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EXPLORING SEXUAL SELF-AWARENESS AMONGST YOUNG PEOPLE IN THE UK

by

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ABSTRACT FACULTY OF MEDICINE, HEALTH AND LIFE SCIENCES SCHOOL OF PSYSCHOLOGY

Doctor of Philosophy EXPLORING SEXUAL SELF-AWARENESS AMONGST YOUNG PEOPLE IN THE UK

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The research reported in this thesis investigated an innovative construct referred to as *sexual self-awareness*. The initial operationalisation of sexual self-awareness incorporates three main aspects; these are 1] *Sexual self-knowledge* – how young people identify, differentiate and understand their physical and emotional sexual feelings, and how these interact with their sexual activity, 2] *Sexual self-exploration* – how comfortable they feel exploring their body, including masturbation, and the emotions attached to this, and 3] *Sexual self-expression* – how they express their needs and desires with potential and current sexual partners, and factors that appear to influence, or have influenced this.

The rationale for investigating this construct is that not only have these three aspects of sexual health not been brought together in a unifying construct before but, more importantly, there are major theoretical implications, inasmuch (i) that it can potentially offer further understanding of young people and their sexual health, thereby leading to improved understanding of what influences their positive and negative sexual behaviours and (ii) that it may provide a useful means by which the potential impact of sexual health interventions can be assessed.

Through a mixed methodological approach, this research initially explored sexual self-awareness through in-depth interviews with heterosexual young women allowing sub-themes to emerge within the three aspects of sexual self-awareness. The findings of the qualitative study and previous research formed the basis for a large number of questionnaire statements in an online survey completed by young women and men. Through factor analysis, these statements were reduced to a reliable scale of twenty-two statements that included aspects of sexual self-knowledge, self-exploration and self-expression, indicating that not only can sexual self-awareness be operationalised but that it can also be measured.

The key findings were that a number of social and sexual demographics associated sexual self-awareness and its sub-scales, with the inference being that this could be a useful tool for health practitioners and educationalists to employ with young people as a means of identifying different levels in their selfawareness. It concludes that the implications of these findings for policy-makers and educationalists are that UK sex education needs to broaden its scope to encompass comfort with bodies, including male and female masturbation, communication with parents/caregivers as well as sexual partners, and sexual desires and pleasure of men and women.

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PREFACE

In my final undergraduate year, one of my chosen modules was Social Psychological Approaches to Social Issues that was primarily concerned with young people and their sexual health. I was immediately struck by the complexities of this arena and the controversies that surround, not only the methodological approach to research, but also its application. This left me in no doubt that this was a topic area that I wanted to investigate further as part of a PhD.

These complexities may have been more salient for me as I was in the fortunate position of being part of the generation when the pill became widely available and yet the widespread dangers of STIs were still to rear their ugly head. It was a time where my friends and I perceived that things could only get better for women in the sexual domain. We were beginning to see gendered inequalities disappear from education, the workplace, and in the home, and saw that this was now possible in the sexual arena as we had control over reproduction. Words such *slut* and *slag* would be eradicated from the English language and, at last, women could relax and embrace their sexuality, especially in terms of their own control and even pleasure.

As I sat studying for this module, I remember with horror and a certain amount of sadness, as I studied article after article, that some of today's young women were still suffering coercion, fear and an array of negative emotions when it came to their sexual lives. It appeared that, for some young women, the clock had stood still and had not moved for the last thirty years. There appeared to be a dichotomy where more young women were matching their male counterparts with the amount of sexual activity and yet this was not matched by their levels of pleasure.

How and why had this happened? My motivation to find out more was fuelled. The core of this piece of research is founded within this pervasive inequality between the genders in the sexual domain. I had so many questions, but the primary question that arose was: how aware were young people and in particular young women, of their sexuality? To capture this question, I developed a term that I called sexual self-awareness and, with this term or construct in mind, I embarked on my research.

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My first task was to review the extensive literature about sexual health, concentrating on young people. This included a great deal of feminist writings that were often angry and, in some cases, biased towards women whilst ignoring the male perspective. Other authors were too parsimonious in their conclusions while others were too vague to be able to draw any conclusions. Chapter 1 has taken a broad approach by first investigating the concept of sexuality and laying the foundations for the debate between evolutionary and social influences on sexuality. It offers further explanation of the premise of social constructionism, especially in relation to sexuality. Second, it introduces the theoretical framework of sexual scripts, which is the sexual socialisation through culture, interpersonal relationships and within the individual. Third, this chapter explores the history of sexual health research and the various approaches that have been taken, and the rationale for studying young people. Fourth, a number of socio-demographic factors are investigated and, finally, UK government policy is examined in relation to various strategies and sex education policies.

Chapter 2 outlines the initial operationalisation of sexual self-awareness within the three sub-constructs of sexual self-knowledge, self-exploration and self-expression. Chapter 3 provides the rationale for a mixed-methods approach and describes the methodologies for both approaches. The first study was a qualitative study of semi-structured interviews with young women that is described in Chapter 4. This is followed by the development of the questionnaire statements for a large online survey (Chapter 5) and then the reduction of the statements to a manageable number of statements and how reliable these are as a scale for sexual self-awareness (Chapter 6). Chapter 7 reports the analyses of the association between the social and sexual demographics and scores on the scale, while Chapter 8 describes the test-retest of the scale. The concluding remarks in Chapter 9 discuss the overall findings with implications and proposed applications of the scale for sexual self-awareness.

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Background to Sexual Health Research amongst Young People

1.1 Introduction

Sexual health research in relation to young people has never been so crucial and, in turn, so complex as researchers employ varying methodologies to explain sexual beliefs, values and attitudes. In the United Kingdom, relatively large amounts of funding for research have been allocated due to the continuing high levels of unplanned teenage pregnancies, which remain the highest in Western Europe; six times higher than the Netherlands and four times higher than France and Germany (DCSF, 2007). This is coupled with the increasing prevalence of sexually transmitted infections (STIs), where, since 1999, figures for the number of new human immunodeficiency virus (HIV) diagnoses now show the largest growth among heterosexuals, as well as Chlamydia and Gonorrhoea affecting young people; or more precisely, young women who are twelve times more likely to be tested positive for Chlamydia than young men (Health Protection Agency, 2005; McLeod, 2001). However, there is strong evidence that, although young people are aware of these high rates, it has not been matched with the increase in preventative measures such as condom use, as recent surveys have indicated that the majority of young people use condoms infrequently and inconsistently (e.g. Johnson et al., 2001).

Concerns about the sexual health of young people has become not only a social issue, but also a politically strategic one with a number of Government initiatives that include the Social Exclusion Unit's (1999) report that led to the launch of a 10-year Teenage Pregnancy Strategy for England, the National Strategy for Sexual Health and HIV (2001), followed in 2003 by the focus of a governmental health committee to oversee these strategies. These strategies appear to be making a slow impact upon the rates of unplanned teenage pregnancies; however, the latest figures show that STIs are increasing at a dramatic rate (Health Protection Agency, 2007). In relation to teenage pregnancies, it is often the factors associated with early parenthood that are causes for concern, such as social exclusion, cessation of education, and lack of economic independence (Watts & Nagy, 2000).

This first chapter provides the background to sexual health research, with particular emphasis on young people. However, it begins with the broader spectrum of sexuality, how it is defined and how it can be socially constructed and thereby influences young people in different ways. The aim of this chapter is not just to investigate and interpret the literature, but also to identify the next steps of the literature review and, in turn, the rationale for the research described in this thesis.

1.2 The Concept of Sexuality

Many researchers have emphasised that sexuality is a complex and confusing aspect of life, such as the need to resolve desires, values and social expectations (Moore & Rosenthal, 1993)¹. Sexuality includes the individual's construction of sexual knowledge, beliefs and identity, their sexual activities and behaviours and what they deem natural, appropriate and desirable, and the effect of their cultural and societal norms including their morals, values and attitudes (e.g. Holland, Ramazanoglu, Sharpe & Thomson, 1996; Ingham & van Zessen, 1998). Sexuality emerges from the interdependence of biology, personal awareness, and the facts and artefacts of sociocultural life (Berkeley & Ross, 2003; Chambers, Tincknell, & Van Loon, 2004; Sutherland, 2001). It is argued that to ignore any of these mutually dependent aspects of sexuality leads to a distorted understanding and an inadequate accounting of the varieties of meaning that sexuality has for individuals and cultures (Allen & Bradley, 2004; Allen, 2001; Short & Rosenthal, 2003).

1.2.1 Evolutionary vs. Social Influences

Sexuality is an innate part of human nature where its emergence is accelerated as part of the maturation process during puberty. Some cultures symbolise this process as the transition from childhood to adulthood (Elsheikh, Hassan, & Creatsas, 2000; Foucault, 1976; Gagnon & Parker, 1995; Goodson, Evans, & Edmundson, 1997; Moore & Rosenthal, 1993). This phase of life also sees the development of sexual values and beliefs, and an upsurge in sexual drive and activity, which can be viewed as developmental milestones or, conversely, as

¹ The definition of sexuality in the Oxford English Dictionary appears lacking in substance and depth, with almost an implicit tone of abnormality, especially within the second definition, '1) the state or quality of being sexual 2) preoccupation with or involvement in sexual matters, 3) the possession of sexual potency' (OED, 2007).

risk-taking and possibly health-compromising behaviours (Dowsett, 2003; Elsheikh et al., 2000; Kehily, 2002a). There is an inevitability of this biological transition, although the accompanying aspects are neither simple nor inevitable. There is no universal code to sexuality, as beliefs, morals and ethics have influenced its expression in numerous cultures and religions during the course of human evolution (Bermant, 1995).

Some researchers have regarded this biological/evolutionary perspective as the sole driving force for sexual activity, mainly in relation to young men. where levels of hormones such as testosterone offer a biological explanation of why sexual activity may appear to be more important to young men than young women (Brooks-Gunn, Graber & Paikoff, 1994; Buchanan, Eccles & Becker 1992; Billy & Udry, 1985). However, the findings are inconsistent and need to be viewed with caution, especially in relation to the effects of testosterone (Halpern, Udry & Suchindran, 2004). One longitudinal study found that pubescent development was a significant predictor of sexual activity and that testosterone's effect was indirect, but did not, per se, significantly relate to the likelihood of having coitus (Halpern et al., 1994). Furthermore, Spencer et al. (2002) found that pubertal timing was unrelated to the initiation of coitus. These researchers have concluded that the relative importance of biological indicators, especially hormonal influences, and the mediating and moderating effect of these indicators, remains somewhat misunderstood. They go on to say that biology is accepted as an important factor in understanding young people's sexual activity; however, the role that biology plays compared to the developmental expectations associated with age or maturity is less clear. The role of visible physical development versus hormonal influences on sexual intentions, sexual activity, and socially accepted behaviours remains poorly understood with inconsistent findings (Spencer, Zimet, Aalsma & Orr, 2002)..

Other psychologists have proposed that these differences reflect social rather than biological structures (e.g. Herdt, 2004), covered in greater depth in the next section. However, the argument presented here is not an either - or, but that the social structures may perpetuate and exacerbate these different attitudes and behaviours over and above the biological structures. This creates inequalities in the sexual domain where certain males' attitudes and behaviours are sanctioned or at least condoned, and certain females' attitudes and behaviours are

prohibited or at least, restricted. This complex issue forms part of the foundation for this piece of research and is continually referred to, implicitly and explicitly, throughout the thesis. Hence, the next section extends this concept within the role of social influences within the approach of social constructionism.

1.2.2 Social Constructionism

Social constructionism as an approach draws its influences from a number of disciplines, including philosophy, sociology and linguistics, making it multidisciplinary in nature (Burr, 1995). It has been argued that there is not one single description or feature that could identify a social constructionist position: however, Gergen (1985) proposed that there are four main assumptions to its foundation. First, social constructionism takes a critical stance towards taken-forgranted ways of understanding the world, including people. It is in direct opposition to positivism and empiricism in traditional science where conventional knowledge is based upon objective, unbiased observation of the world (Yardley, 2000). It questions the assumptive categories that human beings perceive as real divisions². Second, the categories and concepts used are not only historically and culturally specific but, in turn, products of their history and culture. They are dependent on particular social and economic arrangements where particular forms of knowledge are held within that culture. Therefore, this knowledge cannot be assumed to be 'better' or nearer 'the truth' than other forms of knowledge. Third, this knowledge is not derived from the nature of the world, but how people construct it between themselves. It is this interaction and the fabrication of knowledge through language that people use that is of great interest to social constructionists. Last, this knowledge and social action results in understandings that takes a wide variety of different forms as well as numerous possible social constructions of the world (Gergen, 1985).

Hence, the constructionist view is that sexuality is not based solely on internal drives, but is elicited in specific historical and social circumstances. One of the most dominant variables or social structures in sexuality research is that of gender (Dowsett, 2003). The recognition that gender was a larger frame through which sexuality in Western societies should be interpreted was a critical

² A radical example is that of gender; there is the biological difference called sex, but social constructionists would question as to why this distinction has been given so much importance that stereotypes of identity have been built upon them (Foucault, 1976; Gergen, 1999).

contribution, for example, of feminist studies to sex research. Dowsett (2003) argues that this recognition takes many forms. First, the preponderance of male researchers in this field perpetuates this social construction and, second, the models of sexual normality whereby the sexuality of men was the norm. Third, the priority of gender socialisation to human development, especially as this has occurred prior to sexual development and, last, the role of gender inequality in shaping the lives of women and men where the sexual practices of women and men were determined by inequalities in power.

1.2.2.1 Sexuality as a social construction.

As previously stated, gender is one of the most dominant variables or social structures in the research on sexual health and, specifically, sexuality³. Far from the biological distinctions between the sexes being viewed as simply two distinct categories of persons who naturally have different attributes, capabilities and (usually unequal) positions, rights and resources in society, it is argued that this division is deeply rooted in the history and culture of many societies. It underpins the organisation and systems of daily life to the extent that it is unseen, 'natural', and the way it has always been throughout history and therefore a biological structure as opposed to a social structure (Blanc, 2001; Dowsett, 2003).

One ongoing debate concerns whether the different levels of sex drive shown by men and women result from biological or social structures. There is certainly evidence of different sexual behaviours, such as men reporting the need for sex more often (Korobov, 2004), and women reporting the need for higher emotional attachment within the sexual domain (Jackson & Cram, 2003). To some extent, different gender conceptualisations of sexual experience, knowledge of social conditioning, sex roles and scripts may have a stronger influence on the apparent different levels of sex drive, rather than a biological structure (Levine, Britton, James, Jackson, & Hobfoll, 1993) and it is the theory of sexual scripts that is investigated in the next section.

³ The Oxford English Dictionary defines gender as "in mod. (esp. feminist) use, a euphemism for the sex of a human being, often intended to emphasise the social and cultural, as opposed to the biological distinctions between the sexes" (OED, 2003).

1.2.3 Sexual Scripts

One way in which social norms regarding sexual behaviour are maintained and expressed is through culturally shared sexual scripts (Gagnon & Simon, 1973). Scripts are the stereotyped interactional patterns that are expected in social situations (Abelson, 1981; Ginsburg, 1988). Gagnon and Simon (1973) distinguish between three levels of sexual scripts, which are *cultural*, interpersonal, and intrapsychic. First, cultural scripts or scenarios are the general guides to sexuality that exist at the level of the society, culture or subculture. Cultural scenarios provide general guidelines regarding all aspects of sexual behaviour, including who is an appropriate object for sexual desire, the appropriate relationship between sexual actors, the appropriate places and times for sexual activity, and what the participants in the sexual activity are assumed to be feeling. These collectively shared scenarios define the symbolic meaning of behaviours in sexual interactions, and thereby facilitate interpretation of others' intentions and feelings in interactions. It has been argued that prevailing cultural scenarios encourage women to establish and maintain intimate relationships at the expense of their own needs (Bowleg, Lucas, & Tschann, 2004). Hence, traditional gender norms encourage women to perceive sex as appropriate only when it occurs within the context of an emotionally committed relationship or when sex is an expression of emotional intimacy, and to repress their own needs and desires to please their male partners (Holland, Ramazanoglu, Scott, Sharpe, & Thomson, 1990a).

Second, *interpersonal* scripts are the individuals' interpretations of these cultural scenarios. Scripts, at this level, refer to an individual's attempt to put his or her understanding of the cultural scenarios, the current social context, and their own desires into action. The exact nature of an individual's interpersonal scripts is, therefore, a result of their own personal history of socialisation, their unique experiences, and their motives in a given situation (Simon & Gagnon, 1986). Thus, the same cultural scenarios will result in somewhat different interpersonal scripts among members of the same culture.

Finally, *intrapsychic* scripts are the internalisations of the socially shared scripts and scenarios. Social competence requires successful social performance of cultural scenarios which, in turn, requires rehearsal of the interpersonal scripts based on those scenarios. These rehearsals occur both internally and

behaviourally. Rehearsal of interpersonal scripts is believed to result in an internalisation of the meanings and symbols inherent in these scripts. In other words, rehearsal of the interpersonal scripts derived from cultural scenarios actually shapes individual attitudes, values and beliefs and, in this manner, *interpersonal* scripts act as the link between *intrapsychic* scripts (individual attitudes) and *cultural* scripts (societal norms).

This section has provided a brief overview of the concept of sexuality, placing it within a sociocultural framework and highlighting the ways in which individuals may perceive their sexuality in light of the framework. The next section explores sexual health research through the meaning of sexual health, the development of research and the various approaches that different researchers have taken.

1.3 Sexual Health Research

As stated previously, it is not surprising that funding into sexual health research has predominantly focused on the negative outcomes of young people and their sexual activity. The consequence of this is that young people's sexual health is often characterised as a serious public health issue in need of regulation and control (O'Sullivan, 2005).

It is important to iterate that sexual health involves so much more than the absence of disease, unwanted pregnancy, violence and/or victimisation (Amaro, 1995; Brooks-Gunn & Paikoff, 1997; Fine, 1988; Hillier, Harrison, & Warr, 1998; Tolman, 2001). The World Health Organisation has issued a working definition for sexual health that promotes the positive aspects and is encapsulated by Aggleton and Campbell (2000):

- It is important to recognise that sexual health is (or should be) an affirmative concept a state of well-being imbued with positive qualities.
- It is more than reproductive health being concerned with modes of sexual expression and not just procreation.
- It should be inextricably linked to the expression of individual and collective needs as well as to broader human rights and responsibilities.

- The concepts of sexual health should respect the variety and uniqueness of sexual experiences, needs and identities, free from sexual exploitation, oppression, and abuse.
- It must be concerned with the attainment and expression of sexual pleasure, not with the repression of sexual energies and desires or their denial.

In addition to the tendency to conflate young peoples' sexuality with risky behaviour, there is also a tendency to define sexual activity only in terms of sexual intercourse without distinguishing its various component parts, such as sexual feeling and desire, and the different types of activity that express those feelings.

This prompted Diorio and Munro (2003) to emphasise that this viewpoint stemmed from the position that, although current thinking recognises that the individual experience of sexual development takes place within an interaction of biological and social environments, most writers assume that there is a common core meaning of this phenomenon. which is *reproductive maturation*. This conceptualisation of sexual development constrains what is taught, not only about the meaning of bodily development, but also the nature and meaning of sexuality. This tendency is an intrinsic aspect of public policy (and hence funding), leading to research that is often geared towards avoiding the risks of sexual activity, with young women often being the focus of concern (Buston & Wight, 2002). It could be argued that this is understandable as the impact of young women's risky sexual activity may not only result in unplanned pregnancies, but also the higher prevalence of STIs among young women (Carabine, 2004; Hirst, 2004; Kehily, 2002a; Levesque, 2000). However, this continual focus of concern precludes young women from perceiving the positivity of their sexual health in terms of well-being, sexual expression and freedom from sexual exploitation.

1.3.1 Development of Sexual Health Research

Historically, at least until the 1950s, there were a number of important theoretical commonalities in Euro-American sexual health research (Gagnon & Parker, 1995). Gagnon and Parker (1995) stated that nearly all theorists of this period agreed that sex was a natural force that existed in opposition to

civilisation, culture or society; however, their point of departure was whether the sex drive or impulse was a virtuous force *warped* by a negative civilisation or a negative force that required social control. The important point was that this drive was embedded within the individual; hence, the conduct and behaviour of individuals was central to research and, for this reason, certain researchers concluded that societies or cultures were primarily responsive to, rather than shaping of, the sexual drive (Simon, 1996), although the concept was that the individual and the drive were prior to the social or cultural order. While there was not universal agreement, nearly all theorists believed that there were fundamental differences between the sexuality of men and women, based within the 'natural' differences of masculinity and femininity. As a corollary of these beliefs, theories of sexuality were not only predominantly based on male sexuality, but also by heterosexual images and practices. On this basis, the justification for undertaking the scientific study of sexuality was that it was capable of producing an unbiased version of sexuality, thereby reducing sexual ignorance and creating a more balanced relation between society and the individual, which would result in human betterment. Nearly all theorists during this period shared a belief in the privileged character of positive scientific knowledge. Such knowledge was viewed as both trans-cultural and transhistorical, where the underlying nature of sexuality remains the same in all times and places. However, in the 1960s this viewpoint was challenged by social scientists as it became very apparent that this paradigm lacked the necessary explanatory power to explain the sociocultural aspects of sexual health.

1.3.2 The Rationale for Studying Young People and their Sexual Health

The rationale for studying young people is that, although human sexuality develops from the moment of conception, puberty sees the greatest growth spurt; not only physical characteristics and capacities for specific sex behaviours, but also social and psychological attributes, such as temperament, feelings, values, and norms about these behaviours (Chilman, 1990). This stage has some general themes, such as growing independence and maturing physical and psychological sexuality, and yet individual young people and their families play out a myriad of differing variations on these themes – a principle that is often overlooked by researchers in their eagerness for generalisations. It is the interrelationship of the

social and cultural influences with the individual that impacts on the development of their sexuality (Russell, 2005).

It is at this stage in their development where young people, often prior to their sexual debut, view their sexuality separate from themselves, and are still evolving their sexual identity, with their sexual behaviour outside the context of their total life situations and goals (Chilman, 1990). For young people, it is often perceived that their sexual debut brings with it some form of enlightenment and additional knowledge of themselves and their sexual world, but often this is not the case. However, for many young people, it is often perceived as a distinctive marker of adult status (Martin, 1996). In qualitative studies, young men frequently describe the experience as *what makes them a man* (Forrest, 2000) or *becoming a man* (Kehily, 2002b). Among young women, many view losing their virginity and heterosexual involvement as an opportunity to present themselves as mature, *real* women (Allen, 2004a). This stage of young people's sexual development is also the focus of much research as it can mark the start of the negative aspects of young people's sexual health.

The next section provides an overview of some approaches to sexual health research with emphasis on the various models that have been adopted.

1.3.3 Approaches to Sexual Health Research

A great deal of sexual health research concentrates on behaviours connected with risk-taking, such as lack of condom use. Whilst several researchers have attempted to apply social cognitive models (Sheeran, Trafimow, & Armitage, 2003), others have argued that these models are insufficient to explain the complexity of the social interactions that surround these behaviours (Ingham & van Zessen, 1997; Kippax & Crawford, 1993).

1.3.3.1 Socio-cognitive models

The majority of western research into sexual health and, in particular, competence within the framework of safer sexual practices, e.g. condom use, has adopted traditional health theories and models borrowed from the pre-HIV health era to try and explain HIV/AIDS risk behaviour (Amaro, 1995; Ingham, 2004; Ogden, 2000). This has resulted in individual health and social cognitive models (SCMs) of risk behaviours and behaviour change playing an important role in

developing sexual health prevention programmes. The underlying concept of these models is based upon individual rational decision-making, with individual factors that include cognitions, attitudes, knowledge and beliefs. These models rely on quantifiable self-report measures using various dimensions that predict various health behaviour outcomes (Ingham, Vanwesenbeeck, & Kirkland, 1999). This section concentrates on three models that are the most prevalent in this area of research; these are the health belief model (HBM), the theory of reasoned action (TRA), and the theory of planned behaviour (TPB).

The first socio-cognitive model is the health belief model (HBM), which predicts that an individual's behaviour is a result of a set of core beliefs based on their perception of susceptibility to the illness, a cost-benefit analysis of carrying out the behaviour, the cues to action that can be internal and/or external, and the perceived severity of the illness (Rosenstock, 1985), as shown in Figure 1.1. The HBM suggest that these core beliefs should predict the likelihood that a behaviour will occur. An early longitudinal study that adapted HBM to predict condom use among homosexual men found that the components of the model were not good predictors, with only perceived susceptibility and medical efficacy indicating a very weak predictor of condom use (McCusker, Stoddard, Zapka, Zorn, & Mayer, 1989).

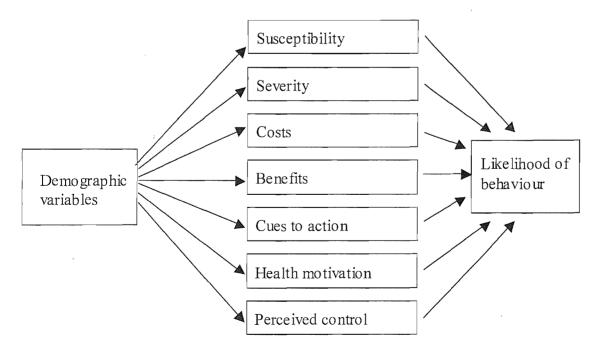


Figure 1.1 Health Belief Model (McCusker et al., 1989).

The second socio-cognitive model is the theory of reason action (TRA), which works from the assumption that people are usually quite rational, making systematic use of the information available, where individuals consider the implications of their actions through cognitive processes before deciding to engage in a given behaviour (Fishbein & Ajzen, 1975). With intention being the immediate antecedent to behaviour (the stronger the intention to perform a behaviour, the higher the probability that it will take place), TRA stated that intention was a function of two basic determinants: attitude towards the behaviour – individual's positive or negative beliefs about performing a specific behaviour, and subjective norms of behaviour – a function of beliefs that significant others approve or disapprove of performing the behaviour and motivation to comply (see Figure 1.2).

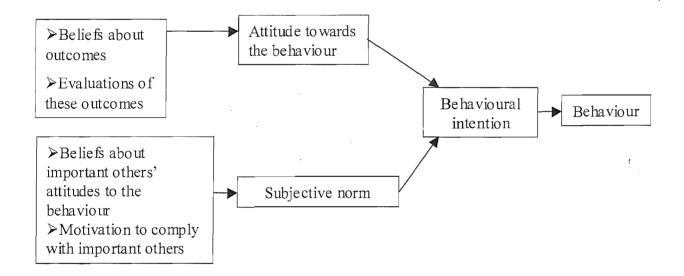


Figure 1.2 Model of theory of reasoned action

Ajzen (1985) argued that there were several limitations to this model as it depended on individuals having high levels of volitional control over their behaviours and attitudes, which often was not the case. The level of control directly affected the person's intention, thereby affecting the likelihood of the behaviour being performed; Ajzen (1985) referred to this as 'perceived behavioural control' (PBC) – how difficult the behaviours are perceived to be, as well as the perception of how successfully the individual can, or cannot, perform the activity. The triad of PBC, attitude and subjective norm were proposed to be the causal links to intention in the TPB (see Figure 1.3).

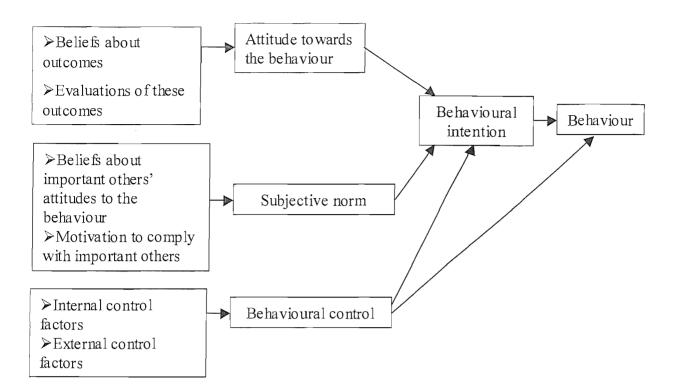


Figure 1.3 Model of theory of planned behaviour

Extensive research has investigated the predictive power of these conceptual models in relation to sexual health issues and, in particular, condom use. A recent meta-analysis of TRA/TPB and condom use has investigated a large number of studies to analyse its predictive ability (Albarrin, Johnson, Fishbein, & Muellerleile, 2001). The authors synthesised 96 data sets (N = 22,594) containing associations between the models' key variables and reported that behavioural control was related to behavioural intentions, explaining 20 percent of the variance, and intentions were based on attitudes, explaining 34 percent of the variance; however, it did not contribute significantly to actual condom use. It appears that the best predictors seem to be a combination of normative beliefs that include personal, interactional and sociocultural beliefs.

1.3.3.1.1 Limitations.

These models have to some extent been successful in previous research into certain social aspects, but the examination of condom use has produced inconsistent results. For example, Fisher (1984) reported a significant correlation between intentions and actual behaviour, whereas Abraham and his colleagues did not find this (Abraham, Sheeran, Abrams, Spears, & Marks, 1991). Many of the inconsistencies may be due to the different types of populations such as heterosexual, homosexual or bisexual cohorts; it is therefore not surprising that many researchers question these models' applicability to such complex areas as sexual activity.

The common assumptions are that the models are founded on the individual, ignoring the relational and sociocultural contexts of sexual activity (Amaro, 1995). They are built on the assumption of rationality that remains consistent and predictable between each specific constituent component of the models (i.e. attitudes, cognition, intentions and behaviour); and finally, the models remain fixed on the individual's attributes such as knowledge, attitudes and perceived risk and/or severity (Amaro, 1995; Ingham & van Zessen, 1997). Increasingly, many researchers have noted the limitations of this "rational" approach to safe sex, which regards safe sex as a choice, overlooks the importance of the context of sexual encounters, and the possibility that sexual encounters may not involve two autonomous individuals (Amaro, 1995; Hillier et al., 1998; Ingham, 1994; Ingham, Woodcock, & Stenner, 1992; Kippax & Crawford, 1993). It has been argued that SCMs are bound to fail in relation to sexual conduct because they rely on individual conceptualisations of behaviour (Amaro, 1995), the rationality or 'cognitive structure' to explain behaviour change, while ignoring the social interaction elements of this human behaviour (Ingham & van Zessen, 1997; Ingham et al., 1992; Kippax & Crawford, 1993; Rivis & Sheeran, 2003). As Ingham and his colleagues highlighted, the assumption of SCMs that the causal relationship between beliefs, attitudes and behaviours are always rational appears to disintegrate with respect to sexual behaviour. Young people appear very well informed about the causes of STIs and yet appear unwilling or unable to implement safe sex practices (Ingham et al., 1992). Far from implying that young people's behaviour is irrational, Ingham and his colleagues suggested that rationality can only be viewed within the sociocultural context. Furthermore, the appropriateness and admissibility of sexual conduct varies between and within cultures as well as social groups and personalities (Ford & Morgan, 1989). The assumptions of SCMs are couched in terms of a cognitive structure where beliefs, attitudes and behaviours are processes that occur within the individual's mind – thereby ignoring the interpersonal and social relationships between individuals, and the social

structure that governs social practice (Kippax & Crawford, 1993). Beliefs and attitudes about sexual conduct are not merely formed by introspection alone. They require an interaction within a wider social context to allow the development of an individual's cognitive process to form a set of beliefs and attitudes (Sutherland, 2001), to the extent where cognitive activity may not occur until after the behaviour has been enacted (Kippax & Crawford, 1993).

While a number of researchers have attempted to adopt socio-cognitive models such as HBM and TPB as predictive and interventions models of sexual risk-taking and protective behaviours among young people, their value is questionable. As Kippax and Crawford (1993) concluded in their chapter on the "Flaws in the Theory of Reasoned Action":

"An action such as condom use may be *partly* explained by reference to beliefs and judgements and subjective norms []. But the processes which form and modify these beliefs, etc., are not cognitive. [] Such beliefs are formed and judgements made in talk and coordinated activity. The processes which underpin behaviour change lie outside the individual; to be more correct between persons. If social process and collective practice are acknowledged, then a small set of theoretical constructs and psychological and social processes might succeed where theory of reasoned action has failed." (p. 268)

As Ingham (1994) pointed out, these models may explain 20-30 percent of the variance, but that still leaves 70-80 percent of the variance unaccounted for. Clearly, the variance within young people and their sexual health reaches far beyond the predictive and intervention power of these models. There is no doubt that cognitive factors do contribute to some extent to the sexual behaviour of young people, but this approach neglects the contextual and interpersonal aspects of sexual behaviour. Other researchers have highlighted that, rather than adapting pre-existing models, it is important to develop new models that are capable of including psychosocial factors (Ingham & van Zessen, 1997)

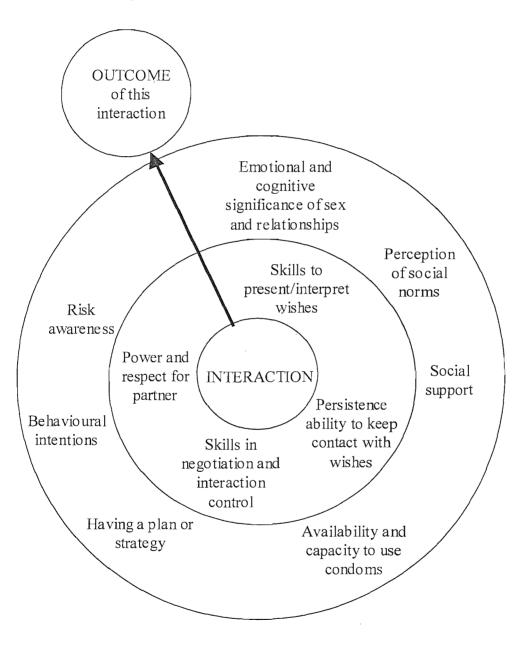
1.3.3.2 Interaction models.

As early as 1973, Gagnon and Simon highlighted that managing sexuality involves managing interpersonal relationships. Therefore, sexual risk reduction calls for enhancing interpersonal efficacy and not just simply targeting a specific behaviour that needs to be changed. "The major problem is not teaching young people sex guidelines, which is easily achievable, but equipping them with skills that enable them to put the guidelines into practice consistently in the face of counteracting social influences" (Gagnon & Simon, 1973, p. 232). The problem is that knowledge and intentions often conflict with interpersonal pressures and sentiments, such as the sway of allurement, heightened sexual arousal, desire for social acceptance, coercive pressures, situational constraints (e.g. drugs, alcohol), and fear of rejection and embarrassment – all these can override the influence of the best informed judgement and intentions.

Researchers have formulated models where the object of interest is not the individual per se, but the interaction itself (Ingham & van Zessen, 1997; Vanwesenbeeck, van Zessen, Ingham, Jaramazovic & Stevens, 1999). However, the point of interest is the individual's expectations, plans, desires, capabilities and histories that are brought to the interaction that affect its course, although it should be noted that these aspects of the individual often only become salient during the interaction. Hence, the interaction is placed at the centre of the model, graphically represented in Figure 1.4. It is the interrelationship between the factors within each layer where outer layer factors may become redundant depending on the influence and impact of factors nearer the core. For example, availability and capacity to use condoms (outer layer) may be overruled if the individual has limited skills in negotiation and interaction control (inner layer). Furthermore, Ingham and Zessen (1997) highlighted that this model has a temporal element in two elemental ways.

The saliency of the factors wax and wane, first, depending on the development of a relationship; for example, Holland and her colleagues pointed out that, as a relationship becomes more firmly established, the insistence of condom use becomes more difficult as this is perceived as the antithesis to trust and intimacy (Holland et al., 1990a; Holland, Ramazanoglu, Scott, Sharpe, & Thomson, 1990b), so therefore this factor may become less salient. Second, as the life experiences of the individual increase, alternative sexual scripts may develop as well as acquiring a range of competencies, resulting in a shift of factor salience (Ingham & van Zessen, 1997). Ingham and van Zessen (1997) concluded that the inclusion of these temporal aspects of the model is essential when designing suitable and appropriate interventions. The authors described this model as a preliminary model; however, it is suggested that it may require a third layer. Beliefs, attitudes and values about sex, risk and condom use do not just

exist within individuals, or within the context of an interaction. They exist within a much broader social context that shape and influence the individual, which may take the form of the role of parents, peer communication, formal and informal sex education, and multiple forms of societal and cultural influences. It may be argued that what is of interest to the researcher is how do young people acquire these embedded opinions, beliefs and values prior to entering into the interaction.



(Source: Rademakers et al., 1992; cited in Ingham & van Zessen, 1998).

Figure 1.4 A Dynamic Model of Sexual Interaction

1.3.4 Summary

This section has provided a brief overview of the development of sexual health research and the rationale for studying young people within this arena. It has also provided a brief overview of a selection of the key approaches previous researchers have taken in particular, the use of socio-cognitive and interactional models to explain sexual risk-taking in young people.

The remainder of this chapter considers four socio-demographics that have found to be associated with young people and their sexual health; these are; 1] gender and age, 2] ethnicity, 3] religiosity, and 4] level of deprivation. Even though gender is considered as a separate socio-demographic variable, it continues to be used comparatively within the other socio-demographic variables as it plays such a pivotal role within the sexual lives of young people. The final section provides an overview of sex and relationships education (SRE) within government policy and its provision within schools.

1.4 Socio-demographic Factors

1.4.1 Gender

It has been argued that contrasting sexual scripts (Simon & Gagnon, 1973) determine gender identity by shaping boys' and girls' consciousness prior to entry into, and experience of, their developing sexuality. The 'masculine' script is tied to, and confirmed by, pleasure and sexual performance, whereas the 'feminine' script is tied to, and confirmed by, a sexual relationship or marriage (e.g. Tolman, 1994, 1999, 2001, 2002).

