level*

Chapter seven illustrated that there are certain topics (masturbation and sexual techniques) which the parents in this sample tended not to discuss, and moreover hold ought not to be discussed between parents and their children. These views were also reflected in the questionnaire responses from their children.

#### *Barriers at the level of the individual and the dyad*

Policy makers need to recognise the effects of discursive positionings when advocating, for example, alternative forms of sexual expression to penetrative intercourse, as this disregards the role of meaning invested in penetrative sex, as evidenced in chapter eight. For those positioned within the Male Sex Drive Discourse, there is a tendency to view sex as a biological drive, as something potentially uncontrollable, and therefore anti-rationalist by nature (Miles, 1993), and presumably, not amenable to change through rational consideration of one's behaviour. Similarly, AIDS education initiatives which position women as weak and in need of assertiveness training, also have a tendency to posit them as agents responsible for safe sex (Crawford, Kippax and Waldby, 1994), these two constructions sitting rather uncomfortably side by side.

### *Organisational barriers*

Although it could, theoretically, be relatively straightforward to provide accessible services and education for young people, the necessary radical change in societies view of the sexual is another matter (cf. Peckham, 1993). In order that effective sex education programmes can be implemented, public policy surrounding childhood and adolescent sexuality must be clarified (Kendell and Coleman, 1988), and our understanding of adolescent sexuality increased.

### *Definitional barriers*

Educational and behavioural change programmes appear to be based on communicating a technological definition of risk (Kendell, 1995), perceiving risk-taking as the result of a lack of information or skills. However, the analysis in chapter eight suggests that these adolescents' views of risk is often non-technological and rather more relationship-based. As the construction of trust features so prominently in their relationships, technological definitions of risk evaporate in the discourse, as trust means believing that there **is** no risk. Theoretical HIV/STD/pregnancy risks may be unavoidable from time to time, even where there is no lack of information, given the constraints operating where such relationship conventions prevail. Those involved in policy decisions must take such dynamics of risk and trust into account (Lear, 1995). Similarly, educators and service providers might consider paying attention to the duality of risk and the paradox of safe sex, as it was noted in chapter eight that most of the respondents did not question the efficacy of condoms for STD/HIV prevention, yet did not trust them for pregnancy prevention. When decisions need to be made about using one form of contraception, the greatest fear, given the level of trust espoused in relationships, is that of pregnancy, therefore it is perhaps hardly surprising that condom use is so often superseded by pill use in long-term relationships.

Although the HIV risk message appears to have been received and understood by all the respondents in chapter eight, and a discourse of safe(r) sex delineated, which is probably as much as the health educators could reasonably expect, insistence on adhering to the 'rules' of safe(r) sex is not a straightforward procedure - even with a condom habit apparently in place. The use of contraception has specific meanings to the couples involved, and as the relationship changes through time and form, so the meanings attached to contraceptive use changes. It appears that even if condomless sex is perceived in some way as 'exceptional', it still occurs. In the excerpt below, this was attributed to a breakdown of the order of events for 'normal sex' for the couple concerned, but more generally as relationships progress toward a more 'permanent'

state, condom use might reasonably be expected to become less likely. Although all of the respondents used condoms as a matter of course, condom use is not seen as viable when one ascribes to the master status 'married':

- (d) Debbie: I think at the start people possibly use condoms... but... I certainly wouldn't expect married couples to use condoms, but I would expect it to change after.

This raises some interesting questions: at what stage then does one forgo condom use? On the wedding night? When the engagement is announced? On the proposal? When the couple self-define as 'going steady'? After three months? A week? Or, as is suggested in the data, when the female decides that another form of contraception is adequate protection? Risk may be a social construction, but the acceptance of risk in relationships has material consequences for the couple concerned.

### *Communication barriers*

Contrary to the views espoused in chapters five and six, sexual conduct has meanings beyond morals and medicine for the young people interviewed. Chapter eight adds to the body of evidence suggesting that sexually active couples are aware of the physical risks that sex involves, but the participants explain their behaviour with reference to the complexity of risk assessment, ie. the duality of HIV/pregnancy risk, the emotional dangers of sexual involvement, and the problems incurred in forging a dyadic inter-subjectivity when talking about one's history of dyadic intimacy with past partners.

There were difficulties in communication reported between the sexual partners. Discourse surrounding the negotiation of safe(r) sex involved voicing topics which can be seen as threatening in first time encounters (cf. Adelman, 1992). Those interviewed in chapter eight spoke of the difficulties in broaching issues such as past relationships, and past condom use, and risk behaviours such as IVDU and anal sex present seem particularly taboo.

Although the risk information is seen as necessary, it is simultaneously impossible to ascertain with any degree of certainty:

whilst AIDS makes the issue of another's sexual history more salient than it might have been otherwise, punitive moralising discourses, and discourses which position women as immoral when sexual, work against total honesty (Miles, 1993: 504).

In urging people to know their partners, educators and public health officials need to be aware that what it really means to know one's partner is **not** having to ask questions. There are vested interests in not disclosing personal risk information, and in not asking; not least of which is the fostering of trust and idealised notions of the other in intimate relationships.

The Health Promotion personnel's discourse has a particular tendency to conceptualise young people's behaviour in terms of adhering to the principles of rational decision-making models, yet the evidence presented in chapter eight does not appear to suggest that real people act as characterised by rational decision-making models; rather, their views and behaviours are discursively produced by the context and meaning of the behaviours in question. Even if it can be argued that young people **could** act in accordance with the principles of rationality, the educative system in its many forms acts against this possibility; as chapter seven suggests, there are many areas of information that are not covered at home or in school.

Clearly then, in contrast to the political and educative discourses surrounding adolescent sexuality, sex is not just seen as a health issue; it is about intimacy, trust, identity and meaning. There is scant consideration of the costs to the individual of not being sexually active, and the meanings attached to virginity and sexual activity. Contrary to their stated intention to change adolescent sexual behaviour patterns, the policy makers and educators are, perhaps inadvertently, reproducing the very conditions which give rise to the behaviours in question. Stakeholders reproduce the discourses which support the very practices they see as inappropriate, and do so at several levels:

### *National reproduction*

National level interventions have the power to both frame debate and provision, ultimately having material effects on behavioural possibilities. In addition to proscribing certain forms of sex education, especially that which falls outside the realms of the 'normal' ie. heterosexual sex within marriage, the climate of fear created by the debates further constrains what is actually happening in school and community settings. Additionally, the images of sex, sex-educators and adolescents frame these concepts in negative terms, which may also have consequences for education and behaviour. For example, discourses positioning heterosexual acts as natural whilst denigrating them outside of socially sanctioned relationships, especially for girls, may add to the sense of ambivalence they report experiencing around contraceptive planning and bringing up contraceptive issues in sexual encounters.

Similarly, national campaigns and philosophies grounded in the ‘just say “no” approach’ could reproduce gender-differentiated positionings within the Male Sex- Drive and Have/Hold Discourse by characterising gendered power relations within sexual dyads as the irresistible force meeting the immovable object.

### *Community reproduction*

Chapter six presented evidence to show the consequences of various stakeholders in the sexual education of young people ‘speaking different languages’; there is remarkably little consensus on the meaning of adolescent sexual activity and the perceived educational requirements of their clients. Where common ground could, in theory, be established, the relative position of each educator in relation to the three discursive themes (power control and agenda setting, empowerment versus damage limitation, and sexuality as a negative force) materially affects access to resources to promote education. Those with the power to set the agenda tend to see sex education as an exercise in damage limitation, and have a tendency to encourage young girls to say “no” to sex. In general terms, this reflects the political *Umwelt* as evidenced in the House of Lords debates. Such emphases can also be seen to play a part in the reproduction of the discursive practices surrounding the Male Sex-Drive Discourse and the Have/Hold Discourse.

### *Scholastic reproduction*

The formal school-based sex education reported in chapter seven can itself play a part in shaping adolescent sexual identity, insofar as it creates the conditions for (re)producing gender-differentiated discursive positionings. Whereas the evidence suggests that sex educational topics are reported to be received reasonably neutrally, they are perceived more negatively by the girls.

Sex education in schools, as reported in chapter seven, probably does little to prepare young people to follow the advice given in National AIDS prevention campaigns. For example, the taboos surrounding sexual techniques and masturbation with the concomitant emphasis on penetrative sex and reproduction, automatically preclude the full and frank discussion of alternatives to penetrative sex. Safer forms of non-penetrative sex cannot be discussed without reference to sexual techniques. Many other writers (eg. Adelman, 1992; Lear, 1995) have argued that desire is a topic almost completely overlooked in schools, especially with respect to the sexual feelings experienced by females, leaving them ill-prepared for their future sexual

encounters.

Faced with a dearth of realistic, useable information it is hardly surprising that young people seek out information from informal channels where such information is less taboo (television and magazines). The lack of information given can itself lead to a heavy reliance on hegemonic discourses which can adversely affect condom use due to hegemonic discourses' emphasis on female sexual passivity.