Many researchers have highlighted that this construction is exacerbated in sex education programmes where young people's sexual health equates to the absence of STIs and the avoidance of unintended pregnancies, and does not embrace the idea of positive experiences of sexual desire and pleasure that are argued to be integral to young people's sexual health and well-being (Buston, Wight, & Hart, 2002; Caron, Godin, Otis, & Lambert, 2004; Diorio, 2001; Fine, 1988; Measor, 1989; Wilton & Aggleton, 1991). However, this may not be the case for both genders. Fine (1988) highlighted the fact that, by only teaching reproduction, this implicitly informs children that male pleasure (arousal) and, moreover, the height of male pleasure (ejaculation) is a necessary part of reproduction, without any reference to female pleasure, with the possible

consequences of girls wondering what their role is, apart from being the provider of male pleasure and the producer of babies.

1.4.1.1 Gendered double standard.

From this perspective, it is not surprising that many feminist psychologists argue that today there is still a persistent double standard of morality in the expectations of sexual behaviour for men and women; "Women are caught in a web of contradictory beliefs and sanctions that obscure the meaning of pleasure" (Choi & Nicolson, 1994; p.12). However, within this double standard, women are viewed as loving, monogamous and essentially concerned with raising a family with a suitable partner. Hence, they can only gain sexual pleasure from within monogamous, heterosexual relationships. Therefore, pleasure is confined to the context of specific relationships and this ensures that they are characterised by needs, desires and pleasures of a particular partner. Pleasure becomes based on images and experiences of male sexuality, and these predominant discourses of male sexuality produce complex dilemmas and constraints for women (Holland et al., 1996; Lees, 1993). Men are expected to enjoy, desire and pursue sex, but young women who are already socially constructed as possessing lower levels of sexual desire and being able to experience sexual pleasure less easily than young men, are often cast as "the passive receptacle and provider of men's needs" (Allen, 2004b, p.254). This creates further problems for the sexual behaviour of women, whether it is implicit or explicit, when seeking relationships with men or/and within relationships.

Conversely, young men may exaggerate their sexual activity and number of sexual partners to adhere to the social construction of masculinity that is founded in a high sex drive and an avoidance of being perceived with the stigma of homosexuality which, in turn, translates into overt homophobia (Korobov, 2004). Extensive research by Frosh, Phoenix and Pattman (2003) with boys at a large London comprehensive school indicated that this overt homophobia is a defensive way of shoring up their masculinities by constructing the *feminine other* as threatening and distancing themselves from boys constructed as "not properly masculine" (p. 188). Hence, homophobia is intertwined with misogyny.

For young people, alternative models of sexual expressions are available, such as the 'sexually assertive female' or the so-called 'sensitive new-age guy'; these models appear not to have had much influence on young people's behaviour, although they may have influenced their attitudes (Moore & Rosenthal, 1993). Some researchers claim that there is a decline in the popularity of the *double standard* and have found that many young people now believe that sexual equality exists (e.g. Moore & Rosenthal, 1993). However, research has shown that, although both genders accept and expect sexual intercourse to occur before marriage, there are still gender differences in their reasons for certain sexual behaviours and their levels of psychological comfort (Allen, 2004a). For instance, in the UK and USA, young men's reasons for intercourse are often associated with pleasure and release of tension, whereas young women mentioned emotional closeness or being in love (Jackson & Cram, 2003); however, there is one exception to this view where, in a comparative study with the Netherlands, emotional closeness was found to be prevalent for both young men and women (Ingham & van Zessen, 1998).

1.4.1.2 Lack of positive female sexuality.

It has been suggested that part of the problem is that there appears to be no language or model of positive female sexuality (Wilton & Aggleton, 1991), and little appears to have changed for a vast majority of young women (Holland, Ramazanoglu, Sharpe, & Thomson, 2003). The crucial period of accelerated sexual development (puberty) appears to bring with it a development of psychological disempowerment for many women (Brown & Gilligan, 1992). In childhood, they are able to speak about what they know, feel, see and experience, and yet, as they grow sexually, they come under increasing cultural pressure to be "nice girls" and ultimately "good women" who are only sexual within heterosexual, monogamous relationships (Tolman, 1994). There is evidence from a number of studies that girls have learnt to silence their own thoughts and feelings for the sake of relationships, especially when what they think and feel threatens to be disruptive (e.g., Brown, 1998; Brown & Gilligan, 1992; Gilligan, Rogers, & Tolman, 1991), such as insistence of their own desires being met or taking control over condom usage.

Many researchers have emphasised that, due to young women's lack of empowerment in the sexual domain, they often perceive their sexuality in terms of the dominance of men's sexuality, defined as the men's needs and the women's compliance, and that this constitutes the social context within which women negotiate their sexual experience (Carpenter, 2002; Fine, 1988; Gavey, McPhillips, & Doherty, 2001; Hillier et al., 1998; Holland et al., 1996; Holland, Ramazanoglu, Sharpe, & Thomson, 1992a, 1992b). Holland and colleagues conducted a large-scale study in the late 1980s, referred to as the Women, Risk and AIDS Project (WRAP), which combined questionnaires and interviews with nearly 500 young women in London and Manchester, UK. This landmark study is referred to extensively throughout this chapter as it investigated the sexual practices, beliefs and understandings of young women under the assumption that, while sexuality cannot be divorced from the body, it is socially constructed where the negotiation of desires and practices occur in social contexts in which power is embedded. It is the power that men exert over women, and so sex in all its various forms cannot be simply understood as a pleasurable physical activity as it is redolent with symbolic meanings. These meanings are inseparable from gender double standards as they are active in shaping sexual interactions. It has been suggested that one possibility of empowerment for young women is through the critical examination of how to negotiate the pressures on them to only perceive sexual encounters as primarily fulfilling men's sexual needs (Holland et al., 1992b). However, this is continually hampered by the lack of a positive model of female sexuality, where young women's sexual needs and desires either take a *back seat* or are not taken into consideration at all (Holland et al., 1990b). In relation to the spread of HIV, Holland and colleagues predicted that, unless young women began to understand the ways in which they were at risk, how to negotiate their sexual relationships and achieve strategies for safer sex, they would play a significant part in the spread of HIV in the UK (Holland et al., 1990a). Statistics from 2006 show that 65 percent of new cases of HIV transmissions occurred during heterosexual activity and affected predominantly women; it appears that their prediction has been confirmed.

1.4.2 Ethnicity

Research in the USA into ethnicity has indicated that age at first intercourse (referred to as sexual debut) is clearly related to race with Black-African young males more likely to report younger ages at sexual debut compared to White, Hispanic and Asian young men, although this gap is diminishing (Santelli, Kaiser, Hirsch, Radosh, Simkin, & Middlestadt. 2004). Ethnic group membership does afford the individual a cultural identity that tends to influence how the world is viewed and often fulfils gender roles that include sexual roles (Smith, Guthrie & Oakley, 2004). Ethnicity provides a richness and meaning to the life of the individual, including customs and traditions. Often ethnic differences are measured using racial categories and, although these racial differences have been known for decades, there is very little known about the differences within these racial groups; for instance, comparisons between Asian young people, their various ethnic backgrounds and the length of time in the UK. Furthermore, research has tended to focus on urban, low-income groups and hence very little is known about rural or higher-income minority groups. It may be argued that in the majority of studies, the effects of ethnicity are simply the by-products of statistical controls for ethnicity. As a result, the amount of variance contributed by ethnicity and race often reflects the researcher's strategy to reduce extraneous variance as much as possible (Smith et al., 2004). Furthermore, ethnic/race comparisons are not guided by a theoretical or conceptual rationale needed for such comparisons. One of the main issues is that race and ethnicity are used as interchangeable concepts, often neither of which is appropriately defined, measured or analysed. Hence, broader contextual variables are needed to measure whether it is race, ethnicity, culture, or contextual variables that influence sexual activity (Coleman & Testa, 2007; Fenton, Johnson, McManus & Erens, 2001).

1.4.3 Religiosity

There is limited research into the study of religiosity directly as it has tended to be studied as either a proxy measure or a separate factor that influences sexual values (Regnerus, 2003). The majority of studies have primarily focused on females with samples taken from conservative subgroups, where it has been found that females are generally more religious than their male counterparts and, in turn, both religiosity and sexual values are more predictive of sexual activity for females compared to males (Rostosky, Wilcox, Wright, & Randall, 2004; Poulson, Eppler, Satterwhite, Wuensch & Bass, 1998).

The role of religion in UK government policy, especially in relation to sexuality education of its young people, is in stark contrast to north European policy, in particular, the Netherlands, where religious bodies have no involvement in policy making (Lewis, 2002). As Lewis (2002) highlights, the Netherlands sexual health strategic committees consist of sexual health experts from researchers to practitioners that inform government policy. Even though there have been concerted efforts in the UK to follow similar guidelines, policy decision making still takes into account the views of various religious bodies with many denominations being represented on strategic committees (e.g. Teenage Pregnancy Strategy, 1999).

In relation to the USA, the influence of religion is overt, from religious and government funding to prescribed sexuality education, reaching as far as overseas development aid for sexual health programmes. It is the Abstinence programmes that are mainly driven and funded by religious-based organisation as well as the US government. In 1996, the US Welfare Reform Act outlined the official constituents of abstinence education that highlighted that its exclusive purpose is teaching the social, psychological and health gains to be realised by abstaining from sexual activity until marriage, abstinence is the only certain way to avoid 'out of wedlock' pregnancy, STIs and other associated health problems, and that bearing children outside of marriage is likely to have harmful consequences for the child, its parents and society.

So far, no systematic evaluation of abstinence education has been published, but there are pointers from research and large-scale studies of young people who have taken virginity pledges (Brückner & Bearman, 2005). Teenage pregnancy rates in the US have been falling since 1991, though they are still much higher than in the UK. Abstinence education is claimed to be responsible for this fall; however, research by the Alan Guttmacher Institute suggests that while 25 percent of the decline was due to more teenagers remaining abstinent, 75 percent was due to improved contraceptive use amongst sexually active teenagers (Dailard, 2006; Santelli et al., 2006). There is tentative evidence to suggest that teenagers who pledge to remain abstinent until marriage do delay

their sexual debut compared to non-pledgers; however, non-pledgers are more likely to use contraception when they do have sex (Brückner & Bearman, 2005). Young people who make virginity pledges are more likely than others to be religious suggesting that they may already be committed to delaying sexual activity. They are also likely to be less advanced in pubertal development, also a factor associated with later initiation of sexual activity.

Religious adherence is much stronger in the USA than in the UK. Fifty three percent of Americans say that religion is very important in their lives compared to 16 percent of Britons (Brückner & Bearman, 2005) suggesting that abstinence pledging is unlikely to be well received by most young people in the UK. One US abstinence programme called 'The Silver Ring Thing' (SRT) has been introduced into the UK with minimal success; however, there is a UK website that offers training courses in abstinence for young people, advice for parents as well as SRT merchandise such as tee shirts, caps as well as rings (www.silverringthing.org.uk).

1.4.4 Deprivation

Health inequalities are clearly seen in sexual health; those with lower incomes and socio-economic status have poorer general health, including sexual health, than those who are more affluent (Clements, Stone, Diamond & Ingham, 1999; Johnson, Wadsworth, Wellings, & Field, 1994; McLeod, 2001; Pitzner, McGarry-Long & Drummond, 2000; Social Exclusion Unit, 1999; UNICEF, 2001). Higher deprivation is associated with an earlier start of sexual activity (Henderson et al., 2002, Johnson et al., 1994, Wellings et al., 2001) which, in turn, is linked to subsequent regret (Dickson, Paul, Herbison, & Silva, 1998; Wight et al., 2000), less protection against conception and STIs, and more subsequent sexual partners (Vanwesenbeeck et al., 1999; West, Wight & Mcintyre, 1993). Higher levels of deprivation are associated with less consistent contraceptive use (Vanwesenbeeck et al., 1999) and a higher risk of teenage pregnancy (Botting, Rosato & Wood, 1998; Clements et al., 1999; Wellings et al., 2001). The subsequent outcome of teenage conception varies significantly, with more young women from more deprived areas opting to continue their pregnancy than those in more affluent areas. There is little information about teenage fathers but what there is suggests that those who became fathers before

the age of 22 are more likely to come from similar backgrounds (Berrington, Hernández, Ingham & Stevenson, 2005; Joseph Rowntree Foundation, 1995).

The geographical distribution of teenage pregnancy confirms this link. Research has found that those in the poorest areas have conception rates three times higher and birth rates up to ten times higher than those in the most affluent areas, and this difference increased during the 1980s and 1990s (McLeod, 2001).

Levels of deprivation have also been associated with certain STIs and HIV (Vanwesenbeeck et al., 1999). Even though gonorrhoea rates have been shown to be associated with deprivation in London (Low, Daker-White, Barlow & Pozniak, 1997) and Leeds (Lacey, Merrick, Bensley & Fairly, 2005), in both cases ethnicity was a far more important factor.

Access to the means to maintain sexual health is important and sexual ill health may in part be explained through difficulty in accessing services, especially for those in areas of higher deprivation. However, motivation to maintain sexual health is necessary and evidence suggests that educational and cultural factors are particularly influential and potentially more significant (Johnson et al., 1994; McLeod, 2001; Social Exclusion Unit, 1999).

Young people from areas of higher deprivation tend to have lower expectations about educational achievement and the benefits of education. Lower expectations and attainment are associated with earlier onset of sexual activity and lower rates of contraceptive use (West et al., 1993). Good educational and employment prospects are associated with higher contraception use and less risky behaviours (Swann et al., 2003). In women, higher levels of education are linked to fewer unplanned pregnancies, fewer babies with low birth weight, and lower rates of infant mortality (Kiernan, 1995; Social Exclusion Unit, 1999). Conversely, girls with less educational achievement are at greater risk of teenage parenthood (Kiernan, 1995). A high proportion of young women who are looked after have a child by the age of 16 and nearly 50 percent become mothers within 18 to 24 months of leaving care (Social Exclusion Unit, 1999).

Pregnancy and parenthood are positive choices for some young people. However, teenage parenthood is often thought to be associated with lifelong economic, social and health consequences for both the mother and child and is therefore of considerable social and political concern. It may be argued that if young people have low aspirations, or see no opportunities for their future, they will see few reasons to justify either postponing sexual activity or using contraception (McLeod, 2001; West et al., 1993). The incentive to avoid early parenthood stems from having "a stake in the future, a sense of hope and an expectation of inclusion in society" (UNICEF, 2001). This reinforces the importance of addressing problems in the wider economic and social environment that contribute to the poor life circumstances and dearth of opportunities that exist for the most deprived people in the UK.

The role of education as a mediating factor between economic disadvantage and poorer sexual health outcomes may be primarily through its influence on culture. The sexual values and skills of teenagers tend to reflect their community and their socio-economic status (Thompson, 1990). Deeply held cultural beliefs about gender roles in society that sanction male sexual risk-taking behaviour, and female responsibility for sexual behaviour and health are also an important aspect of this, which UK Government policy has attempted to address (Teenage Pregnancy Unit, 2001).

1.5 UK Government Policy

The UK Government policies towards the sexual health needs of young people are a controversial area of public policy, often crossing the boundary between education and health. It raises complex issues about the respective rights of parents, children and the state, and causes highly politicised struggles between central and local government, and between moral traditionalists and health campaigners. Many researchers have highlighted that it is often this conflict between moral and social issues that have bedevilled UK social policy, thereby making it difficult to debate over policy options (Lewis & Knijn, 2004; Selman, 2000). In relation to the politics of sexual health and young people, it is often shrouded in the wider context of 'family values', which includes anxieties surrounding family breakdown, the protection of marriage and parental rights (Atkinson, 2002; Green, 1998; Haywood, 1996; Mellanby, Phelps, Crichton, & Tripp, 1996). These issues are often debated from the progressive viewpoint where these anxieties are acknowledged and accepted, compared to the traditional viewpoint where these anxieties are addressed by endeavouring to turn back the clock (Lewis & Knijn, 2004). Furthermore, this is compounded by the mixed messages of the media's treatment of the issues of young people's

sexuality, and the expectations of their behaviour (Selman, 2000), resulting in messages that often lack coherence. In 1997, with a new Labour government, a more progressive approach was taken to young people and their sexual health as part of the Teenage Pregnancy Strategy (1999).

1.5.1 Teenage Pregnancy Strategy

In 1999, the UK Government created the Teenage Pregnancy Unit (TPU) as a result of the teenage pregnancy report prepared by the Social Exclusion Unit (SEU, 1999) with two main goals; to halve conception rates among under 18 year olds and to ensure that more young parents continue with their education or employment after childbirth (SEU, 1999).

The strategy highlighted that there were three main reasons for the high teenage birth rate in England; first, young women who have "low expectations" in relation to education and careers, which are often linked to childhood deprivation where the young women feel "they will end up on benefit one way or the other" (Teenage Pregnancy Strategy, 1999, p.7). Second, young people's "ignorance" about contraception, STIs, expectations within relationships, and the meaning of being a parent; and third, the "mixed messages" that young people received in relation to sex and sexual activity that are either explicit in their nature with the inference being that sexual activity is the norm, coupled with high levels of embarrassment from many public institutions and parents, sometimes to the extent of no communication at all on the subject, with the hope that this silence will result in sex not even taking place. However, "the net result is not less sex, but less protected sex" (p.7). In relation to past attempts to tackle this problem by governments and society, the report initially concludes that these three factors can be encapsulated under one heading of "neglect", the implication being that the sexual health needs of young people were not being met. The reasons cited were not only the issue of morality versus social and/or economic, but also the number of inter-related explanatory factors in relation to teenage pregnancy with no single agency being responsible for "tackling it as a whole" (p. 19).

The rationale for the government's action plan stresses four main areas. First, the "pressurisation rather than choice on young people to have sex", often accompanied without contraception, with the possible results of either pregnancy

or STI (Teenage Pregnancy Strategy, 1999, p.78). Furthermore, early sexual debut is often regretted by a number of young people, especially girls (Wellings et al., 2002). The report highlights that the contributing factors to this are that sex education is failing to equip young people with the knowledge and the tools to resist pressures, confounded with inconsistent access to and knowledge of mechanisms of conception. Second, it draws attention to the negative aspects of teenage parenthood, with reference to levels of poverty, unemployment and isolation, with poorer prospects for their children. This is linked to a number of young people who see little prospects in their future lives and "see no reason not to become parents" (Teenage Pregnancy Strategy, 1999, p.90) (author's emphasis), with little being done to encourage young parents along the educational or job channel. Third, it emphasises that practical measurements can make a difference with better information and education, with "better alternatives to becoming a parent too young" (p.90). Lastly, there is a strong message that preaching at young people is "rarely effective" as this does not lead to competent decision-making (p.90). The report recognises that the messages to young people need to be credible with suitable policies to back up these messages.

The strategy does highlight the need to involve boys and young men by targeting them with information about the consequences of sex and fatherhood; however, some researchers have highlighted that, because the Teenage Pregnancy Strategy concentrates on young women and pregnancy, the emphasis is on the concentration of girls' needs and thereby marginalises boys and leaves them out of the equation (Hilton, 2001). Furthermore, it has been argued that, because the teenage pregnancy action plan has concentrated on sex education and better services, this has pathologised early pregnancy as being due to ignorance and sexual embarrassment (Arai, 2003; Bullen, Kenway & Hay, 2000). This is the central backbone of the strategy; however, accounts from local co-ordinators indicated that there was no simple relationship in their own areas between sexual health services, sex education and reproduction (Arai, 2003). Arai (2003) suggested that low expectations might be a more powerful explanation for youthful pregnancy, rather than sexual attitudes and knowledge. Her qualitative findings with young people implicitly indicated this and were explicitly indicated by the local co-ordinators. Arai concluded that "to depict early motherhood as primarily a consequence of sexual naivety and ignorance is limited" (p. 212). She

is critical of policymakers who find it difficult to believe that young women often in the least auspicious circumstances might actually want to be mothers; finding it difficult to view their perspectives with little understanding of young peoples' views. Kidger (2004) has questioned whether the government's stance on teenage pregnancy and social exclusion is an economic or social issue; that is to say, the emphasis for young mothers is to return to education and, in turn, ensure they have more opportunity to enter the workforce, thereby avoiding welfare dependency.

1.5.2 Sex and Relationships Education in Schools

In July 2000, after extensive consultation, the government issued new guidance on sex and relationship education (SRE) (DfEE, 2000). SRE in the curriculum in England and Wales is now divided between the National Curriculum of Science, and Personal Social and Health Education (PSHE). The National Curriculum of Science document gives details of the Programme of Study to be followed in this area, the main focus being on biological facts and procreation. The topics of sexual attitudes, feelings and behaviours, and STIs are left to the PSHE curriculum which, until September 2000 was not a designated National Curriculum subject and to date is still not statutory (Westwood & Mullan, 2007). The amount and content of SRE is solely left to the discretion of the governing body of the individual schools (Lewis & Knijn, 2004b). This can result in SRE being subjected to a particular ethos, religious or cultural philosophy, and this can be used as a reason for slanting the material delivered in a particular manner to suit specific beliefs (Hilton, 2001). This may be coupled with the teacher's own culture, beliefs, and perceptions and, in turn, this affects their pedagogical approach to sex education classes, and its effect on the students (Kehily, 2002b; Measor, 1989). Furthermore, this may be compounded where teachers may feel that sex education is a relatively unimportant area of the curriculum, not only because it is not assessed, but because this is an implicit message being put forward by those in control of education (Hilton, 2001; Jacobs & Wolf, 1995; Levesque, 2000).

It has been highlighted that there are two key interconnected conflicts or tensions that underlie the provision of SRE. The first relates to control, where the conflict is between enhancing individual school and parental control, and central

Government's seeming desire for comprehensive national provision (Monk, 2001). The second relates to content, where the conflict is between upholding the normative social and cultural ideal of children as non-sexual, in contrast to the pragmatic recognition of the increasing sexual activity of young people (Haywood, 1996; Hirst, 2004). It is further suggested that the new guidance resolves neither of these conflicts but, rather, with varying success, attempts to reconcile them (Kehily, 2002a; Monk, 2001).

Researchers have highlighted that SRE is taught in relation to puberty and reproduction, with heterosexuality as the norm (Diorio & Munro, 2003; Kripke, 1999). Young people are taught that the meaning of their own experience is biologically determined, but the meaning of puberty to young people is not confined to a scientific understanding of bodily development (Mellanby et al., 1996). The imposition of a single meaning on young people has failed to serve their interests as the officially defined meaning of puberty does not fit their own lives (Thorogood, 2000; Wilson, 2000). A common scripted story is told to young people, thereby normalising them by the way questions are phrased, which are often based upon what others think they should and need to know. This generates an unknown tension within young people between the established story and their own experiences (Buston, Wight & Hart, 2002). This constrains how young people think, to the extent that it inhibits their ability to *play out* their own identities. The experience of puberty for the individual takes place within a "complex reciprocal relationship and interaction between biological and social environments" (Kripke, 1999, p. 18), but accepting this is often just viewed as a core meaning of reproductive maturation.

As the conceptualisation of puberty is presented as a natural transition from childhood to reproductive heterosexuality, this constrains what is taught, not only about bodily development, but also about the nature and meaning of sexuality. Non-heterosexual forms of sexuality, non-reproductive forms of heterosexuality and non-reproductive ways of understanding bodily development are excluded, and this is implicit in Government policy (Diorio & Munro, 2003). These researchers go on to argue that reproduction plays too minimal a role in the lives of too many young people for reproductive maturation to constitute the complete meaning of pubescent development.

Research has shown that young people learn a great deal about the supposed meanings of their bodies from the world around them, their peers, and their lives in school, and that this shapes their identity, their sexuality, and their sense of self-worth (Brooker & MacDonald, 1999; Firestone, Ballou, & Whelchel, 1994). Some researchers have posited that non-reproductive understandings of the body and sexuality are not talked about in schools because they are not only thought inappropriate for young people, but because this understanding of themselves lacks epistemological status (Diorio & Munro, 2003). Brooker and MacDonald (1999) proffered that, although curriculum planning and pedagogical practises are carried out *for* young people, they are commonly done *to* rather than *with* young people. This results in teachers and health professionals knowing little about what puberty means to young people, primarily because "little point is seen in listening to them" (Brooks-Gunn & Paikoff, 1997, p. 259), with the consequence that young people learn to keep quiet.

It has been suggested that SRE in schools could be more than just putting knowledge into action. It should be a site for debate about sexuality education itself, where messages and ideologies could be deconstructed and examined (Aggleton & Campbell, 2000). Sex education should be viewed in a wider context, as an opportunity for the expression of young people's voices, and allow discussion between teacher and students about the multiplicity of sexual beliefs, values, queries and uncertainties (Elliott, 2003). Teachers must realise that portraying reproductive maturation as the universal meaning of puberty is inadequate and misleading, and does not attend to young people's own perspectives and ideas (Oliver & Lalik, 2001). The role played by sex education in schools is important as it offers a unique opportunity for young people to discuss issues of health and well-being (Weis, 2000), as well as to develop social interactions and consider gender issues. Conversely, it has been highlighted that teachers cannot abandon their pedagogical responsibilities by following students mindlessly wherever they want to go, but they also do need to be critically open to the realities of where these students have been and where they might be heading (Diorio & Munro, 2003).

It could be argued that while school based sex education is attractive in that it is potentially cost effective and feasible, in many communities it is the

young people who are excluded from school who are most vulnerable to sexual risk taking for a variety of reasons (Cooks & Chyng, 2002). One of the fundamental problems is that school based sex education has to compete with academic subjects for resources and time within the main curriculum, resulting in programmes that are often poorly implemented (Jacobs & Wolf, 1995). It is suggested that successful implementation requires genuine political support from within government, it needs to be properly timetabled, and its implementation needs to be monitored in the same way as it is for other subjects (Atkinson, 2002; Wilson, 2000).

1.6 Conclusions

This opening chapter has investigated and interpreted a range of issues in relation to young people and their sexual health. It has shown that the naturally occurring phenomenon of the development of sexuality is neither straightforward nor the same for all young people. It has argued that, irrespective of the evolutionary perspective of the development of emerging sexuality, it is how societies construct sexuality that has a strong influence on the perceptions of young people, especially in relation to gender, and thus influences not only their attitudes and beliefs, but also their sexual behaviour. This is founded within the theoretical framework of sexual scripts where social norms for sexual behaviour are maintained and expressed through three levels of cultural, interpersonal and intrapsychic scripts.

This review has investigated the development and approaches of sexual health research, highlighting certain socio-cognitive models and their possible limitations as well as more interactive models. Additional influences of social demographics were investigated such as gender, ethnicity, religiosity and deprivation. This review has pointed to the gendered double standard within the sexual domain with many areas of negativity associated with how young women feel about their sexuality in comparison to young men. Some authors have argued that there appears to be a lack of positive female sexuality inasmuch that there is no model or language for young women to adopt. The role of ethnicity appears to be complex with inconclusive evidence, in particular, defining ethnicity, not only between groups, but also within them. Religiosity was briefly investigated from the angle of government policy with a comparison of the USA

and UK. It concluded that the role of religion in sexuality education was much more explicit in the USA than in the UK, although it does influence policymaking in the UK. Consideration of the role of deprivation highlighted that young people from high deprivation areas had poorer sexual health with earlier sexual activity, inconsistent condom use and higher risk of unplanned teenage pregnancy.

Furthermore, it has been argued that, to date, there is not a parsimonious social or health psychological approach that can explain the extraordinary complexities of young people and their sexual health. However, this should and must not prohibit researchers from probing other angles of research into this complex arena.

This review has also shown that, with the increasing levels of STIs among young people, and the relatively high rates of teenage pregnancies, it is not surprising that there has been a tendency amongst some policy-makers, practitioners and researchers to emphasise the negative aspects of sexual activity through paying excessive attention to the risks involved (Ingham, 2005). However, these approaches may conceal many other aspects of sexual development and activity; hidden dimensions such as desire, pleasure - including comfort with own bodies in the form of masturbation - that may offer a fresh route to understanding safer sex and young people.

The approach for this piece of research is within these hidden dimensions. The aim of Chapter 2 is to investigate aspects of young people's awareness of their developing sexuality; this includes their knowledge of their own emotional and sexual physical feelings, comfort with their own bodies, how they are able to express these feelings, and what influences these expressions. It is argued that these aspects may offer an important insight into young people's sexual health and, in turn, offer greater understanding into young people's sexual development and behaviour.

It should be iterated at this juncture that the biological division of male and female is referred to as gender, as opposed to sex, throughout this thesis. This is not provocation on behalf of the researcher, merely a way of minimising confusion between the biological categories and the act of sex. It is one of the few failings of the development of the English language where the meaning of the same word is altered by its contextual usage.

Exploring Sexual Self-awareness

2.1 Introduction

The indications from Chapter 1 were that the emphasis within sexual health research in relation to young people is predominantly driven by attempts to reduce negative aspects such as sexually transmitted infections (STIs) and/or teenage pregnancies. This problem-focused approach begins with the assumption that all young people's sexual activity is potentially problematic and needs prevention, or at least control (Horne & Zimmer-Gembeck, 2005). Whilst this negative emphasis has been beneficial in underscoring the importance of exploring young people's sexual health, it has constituted interest in a way that underplays other aspects of young people's sexual health. It should be remembered that this period within the lifespan is when most of a person's biological, cognitive, psychological and social characteristics are changing from what is considered child-like to what is considered adult-like (Erikson, 1967; McAdams et al., 2006). It is a period of continual change and transition between the individuals and their contexts. One of the most challenging developmental tasks of young people is exploring and becoming comfortable with their sexuality, including those behaviours and characteristics that define a person as sexual (Lerner & Galambos, 1998). These include aspects of young people's knowledge of their own emotional and physical feelings, comfort with their own bodies, how they are able to express these feelings, and what influences these expressions. Sexual interest among young people should not be viewed as a delinquent act, but rather as a part of normal developmental transition from childhood to adulthood. During this period, intimacy and establishing interpersonal relationships beyond the family is an accepted and expected task (Florsheim, 2003). It may be argued that these transitional aspects may offer an equal insight into young people's sexual health and, in turn, offer greater understanding into young people's sexual development and behaviour.

The focus of this chapter is on research relating to the above aspects in relation to gender since, as previously highlighted, this is one of the major

influences on young people and their sexual health. The structure for this chapter is based upon the introduction of a construct referred to as *sexual self-awareness*. The initial operationalisation of sexual self-awareness incorporates three main aspects; these are 1] *Sexual self-knowledge* – how young people identify, differentiate and understand their physical and emotional sexual feelings, 2] *Sexual self-exploration* – how comfortable they feel exploring their body, including masturbation, and the emotions attached to this, and 3] *Sexual selfexpression* – how they express their needs and desires with potential and current sexual partners, and factors that appear to influence, or that have influenced, this.

The rationale for investigating this construct is that not only have these three aspects of sexual health not been brought together in a unifying construct before but, more importantly, there are major theoretical implications, inasmuch that (i) it can potentially offer further understanding into young people and their sexual health, thereby leading to improved understanding of what influences their positive and negative sexual behaviours, and (ii) it may provide a useful means by which the potential impact of sexual health interventions can be assessed.

This chapter considers empirical research and reviews articles concerning the construct of *sexual self-awareness*; Section 2.2 covers sexual self-knowledge, offering theoretical expositions of the physical and emotional feelings as well as sexual desires of young people. Section 2.3 looks at sexual self-exploration, in particular, masturbation, with a historical context that helps to explain why this aspect of sexuality is shrouded in negativity and secrecy as well as the limited current research into young people's exploration of their own bodies. Finally, Section 2.4 investigates the research that not only looks at sexual self-expression with sexual partners in the form of different types of communication, but also peripheral communication such as parents and friends and how this may influence sexual self-expression. It should be highlighted that, although these three aspects are examined individually, it is their influence on and contribution to, each other that ultimately is of interest. Hence, the chapter concludes with a conceptual framework for sexual self-awareness constructed from these three main aspects.

2.2 Sexual Self-knowledge

2.2.1 Physical and Emotional Sexual Feelings

Deborah Tolman (1994, 2002, 2005) has argued from a cultural perspective that, as a society, sexuality has been parcelled into the assumptions that *normal* boys have 'raging hormones', while *normal* girls long for emotional connection and relationships. Tolman (2002) proffered the view that sociocultural norms allow pubescent boys to be perceived as 'mushrooming' sexual beings, obsessed with their sexuality and not only feeling sexual desire but being compelled to act on it. In contrast, girls are expected to yearn for love, relationships and romance, while their acknowledgement of their sexual longings as an anticipated part of their teenage years is virtually nonexistent. This gendered parcelling of sexuality has resulted in "effectively desexualized girls' sexuality, substituting the desire for relationship and emotional connection for sexual feelings in their bodies" (Tolman, 2002 p. 16).

Further support for this comes from the young women in the WRAP interviews (Holland et al., 1992a, 1992b; Holland, Ramazanoglu, Sharpe & Thomson, 1992). These young women reported that they felt that somehow male arousal was unstoppable and, once started, had to be fulfilled; even if it was against the young women's wishes, they had to fulfil their partner's needs. Many of the young women felt responsible for their partner's arousal and therefore felt guilty because they had 'led them on' and therefore allowed it to reach a *natural* conclusion. This was often compounded by fears of what young men would do if the young women did stop it, not only with a threat to the relationship, but also the threat of physical, psychological or emotional violence. Some young women believed that sexual intercourse was the price of a continued relationship, others were physically forced into sex, some were subjected to accusations of frigidity on refusing sex while others had thrown at them the maxim of 'if you loved me you would have sex with me'.

As Tolman (2002) highlighted, the possibility that young women might be interested in sexuality in their own right rather than as objects of boys' desire is met with resistance and discomfort, to the extent that, "Teenage girls continue to be denied their entitlement to their own sexuality, and girls who defy the irrepressible double standard continue to do so at their own risk." (Tolman, 2002

p. 45). It has been theorised that young women have to socially interact in a world where they are expected to be sexually available and yet not sexually in control of themselves. Thus, there is the conundrum where sexualised images of young women are omnipresent, but their sexual feelings are rarely, if ever, portrayed (Wolf, 1997).

There is evidence that young women predicate their sexual activity on perceived love and committed relationships, whereas young men continue to express disdain for virginity, engage in sexual activity primarily out of curiosity and desire for physical pleasure, and welcome opportunities for casual sex (Benson & Torphy, 1995; Burack, 1999; Carpenter, 2002; Crawford, Kippax, & Waldby, 1994; Goodson et al., 1997; Guggino & Ponzetti, 1997; Wyatt-Seal & Ehrhardt, 2003), although there is evidence that some young women also report curiosity as a reason for sexual debut (e.g. Rosenthal, Burklow, Lewis, Succop, & Biro, 1997). Many young women report feeling disappointed when their own experiences fail to fulfil their romantic ideas, ideas in which young men rarely, if ever, engaged (Chandiramani, 1998; Collins, 2003; Connolly, Craig, Goldberg, & Pepler, 2004). Young men, by contrast, typically see their sexual debut as a rite of passage to adulthood with a sense of the achievement of manhood that often entails some form of judgement of physical performance, themes that are largely absent from young women's accounts (Holland et al., 1996; Wight, 1994). Women also typically find sexual debut less pleasurable or the ability to admit to pleasure, physically and emotionally, than do men, and their pleasure is more dependent on relational factors, such as loving partners (Weeks & Holland, 1996; Zimmer-Gembeck, Siebenbruner, & Collins, 2001).

Karin Martin (1996) concluded from her qualitative study that girls were often ambivalent and anxious about their developing bodies with little subjective or experiential knowledge of or even interest in their bodies, except for their appearance such as hair, make-up and clothes. Martin continued by stating that having such little subjective knowledge, combined with often distorted information about menstruation, gender relations and sex, going through puberty was rarely a positive experience for girls, to the extent that:

> "sexuality and the female body became associated with dirtiness, shame, taboo, danger, and objectification. As girls internalized these meanings, they began to feel bad about their new bodies and themselves" (p. 27).

Hence, there is a continual battle between the sociocultural standard of femininity where young girls are passive and have only relational desires, in contrast to their own developing internal sexual feelings; given this dichotomy, are young women able to differentiate between physical and emotional sexual sensation?

2.2.2 Sexual Desire

Research into young people and their desires is relatively limited. It has tended to concentrate exclusively on young women where there appears to be a recognition of personal sexual desire and yet an inability to express sexual desire, and research has investigated the reasons for this.

Qualitative studies have indicated that many young women are caught in the contradiction between the reality of their sexual feelings and the absence of sexual feelings within the cultural scripts for young teenage girls. This often results in confusion, where there is an understandable connection to their own bodies, their desires and their pleasures, but without any connection with their social world (Holland, Ramazanoglu, Sharpe & Thomson, 1992; Holland et al., 1990a; 1992b; 1996; Tolman, 1991; 1994). Holland et al. (1996) observed that, where talk of desire emerged at all in their research, it was related to male needs, bodies and desires, referred to by the authors as the appropriation of female desire by the 'male in the head'. This is regulated through the tool of sexual reputation; that is, the positive labelling of active male sexuality and the negative labelling of an active, desiring female sexuality as rapacious and devouring (Holland et al., 1990b) and derogated as *slags, cows* or *sluts* (Holland et al., 1996).