### *Familial reproduction*

Chapter seven demonstrated a tendency for the female respondents to report receiving more sex education than their male counterparts, and their mothers playing a greater role in imparting information than their fathers. This may suggest that these girls are socialised into reproducing the conditions whereby contraceptive decisions are seen as singularly theirs to make, and the responsibility for sexual control firmly in their hands. At the very least, the data are suggestive of sex being promoted as more of a 'feminine' than a 'masculine' concern.

Home-based sex education can reproduce the hegemony of the Male Sex-Drive and the Have/Hold Discourses insofar as it allows for the possibility that males (not females) are in a position to 'cause' hurt:

(i) I: What sort of messages would you say your mum gave you about sex?

Peter: She's really fine about it, but both of them "you must make sure you don't hurt anybody". You know, the emotional side of things. They drummed that home quite forcefully.

By the age of 16, gender-differentiated expectations surrounding sexual activity are already well on their way to being established. Indeed, the male pupils in chapter seven are more likely to expect ambivalence as a reaction to their sexual activity by their parents, whereas the girls are more likely to expect a negative reaction.

This thesis has argued that sex education is not a neutrally transmitted and received communicative commodity; familial and scholastic sex education has certain taboos (masturbation and sexual techniques), in addition to the political taboo of homosexuality reported in the House of Lords debates. Even within the sexually active couples, certain taboos emerge, particularly prior to the relationship becoming sexually intimate, and these taboos include females bringing up the issue of condoms for fear of being seen as too interested in sex,

discussing sexual histories for fear of inhibiting the creation of us-ness, and past condom use for fear of being seen not to trust one's partner or infer that they are somehow 'unclean'.

The data from all four studies suggest that it is common for sexual issues to be avoided during childhood, reproducing the commonly held belief in childhood as essentially asexual, a time of innocence, which may itself reinforce the notion of sex as sullying.

A closed climate with respect to sexual discussion, in which taboos reign concerning the intimate details of sexual relations, promotes the conditions where sexual practices are likely to occur alongside feelings of uncertainty. As argued earlier, uncertainty is likely to encourage people to turn to hegemonic understandings of sexuality which place females in a position where their expected role as an active agent of safe(r) sex is difficult to play out. They are expected to be passive, disinterested in the physical aspects of sex, yet also contraceptively prepared, with the adverse reputational effects this can entail.

Traditional conceptualisations of behaviour change do not capture a meaningful understanding of sexual practices and recognise their potential for change. This suggests a need to move away from politico-moral legislation and educational initiatives based upon individual rational decision-making models, or 'top down' (or predefined) conceptualisations of sex education:

challenging the regulative limits of policy frameworks involves...challenging and re-structuring our understandings of sexuality itself (Haywood, 1996: 127).

Intervention initiatives which conceptualise sex as crisis-driven, problem-centred and outcome related, are unlikely to find favour with their target audience, if that audience comprises young people who construct their practices quite differently. An understanding of the discursive worlds of sexually active adolescents can aid our understanding of the possible acceptance of sex educational messages and the likelihood of their implementation *in situ*. From a social constructionist perspective, possibilities for behavioural change involve an awareness of alternative discourses which legitimise alternative practices.

In the main, such awareness is likely to come from educational programmes of some kind, and it is hoped that this thesis can raise awareness that the language used in the design of such programmes is crucial. Educational programmes cannot be designed without language (Lear, 1995), hence the language used in campaigns at national, community, school and familial levels is of paramount importance, as it has the capability to replicate - or challenge - traditional

discourses. Just as language is important in analysing adolescent sexuality, so it may be the pivotal agent in its change:

Language is one of the most powerful agents of socialisation, a vital factor in the social construction of a reality, having the power to both create and transform our views of the worlds and our patterns of behaviour (Patton and Mannison, 1990: 150).

As Laumann and Gagnon (1995) point out, key stakeholders have vested interests, in this case in adolescent sexual practices, which often include preventing teenage pregnancies and HIV/STD infection. Few, however, hold a stake in the pleasure inherent in the encounter or the effects of such practices on the identity of those involved. Hence there are many contraceptives freely available to adolescents who seek them, but little or no advice on sexual techniques or the emotional enhancement or personal fulfilment that can emanate from sexual expression.

In accepting hegemonic discourses as normal or natural (biological essentialism) their socially constructed nature become obscured, thereby reproducing pre-existing discourses rather than challenging them. Of these hegemonic discourses, the marital discourse has particular pitfalls as it requires people to take risks to negotiate a trusting relationship (Willig, 1999b).

It was notable that the so-called 'missing' discourse of desire (Hollway, 1986; Tolman, 1991) did not appear in the discourse of politicians, policy makers educators or the sexually-active couple themselves - even amongst females attempting to position themselves within the Permissive Discourse. Whilst it is accepted that desire may be experienced without necessarily being articulated here, the mere absence of articulation speaks volumes in itself.

### *Dyadic reproduction*

It is hardly surprising that the early encounters reported in chapter eight, and the growing literature on adolescent sexuality reported in chapter three, is gender divergent and somewhat predictable. In novel situations, times of uncertainty, or in the absence of any communication, people rely on hegemonic understandings of sexuality to provide that certainty. Moreover, in chapter eight it was demonstrated that the interdependence of the Male-Sex Drive Discourse and the Have/Hold Discourse, both shape and constrain sexual practices whilst helping to define who those involved are. Part of their individual identities are produced and reproduced through the act of penetrative sex - those practices confer heterosexuality, activity/passivity, lover and loved.



Looking at the respondents' recollections of early sexual relationships, there is evidence to suggest that such processes have a self-affirmatory function, increasing confidence and self esteem. Gender differences are also apparent, for example males using sexual experiences as learning experiences propelling them towards adulthood and individuation, females using such experiences to assess individual worth and contemplate emotional significations.

In the dyadic study, one investment the respondents had in forging traditional gender identities and reproducing existing discourses around heterosexual activity could be termed 'normalcy' or the desire or need to perceive oneself, and have oneself perceived by others, as normal. Seeing aspects of one's identity in biological terms adds conviction to one's sense of normality which may in turn strengthen gender identity. However, taking discursive positions as 'normal' or 'natural', and accepting the expectations and behaviours associated with such positionings, obscures their socially constructed nature and has a tendency to simply reproduce the pre-existing discourses surrounding heterosexual behaviour, rather than challenging them.

Behaviours can emerge which are inexplicable within the discourses from which the meaning of the sexual encounter is derived; the missing discourse of female desire, for example, does not mean that it cannot, or does not, materialise. This thesis may add to the growing body of evidence of a missing discourse of female sexual desire (e.g. Hollway, 1986; Tolman, 1991), but absence of evidence is not evidence of absence. Of course females can experience desire, but they are perhaps constrained in articulating that desire, or aware that such desires are not expected to materialise and/or be spoken of (cf. chapter eight). If a female experiences physical sexual desires, but is simultaneously aware that girls are not supposed to possess those feelings, it is difficult to admit to having them and still present a credible feminine identity (Tolman, 1991).

As the traditional discourses around sexuality are gender differentiated, subject and object positions are not equally available for men and women. The behaviour of the dyad is made meaningful with reference to these discourses. However, it is at least theoretically possible to behave differently. Active pursuit of a man by a woman purely for physical gratification can occur, without her concern for issues such as 'reputation' regardless of whether Hollway or I have delineated an appropriate discourse. In that they don't seem to do so very often, one may wonder why. What do individual men and women have invested in acting within certain meaningful behavioural parameters, and is there scope for change?

Some discourses are hegemonic and carry with them social approval for adherence, opprobrium for insouciance. In our society the Male Sex-Drive Discourse is hegemonic (Crawford, Kippax and Waldby, 1994). In adolescence, the fragility of an emergent sexual identity, alongside a lack of experience or direct communication about the reality of sexual expression may lead to a tendency to rely on hegemonic understandings rather than attempt to create new possibilities. In times of uncertainty, and in novel situations, it is perhaps understandable that people turn to the comfort of established scripts and meanings to guide their actions:

In the absence of shared occasioned meaning, men and women play out scenes dictated by the male sex drive discourse (Crawford, Kippax and Waldby, 1994: 579).

In many ways adolescents appear to reproduce the very conditions they disapprove of when speaking about the ideal of equity; they do not need to be told by politicians and educators not to stray from hegemonic understandings. Normative values impose self-surveillance of their own behaviour and surveillance of their peers, adherence to traditional understandings occurs because of their fear of being perceived as abnormal (Gavey, 1992), or acting out of character.

### ***Reflecting on methodology***

Whilst this thesis contends that discourse analytic methods are essential for understanding the constructed nature of the sexual, that is not to say that traditional quantitative methods should be dismissed entirely. They are useful tools for setting the parameters of research, and to provide questions for qualitative researchers to investigate. For example, without numbers (pregnancy rates, age at first intercourse etc) it would be difficult to direct scarce research resources to the most pressing issues of our time. Similarly, certain research questions lend themselves to quantitative analysis, questions such as How much...? How many...? At what age...? ...whereas the 'hows' and 'whys' necessitate more qualitative approaches. Also, at a practical level, with limited resources, surveys play a vital role, especially in looking at the breadth of responses to particular questions, particularly with respect to epidemiological research questions. Employing a mixture of qualitative and quantitative techniques enables researchers to alternate between an assessment of the detail of the concept under investigation and the broader milieu in which it is located. However, it needs to be acknowledged that reports themselves are limited by the discursive resources available to the speaker, and the interpretative frameworks created by the researcher.

In this thesis, previous research (both qualitative and quantitative), was invaluable in formulating the research questions, but the methodological caveat outlined in chapter seven should serve as a warning to all researchers in the field of sex educational research that questionnaire responses from parents are not wholly representative of parents at large and, in many ways, represent the best-case scenario insofar as parents who respond tend to be those who provide the most extensive education at home.

Qualitative methods are, then, instrumental in understanding adolescent sexual behaviour and its potential for change but, under the umbrella of such methods, some emerge as more suitable than others. Thematic analysis is more commonly used by psychologists than discourse analysis, most probably because it can be successfully integrated within a positivistic ontology and epistemology and, whilst it is undoubtedly more informative than many of the quantitative approaches, for certain questions its efficacy is superseded by discourse analysis, especially with regard to exploring the socially constructed nature of 'realities'.

In chapter five, content analysis was a useful tool for understanding the nature of the issues raised and the main themes in the text, but leads to text the being isolated from its cultural context. The only way to understand the emergence and significance of the change in the legislative framework was through discursive analysis of the debates, as this provides the means for uncovering latent meanings (Lupton, 1994; Manning and Callum-Swan, 1994).

Chapters four and eight outlined the design and utility of a new technique for investigating the multiple production of sexual realities, the dyadic interview technique. Here, interviews were a powerful tool for deconstructing the past and present of the interviewees, but questionnaires were equally useful for eliciting sensitive information about risk behaviours and secrets, items of information that would have had substantial costs for the individual if divulged either in individual or dyadic interviews.

The use of the *bricoleur* approach had both advantages and disadvantages. As Wood and Kroger (2000) might have predicted, the temptation to 'triangulate' the analyses from the dyadic interview technique was overwhelming. Whilst the technique was useful for reflecting on how a dyadic inter-subjectivity was being created by the participants, allowing a glimpse of people negotiating a past, present and future, it presented problems when reflecting on the material basis of the events reported. Where inconsistencies surfaced between accounts of the same events, whilst I read them as opportunities, I was still left wondering how one can ever substantiate the material existence of a single biological or social act.

Similarly, whilst in theory I was happy to disregard the theoretical gap between ‘events-as-actually-happened’ and ‘events-as-experienced’, I am aware that epidemiologists would not be happy to do likewise. Similarly, the slippage between ‘events-as-experienced’ and ‘events-as-reported’ is more problematic once the analysis is intended for application, rather than as a straightforward academic exercise. Acknowledging that all reports are fashioned from available discourses inevitably renders problematic the use of such reports to describe with any degree of certainty not only what happened, but what was meant by that description. There is always the possibility that to ask the same question of the same person on another day, regardless of the certainty that the event took place, might bring forth an account which draws on different discourses. That being the case, my own interpretation of the social structure and social practices likely to give rise to that report might likewise change. As there can be no once-and-for-all description of anything, the use to policy-makers grappling with events they necessarily see as constants (HIV rates, pregnancy figures, age at first intercourse, number of sexual partners) may be limited.

#### **9.4. Suggestions for Further Research**

Reflecting on the knowledge produced in this thesis and the process of its construction, three major projects, two empirical and one theoretical, and several smaller scale pieces of research are suggested.

##### *Investigating non-verbal communication.*

Given the difficulties people have communicating about sex directly (cf. Allen, 2003a), and the findings suggesting that first intercourse and other early encounters tend to be characterised by silence (eg. Mitchell and Wellings, 1998), it may be fruitful to explore how such silences are ‘read’ for meaning. Even outside the sexual context itself, non-verbal communication during relationship formation and sexual behaviour appears to have been overlooked by researchers thus far:

Non-verbal behaviours are used to display or augment an image at the individual level or to create an identity for the couple....and as such they serve a self-presentational function for both the individual partners and the couple (Keeley and Hart, 1994: 147).

The interviewees in chapter eight, when asked why certain aspects of their sexual behaviour are not spoken about, respondents often replied that it was “just understood”, or that meaning can

be communicated by action. Actions, of course can have more ambiguous meanings than direct verbal reference, and are certainly easier to tactfully overlook, perhaps explaining their apparent high status in intimate encounters. Indeed sexual intercourse itself can be (and according to the respondents often is) a non-verbal communicative activity. It is difficult to envisage any methodological resolution of the problems of collecting such data first hand in naturalistic settings that would pass a University ethics committee. However, first-hand accounts of 'reality-as-experienced' are just as valid, as even if it were possible to participate as an observer of someone else's experience, that would automatically entail producing an account which is theoretically distinct from that reality.

### *Discourse analysis from developmental perspectives*

The analyses presented in this thesis highlight the need for more discourse analytic work conducted within developmental contexts, as educators and young people themselves typically request earlier sex education, and the respondents in chapter eight had a marked tendency to explain their sexual development and experiences by reference to age/stage related norms. It might be useful to examine aspects of identity formation in childhood and adolescence, and consider the changes in understandings of intimacy through childhood, adolescence and early adulthood. This may enable researchers to explore how people's constructions of sexualities develop, and how sexual information is incorporated into the participants' discursive worlds, how it affects their understanding of sexual activity etc. Such research, however, would undoubtedly be extremely costly, time consuming and ethically sensitive, and require a heavy investment on the part of the participants.

### *Theoretical and methodological concerns*

Despite the lack of unification in social constructionist theory (cf. Edley, 2001), and DeLameter and Hyde's (1998) pessimistic contention that there can be no *detente*, social constructionist approaches seem to be becoming a 'growth industry' in psychology (Hook, 2001). That being the case, there is an urgent need for some consolidation of theoretical concerns thrown up by this thesis. There is an especially strong case for an expansion of theorising on the discourse/reality problem and its implications for applied social constructionism. It would be useful to provide opportunities for critical realists (eg. Nightingale and Cromby, 1999; Parker, 1999) and radical relativists (eg. Edwards et al, 1995) to collaborate more closely to elucidate any areas of common ground, and clearly identify points of departure, to facilitate the kinds of conversations that might both enlighten and inspire a new generation of psychologists to reject a hard

scientific epistemology for psychology (cf. Parker, 1999; Liebrucks, 2001), and take up the discursive turn. At present, the literature is so complex, contradictory and jargon-ridden, that many might consider the turn to text a journey they cannot adequately prepare for, and therefore stay at home in the comfort of more familiar, empiricist texts.

Similarly, more work is needed on the theoretical utility of various methodologies. To this end, rather than using a multi-method approach, it may be more fruitful to use a single methodology (analysis of text, interview, focus groups or naturalistic conversation) to overcome the problems presented by triangulation and inconsistencies, until theoretical advances allow a more complex engagement with multi-method approaches.

### *Smaller scale projects*

Other areas where discourse analytic approaches may prove fruitful, and which could be conducted on a shorter time-frame with a smaller budget, could involve the analysis of focus groups with groups of children, young people and adults to explore commonly-held notions of sexuality, trust and risk. Similarly, given that the present research suggests that constructions of risk and trust may materially effect contraceptive choice, it may be illuminating to compare the discursive construction of trust and risk of consistent condom-users, pill users and no-method users. Additionally, it would be beneficial to explore the justifications that couples construct when changing from condom use to pill use, given the elevation of possible HIV risk at this juncture.

Given the dearth of research directly focusing on individual sexual encounters, there is some scope for examining language use in naturalistic sexual scenarios (which may entail tape recordings, verbatim reports, diary methods etc). Similarly, research into how heterosexual men and lesbian women perceive their own and their partner's sexuality would be welcomed, given that much previous research, even amongst discourse analysts, has tended to concentrate on female heterosexuals or homosexual men.

In the educative sphere, it would be interesting to conduct research *in situ*, rather than focus exclusively on reports from recipients, as it is unclear from the current research whether the discourses drawn on by *actual educators* reflect the discourses drawn on when people talk about their experience of sex education. As it is notable that relatively little research has been conducted into constructions of gender in the classroom (Francis and Skelton, 2001), there is much scope for analysing the discourses of gender which are (re)created during formal sex

education. Delineating the discourses employed in disseminating sexual information in naturalistic settings such as Family Planning Clinics, GUM clinics, schools, homes, peer groups, between partners etc. could also greatly enhance our understanding of the way that dominant (and marginalised) discourses of sexuality are promulgated.

## **9.5 Concluding Remarks**

It is often difficult to find applications for discourse analytic studies, perhaps because, as Stainton-Rogers and Stainton-Rogers (1999) argue, practitioners inhabit a material world where concrete solutions are required, whereas academics enjoy the intellectual challenge of dealing with uncertainties. Many discourse analysts also express concern that any grounding of discourse in materiality signals a return to positivism, and will inevitably overturn the social constructionist endeavour, but I concur with Nightingale and Cromby (1999), who forcefully argue that the integration of discourse and materiality will ultimately enhance constructionism.