Tolman (1994) investigated, through in-depth interviews, how young women interpreted and perceived their sexual desires. A majority of young women expressed awareness of their sexual desire that was explicitly relational and yet they were confused as to what to do when they felt sexual desire. For these young women, desires represented difficulties inasmuch as they recognised the potential for pleasure and also the threat of danger that their desire held for them. However, this internalised struggle between pleasure and danger took different shapes amongst young women; the focus for some was on how to stay safe from bodily harm, in and out of the context of relational or social

consequences, whilst others were more concerned with maintaining a sense of themselves as "good girls" (Tolman, 1994; Tolman & Higgins, 1994). The allpervasive concern of being *good girls* was a fear of a loss of reputation that took the form of being labelled a *slut* or a *slag*, which could involve sexual harassment, loss of friends, feeling dirty, and general alienation (e.g., Hillier et al., 1998). This juxtaposition of pleasure and danger for young women has been addressed by Peart and colleagues, who found that men described pleasure in purely physical terms, with a marked absence of emotional pleasure, whereas women expressed their pleasure in terms of emotional pleasure or male pleasure, with a marked absence of their own physical pleasure (Peart, Rosenthal, & Moore, 1996). However, these researchers concluded that the meanings of pleasure and danger were complex, as sexuality is simultaneously a domain of restriction, repression, and danger as well as a domain of exploration, pleasure and agency (Wyatt, 1994), as well as being linked to the discourses surrounding sexuality (Fine, 1988; Fine & McClelland, 2006).

2.2.3 Sexual Debut

It is often perceived that young people's sexual debut brings with it some form of enlightenment and additional knowledge of themselves and their sexual world where it is perceived as a distinctive marker of adult status, but often this is not the case (Martin, 1996). In qualitative studies, young men frequently describe the experience as *what makes them a man* or *become a man* (Forrest, 2000; Kehily, 2002a). Among young women, many viewed losing their virginity and heterosexual involvement as an opportunity to present themselves as mature, *real* women (Allen, 2004a).

Research studies about the subjective qualities of young people's sexual debut vary to such a degree that it is very difficult to make any generalisations from them. Some examples are a German study that concluded that, for 60 percent of young women, their sexual debut was predominantly associated with pleasurable feelings (although it is not specified whether these were physical or emotional), whereas about 18 percent described their experience as negative. The remaining 22 percent were ambivalent about their experience (Kluge, 1998). An American study found that one third of young women felt exploited during their sexual debut. Around two-thirds of the young women said they had experienced

sexual pleasure and yet half of this group also experienced high levels of guilt and anxiety. One-third overall experienced no pleasure at all, but only guilt and anxiety (Weis, 2000).

However, the majority of evidence suggests that young women attach negative emotions to their sexual debut. Evidence from the USA collected in the late 1970s and early 1980s from 400 young women revealed that, when they talked about sexuality, romance, conception and pregnancy, their own sexual desire and pleasure seemed frequently absent or not even relevant to the terms of sexual relationships (Thompson, 1990). For a number of young women, their sexual debuts were painful, dull and disappointing, with them often vowing never to have sexual intercourse again or, if they would, "it won't be soon". They talked about waiting for a better boyfriend or, at least, feelings of desire, and seemed to go through a process of *testing the waters* sexually, being disappointed, waiting, and repeating the cycle a number of times, nevertheless gaining knowledge from their contextual and situational experiences. However, there was a minority of girls who spoke of sexual pleasure and these young women voiced more sexual agency within their sexual encounters (Thompson, 1990). These young women recalled their sexual debut clearly and related the experience with "lavish, realistic, and often comical detail" (p.350). In stark contrast to the narratives of boredom and pain, these young women talked about satisfying their own sexual curiosity, taking sexual initiatives and their ability to say "yes" and "no" on their terms. They looked forward to better and safer sex, and often asked friends and mothers about the question of pleasure; this aspect is covered in greater detail in later sections.

Other studies have found that very few young women talk in terms of their own sexual desire at their sexual debut. Their narratives are more about sadness, guilt, nervousness and fear, whereas young men talk about pleasure, excitement and satisfaction (Carpenter, 2002; Guggino & Ponzetti, 1997). In the WRAP research (Holland, Ramazanoglu, Sharpe, & Thomson, 2000) it was found that, for young men, their sexual debut was an empowering experience where their agency and identity was confirmed. For young women, the experience was more complicated as their ambivalent responses indicated that there appeared to be an asymmetric relationship between their desires, agency and feelings of control.

Holland and colleagues argued that it takes a special combination of circumstances for young women to gain sufficient control in sexual encounters to ensure both safety and their own sexual pleasure (Holland et al., 1990a). It is argued that, although young women have the ability to choose and to act for themselves, they are heavily socially constrained, whereas young men are much better placed socially to gain sexual pleasure for themselves. Where young women's needs and desires are not being met, for example, in terms of levels of pleasure, they may want to reject certain sexual encounters but feel disempowered. Moreover, young women may understand their desires but not know how to seek their own pleasure; it could be proposed that one repercussion of this is that young men do not know or understand how to give pleasure to young women and, until young women can understand it themselves, they are unable to teach young men.

2.2.4 Summary

This section on *sexual self-knowledge* has provided evidence that there are disparities between young women and men in relation to their physical and emotional sexual feelings and the interpretation of their sexual desires. For young women, their developing sexuality appears more confused with less understanding of their emotional and physical sexual feelings and, in turn, their sexual desires. Conversely, young men appear to understand their physical sexual feelings and pleasure, but their understanding of their emotional sexual feelings is less clear.

Many researchers have highlighted that there is a danger that, by young women recognising and acting upon their desires, they face ridicule by being viewed as *not good girls* with derogatory labels of *slut*, etc. Research into sexual debut told a similar story for young women, with disappointment and pain whereas, for young men, it was an often-pleasurable experience.

The next section investigates sexual self-exploration and, in particular, masturbation. To place this under-researched aspect of sexuality in context, an initial section on the historical attitudes towards masturbation is included, followed by data on prevalence across the lifespan, and concluding with empirical research and evidence for variations between the genders and proposed health benefits.

2.3 Sexual Self-exploration

Research into sexual self-exploration and, in particular, masturbation touching one's own sex organs for pleasure — is an extremely limited area with no empirical studies found in the UK. This may stem from the belief that exploration of this intimate behaviour is too difficult and too invasive given the social norms about sexual privacy. This may be compounded by lingering historical perceptions that, in many cultures, masturbation is a shameful and problematic activity (often based upon religious doctrines), in spite of the fact that many modern cultures accept this sexual practice as a normal part of human sexuality (Smith, Rosenthal, & Reichler, 1996).

In 1994, Joycelyn Elders, the American Surgeon General was forced to resign because of the controversy that erupted around her support for the public discussion of masturbation as an appropriate topic in school sexuality education programmes (Rowan, 2000). Elders' acknowledgment of masturbation was part of an effort to prevent the increase of HIV and other STIs, as well as unintended pregnancies. Her termination was a powerful reminder that the act and discussion of masturbation remain highly controversial and that, historically, social and religious attitudes toward masturbation have been extremely negative. To place this negativity in some context, the next section provides a brief overview of the history of attitudes towards masturbation.

2.3.1 Masturbation - History of Attitudes

2.3.1.1 Early Christianity — Middle Ages.

Masturbation was referred to in Greek and Roman mythology; however, many of the negative western attitudes about masturbation stem from early Christian teaching (Rashkow, 2004). There is still debate as to whether the Bible makes any mention of masturbation (Rashkow, 2004); surrounding the biblical story of Onan, often cited as a text against masturbation, it is argued that it is really about the sin that Onan committed by refusing to follow God's command to impregnate his widowed sister-in-law. Onan had sex with her, but withdrew before ejaculating and "spilled his seed" outside of her body (Rashkow, 2000).

In the 16th century, Martin Luther's possible confusion of Onan's crime with masturbation strengthened the stigma against masturbation for several centuries (Stevenson, 2000). Despite the lack of biblical references to

masturbation, the fathers of the early church were adamantly opposed to it, as they were to any kind of non-procreative sex. For example, Augustine of Hippo (350-430 C.E.), an influential bishop of the early Christian church, taught that masturbation and other forms of *outercourse* were worse sins than fornication, rape, incest, and adultery. He argued that masturbation and other nonreproductive sexual activities were "unnatural" sins because they acted as forms of contraception. Since fornication, rape, incest, and adultery could lead to pregnancy, they were "natural" sins and, therefore, much less serious than "unnatural" sins. Augustine's condemnation of masturbation as an unnatural sin was accepted throughout the church during the Middle Ages and was revived in the 13th century by Thomas Aquinas. The sex-negative teachings of Augustine and Aquinas, which applied to procreative as well as non-procreative sex, had great influence on western attitudes about masturbation well into the 20th century (Ranke-Heinemann, 1990).

2.3.1.2 17th and 18th Century.

In 1676, the first major published work on the evils of masturbation appeared with the "confession" of a young man who ruined himself through masturbation and saved himself through penance (Stevenson, 2004; Stolberg, 2003). Twenty years later, on the other hand, Nicholas Venette suggested that man is superior to woman because, by masturbating, he can renew his seed instead of allowing it to rot in his system (Stengers & Van Neck, 2001 p 32).

In 1716, the first publication of *Onania, or the Heinous Sin of Self-Pollution*, combined the traditional religious and moralist arguments against masturbation with misinformed medical notions that masturbation resulted from dysfunction and caused disease and physical disfigurement (Stolberg, 2000). *Onania's* anonymous author drew upon a long tradition of moralistic writing on "uncleanness", post-masturbatory disease, and excessive semen loss. This widely read publication influenced social thinking about masturbation for centuries, and popularised the notion that masturbation by women or men is not only a crime against God (Stolberg, 2000), but that it was also the cause of debilitating disease. The consequences of masturbation included painfully unretractable foreskin, cutting off of circulation, persistent erection, infertility, impotence, gonorrhoea (understood to be the "leakage of semen"), frequent nocturnal

emission, yeast infections, inability to hold semen in the uterus, and malformed offspring (Stengers & Van Neck, 2001).

Early in the modern era, Samuel August Tissot recapitulated the horrors of masturbation in his 1760 publication by promulgating the mythology of the evils of masturbation and "post-masturbatory disease" throughout Europe and America. Tissot's admonishments about masturbation were published well into the 20th century and created a worldwide fear of masturbation that continues to cause negativity for many (Stengers & Van Neck, 2001; Stolberg, 2000). The troubles experienced by women are just as explicable as those experienced by men. As Tissot pronounced:

"The humour they lose being less precious, less perfected than male sperm, its loss does not perhaps weaken them as quickly; but when they indulge excessively, their nervous system being weaker and naturally more inclined to spasm, the troubles are more violent" (cited in Stengers & Van Neck, 2001, p. 70).

Tissot went as far as to claim that the self-loathing experienced by masturbators would often lead to suicide (Stengers & Van Neck, 2001), and his work was widely read and generally accepted. Originally written in French, it was translated into several languages, including English, and went through 80 editions (Phipps, 1977). In these editions, Tissot claimed that the ills resulting from masturbation included poor eyesight, epilepsy, memory loss, pulmonary tuberculosis, rounded shoulders, weakened backs, paleness, acne, gonorrhoea, and syphilis.

2.3.1.3 19th Century.

Physicians involved in the social hygiene movement of the 19th and early 20th centuries continued to diagnose and treat conditions thought to be sequelae of masturbation. Cures varied from concocted food products and diets designed specifically to decrease sexual drive to techniques and devices used to prevent sexual arousal and masturbation (Patton, 1985). In his book, *Plain Facts* (1888), J.H. Kellogg, M.D., cautioned readers that masturbating was the most dangerous of sexual behaviours. According to Kellogg, the causes of masturbation included idleness, abnormal sexual passions, gluttony, sedentary employment, and exciting and irritating food. Kellogg's recommendations for preventing masturbation in children included serving cold instead of hot cereals for

breakfast, bandaging their genitals, and/or tying their hands to the bedposts at night (Michael, Gagnon, Laumann & Kolata, 1994).

At the turn of the 20th century, a number of other techniques were used to keep children's hands away from their genitals. These included confinement in straitjackets or wrappings of cold, wet sheets while sleeping, applying leeches onto the genitals to remove blood and congestion allegedly created by desire, burning genital tissue with electric current or a hot iron, castration, and removing the clitoris (Masters, Johnston, & Kolodny, 1982; Patton, 1986).

Anti-masturbation contraptions included "a genital cage that used springs to hold a boy's penis and scrotum in place and a device that sounded an alarm if a boy had an erection" (Michael et al., 1994, p. 49), metal mittens for covering children's hands, rings of metal spikes meant to stab the penis if it became erect, and metal vulva guards (Masters, Johnston, & Kolodny, 1994).

To reduce female masturbation, Isaac Baker, an English physician, performed clitoridectomies. In the U.S.A, physicians advocated and performed male circumcision to prevent masturbation in male infants. It is purported that the American tradition of circumcision is based on the fear of sexual arousal and subsequent masturbation resulting from the stimulation a boy might allegedly experience while cleaning his uncircumcised penis (Bullough, 2005; Harrison, 2002).

In the 19th and early 20th centuries, parents were encouraged to prevent their children from masturbating with various techniques (Stengers & Van Neck, 2001) such as making sure their children had at least two bouts of strenuous gymnastic exercise every day so that they would fall asleep at night without having enough energy to masturbate. It was also suggested that parents could terrify their children into abstinence by brandishing knives, scissors, or surgical instruments with threats to cut off their genitals. They could have the foreskin of their son's penis infibulated (partial stitching) - pierced, then pulled beyond the glands, and closed shut with an iron ring or have the hood of their daughter's clitoris infibulated — have the child's labia stitched together with metal sutures, or they could have the clitoris amputated.

In 1899, a leading authority finally spoke out against the social hysteria regarding masturbation. The pioneer British sexologist, Havelock Ellis, fearful of censorship in England, attacked Tissot and his followers and said they were

responsible for the cause of silent suffering, dread and remorse amongst young people, and that there was even a tendency to regard masturbation as normal. Ellis pointed out that masturbation relieved stress and had a sedative effect, but he still also warned that "excessive" masturbation led to neurasthenia - a generalised psychological, emotional, and physical weakness (Stengers & Van Neck, 2001). But the fear of masturbation survived well into the 20th century. In 1904, prominent psychologist G. Stanley Hall, first president of Clark University and founder of the *American Journal of Psychology* published *Adolescence*, in which he wrote that masturbators seduce others into masturbation, which becomes a major cause of "sexual perversion" (Bullough, 2005). Hall warned that masturbation causes "early physical signs of decrepitude and senescence" (p. 45).

Sigmund Freud acknowledged that masturbation could have beneficial effects, such as relieving stress and avoiding sexually transmitted infection, but he warned that masturbation could cause neurotic disorders, especially neurasthenia, could reduce sexual potency, and had harmful psychic effects. Despite Freudian imprecations, sexologists and psychologists increasingly agreed with Havelock Ellis in the ensuing debate about masturbation (Makari, 1998). In 1917, Magnus Hirschfeld and Wilhelm Stekel reported in two different journals that masturbation had never been scientifically shown to have a negative effect on health (Stengers & Van Neck, 2001).

2.3.1.4 20th Century.

As medical, physiological, psychological, and sexological knowledge advanced in the 20th century, most authorities dismissed claims that masturbating caused physical ailments; however, many others still held to the belief that masturbation was the consequence of mental impairment and/or resulted in mental disorders (Lacqueur, 2003; Patton, 1986). In 1930, for example, Walter Gillichan warned against masturbation by women, claiming that it "tends to blunt the finer sensibilities for coitus in wedlock, and the practice is often preferred to normal gratification" (Groneman, 2000 p. 43). In fact, the effect of the stigma against masturbation was still strong in 1937, when studies showed that nine out of 10 children caught masturbating were severely threatened, punished, and often terrorised with going insane or blind or having

their penises cut off or their vaginas sewn closed, and that 82 percent of college freshmen believed that masturbation was dangerous (Stengers & Van Neck, 2001).

Increasingly, however, physicians abandoned the notion that masturbation caused physical or mental dysfunction. In 1924, after more than 50 years of publishing warnings on the evils of masturbation and the horrors of postmasturbatory disease, Larousse published advice stating that, "parents are wrong to be alarmed at a habit which, most often, has no serious drawbacks.... Onanism does not merit the importance that some families wrongly give it" (Larousse, 1924, cited in Stengers & Van Neck, 2001, p. 154).

Studies in the 1940s showed that it was not uncommon for young people to begin exploring their erotic potential through masturbation. At a time when masturbation remained highly stigmatised, most men recalled learning about masturbation for the first time from other boys and men. Nearly half recalled receiving a demonstration of masturbation via mutual or simultaneous masturbation. Among women, about half recalled learning from other girls and about 25 percent recalled learning from a boy or a man (Berne, 1944; cited by Stengers & Van Neck, 2001).

In 1950, more than 30 years after its publication in German, Wilhelm Stekel's book, *Autoeroticism*, which had suggested that masturbation was universal and normal and that interference with it was the actual cause of problems and disorders, was translated into English (Lacqueur, 2003). In 1951, after nearly a half-century of warning about the evils of masturbation and the horrors of post-masturbatory disease, *Infant Care*, a publication of the US federal government, advised "wise" mothers that saying no to children who masturbate may confuse them (cited in Stengers & Van Neck, 2001, p. 34).

In the late 1940s and early 1950s, Alfred Kinsey and his colleagues published the results of more than 15 years' worth of research in human sexual behaviour. One of the most important results of that work was the normalisation of masturbation and the weakening of the stigma against it. Kinsey's research revealed that the vast majority of people had masturbated; between 92 and 97 percent of the men in his 1948 study, *Sexual Behavior in the Human Male*, reported having masturbated (Kinsey, et al., 1948), and 62 percent of women in his 1953 study, *Sexual Behavior in the Human Female* – and, of these, 58 percent

of them had masturbated to orgasm. Masturbation was the second most frequently practised sexual behaviour among women, married or single, as well as the behaviour in which orgasm was most frequently achieved (Kinsey, Pomeroy, Martin & Gebhard, 1953).

Kinsey also revealed details about the masturbation techniques of women: 84 percent of women stroked or stimulated the inner lips and/or clitoris, and 10 percent crossed their legs and exerted a steady rhythmic pressure affecting the whole area. Others employed vibrators or rubbed against pillows, beds, tables, and other objects. Two percent could orgasm from fantasy. Twenty percent of women used penetration during masturbation in conjunction with other methods (Kinsey et al., 1953).

While the American public had been able to accept Kinsey's earlier report on the sexual activities of men, it could not accept his description of the sexual behaviours of American women — masturbating, having orgasms, *pre*-marital sex, *extra*-marital sex, or sex with each other. For example, without reading Kinsey's work, the evangelist, Billy Graham wrote, "It is impossible to estimate the damage this book will do to the already deteriorating morals of America," and Senator Joe McCarthy denounced Kinsey's work as part of the Communist conspiracy (Gathorne-Hardy, 2004). Ultimately, partly as a result of the furore, the Rockefeller Foundation withdrew its support for Kinsey's research.

Studies after Kinsey's death continued to corroborate his findings. In 1969, for example, German researchers asked men to masturbate every few hours over a period of two years — no evidence of either physical or mental disease or disorder was detected ((Phipps, 1977). By 1975, a study of US college students revealed that 84 percent did not believe that masturbation caused emotional or mental instability — a total reversal of attitudes that prevailed in US colleges in 1937 (Stengers & Van Neck, 2001).

In 1968 and 1969, Kinsey's colleague, Wardell Pomeroy, wrote *Boys and Sex* and *Girls and Sex*. In them, he advised children about masturbation, and reassured girls and boys that "no physical harm can come of it, contrary to the old beliefs, no matter how frequently it is done." (p. 47). In fact, Pomeroy said that masturbation was "a pleasurable and exciting experience. . . . It releases tensions, and is therefore valuable in many ways. . . . It provides a full outlet for fancy, for daydreaming, which is characteristic of adolescence. . . . In itself, it

offers a variety that enriches the individual's sex life. . . . it is not only harmless but is positively good and healthy, and should be encouraged because it helps young people to grow up sexually in a natural way" (Pomeroy, 1968 p. 48-58). Finally, the American medical community pronounced masturbation as normal in the 1972 American Medical Association publication, *Human Sexuality* (Patton, 1986).

Despite findings of sexologists and psychologists that normalised masturbation, some prominent religious institutions have refused to re-evaluate their traditional points of view or to reduce the stigma with which they have marked the behaviour. In 1975, for example, the Roman Catholic Congregation for the Doctrine of the Faith, in its *Declaration on Certain Questions Concerning Sexual Ethics*, declared:

"The traditional Catholic doctrine that masturbation constitutes a grave moral disorder is often called into doubt or expressly denied today. It is said that psychology and sociology show that it is a normal phenomenon of sexual development, especially among the young"

In 1976, the Vatican issued a *Declaration on Certain Questions Concerning Sexual Ethics*, again declaring masturbation an "intrinsically and seriously disordered act" (Crooks & Baur, 1983 p. 255). Further, it carefully reiterated that position in 1992 with its revision of the *Catechism of the Catholic Church*. While continuing to condemn masturbation as an "intrinsically and gravely disordered act," the church granted a little more moral flexibility than it had in Augustine's time by suggesting that it would "take into account emotional immaturity, force of habit, a state of anguish, or other mental or social factors which lessen, indeed even extenuate, the individual's moral guilt" (Stengers & Van Neck, 2001, p. 1173).

Religious institutions are not alone in contemporary efforts to uphold the stigma against masturbation. As recently as 1991, Melvin Anchell, M.D., who is associated with the anti-abortion organisation, the American Life League, continued to publish negative comments about masturbation, claiming that it can lead to mental and sexual health dysfunctions such as nymphomania (Bullough, 2005).

Proving that these ancient stigmas against masturbation are still alive and felt by women and men, researchers in 1994 found that half of the adult women and men who masturbate feel guilty about it (Laumann, Paik, & Rosen, 1999), and adolescent young men are still frequently afraid to admit that they masturbate (Halpern, Udry, Chirayath & Campell, 2000).

2.3.2 Sexual Self-exploration and Young People

Masturbation remains the most significant source of orgasmic pleasure for young people (Smith et al., 1996), and becomes an integral component of the sexual repertoire of most adults. While the promotion of masturbation remains controversial, it remains the safest form of sexual pleasure as well as having the possibility of playing a role in the ability to establish mature intimate relationships (Chilman, 1990; Davidson & Moore, 1994; Shulman & Horne, 2003). What is often missing from psychological studies of young people's sexuality is a good understanding of how sexual exploration (other than sexual intercourse) and, particularly, masturbation and orgasmic responsiveness, may contribute to perceptions of sexual well-being. There is a paucity of research on masturbation in young people, in particular for young women; however, there is no evidence that masturbation leads to early initiation of intercourse and there is some suggestion that those young women who are more comfortable with their sexuality are more likely to masturbate (Smith et al., 1996).

Where researchers have highlighted that sexual exploration is part of a normative developmental process, they have emphasised that this has the potential to provide young people with greater self-understanding leading to increased social competence, positive self-development, and well-being, culminating in greater acquisition of the skills necessary for the establishment of intimate and fulfilling long-term relationships (Haffner, 1998; Horne & Zimmer-Gembeck, 2005; Moore & Rosenthal, 1993).

2.3.2.1 Prevalence of masturbation

In US studies, it has been found that, in early puberty, girls and boys typically have different experiences of sexual arousal. Most boys begin masturbating between the ages of 12 and 15, although parents reported that their sons had experimented with masturbation during earlier childhood (Gagnon, 1985). Boys' earliest experiences involve learning how to arouse themselves and discovering that orgasm can quickly and easily follow arousal (Hyde & Jaffee,

2000). These sexual experiences occur in the absence of a material relationship or sexual encounter and, more importantly, prior to their sexual activity with a partner. Two studies found that girls are less likely to masturbate (Gagnon, 1985; Smith et al., 1996), and Gagnon (1985) reported that girls started later than boys, although Smith and colleagues (1996) found no significant difference in age. The concurrence amongst these researchers was that the majority of girls' earliest experiences of arousal were much more likely to occur in a heterosexual dating situation. Consequently, it is suggested that they are less likely than young men to have learnt how to arouse themselves and have not experienced the sensation of an orgasm. Hyde and Jaffee (2000) argue that girls "learn that boys turn them on and that arousal occurs in the context of a relationship" (p.285). In other words, girls learn about their sexuality through boys, whereas boys learn about it through themselves. Moreover, because many women and girls have difficulty in reaching orgasm from heterosexual intercourse, girls are less likely to have early experiences in which orgasm occurs quickly and easily following arousal (Hyde & Jaffee, 2000).

As a result of the feminist movement of the late 1960s and early 1970s, women in Western society have been encouraged to take greater responsibility for their own bodies and their own sexuality. This has included engaging in more sexual self-exploration and self-stimulation; however, results show that some women continue to engage in much less sexual self-exploration than men (Leitenberg, Detzer, & Srebnik, 1993). This US study found that twice as many men as women had ever masturbated and the men who masturbated did so three times more frequently during early adolescence and young adulthood than the women who masturbated during these same age periods. Another study of young people between 15 and 18 years of age in Australia reported surprisingly low rates of masturbation, with 58.5 percent for young men and 42.7 percent for young women reporting that they had masturbated, and 38.2 percent of young men reported masturbating three or more times a week compared to only 8.7 percent of young women (Smith et al., 1996). It is suggested that the participants of this questionnaire study may have responded in such a way as a result of some form of social desirability bias as these rates do appear exceptional low. The authors were unable to resolve whether sexual intercourse replaced or supplemented masturbation as a sexual practice, but there was evidence that

masturbation was positively correlated with sexual self-esteem. Furthermore, young people whose parents were felt to have provided a more open environment for the discussion of sexuality were more likely to report having masturbated, although the authors did point out that there was a complex relationship between the social and contextual factors that affected this important component of young people's sexual experience (Smith et al., 1996).

One comparative study in the USA between African-American and European women aged 18 to 49 reported significantly different masturbatory prevalence of 51 percent compared to 69 percent, respectively. The frequency of masturbation was also significantly different, with African-American reporting lower frequency with only 12 percent reporting 7 times or more per month compared to 26 percent of European-American women. Furthermore, this study provided evidence that European-American women who reported higher frequency of masturbation (7-10 times per month) had significantly higher positive attitudes to discrete body parts than did with European-American women who reported only masturbating 1-3 times per month; however, this was not the case for African-American women (Shulman & Horne, 2003). This was measured using the Body Area Satisfaction subscale (BASS) that assesses particular body parts such as upper and lower torso, and face, on a satisfactiondissatisfaction continuum. The authors of this study stressed that the nature of the relationship between masturbatory practices and body image is strictly correlational, and it remains to be investigated whether masturbating contributes to better body image or vice versa. Furthermore, the differences found in this comparative study may be due to sociocultural messages received by different ethnic groups about female masturbation, where it is suggested that it is more restricted in African-American culture. They suggest that qualitative methodologies may be especially useful as an exploratory tool to gain a greater understanding of cultural messages received about masturbation and women's masturbatory experiences.

Another study, in Australia, compared 449 females aged 16-20 with different sexual experiences such as masturbation, orgasmic responsiveness and sexual intercourse, using a multidimensional measure of female sexual subjectivity. The variables for this measure included sexual body-esteem, entitlement to pleasure, efficacy in achieving sexual pleasure and sexual self-

reflection (Horne & Zimmer-Gembeck, 2005). The study found that females with a history of masturbation and non-coital orgasmic responsiveness had higher levels of sexual subjectivity for all variables apart from sexual body-esteem. These females felt more entitled to sexual pleasure through masturbation, felt more efficacious in achieving pleasure, and reflected more on the sexual aspects of their lives than those who had never experienced a non-coital orgasm. Furthermore, these females were more expressive in their intimate relationships and more resistant to gendered double standards.

Taking a wider viewpoint, Holland and colleagues, who did not investigate masturbation explicitly, pointed out that as young women begin to explore their sexual identities there is often much they do not know (Holland et al., 1992b). They highlighted that in the absence of personal experience young women can only draw on often contradictory information that they have obtained from their own childhood experiences, school sex education, their parents, siblings and peers, and the mass media. For example, young girls being praised for looking sweet in pretty clothes, and yet chastised as a teenager for dressing in a way that encourages young men to behave inappropriately - the fault apparently lying with the young women's dress sense, not the potential behaviour of the young men. This contradictory information is often shrouded in secrecy and mystification that does not allow young women to question and examine these mixed messages, with one of the results being that this can deny young women access to feelings of comfort with their bodies. It may be argued that boys are also subjected to this secrecy and mystification, for instance from their parents, as well as receiving culturally contradictory information, such as portraying a *macho image* whilst behaving as an emotional and sensitive man. However, there is one fundamental difference that may appear a priori, and yet have a profound effect on the individual's sexuality and, in particular, initial sexual encounters. The vast majority of boys, if not all, have added to their personal experience by experiencing an orgasm prior to their first sexual intercourse. They have explored their own bodies; they have learnt to understand what gives them pleasure, and how to reach orgasm.

2.3.3 Summary

This section has highlighted that it is not surprising that masturbation has been stigmatised, and still is to a certain extent, considering the historical attitudes towards it. Empirical evidence is extremely limited, but what can be gleaned is that masturbation appears to be more prevalent and occurs with greater frequency among young men than young women. It has been suggested that this may impact upon initial sexual encounters as young women's earliest experiences of sexual arousal are within a dating context whereas, for young men, the vast majority have already experienced sexual arousal and fulfilment. There are preliminary indications that, for young women who do masturbate regularly, positive effects, such as higher levels of sexual self-esteem and body image are reported.

2.4 Sexual Self-expression

This section covers a selection of studies that have examined the effect of partner communication on sexual activity. This is followed by a review of investigations into peripheral factors that may affect self-expression, such as the various aspects of the parental role including parental communication, monitoring and closeness, and the influence of friends.

2.4.1 Partner Communication

Empirical studies have shown that, when sexual partners discuss condom use prior to intercourse, a significantly higher number used condoms (Hillier et al., 1998; Stone & Ingham, 2002); however, barriers to such discussions have been reported. Young people have indicated that they have concerns about negative and hostile reactions from their partners to discussions about contraception. This challenge to sexual self-expression may be especially true for young women as it is an indication of their intention to have intercourse (Lees, 1993). Furthermore, it may have negative associations in relation to condom use as they are linked to disease rather than contraception (especially if the young woman is taking the contraceptive pill) (Hillier et al., 1998), the implication being that, not only may the potential partner be infected with a STI, but also that they may have had numerous partners in the past (Holland et al., 1992). However, it does appear that this can be a concern for young men as well, as Coleman and Ingham (1999) found that a greater proportion of males reported

this concern, stating that they may appear too "forward" and only interested in intercourse. In their study of young people aged 16 – 19 years, amongst those who discussed conception prior to their first intercourse, 79 percent used condoms, in comparison to 44 percent of those who did not hold such discussions. Many of these young people reported that communication was often felt to be easier after intercourse than before, since there were no longer any worries in sexual self-expression as the uncertainty regarding intercourse no longer played a part. The salient aspect of this study was that the vast majority of participants reported only positive responses to scenarios where potential future partners initiated discussions with them about contraception (Coleman & Ingham, 1999).

Qualitative studies that explore young women's sexual debut often cite poor communication with their sexual partner, primarily because of their partner's unwillingness to discuss the matter, "...he would just sort of go cold..." (Mitchell & Wellings, 1998, p. 721). This usually resulted in the intercourse still taking place, but with high levels of dissatisfaction on behalf of the young women that often led to subsequent feelings of regret. Even when some young women were able to talk to their partners at a later stage about their first encounter, they were still very confused over their physical and emotional sensations. It has been suggested that young women may be unable to communicate their ambivalence to their partner before first intercourse (this may also be true for a large number of subsequent sexual encounters); they are aware that their partner wants and anticipates intercourse and end up playing out a scene dictated by the male script. This makes negotiations virtually impossible (Crawford et al., 1994).

In an unusual study using a *realistic role-play* scenario, participants were asked how they viewed a sexual partner who had insisted on condom use (this was achieved by giving participants vignettes where the mention and use of condoms were the independent variables). The findings were interesting inasmuch as that, for both males and females, insisting on condom use was interpreted as a positive message where the partner was seen as deserving more respect, being less likely to have a STI (although significant for both genders, it was more significant for males), and giving the perception of a greater relational intimacy than when no condom was used. Furthermore, when condoms were not

used, females reported significantly higher levels of regret than males, whereas with a condom, the levels of regret were lower with no significant difference between the genders. Finally, the use of a condom had no apparent effect on the participants' beliefs about the partners' perception that they had a STI. These results appeared contrary to popular belief, which is that insistence on condom use would be met with hostility, for reasons such as the effects on their partner's perceptions of them, the experience itself, and on the relationship; however, it appeared that insistence on condom use by their partner was welcomed and met with relief (Hocking, Turk, & Ellinger, 1999).

The next section investigates the evidence for the role of parents in relation to young people and their sexual health, focusing on communication, closeness and monitoring.

2.4.2 Role of Parents

Previous research has demonstrated that parents play an important role in young people's ability to express themselves which, in turn, leads to a reduction of sexual risk behaviour, including both the delay of sexual initiation and increased engagement in risk-reducing behaviours such as contraceptive use (Fende, Boehner, Biro, Mills, & Rosenthal, 2001; Hillier et al., 1998). Part of parental preparation for adulthood is to incorporate sexuality as part of young people's overall identity, which is especially important as it brings with it issues of morality and values (Rosenthal, Feldman, & Edwards, 1998). Research has found that parent-child relationships that are open and non-judgemental can have a direct effect on young people absorbing their parents' values in regard to sexual decision-making, which includes the ability to communicate with prospective sexual partners (Blake, Simkin, Ledsky, & Calabrese, 2001; Hutchinson, Jemmott, Jemmott, Braverman & Fong, 2003; Jaccard, Dittus, & Gordon, 1996).

2.4.2.1 Parental communication.

Research has indicated that parents would like to play the role of sex educators, but many feel inadequate due to lack of information, discomfort in broaching matters of a sexual nature, and confusion about their own sexual attitudes and feelings. This often results in silence between parents and children over these issues. The ramifications of this can be widespread as this can hinder the transmission of attitudes towards self-esteem, body image, gender roles, and interpersonal relationships (Elsheikh et al., 2000; Tinsley, Lees, & Sumartojo, 2004).

One study with African-Americans in the USA has indicated that, when parents do start talking to their children about sex it is often during the children's pre-teen years (Dilorio, Kelley, & Hockenberry-Eaton, 1999); however, some parents never discuss any aspects of sexual health with their children. This qualitative study reported that young women experienced more sex-based discussions with mothers than did young men; these reports were supported by the mothers' responses. Other studies found that boys as well as girls reported that they were more likely to choose their mothers, and communicate with them more frequently (Dilorio et al., 1999; Rosenthal & Feldman, 1999) as well as evaluating mothers more positively than their fathers, in the role of sex educators (Joffe & Franca-Koh, 2001; Karofsky, Lan Zeng, & Kosorok, 2000). One of these studies found that a high level of general communication (not just on sex) with mothers was most closely associated with the delay of sexual activity, and this was the case for both genders (Karofsky et al., 2000). Other studies have shown that young people have often highlighted that communication is often focused on physical development such as menarche with girls (Burrows & Johnson, 2005) and sexual safety, rather than psychological issues, relationships or topics that are deemed too personal for discussion (Baldwin & Baranoski, 1990; Lefkowitz, Boone, Sigman, & Kit-fong Au, 2002).

Research with fathers has provided evidence that if they do talk at all about sexual health it was with their sons rather than their daughters. Dilorio et al. (1999) suggested that "fathers are more likely to identify with the sexual needs of sons rather than daughters" (p. 187); it could be suggested that fathers may not understand or accept that daughters have sexual needs or are even more embarrassed with daughters than sons. These authors also emphasised that physical changes such as menstruation offered parents an opportunity to discuss broader aspects of sexuality although, as some argue, the comparable event of the onset of wet dreams for boys do not lead to broader discussions (Jaccard, Dodge, & Dittus, 2002). This lack of parity between menstruation and wet dreams has also been highlighted in sex education, where the sexes are often separated for the discussion of these topics thereby inhibiting any form of cross-sex

understanding about these topics (Diorio & Munro, 2000; Green, 1998; Haywood, 1996). The argument is that, although menstruation and ejaculation are prerequisites for sexual reproduction, the reality of these two areas in the lives of young people are very different. For boys, this nocturnal private event is about inadvertent pleasure and arousal while asleep, but boys are told not to be worried or concerned because it is "completely natural" (p. 182) (Dilorio et al., 1999). Conversely, for girls, this monthly event can include pain, mess, odour, public embarrassment, teasing by male class mates (Burrows & Johnson, 2005; Prendergast, 1989), with no direct link to non-reproductive sexual activity; in fact, the complete opposite, as this is the one time that young women perceive that they should be sexual inactive. There is a parity of naturalness surrounding both topics, but a strong disparity surrounding their potential impact on the sexual identity of the individual (Prendergast, 1989).

Furthermore, the content of the parent-child conversations, especially with daughters, seemed to focus more on the negative outcomes of sexual activity, such as pregnancy, STIs and 'aggressive suitors', and less on what the young people wanted to know, such as real understanding of how they were growing and developing (Teitelman, 2004). However, another study highlighted that mother – daughter communication appeared to be a mutual interaction where questions from one responder did not inhibit the other, often leading to mothers self-disclosing about sexual matters spontaneously; this was not the case with the mother – son dyad, where questions from one respondent dominated communication and the interaction was devoid of mutuality (Lefkowitz et al., 2002).

It is surprising that the wealth of research using a variety of methodologies has produced equivocal results about the value of parental communication about sexuality (Miller, Benson, & Galbraith, 2001). While some empirical studies have indicated that there is no significant relationship between parental communication and the sexual activity of young people, especially no direct effect on adolescent pregnancy risk (Fisher, 1984; Miller et al., 2001; Stone & Ingham, 2002; Whitaker, Miller, May, & Levin, 1999), other results have shown that good parental communication leads to less sexual activity, greater use of contraceptives and joint-decision making skills with sexual partners (Coleman & Ingham, 1999; DiClemente et al., 2001; Stone & Ingham,

2002; Whitaker et al., 1999). Results across the studies appear complex and discrepant indicating that there is no simple, direct effect or that different operational definitions of 'communication' have been used (Miller et al., 2001).

There are a number of issues that complicate the ability to understand the association of parental communication and young peoples' sexual activity; these have been raised by Brent Miller and colleagues in a research synthesis covering the previous twenty years (Miller et al., 2001). The authors highlight that there are fundamental problems, first, with the temporal ordering of the variables in relation to communication. As most of the studies are cross-sectional, they just take a snapshot of the type or quality of sexual communication measured against the level of sexual activity of the young person (Miller et al., 2001), but it is unclear as to the relationship between these two variables. One scenario may be that young people's sexual activity occurs first and the parents either suspect or know, and this then instigates or intensifies their communication about sex and contraception (Fitzharris & Werner-Wilson, 2004; Somers & Canivez, 2003). Second, the reported frequency of communication varies greatly, with some measures attempting to establish how often general communication occurred, while others concentrated on *frequency* of coverage of *certain* specific sexual issues, such as pregnancy, dating and contraception. Lastly, very few of the studies addressed the issue of the quality of communication between parents and their children. A few exceptions found that the extent to which parents were felt to be responsive and open (this often took the form of relating stories of their own adolescent experiences) appeared to be the key communication dimension that affected the relationship between parent/child communication and young people's use of condoms (Whitaker et al., 1999), as well as young women feeling much more positive about their own sexuality (Thompson, 1990).

Comparative research between the UK and the Netherlands has indicated that one of the main areas of divergence is not only the level of parental communication about sexuality and general openness, but also that mixed gender activities are positively encouraged at every stage of children's development in the Netherlands, whereas this does not appear to be the case in the UK during early teenage years (Ingham & van Zessen, 1997). There is a strong suggestion that the encouragement of communication between the genders enables more mature and open discussions with the result that there appears to be more mutual

decision making between potential sexual partners. In the UK, this pattern of discouragement often appears more prevalent amongst young people who live in more deprived communities, which are often associated with considerably higher rates of teenage pregnancy. Furthermore, there is evidence in both the UK and the Netherlands that good communication between young people and their parents, where emotions and feelings were discussed in an open and non-judgemental environment, was more likely to be associated with delayed first sex, and this also appears to be related to being able to discuss and use contraception effectively with potential partners (Coleman & Ingham, 1999). It appears that it is the children's perception of parents as supportive and authoritative that is linked to fewer occurrences of risky behaviour (Fletcher & Jeffries, 1999).

2.4.2.2 Parental monitoring

It may not be immediately apparent why the inclusion of parent monitoring is part of the review on sexual self- expression, but aspects that are included in parental monitoring may be contributory factors to sexual selfexpression. Research has found that high levels of negotiation between parents and children about leisure time spent with friends is an important factor that is associated with reduced high-risk sexual behaviours (Borawski, Levers-Landis, Lovegreen, & Trapl, 2003). Parental monitoring is described as the supervisory adjustments that parents need to make where children are given less supervision and in turn, more freedom and independent decision-making. It appears that these high levels of negotiation are linked to "open lines of communication" (p. 69) between parents and children, with feelings of high levels of trust on behalf of the parents and children, especially girls (Borawski et al., 2003). It is important to clarify that parental monitoring is concerned with the extent to which parents are aware of their children's whereabouts, not the direct level of supervision. Thus, children may have a high level of freedom away from their parents, but this can be highly monitored by their parents. Borawski and colleagues found that young people who reported being highly monitored often were allowed to have friends over when their parents were out and stay out after their agreed time if they called home. This study found that, of 692 young people with an average age of 15.7 years, 51 percent had experienced their sexual debut,

with 50 percent of these carrying protection and using condoms consistently. The findings showed that young people who reported that their parents allowed them to negotiate unsupervised time with peers were more likely to be sexually active. However, this is counteracted by young people reporting that they were also more likely to engage in sex-related protective behaviours such as consistent condom use, carrying protection, or refusing sexual intercourse when protection was not available (Borawski et al., 2003), although the study did not assess other sexual activities. The implication is that high monitoring may equate to higher levels of sexual activity, but with low levels of risk-taking behaviours.

A further study found a significant association between lower reported parental monitoring and earlier reported sexual experience in a large sample (N =7630) of 14 year- olds in Scotland (Henderson et al., 2002). In this study, parental monitoring was measured by four items where negotiation was more implicit than asked directly, for instance, 'Do you have to ask permission to go out in the evening?' and 'Do you have to tell anybody where you are going in the evening?' where participants responded to a 4-point scale of 'always', 'usually', 'sometimes', or 'never'. These items do not imply a joint decision process between parent and child where negotiation takes place and the children are able to express themselves as to their needs and wants; it appears to be presented much more as a fait accompli. A multivariate analysis indicated that lower reported parental monitoring and earlier reported sexual experience were particularly prevalent in boys, although there appeared to be no correlation with the reported level of condom use. However, as the researchers highlighted, this relationship is purely correlational and causation cannot be assumed. It might be due to a number of factors other than low control parenting leading to early sexual activity. Three possibilities may be that young people who report early sexual experience are unready to disclose high parental monitoring, or that parents whose children have a lifestyle involving early sex give up trying to monitor them, or there may be a third explanatory factor (Henderson et al., 2002).

However, other US-based studies that assessed young people's perceptions, behaviours and attitudes to sexual risk-taking in relation to parental monitoring, parental communication and parenting style have shown that high parental monitoring was the only variable that was negatively associated with

risk-taking; neither communication nor style was significant (Huebner & Howell, 2003; Rodgers, 1999).

2.4.2.3 Parental closeness.

Research on parental closeness has defined this as a form of verbal and/or non-verbal communication that focuses on the relationship between the expressions of affection between parents and their children's sexual attitudes (Joffe & Franca-Koh, 2001). These authors argue that children observe when their parents hug, kiss and touch and, conversely, when they fail to express affection towards each other. They found evidence that parental closeness was associated with early sexual activity, although these participants reported fewer sexual partners in the previous two years. One explanation the authors offered for these findings was that parental closeness helps young people toward responsible sexual behaviour inasmuch as sex is not the primary focus of teenage relationships, but intimacy as well as the exclusivity of relationships is the prime focus - witnessing intimate behaviour may provide a sense of comfort with it (Joffe & Franca-Koh, 2001). It is unfortunate that this study did not measure levels of risk-taking behaviour to see if this was also affected by parental closeness. A further, but dated, study found that greater exposure to maternal sexual affection towards a spouse was a significant predictor of two specific attitudes in young women: a more positive attitude towards speaking affectionately to men, and towards being more assertive in sexual encounters (Koblinsky & Palmeter, 1984).

One US study that did investigate this issue found that participants who perceived their parents to have a high level of closeness were more likely to be older at first sexual intercourse and exhibit lower risk-taking behaviour and, for males, less likely to have made a partner pregnant (Markham et al., 2003). However, these findings could not be generalised as the participants were from schools that catered for students with behavioural and/or academic problems from predominantly inner-city, minority and low-income groups, although over 80 percent of the participants did live with either one or both of their biological parents.

The previous section has highlighted some of the conflicting results concerning the potential role that parents can have in the development of young

people's *sexual self-expression*, albeit in a negative or positive way. The following section investigates the role of peers as a factor in young people's development in regards to *sexual self-expression*.

2.4.3 Friends and Peers

Parents are a major influence on how young people express themselves; however, friends and peers become an increasing influence as children approach adulthood (Moore & Rosenthal, 1993). However, a number of studies have found that when friends are a predominant influence on the acquisition of sexual information, young people's sexual behaviour is more risky (Chambers et al., 2004; Dilorio et al., 1999; Whitaker & Miller, 2000). One study highlighted that greater friends' influence, in comparison to parental influence, was highly correlated with earlier age of sexual debut (Dilorio et al., 1999).

In a qualitative study in Australia, in-depth interviews with college students found that young men and women had different styles of talking about sex with their friends. Among men, feelings about their relationships were often expressed through jokes as a way of protecting themselves if anyone was patronising, although some of the young men had learned to speak openly with one or two close friends. Both sexes felt they could be more frank with women, and discussions about sex among young women were considerably more explicit than those among men. Young women monitored their friends' sexual behaviour more closely than did the men, asking explicit questions about risky behaviour and sexual activity, such as condom use. This group of young people highlighted that friends acted as an important source of information and support for both sexes, providing condoms, reassurance, a forum for advice and a place to talk through problems and, in turn, being a place of influence (Lear, 1995).

A number of studies also found that friends tended to have similar sexual values and practices that reinforced each other, especially in regard to romantic relationships and sexual initiation (see also, Connolly et al., 2004; Kinsman, Romer, Furstenberg, & Schwarz, 1998). However, some young people reported that when friends' values and behaviour are dissonant, such as in relation to practicing unsafe sex, this created a tension that sometimes, if unresolved, resulted in alienation of one of the group (Prinstein, Meade, & Cohen, 2003).

Explanations for young people's sexual behaviour often point towards pressure from friends as an influencing factor, but studies have shown that when young people are asked directly about this pressure it is generally denied (e.g. Allen, 2004a). However, it may be argued that this implicit pressure is not recognised by young people or that they select friends who fit their values and behaviour. There is often a realigning of friendships at this stage, as varying individual physical development within friendship groups can exacerbate this, resulting in new friendships being sought that reflect emerging sexual values and behaviours.

Other research has indicated that, for both sexes, peer norms were more strongly related to behaviour among young people who had not discussed sex or condoms with parents and this resulted in a direct correlation between communication, peer norms and actual condom use behaviour (Whitaker & Miller, 2000).

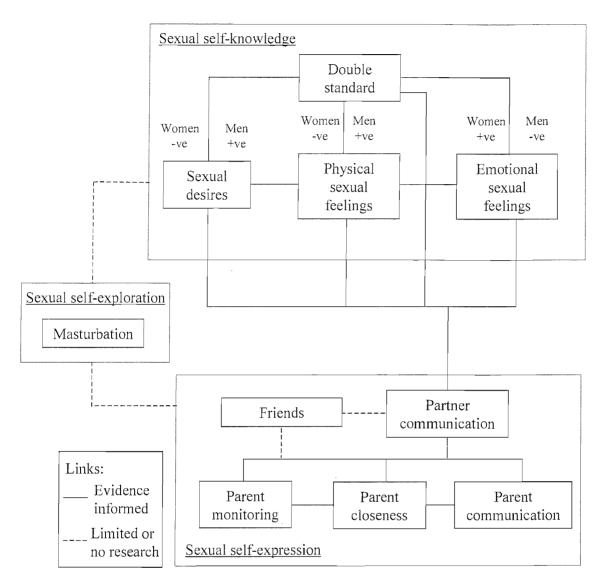
During the teenage years, friends are not only used as a source of information (or *mis*information) but, moreover, peer relations become intense and exert a powerful pull towards gender role conformity and a desire for popularity, heterosexuality often being crucial to both genders (Hyde & Jaffee, 2000). In a UK study using focus groups with young teenagers, the authors reported verbal abuse as a central part of teenage sexual morality (Chambers et al., 2004). Some researchers have found that homophobic and misogynistic discourses were key resources used by boys as a way of *policing* heterosexual masculine orientations (e.g. Pattman, Frosh & Phoenix, 2005; Phoenix, Frosh, & Pattman, 2003). In other words, central to the form of boys' regulation was the subordination of girls and denigration of any boy who failed to conform to hegemonic heterosexual masculinity, thereby ensuring the reproduction of male power. In contrast, girls used the discourse of heterosexual romance or intimate relationships to discuss sexuality. An interpretation of this could be that these girls were using this discursive fluency as a form of resistance against men's power to undermine their sexual desire. As the authors highlighted, "romance functioned for girls as a discourse for managing the risks of sexual appropriation and reputation" (Chambers et al., 2004, p. 406).

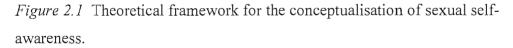
2.5 Summary

This chapter has considered the literature and research surrounding three key aspects of sexual health of young people under a new construct of sexual self-awareness; the three aspects are sexual self-knowledge, self-exploration, and self-expression. The literature review has provided strong evidence that suggests that the gender double standard pervades all the main aspects of the construct of sexual self-awareness. It has also indicated that there appear to be influential links between certain aspects of sexual self-awareness while, for others, the links are less clear due to the limited research hitherto. The aim of this chapter was to investigate the more positive aspects of young people and their sexual health; however, in some ways it has failed, as it appears that what should be pleasurable and exciting for young people is often full of negativity, especially in relation to young women. Hence, detailed investigation of the framework of sexual selfawareness may offer insight into the interrelationship of the three aspects, allowing greater understanding and, in turn, reversing this negativity into positivity, so that more young people can experience their emerging sexuality as pleasurable and exciting, free of negative emotions and safer.

2.5.1 Theoretical Framework for the Conceptualisation of Sexual Selfawareness

An emerging framework (see Figure 2.1) is suggested for the conceptualisation of sexual self-awareness, indicating evidence-informed links as well as provisional links that this proposed research will explore. The emerging framework incorporates those aspects outlined in the literature review as primary aspects of sexual self-awareness and which may have direct or indirect influences on the sexual behaviour of young people.





At this stage, the framework cannot make specific predictions about the aspects or factors that influence each other and, in turn, sexual behaviour, but these will be explored empirically through qualitative and quantitative research.

2.5.2 Research questions

The literature reviews have raised numerous research questions in relation to young people and their sexual health, especially the apparent persistent gendered double standard that affects a large number of young women and men. This double standard has certainly been researched previously, but not in relation to the association of young people's needs, desires and pleasures, comfort with their own bodies and the influence of parent and partner communication. This may point towards a possible avenue of greater understanding of these aspects in relationship to their sexuality. If young people are able to distinguish between their physical needs and their emotional needs and, in turn, understand this separation, this would allow them to bring these two aspects together with more clarity and consensus. This may lead to raised levels of sexual self-awareness, thus developing feelings of positive control, emotions, and safety.

Hence, there are three main research questions with three conditional questions:

- 1. Is there a relationship between the three aspects of sexual self-awareness?
- 1a. If so, what is the relationship?
- 2. Are there key aspects of sexual self-knowledge, self-exploration and selfexpression that constitute sexual self-awareness?
- 2a. Which social and/or sexual demographics influence sexual self-awareness and its sub-constructs?
- 3. Can sexual self-awareness be operationalised and measured?
- 3a. If so, how reliable is this measure?

To investigate these research questions, a mixed methodological approach has been adopted. Due to the paucity of research with young people about their comfort with their own bodies, in particular masturbation, a qualitative approach was initially undertaken to explore this sensitive topic. It should be noted that the qualitative study focuses on not only comfort with bodies but also the sexual development and experiences of young women through in-depth semi-structured interviews. The decision to solely concentrate on young women was taken because the literature review highlighted that, due to the pervading gender double standard throughout the various aspects of sexual selfawareness, this appeared to result in confusion, negativity or unspoken aspects for a large number of young women. Therefore, it was considered imperative to gain greater appreciation of how young women perceive and understand all these aspects within sexual self-knowledge, self-exploration, and self-expression, thus leading to a clearer picture of young women and the development of their sexual self-awareness. This additional understanding from the qualitative study, and all the evidence presented in the two previous chapters, will then feed into a large

quantitative questionnaire study, designed to ascertain the principal components for a scale of sexual self-awareness, leading to the establishment of its reliability.

Chapter 3 provides a brief overview of the methodological approaches for this piece of research, with further justification for a mixed-methods approach with an explanation of the two paradigms, as well as the types of analyses employed for each study within the research.

The Rationale for the Use of a Mixed Methods Approach

3.1 Introduction

The previous chapter concluded with the presentation of a framework that attempted to integrate primary aspects of sexual self-awareness as identified in the literature. However, there were certain areas of research that were extremely limited, especially in relation to sexual self-exploration and masturbation, as well as particular areas of self-knowledge and self-expression that may influence sexual self-awareness. As the framework cannot make specific predictions about how the aspects or factors influence each other and, in turn, sexual behaviour, it was deemed necessary to explore these empirically, initially through a qualitative study, followed up by two quantitative studies.

This chapter provides an overview of the rationale for using these two approaches, with an analysis of the methodologies used for these stages of the research. The first section deals broadly with the two paradigms (qualitative and quantitative approaches), the second section deals with arguments presented for mixed-method research, whilst the third section outlines the methodology adopted for each piece of the current research.

3.2 The Two Paradigms

There has been considerable debate concerning the philosophical issues and the relative virtues of quantitative and qualitative research. Quantitative research functions within an orderly material world that is independent of the observer, and that it is knowable via rational inquiry (McGarth & Johnson, 2003). It is based on the gathering of 'facts', stresses the importance of devising valid and reliable measurement procedures, and adopts the principles of scientific method by emphasising the importance of generalisation and replication of results. On the other hand, qualitative research functions within a naturalistic approach that aims to maintain fidelity to the real world and stresses the importance of *social reality* in people's perceptions of their environment (Baum, 1995; Gray & Densten, 1998; Guba & Lincoln, 1989; Morse, 2006). Each of these approaches is based on a particular paradigm, a patterned set of assumptions concerning reality (ontology), knowledge of that reality

(epistemology), and the particular ways of knowing that reality (methodology) (Sale, Lohfeld, & Brazil, 2002). Hence, the major contrast between the approaches is evident in the differing views concerning how *social reality* should be studied.

The qualitative paradigm is based on interpretivism and constructivism. Ontologically, there are multiple realities or multiple truths based on people's constructions of reality. Reality is socially constructed and so is constantly changing (Guba & Lincoln, 1989). On an epistemological level, there is no access to reality independent of people's minds, no external referent with which to compare claims of truth. The investigator and the object of study are interactively linked so that findings are mutually created within the context of the situation that shapes the inquiry. The emphasis of qualitative research is on process and meaning. Samples are not meant to represent large populations but, rather, small purposefully selected respondents who can provide important information (Brewer & Hunter, 1989; Greene, Caracelli & Graham, 1989; Guba & Lincoln, 1989; 2005; Howe, 1992; McGarth & Johnson, 2003; Yardley & Bishop, 2007).

In contrast, the quantitative paradigm is based on positivism characterised by empirical research, where all phenomena can be reduced to empirical indicators that represent the truth (Sale et al., 2002). The ontological position of the quantitative paradigm is that there is only one truth, an objective reality that exists independent of human perception. Epistemologically, the investigator and investigated are independent entities. Therefore, the investigator is capable of studying a phenomenon without influencing it or being influenced by it. The goal is to measure and analyse causal relationships between variables within a valuefree framework. Samples sizes are much larger than those in qualitative research so that statistical methods with samples that are representative can be used (Brewer & Hunter, 1989; Johnson & Onwuegbuzie, 2004; Morgan, 1998; Sullivan, 1998).

In quantitative research, validity is related to accuracy, relevance, and reliability of measurement; in qualitative research, the aim is not to measure, but rather to understand, represent, or explain something, usually some fairly complex social phenomenon. The concept of validity does not sit well in the qualitative research paradigm, originating as it does in the positivist tradition;

however, many qualitative researchers continue to support its relevance (Guba & Lincoln, 2005; Morse, 1999). In qualitative research, an account is valid "if it represents accurately those features of the phenomena that it is intended to describe, explain or theorise" (Hammersley, 1987 p. 69). A crucial distinction between objective quantitative research and valid qualitative research is accepting that the researcher's individual attributes and perspective have an influence on the research process (Finlay, 2002). A researcher's theoretical position, interests, and political perspective will affect, if not determine, the research question, the methodological approach, and the analysis and interpretation of the data. This is also the case for quantitative research; however, it is often not stated or hidden, whereas in qualitative research, it is acknowledged and even celebrated (Pyett, 2003). In quantitative research, the goal is to produce a standard set of results that any other careful researcher in the situation or studying the same situation would have produced. In contrast, the goal of qualitative research is to produce a coherent and illuminating description of, and perspective on, a situation that is based on, and consistent with, detailed study of the situation (Ward-Schofield, 1993) and where the interpretation can be fully understood by other researchers.

There has been a tendency among some researchers to refer to quantitative and qualitative research as divergent paradigms (e.g. Guba & Lincoln, 1982), which has led to an exaggeration of the differences between the two traditions. Even though there is a substantial rift between the two paradigms, there are many more similarities than there are differences between these two orientations (Onwuegbuzie & Leech, 2005). One of the most basic similarities between the two paradigms is that they both include the use of research questions. Furthermore, the research questions in both paradigms are addressed through some type of observation. From this observation, all researchers describe their data, construct explanatory arguments from their data, and speculate why the outcomes they observed happened the way they did. Hence, both paradigms interpret data. Quantitative researchers use an array of statistical procedures and generalisations to determine the meaning of their data, whereas qualitative researchers use phenomenological techniques and their experience to extract meaning. Both sets of researchers attempt to reduce the dimensionality of their data. For example, quantitative researchers use data-reduction methods such as

factor analysis or cluster analysis, whereas qualitative researchers may use content or thematic analyses. As such, factors that are derived from multivariate analyses are, in some ways, analogous to emergent themes that are extracted from thematic analysis (Sale et al., 2002).

Regardless of epistemology, all research in health and social psychology represents an attempt to understand human behaviour; thus, it is clear that if differences do arise between qualitative and quantitative researchers, these discrepancies do not arise from different goals. Instead, they occur because the two groups of researchers have operationalised their strategies for reaching these goals differently (Dzurec & Abraham, 1993). Hence, a more useful approach is one that minimises the distinction between quantitative and qualitative research, and that moreover relies on the selection of techniques according to their suitability in tackling particular research questions, thereby maximising the strengths of various approaches (Morgan, 1998).

3.3 Mixed-method Research

There are several justifications as to why qualitative and quantitative methods can be combined. First, it has been argued that the two approaches can be combined because they share a common goal of understanding the world (Greene et al., 1989; House, 1994), and they share a unified logic with the same rules of inference applying to both (Howe, 1992; Smith, 1983). Furthermore, a philosophical approach of pragmatism should be adopted where it is the specific research questions and issues that are important, and not a specific approach (Whittemore, Chase, & Mandle, 2001). As Yardley and Bishop (2007) point out, it is important to understand all aspects of human existence, from processes of the brain to moral agendas, and hence a wide variety of methods needs to be drawn upon.

Second, the two paradigms are compatible because they share the tenets of being theory driven, the fallibility of knowledge, and the process of valueladen inquiry (Guba & Lincoln, 1989). They are also united by a shared commitment to understanding and improving the human condition, disseminating knowledge for practical use, and rigour, conscientiousness, and critique in the research process (Baum, 1995). Some researchers have argued that qualitative and quantitative methods are part of a continuum of research with specific techniques being selected in light of the research objective (Onwuegbuzie & Leech, 2005).

Third, combining research methods is especially useful in dealing with the complexities of most public health problems or social interventions, such as health education and health programmes (Sale et al., 2002). For example, when developing a sexual health intervention for young people, interviews may be the most illuminating approaches for practitioners to understand how the interventions operate with various young people. However, in relation to policy makers, they may require more quantitative data such as cost effectiveness, some form of measurement of the effects of the intervention and its long-term effectiveness. Fourth, some have claimed that researchers should not be preoccupied with the quantitative-qualitative debate as this inhibits research and is located only within "epistemological purity" (Sale et al., 2002, p. 46). Amongst the gains of a mixed-method approach is that "it is possible to arrive at a richer and more complete description of a phenomenon than by using a single approach" (Yardley & Bishop, 2007).

This brief discussion has shown that qualitative and quantitative research methods have grown out of, and still represent, different paradigms. However, the fact that the approaches are to some extent incommensurate does not mean that multiple methods cannot be combined in a single research study if it is done for complementary purposes. Each method studies different phenomena and provides different insights. The distinction of phenomena in mixed-methods research is crucial and can be clarified by labelling the phenomena examined by each method. In the context of this piece of research on the development of a measure for sexual self-awareness experienced by young people, a mixedmethods study could be described as a qualitative study of the lived experience of sexual self-awareness to inform a quantitative measure of sexual selfawareness. The phenomenon of sexual self-awareness may appear the same across methods; however, the distinction between lived experience and measure reconciles the phenomenon with its respective method and paradigm. This implies an additive outcome that captures the various aspects of the same phenomenon, allowing the strengths of qualitative and quantitative work to be maximised and their respective shortcomings to be minimised.

3.4 Current Research: Qualitative Study

Qualitative researchers acknowledge that there are multiple realities. In this current study of young people and their sexuality, these might include the reality of the participants, their parents, their teachers, their sexual partners, and the researcher, each of whom would have a very different perspective on the research question - Is there a relationship between young women's sexual selfawareness and their sexual development and activity?

Winter (2000) raised the question of the extent to which the researcher is obliged to respect the perspectives of the actors in the situation for an account to be valid, and how important it is that the participants confirm or are able to recognise the findings, particularly if they might be disadvantaged by the results. Morse (1999) disputed the idea that the participant has more analytic authority than the researcher. It has been argued that researchers must respect, but not necessarily agree with, the participants, as the latter do not always understand their own actions or motives (Pyett, 2003). Researchers have access to other data, research findings, theories, and understandings of similar or contrasting situations; hence there is a capacity and an academic obligation to apply critical understandings to the accounts given by participants. This is not to imply that the researcher's interpretation is more valid than that of the participants; rather, that they are different and possibly both valid perspectives and understandings of the situation. It is not enough to accept everything the participants say without subjecting it to more detailed examination of the circumstances, structures, and constraints that have contributed to the formation of their worldviews. On the one hand, the researcher's task is not to distinguish between *reliable* and unreliable participants, inasmuch that participants may provide inconsistent responses that are incoherent or even contradictory, and hence unreliable, but for the qualitative researcher, these participants' worldviews contribute to the overall research. On the other hand, the researcher's task is to apply psychological theory, together with additional historical and contextual information, to develop an understanding that reaches beyond the perspective of the participants.

3.4.1 Interviewing Young Women on Sexualities

Feminist psychologists have highlighted that women interviewing younger women may inadvertently create a sense of power in the research

context (Holland, Ramazanoglu, Scott, Sharpe, & Thomson, 1994). The interviewer is older, perceived to be better educated and/or possibly from a different social class than the young women, who may in turn feel relatively powerless. However, Hollway and Jefferson (2000) argue that, far from participants feeling powerless, the research interview can give the participants feelings of great power, expertise and importance. The participants expect and respect that the researchers are better educated and, in turn, will understand and appreciate their responses, as the researchers are interested in their views (Hollway & Jefferson, 2000). One concern that was considered by the researcher of this current study was her similar age to the participants' mothers, inasmuch that the young women may have perceived that it was only appropriate to talk about their perception of social desirable events or provide socially desirable views, especially in relation to their sexuality. The impact of this issue was considered to be so important that it was addressed directly by the researcher in a previous qualitative study (Hogarth, 2004) where, rather than attempting to implicitly interpret this through the interview transcripts, the issue was raised directly with the participants at the end of the interview where they were asked about their levels of inhibition while talking to the researcher. The results of this revealed that the majority of participants had thought about this issue, not necessarily in direct relation to their own mothers, but just talking about sexual matters with an older person. They expressed nervousness at the beginning of the interviews, as they were concerned that they would be judged on what they told the researcher. Once the participants realised that this was not the case, they felt relaxed enough to talk openly about their past, their feelings and experiences. Many of participants talked about feeling enriched by the interview experience inasmuch as they had explored new aspects of their sexual lives, not only in relation to themselves but how they interacted with other people; some even stated that they wished they could talk more openly with their mothers about sexual matters.

A further methodological (and ethical) issue is that participants may, in turn, ask questions of the interviewer, and interviews are in danger of developing into counselling and information sessions. There is no doubt that in-depth interviews may have elements of a therapeutic encounter (Holland et al., 1994); however, it would have been unethical to enter into a counselling discourse as the

researcher was not trained for such a role nor was it a function of the interview. If questions did arise during interviews, for instance in relation to sexual practices, they were responded to at the end of the interview. It is not the role of the researcher to act as a sex educator or expert, but it is important that these questions are addressed; therefore all respondents were directed to the best available sources of information and advice through telephone numbers, leaflets and online guidance. There is always a possibility that the researcher becomes an unwitting sex educator simply by asking probing questions about sexuality (Holland et al., 1994), as well as a possibility that the experiences of sexual pressure, sexual violence, and/or even child abuse. If this were the case, the participants were reminded that they could stop the interview at any time, and, if they did choose to continue, the participant must relate these experiences on their own terms without any probing from the researcher. The next sub-section describes the type of analysis used for this qualitative study.

3.4.2 Use of Thematic Analysis

Much qualitative thematic analysis aims to identify the range of issues that are raised by participants relevant to whatever the focus of interest. It permits the researcher to combine analyses of the number of thematic occurrences with their meaning within the context of the data (Joffe & Yardley, 2004). A theme can refer to the *manifest* content, which is explicitly stated or observed in a number of transcripts, such as sexual safety. Alternatively, it may refer to the *latent* content, which is implicitly stated or observed, such as being frightened in a sexual situation and thereby *implying* lack of sexual safety. Joffe and Yardley (2004) highlight that, during analyses, both types of themes are drawn upon and, even though the manifest themes are the focus, the aim is the interpretation of the latent meanings of the manifest themes. During the analyses, the researcher is continually drawing from theoretical ideas, known as deductive coding, and from the raw information, known as inductive coding.

What is often lost, however, is a sense of how these themes link together in individual participants' accounts, a key aspect for this current study. It was imperative that a method was designed that enabled data to be understood at both the horizontal level (across participants) and the vertical level (within

participants) (Ingham & van Zessen, 1997). As with all qualitative research, the first step was the immersion in the transcripts until it is considered that each transcript was known as well as possible.

The initial extraction of low-level themes was of the utmost importance as this formed the foundations for the higher themes. Hence, it was vital that a methodology was adopted that allowed the identification of all the key issues, concepts, and themes by which the data could be examined and referenced. This was developed by drawing on *a priori* issues and questions derived from the aims and objectives of the study (primarily the interview schedule) as well as issues raised by the participants, including their views or experiences that recurred in the data. From this initial extraction, higher themes were developed with the incorporation of deductive coding, but not losing sight of the key issues and concepts.

3.5 Current Research: First Quantitative Study

3.5.1 Conversion of Themes to Questionnaire Statements

The next stage adapted these themes into appropriate statements for an online questionnaire. Following the principles of questionnaire design, statements were devised within each of the sub-themes of self-knowledge, selfexploration, and self-expression. Furthermore, to ensure areas of sexual health were included that were not raised in the interviews or extracted during the thematic analysis, relevant statements drawn from previous research were also devised. The development of these statements is discussed in detail in Chapter 5.

The next section describes the methodologies adopted for the quantitative study; first, the use of the Internet for data collection, and second, the type of statistical analysis used.

3.5.2 Use of the Internet for data collection

The Internet is rapidly developing into an important medium of communication in modern society, and both psychological research and interventions are being increasingly conducted using this new communication medium (Buchanan & Smith, 1999; Childress & Asamen, 1998). The use of the Internet for psychological research has a number of advantages, although these are tempered with disadvantages. The technological advantages are that the study

can be accessed anywhere in the world, participants can access the study simultaneously, and, most importantly, data transference is either automatic or can be cut and pasted into the statistical package, thereby eliminating or greatly reducing the possibility of clerical data entry errors often associated with pen and paper studies (Joinson, 1999; Kraut et al., 2004). Furthermore, the technology of web design can not only ensure that all mandatory questions are answered but also that particular responses by participants can lead them to varying parts of the questionnaire seamlessly. This 'skip' process can often be very cumbersome and confusing for participants in a pen and paper survey, although this process was not employed in this current study. Other advantages are that a larger heterogeneous sample can be obtained, thereby ensuring increased statistical power. For this study, it was imperative that the target population of young people was socio-demographically and educationally diverse as these were independent variables within the analyses. The researcher invited participation by sending personalised email messages to active participants in either specialised or more general online communities such as schools, colleges, and research contacts in the sexual health field, which have direct contact with young people accessing different amenities.

It may be argued that this type of study is more ethical, inasmuch that participants feel under no obligation to please the researcher by taking part, as in the majority of cases; the researcher is unknown to them. Furthermore, participants are able to complete the study at a convenient and confidential place and time and with an unrestricted timeframe. Most researcher and participant bias is removed from the study, as well as complete anonymity for the participants. It is appreciated that it is not possible to remove researcher bias completely as wording of statements, sample population chosen and even the area of research to be studied, is under the influence of the researcher.

Research has indicated that this sense of total anonymity for the participants using the Internet decreases social desirability bias and social anxiety compared to that experienced by participants completing the same questionnaire with pen and paper. This disinhibition by Internet participants results in greater honesty from the participants. The reasons proffered for this is that complete anonymity decreases evaluation concerns; coupled with the use of computers increasing self-regulation on the basis of internal standards (Joinson, 1999). In

other words, participants experience low public self-awareness, accompanied by high private self-awareness, an essential requirement of this current piece of research.

One final advantage is that online studies can save time and money on development and recruitment. As the Board of Scientific Affairs Advisory Group on the conduct of research on the Internet (Kraut et al., 2004) points out, Internet surveys are changing the nature and economics of questionnaire-based research. It is the low marginal cost of each additional research participant, who does not need to be greeted, instructed or supervised by the researcher, which offers one of the greatest benefits of online surveys.

The disadvantages to the use of the Internet are that there is absolutely no control on the participants taking part and, moreover, the honesty of the sociodemographic details that they provide. It has also been found that there tends to be higher rates of dropouts, although each hit of the website is recorded and it is possible to conduct basic analysis of this information (Reips, 2002). The technology of online surveys does eliminate basic clerical errors; however, it is vital at the initial data cleaning stage that the researcher combs the data for erroneous responses so that these particular participants can be excluded.

In light of these advantages and disadvantages, the following standards and guidelines were adhered to as part of this online survey (Michalak & Szabo, 1998). First, within the introduction to the survey, the researcher and supervisor were identified, with their affiliations and contact details in the form of email were provided so that potential participants could verify the legitimacy of the study. Second, potential participants were assured of the confidential treatment of personal information, as data privacy is one of the key concerns of Internet users. Third, participants' consent for participation was obtained through an Agreement to Consent consisting of 12 points where agreement by participants to take part in the survey equalled their consent. However, participants were reminded that their participation in the study was totally voluntary, and that they were free to withdraw at any time. Fourth, the purpose, description, risks, and benefits were clearly presented at the entry point of the survey. The use of ambiguous words and sentences were avoided. Last, the amount of information sought from the participants was reasonable. It may be argued that this current survey did have a high number of statements to respond to; however, the guidelines suggested that

as the Internet can be seen as a more private medium, and the participants in this current study were interested in the subject matter, it is more acceptable to administer lengthy questionnaires (testing for this current study indicated a maximum of 30 minutes to complete).

The next section describes the type of analysis used for the quantitative study to reduce the large number of variables to the principle components.

3.5.3 Factor Analysis

This quantitative study measured a wide variety of latent variables that cover sexual self-awareness. It was important to ascertain whether these measures do reflect sexual self-awareness, and this was achieved through factor analysis. This is a statistical technique applied to a single set of variables to discover which variables form coherent subsets that are relatively independent of one another (Tabachnik & Fidell, 2007). This multivariate technique identifies whether the correlations between a set of observed variables stem from their relationship to one or more latent variables in the data, each of which takes the form of a linear model (Field, 2005). This research project was specifically designed to be factor analysed with three hypothesised factors to ensure that the solution was stable. Hence, the fundamental aim of this factor analyses was to maximise the amount of variance within these variables, while reducing the number of variables to a minimum, by retaining those with the highest correlation within each subset or component and ensuring that each remaining variable measured an individual aspect within that component.

The factor analysis used the extraction method of Principal Component Analysis (PCA) and orthogonal rotation. Theory and previous evidence, including this current research, suggested that there are associations *within* a large number of these statements; however, there is no evidence-informed research that suggests that there are associations *between* a large number of these statement, hence it was considered inappropriate to use oblique rotation (Promax) and hence, orthogonal rotation (Varimax) was used.

For the loading criterion, Tabachnick and Fidell (2007) suggest, as a general rule, the use of 0.32 or larger, although they do highlight that with a large number of items this figure should be revised at the discretion of the researcher. The greater the loading, the more the item is a pure measure of the factor.

Comrey and Lee (1992) suggest that loadings in excess of .71 (50 percent overlapping variance) are considered *excellent*, .63 (40 percent overlapping variance) *very good*, .55 (30 percent overlapping variance) *good*, .45 (20 percent overlapping variance) *fair*, and .32 (10 percent overlapping variance) *poor*. Due to the different loading levels among the items within each of the components for this analysis, it was impractical to apply a single loading criterion across all components, as this would have greatly impaired the guideline of maximising the number of components. In other words, a low to medium loading criterion would have retained a number of components with very few items, where the overlapping variance ranged from 20-30 percent, but, had little or no impact on the components with a higher number of items where it appeared that the overlapping variance was also higher and predominantly ranged from 40-50 percent. Therefore, the analysis indicated that the greater the number of items within the component, the higher the loading criterion needed to be in order to reduce the number of items.