Set in the context of the knowledge produced in this thesis, the studies of sexual decision making outlined in the literature reviewed in chapter two can be reinterpreted as reflecting aspects of the theoretical treatise outlined above. For example, the normative components of the rational decision-making models do have the potential to influence behaviour, as do the views of significant others (family, peer group etc). However, this influence does not appear to be as direct as the models suggest insofar as there are a vast array of normative influences which can influence actions through various times and contexts. In addition, one's position relative to familiar sexual discourses heightens the salience of certain norms over others in particular sexual contexts, which in turn are shaped by expectations of a partner also positioned relative to potentially fluid discursive forms. The apparent predictive validity has, in empiricist parlance, occurred largely by chance, as the measures employed may have inadvertently tapped into aspects of common discursive understandings of sexuality, or commonly accepted explanations for behaviour. This, however, is not the same as arguing that mental events or social events have somehow 'caused' such practices.

The analyses presented in this thesis highlight the utility of moving away from strictly scientific methodologies and the concomitant model of humanity they represent. Psychologists, in their quest to be 'scientists', have overlooked the challenge of interdisciplinary research with linguistics, sociology, philosophy and social theory which is perhaps necessary to begin to capture a more theoretically informed yet practical view of the person.

Perhaps the biggest barrier to a policy-oriented discourse analyst is challenging policy-makers unquestioning acceptance of the dominant humaneering discourse (Stainton-Rogers and Stainton-Rogers, 1999), ie. to challenge the notion that psychologists can solve policy-makers dilemmas by the routine application of individually-focused, mechanistic models abstracted from experimental findings and quantitative rating scales which can alter human behaviour by altering individually experienced cognitive events. It is hoped that policy makers will come to realise that present sexual health interventions have made little (if any) impact on the practices in question, and start to appreciate the moral and political aspects of all social practices.

Traditional psychologists have a long history of informing social policy, and I hope that in time, social constructionists will do likewise, although it is recognised that such changes cannot occur overnight:

we do not see some great new dawn emerging in which, overnight, practitioners...will see the light and all become fully paid-up constructionists...but there is, at least, some light at the end of the tunnel (Stainton-Rogers and Stainton-Rogers, 1999: 202).

In bringing this thesis to a close, I feel that it is important to consider the many avenues that still need to be addressed by this 'embryonic' discipline. In terms of theory, there are many fruitful pathways to progress; some may find it useful to explore the issues surrounding human agency, or the lack of it, in adopting discursive positionings. Or to hypothesise the extent to which we can 'know' the world outside of language, see ourselves outside of our systems of meaning, know ourselves outside our behaviours and expectations. Re-visiting age-old debates such as free-will versus determinism and nature versus nurture from a social constructionist perspective takes researchers to the heart of the discipline, and necessitates academic risk-taking unrestrained by traditional psychological methodological conventions. This thesis has attempted to show the utility of looking beyond traditional social psychological explanations of adolescent sexuality based around 'rationality' and 'science' to examine the social construction of sexualities and rationalities, and I look forward to a day in the not too distant future, when 'mainstream' social psychologists might acknowledge the ways in which the 'social' becomes experienced as the 'psychological' via the intricacies of language.



**APPENDIX 1**  
**Sex Education in The Community**  
**Interview Protocol**

**(i) Initiatives**

What are/have been present and past community initiatives regarding sex education’?  
Have there been needs assessments? If so, what kind?  
How is prioritisation decided?  
How are the initiatives evaluated?

**(ii) Alliances**

What alliances have been formed?  
Have there been any problems fostering this way of working  
    Within sector?  
    Across sectors?

**(iii) Services**

What is the availability of:   Family Planning Services  
  Sexual health advice and support

for:                               General population in the district  
  Target groups in the district

**(iv) Procedures**

What is the nature of the purchaser/provider relationship?  
Is contracted for? If so, how?  
What quality measures, if any, are used?

**(v) Climate**

How do the local media react to local sexual health initiatives?  
Does the local political climate influence provision in the district? How?

**(vi) The future**

What future initiatives would you like to see planned? Why?  
What could prevent these initiatives developing  
What will be the main priorities in the future? Why?  
What are the financial considerations?

**APPENDIX 2A**  
**Pupil's Sex Education Questionnaire**

**SEX EDUCATION FOR YEAR 11 PUPILS - THE PUPIL'S EXPERIENCE.**

This questionnaire has been designed to see what you think about the sex education that you have received at home and at school, and to find out how you feel it could be improved.

The answers that you give will help me to see whether the sort of sex education that you have had has affected your views on sex and personal relationships. **It is very important that you write down exactly what you think, in your own words, rather than writing down what you think I want you to say!** For some of the questions you have to put a tick in the relevant boxes, and for others you will have to write down your answers in the space provided.

Some of the questions may seem quite personal, and if there are any questions that you do not wish to answer, please put a large "R" (for 'refuse') next to that question and go on to the next question. Please try to answer as many questions as possible.

Some of the questions ask about your FAMILY. This means the parents, step-parents or guardians, brothers, sisters, stepbrothers etc. that YOU ARE LIVING WITH NOW.

**I AM NOT ASKING YOU TO PUT YOUR NAME ON THIS QUESTIONNAIRES SO THE ANSWERS YOU GIVE WILL BE COMPLETELY CONFIDENTIAL**

**-THANK YOU FOR TAKING PART-**

**SECTION 1.**

**ABOUT YOU AND YOUR FAMILY:**

1. How old are you? \_\_\_\_\_ years and \_\_\_\_\_ months.
  
2. What sex are you?  
☐ Male  
☐ Female
  
3. Who do you live with? Please tick the boxes which apply to you.  
☐ Mother  
☐ Stepmother  
☐ Father  
☐ Stepfather  
☐ Foster parents  
☐ Local authority care (Children's home)  
☐ Other (please explain by writing in the space below)
  
4. What ethnic group does your (step)mother belong to?  
☐ Asian  
☐ Black, Afro-Caribbean  
☐ White  
☐ Other (Please state)
  
5. What ethnic group does your (step)father belong to?  
☐ Asian  
☐ Black, Afro-Caribbean  
☐ White  
☐ Other (Please state)
  
6. What type of religion were you brought in? (E.g. Catholic, Jewish, Muslim, Protestant, etc.)  
.....

7. What is the usual work or job of your parents? Write down the name or description of the job of the parents that you now live with.  
(Step)Mother:.....  
(Step)Father:.....
8. Do you have any (step)brothers?  
☐ Yes  
☐ No  
If so, how old are they?.....
9. Do you have any (step)sisters?  
☐ Yes  
☐ No  
If so, how old are they?.....
10. In your spare time, after school and at weekends, how much time do you spend with your family?  
☐ All of my spare time  
☐ Most of my spare time  
☐ Some of my spare time  
☐ None of my spare time
11. How much of your spare time do you spend with your friends?  
☐ All of my spare time  
☐ Most of my spare time  
☐ Some of my spare time  
☐ None of my spare time
12. What job or career would you like when you leave school/college?  
.....

## **SECTION 2. ABOUT PERSONAL RELATIONSHIPS**

1. If a boy and a girl like each other, who should ask for a date?

- ☐ The boy
- ☐ The girl
- ☐ Either of them

2. If they went out on a 'date' to the cinema, who should pay for the tickets?

- ☐ The boy
- ☐ The girl
- ☐ They should share the cost

3. If they started to 'go out together', is it O.K. for them to date other people?

- ☐ It's O.K. for the boy, but not the girl
- ☐ It's O.K. for the girl should, but not the boy
- ☐ It's O.K. for either of them
- ☐ Neither of them should

4. Do your parents approve of you having friends of the opposite sex (boyfriends or girlfriends)?

- ☐ Yes
- ☐ No

5. Do your parents think that it is O.K. for young people to have sexual intercourse if they are not married?

- ☐ Yes
- ☐ No
- ☐ Don't know

6. Do **you** think it is O.K. for young people to have sexual intercourse if they are not married?

- ☐ Yes
- ☐ No
- ☐ Don't know

7. At what age do **you** think most BOYS people start to have sexual intercourse?  
.....

8. At what age do **you** think most GIRLS people start to have sexual intercourse?  
.....

9. At what age do you think BOYS **should** start to have sexual intercourse?  
.....

10. At what age do you think GIRLS **should** start to have sexual intercourse?  
.....

11. Have you ever been on a date with a member of the opposite sex?

- ☐ Yes
- ☐ No

12. Have you ever tried to persuade someone to 'go further' (sexually) than they wanted to?

- ☐ Yes
- ☐ No
- ☐ I have never been in that situation

13. Have you ever felt pressured to 'go further' than you wanted to?

- ☐ Yes
- ☐ No
- ☐ I have never been in that situation

12. If you answered YES to the last question, did you tell your parent(s) about it?

- ☐ Yes
- ☐ No

### **SECTION 3. LEARNING ABOUT SEX:**

1. How did you first hear about sexual intercourse?

- ☐ From my mother
- ☐ From my father
- ☐ From my brother
- ☐ From my sister
- ☐ From my friends
- ☐ At school
- ☐ Watching TV
- ☐ In a magazine
- ☐ Other (Please write down) .....

2. How old were you? .....

3. **Who** do you think **should** tell children about sex?

.....

4. Describe how you felt when you first found out about it.

5. How did you first find out about contraception? (how to have sex and **not** become pregnant)

- ☐ From my mother
- ☐ From my father
- ☐ From my brother
- ☐ From my sister
- ☐ From my friends
- ☐ At school
- ☐ On the TV
- ☐ In a magazine
- ☐ Other (Please write down) .....

6. How old were you? .....

7. **Who** do you think **should** tell children about contraception?

.....

8. Describe how you felt when you first found out about it.

9. At what age do you think BOYS **should** learn about sexual intercourse?  
.....
10. At what age do you think BOYS **should** learn about contraception? (Ways to prevent pregnancy)  
.....
11. At what age do you think that BOYS **should** learn about A.I.D.S.?  
.....
12. At what age do you think that BOYS **should** learn about Sexually Transmitted Diseases?  
.....
13. At what age do you think that GIRLS **should** learn about sexual intercourse?  
.....
14. At what age do you think that GIRLS **should** learn about contraception? (Ways to prevent pregnancy)  
.....
15. At what age do you think that GIRLS **should** learn about A.I.D.S.?  
.....
16. At what age do you think that GIRLS **should** learn about Sexually Transmitted Diseases?  
.....



#### **SECTION 4. ABOUT YOUR SEX EDUCATION AT HOME:**

1. Which of the following things have your (step)parents discussed with you at home?

Please tick the boxes which apply.

- ☐ Sexual intercourse
- ☐ Monthly periods
- ☐ Pregnancy
- ☐ Body changes at puberty
- ☐ AIDS
- ☐ Sexually Transmitted Diseases
- ☐ Masturbation
- ☐ Wet dreams
- ☐ Contraceptive pills (Tablets taken by females to prevent pregnancy)
- ☐ Condoms
- ☐ Sexual techniques (how to 'make love')
- ☐ Where to get contraceptives
- ☐ Abortion (ending an unwanted pregnancy)
- ☐ How to say 'no' to sex
- ☐ How to talk about sex with the person you are going out with
- ☐ How to discuss contraception with the person you are going out with

2. Who usually starts the discussions?

- ☐ Mother
- ☐ Father
- ☐ Me
- ☐ Other (Please write down)

3. Which parent speaks to you most often about these things?

- ☐ Mother
- ☐ Father
- ☐ Usually both of them

4. How do you think your parents feel when they discuss 'sex education' issues with you?

5. How do **you** feel when your parent(s) discuss these issues with you?
6. Which topics on this list do you feel you could not discuss with your parents?
7. Why do you feel you cannot discuss these things with your parents?
8. Which of these topics would you like to know more about?
9. Are there any other 'sex education' or 'personal development' issues that you would like to know about?

## **SECTION 5. ABOUT YOUR SEX EDUCATION AT SCHOOL:**

1. Which of the following things have been discussed in your sex education or personal development classes at school?
  - ☐ Sexual intercourse
  - ☐ Monthly periods
  - ☐ Pregnancy
  - ☐ Body changes at puberty
  - ☐ AIDS
  - ☐ Sexually Transmitted Diseases
  - ☐ Masturbation
  - ☐ Wet dreams
  - ☐ Contraceptive pills (Tablets taken by females to prevent pregnancy)
  - ☐ Condoms
  - ☐ Sexual techniques (how to 'make love')
  - ☐ Where to get contraceptives
  - ☐ Abortion (ending an unwanted pregnancy)
  - ☐ How to say 'no' to sex
  - ☐ How to talk about sex with the person you are going out with
  - ☐ How to discuss contraception with the person you are going out with
2. How do you think your teachers feel when they discuss these issues with you?
3. How do you feel when your teachers discuss these issues with you?
4. Which things on this list do you feel you could **not** discuss with a teacher?
5. Why do you think you could not discuss these things with a teacher?

## **SECTION 6. ABOUT SEXUAL BEHAVIOUR:**

**REMEMBER - YOUR ANSWERS ARE COMPLETELY CONFIDENTIAL.**

1. Complete the following sentences:

Boys who carry condoms are.....

Girls who are on the (contraceptive) pill are.....

Girls who carry condoms are.....

2. If a boy and a girl decide to have safe sex, who **should** provide the condom?

☐ The boy

☐ The girl

☐ Either of them

3. Have you ever had sexual intercourse?

☐ Yes

☐ No

**IF YOU HAVE ANSWERED “NO” TO THIS QUESTION, PLEASE ANSWER THE REST OF THE QUESTIONS ON THIS PAGE. IF YOU HAVE ANSWERED “YES” PLEASE TURN TO THE NEXT PAGE.**

4. If you did have sexual intercourse, do you think that you would tell either of your parents?

☐ Yes

☐ No

☐ Don't know

5. What do you think your parents would say if they thought that you had had sexual intercourse?

6. Have you ever **wanted** to have sexual intercourse?

☐ Yes

☐ No

☐ Don't know

**THE QUESTIONS ON THIS PAGE ARE FOR THOSE PEOPLE WHO HAVE HAD SEXUAL INTERCOURSE. IF YOU HAVE NOT HAD SEXUAL INTERCOURSE TURN TO THE NEXT PAGE.**

1. Have you told either of your parents that you have had sexual intercourse?  
☐ I have told my father  
☐ I have told my mother  
☐ I have told both of them  
☐ I have **not** told them
  
2. If you **have** told them, how did they react?
  
3. If you **have not** told them, how do you think they would react?
  
4. What sort of contraception was used the **first** time you had sexual intercourse?  
☐ The pill  
☐ A condom  
☐ Withdrawal (pulling out)  
☐ None  
☐ Other (please state)
  
5. What sort of contraception was used the **last** time you had sexual intercourse?  
☐ The pill  
☐ A condom  
☐ Withdrawal (pulling out)  
☐ None  
☐ Other (please state)
  
6. Which contraceptives do you **usually** use?  
☐ Condoms  
☐ The pill  
☐ The withdrawal method (pulling out)  
☐ Other methods (Please write down)  
☐ None

**SECTION 7. ABOUT PREGNANCY AND AIDS.**

1. What is the **best** way of preventing teenage pregnancy?
2. What is the **best** way of preventing the spread of AIDS among teenagers?

## **APPENDIX 2B**

### **Parents' Sex Education Questionnaire**

#### **QUESTIONNAIRE FOR MALE PARENTS/GUARDIANS OF YEAR 10 PUPILS.**

This questionnaire has been designed to investigate fathers' views about sex education for their teenage children. Where the term father is used, it includes step-fathers or any male acting as a father to the children in the family. **It is important that as many fathers as possible fill in this questionnaire, as the opinions of fathers are often overlooked.**

IF YOUR PARTNER IS FILLING OUT A FEMALE GUARDIANS QUESTIONNAIRE, IT IS ESSENTIAL THAT YOU FILL OUT YOUR QUESTIONNAIRE **SEPARATELY**. I AM INTERESTED IN YOUR INDIVIDUAL OPINIONS. PLEASE DO NOT ASK YOUR PARTNER OR YOUR CHILD TO HELP YOU!

When answering the questions in this questionnaire, please remember that questions which mention your child refer to your child in year 10 at Cantell School.

Some questions simply require you to put a tick in the relevant box, whilst others ask you to write your answers in the space provided. Please answer all the questions as fully as possible.

This questionnaire may contain one or two questions that appear very personal. If you feel that you are unable to answer any particular question, please put a large "R" (for refuse) next to that question and go on to the next question.

**PLEASE REMEMBER THAT THE ANSWERS THAT YOU GIVE ARE COMPLETELY CONFIDENTIAL**

**-THANK YOU FOR TAKING PART-**

**SECTION 1. ABOUT YOU AND YOUR FAMILY:**

1. What is your relationship to the child?  
☐ Natural father  
☐ Step father  
☐ Foster father  
☐ Legal guardian  
☐ Other (please state)
  
2. If you are not this child's 'natural' father, how many years have you been a 'father' to this child? \_\_\_\_\_ Years
  
3. What age are you? \_\_\_\_\_ Years.
  
4. To which ethnic group do you belong?  
☐ Asian  
☐ Black, Afro-Caribbean  
☐ White  
☐ Other (please state)
  
5. What is your religion? (E.g. Catholic, Jewish, Muslim, Protestant etc.)  
\_\_\_\_\_
  
6. What is your occupation? If currently out of work, please state your usual occupation.  
\_\_\_\_\_
  
7. How much of your spare time (after work and at weekends, for instance) do you spend with this child?  
☐ All of my spare time  
☐ Most of my spare time  
☐ Some of my spare time  
☐ Very little/none of my spare time



8. What would you like this child to do when they finish their G.C.S.Es?

- ☐ Get a job as soon as possible
- ☐ Study for A levels, then get a job
- ☐ Study for a vocational qualification
- ☐ Learn a trade/take an apprenticeship
- ☐ Study for A levels then go on to college/university.