As theory and the evidence suggested that gender may be a strong influence on the items, PCA was also run with the cases split by male and female, to ensure that no statements were removed that may be more applicable to either gender, but not captured by the PCA for all cases. For example, one item may load very highly for males but be extremely low for females, resulting in the item not meeting the criteria when the PCA is combined for all cases. This proved to often complicate the analyses as one gender and not the other often influenced different items; this resulted in extensive investigation into individual components and statements to ascertain their impact, either by their inclusion or exclusion. Through this process, interpretative decisions were made as to the outcome of particular statements, not only based upon the results of the PCA, but also based upon theory and previous evidence-informed research.

This technique has a number of uses that are, first, to understand the structure of a set of variables, second, to develop a further shorter questionnaire to measure the underlying variables (in this case, sexual self-awareness as well as sexual self-knowledge, sexual self-exploration and sexual self-expression) and, third, to reduce a data set to a more manageable size while retaining as much of the original information as possible. Not only does factor analysis combine

variables that are collinear, it identifies the relationship, if any, between variables that have been measured, highlighting some common underlying dimensions.

Statistical purists may argue that the naming of factors for this current study has already been established prior to the analyses as themes taken from the qualitative study and previous research have formed the factors that underlie sexual self-awareness. However, it is the reduction of the latent variables within each theme or factor that is crucial in this particular analysis. Moreover, it is important to ascertain not only whether each factor needs to be reduced (i.e. is a variable a *good* measure when it is presented negatively compared to positively or vice versa) but also whether it needs to be retained at all. The sub-themes within self-knowledge, self-exploration, and self-expression were purely used as a systematic approach to ensure that all the variables were included within the topics under investigation.

3.5.4 Multivariate analysis of variance (MANOVA)

Multivariate analysis of variance (MANOVA) is an extension of analysis of variance (ANOVA) methods to cover cases where there is more than one dependent variable and where the dependent variables cannot simply be combined. As well as identifying whether changes in the independent variables have a significant effect on the dependent variables, the technique also seeks to identify the interactions among the independent variables and the association between dependent variables, if any (Field, 2005).

This particular method of analysis was ideal for this study because, *in essence*, with multiple dependent variables (DVs), MANOVA forms a linear combination of the DVs and then uses this linear combination in the analysis in place of the individual DVs. In other words for this study, it combines the subconstructs of sexual self-knowledge, self-exploration and self-expression into a new variable as a single DV, the construct of sexual self-awareness. MANOVA uses the combination of the DVs that maximises the differences between the various IVs using a number of heuristics (Field, 2005).

3.6 Current Research: Second Quantitative Study

3.6.1 Reliability Testing

It was necessary to test the reliability of the final scale for sexual selfawareness and this was achieved by a test-retest study. The same participants were administered the questionnaire at 'Time 1' and given the same questionnaire at 'Time 2', ten days later. The results were analysed for their consistency across these two time points. Due to the nature of the concept of sexual self-awareness, it was considered vital to ask the participants, as part of the questionnaire, whether anything had happened between 'Time 1' and Time 2' that may have impacted on their responses (it is quite feasible that they may have experienced their sexual debut in that time period). However, one of the issues with test-retest studies is that by merely asking participants to respond to certain statements, their awareness is immediately heightened and they may give more thought to the statements during the time lag of the questionnaires, and hence answer differently at Time 2. This has been referred to as alpha errors, especially in relation to health interventions resulting in spurious findings (Conner & Norman, 1995).

3.7 Summary

This chapter has reviewed qualitative and quantitative approaches to psychological research, and offered explanations as to how these can be brought together successfully in a mixed-method approach. The remaining sections outlined the approaches taken in this current piece of research; with an extensive qualitative study using interviews and thematic analysis, emphasising the importance of not only investigating themes between the transcripts, but also ensuring themes within the transcripts were captured as well (horizontal and vertical). Finally, the methodologies employed in the quantitative study were discussed with the justification of the use of factor analysis, MANOVAs and test-retest reliability.

The next chapter describes in detail the qualitative study with twenty young women, entitled: Sexual self-awareness and its role in young women's sexual development.

Sexual self-awareness and its role in young women's sexual development: A qualitative study

4.1 Introduction

This qualitative study investigated how twenty young women between the ages of 16 to 18 related their sexual self-awareness. The study explored this through childhood experiences, sexual development and romantic relationships, in an attempt to understand the intricacies, complexities and nuances of their sexuality. It addressed the first research question, which is, 'what is the relationship between the three aspects of young women's sexual self-awareness and their sexual development and activity?'

4.2 Method

4.2.1 Participants

Participants were recruited from a comprehensive, co-educational school in a city in the south of England. It is situated in a large housing complex consisting predominantly of council owned properties with a few ex-council houses now under private ownership. However, the pupil catchment area for this school extends beyond this housing complex, including a number of villages to the west of the city that incorporate a wide range of housing, varying pupil educational background and socio-economic status (SES). For the sixth form (16-18 years old), the pupil catchment area is vastly increased, as this is the only comprehensive school in the city with a sixth form department. It offers not only traditional 'A' level courses, but also a number of alternatives to 'A' levels such as Business and Technical Education Council (BTEC) and General National Vocational Qualifications (GNQV) awards, so includes students with a range of academic achievement.

In June 2005, potential participants were approached with consent from the head of the Psychology department where the researcher gave a presentation to four co-educational sixth form classes of mixed ability (2 psychology 'A' level and 2 general tutorial groups equalling 84 pupils) about the importance of research into sexual health, highlighting that the researcher was particularly interested in hearing the views of young people and explaining that many sexual

health concerns affected this age group, such as STIs and teenage pregnancy. There followed a brief question and answer session where it was clarified what was expected of the participants during the research, and issues of confidentiality and anonymity were reiterated, as was the voluntary aspect of participation. The students were then asked to complete a form (see Appendix A) indicating either negatively or positively whether they were prepared to participate in one of more of interviews, focus groups and questionnaires. Students who answered in the affirmative were asked to provide their name (pseudonym if they preferred) and mobile phone number and, for those not wishing to take part, this information was left blank. It was explained that, for this particular part of the overall study, only young women were required for the interviews, but that both young women and men would be required for the later stages. Seventy-six students responded positively, agreeing to take part in one or more of the research studies, equalling just over 90 percent positive response rate. From the responses, a passwordprotected database was set up with names and telephone numbers for contact purposes only.

For this stage of the study, there was no screening of the young women per se, just their willingness to partake in one-to-one interviews. As participants were asked to share personal and intimate data, there was always a possibility that they may incur a particular kind of risk (Smythe & Murray, 2000), such as reliving a negative sexual experience; hence, the participants might not always be the best judges of the potential consequences of their participation. For instance, participants may not be fully aware of the exigencies of narrative enquiry and/or the consequences of being open and reflective about their experiences. Therefore, an informal conversation took place with the participants prior to the interview to ensure that they were not particularly vulnerable to the demands of the study. Conversely, there was a possibility that the participants who agreed to be interviewed were more willing to talk openly about their sexuality. This may be for a number of reasons such as these particular participants may feel that their sexual experience to date was within the boundaries of acceptability, i.e. social norms, and therefore felt comfortable discussing matters within this domain. If this was the case, this may have resulted in some form of bias, but would still have been of great interest primarily to ascertain what they regarded as being the social norms. Moreover, it was this openness to talk freely that was deemed most

advantageous to the study as it provided a wealth of data for the next stages of the research, and would provide an extensive variety of statements for the sexual self-awareness questionnaire.

4.2.2 Materials

Due to the specificity of this study, semi-structured interviews were employed, which allowed the establishment of a rapport with the participant, and enabled the researcher to probe interesting areas as they arose; the interviews were guided by the respondents' memories (Smith, 1995), whilst still allowing the researcher to focus on the topics related to the research questions. This position allowed the investigation of the psychological and sociocultural world of the participant but, more importantly, the participants remained the 'experts' within this dyadic relationship and were given maximum opportunity to relate their stories (Smith, 1995). The interview schedule was developed using 'A topic guide for individual interviews and focus group discussions with young people' that has been used successfully in a number of studies (Ingham & Stone, 2000) (see Appendix B for complete schedule). All questions were neutral and openended so that the participants were free to express themselves in their own words and were able to describe their own lives (Camic, Rhodes, & Yardley, 2003; Wilkinson, Joffe, & Yardley, 2004). The main aim was to capture the complexities of the subjective nature of the sexual self, and the psychosocial world as experienced and reported by that individual (Crossley, 2000; Smith, 1995)

4.2.3 Design

This study was situated in a post-structuralist context of gendered social constructionism where young people's knowledge and experience, and their sexuality is constructed, mediated and constrained by language (Burr, 1995; Holland et al., 1994; Hollway, 1989). Post-structuralism has a similar focus to social constructionism on sexuality, but the emphasis is different (Ussher, 1994); that is, the dichotomy between individual and society is seen as invalid, as both are regarded as products of discursive practises, with no pre-given entities or facts. Sexuality is not viewed as rational and unitary, but seen as multiple and often contradictory, and produced and positioned within discursive relations.

4.2.4 Ethical Issues

Approval from the relevant ethical committees was obtained prior to the commencement of this study. All participants received a clearly written information sheet explaining the nature and purpose of the interviews and informed consent was obtained prior to all the interviews (see Appendix C). Participants were reminded that they could cease participation at any time during the interview without any reason being given. It has been argued that the basic principles and standards governing the ethical treatment of participants take on subtle nuances when applied to qualitative study (Smythe & Murray, 2000). Informed consent is problematic as, far from the participant being processed through a standardised methodological protocol, it is often impossible to forecast with any degree of accuracy what will happen during the data-gathering phase of a qualitative research project. Moreover, it is important for the participant to understand that the final report may not reflect the participant's own story as they understand it, as the researcher will interpret their narration during the analysis. To overcome this, the researcher will initiate periodic conversations regarding consent during the interview. Consent was also sought to use verbatim quotes for publication. All tape recordings were kept in a locked cabinet marked only by a non-traceable participant number, and erased once the analysis was complete.

4.2.5 Procedure

From the participant database, a mobile phone text message was sent to all potential participants the day after the presentations, asking if they were still willing to be interviewed, reiterating that it was completely voluntary and that confidentiality and anonymity would be upheld at all times. It was feasible that the potential participants would be unwilling to commit to the research as the high response rate at the presentation may have been due to some form of social desirability, and this would drop dramatically when it came to the reality of taking part. Six participants responded positively almost immediately by stating a convenient time and date for the interview and, within three days, thirteen interviews were arranged within the following two weeks. A follow-up text message was sent the following week after the initial text to the non-respondents and this elicited a further seven participants, resulting in twenty participants. All interviews were completed within a four-week schedule. As an indication of the

school's total support, they offered a room during the summer holidays for the interviews to take place and all the participants welcomed this arrangement.

The researcher arrived early for the interviews to ensure that the tape recorder was set up and functioning properly, and that the microphone was situated unobtrusively while picking up both the participant's and researcher's voices, even at a relatively low level. Once the participant had arrived, the researcher chatted to them about incidental topics and checked that they had no problems or concerns prior to the interview beginning; once this was established they signed a written consent form. The initial questions focused on their nuclear and extended family background and their relationships with their family members. The responses to these questions were of great interest, but they were also intended to relax the participants before discussing more sensitive areas such as puberty, first sexual experiences and masturbation. Interviews ranged in length from 45 to 90 minutes and all demographic details were gleaned during the interview (see Appendix D). It may be questioned why the researcher did not produce a standard questionnaire to gather the demographic details of each participant as this would have ensured that standardised information would have been gathered. The reasons were that, first, it is not always possible to capture the complexities of demographic details through questionnaires, such as sibling relationships with multiple stepparents; and second, the researcher felt it was important that the participant did not feel that there was any standardisation about this piece of research. It was imperative that each participant felt central to the research and that her views and experiences were unique and of great importance. Any form of questionnaire reduces the individual to part of a population and – in that sense – as a data-gathering tool; but, for the purposes of this study, it was the individual's *lived experiences* that were paramount. What participants choose to tell the researcher can be revealing in itself and, therefore, it was considered imperative that the idiographic approach was kept to the fore.

The participants were advised on a number of occasions during the interview that they were free to end the interview at any time and that there was no pressure upon them to divulge any experiences with which they were not comfortable; all participants completed the interview. At the end of the interview, participants were debriefed verbally, where the researcher explained about the analysis and how this would feed into questionnaire studies. They were

told that they were able to read through the transcriptions and were able to add any additional information that they thought was relevant. The participants were then offered to choose pseudonyms for themselves and all relevant people to ensure anonymity when quoted within the study.

Immediately after every interview, the researcher recorded her immediate impressions of the young women, including thoughts and feelings about the interview.

4.2.6 Data Analysis

This qualitative study started deductively with the pre-set aims of the exploring the operationalisation of sexual self-awareness, with the three main themes being sexual self-knowledge, self-exploration, and self-expression. Hence, the analytical process tended to be more explicit and more strongly informed by *a priori* reasoning, as opposed to inductively exploring young women's sexual development in general. However, it was considered imperative that data analysis was neither inhibited, nor driven in any way, by this deductive stance and so a generic framework was employed using a number of distinct stages and creating models to display these stages. This framework approach adopted five explicit stages, which not only encouraged a systematic analysis that still reflected the original accounts and observations of the young women studied and was "grounded" and inductive, but, as for all qualitative analysis, was designed so that it can be viewed and assessed by people other than the primary researcher (for the stages of this framework, see Appendix E). The final themes and sub-themes within sexual self-knowledge, self-exploration and selfexpression are illustrated in Figure 4.1 and discussed and interpreted in detail in the next section.

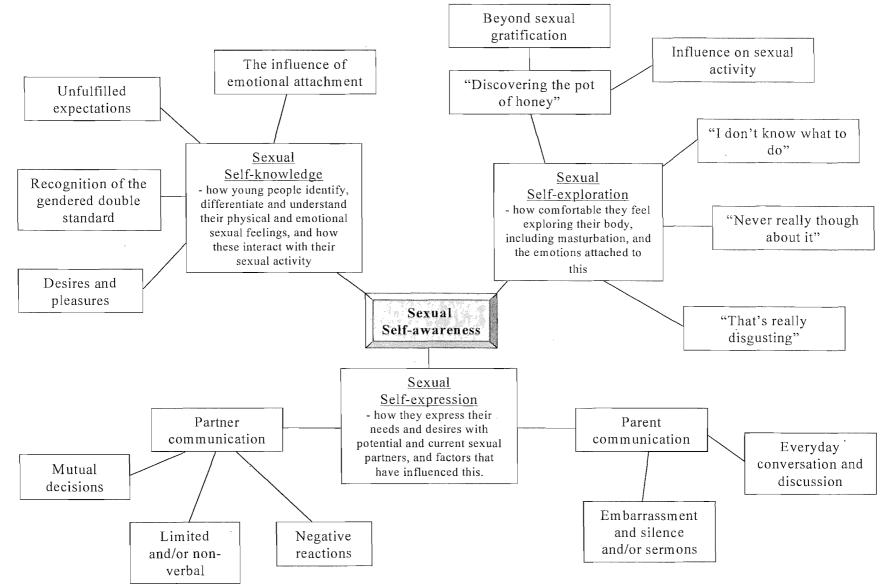


Figure 4.1 Graphical representation of the final themes and sub-themes

CHAPTER 4

4.3 Findings

The findings are presented by the three main themes of *sexual self-knowledge, sexual self-exploration* and *sexual self-expression* with sub-themes being explored within these three main themes. To provide a contextual framework for these young women, a brief demographic background of family structure including type of communication, current education and future career plans and relationship status is presented for each participant. It should be emphasised that this demographic information should *not* to be interpreted as offering links or elucidation at this stage between these young women's experience and their background, but merely offering a more coherent picture of each young woman. Quotation exemplars are provided as illustrations of the various themes within each of the themes and sub-themes (all relevant quotations are shown in Appendix F).

The first section outlines the theme of *sexual self-knowledge* that included aspects of the influence of emotional attachment, unfulfilled expectations, the recognition of the double standard, and desires and pleasure.

4.3.1 Sexual Self-knowledge

4.3.1.1 The influence of emotional attachment

A number of these young women described the importance of their emotional attachment within their relationships and how the *shared caring* was a significant part of their sexual activity, in particular, indicating when their boyfriends cared for them. An exemplar of this is Lucy, who is an only child and lived with both parents who were teachers. Lucy had decided to take a gap year before going to university and has been in her current relationship for two years. Lucy's communication with her parents was described as being open and relaxed, especially with her mother, and this seemed to have transferred to communication with her boyfriend. These communications have been explored in greater depth within the theme of *sexual self-expression*. Lucy recalled her sexual debut as a positive event with emphasis on the emotional content, whilst still feeling the need to present the negative side of how she would have *not* wanted it to be, as in something meaningless or even sordid:

Lucy (18)

"No it was good ... I mean he really cared... and I was so grateful for that...cos he made me feel special []... like it mattered to him... like I wasn't just some lay...some shag" [289:291]

This need to explicitly deny the negative side of their sexual activity was apparent with a few others, as illustrated by Chloe and Olivia. Chloe lived with her mother and younger half-sister. Her stepfather had left the family about two years ago, which had upset her mother and half-sister a great deal and had resulted in Chloe feeling slightly ostracised from her mother, "it's funny really cos we don't talk like we used to" [198]. She had no contact with her natural father and had very few memories of him. She appeared to express very strong views on what was acceptable in relation to sexual activity:

Chloe (16)

"I mean sex for me is in a relationship it's not something you do for sex sake...you know...like...just physical...sex is part of the relationship and I like doing it when I'm in a relationship but its kind of unimportant when I'm not in one cos that's really sluttish outside one isn't it?" [347:351]

This view of combining sex outside a relationship and *sluttishness* was not

unique to Chloe, as it was expressed implicitly by a number of these young women.

Olivia, on the other hand, still attempted to explain that she never has sex outside of a relationship, but appeared much more confused about the exposition of a relationship, to the extent that sex is perceived as a tool for prolonging the relationship:

Olivia (17)

"I've never had sex outside a relationship...you know...they have always been important to me and I have thought something of them [her boyfriends]...you know ...sort of loved them [HH: Do you think they felt the same?] Yea...most of them...maybe not always...maybe I thought more of them...don't know...its difficult...some of them weren't that chatty (laughs)...you know...the quiet silent types (laughs)...but most of them were all over me...you know...always wanting it [HH: What's it?] well sex of course [HH: Is that how you can tell how they're feeling about you?] well yea...kind of...I mean if they're coming back for more it must be good mustn't it? I mean they not just using you and moving on are they? They're sticking around so it must mean something mustn't it?" [351:362]

Olivia lived with her mother and stepfather with one older and younger sibling. She would like more communication with her mother, and often feels she does not know how to communicate with her boyfriends. This has resulted in her awareness of low levels of pleasure accompanied with low levels of control, whilst not knowing how to change these; all these sub-themes are explored in more detail later on in the findings.

As stated, the majority of these young women spoke of their sexual activity within the confines of a romantic relationship, but the ephemeral nature of these relationships were often very apparent. They spoke of strong emotions of love and caring that developed rapidly and, in turn, intercourse may have occurred only a few weeks after the start of dating and, in some instances, just days. Sometimes this was justified on the basis of knowing the partner prior to dating or seeing a great deal of each other within a short time period, as illustrated by Katie and Stephanie.

Katie (17)

"I mean it was different with Dave cos I did love him...you know...when we did it the first time [*HH: how long had you been going out with him?*] oh...I don't know...about 3 or 4 weeks but we did know each other before that...you know ...as mates so it kind of grew...you know" [327:331]

Katie lived with her mother (shop assistant) and father (builder) who had recently bought their council house. She has one younger sister with whom she has a reasonable relationship, but feels quite responsible for, especially at school, as there were hints of bullying. Parental communication appeared dominated by her mother, who issued accusative sermons on what Katie should *not* be doing with her boyfriends, which Katie found almost insulting as the implication was that she had experienced her sexual debut when she had not. As can be seen by a later quote in this section, Katie has adopted a very *laissez faire* attitude to her sexual activity.

Stephanie was an exceptionally quiet girl and never really settled into the interview. She lived with her single mother, who worked in a pub, and two half siblings. Her childhood had been relatively unstable dominated by her mother's transient partners with little knowledge of her natural father. Unsurprisingly, her views of men and relationships appeared to echo her mother's experiences where the longevity of a relationship was not necessarily an indication of the intensity of feeling:

Stephanie (17)

"Its like I really have to feel something for him before I can do it...you know...I couldn't just have a one-night stand or anything...its like its got to be in a kind of relationship for it to be ok...[*HH: But what about Graham? That was only 2 weeks*] well yea...but we had seen a lot of each other..." [367:372]

The final exemplar in this section on the importance of strong emotions is Hannah, whose experience is more typical among these young women, inasmuch as the strong emotion appeared not to be reciprocated by her boyfriend: Hannah (16)

"I did have sex with him quite soon after we had been going out but I really cared about him...you know...sort of loved him so it did feel right...er... though it did break up after about couple of weeks and I was quite upset" [291:295]

Hannah lived with her mother and father (taxi driver), and her younger sister. She was retaking a number of GCSEs to obtain better grades, but had no specific plans for what she wanted to do as a future career. Her overall communication with her parents was not good and she had no memories of interesting or informative discussions and, when it came to talking about sex, there were just embarrassed silences or monosyllabic retorts. As is shown in later sections of these findings, Hannah is very aware that she has unfulfilled pleasure and is somehow not controlling her sexual life.

Finally, a small number of the young women appeared to treat sex as entertainment or pastime; an activity that ranks alongside videos or listening to music, and completely devoid of emotional attachment. There are two exemplars for this with the first quote from Katie, who was mentioned earlier and has radically changed her ideas about relational sexual activity (although she was unable to verbalise why) and now sees her crowd as a safe haven for sexual activity:

Katie (17)

"We go round in a crowd...about 12 of us...about an even split and we just do things with each other...I think we've probably all had sex with each other [] I suppose its our way of keeping safe...you know...no disease [*HH: how do you know that no one has sex outside the group?*] Yea...good question but its like an unwritten rule...we just don't...I mean I know none of the girls have [*HH: What about the boys?*] Well...they say they don't and I suppose I believe them cos it wouldn't be fair would it? I mean I like to think we're special to them...you know...us girls and I would be really pissed off if they did have sex with other girls..." [356:369]

The irony of this that she feels she is being safe keeping her sexual activity within the group and yet she has no knowledge of the behaviour of the rest of the group, especially the boys.

The second exemplar is from Becky who lived with her father (builder) and her three younger brothers. She felt a great deal of responsibility for all of them and gave the impression that she has had to grow up quickly. Her father's communication with her is dictatorial and full of contradictions inasmuch as he warns her of the predatory nature of boys and yet insisting that he knows what is best for her – this irony is not lost on Becky, as she laughingly said "where does that leave him" [223]. It is difficult to say what effect this contradictory stance has had on Becky but, for her, sex appeared almost boring and just a time-filler, and voiced with a tinge of sadness:

Becky (17)

"I like sex but to be honest a blow job is just like a handshake in our crowd... everything has become meaningless...its cos we're bored most of the time...sex is something to fill in the time...you know...when the video or music is not right...then sex takes over...so you just go for it..." [181:186]

The influence of emotional sensation appeared an important part for the vast majority of these young women, although its influence was perceived in varying ways. For a small minority of these young women, their sexual activity was experienced with complete emotional detachment.

The next section within the theme of *sexual self-knowledge* explored the subtheme of *unfulfilled expectations*, primarily in connection with their sexual debut, but also within the sexual activity in general.

4.3.1.2 Unfulfilled expectations.

As part of their sexual self-knowledge, a large number of these young women expressed feelings of unfulfilled expectations, mainly in their sexual debut, but also in their general sexual activity. These unfulfilled expectations were often accompanied with feelings of regret, sadness, and lack of decision-making.

Some young women have been introduced in the previous sub-theme and expressed unfulfilled expectations, such as Chloe who found it "bad actually" [297] with strong feelings of being out of control "for all the wrong reasons" [298]. Becky also found the experience "not that great [] physically or emotionally" [327:328] with feelings of sorrow and regret. Katie had used her sexual debut with a boy that she liked, thinking that "he would want [her] more if I slept with him" [283], even though she "didn't mean it to go so far" [279]. Katie recognised that it "kind of backfired" [284] as "he never spoke to [her] again" [280], and she felt very sad about this and "really used" [281].

The main exemplar comes from Megan, who lived with her mum and stepfather with one younger brother. She has an older stepsister who is married and lives close by. She appeared very close to her sister and her two young nieces, but

they no longer talked in an intimate way as they used to when her sister lived at home. Megan was very reticent to talk about her home life at all, just stated that she did not get on with her step-father and this appeared to stifle any forms of conversation within the family. She was unhappy at school mainly because she was struggling with the amount of work, and her whole demeanour was one of sadness, with few smiles and little laughter.

Megan (17)

"It was at a house party when about 15...we'd all been drinking and we sort of took it in turns to disappear to one of the bedrooms...I do regret it...I mean it weren't all it was cracked up to be...yea it is a shame but there's nothing you can do about it is there?" [217:222]

Emily lived with her mother, father and two younger brothers in a council house on a large estate. She was also unhappy at school and was thinking about leaving to take up hairdressing. Her communication with her parents and previous boyfriends has been stilted and awkward, she battled with not wanting to feel that sex was dirty, but does; these are explored in greater detail in future sections. She talked simultaneously about her debut and her sexual activity in general, with feelings of resignation and complete helplessness, as if it was all beyond her control:

Emily (16)

"I mean it should have been better first time....but it just happened and I know I can't change that but I do regret it cos it should have been different you know like good like memorable...I mean it is your first time ain't it? Anyhow it weren't was it and now I try and make things different but somehow I always find I'm doing the same thing again...always thinking that it will be better next time but it never is" [279:283]

The final two quotes in this section are from Gemma and Samantha. First, Gemma was a very unhappy young woman whose unhappiness manifested itself as anger at the beginning of the interview, but soon turned to sadness as the interview progressed. She lives with her mother and father, and one younger sister. She talked painfully about a younger brother who was killed in a road accident when she was ten and, not surprisingly, implied that the family had not recovered from this event. She became sexually active soon after this tragedy; whether these two events are linked in any way is difficult to tell, but they were mentioned within a short space of time during the interview. Gemma has a very poor opinion of sex as seen in the first quote, while the second quote bemoans the dominance of male pleasure:

Gemma (17)

"all my mates say how great sex is and I sort of agree...but I'm thinking inside...no it's not...it's crap and I can't see what all the fuss is about...so there's gotta be something wrong hasn't there? [5] I mean...you know...what's it all about?" [389:392]

"It's like the whole sex thing is driven by us pleasing the bloke...like his pleasure...like...you know...like he always controls that...like he decides what we do and where we do it...I do try and stay in control but its like his needs are greater than mine...and it's all too quick...you know...the pace of everything...and I do try and slow it down but it ain't easy..." [325:330]

Second, the quote from Samantha not only illustrates unfulfilled

expectations, but also how the interview process can act as a powerful tool to selfdiscovery. Samantha lived with her mother and stepfather with four stepsiblings in rented council housing. Samantha appeared to have been subjected to strong gender socialisation where women were subservient inasmuch as their role is to cook, clean and look after the children, with men dominating as family providers and having the final say. She also described her stepfather's strong homophobic views. The interview had made her question her sexuality in many ways, all of which are explored in future sections, but, in this quote, she is musing over the various things that she has done in the past:

Samantha (17)

"...it's (the interview) made me think more about the things that have happened to me. I realise that I've done so many things that I have sort of just given into...it wasn't like me making decisions...it was me just going with the flow...almost just wanting to get it over and done with...isn't that awful?" [206:209]

The next section explores how a number of young women, without prompting, talked about the difference in the expectation of young women and men's sexual activity and behaviour.

4.3.1.3 Recognition of the double standard.

The majority of young women appeared to recognise that acceptable sexual behaviour varied between young men and women. However, their explanation for this double standard varied; a few saw this double standard as a natural phenomenon where the man's physical needs were more demanding and intense than those of women, and therefore it was their role to satisfy the man. An exemplar of this is Victoria, who had experienced a turbulent upbringing with her real father leaving home when she was quite young and, subsequently, a step-father who had been part of her life for a number of years with a younger step-sister, but he had left the home when she was about fourteen. She lived in a rented council house and was taking vocational subjects with little idea of her future plans. She talked about her sexual relationships in terms of men being unable to control their sexual desire as opposed to women, meanwhile understanding men's anger at not getting their own way as naively thinking that it would cause them physical pain:

Victoria (16)

"...but it is difficult for a bloke isn't it cos they get hard...I mean...cos they can't control it can they? and then if its not right they get sort of angry and I can understand that...you know...if you don't finish them off like cos its unfair isn't it...like it hurts them whereas girls or women can control it...like take it or leave it...its not that important so we just...you know... kind of there you know but that's part of the relationship isn't it? And I like that...you know...being there" [194:200]

Megan, who has previously talked about her sexual debut, appeared to have devolved her decisions about her sexual activity to her boyfriends. In this dichotomous quote, she revealed that she was undecided as to when it was physically right for intercourse, suggesting that men should decide. But she also implies that she instinctively knows when it is right, juxtaposed with her feeling that her sexual activity is not about her:

Megan (17)

"...and I'm not sure I know when it's right physically I mean that's for the bloke to decide ain't it? I mean it's not up to me to decide that...they know don't they? I mean I think I will just go with the flow and like...kind of know when it's right... it's so difficult cos sometimes I feel it's not about me" [377:380]

The next group of young women appear to be fully aware of the double standard, but were able to control it and use it to their advantage. The two exemplars of this are Sarah and Ellie, who were both confident and articulate young women, and appeared relaxed and devoid of embarrassment during the interview. Sarah lived with her parents who were both professionals, and talked about a loving and open communication with both her parents, especially her mother; this is explored in later sections. She had been in a stable relationship for the last sixteen months, but she talked openly about her sexual activity (not intercourse) prior to her current boyfriend. The forthcoming quote encapsulates a number of complex issues where it appeared that Sarah managed to deal with these, primarily through her self-belief and

self-assurance. She highlighted how she felt that boys were not interested in her physical and emotional feelings, and therefore would often stop any activity going further than she was happy with. However, she was also aware that this would make the boys annoyed and, in turn, accuse *her* of being the problem:

Sarah (18)

"Well I suppose I often just stop it...you know...let them down gently...but I think why should I carry on with this when its not good for me...I mean...it should be good for both of us...but sometimes I just think they want to cut to the chase...you know...get to the sex bit without any real thought about me and that really pisses me off...because there's more to it than just...you know...getting your end away...well...there is for me anyway...[5] that's why I think I have only had one sexual partner...well you know...gone the whole way with...there were others but...you know...just so selfish...well may be not selfish...I don't know how to put it but like it had to be on their terms...you know if I said no to something then they would get all huffy and make out that I was the problem..." [111:121]

Ellie was slightly younger than Sarah, and lived with her father (fireman) and stepmother, and one older stepsister. She was not quite as eloquent as Sarah, but spoke about her sexuality in very positive terms with great awareness of her own pleasure, and controlled the double standard almost by deception; this is illustrated by two examples first, "I mean he had to think that its all about him but its not ...its all about me...I mean if I think he's coming before me...I soon put a stop to that ...you know...bring him back to reality (laughs)" [191:194], and second, "I sleep with who I want to and most of the time I really enjoy it...it tends to be on my terms...not that the guy knows that". There was an inner strength about Ellie that initially appeared to be bravado, but as the interview progressed it became apparent that she had a very clear idea of her own sexuality and identity; these aspects are explored in greater detail in later sections.

This final section within *the recognition of the double standard* is concerned with young women who recognised the double standard and yet feel almost helpless to do anything about it. Gemma described her experiences with an air of confusion and resignation, and she finished with emphasising that she saw forced sex as something very different from what she was engaging in:

Gemma (17)

"I mean sometimes they made me give them blowjobs when I didn't really want to and that used to piss me off sometimes but I didn't have to do it did I? I mean it was ok but I didn't really want to do it...and sometimes when we had sex it hurt a bit you know like I wasn't ready you know...but I was never forced like...not rape or anything..." [307:311]

The second exemplar is from Charlotte. She lived with her mother and two younger half brothers on a large council estate. Her mother has never married, although there have been a number of sexual partners that have never lasted more than a few months. Charlotte implied that her younger brothers were unplanned, although her mother "never really talks about that stuff...you know...sex and the like" [276]. Charlotte's first boyfriend was quite a bit older than her and, although she felt very adult with him, she was aware that she was uncomfortable about his expectations of the level of sexual activity within the relationship:

Charlotte (17)

"It's like I had this boyfriend about a year ago he was a lot older than me about 21 22 and we had only been going out about a couple of weeks and I felt really grown up going out with him anyway he started getting really heavy with me...you know... wanted to go the whole way... didn't say nothing just kept on pushing it..." [356:360]

The perception is that Charlotte felt contrary emotions of feeling good when she was with him and yet, feeling very helpless in relation to her sexual activity, she eventually admitted with a sense of sorrow that intercourse took place, but "I didn't want it and I don't think I did anything to lead him on...I mean he just dived in there without any thoughts about me..." [469:470].

A vast majority of these young women appeared aware of the double standard between the behaviour of men and women, and yet dealt with it in different ways. The next section considers the desires and pleasures of these young women, some being aware and fulfilling their desires and pleasures, others aware of their desires but unable to fulfil their pleasure.

4.3.1.4 Desires and pleasures.

For a few of these young women, their desires and pleasures were recognised and met by their boyfriends, but they were in the minority. For the majority, their sexual debut was a disappointing event, but two young women talked about it as a positive event, occurring within a stable relationship with mutual consent.

Holly appeared a bright young woman, very open and articulate and was looking forward to attending university the following autumn. She lived with her mother and father, and two older brothers with whom she felt very close. Communication within the home appeared very open and relaxed, with similar communication with her current boyfriend. Her expectations of sex included mutual pleasure, with her own being just as important as that of her boyfriend: Holly (18)

"We just thought about it (sexual debut)...you know...like I didn't want to rush into it and he didn't either...I never felt I was being pushed into anything and when it happened we both really enjoyed it...l mean it was a bit quick (laughs) but it was still nice" [254:259]

Similarly, Suzie talked about experimenting with every aspect of sex prior to intercourse with her boyfriend. Suzie described her home background as comfortable with family holidays abroad each year with her mother, father, and older brother. She could not remember any specific conversations with her mother about sexual matters, but did find it very easy to talk to her boyfriend about such things; this is explored in greater detail in later sections. In this quote, Suzie not only talks about the importance of her boyfriend and herself knowing each other, but also alludes to her boyfriend understanding and taking care of her pleasure:

Suzie (18)

"We sort of did everything before we actually did it (giggles) ...you know...really got to know each other and so he sort of knew me if you know what I mean and always made sure I was ok...you know...so it's always pretty good...you know...enjoyable" [361:366]

However, the majority of these young women did recognise that their own pleasure was important part of their sexual activity, but it was often unfulfilled and secondary to their sexual partners. The first exemplar of this is voiced by Olivia, where she feels that her boyfriend's pleasure is clouding her own. Olivia appears confused about sexuality and in particular her sexual identity, which she feels unable to separate from her boyfriend's demands. Part of her enjoys pleasing him, but this is tempered with the lack of her own pleasure; and yet she still questions this dichotomy as to whether it is alright to feel like this:

Olivia

"I'm never sure which is the real me...I mean I know I should be getting more out of my sex life cos at the moment it's all about my boyfriend...you know...making sure he comes and like he always wants to go inside me...you know...and sometimes I'm kind of not ready and don't always want him to go inside...but [5] not that I mind...I like pleasing him but it would be nice to have like my own pleasure... there's nothing wrong with that is there?" [338:342]

The next exemplar is concerned with lack of knowledge of how to fulfil her pleasure with her boyfriend. Samantha talked in a jocular manner about how she enjoyed her sex life with her boyfriend and it was only revealed with gentle probing that it was not as rewarding as she would like: Samantha (17)

"The thing is that I get sort of aroused...you know...I can feel myself getting wet and my nipples go hard and it feels great and then I don't know how to get to the next stage (laughs)" [312:315]

To end this section on a positive note, the final quotation is from Lucy, who described her sexual activity with her boyfriend as one of mutual understanding where she has just as strong sexual desires as her boyfriend and, even when levels of desire do not coincide, this did not necessarily inhibit sexual activity:

Lucy (18)

"Yea...I do expect to enjoy it and most of the time I do...well...not all the time really...sometimes he's more in the mood than I am and I still do it...but then sometimes I'm more in the mood and he's still is up for it (laughs)" [342:346]

This section has highlighted that a number of these young women are aware of their desires and, in turn, seek pleasure and, although for few young women these desires and pleasures were met, there is a greater number who were unable to fulfil their desires and pleasures within their sexual activity.

4.3.1.5 Summary

Within the main theme of *sexual self-knowledge*, four sub-themes have been identified. First, the influence of emotional attachment that appeared extremely important to a large number of these young women and yet often ephemeral in nature. Second, a number of young women experienced disappointment in relation to their sexual debut and, for some, unfulfilled expectations with their sexual activity in general. Third, whilst the majority recognised the double standard between men and women's sexual behaviour, they dealt with this in different ways. Finally, some young women were able to express their desires and need for pleasure; whilst only a few were experiencing pleasure, the majority were experiencing disappointment.