9. What job or career would you like this child to have when they leave school or college? \_\_\_\_\_

## **SECTION 2. YOUR VIEWS ON TEENAGE RELATIONSHIPS:**

1. If a girl and a boy like each other, who should ask for a date?

- ☐ The boy
- ☐ The girl
- ☐ Either of them

2. If they went out on a date to the cinema, who should pay for the tickets?

- ☐ The boy
- ☐ The girl
- ☐ They should share the cost

3. If they started to 'go out together', is it acceptable for them to date other people?

- ☐ It's alright for the boy, but not the girl
- ☐ It's alright for the girl, but not the boy
- ☐ It's acceptable for both of them
- ☐ Neither of them should

4. Do you approve of your child dating friends of the opposite sex (i.e. having girlfriend/boyfriend type relationships)?

- ☐ Yes
- ☐ No
- ☐ Don't know

5. As far as you are aware, has your child ever been out alone on a date with a member of the opposite sex?

- ☐ Yes
- ☐ No
- ☐ Don't know

6. Do **you** think that it is acceptable for young people to have sex if they are not married?

- ☐ Yes
- ☐ No
- ☐ Don't know

7. **In your opinion**, does **your child** think that it is acceptable for young people to have sexual intercourse if they are not married?

- ☐ Yes
- ☐ No
- ☐ Don't know

8. What proportion of **BOYS** do you think have started to have sexual intercourse by the age of 16? \_\_\_\_\_

9. At what age do you think it is acceptable for **BOYS** to have sexual intercourse?  
\_\_\_\_\_

10. What proportion of **GIRLS** do you think have started to have sexual intercourse by the age of 16? \_\_\_\_\_

11. At what age do you think that it is acceptable for **GIRLS** to have sexual intercourse?  
\_\_\_\_\_

### **SECTION 3. YOUR OWN SEX EDUCATION:**

1. How did **you** first hear about sexual intercourse?

- ☐ From my mother
- ☐ From my father
- ☐ From my brother
- ☐ From my sister
- ☐ From my friends
- ☐ At school
- ☐ Watching TV
- ☐ In a magazine
- ☐ Other (Please write down) .....

2. Roughly how old were you? .....

3. Describe how you felt when you first found out about it.

4.. **Who** do you think **should** tell children about sex?

.....

5. How did you first find out about contraception?

- ☐ From my mother
- ☐ From my father
- ☐ From my brother
- ☐ From my sister
- ☐ From my friends
- ☐ At school
- ☐ On the TV
- ☐ In a magazine
- ☐ Other (Please write down) .....

6. How old were you? .....

7. Describe how you felt when you first found out about it.
8. **Who** do you think **should** tell children about contraception?  
.....
9. At what age do **you** think BOYS should learn about sexual intercourse?  
.....
10. At what age do **you** think BOYS should learn about contraception?  
.....
11. At what age do **you** think that BOYS should learn about A.I.D.S.?  
.....
12. At what age do **you** think that BOYS should learn about Sexually Transmitted Diseases?  
.....
13. At what age do **you** think that GIRLS should learn about sexual intercourse?  
.....
14. At what age do **you** think that GIRLS should learn about contraception?  
.....
15. At what age do **you** think that GIRLS should learn about A.I.D.S.?  
.....
16. At what age do **you** think that GIRLS should learn about Sexually Transmitted Diseases?.....

#### **SECTION 4. THE SEX EDUCATION YOUR CHILD RECEIVES AT HOME:**

1. Which of the following things have you yourself (father) discussed with your child?

Please tick all the boxes which apply.

- ☐ Sexual intercourse
- ☐ Monthly periods
- ☐ Pregnancy
- ☐ Body changes at puberty
- ☐ AIDS
- ☐ Sexually Transmitted Diseases
- ☐ Masturbation
- ☐ Wet dreams
- ☐ Contraceptive pills (Tablets taken by females to prevent pregnancy)
- ☐ Condoms
- ☐ Sexual techniques (how to 'make love')
- ☐ Where to get contraceptives
- ☐ Abortion (ending an unwanted pregnancy)
- ☐ How to say 'no' to sex
- ☐ How to talk about sex with the person you are going out with
- ☐ How to discuss contraception with the person you are going out with
- ☐ The importance of saving sex for marriage
- ☐ The importance of only having sex in the context of a loving relationship

2. Who usually starts these discussions?

- ☐ I do
- ☐ The child does
- ☐ Other (please state)

3. How do **you** feel when you discuss sex education issues with your child?

4. How do you think your **child** feels?

5. Which topics on this list do you feel that you **could not** discuss with your child?
6. Are there any things on this list that you feel **should not** be discussed between fathers and their children?
7. Why do you feel that you cannot discuss these things with your child?
8. Are there any sex education issues that you feel **you** would like to know more about?

### **SECTION 5. YOUR VIEWS ON THE SCHOOL SEX EDUCATION:**

1. How much do you know about the kinds of sex education taught in your child's school?

- ☐ A lot
- ☐ A moderate amount
- ☐ Only a little
- ☐ Nothing at all

2. How did you find out about the kinds sex education taught in your child's school?

3. Are you satisfied with the sex education your child receives at school?

If not, please explain why you are not satisfied in the space below:

4. Do you think that there is...

- ☐ Too much sex education at your child's school?
- ☐ Just the right amount?
- ☐ Too little?



5. Which of the following things do you think your child has been taught about in school?
- ☐ Sexual intercourse
  - ☐ Monthly periods
  - ☐ Body changes at puberty
  - ☐ Pregnancy
  - ☐ AIDS
  - ☐ Nocturnal emission of semen (wet dreams)
  - ☐ Sexually transmitted diseases
  - ☐ Masturbation
  - ☐ Sexual techniques (how to make love)
  - ☐ Contraceptive pills (the pill)
  - ☐ Condoms
  - ☐ Where to get contraceptives
  - ☐ Abortion
  - ☐ How to say no to sex
  - ☐ How to talk about sex with the person you are going out with
  - ☐ How to discuss contraception with the person you are going out with
  - ☐ The importance of saving sex for marriage
  - ☐ The importance of only having sex in the context of a loving relationship
6. How do you think the **teacher** feels when he/she discusses sex education issues with your child?
7. How do you think your **child** feels?

8. Which topics on this list do you feel **should not** be discussed during sex education classes at school?
9. Why do you feel that these issues should not be discussed?
10. Are there any other issues that you feel should be discussed at school that are not on this list?

**SECTION 6a. ABOUT TEENAGE SEXUAL BEHAVIOUR:**

1. Complete the following sentences...

Boys who carry condoms are .....

Girls who are on the (contraceptive) pill are .....

Girls who carry condoms are .....

2. If a girl and a boy decide to have safe sex, who should provide the condom?

- ☐ The boy
- ☐ The girl
- ☐ Either of them

3. Do you think that your child has had sexual intercourse?

- ☐ Yes
- ☐ No
- ☐ Don't know

**If yes, please answer the following questions.**

**If no/don't know, please turn to section 6b.**

4. Did your child tell...

- ☐ You
- ☐ Your partner
- ☐ Both of you
- ☐ Neither of you

5. How did you discover that your child was sexually active?

6. How did you react when you found out?

7. What advice, if any, did you give your child when you found out?

8. What form of contraception does your child usually use?

- ☐ The pill
- ☐ Condoms
- ☐ Withdrawal method
- ☐ None
- ☐ Don't know

**SECTION 6b.**

1. Who do you think that your child would tell you or your partner if they had had sexual intercourse?

- ☐ Me
- ☐ My partner
- ☐ Both of us
- ☐ Neither of us

2. If you thought that your child was sexually active, how would you react?

3. If you found out that your child had become sexually active, what advice, if any, would you give your child?

**SECTION 7. ABOUT PREGNANCY AND AIDS:**

1. Compared with other teenagers in this country, what do you think are the chances of your child either becoming pregnant or causing a pregnancy before he/she reaches the age of 18?

- ☐ Very likely
- ☐ Above average chance
- ☐ Average
- ☐ Below average
- ☐ Very unlikely

2. What is the best way of preventing teenage pregnancy?

3. Compared with other teenagers in this country, what do you think are the chances of your child becoming HIV Positive (contracting the virus that is thought to lead to AIDS)

- ☐ Very likely
- ☐ Above average chance
- ☐ Average
- ☐ Below average
- ☐ Very unlikely

4. What is the best way of preventing the spread of AIDS among teenagers?

**APPENDIX 3A**  
**Dyadic Interview Schedule**

**1. Background to relationship:**

a) first meeting

- how did you first meet?
- what did you think of the other?
- what attracted you to each other?

b) becoming a couple

- how did you first start seeing each other?
- how did that make you feel?
- how did the relationship progress?
- did you think it would happen that way?

c) decision-making

- how do you make decisions?
- do you have any differences in opinion?
- how to you resolve your differences?

**2. Sexual aspects of the relationship:**

a) view of relationship prior to first sexual episode

- how did you feel before you started sleeping together?
- did that change things?
- how?
- why?

b) sexual context

- how quickly did you become involved?
- why?
- what happened the first time?
- had you planned it?
- did you expect it to happen at that time?
- how did it happen?

c) sexual discussions

- how easy was it/is it to talk about sex?
- contraception?
- what would make it easier?
- did you discuss sex/contraception before/during/after?
- was there anything wanted to ask or say?
- why didn't you say it?
- did you talk about HIV/pregnancy risk?
- did any sex education come to mind?
- why was that?
- what triggered it?
- do you talk more now?
- why?
- if not, how are wishes communicated?

**4. Phenomenology of sex:**

a) the meaning of sex in the relationship

- has sex changed your relationship?
- what does sex mean to each of you?
- would your relationship be different if you weren't sleeping together?
- how?

b) sexual decision-making:

- how do you tend make decisions about sexual matters?
- do you have any differences in opinion?
- about when to have sex?
- about the use of contraception?
- about the importance of sex?
- how do you resolve your differences?
- who made the initial decision to have sex?
- who made the initial decision to use contraception?
- were you in agreement?
- how did you resolve any disagreement?
- when were those decisions made?
- before\during\after sex\not yet?



### **5.Role of sexual information:**

- how much do you know about sex?
- about how pregnancy occurs?
- about the failure rates of contraceptives?
- what sorts of areas are you not so clear on?
- AIDS?
- STDs?
- are there are grey areas?
- do you think your knowledge affects your behaviour?
- how?
- is there anything you wish you would have known before you became involved?
- how would this have changed things?

**APPENDIX 3B**  
**Individual Interview Schedule**

**1. Adolescence/puberty:**

- when did you first realise you were going through puberty?
- what were your feelings at that time?
- can you remember if you thought about the opposite sex prior to this?
- had you had a girlfriend/boyfriend prior to this?

**2. Sex education and communication:**

- what was the main source of sexual information in your childhood?

**a) family setting**

- what sort of messages did your family give you about sex?
- was sex ever talked about at home? what did they say?
- what was covered?
- who taught it?
- was it relevant to you at that age?
- was it taken seriously by you?
- what did you think about it at that time?
- do you think it could have been better? how?
- do you ever talk about sex with your family now? -how? what?
- what were the immediate effects?
- what were the long term effects?

**b) friends**

- did/do you ever talk about sex with your friends? -how, what? (giggle/serious/advice/brag)
- what sort of messages did they give you about sex?
- what were the immediate effects?
- what were the long term effects?

**c) school (primary, secondary, college)**

- what sorts of messages did they give you about sex?
- was it covered?
- what was covered?
- who taught it?

- was it relevant to you at that age?
- was it taken seriously by you?
- what did you think about it at that time?
- did boys and girls get taught together?
- if not, what do you think the opposite sex talked about?
- could it have been done better? -how?
- what were the immediate effects?
- what were the long term effects?

d) partners

- do you ever talk about sex with past/present boyfriend/girlfriend?
- what sorts of messages did they give you about sex?
- what were the immediate effects?
- what were the long term effects?

e) other sources

- did you ever get any sex education from a doctor?
- a family planning clinic?
- books or magazines?
- youth workers/youth clubs?
- any other sources?
- what were the immediate effects?
- what were the long term effects?

**3.Views about sexual issues:**

- how do you feel about the opposite sex?
- what are the main differences between the sexes?
- do they think about sex/relationships differently?
- do they act differently regarding sex/relationships?
- why do you say that?
- how do you get to know this?
- how do you behave around them?
- what are your views on homosexuality?
- what are your feelings about contraception?
- what are your feelings about pregnancy outside a permanent relationship?

- what are your feelings about sexually transmitted diseases?
- how do you feel about AIDS?

#### **4.Prior (proto)sexual behaviour**

- when did you first start to notice boys/girls?
- when did you first have a boyfriend/girlfriend?
- who was that?
- why did it happen at that time?
- what did you feel about it?
- how did your family react?
- how did your friends react?
- did it make you feel differently about yourself?
- what attracts to you to a person? Why?
- what have your past relationships been like?
- how do they start?
- how long is it normally before you would have sex with a new partner? why?
- what has your contraceptive use been like-when\what sort\why?
- do you think about contraception more in terms of disease prevention or pregnancy prevention?
- have you ever felt under any pressure to pet?
- have you ever pressured anyone?
- have you ever felt under any pressure to have sex?
- have you ever pressured anyone?
- have you always felt in control of your feelings/behaviours
- what normally leads up to sex? what happens/who says what?
- do you try to affect the way things happen? how?
- have you always got what you wanted in terms of pleasure/protection? how?
- what did you do to get what you want?
- who controls/steers most?
- why is that?
- how does that make you feel?
- do you ever think about risks? which ones? why?
- when is it decided that contraception will be used?
- how is it decided?
- what does having a girlfriend\boyfriend mean to you?
- what does sex mean to you?

### **5. First sexual intercourse:**

- how did you feel about it?
- how did he/she feel about it?
- how old were you/your partner?
- what happened? where\when\why (context)
- did you try to influence what happened? how?
- were you successful?
- did you use any contraception? how did that happen?
- did you think about risks? which ones?
- was it what you expected?
- how did you feel afterwards?

### **6: Present relationship:**

- how old were you both?
- what does the relationship mean to you?
- do you ever talk about sex/contraception/AIDS
- how often do you use contraceptives?
- do you ever think about risks in your relationship?
- how do you feel about 'safe sex'?
- do you think you will change your sexual behaviour in the future?
- where does the balance of power lie in your relationship?
- do you always feel in control of your behaviours/feelings in this relationship?
- is there anything that could alter that?
- is there any information which could change the way you handle the sexual side of your relationship?
- how do you see the future of this relationship?

### **7. Projection into the future:**

- looking back, have there been any changes in how you view relationships?
- or how you view sex, and what it means to you?
- has AIDS influenced you sex life? how? when?
- has the thought of pregnancy influenced your sex life? how? when?
- what is the ideal way to deal with risk? (pregnancy/HIV/STDs)
- how could you do that?
- what do you think your future risks will be?

- what do you think works in terms of sex education for young people?
- how do you think educators can alter young people's sexual behaviour?
- what do you think would have an effect on your behaviour?

## APPENDIX 3C

### Female Partner's Risk Questionnaire

Please read the following questions carefully, and answer them as truthfully as you can. Please try to give as much detail as possible in the spaces provided.

You do not need to put your name on the questionnaire; all information given will be treated with the strictest confidence. When you have completed the questionnaire, place in the envelope provided and seal it. The envelope will not be opened until you have both completed the interviews, and left the building. Your partner will not know what you have written.

#### Section One

1. Have you ever worried that your **past** behaviour (before you started seeing your present partner) has put you at risk of HIV infection?

☐ YES

☐ NO

**Why?**

**If you answered 'yes' to this question, what effect has this worry had on your sexual behaviour?**

2. Do you ever worry that your **present** behaviour (with your present partner) has put you at risk of HIV infection?

☐ YES

☐ NO

**Why?**

**If you answered 'yes' to this question, what effect has this worry had on your sexual behaviour?**

3. Have you ever worried that your **past** sexual behaviour (before you started seeing your present partner) has put you at risk of contracting a sexually transmitted disease?

- ☐ YES
- ☐ NO

**Why?**

**If you answered 'yes' to this question, what effect has this worry had on your sexual behaviour?**

4. Do you ever worry that your **present** sexual behaviour (with your present partner) has put you at risk of contracting a sexually transmitted disease?

- ☐ YES
- ☐ NO

**Why?**

**If you answered 'yes' to this question, what effect has this worry had on your sexual behaviour?**



5. Do you ever worry that your **past** sexual behaviour (before you started seeing your present partner) has put you at risk of becoming pregnant?

☐ YES

☐ NO

**Why?**

**If you answered 'yes' to this question, what effect has this worry had on your sexual behaviour?**

6. Do you ever worry that your **present** sexual behaviour (with your present partner) has put you at risk of becoming pregnant?

☐ YES

☐ NO

**Why?**

**If you answered 'yes' to this question, what effect has this worry had on your sexual behaviour?**

## Section Two

You may remember the AIDS awareness campaign, urging people to 'get to know' their partners. The following questions relate to information that people may decide to keep from their partners. I am looking at what this information is, and how it might affect a person's ability to assess their partner's past history. Some of the questions relate to your own experiences, whilst others ask you for information about your present partner. Please answer the questions as honestly as possible, and give as much detail as possible in the spaces provided.

7a. Has your present partner ever asked whether **you** have used intravenous drugs (injected drugs)?

☐ YES

☐ NO

**If yes**, how did you react/reply? (try to remember what you said, how you reacted, how the question made you feel etc.)

**If no**, why do you think he has not asked you this question? How do you think you would react if he asked you this question?

7b. When did your present partner first ask you this question? Tick one box only.

☐ Prior to our first sexual encounter

☐ During our first sexual encounter

☐ Sometime after our first sexual encounter

☐ He has never asked me this question

8. Have you ever used intravenous drugs (injected drugs)?

☐ YES

☐ NO

If yes, have you ever shared needles?