The next theme to be investigated is *sexual self-exploration* where these young women talk about their comfort with their bodies; in particular, in relation to masturbation and the emotional valence surrounding this.

4.3.2 Sexual Self-exploration

The reaction of the young women in this study to being asked about masturbation was diverse. The vast majority of these young women initially greeted this private and under-researched topic with silence, giggles and embarrassment; but once the topic was opened up for discussion, these young women held strong views and were open about their experiences, whether they were negative, positive or just enveloped in confusion.

The diversity of these young women's experiences in relation to their own bodies and, in particular, masturbation, was immense, and this is reflected in the subthemes that range from revulsion, confusion through to viewing it as a positive part of their lives that enhanced their feelings of self-worth.

The first two sub-themes presented are concerned with the young women who appeared confused about masturbation inasmuch as they had either tried masturbating but were left unfulfilled, or they reported that they had never thought about it.

4.3.2.1 "I don't know what to do"

A few of the young women described their attempts at masturbation with a sense of sadness. Their attempts had ended in failure and, with this, they talked in terms of a number of negative emotions such as feeling dirty, bad, and/or guilty. There are three examples of young women who expressed these experiences. The first is Laura, who lived with her father and stepmother with two younger stepsisters. Laura sees her biological mother on a regular basis, but wished she had a closer relationship with her. Her sexual debut was at the age of fifteen and she has been in her current relationship for eight months, but feels that it is probably going to end soon as she has heard rumours that her boyfriend is seeing someone else. This lengthy quote from Laura is not only full of negativity towards herself, but also continually asking questions of the interviewer; it appeared as if she was asking for confirmation or, at least, reaffirmation of what she was trying to do:

Laura (18)

"I've tried [3] sort of felt myself down there but nothing happened I mean I don't know what to do ...I tried but nothing happened...am I normal? I mean...it just felt wrong...I mean...I felt guilty...you know...not right cos it's not right is it? I mean girls shouldn't do that should they? I mean why didn't I feel anything I should of shouldn't I? I mean it's ok for girls to do that isn't it? but there was nothing...I kind of felt around and then didn't know what to do [nervous laughter] and then I just felt silly you know as if I was doing something that wasn't right [] kind of dirty and then I stopped and then I kind of cuddled up [] as if I was some kind of freak and as if I had done something really bad and I felt so bad [] really bad and I have never done anything like that again cos its not right is it? It's just not right...I mean...I thought it would be good but it wasn't and I wanted it to be but it wasn't and now I don't understand cos...well...it should be...shouldn't it?" [287:297]

Laura also makes a direct reference to whether girls should masturbate, as first making a statement that they should not and yet this is immediately turned in a question; it appeared as much a question for herself as well as being directed at the interviewer. This differentiation between female and male masturbation could imply, in one sense, as condoning male masturbation but perceiving female masturbation as prohibited.

The next example is Olivia, who began joking about her exploits with masturbation, but by the end was expressing negative feelings in connection with it:

Olivia (17)

"I sort of know what to do but it never seems to work (laughs)...I have tried a couple of times but it's just not right...you know...I mean...I think I kind of feel bad...you know...not right...don't know why...I've never spoken to anybody it...well apart from now..."[465:469]

Like Olivia, the vast majority of these young women revealed that they had never spoken to anyone, including friends, about female masturbation. Both these young women expressed feeling bad, as doing something that was "not right". With this topic shrouded in secrecy, where do these negative feelings arise? Is the mere fact of secrecy enough to create these feelings or is it much more complex that this? One possible link is the type of parental communication about sexuality, and this is explored in greater depth in the next theme of sexual self-expression.

The third exemplar is Becky, whose discomfort with her own body, especially her genital area, has even prohibited her from using internal sanitary protection:

Becky (17)

"I'd like to try but it's difficult cos I don't really know whether I want to touch myself down there in that way...I don't even use tampons cos I'm scared of them...you know...having to touch myself in that way...I don't know why I feel like this...I just do" [325:330]

The reticence that Becky indicated that even touching herself in a non-sexual way is difficult for her. On the one hand, she would like to try and yet she is fearful. She says that she is scared of tampons, but it is not the tampons that frighten her, but touching that part of her body.

4.3.2.2 "Never really thought about it"

There were a few young women who almost appeared surprised by being asked about masturbation, as it had never crossed their minds. When Emily was

asked about masturbation, she gave the slightly confused impression that her physical sexual arousal only occurred in relation to her boyfriends:

Emily (17)

"No I don't...I've never really thought about it...just haven't felt the need [5] [HH: Don't you ever feel horny?] um...no not really...not that I've been aware of...I mean I do get like that when I'm with a bloke but not...you know...when I'm on my own...at least I don't think I do...[10] [485:490]

The last part of this quotation "at least I don't think I do" was spoken almost in a whisper as if she was reflecting on what she had just said; there followed a long silence that appeared quite comfortable for both Emily and the interviewer. It was hoped that Emily would verbalise her thoughts but, when at last she did speak, she made it apparent that she wanted to move onto another topic and this was respected.

The next quote is by Hannah, who uses the analogy of watching a romantic film with a fairly strong sexual content that may arouse her but, even then, would not use this as a prelude to masturbation:

Hannah (17)

"Gawd...I don't think its ever crossed my mind you know...er... no I don't think it has...um...I mean I like watching a romantic...you know...a film that makes you feel good...like...oh I can't think but something sexy...but I wouldn't go away and do anything...you know...to myself ...I just wouldn't..." [412:418]

It is not clear whether romantic films sexually aroused Hannah, but the implications are that she is unsure as to how her own body is reacting to these films and, in turn, unsure as to how to react to her own body. Her last words "I just wouldn't" were spoken with a note of defiance, almost indicating that she did not want to be pursued on this point and this was respected.

The next small group of young women had very strong views on female masturbation, which they perceived to be fundamentally repugnant.

4.3.2.3 "That's really disgusting"

The two examples in this sub-theme come from Stephanie and Chloe. They both expressed surprise at being asked about masturbation in relation to themselves. They were not embarrassed by the question, more incredulous that they should be asked. Stephanie spoke in terms of her body, especially her genital area being almost the property of boys, a place that only they could touch: Stephanie (17)

"I would never touch myself...you know...I think that's really disgusting...you know...its just not right cos only a boy suppose to touch you there and even then its not that great [laughs] ..." [189:193]

Stephanie spoke in terms of a dichotomy within her own body, inasmuch that she would only allow boys to touch her and yet when they did, it was not that pleasurable.

Chloe, who felt that sex for her was only important within a relationship, held strong views as why female masturbation was wrong, feeling incredulous that women do masturbate and moreover, if they do, attaching certain connotations to these women:

Chloe (17)

"God no...I mean only slags do that, don't they...sorry...[] I mean I would never feel myself...you know...well...I just wouldn't cos it can't feel right without a bloke can it? I mean sex is only part of a relationship and then its ok...do girls really touch themselves? I can't believe that...I know people sometimes talk about... like...I think I've read it or seen it on the tele....but that's for older women or ones who can't get boyfriends and I think that's really sad you know like just cos they can't get boyfriends they touch themselves up...its not on you know...cos girls shouldn't have to do that...you know what I mean" [274:284]

Her usage of the derogatory term 'slag' in relation to female masturbation is interesting inasmuch as this normally used to denote high non-selective sexual activity among young women (In her previous quote, she referred to these young women as "sluttish"). Her reference to only being touched in her genital area by a man and sex being confined to relationships may indicate that she perceives her body only in those terms. For Chloe, masturbation has negative attributes, a sign of desperation, loneliness and getting old; she distances herself from women who do masturbate by stating that it is for older women, and not being able to get boyfriends – all things that she is not.

The last group of five young women talked the majority of the time in positive tones, although there were still mixed emotions in relation to masturbation.

4.3.2.4 "Discovering the pot of honey"

These young women described their discovery of masturbation as a positive and fulfilling event, with feelings of amazement, a sense of release, and inner calmness afterwards. Quotes from all these young women have been included as they offer an insight into different facets of the positive aspects of their masturbation, although some do imply that they have to deal with some mixed emotions.

The first quote is from Daisy, who is the most positive about her relationship with her own body. She lived with both her parents (both solicitors) and one younger brother. She is going to university in the autumn and has been in her current relationship for just over a year. When asked about masturbation, Daisy needed to be given permission to continue as she was not sure that such a private matter could or should be discussed. Once she was reassured in terms of it, not only being a natural part of sexuality, but also the complete confidentiality and anonymity of the study, she opened up and appeared to really enjoy talking about it. Her narrative was full of laughter and warmth, and she appeared to speak not only for herself, but also to encourage all young women:

Daisy (18)

"Me giving myself so much pleasure and orgasms when ever I want one is just great and I can't imagine being without that...you know...knowing how to do it...god did I use it when I was revising (laughs)...I think every girl should be encouraged to do it...there is nothing worse than feeling horny and not knowing what to do about it (laughs)" [366:372]

Daisy's ability to understand her physical sexual feelings came over very strongly in the interview. She had discovered that her physical release gave her psychological release, especially during the tense period of exam revision.

The next example is Sarah, who described how one day she had confused her own physical arousal with being attracted to a boy at school, who she did not even like: "when I was about 15 and I kind of kept of having these feelings at school [] and I kept of thinking about this particular boy [] and I didn't even like him [] but the feelings I got were sort of horny" [78:80]. It was only when she started experimenting with her own body that she realised that it was her own physical desires and not necessarily attraction to this boy and, hence, her personal experience left her feeling good about herself:

Sarah (18)

"...it felt really good [] and god it was so quick and I had my first orgasm...you know...you couldn't mistake it...it was just great...1 felt a million dollars and then so calm and feeling so good inside myself...it was as if I had at last done something just for me...it was mine and no one else's...sort of content [] it was this incredible release and I knew that if I ever felt...you know...really uptight I could do this again and I could feel good again...[88:99]

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For Suzie, she described it as something that had always been part of her life, with childhood memories of seeking out certain apparatus in the playground or corners of furniture as it gave her a good feeling:

Suzie (18)

"I started when I was very young or at least I assume I did cos its always been something I've done [] I was always aware of a good feeling [] it was like that part of my body made me feel good and so I felt good about that part of me (giggles)" [349:355]

Suzie gave the impression that she was very in tune with her own body. It was something that gave her pleasure and had always been there.

The final two examples highlight the mixed emotions that two young women felt when they started masturbating. Jessica lived with her mother and father with one younger sister, in a small village about five miles from the city. She spoke little of childhood, just describing it as idyllic but not expanding on this. When she was probed about this, she seemed to imply that nothing else needed to be stated. However, when the interviewer started asking about masturbation, although she was initially surprised by the topic, she seemed to enjoy talking about it, even although she expressed some negative feelings:

Jessica (18)

"You know the first time I ever touched myself down there...oh my god...it was amazing...I mean really amazing...it was like discovering the pot of honey [giggles] [5] I mean part of me felt really bad you know wrong...dirty...but another part me said I don't care cos it felt so good...I used to think about it during the day and look forward to going to bed or at least being in my bedroom on my own...god this sounds really awful but that's how I felt...you know...when I discovered it...it was like my secret" [288:300]

Jessica's description of the anticipation of masturbating indicates how she has incorporated it into her life so that it has become part of her. However, she does highlight the conundrum of the feeling of pleasure against the feeling of being bad and even dirty. In the last part of the quote, she raises the issue of the need to keep an air of secrecy surrounding masturbation, confirmed to a certain extent as she also stated that this was the first time that she had ever spoken to anyone about this.

The final young woman is Holly, who is more reticent and, although has negative emotions such as guilt in relation to her masturbation, ultimately feels good about it: Holly (18)

"I started when I was about 14...don't know why really [] I just tried it...it was strange feeling yourself down there [] I had very mixed emotions about it... you know...a bit of guilt but then it felt good as well and I thought it's my body ...why shouldn't I do it...it was a bit hit and miss to begin with...but then it got better and very enjoyable..." [274:281]

Holly indicated that these emotions of feeling good gave her a sense of owning her body and the way she said "it's my body" was said with a note of defiance.

The next sub-theme is still connected with these young women and offers examples of how they have perceived that their masturbatory practices have affected them beyond sexual gratification.

4.3.2.4.1 Beyond sexual gratification.

The two quotes in this section were not elicited, but just continued from the young women's descriptions of their masturbatory experience. The first quote from Jessica offers an explanation as to how she has been able to incorporate her knowledge of her body into herself that has resulted in feelings of being a more complete person:

Jessica (18)

"I think that cos I know my own body better I kind of know my own mind better...sorry I know that sounds daft but it really is how I feel...its like I feel more of a complete person...oh god...this really does sound stupid [] I feel more comfortable with myself...more at ease somehow..." [438:443]

Jessica did feel that she had to justify herself while making this statement. She was embarrassed and needed a lot of reassurance that she did not "sound stupid". Attempts were made to get her to expand even more on this, but she felt she had said enough and wanted the interview to continue on another topic.

Holly talked in terms of masturbation as a psychological release of tension and stress with feelings of calm:

Holly (18)

"...its funny really cos I sort of forget about it (masturbating) ...what I mean is that its only after I've done it and I feel all chilled that I think 'oh that's why I was feeling all sort of tense and stressed ' and it really helps...you know...to feel better well not better just calmer...well that's how it is for me anyhow..." [302:309]

Holly is able to recognise that masturbation is more than sexual gratification;

she recognises her tension and stress and has found a way to relieve this.

One young woman, who spoke in positive terms of her masturbation, immediately started speaking about its wider implications:

Ellie (17)

"I'm not sure how to put this but being or at least knowing me or at least my body has really helped me...you know... helped me know what I want..." [425:429]

The last part of Ellie's quote is explained in more detail in the final sub-

theme within the theme of *sexual self-exploration* that looks at the various influences that masturbation has had on these young women's sexual activity.

4.3.2.4.2 Influence on sexual activity.

Ellie continued to immediately talk about her knowledge of her body has impacted on her sexual activity:

Ellie (17)

"I make it plain to them (boys) that I'm in this too...I want something out of it as well and they need to know that...you know...I let them know *[HH: How?]* well...I tell them...its not always easy cos they're all horny...but sorry...I just say 'if it's a quick shag you're after...forget it cos I'm here too'...know what I mean?" [332:336]

Ellie continued to talk in other terms about her sexual activity in relation to her safety and her decision-making, and how important it was to her:

Ellie (17)

"I just always insist on condoms...you know...no condoms no sex...its just that I'm really scared of catching anything" [342:344]

The second quote is from Daisy, who talks about the influence on her sexual activity in terms of control:

Daisy (18)

"This is so personal I find it difficult to talk about...but it is kind of important to me (masturbation)...you know...like it makes me feel good that I can do this for myself...it kind of makes me strong and I do sort of use it in my sex life [*HH: In what way?*] I think I have more control over things like I can just put a stop to things that I'm not happy with...you know...when it's not right..." [393:400]

It seems that Daisy is able to convey her feelings when she feels that things are not right or not enjoyable for her. It could be construed that masturbation has given her some of strength in relation to her body and she is able to have more control in the sexual domain.

The next quote is from Suzie, where she indicated that her masturbation is sanctioned within their sexual activity with her boyfriend, but feels that it is inappropriate to discuss her solo masturbation with him:

Suzie (18)

"I don't really talk to him about it (masturbation)...I mean we have done it to ourselves when we're together...but I don't think he realises that I do it on my own...I don't know he might...it's just that we've never spoken about it..." [389:391]

Lucy was unusual inasmuch as she described how her boyfriend had encouraged her to masturbate as he found it arousing and she had, in turn, progressed onto solo masturbation:

Lucy (18)

"Actually my boyfriend taught me how to do it...he kept on going on about how it turned him on to watch me and now I do it quite a lot...you know...even when I am on my own" [365:367]

The final young woman in this section is Sarah, who ends with two quotes that illustrate two very different points. The first is how masturbation can act as a negative element within sexual activity. In this quote, she is describing her initial forages in sexual experimentation when she was about fifteen. At this time, she had not experienced her sexual debut and is talking in terms of weekend gatherings at her friends' homes. When she is asked whether she feels that masturbation has had any effect on her sexual activity at any time, she replies:

Sarah (18)

"I think I have to be more careful [laughs]...what I mean is that I often want to tell them what to do cos they ain't doing it right but the trouble is if I do that a lot they immediately think it's cos I've slept with a load of blokes and know about it that way and I don't think I can say it's because I like playing with myself a lot cos somehow that's just as bad...you know...because its telling them that I like sex...it's telling them that I enjoy just the physical stuff and...oh I don't know...it's not sending out the right messages...do you get what I mean? [104:110]

"...and sometimes he really hurt me (during foreplay)...you know...er...like I was saying...you're not doing it right and I used to think 'look mate I can go home and do this much better than you can' (laughs)" [179:181]

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4.3.2.5 Summary

Within the main theme of sexual self- exploration, four main sub-themes have been identified, with two additional sub-themes within "discovering a pot of honey". First, the young women who had tried and failed with masturbation and were left with negative feelings. Second, those young women who had never thought about masturbation envisaged their sexual arousal and activity only in relation to boyfriends. Third, those that found the concept of female masturbation abhorrent and felt their genital area was only for boys to touch. Last, a group of young women who not only found masturbation pleasurable, but who also talked in terms of understanding themselves better, and affecting their decision-making in their sexual activity.

The next section describes the theme of sexual self-expression where these young women talk about their communication with the parents and their sexual partners.

4.3.3 Sexual Self-expression

The presentation of the findings for *sexual self-expression* may appear anomalous as the first section concentrates on the peripheral communication with parents, followed by the salient aspect of partner communication. The reason for this anomaly is temporal; first, in relation to the interview schedule wherein the young women were asked to talk about their conversations with their parents before they talked about their partners. Second, within these two areas, some parental communication such as childhood conversations, had taken place prior to their conversations, with their sexual partners. Hence, it appeared a more logical progression to present the findings in this way.

These young women indicated a wide variety of parental communication ranging from very little to an open and relaxed environment. The first group of young women, made up of just over half, talked in terms of the negative atmosphere surrounding any kind of mention of sex.

4.3.3.1 Parental communication.

4.3.3.1.1 "Embarrassed silences" and/or a "blinking sermon".

These young women could not remember any conversations about sex that were conducted in an open and free manner. Moreover, they described conversations in terms of embarrassment, deflecting the topic, or a wall of silence by their parents.

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An exemplar of this is Gemma, who describes how often television programmes with a sexual content, even just kissing, could create embarrassment and deflection within the family:

Gemma (17)

"I don't remember that much...I remember sort of embarrassed silences whenever anything like that come on the TV...you know like people kissing and stuff...or mum deciding to make a cup of tea or something...I don't think we talked about anything really that I can remember..." [86:89]

A number of young women talked in terms of knowing that it was a subject that they could not talk about with parents, even their mothers. Even when they attempted to, it was often met with resistance. Samantha remembers when she was about nine years old and she asked her mother about French kissing:

Samantha (17)

"I did ask her once and she said oh you'll find out soon enough [laughs] [] I kind of knew not to ask her any more...its funny really cos you can always tell with parents when you mustn't ask any more questions...they sort of dismiss you...do you know what mean? [] like...don't go there cos I don't wanna talk about it (sex)...anyway...so it was this kind of secret...no not a secret...more...god how can I describe it...like a no-no...Christ what's the word? [5] *[HH: taboo?]* yea...that's the word...like people would really get angry if you talked about it..."[91:100]

In this quote, Samantha's mother immediately deflects the question from her daughter, but not to say that she does not need to know about that kind of thing, but that she will "find out soon enough". Her mother provides no information as to how she is going to find out, and so Samantha feels that, on the one hand, she cannot ask any more questions and, on the other hand, there is a feeling of secrecy or a taboo topic. This was compounded with the fear that talking about it would make people angry - there emerged so many confusing messages from such an innocent question.

Emily's experiences were similar to Samantha's, inasmuch as she realised that it was a subject that was not spoken about in the home. This appears to have resulted in Emily having very negative and confused feelings about sex:

Emily (17)

"I used to think sex was really dirty...I suppose I still do...in a way but I know it isn't...we just never talked about it at home...not in a sort of sensible way like...if you know what I mean...like laughing at it and mum looking shocked and yet looking at m' dad and smiling...oh I don't know...we just knew we couldn't talk about like any other subject..." [47:51]

There is almost something conspiratorial between Emily's parents; first, there is an implication that talk about sex can be in a humorous way, maybe a risqué joke or comedian on the television, and her mother's role is to look shocked and yet smiling (in a knowing way) at her husband. If this is the only way that sex is portrayed, it may offer an explanation as to Emily's negative and confused feelings.

The next two quotes, from Laura and Victoria, describe their difficulty in talking to their mothers as they fear that either their mothers will not know how to talk to them or that they will not understand their daughters' particular experiences. First Laura, who although she does not live with her biological mother does see her on a regular basis:

Laura (17)

"Sometimes I really tried and talk to (biological) mum...I really wanted to but she...its like she doesn't know how to...it's like she doesn't know what to say...I mean I'm sort of embarrassed but I don't expect her to be...I mean she is the adult and I want to know about things and I've got lots of questions and she should know shouldn't she?" [366:371]

Laura was the only young woman to talk about this perception that, as adults and parents, not only should they have answers to their children's questions but also they should not get embarrassed talking about it. Second, Victoria's concern about her mother not understanding was linked to Victoria's own sexual behaviour, in terms of wanting to discuss it with her mother, and yet worrying that her mother would be angry:

Victoria (17)

"I sometimes think that I should talk to mum...you know ...really talk to her but I'm not sure she would understand ...she would just get cross and I hate that cos I just want to be OK with her...you know...but its difficult...I'm not sure she would understand" [365:368]

The last two quotes in this sub-theme are linked as they illustrate how parental communication is often one-way, inasmuch as the parent appears accusatory or dictatorial. Katie relayed this account with her mother with a mixture of anger and sorrow:

Katie (17)

"I remember mum saying when I'd been going out with my first boyfriend for about six months and she said 'I hope you're not sleeping with him'...you know...in that kind of voice and I wasn't but it was like accusing me and I felt sort of angry and I felt like saying 'what if I want to...is that so bad?' and I wanted to talk to her about it ...you know...like in a grown up way not her just getting angry with me or thinking I was some kind of slut...cos for me it was a big decision or at least I wanted it to be and I just felt there was no one to talk to or no one who would take me seriously..." [389:398]

It was very apparent that Katie wanted to have an open and non-judgemental conversation with her mother and yet, maybe inadvertently, her mother had inhibited this by the tone of her voice and making assumptions as to Katie's sexual behaviour. She had not spoken about her mother's anger prior to this, but it does suggest that Katie associates her mother's anger with her sexual behaviour, especially with the reference to "some kind of slut", that implies her mother's disapproval.

The next quote from Becky concerns a conversation with her father, who is a single parent. It is full of irony that is not lost on Becky as she observes in the final part:

Becky (17)

"It's like dad is always going on about it...you know... 'do this, don't do that'...you know...'boys are only after one thing' just hammering on...it's like a blinking sermon half the time and if I try and say anything...its like 'I know what's best for you' and yea I know he wants the best but sometimes...just sometimes...it would be nice to talk...you know...not just be dictated to...cos sometimes I do have different opinions to him...but you know...I do know he's right I suppose [5] are all blokes bastards? It makes me laugh cos where does that leave him...you know what I mean?" [217:223]

Becky's father has seemed to distance himself from other men, or at least boys, by confirming the male stereotype that they are only interested in sex. Becky seems to understand that this is only her father showing concern for her, but she still wants to have a conversation and not a dictatorial sermon.

This next group of young women experienced much more open and relaxed family environments.

4.3.3.1.2 "Everyday chats" and discussion.

There was some commonality with these young women as all of them had experienced positive parental communication as children. They talked about sexual matters being discussed as everyday conversations either implicitly, as Holly concluded "the fact that I don't remember any specific chats is probably a good thing if you know what I mean...I think it must have been all part of everyday chatter" [123:124] or explicitly, as Sarah remembered "mum just talked to me whenever I asked any questions" [53]. This positive communication continued throughout their early teens and to date, where they all feel able to talk to their parents, at least their mothers, about most topics albeit much more in terms of relationships rather than sexual activity.

The first exemplar is Lucy, who indicates a number of interesting points inasmuch that she talks about her mother being non-judgemental, not giving lectures and listening to Lucy's views:

Lucy (18)

"Mum and I do talk about relationships just in everyday chat really...I do feel I can talk to her about anything really which is nice...she never seems to judge me but then I think I know what I want if you know what I mean...what I mean is that it is never a lecture...she allows me to have my point of view and then in turn I listen to her...sometimes she offers advice but doesn't get cross if I don't always take it which is good" [354:362]

Furthermore, Lucy appreciates that even though her mother offers advice there is no ill feeling if it is not taken.

The quote from Daisy also illustrates open and relaxed communication with her mother, bringing in the relationship between sex and love. Her mother uses her own experience to illustrate her point of view, not only revealing part of her life before she met Daisy's father, but also implying through the use of humour that her father was sexually more pleasurable; this resulted in Daisy feeling a lot closer to her mother:

Daisy (18)

"I suppose she always emphasised the love part you know how sex was so much better when you really cared for the person...she told me about a few boyfriends that she had slept with and although she said she didn't regret them they weren't as good as my dad (laughs) but it was really nice chatting to her about it...I felt really close to her...you know...more like a mate than my mum" [172:179]

The next lengthy quote from Suzie illustrates a number of aspects of her relationship, not only with her mother, but also her relaxed interaction with her father. Suzie's mother also used her own experiences as a young woman but, this time, she talked about her own confusion and uncomfortable experiences. Suzie implies that not only does she learn more about her mother, but also that she wants to emulate her parents' relationship:

Suzie (18)

"Yea mum and dad were really good about talking to me about everything ... well... I say mum and dad... I mean mum mainly... I mean dad may have been there when I was talking to mum and he may have listened but he never like contributed to the conversation but on the other hand he didn't rush out of the room (laughs) you know...in embarrassment...I think he was kind of really interested in what we were talking about... I think he was sort of shocked that mum was being so open with me...not telling me but kind of discussing it with me....you know...not dictating...she would tell me about how she felt...you know...when she was young...like being confused and not knowing what to do when a boy fancied her and sometimes getting into situations that she was uncomfortable with (giggles) and dad says 'oh I didn't know about that' and mum says 'oh before your time' and laughs and then we all kind of laugh and dad says 'oh I better get out of here before I hear anymore' and mum looks at him and its really nice...you know...the way she looks at him and I think that I would like that some day with someone" (89:101)

In some cases, parents appear to employ the tactic of talking about their worries in general terms, possibly hoping the message gets through; that is certainly how Holly interpreted it:

Holly (18)

"We do talk about all the [sexual] diseases but its kind of not directed at me...sort of in general and how awful they are and how careful young people have to be...and so I sort of get the message that way if you see what I mean" [426:430]

The following section of this theme of sexual self-exploration describes partner communication. It is presented in two parts with the first one describing positive communication and the second describing more negative forms of communication.

4.3.3.2 Partner communication

4.3.3.2.1 "A joint decision" and open communication.

Some young women were able to communicate with boyfriends in an open and relaxed manner where joint decisions were made about the pace of their sexual activity and contraception usage, as these quotes from Suzie and Daisy illustrate:

Suzie (18)

"I can talk to him about what I want...well about everything really...I think its because we waited...you know...before we went all the way and we talked about it lots before we make love...it was like a joint decision and we both knew it was right..."[175:180]

Daisy (18)

"Yea...I do find it easy to talk to Tom about what I want...he kind of knows by now as we have been going out for over a year...well 15 months actually...but it wasn't like that in the beginning...I suppose we were both new to it...you know feeling our way so to speak (laughs) but now we sort of really understand each other and I can tell him or at least ask (laughs) anything I want to which is lovely" [289:295]

Daisy does indicate that this positive communication has grown and did not come naturally at the beginning of the relationship. Also, she implies that she can talk to her boyfriend about her needs and desires, and she really appreciates this side of the relationship.

Sarah talks in terms of contraception and how her boyfriend and she

discussed it, although there were negative ideas about condoms:

Sarah (18)

"The last thing me and James wanted was for me to get pregnant and so we talked about the pill...I think that was the only thing (type of contraception) we talked about...I think we may have mentioned condoms but I think James just pulled a face (grimace) and they weren't mentioned again (laughs)" [224:228]

The following quote comes from Jessica, who happily talks about how much she enjoys sex, "I really like sex...no...I love it" [257] and is happy to have casual relationships, but feels very strongly about condoms and does not find it difficult to be assertive about this:

Jessica (18)

"I tell you one thing...I always but always insist on a condom...I don't care what they say...you know all the crap blokes come out with...like 'it don't feel right' or 'I can't come with one on' all that malarkey...I just say 'tough if you ain't wearing one you ain't getting it from me'...cos I just want to be really safe [] no babies no disease no nothing... just want it to be hassle free..."[257:235]

The next section within partner communication describes the young women who found it very difficult to talk to their boyfriends or sexual partners and how this often resulted in feelings of various negative emotions. 4.3.3.2.2 "I don't know what to tell him" and negative feelings.

The majority of these young women expressed their inability to talk to their sexual partners, whether in terms of their own pleasure, the pace of their sexual activity or in relation to protection, especially condoms.

The first exemplar is Samantha, who was unable to describe or express her physical needs to her boyfriend. Her non-verbal communication is completely misinterpreted, resulting in physical pain instead of pleasure, which she hides to the extent by pretending to have an orgasm and ultimately feels sorrow for herself as well as her boyfriend:

Samantha (17)

"...my boyfriend sometimes asks me what I want him to do and I just don't know and then when he's fingering me its somehow not right but I don't know what to tell him to do to make it right and then it sort of hurts and I kind of tell him to stop and he takes that as me being ready for him to go inside me and that makes it worse cos I am so not ready and that's when I pretend ...this sounds so awful [] but I don't like doing it...its like cheating ain't it? [] not only him but yourself as well...I think it's quite sad really..." [312:322]

Samantha spoke with sadness and her voice was full of regret and she appeared unclear as to what she was going to do about it.

The next exemplar is Laura who talked about inability to communicate with her boyfriend in relation to the pace of her sexual activity:

Laura (17)

"I'd been going out with him for about three or four months and we hadn't really talked about it...he just tried to push it you know without saying anything and I didn't really know how to talk to him...but I was ok with the pace of it [] and then it just sort of happened round at my place...I mean we were carried away [] really hot but I didn't think it would happen like that...it wasn't planned or nothing and in some ways I think that is a shame [] I wanted it to be something we'd talked about..." [199:204]

Laura appreciates that they were both sexually aroused, but she still considers that sexual intercourse should have been something that they discussed prior to it taking place.

A number of young women expressed difficulty in talking and insisting on condom use with their sexual partners. Sometimes insisting on condoms can be a *hit and miss* affair, as highlighted by Megan who talked about the difficulty of negotiation:

Megan (17)

"I sometimes try to make them use a condom they just go on about how its not as good with one of them and then try to make out that I'm saying they're dirty [] like got a disease and sometimes I insist and sometimes I don't...its hard when you've had a drink or two [] you sort of say 'well hopefully it'll be all right this time' you sort of cross your fingers and hope..." [576:582]

This quote from Megan is spoken in relation to her casual sexual partners, often encountered at weekends when she goes out to local nightclubs. More often than not, they are men that she has just met that evening. Olivia, who spoke of her casual sexual partners being intoxicated, also mentioned this influence of alcohol:

Olivia (17)

"[*HH: what about contraception?*] yea sometimes but not every time...sometimes they were too pissed to remember and I didn't sort of know how to tell them...you know...I did worry about getting pregnant but I never have...now I worry about whether I can have kids at all (laughs) stupid ain't it?" [168:173]

Olivia talked in terms of the fear of pregnancy; however, a few young women talked in terms of disease. Their risky behaviour was expressed in terms of being frightened of catching a disease, but not knowing how to talk to their partners; "I do think about catching something but I can't talk to partners about it especially when I don't really know them..." [401:402]. This young woman did laugh as she said this, as she realised the irony of what she had said, "I'm having sex with them and I don't really know them..." [402:403].

For another young woman, Becky, her boyfriend attempted to belittle her by laughing at her naivety, inferring that he called her names:

Becky (17)

"I did try and talk to him you know I didn't really know how but he was so carried away...you know...and when I tried to talk about protection he just laughed as if I was some kind of muppet that had never done it before" [207:211]

4.3.3.4 Summary

The main theme of *sexual self-expression* was separated into parent and partner communication, where two sub-themes emerged for each. Parent communication, for some young women, was considered to be full of embarrassed silences or just parents talking at the young women. Conversely, for another group of young women, they were able to talk openly and in a relaxed manner to their parents, in particular, their mothers.

For partner communication, a small group of young women were able to talk to their boyfriends where mutual decisions were made about the pace of their sexual activity and the use of contraception. Conversely, for the majority of young women, they found it difficult to communicate, often not knowing how to broach certain topics such as physical pleasure and levels of activity as well as contraceptive use.

4.4 Discussion

The aim of this qualitative study was to investigate how a number of young women related to their sexual self-awareness. This study has listened to young women as authorities about their experiences, in an attempt to interpret the understanding of their thoughts, feelings and beliefs. Using semi-structured interviews, this study explored childhood experiences, sexual development and romantic/sexual relationships, and found initial answers to the first research question of *what is the relationship between the three aspects of young women's sexual self-awareness and their sexual development and activity*?

This qualitative study is an investigative tool that forms the groundwork for future questionnaire studies within the wider piece of research for this thesis. This particular study does not make any claim regarding the prevalence of the experiences among the young women in the UK; rather it seeks to explore their range of experiences. Even though this was a semi-structured study, these young women were continually allowed to express their own thoughts and feelings, thus concentrating on what was important to them as opposed to following an agenda set by the researcher. This illuminated dilemmatic and sometimes contradictory attitudes, offering insight into the concept of how attitudes are far from stable, but more a range of positioning strategies that ebb and flow depending on situations and interactions. Hence, confirmed in the value of any discursive analyses is that it reveals precisely these positioning devices, and the strategic ways in which they work.

The findings of this study have revealed diverse and complex relationships between these young women's knowledge about their sexual selves, their relationship to masturbation, and expression of their sexuality with sexual partners and, how this may have been influenced by their parental communication about

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sexuality. It is worthy of mention that within this relatively small group of young women, such a diversity of opinions, beliefs and practices about sexual experiences, including masturbation, were found. Considering the sociocultural *silence* surrounding female masturbation, especially within sex education within UK schools, it may be worthwhile investigating in more depth where young women develop and form their opinions about the aspect of sexual self-exploration.

To enable the extraction of these diverse and complex relationships, the initial part of this discussion has been organised with the focus being on the experiences of sexual self-exploration and, in turn, interpreting the links between this and their sexual self-knowledge and self-expression. The reasons for this is that these young women appeared to fall into four distinct themes in relation to masturbation; and as there is only inferential research into this aspect of young women's sexual health, this study may reveal associations that have not been reported in the past. It must be reiterated that these findings are not inferring any casual or predictive relationship at this stage, just associations among these particular young women.

The first small group of young women is those that held strong negative views about masturbation, to the extent that they found it abhorrent. There were commonalities between these young women inasmuch that they all came from complex family backgrounds with either half or stepsiblings, with a relatively early age at first intercourse, although these factors were not exclusive to these young women. Their sexual self-knowledge appeared to be based upon strong beliefs that sex should not be casual, but occur within romantic relationships. These relationships could be formed in a short space of time with perceived emotional attachment on behalf of these young women, but not necessarily on behalf of their sexual partners. Their sexual activity was often disappointing with unfulfilled expectations, with little inference of desires or pleasures. They found their sexual self-expression difficult with partners in relation to their desires and, in particular, discussing safety in the form of condom use. They even found it difficult to discuss their family background and indicated conversations with their mothers were often stilted and difficult.

The second and third groups are those who appeared relatively indifferent to masturbation; one group talked in terms of having never thought about it, whereas the other group had attempted masturbation and found it unfulfilling as they were unsure how to take it further, mainly due to lack of knowledge about their own

bodies. These young women came from a mixture of backgrounds consisting of one or both parents with a variety of siblings. Their sexual self-knowledge varied from perceiving their own sexuality in terms of their boyfriends' needs and pleasure, to treating sex as almost a pastime, but not with any level of enjoyment or excitement. The commonalities between these young women were that they all found it difficult to talk to their sexual partners about their own emotional needs, sexual desires and safety (physical and sexual). Communication with their parents was usually awkward, although they spoke in terms of wishing it was different and that they could be more open, in particular, with their mothers.

For these three groups of young women, their first sexual experiences were either negative or indicated limited satisfaction. Their notion of first sex was neither perceived as pleasurable, nor an achievement, nor a positive step towards womanhood. This is contrary to research with young men, who often talk about their first experiences in terms of achievement and manhood (Dowsett, 2003; Holland et al., 2000; Hooke, Capewell, & Whyte, 2000; Murphy, Rotheram-Borus, & Reid, 1998; Schubotz, Rolston, & Simpson, 2004; Wight, 1996). A large number of these young women had experienced unwanted sexual intercourse in response to pressure from young men. These pressures varied from mild insistence, physically pushing the young women to intercourse, to verbal threats. Other researchers have reported cases of child abuse and rape (Kahn, Jackson, Kully, Badger, & Halvorsen, 2003; Thompson, 1990), although neither of these was *directly* reported in this study. However, a number of these young women's accounts could have been construed as rape, not that they perceived it as such and, in one instance, one young woman made the point of strongly denying that her experience was rape. The young women in these groups gave accounts of situations in which they had to deal with these various forms of pressure and had to make sense of the extent to which they could exercise control over their own sexuality. For a number of young women, they appeared to have incorporated this level of male pressure into the conventions of normal heterosexuality, whereby they suggested that this was the role of males to be aggressive and females to be passive - part of gendered double standard. Numerous researchers have highlighted that this is often the cultural context within which young women have to negotiate their own sexual safety (e.g. Holland et al., 1992).