☐ YES

☐ NO

9. Has your present partner ever asked how many sexual partners **you** have had prior to this relationship?

☐ YES

☐ NO

If **yes**, how did you react/reply? (try to remember what you said, how you reacted, how the question made you feel etc.)

If **no**, why do you think he has not asked you this question? How do you think you would react if he asked you this question?

9b. When did your present partner first ask you this question? Tick one box only.

☐ Prior to our first sexual encounter

☐ During our first sexual encounter

☐ Sometime after our first sexual encounter

☐ He has never asked me this question

10a. How many people have you ever had sexual intercourse with prior to your present relationship (not including your present partner)?

.....

10b. If you have had sexual intercourse with someone else before going out with your present partner, how often did you use condoms?

- ☐ Every time
- ☐ Most of the time
- ☐ Around half of the time
- ☐ Occasionally
- ☐ Never
- ☐ I had not had intercourse before going out with my present partner

11a. Has your present partner ever asked whether **you** have ever had any casual partners/one night stands prior to this relationship?

☐ YES

☐ NO

**If yes**, how did you react/reply? (try to remember what you said, how you reacted, how the question made you feel etc.)

**If no**, why do you think he has not asked you this question? How do you think you would react if he asked you this question?

11b. When did your present partner first ask you this question? Tick one box only.

- ☐ Prior to our first sexual encounter
- ☐ During our first sexual encounter
- ☐ Sometime after our first sexual encounter
- ☐ He has never asked me this question

12a. How many casual partners/one night stands have you had prior to this relationship?

.....

12b. If you have had any one night stands/casual partners, how often did you use condoms?

- ☐ Every time
- ☐ Most of the time
- ☐ Around half of the time
- ☐ Occasionally
- ☐ Never
- ☐ I have never had a one night stand/casual partner

13a. Has your present partner ever asked whether **you** have had sex with another person whilst you have been going out with him (i.e. been 'unfaithful' to him)?

- ☐ YES
- ☐ NO

**If yes**, how did you react/reply? (try to remember what you said, how you reacted, how the question made you feel etc.)

**If no**, why do you think he has not asked you this question? How do you think you would react if he asked you this question?

13b. When did your present partner first ask you this question? Tick one box only.

- ☐ Prior to our first sexual encounter
- ☐ During our first sexual encounter
- ☐ Sometime after our first sexual encounter
- ☐ He has never asked me this question

14. Have you had sex with another person since you have been going out with your present partner?

- ☐ YES
- ☐ NO

**If yes,** did you use condoms with this other person/these other people?

- ☐ Every time
- ☐ Most of the time
- ☐ Around half of the time
- ☐ Occasionally
- ☐ Never

15a. Has your present partner ever asked you whether **you** have had anal sex?

- ☐ YES
- ☐ NO

**If yes,** how did you react/reply? (try to remember what you said, how you reacted, how the question made you feel etc.)

**If no,** why do you think he has not asked you this question? How do you think you would react if he asked you this question?

15b. When did your present partner first ask you this question? Tick one box only.

- ☐ Prior to our first sexual encounter
- ☐ During our first sexual encounter
- ☐ Sometime after our first sexual encounter
- ☐ He has never asked me this question

16. Have you ever had anal sex?

- ☐ YES
- ☐ NO

17a. Has your partner ever asked whether **you** have had a blood transfusion/blood products prior to mandatory blood screening being introduced?

- ☐ YES
- ☐ NO

**If yes**, how did you react/reply? (try to remember what you said, how you reacted, how the question made you feel etc.)

**If no**, why do you think he has not asked you this question? How do you think you would react if he asked you this question?

17b. When did your present partner first ask you this question? Tick one box only.

- ☐ Prior to our first sexual encounter
- ☐ During our first sexual encounter
- ☐ Sometime after our first sexual encounter
- ☐ He has never asked me this question

18. Have you ever had a blood transfusion/blood products prior to mandatory blood screening being introduced?

- ☐ YES
- ☐ NO



### Section Three

These questions are similar to those in section two, except they ask whether **you** have asked certain questions **about your present partner**, and your opinions about their replies.

19a. Have you asked your present partner whether **he** has ever used intravenous drugs?

☐ YES

☐ NO

**If yes**, how did he react/reply? (try to remember what he said, how he reacted, how the question made him feel etc.)

**If no**, why do you think that you have not asked this question? How do you think he would react if you asked him this question?

19b. When did you first ask him this question? Tick one box only.

☐ Prior to our first sexual encounter

☐ During our first sexual encounter

☐ Sometime after our first sexual encounter

☐ I have never asked him this question

20a. **Do you think** that your present partner has ever used intravenous drugs?

☐ YES

☐ NO

20b. **If yes**, do you think he ever shared needles?

☐ YES

☐ NO

21a. Have you asked your present partner how many sexual partners **he** has had prior to this relationship?

☐ YES

☐ NO

**If yes**, how did he react/reply? (try to remember what he said, how he reacted, how the question made him feel etc.)

**If no**, why do you think that you have not asked this question? How do you think he would react if you asked him this question?

21b. When did you first ask him this question? Tick one box only.

☐ Prior to our first sexual encounter

☐ During our first sexual encounter

☐ Sometime after our first sexual encounter

☐ I have never asked him this question

22a. How many people **do you think** your present partner has ever had sexual intercourse with prior to your relationship?

.....

22b. If you think/know that he has had sexual intercourse before, how often do you think he used condoms?

☐

Every time

☐

Most of the time

☐

Around half of the time

☐

Occasionally

☐

Never

☐

I do not think he had had intercourse before our relationship began

23a. Have you ever asked your present partner whether **he** had ever had any casual partners/one night stands prior to your relationship?

☐

YES

☐

NO

**If yes**, how did he react/reply? (try to remember what he said, how he reacted, how the question made him feel etc.)

**If no**, why do you think that you have not asked this question? How do you think he would react if you asked him this question?

23b. When did you first ask him this question? Tick one box only.

- ☐ Prior to our first sexual encounter
- ☐ During our first sexual encounter
- ☐ Sometime after our first sexual encounter
- ☐ I have never asked him this question

24a. How many casual partners/one night stands **do you think** he has had prior to this relationship?

.....

24b. If you think/know that he has had any one night stands/casual partners, how often do you think he used condoms?

- ☐ Every time
- ☐ Most of the time
- ☐ Around half of the time
- ☐ Occasionally
- ☐ Never
- ☐ I do not think that he has had any one night stands/casual partners

25a. Have you ever asked your present partner whether **he** has had sex with another person whilst you have been going out with him (i.e. been 'unfaithful' to you)?

- ☐ YES
- ☐ NO

**If yes**, how did he react/reply? (try to remember what he said, how he reacted, how the question made him feel etc.)

**If no**, why do you think that you have not asked this question? How do you think he would react if you asked him this question?

25b. When did you first ask him this question? Tick one box only.

- ☐ Prior to our first sexual encounter
- ☐ During our first sexual encounter
- ☐ Sometime after our first sexual encounter
- ☐ I have never asked him this question

26a. **Do you think** that he has had sex with another person since you have been going out with him?

- ☐ YES
- ☐ NO

26b. How often do you think he used condoms with this other person/these other people?

- ☐ Every time
- ☐ Most of the time
- ☐ Around half of the time
- ☐ Occasionally
- ☐ Never

27a. Have you ever asked your present partner whether **he** has had anal sex?

- ☐ YES
- ☐ NO

**If yes**, how did he react/reply? (try to remember what he said, how he reacted, how the question made him feel etc.)

**If no**, why do you think that you have not asked this question? How do you think he would react if you asked him this question?

27b. When did you first ask him this question? Tick one box only.

- ☐ Prior to our first sexual encounter
- ☐ During our first sexual encounter
- ☐ Sometime after our first sexual encounter
- ☐ I have never asked him this question

28. Do you think that he has ever had anal sex?

- ☐ YES
- ☐ NO

29a. Have you ever asked your present partner whether **he** has had a blood transfusion/blood products prior to mandatory blood screening being introduced?

- ☐ YES
- ☐ NO

**If yes**, how did he react/reply? (try to remember what he said, how he reacted, how the question made him feel etc.)

**If no**, why do you think that you have not asked this question? How do you think he would react if you asked him this question?

29b. When did you first ask him this question? Tick one box only.

- ☐ Prior to our first sexual encounter
- ☐ During our first sexual encounter
- ☐ Sometime after our first sexual encounter
- ☐ I have never asked him this question

30. Do you think that **he** has ever had a blood transfusion/blood products prior to mandatory blood screening being introduced?

☐ YES

☐ NO

31. What sort of information (if any) do you tend to keep from your partner?

Why?

32. What sort of information (if any) do you think your present partner tends to keep from you?

Why?

33. Do you believe that couples should keep secrets/not tell the whole truth about their past behaviour?

☐ YES

☐ NO

Why?

If there is any other information you would like to give about keeping secrets, or your own opinions on discussing past behaviours with your present partner, please feel free to use the space below. Continue on the back if necessary.

**Thank you for taking part in this project.**

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