Similar to previous qualitative studies, these young women further highlighted that their passage from inexperience was ambiguous and contradictory as

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they had high expectations in terms of romantic attachment and sexual enjoyment and yet often had to deal with disappointment and negative emotions. Holland and colleagues have suggested that, for young women, their sexual experiences can only be accessed through the "respectable language of romance" (p. 7), whereas young men have access to a public language of instrumental sexuality, which is inappropriate for young women (Holland, Ramazanoglu, Sharpe, & Thomson, 1998). Other researchers have argued that even prepubescent girls are socialised by each other into norms about the feelings associated with romantic love (Connolly et al., 2004). For young women, it is suggested that romance is the master narrative in the template for gender relations under the institution of heterosexuality (Tolman, 2002). It provides the script not only for expectations, but also behaviour for young men and women's interactions. It is argued that while romantic relationships offer a safe place for young women to express their feelings, this is often solely in emotional terms as opposed to their physical feelings. Moreover, it is suggested here that this *master narrative* is so pervasive that it prohibits some young women from being able to differentiate between their emotional and physical sexual feelings. It is only when young women became aware of these two aspects experientially, and thus able to separate their emotional and physical needs, can they then combine them with understanding and clarity, not only for themselves but also with their sexual partners. Hence, this has resulted in difficulty finding expressions of a positive heterosexual feminine identity among certain young women due to their inability to separate their emotional desires and bodily pleasures.

The final group in this current study represented about a quarter of these young women who regularly practiced masturbation and found it rewarding and pleasurable. However, a few still battled with negative emotions associated with this with which they had to overcome. Their family backgrounds varied, but the consistent theme was that they experienced open and relaxed communication with their parents about sexual matters. They were able to talk about all topics (not only sex) that were free from embarrassment and discomfort. Their mothers often used their own experiences to describe events of enjoyment, confusion and/or pressure, where they imparted knowledge to their daughters in an atmosphere of shared communication as opposed to being talked at, a complaint often made by the other groups of young women. It is interesting to note that in 1994, a report on young people's sexual health from Sexuality Information and Education Council of the

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United States (SIECUS) recommended that adults, in particular, parents and care providers, should talk to young people about pleasure and desire, thereby increasing young people's readiness for a mature sexual relationship. Further investigation has revealed no developments in this particular area of the report, and it certainly has not infiltrated the sex education arena in the United States, nor does it appear to have been picked up by other countries' sex education policies (Allen, 2004b; Cooks & Chyng, 2002; Elliot, 2003; Green, 1998; Haywood, 1996).

These young women's communication with sexual partners took many forms; however, the overriding impression was one of mutual decision-making with the ability to talk to them about their first intercourse, methods of contraception, and their own desires and pleasure, although this was not always immediate but more within a developing framework. Even in non-romantic sexual encounters, they appeared to be able to insist on condom use and/or control and resist sexual pressure from young men, if they felt that their needs and desires were not being met. Their views on romance appeared much more pragmatic inasmuch that they perceived having a sexual identity outside their romantic relationships that is positive and an integral part of their lives. This view is supported by previous studies, in particular, by Thompson (1990), who found that the more realistic girls were about romance, the more they understood and anticipated pleasure, the more their mothers had told them that sexual relationships were pleasurable, and the more likely they were to be in consensual relationships and to use protection. In contrast, the more they were afraid, or viewed sex, reproduction, and love as fused, the less likely they were to use protection. As Thompson (1990) concluded, fear does not stop young people's sexual activity, it just leads to being more "swept away with all its tragic sequels" (p.252).

The investigation of previous major qualitative studies that have analysed young women's sexual development and experiences have identified that there always appears to be a small group of young women who stand out from the rest. These young women appear to possess much more positive attitudes and beliefs about their sexuality (Holland et al., 1992a; Thompson, 1990; Tolman, 1991, 1994, 2002; Tolman & Higgins, 1994). Thompson (1990) found that her group of young women relished sexuality, its stories and its pleasures and talked about their first intercourse with a "foretaste of desire from earlier experiences" (p. 357) albeit from childhood sex play, masturbation or heavy petting. Frequently, they obtained

contraception prior to first intercourse and, although first intercourse was not entirely free from physical pain or necessarily included orgasm, it was remembered positively, free from negative emotions. The brief mention of masturbation in Thompson's (1990) study states that these young women appear to have incorporated it into their "story of their sexual and romantic experience" (p. 351), although there are no detailed accounts of the young women's experiences of masturbation.

Again, Holland and colleagues found in the Women's Risk and AIDS Project (WRAP) that about a quarter of the young women stood out to the extent to which they had reflected on their experiences and had thought critically about what they do and what has happened to them. These young women were described through the context of empowerment. In this context, empowerment is an evolving, dynamic process whereby young women attempt to gain control of their sexuality – this is not simply achieved, but a constant struggle. Empowerment is described on two levels: *intellectual empowerment* that is gleaned from family experiences, sexual politics, and feminism, whereas *experiential empowerment* is gained through personal experience. It is the interrelationship of these two levels of empowerment where the fluidity and transitional nature result in young women continually having to resist and/or struggle to gain empowerment within the sexual domain, whether it is passively or actively.

Tolman (2002) found that the small group amongst her young women perceived themselves much more as sexual subjects; they could make decisions about their sexual behaviour and experience that would be healthy for them (Tolman, 1994, 2002). They seemed certain in their belief that they were entitled to sexual desire. She found that, rather than negating their bodies or trying to counteract the mixed messages about female sexuality, they worked within or around the social, physical, relational, and psychological implications of their sexual feelings.

4.4.1 Conclusions – The Way Forward

It has been shown that the findings of this study have some similarities to previous qualitative studies in this area, although the overall focus of each study varied to a certain extent. The previous studies offered little or no explanation as to why their small group of young women were able to negotiate the gendered double standard and have positive views of their own sexuality. The difference with this

current study is the explicit inclusion of the detailed role of sexual self-exploration in the form of masturbation. This may have been a key factor with the young women in the previous studies, but was not reported. For example, in relation to the young women in WRAP (Holland et al., 1992a), if these young women view masturbation with positivity, this would have enhanced their *experiential* empowerment, thereby actively increasing their sense of empowerment and offering greater critical understanding of their sexuality in terms of how their bodies work and interact with those of their sexual partners. Furthermore, there appears to be strong links between their sexual self-expression with their parents and sexual partners, and their sexual self-knowledge in desires, pleasures and expectations, as well as how they deal with the gendered double standard.

These findings have indicated that sexual self-awareness consists of a spectrum of its three aspects ranging from negative, neutral through to positive levels, where a point on each construct and, in turn, their interaction appears to affect these young women in their sexual development and experiences; a graphical illustration is shown in Figure 4.2. It is these varying aspects, in conjunction with previous research, that have formed the development of the statements for the online questionnaire, which is described in Chapter 5.

The findings of this study have provided insight into the nuances of these young women's sexual development and experiences. More importantly, it has revealed areas of research that prior to this study had not been investigated; that is the role of sexual self-exploration and its association with sexual self-knowledge and self-expression. The strongest links appear to be between open and relaxed parental communication, positive views on female masturbation, awareness of desires and pleasures, and mutual decision making with sexual partners. It could be argued that sociocultural sanction of male masturbation provides a certain level of sexual self-awareness for young men that is missing for a large number of young women, this and other aspects are explored within the following chapters. Indeed, this qualitative study has provided a wealth of insight for the development of the statements for the initial questionnaire in relation to sexual self-knowledge, self-exploration and self-expression for both young men and young women, the development of which is discussed in the next chapter.

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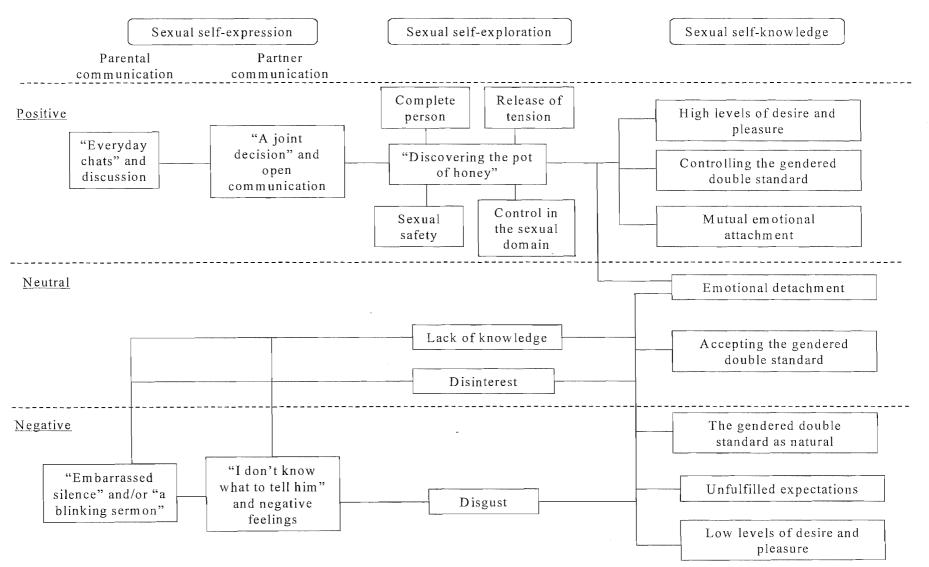


Figure 4.2 Associations between the three constructs of sexual self-awareness

CHAPTER 5

Development of Questionnaire Statements for the Quantitative Study: Young People's Perception of their Sexual Self-awareness

5.1 Introduction

The previous chapter concluded with the presentation of a preliminary model of sexual self-awareness indicating the possible associations between sexual self-knowledge, self-exploration and self-expression. The strongest associations appear to be between open and relaxed parental communication, positive views on female masturbation, awareness of desires and pleasures, and mutual decision making with sexual partners.

The focus of this chapter is the development of the findings from the literature review (Chapter 1 and 2) and the qualitative study (Chapter 4), which formed the basis for the statements for this online questionnaire study. The chapter is divided into two main sections; first, the development of the questionnaire statements is outlined and, second, the development of the social and sexual demographics is discussed followed by concluding remarks.

5.2 Development of Questionnaire Statements

Each statement was rated on a 10-point scale (1 = totally disagree to 10 = totally agree) that allowed for greater differentiation and avoided neutrality by not having a mid-point. If a statement was not applicable to the participant (e.g. statements relating to sexual intercourse where the participant had not experienced this), then participants were able to select 'N/A' (coded as 11). Furthermore, as this is such a sensitive area of research, it was considered important to allow the participant to bypass statements that they considered too personal and, therefore, there was an option to select 'No response' (coded 12). These codes were omitted prior to all further analysis.

The following sections describe the development of the statements within each theme associated with sexual self-knowledge, sexual self-exploration, and sexual self-expression; in light of current research findings where appropriate. Within each sub-section, the topic covered by a statement always consists of a negative and positive statement. The negativity or positivity of the statements is not a moral or value judgement, but based upon the evidence that suggests either negative or positive sexual health beliefs, values and/or outcomes. This allowed detailed analyses of responses to ascertain the consistency of responses by checking the relations between the negative and positive statements. For example, high agreement to both statements would require further investigation into the validity of the participant's overall responses. The statements were piloted with six young people who completed the questionnaire, while assessing the clarity and phraseology of the statements.

5.2.1 Sexual Self-knowledge

This section incorporates four sub-sections, which are: (i) *Influence of emotional attachment*; (ii) *Unfulfilled expectations*; (iii) *Recognition of the double standard*; and (iv) *Desires and pleasure*, as developed from the qualitative study (see Chapter 4). The sub-sections are not intended to be standalone measures or independent of each other.

5.2.1.1 Influence on emotional attachment.

As a number of the young women in the qualitative study had described the importance of their emotional attachment within their relationships and how this was a significant part of their sexual activity, it was necessary to investigate how this relates to other aspects, in addition to exploring how young men saw the influence of emotional attachment. Several studies have uncovered stereotyped norms for women's and men's sexual behaviour in which women are *expected* to have a more relational orientation towards sex than do men (Benson & Torphy, 1995; Burack, 1999; Carpenter, 2002; Crawford et al., 1994; Goodson et al., 1997; Guggino & Ponzetti, 1997; Wyatt-Seal & Ehrhardt, 2003).

Table 5.1 show the ten statements for *the influence of emotional attachment*, five topics each with a negative and positive statement. The statements cover the interrelationship between emotional attachment and its differentiation from sexual feelings (Statement 4, 9), the need for it in sexual relations (Statements 1, 6; 3, 8; 5, 10), and how quickly it develops (Statements 2, 7).

	Negative		Positive
1	I cannot enjoy sex without emotional attachment	6	I can enjoy sex without emotional attachment
2	I develop strong emotions for potential sexual partner(s) very quickly (e.g. within a few days/weeks)	7	It takes a long time (e.g. months) to develop strong emotions for potential sexual partner(s)
3	I cannot enjoy romantic relationships without sexual intercourse	8	I can enjoy romantic relationships without sexual intercourse
4	I find it difficult to differentiate between my emotional feelings and my physical sexual feelings	9	I am aware of the difference between my emotional feelings and my physical sexual feelings
5	I cannot have sexual intercourse with a partner when I have no emotional feelings towards them	10	I can have sexual intercourse with a partner even though I have no emotional feelings towards them

 Table 5.1
 Influence of Emotional Attachment

The main aims of this sub-section were to ascertain, first, whether young people are able to recognise the differentiation between their emotional feelings and their sexual feelings and, second, to ascertain if there were any associations between this dimension and the influence of emotional attachment on their sexual activity. Previous researchers have argued that, from a cultural perspective, *normal* girls long for emotional connection and relationships where they are expected to yearn for love and romance, while their acknowledgement of their sexual longings, as an anticipated part of their teenage years, is virtually nonexistent. In contrast, *normal* boys possess uncontrollable hormones and are perceived as emerging sexual beings, obsessed with their sexuality and not only feeling sexual desire but being compelled to act on it. The result of this is, for many young women, the substitution of the desire for relationships and emotional connections in place of sexual feelings and desires in their bodies (Tolman, 2002).

5.2.1.2 Unfulfilled expectations.

As a large number of the young women in the qualitative study expressed feelings of unfulfilled expectations, mainly in relation to their sexual debut, but also in their general sexual activity, this group of statements investigated this topic including feelings of regret, sadness, and lack of decision-making.

Table 5.2 shows the sixteen statements for *Unfulfilled Expectations*, eight topics each with negative and positive statements. They cover emotions and planning surrounding first time intercourse (Statements 1, 9; 2, 10), various experiences of sexual encounters (Statements 3, 11; 4, 12; 5, 13; 8, 16), and partner understanding of sexual needs (Statements 7, 15).

 Table 5.2
 Unfulfilled Expectations

	Negative		Positive
1	After my first experience of sexual intercourse, I felt full of negative emotions e.g. guilt, regret, shame, feeling bad, disappointment	9	After my first experience of sexual intercourse, I felt full of positive emotions e.g. happiness, fulfilment, pleasure, contentment
2	The first time I had sexual intercourse, it just happened without any planning	10	I made a conscious decision to have sexual intercourse the first time and planned it
3	I often really look forward to having sex, but then end up being disappointed	11	I often really look forward to sex and I am never disappointed
4	I often feel pressurised into sex	12	I never feel pressurised into sex
5	Sex is not all it's cracked up to be	13	Sex is great and I really enjoy it
6	I wish I could feel more relaxed about my sexual activity	14	I feel very relaxed about my sexual activity
7	My partner(s) don't seem to understand what I enjoy sexually	15	My partner(s) seem to understand what I enjoy sexually
8	I often pretend to enjoy sex	16	I never pretend to enjoy sex

The main aim of this sub-section was to ascertain how young people felt after their first experience of sexual intercourse and, in particular, whether there was a gender difference in this area, as well as how they viewed sex generally within their lives. The qualitative study indicated that, for a majority of the young women, first experience of sexual intercourse was not only disappointing but also associated with a number of different negative emotions. This supported other findings where it was found that very few young women talk in terms of their own sexual desire at their first sexual intercourse. Their narratives were more about sadness, guilt, nervousness and fear, whereas young men talked about pleasure, excitement and satisfaction (Carpenter, 2002; Guggino & Ponzetti, 1997).

5.2.1.3 Recognition of double standard.

In the qualitative study, the majority of young women appeared to recognise that acceptable sexual behaviour varied between young men and women. However, their explanation for this double standard varied; a few considered this double standard as a natural phenomenon where the man's physical needs were more demanding and intense than those of women, and that therefore it was their role to satisfy the man, others were able to control it and use it to their advantage, and others recognised the double standard but felt almost helpless to do anything about it.

Table 5.3 show the sixteen statements for *Recognition of the double standard*, eight topics each with a negative and positive statement. They cover sexual urges and needs and how they vary between the genders (Statements 1,9; 2,10; 3,11; 4,12), emotions attached to sexual encounters (Statement 5,13), sexual reputation (Statement 6,14), and sexual protocol (Statements 7,15; 8,16).

	Negative		Positive
1	Sex always seems to be about my sexual partner(s) and not about me	9	Sex is as much about me as it is my sexual partner(s)
2	The sexual urges of men are much stronger than for women	10	The sexual urges of men and women are equally as strong
3	Men find it more difficult to control their sexual urges than women	11	Men and women can control their sexual urges equally
4	It is more important to satisfy men's sexual needs than those of women	12	<i>It is important to satisfy both men and women's sexual needs</i>
5	I am frightened to stop a sexual encounter in case my partner(s) gets angry or violent	13	I am never frightened to stop a sexual encounter in case my partner(s) gets angry or violence
6	I often worry about my sexual reputation	14	I never worry about my sexual reputation
7	It's OK for men to have more sexual partners than women	15	It's OK for women to have just as many sexual partners as men
8	I think it's important that the man always makes the first sexual move	16	I don't think it matters who makes the first sexual move

 Table 5.3 Recognition of the Double Standard

The main aim of this sub-section was to ascertain how young people felt about how gender impacted on their sexual behaviour, attitudes and beliefs. Previous research has highlighted that many young women experience a lack of empowerment in the sexual domain. To the extent that they perceive their sexuality in terms of the dominance of the men's needs and desires and, in turn, with women's compliance, then this constitutes the social context within which women negotiate their sexual experience and where young women's sexual needs and desires are often negated (Carpenter, 2002; Fine, 1988; Gavey et al., 2001; Hillier et al., 1998; Holland et al., 1992a; 1996).

5.2.1.4 Desires and pleasures.

The qualitative study indicated that, for a few of these young women, their desires and pleasures were recognised and met by their partners but they were in the minority. For the majority, they appeared to be unaware of their own desires and did not view their sexual activity in terms of their own pleasure but, more often than not, in terms of their partner's sexual pleasure.

Table 5.4 show the twelve statements for *Desires and pleasures*, eight topics each with a negative and positive statement. They cover sexual pleasure (Statements 1,7; 2,8; 3,9), emotions attached to sexual activity (Statement 4,10), and the role of sex within their lives (Statement 5,11; 6,12).

	Negative		Positive
1	My partner(s) always seems to think about their sexual pleasure and not mine	7	My partner(s) always seems to think about my sexual pleasure just as much as their own
2	I do not expect to gain sexual pleasure with my partner(s)	8	I expect to gain sexual pleasure with my partner(s)
3	I feel really turned on when I am with my sexual partner(s), but often I am left feeling frustrated	9	I feel really turned on when I am with my sexual partner(s), and often I am left satisfied
4	I experience negative emotions when I think about some of the sexual things I have done	10	I never experience negative emotions when I think about some of the sexual things I have done
5	I wish I got more out of my sex life	11	<i>My partner's pleasure is just as important as mine</i>
6	Sex is not an important part of my life	12	Sex is a very important part of my life

Table 5.4Desires and Pleasures

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The main aim of this sub-section was to ascertain how young people felt about their level of pleasure within their sexual encounters and whether they felt their desires were being met. Researchers have highlighted the complexities of desire and pleasure, especially for young women. It appears that many young women are caught within the contradiction of the cultural scripts of sexual feelings for young teenage girls – public absence vs. personal reality. This often results in confusion, where there is an understandable connection to their own bodies, their desires and their pleasures, but without any connection with their social world (Holland et al., 1990a; 1992b; Tolman, 1994). By contrast, for young men, the sociosexual norms that are prevalent in Western culture encourage men to embrace a recreational, or pleasure-centered, orientation towards sexuality (Cote, Hynie, Lydon & Wiener, 1998); in other words, sex is seen as a means of obtaining pleasure.

5.2.1.5 Influence on sexual activity.

From the qualitative study, it was apparent that the young women found varying degrees of control and decision making in sexual situations, especially when their partners were highly aroused, as well as varying levels of pleasure. In the qualitative study, tentative associations were made between their levels of control and their comfort with their own bodies, especially in relation to masturbation. As this appeared to influence their self knowledge of themselves, it was considered to be more appropriate for this section to be included in self-knowledge as opposed to self-exploration. However, this does not preclude the investigation of the association between these two aspects during the analysis.

Table 5.5 contains twelve statements, six negative and six positive statements, covering the influence of the level of arousal either within themselves or their sexual partners (Statements 1,7; 2,8), level of control (Statement 3,9), ability to reach orgasm (Statements 4,10), the inclusion of intercourse (Statements 5,11), and the ability to say "yes" or "no" (Statement 6,12).

 Table 5.5
 Influence on Sexual Activity

	Negative		Positive
1	I cannot stop a sexual encounter that I am not happy with, especially when the other person is very sexually aroused	7	I can stop a sexual encounter that I am not happy with even if the other person is very sexually aroused
2	When I am sexually aroused I cannot stop myself from having intercourse even though I know I would probably regret it afterwards	8	Even if I am sexually aroused I can stop myself from having intercourse when I know I would probably regret it afterwards
3	I feel I have no control of the situation if a potential sexual partner(s) is pushing me too far or too quickly	9	I feel I have control of the situation if a potential sexual partner(s) is pushing me too far or too quickly
4	I find it very difficult to reach orgasm with my sexual partner(s)	10	I find it very easy to reach orgasm with my sexual partner(s)
5	I feel disappointed if my sexual activity does not include intercourse	11	I do not feel disappointed if my sexual activity does not include intercourse
6	I say "yes" to sex even if I feel it is not right for me	12	I can say "no" to sex if I feel it is not right for me

The main aim of this sub-section was to ascertain the levels of control that young people felt in sexual situations and whether this varied for young men and women. It also addresses the influence of sexual arousal as well as the importance of intercourse within their sexual activity.

5.2.1.6 Condom use.

There is extensive research on condom use ranging from the application of socio-cognitive models to qualitative studies, which offer some explanation as to the low levels of condom use amongst young people, and this section explored this complex area.

Table 5.6 shows ten statements relating to Condom Use, five negative and five positive, consisting of the level of intention to use condoms (Statements 1,6), influence on sexual expression (Statements 2,7), risks of not using condoms (Statements 3,8; 4,9), and ability to insist on condom usage (Statements 5,10).

Table	5.6	Condom	Use

	Negative		Positive
1	Even when I intend to use condoms, I rarely do	6	When I intend to use condoms, I nearly always do
2	I think condoms spoil sexual expression	7	I don't think condoms spoil sexual expression
3	I am willing to take the risks of not using condoms	8	I am not willing to take the risks of not using condoms
4	I know the risks of sexual transmitted infections (STIs), but just hope that I will not catch anything	9	I know the risks of sexual transmitted infections (STIs), and always worry that I will catch something
5	If my partner(s) does not want to use condoms, I find it very difficult to insist on using them	10	If my partner(s) does not want to use condoms, I find it very easy to still insist on using them

Empirical studies have indicated many barriers to the use of condoms. Young people have indicated that they have concerns about negative and hostile reactions from their partners to condom usage (Coleman & Ingham, 1999), and both young men and women have expressed concerns about the effect on their levels of pleasure (Horne & Zimmer-Gembeck, 2005). Extensive research has also indicated that there is a large gap between intentions to use condoms and young people's actual behaviour (Albarracin et al., 2001) as well as a perceived invulnerability to risk-taking behaviour (Rodham, Brewer, Mistral & Stallard, 2006; Woodcock, Stenner & Ingham, 1992).

5.2.1.7 Relationships.

This section covered some of the social pressures that young people may feel in relation to forming romantic relationships. It explored perceptions of levels of attraction and attractiveness to suitable or unsuitable partners, and their level of comfort with certain sexual situations. Some of the young women in the qualitative study indicated that relationships were very important to them and often they felt more emotionally attached to their partners than the partners felt towards the young women.

Table 5.7 consists of ten statements for Relationships, five negative and five positive, consisting of the levels of attraction (Statements 1,6; 5,10), level of

comfort in sexual situations (Statements 2,7), strength of feelings for partners (Statements 3,8), and the importance of relationships (4,9).

Table 5.7Relationships

Negative			Positive	
1	I always seem to be attracted to unsuitable partner(s)	6	I always seem to be attracted to suitable partner(s)	
2	I always seem to find myself in sexual situations that make me feel uncomfortable	7	I never seem to find myself in sexual situations that make me feel uncomfortable	
3	I always seem to feel more strongly about my partner(s) than they feel about me	8	<i>My partner(s) always seem to feel more strongly about me than I feel about them</i>	
4	I go out with anyone who asks me, just to be in a relationship	9	I would not go out with anyone who asks me, just so that I would be in a relationship	
5	I always seem to be attractive to unsuitable partner(s)	10	I always seem to be attractive to suitable partner(s)	

The main aim of this sub-section was to investigate the role and importance of relationships and their feelings about the suitability of partners. The formation of romantic relationships during this period, often a prelude to sexual activity, is an important milestone for many young people. Previous research has indicated that young women seek stronger relational ties than young men, which may be linked to their sexual scripts in terms of subjectivity and agency (Simon & Gagnon, 1973). To a certain extent, qualitative studies have supported this view but have also found that, although young men reported lower levels of confidence in various aspects of their romantic relationships, they exercised greater power and influence over their romantic partners (e.g. Giordano, Longmore & Manning, 2006).

The next section deals with the themes and statements within the concept of sexual self-exploration.

5.2.2 Sexual Self-exploration

This section consists of general and predominantly personal *Views about masturbation*. The qualitative study revealed that the diversity of the young women's experiences in relation to their own bodies and, in particular, masturbation, was immense, with a range from revulsion, confusion through to

viewing it as a positive part of their lives that enhanced their feelings of selfworth.

Table 5.8 show eighteen statements entitled *Views on masturbation*, consisting of nine negative and nine positive statements. Two general statements (Statement 1, 10), how they felt when they tried masturbating (Statements 2, 11; 3,12), whether they had ever thought about it (Statements 4,13), awareness of their own sexual arousal (Statements 5,14; 6,15), masturbation in relation to their own bodies (Statement 7,16), and the emotional attachment they give to masturbation (Statements 8,17; 9,18).

Table 5.8	Views on I	Masturi	bation
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	Negative		Positive
1	I think it is natural for men to masturbate, but not for women	10	I think it is natural for men and women to masturbate
2	I have tried masturbating, but felt really dirty	11	I have tried masturbating, and it felt really good
3	I have tried masturbating, but didn't know how to reach orgasm	12	I enjoy masturbating and can always bring myself to orgasm
4	I have never even thought about masturbating	13	Masturbating is an important part of my life
5	Even if I felt sexually aroused I would not satisfy myself	14	When I feel sexually aroused I can satisfy myself
6	I have never been aware of feeling sexual aroused unless I am with a sexual partner(s)	15	I recognise when I am sexual aroused even when I am not with sexual partner(s)
7	I don't think masturbation helps me understand my own body	16	I think masturbation helps me to understand my own body
8	I always have negative emotions (e.g. guilt, shame, feeling dirty) when I masturbate	17	I never have any negative emotions (e.g. guilt, shame, feeling dirty) when I masturbate
9	I often have negative emotions (e.g. guilt, shame, feeling dirty) when I masturbate	18	I seldom have negative emotions (e.g. guilt, shame, feeling dirty) when I masturbate

Due to the limited research in this particular area, these statements were developed from the qualitative study; however, previous research has implied that the role of masturbation for young people is very different between the genders. The main aim of this sub-section was to ascertain if this was the case.

5.2.3 Sexual Self-expression

This section incorporates three sub-sections, (i) *Parental communication (childhood)*, (ii) *Parental communication (current)*, and (iii) *Partner communication* developed from the qualitative study and previous research. None of the sub-sections is intended to be a standalone measure or independent of each other.

5.2.3.1 Parental communication (childhood).

The qualitative study revealed that, for a number of the young women, their conversations with their parents were in terms of embarrassment, deflecting the topic, or a wall of silence by their parents. A few young people did describe an open and relaxed atmosphere where sexual matters were treated as any other topic.

Table 5.9 consists of ten statements for *Parental communication (childhood),* five negative and five positive, covering the levels of embarrassment with parents (Statements 1,6; 2,7), learning about sex (Statements 3,8), and ease of talking about sexual matters (4,9; 5,10).

Table 5.9	Parental	Сотти	nication	(Childhood)
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	Negative		Positive
1	I remember asking my mum about sex when I was a child (primary school age) and there being embarrassed silences	6	I remember asking my mum about sex when I was a child (primary school age) and it being like everyday chats
2	When I was a child (primary school age), my parents always got embarrassed when I asked about anything to do with sex	7	When I was a child (primary school age), my parents never got embarrassed when I asked about anything to do with sex
3	I have learned more about sex from my friends than I do from my parent(s)	8	I have learned more about sex from my parents than I do from my friends
4	My dad could never talk to me about sexual matters when I was a child (primary school age)	9	My dad could talk to me about sexual matters when I was a child (primary school age)
5	As a child (primary school age), I just knew I could not ask my mother about sexual matters	10	As a child (primary school age), I just knew I could ask my mother about sexual matters

Research has indicated that parents would like to play the role of sex educators, but many feel inadequate due to lack of information, discomfort in broaching matters of a sexual nature, and confusion about their own sexual attitudes and feelings. This often results in silence between parents and children over these issues. The ramifications of this can be widespread as this can hinder the transmission of attitudes towards self-esteem, body image, gender roles, and interpersonal relationships (Elsheikh et al., 2000; Tinsley et al., 2004). Research with fathers has provided evidence that, if they do talk at all about sexual health, it was with their sons rather than their daughters. Dilorio et al. (1999) suggested that fathers may identify more with their sons' sexual needs than those of their daughters.

5.2.3.2 Parental communication (current).

The qualitative study highlighted that some young women found difficulty in talking to their mothers as they fear that either their mothers will not know how to talk to them or that they will not understand their daughters' particular experiences; however, others felt that they could discuss any topic without fear of judgement or condemnation.

Table 5.10 consists of ten statements for *Parental communication (current)*, five negative and five positive, covering the levels of embarrassment with parents (Statements 1,6; 2,7), learning about sex (Statements 3,8), and ease of talking about sexual matters (4,9; 5,10).

	Negative		Positive		
1	I get extremely embarrassed talking about sex to my parent(s)	6	I never get embarrassed talking about sex to my parents		
2	<i>My parents get really embarrassed nowadays talking to me about sexual matters</i>	7	<i>My parents never get embarrassed nowadays talking to me about sexual matters</i>		
3	I wish I could talk more openly to my mother about sexual matters	8	I can talk openly to my mother about sexual matters		
4	<i>My father always tend to at me about sexual matters, it's like a sermon</i>	9	My father talks with me about sexual matters, it's always a two- way discussion		
5	We never talk about sexual matters among my immediate family members	10	We talk about sexual matters among my immediate family members, just like it was any other topic		

Table 5.10 Parental Communication (Current)

Previous research on parent communication and its influence on young people's sexuality is inconclusive, inasmuch as the findings are mixed as to whether, and in which ways, parental communication is influential. While some studies have indicated that there is no significant relationship between parental communication and the sexual activity of young people, especially no direct effect on adolescent pregnancy risk (Fisher, 1984; Miller et al., 2001; Stone & Ingham, 2002; Whitaker et al., 1999), other results have shown that good parental communication leads to less sexual activity, greater use of contraceptives and joint-decision making skills with sexual partners (Coleman & Ingham, 1999; DiClemente et al., 2001; Whitaker et al., 1999).

5.2.3.3 Parental closeness/monitoring.

Previous research has suggested that open lines of communication and knowledge of young people's whereabouts are important in reducing high-risk behaviours; in particular, where trust is established between young women and their parents, often through the negotiation of unsupervised time, is a strong deterrent for risky behaviour, but appears to have little effect on the behaviours of young men (Borawski et al., 2003).

A significant association has been reported between lower reported parental monitoring and earlier reported sexual experience (Henderson et al., 2002). This was particularly prevalent in boys, although there appeared to be no correlation with the level of condom use and might be explained by factors other than permissive parenting leading to early sexual activity. Earlier research found that greater exposure to maternal sexual affection towards a spouse was a significant predictor of two specific attitudes in young women: a more positive attitude towards speaking affectionately to men, and towards being the more assertive in sexual encounters (Koblinsky & Palmester, 1984).

Table 5.11 consists of ten statements for *Parental Closeness/monitoring*, five negative and five positive, covering the levels of physical contact with parents (Statements 1,6), general communication including emotions and times of stress (Statements 2,7; 3,8, 4,9), and the level of monitoring (Statements 5,10).

	Negative	Positive			
1	I rarely hug and/or kiss members of my immediate family	6	I often hug and/or kiss members of my family		
2	Communication with my parents in general has always been difficult for me	7	Communication with my parents in general has always been easy for me		
3	In times of stress or pressure, I do not talk to my parents about it	8	In times of stress or pressure, I do talk to my parents about it		
4	I find it very difficult to express my emotions with my parents	9	I find it very easy to express my emotions with my parents		
5	When I lived at home, I would rarely tell my parents where I was going	10	When I lived at home, I would nearly always tell my parents where I was going		

 Table 5.11
 Parental Closeness and Monitoring

5.2.3.4 Partner communication.

The qualitative study indicated that some of the young women were able to communication with partners in an open and relaxed manner where joint decisions were made about the pace of their sexual activity and contraception usage. Others expressed their inability to talk to their sexual partners, whether in terms of their own pleasure, the pace of their sexual activity or in relation to protection, especially condoms.

Table 5.12 shows ten statements for *Partner communication*, five negative and five positive, covering the levels of difficulty of talking to partners about their own and partners' sexual history (Statements 1,6; 5,10), talking about condom use (Statements 2,7), talking about their needs and desires (Statements 3,8) and their decision making with sexual partners (4,9).

Table 5.12 Partner Communication

	Negative		Positive
1	I find it very difficult to talk to my partner(s) about my sexual history (e.g. number of previous partners, contraceptive usage etc.)	6	I find it very easy to talk to my partner(s) about my sexual history (e.g. number of previous partners, contraceptive usage etc.)
2	I find it extremely hard to talk to potential sexual partner(s) about contraception, especially condoms	7	I find it extremely easy to talk to potential sexual partner(s) about contraception, especially condoms
3	I find it extremely hard to talk to sexual partner(s) about my sexual needs and desires	8	I find it extremely easy to talk to sexual partner(s) about my sexual needs and desires
4	<i>My</i> sexual decisions are rarely made jointly with my sexual partner(s)	9	My sexual decisions are always made jointly with my sexual partner(s)
5	I find it very difficult to talk to my partner(s) about their sexual history (e.g. number of previous partners, contraceptive usage etc.)	10	I find it very easy to talk to my partner(s) about their sexual history (e.g. number of previous partners, contraceptive usage etc.)

Research has indicated that young people find it very difficult to talk openly with partners, whether it be about the use of condoms, their own or partners' previous sexual history, or their needs and desires (Hocking et al., 1999, Mitchell & Wellings, 1998). Their concerns are about negative and hostile reactions from their partners to discussions about contraception. This appears especially true in relation to condom use as they are linked to disease rather than contraception (especially if the young woman is taking the contraceptive pill) (Hillier et al., 1998).

These 144 statements, 72 each negatively and positively phrased, were randomly ordered within the online questionnaire with a further check that no similar statements were sequential.

5.3 Demographics

There were no mandatory fields within the demographic section of the questionnaire. This was considered to be important with this questionnaire study as it dealt with such a sensitive topic area, and it was not intended to make the participants feel under any pressure whatsoever to participate. The rationale for

this was that if they were taking part completely of their own freewill, the more honest and open they would respond.

5.3.1 Social Demographics

Basic social demographics were requested such as gender (male/female), and age (month and year); year was restricted to a dropdown menu that started at 1990 in an attempt to limit the participants to 16 years old and over; this was stated as a requirement as part of the consent form (see Appendix G). Nationality, country of origin, ethnicity and religion were all requested as free text boxes, allowing the participants to use their own descriptions of these four demographics. They were asked about the composition of their family home with choices of natural, adopted, step and foster for their parents and siblings. There was an 'Other' box that they could tick with a space where they could specify this. Lastly, they were asked for their postcode but, to reiterate, the completion of this field was completely optional.

5.3.2 Sexual Demographics

5.3.2.1 Sexual orientation.

The participants' sexual orientation was requested by the presentation of a 6-point scale ranging from 1 (*homosexual*) to 6 (*heterosexual*), and 7 (*not sure*).

5.3.2.2 Sexual debut.

They were asked *Have you experienced sexual intercourse?* with a field of yes/no. If no, they were asked to proceed to the next section. If yes, they were asked how old they were with year and month as well as the age of their partner, with the same field format. They were asked how long they had been in a relationship with the partner before intercourse took place, and were provided with a free text box and, beside it, a dropdown menu box with choices of hour, days, weeks or months. This was considered the most appropriate as it allowed the participants to record a short or long length of time. The next question consisted of whether they had used contraception the first time with a yes/no response. If yes, they were provided with six options, which were pill, condom, cap, coil, emergency contraceptive and other, with a separate box to specify this.

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5.3.2.3 Sex and relationships.

The participants were asked about the prior number of sexual partners that included heavy petting through to sexual intercourse, followed by asking them how many did they consider that they were emotionally involved with; again, both these fields were free text. In relation to their current relationship, there were three options, 1] *Are you in an emotionally attached relationship that does not include sexual intercourse*?, 2] *Are you in an emotionally attached relationship that does not include sexual intercourse*? and, 3] *Are you in a sexual relationship that does not involve emotional attachment*? Participants were able to tick more than one box. Lastly, they were asked, *What percentage of the time do you use condoms with sexual partners*?

5.3.2.4 Masturbatory experience.

Participants were asked if they had ever masturbated with a yes/no box. If their response was 'yes', they were asked the frequency with a dropdown menu beside it of daily, weekly, monthly. They were then asked at what age did they begin with a free text field that indicated an age in years. For those who answered 'no', they were asked to give a reason from a dropdown menu of six choices, which were mainly devised from the qualitative study (see Chapter 4). They were *Disgusted by it*, *Do not like to touch my genital area*, *Have tried but gained no pleasure from it*, *Never thought about it*, *Don't know* and *Other*, with a separate box to specify this.

5.3.3 Level of SRE content and information

Participants were asked to rate 14 aspects of their sex and relationship education at school on a 10-point scale in relation to its content and how informative they found it. Under a general category of biology, five aspects were covered, which were; 1] *Biology of reproduction*, 2] *Detailed description of female and male genitalia*, 3] *Explanation of bodily development during puberty*, 4] *Menstruation*, and 5] *Wet dreams/Nocturnal emissions*. Under a general category of contraception, two aspects were covered, which were; 1] *Types of contraception*, and 2] *Demonstration of condom application*. Under a general category of relationships, three aspects were covered, which were: 1] *The role of love within sexual relationships*, 2] *Assertive behaviour*, and 3] *Sexual respect*. The fourth category was pleasure, with three aspects that were; 1] *Male*

masturbation, 2] *Female masturbation*, and 3] *Desires and pleasure*. The final aspect was *Local sexual health clinics*, where the participants indicated whether their SRE had included any information about these.

5.4 Concluding Remarks

This chapter has provided an overview of the development of the questionnaire statements within each of the sub-constructs of sexual self-knowledge, self-exploration and self-expression. These divisions were made to ensure that all the various aspects that had been highlighted by the literature review and the qualitative study were included. The social and sexual demographics have been described in detail to provide an understanding of the breadth of information that the questionnaire gathered.

Chapter 6 analyses the responses to the questionnaire statements through factor analysis, and the development of the scale for sexual self-awareness.

CHAPTER 6

The Development of the Principal Components for the Scale of Sexual Selfawareness

6.1 Introduction

The previous chapter provided an account of the development of the questionnaire statements and the social and sexual demographics for the online survey.

The focus of this chapter is the identification of the principal statements or components that formed the scale for sexual self-awareness, and the sub-scales of sexual self-knowledge, self-exploration and self-expression. It is with the start of this chapter onwards where the research questions are fully addressed; these were: 1] Is there a relationship between the three aspects of sexual selfawareness? 1a] If so, what is the relationship? 2] Are there key aspects of sexual self-knowledge, self-exploration and self-expression that constitute sexual selfawareness? 2a] If so, which social and/or sexual demographics influence sexual self-awareness and its sub-constructs? 3] Can sexual self-awareness be measured? 3a] If so, how reliable is this measure?

6.2 Method

6.2.1 Design

The website development of the online questionnaire was undertaken by the technical staff within the School of Psychology, with the provision of a Word document as a template of requirements for demographic and questionnaire statements (www.psychology.soton.ac.uk/olq/hah203). There was extensive discussion about whether various options should be presented to the participants, inasmuch as dropdown lists should be provided, thereby confining the participants to certain criteria especially in relation to their social and sexual demographics. Although this option was available, a decision was taken by the researcher that the majority of demographic fields were to remain *free text* and, once completed, the researcher assigned a defining code within each demographic. The rationale behind this decision was that the researcher wanted the participants to speak for themselves, and not be dictated to by some dropdown list that would categorise them into a label with which they may have felt uncomfortable.

The design consisted of three large rolling screens that participants scrolled through, and the only way to navigate through the screens was by clicking on the submit button at the bottom of each section, i.e. accepting the terms and conditions of consent, the completion of the questionnaire and reading the debriefing and thus exiting the survey (see Appendix H). The design was relatively basic with a grey background and Arial font (size 12). The design did not include any method of tracking the various marketing strategies used to encourage participants to access the survey.

6.2.2 Participants

Participants included in this study are those who completed the online survey between 6th June and 31st December 2006. In total, the website had 3,325 hits which resulted, after initial cleansing, in 863 participants. The data cleansing in covered in greater detail in the following section.

6.2.3 Procedure

6.2.3.1 Marketing strategies of the survey.

The marketing of the survey took many forms and took place over a number of weeks. The main aid to the marketing of this survey was the production of a flyer that included details of the website and asked participants who were 16 and over to take part, emphasising the importance of young people and their sexual health. It consisted of two formats (see Appendix I), the first format was on A4 sheets and the other was smaller (six to an A4 sheet). The flyer was printed onto highly visible coloured card consisting of red, yellow, blue and pink.

The strategies consisted of eight techniques:

 The placement of the survey on three psychology websites that cater for research studies where participants can log on and take part, two managed in the USA, and one in the UK, these were: www.psych.hanover.edu; www.socialpsychology.org; www.onlinepsychresearch.co.uk.

- The large flyers were placed around the University of Southampton campus while the smaller ones were given out to individuals in the main campus area.
- The names and addresses of all UK schools and colleges were obtained from the Internet. All schools would have a number of students who were sixteen years old and over, even those that did not have a sixth form department; however, it was considered more appropriate that only schools with sixth form departments should be approached. To ascertain this, it would have been possible to go into each school's website to see if they did take students from 16 – 18 years old; however, this was deemed to be too time consuming. Therefore, the schools with 'sixth form' in their title were extracted. A letter was sent to the head teacher explaining the research and its importance (see Appendix J) and, with it, four large flyers and 25 smaller flyers were enclosed, encouraging the school to place the large flyers around the sixth form area, and the smaller flyers to be handed out to individual students. In total, 187 letters were sent to schools around the UK.
- To ensure that the more vulnerable young people were reached, all contacts that the researcher had made through sexual health conferences and seminars, where the attendees were, in the majority, frontline staff working directly with these young people, were approached by email. The email explained the nature of the research, emphasising the need to reach the young people that they were dealing with on a daily basis as well as asking them to contact other colleagues they considered could reach other young people, such as sexual health clinicians, school nurses and/or outreach workers. The large and small flyer was attached to the email, explaining that they could print off the smaller flyer and cut into cards to hand out. In total, 89 emails were sent out.
- Through the contacts of the supervisor for this research, the head of Brook Advisory Centres agreed to put a link to the survey on their website.
- Using contacts of the researcher at local schools and colleges in a city in the south of England, short presentations were given to 18 classes of

students explaining the survey and its importance; at the end of the presentation the smaller flyer was given out to each student. Each teacher was asked to place the larger flyer in an appropriate place within the school or college. In total, 41 large flyers were given out and 423 small flyers were handed out to students.

- At the open days of the School of Psychology for prospective undergraduates, the researcher spoke to visiting students about the research. A large number of small flyers were placed on a desk and students were able to take as many flyers as they wished and were encouraged to complete the survey at home as well as pass on the website details to their friends. In total, 213 small flyers were taken.
- All contacts who had access to young people, such as family (son and a larger number of his friends), friends and colleagues with older children, as well as graduates at other universities.

Due to the relatively extensive strategic methods of marketing the questionnaire, especially with the snowballing effect from the initial contacts, this made it impossible to calculate the response rates from various initial contacts.

6.2.3.2 Data retrieval

The retrieval of the data consisted of three parts, first, an EXCEL spreadsheet that contained all the numeric data, i.e. gender: Male = 1, Female = 2, as well as the responses to the questionnaire itself, second, a text file that contained all the alpha fields, i.e. nationality as well as any comments the participants made at the end of the questionnaire, and, finally, a text file with any email addresses of the participants who wanted to receive a summary of the results.

6.2.3.3 Data cleansing

This initial cleansing consisted of, first, the deletion of non-UK participants and the under 16 and over 24 age groups, as these participants did not meet the inclusion criteria for this study; second, incomplete demographic details and, third, fewer than 50 percent of the statements within the main questionnaire. Total numbers of responses did vary as it was considered

inappropriate to make all questions mandatory due to the sensitive nature of some of the sexuality questions.

The next cleansing stage investigated any anomalies in the participants' responses, e.g. stating that they had not had sexual debut, but then providing their age when it had occurred. For these participants, a considered judgement was made. Taking the example above, if all the information pointed towards firsttime sex occurring inasmuch as they provided the age of the partner, length of relationship prior to the first-time and the use of contraception, then the participant would be recoded as having experienced sexual debut. However, if this additional information was not completed, the code remained as entered. Any spurious data was sought, for example, entering "chav" for religion, indicated that the questionnaire had not been taken seriously and therefore the participant was deleted. This resulted in the deletion of 42 participants, leaving 821 participants. The final cleansing stage was the analyses of responses to the negative and positive statements to ascertain the participants' consistency. For example, high agreement for both statements would require further investigation into the validity of the participant's overall responses. This was achieved by taking the mean of the two statements, which should lie around the midpoint; any outliers (larger than 3 SD) on these statements were deleted. If this occurred with any participant for more than 50 percent of their responses, their overall response to the questionnaire was deemed not to be valid. This resulted in the deletion of 20 participants, leaving a total of 801 participants. All missing values were coded with a value that did not appear anywhere within the dataset (i.e. 999).

The next stage of the analyses was to reduce the length of the questionnaire by running a factor analysis with *all* the statements to ascertain whether the construct of sexual self-awareness consisted of principal components from the sub-constructs of sexual self-knowledge, self-exploration and self-expression.

6.3 Results

6.3.1 Factor Analysis

Principal Component Analysis (PCA) produced 24 components with an Eigen value of 1 or above, with orthogonal rotation in 38 iterations and accounted for 88 percent of the rotated variance. There was an indication of an

extremely good fit to the factor model as residuals between the observed and reproduced correlations were extremely low, with 95 non-redundant residuals with absolute values greater than 0.05, which equated to less than one percent. The male and female PCAs failed to rotate, thus indicating invariance and varying influence of the statements on the genders as expected; however, investigation of the component matrix indicated similar patterns to the overall PCA.

When each principal component was evaluated, the statements covered a wide spectrum of sexual self-awareness with 15 statements for sexual self-knowledge accounting for 22 percent of the overall variance, three statements for sexual self-exploration accounting for 59 percent of the overall variance, and six statements for sexual self-expression accounting for 19 percent of the overall variance. Table 6.1 shows the statements within their sub-scales with their Eigen value and loading.

	Eigen Value	Statements	Loading
Sexu		nowledge	
1	6.7	I often really look forward to having sex, but then end up being disappointed	-0.91
2	5.6	I cannot enjoy sex without emotional attachment	-0.89
3	5,0	I expect to gain pleasure with my sexual partner(s)	0.89
4	3.1	It is more important to satisfy men's sexual needs than those of women	-0.79
5	2.8	I develop strong emotions for potential sexual partner(s) very quickly (e.g. within a few days/weeks)	-0.68
6	2.5	I don't think condoms spoil sexual enjoyment	0.88
7	2.5	I never experience negative emotions when I think about some of the sexual things I have done	0.87
8	2.0	After my first experience of sexual intercourse, I felt full of positive emotions e.g. happiness, fulfilment, pleasure, contentment	0.81
9	2.0	I made a conscious decision to have sexual intercourse the first time and planned it	0.74
10	1.7	I am not willing to take the risks of not using condoms	0.85

Table 6.1Statements within the scale for sexual self-awareness

	Eigen Value	Statements	Loading
11	1.5	<i>I do not feel disappointed if my sexual activity does not include intercourse</i>	0.62
12	1.4	The sexual urges of men are much stronger than for women	-0.73
13	1.3	I know the risks of sexually transmitted infections (STIs), but just hope that I will not catch anything	-0.68
14	1.2	I always seem to be attractive to suitable partner(s)	0.92
15	1.1	I find it difficult to differentiate between my emotional feelings and my physical sexual feelings	-0.91
Sexu	al Self-e>	sploration	
1	59.9	I recognise when I am sexual aroused even when I am not with sexual partner(s)	0.91
2	4.5	Masturbating is an important part of my life	0.89
3	1.2	I seldom have negative emotions (e.g. guilt, shame, feeling dirty) when I masturbate	0.85
Sexua	al Self-ex	pression	
1	12.3	<i>I find it very difficult to express my emotions with my parents</i>	-0.88
2	3.0	When I was a child (primary school age), my parents always got embarrassed when I asked about anything to do with sex	-0.85
3	2.0	I find it very easy to talk to my partner(s) about my sexual history (e.g. number of previous partners, contraceptive usage etc.)	0.81
4	1.4	My father talks with me about sexual matters, it's always a two-way discussion	0.76
5	1.0	I have learned more about sex from my parents than I have from my friends	0.82
6	1.0	<i>My parents get really embarrassed nowadays talking to me about sexual matters</i>	-0.67

 Table 6.1 contd.
 Statements within the scale for sexual self-awareness

6.3.2 Reliability

To check the consistency of the questionnaire and, in turn, the reliability of the scale thereby reflecting the measure of the construct of sexual selfawareness, a reliability test was performed. As these remaining statements consisted of 10 negatively and 14 positively phrased statements, the 10 negative statements scores had to be reversed before the reliability test could be run. For the overall scale (24 statements) the Cronbach's alpha $\alpha = .74$, with two statements dramatically increasing the alpha by their deletion. These statements were: *I do not feel disappointed if my sexual activity does not include intercourse* and *I know the risks of sexually transmitted infections (STIs), but just hope that I will not catch anything*, both statements within sexual self-knowledge. It was considered appropriate to delete these from the overall scale, thus increasing the reliability. When the calculation was rerun, the Cronbach's alpha increased to α = .82. Not only did this indicate good reliability, but also the majority of the corrected statement-total correlations were all above .3, which indicated good internal consistency (see Table 6.2) (Field, 2004). The Cronbach's alpha for males was slightly lower at α = .79, and for females slightly higher at α = .84. This reduced the scale to 22 statements, 13 statements for sexual self-knowledge, 3 for sexual self-exploration and 6 for sexual self-expression.

	Statements	M	SD	r
Sexu	ual Self-knowledge			
1	I often really look forward to having sex, but then end up being disappointed	5.82	2.27	0.54
2	I cannot enjoy sex without emotional attachment	4.94	2.73	0.28
3	I expect to gain pleasure with my sexual partner(s)	7.15	2.16	0.33
4	It is more important to satisfy men's sexual needs than those of women	5.28	2.67	0.32
5	I develop strong emotions for potential sexual partner(s) very quickly (e.g. within a few days/weeks)	5.71	2.33	0.35
6	I don't think condoms spoil sexual enjoyment	5.69	2.71	0.19
7	I never experience negative emotions when I think about some of the sexual things I have done	5.57	2.71	0.41
8	After my first experience of sexual intercourse, I felt full of positive emotions e.g. happiness, fulfilment, pleasure, contentment	6.02	2.62	0.41
9	I made a conscious decision to have sexual intercourse the first time and planned it	5.42	2.84	0.31
10	I am not willing to take the risks of not using condoms	6.20	2.77	0.43

Table 6.2 Means and standard deviations with corrected statement-total correlations

	Statements	M	SD	r
11	The sexual urges of men are much stronger than for women	5.53	2.67	0.15
12	I always seem to be attractive to suitable partner(s)	5.74	2.16	0.48
13	I find it difficult to differentiate between my emotional feelings and my physical sexual feelings	6.38	2.37	0.40
Sexu	al Self-exploration			
1	I recognise when I am sexual aroused even when I am not with sexual partner(s)	6.98	2.27	0.40
2	Masturbating is an important part of my life	4.75	2.76	0.28
3	I seldom have negative emotions (e.g. guilt, shame, feeling dirty) when I masturbate	5.80	2.67	0.40
Sexu	al Self-expression			
1	<i>I find it very difficult to express my emotions with my parents</i>	5.61	2.68	0.48
2	When I was a child (primary school age), my parents always got embarrassed when I asked about anything to do with sex	6.01	2.32	0.47
3	I find it very easy to talk to my partner(s) about my sexual history (e.g. number of previous partners, contraceptive usage etc.)	5.62	2.59	0.59
4	My father talks with me about sexual matters, it's always a two-way discussion	3.65	2.50	0.23
5	I have learned more about sex from my parents than I have from my friends	3.53	2.30	0.26
6	My parents get really embarrassed nowadays talking to me about sexual matters	6.06	2.49	0.58

Table 6.2 contd.Means and standard deviations with corrected statement-totalcorrelations

6.3.2.1 Reliability of sexual Self-knowledge

For the sexual self-knowledge sub-scale, the Cronbach's alpha $\alpha = .71$, with no statements increasing the alpha by their deletion, indicating reasonable reliability as well as the majority of corrected item-total correlation being above .3, which indicated good internal consistency. The Cronbach's alpha for males was $\alpha = .68$, and for females, $\alpha = .73$ with no statements increasing the alpha by its deletion. The overall α for this sub-scale was not exceptionally high, but it was considered to still be of great interest to the continuing analyses. The reason

for their relative lack of consistency may be due to the diverse themes within the sub-scales (Field, 2004). As Kline (1999) stated, although the generally accepted value of .80 is appropriate for cognitive tests such as intelligence tests, for ability tests a cut-off point of .70 is more suitable; however, when dealing with psychosocial constructs, values of below .70 can, realistically, be expected because of the diversity of the construct being measured.

6.3.2.2 Reliability of sexual self-exploration.

For the sexual self-exploration sub-scale, the Cronbach's alpha $\alpha = .86$, with no statements increasing the alpha by their deletion, indicating good reliability, as well as the corrected item-total correlations indicating two out of three being above .3, which indicated reasonably good internal consistency. The Cronbach's alpha for males was $\alpha = .84$, and for females the Cronbach's alpha was $\alpha = .88$ with no statements increasing the alpha by their deletion.

6.3.2.3 Reliability of sexual self-expression.

For the sexual self-expression sub-scale, the Cronbach's alpha was $\alpha =$.76, with no statements increasing the alpha by their deletion, indicating good reliability, as well as the majority of corrected item-total correlations being above .3, which indicated good internal consistency. The Cronbach's alpha for males was $\alpha = .74$, and the Cronbach's alpha for females was $\alpha = .79$, with no statements increasing the alpha by their deletion.

It was vital to ascertain whether the scale for sexual self-awareness would still be reliable when the statements relating to sexual debut and masturbatory experience were removed, so that this scale could be just as applicable to those young people who had not experienced either of these activities or both these activities. Also, these statements would have a direct effect on the sub-scales of sexual self-knowledge and self-exploration. The next sections investigated the effects on reliability within the subscales and the scale of sexual self-awareness.

6.3.2.4 Reliability of sexual self-knowledge (minus sexual debut).

The two statements relating to sexual debut, which were: *After my first* experience of sexual intercourse, I felt full of positive emotions e.g. happiness, fulfilment, pleasure, contentment and I made a conscious decision to have sexual intercourse the first time and planned it were deleted from the sub-scale,

reducing the number of statements to eleven. For the reduced sexual selfknowledge sub-scale, the Cronbach's alpha was $\alpha = .70$, with no statements dramatically increasing the alpha by their deletion. The effect of the removal of these two statements was very slight on the reliability of the previous sub-scale. The Cronbach's alpha for males was also slightly decreased to $\alpha = .67$ whereas, for females, the Cronbach's alpha remained the same at $\alpha = .73$ with no statements increasing the alpha by its deletion.

6.3.2.5 Reliability of sexual self-exploration (minus masturbatory experience).

This sub-scale consisted of three statements, with two of the statements relating to masturbatory experience. For those participants who do not masturbate on a regular basis, they may still respond to the statements that refer to masturbatory experience as opposed to responding *not applicable*. For those participants who respond *not applicable*, this reduces the sub-scale to one statement: *I recognise when I am sexually aroused even when I am not with sexual partner(s)*; however, as can be seen in Table 6.1, this statement was the principal component of all the statements within the scale of sexual self-awareness. It is therefore considered to still be capturing the essence of the sub-scale of sexual self-exploration.

6.3.2.6 Reliability of sexual self-awareness (minus sexual debut).

This scale was reduced to twenty statements and the Cronbach's alpha was $\alpha = .81$, with no statements increasing the alpha by their deletion, indicating good reliability, as well as the majority of corrected item-total correlations being above .3, which indicated good internal consistency. The Cronbach's alpha for males was $\alpha = .79$, and the Cronbach's alpha for females was $\alpha = .82$, with no statements increasing the alpha by its deletion. The effect of the removal of these two statements was very slight on the reliability of the overall scale for all participants as well as individually between males and females.

6.3.2.7 Reliability of sexual self-awareness (minus masturbatory experience).

This scale was also reduced to twenty statements and the Cronbach's alpha was $\alpha = .80$, with no statements increasing the alpha by their deletion, indicating good reliability, as well as the majority of corrected item-total

correlations being above .3, which indicated good internal consistency. The Cronbach's alpha for males was $\alpha = .77$, and the Cronbach's alpha for females was $\alpha = .83$, with no statements increasing the alpha by their deletion.

6.3.2.8 Reliability of sexual self-awareness (minus sexual debut and masturbatory experience)

This scale was also reduced to eighteen statements and the Cronbach's alpha was $\alpha = .78$, with no statements increasing the alpha by their deletion, indicating good reliability, as well as the majority of corrected item-total correlations being above .3, which indicated good internal consistency. The Cronbach's alpha for males was $\alpha = .75$, and the Cronbach's alpha for females was $\alpha = .80$, with no statements increasing the alpha by their deletion. The effect of the removal of these four statements reduced the reliability, but it still indicates good reliability of the overall scale for all participants as well as individually for males and females for a socio-sexual construct (Klein, 1999).

6.4 Discussion

The aim of this chapter was to describe the development of a scale for sexual self-awareness drawing on a large number of statements through factor analysis. The final scale consists of 22 statements, with thirteen statements as part of sexual self-knowledge, three statements as part of sexual self-exploration and six statements as part of sexual self-expression; thus, the overall scale covers a wide number of aspects of young people and their sexuality. For sexual selfknowledge, these aspects included the expectation of sexual activity and the emotions attached to this, level of pleasure, gendered double standard, condom use, sexual debut and the differentiation between emotional and physical feelings. For sexual self-exploration, the aspects were emotions attached to masturbation and its importance in their lives, and the ability to recognise sexual arousal. For sexual self-expression, the aspects were communication and ability to express their emotions with their parents, father communication and parents as sex educators, and communication with current or potential partners. Initial analysis indicated that the scale is reliable, although it appeared to be slightly more reliable for females than males, not only for the scale of sexual selfawareness, but also for each of self-knowledge, self-exploration and selfexpression. The reliability of a test-retest analysis is addressed in Chapter 8, and

indications of reasonable good internal consistency are investigated further in Chapter 7, together with the social and sexual demographics of the participants and their relationships with the sub-scales of sexual self-knowledge, selfexploration, and self-expression.

CHAPTER 7

Association between Participants' Social and Sexual Demographics and Scores on Scale for the Sexual Self-awareness

7.1 Introduction

The previous chapter concluded with the presentation of a preliminary scale for sexual self-awareness, comprising three sub-scales relating to sexual self-knowledge, self-exploration and self-expression, each of which revealed good reliability and internal consistency.

The focus of this chapter is the investigation of, first, the participants' social and sexual demographics, second, the participants' responses to the statements on the scale for sexual self-awareness, third, the relationships between demographics and the sub-scales of sexual self-knowledge, self-exploration, and self-expression and, finally, a discussion of these findings. The analysis has two main aims; first, to assess the psychometric properties of the scale for sexual self-awareness, inasmuch as it is sensitive to, and has measured, the appropriate aspects (i.e. individual statements) of the participants within the significant subconstructs and, second, the interpretation and meaning of the findings. The discussion also offers further support for the findings by the inclusion of the comments made by the participants at the end of the online questionnaire; in many cases, offering a link between the qualitative study (see Chapter 4) and the online survey (further details of the comments can be found in Appendix K).

7.2 Participants' Social and Sexual Demographics

7.2.1 Gender and Age

Participants predominantly consisted of females (68 percent) compared to males (32 percent), and their ages ranged from 16 years 1 month to 24 years 11 months. The average age for males was 18.45 (*SD* 2.19) and for females was 18.39 (*SD* 1.77), indicating a high proportion of younger participants (see Table 7.1). For clarity of subsequent analysis, age was converted into categorical data of a younger and older age group. The split within the two groups was 16-18 and 19-24. The rationale for this was that, although the median was lower than this (17.92) thereby creating two equal groups, it was deemed more appropriate to

split the groups by 19 years old and over and, under 19 years old. The rationale for this was that, for a number of the participants, possible life events may have more impact between these ages, such as school vs. other, living at home vs. moving away and/or dependency vs. independency; although it is appreciated that these events could have happened at other times.

			Male				Female	
		N	Mean	%	N	Mean	%	
Age	16-18	128	16.83	19	283	17.07	39	
	19-24	120	20.18	13	265	19.92	29	

 Table 7.1
 Percentage and Means by Age and Gender

7.2.2 Family Composition

The family composition of the participants was natural parents (65 percent), natural mother only (16 percent), natural mother and stepfather (12 percent) and various other compositions (7 percent), such as grandparents, care homes and aunts and uncles. The predominant sibling composition was living with their natural siblings (76 percent), whilst the remainder lived with stepsiblings (3 percent), or a mixture of natural and stepsiblings (8 percent), adopted siblings (1 percent), or the participants were an only child (12 percent).

7.2.3 Education and Qualifications

The vast majority of participants were in full-time education (86 percent) studying for various qualifications, whilst the remainder were in some form of employment or unemployed (see Table 7.2). There are no comparable national rates of full-time education for the age group of 16 to 24; however, the national rate for 16 year-olds in full-time education stood at 76 percent at the end of 2005, fewer than in this current study (NSO, 2007).

	Males					Females			
	п	16-18	п	19-24	п	16-18	п	19-24	
Full-time Education	111	86.7	96	80.7	254	90.1	218	83.2	
Qualifications studied for at present									
GCSEs	55	49.1	2	2.1	111	43.6	10	4.6	
A Levels	39	35.5	38	39.6	111	43.7	65	29.8	
Degree	10	0.9	45	46.9	4	1.6	129	59.2	
Other	17	15.4	11	11.5	28	11.1	14	6.4	
Employment	16	13.3	23	19.3	27	9.9	43	16.8	
Full-time	7	43.8	15	65.2	14	51.8	21	48.8	
Part-time	0	0	2	8.6	2	7.4	10	23.3	
Unemployed	9	56.2	6	26.1	11	40.7	12	2.3	

Table 7.2Percentages of Education and Qualifications

7.2.4 Areas of Residency and Deprivation Codes

Fifty seven percent of the participants provided their full postcode. The areas of residence covered 43 UK area postcodes (e.g. SO for Southampton and surrounding areas) with the majority being in the south of England (80 percent). At a more detailed level, 141 sub-area postcodes (e.g. SO1 for central Southampton) were captured and, at the lowest level, 251 complete postcodes were captured representing 6 - 8 dwellings within one immediate area.

Deprivation codes⁴ were applied to the postcodes indicating the level of deprivation for each postcode area at the lowest level. Within the sample who provided their full postcodes, the deprivation codes ranged from 0 to 57.40 and were positively skewed towards low deprivation, possibly due to the predominance of postcodes in the south of England. This is due to an inadvertent error of requesting participants to enter their current postcode as opposed to their family home postcode, which would have been much more revealing. As a large

⁴ The Office of the Deputy Prime Minister (ODPM) commissioned the Social Disadvantage Research Centre (SDRC) at the Department of Social Policy and Social Research at the University of Oxford to update the Indices of Deprivation 2000 (ID 2000) for England. These revised indices built upon a theoretical range consist of seven SOA levels, with two supplementary indices of *Income Deprivation Affecting Children* and *Income Deprivation Affecting Older People*. The seven weighted SOA levels are *Income deprivation*, *Employment deprivation*, *Health deprivation and disability*, *Education*, *Skills and training deprivation*, *Barriers to Housing and Services*, and *Living environment deprivation and Crime*.

number of southern universities were approached, in particular, University of Southampton, this accounts for the preponderance of these postcodes. To partially compensate for this, the full analyses (MANOVAs) was run with just the younger age group as it was considered more likely that this group would still be living in the family home, and this would represent a more realistic influence of the deprivation codes; however, this did not reveal any significant differences between the deprivation codes. As very little can be gleaned from the captured deprivation codes, as they do not truly represent the participants, these were not included in any further analyses.

7.2.5 Country of Origin, Ethnicity and Religion

The vast majority of participants gave their country of origin as the UK (90 percent) with the remainder covering all five continents. Just over four fifths of the participants described themselves as White, with one eighth as black, and the remainder either as Asian or other (see Table 7.3).

		0 5		<i>J</i>					
	Overall		Ma	les			Fen	nales	
	п	п	16-18	п	19-24	п	16-18	п	19-24
White	659	102	15.5	111	16.8	226	34.3	220	33.4
Black	89	17	19.1	7	7.8	35	39.3	30	33.7
Asian	37	5	13.5	2	5.4	20	54.1	10	27.0
Other	11	4	36.4	0	0	2	18.8	5	45.4

Table 7.3Percentages of Ethnicity

These proportions slightly differ from the national statistics for England and Wales where at the 2001 census, 92 percent were classified as white, 2 percent classified as black, 4 percent were classified as Asian and 2 percent as other (NSO, 2007). It was considered inappropriate to include ethnicity in any further analysis mainly due to small numbers within the minority groups.

Of the 92 percent participants who responded to the item on religion, just over half responded that they did not have a religion (53 percent), while the remainder (47 percent) of the responses ranged from Christianity to Spirituality (see Table 7.4). It would perhaps have been useful to have asked about the role of religion in the lives of these participants, whether it played an important role or whether it was purely a label that they gave themselves as part of their family background or culture.

					C	%			
0	verall		Ma	les			Fen	nales	
	п	п	16-18	п	19-24	п	16-18	n	19-24
Religion stated	338	55	43.0	52	43.4	130	45.4	101	39.8
Religion stated as 'None'	390	67	52.4	54	45.0	136	47.5	133	52.4
Not stated	60	6	4.6	14	11.6	20	7.1	20	7.8

Table 7.4	Percentage	of Religiosity

The proportion of participants not willing to state their religion was the same as the national statistics for England and Wales at the 2001 census (8 percent). However, the proportion in the 2001 census that recorded religion as none was 14.6 percent for England and 18.5 percent for Wales. For the remainder that recorded a religion, 72 percent recorded Christian, and 28 percent recorded other forms of religion (NSO, 2007).

7.2.6 Sexual Orientation

On the scale of sexual orientation (1 - 6), just over two thirds of each gender described themselves as totally heterosexual (6) (67 percent). Just over a quarter were bi-sexual (2-5) (27 percent), with an extremely small percentage being unsure (2 percent). A very small minority of the participants responded as gay/lesbian (1) (4 percent), with two-thirds being male and one third being female.

7.2.7 Sexual Debut

Just over three quarters of the participants had experienced some form of sexual intercourse/penetration (78 percent). The average age for all participants was just over sixteen years old (16.21), with no significant difference between males (16.02) and females (16.30). For the gay/lesbian participants, where just over two thirds were male (67 percent), the majority had experienced some of intercourse/penetration (83 percent), although it is unknown whether this was with a different or same gender. The average age of the participants' partners at sexual debut was similar to that of the participants' age for both genders.

Participants were asked how long they had been in this relationship prior to first time intercourse; their responses ranged from a quarter of an hour to 4 years. On average, the length of the relationships was just over four months (4.33). This was nearly halved for males (2.73) and nearly a month longer for females (5.08), and these figures were similar for both age groups. For the purposes of further analyses, length of relationship was categorised into *shorter* and *longer*, divided at the median time length of two months.

The use of contraception at sexual debut was 83 percent for participants; however, for males, this was lower at 75 percent with 87 percent amongst females. Of those participants who used contraception, two-thirds stated condoms (66 percent), just over one tenth stated the pill (11 percent), and one fifth stated a combination of the two (21 percent), indicating sexual safety against STIs as well as pregnancy. The remainder stated some other form of contraception, e.g. emergency contraception. For the purposes of further analysis, this variable was confined to condom use at sexual debut whether in combination with other forms of contraception or on their own. It was considered important to consider not just contraception, but to include the risk of STIs as well as unplanned pregnancies.

7.2.8 Condom Use in General

When participants were asked how often they used condoms, the average was 69 percent, which was higher for males at 73 percent and slightly lower for females at 67 percent. The age group 16 - 18 reported higher levels of condom use at 72 percent compared to the age group 19 - 24 at 66 percent, although this may be due to more long-term committed relationships and/or a switch to different methods.

7.2.9 Sexual partners

The number of sexual partners, which was described to the participants as including heavy petting through to intercourse, had an overall average of between 4 to 5 partners, but was significantly higher for males with just over 6 partners compared to just below 4 partners for females ($t_{(546)} = 4.53$, p < .01). The participants considered that they were emotionally involved, on average, with 63 percent of their sexual partners. For males, this was lower at 57 percent and

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higher for females at 66 percent. Ten percent of the participants had no experience of sexual partners and these were predominantly in the younger age group - 73 percent of this particular group of participants. For the purposes of further analyses, number of sexual partners was categorised into *lower* and *higher* divided at the overall median of two sexual partners.

7.2.10 Current Relationships

Participants were asked if they were currently in some form of relationship, and 58 percent responded that they were, with three types of relationship. For those that were in a relationship, 67 percent stated that the relationship involved emotional attachment with sexual intercourse, while just over 18 percent involved emotional attachment without sexual intercourse. Of the remainder, eight percent included sexual intercourse but no emotional attachment, and seven percent of the participants were in more than one relationship.

7.2.11 Masturbatory Experience

Four percent declined to answer the question on whether they masturbated and, of the remaining participants, 73 percent stated that they did masturbate. There was a significant difference between the genders where this was higher for males at 90 percent and lower for females at 66 percent ($t_{(509)} = -$ 8.02, p = 000). The average age of first time masturbation fell between twelve and a half and thirteen years old; however, males were significantly younger than females ($t_{(3, 509)} = 12.88, p < .001$). The average frequency with which the participants masturbated was, for males, 4.30 times per week compared to 2.72 times per week for females.

For those participants who did not masturbate, the predominant reason for males was *other*, often with religion being stated as the reason. None of the males were disgusted by it and very few felt uncomfortable touching their genital area. For females, the predominant reasons were *don't know* and *have tried but not enjoyed it* (see Table 7.5).

					(%			
C	Overall		Mai	les			Ferr	ales	
	п	п	16-18	п	19-24	п	16-18	п	19-24
Don't like touching my genital area	25	2	12.5	0	0	10	10.0	13	15.7
Disgust	18	0	0	0	0	11	11.0	7	8.4
Never thought about it	28	2	12.5	0	0	15	15.0	11	13.3
Have tried but not enjoyed it	40	0	0	5	50.0	22	22.0	13	15.7
Don't know	61	3	18.8	0	0	34	34.0	24	28.9
Other e.g. religious	36	9	56.2	5	50.0	8	8.0	14	16.9

 Table 7.5
 Percentage of reasons given for not masturbating

7.2.12 Level of Content of SRE

The participants were asked to respond to the levels of coverage of thirteen items in their SRE (for details, see Chapter 5, Section 5.8) on a scale of 1 (Not covered at all) to 10 (Totally covered). For the purposes of this analysis, an average was taken across all items. The overall average was 4.92 with very little difference between the genders; however, there was a significance difference between the age groups with the younger age group having a higher average than the older age group (t = 3.32, p < .05) (see Table 7.6).

		Means					
		Overall	Males	Females			
SRE – Level of content	Total	4.92	4.89	4.94			
	16-18	5.15	5.07	5.19			
	19-24	4.70	4.71	4.70			
SRE – How informative	Total	4.72	4.71	4.72			
	16-18	4.87	4.75	4.92			
	19-24	4.56	4.66	4.51			

 Table 7.6 Means of Level of SRE by Gender and Age group

7.2.13 Level of Information of SRE

The participants were also asked to report on the level of information in relation to the same thirteen items in their SRE at school (for details, see Chapter 5, Section 5.9). Again, a composite average was taken for this analysis. The overall average was 4.72 with very little difference between the genders or age groups, although slightly lower for the older age group (refer back to Table 7.6).

7.2.14 Summary

This sample population consists of a fairly diverse group of young people ranging from 16 to 24 years old, although it did not capture the less educated sector of young people, who in many ways are the most vulnerable. That being said, the ethnic proportions were diverse, with higher proportions of minority groups than the overall national distributions (NSO, 2007), although this may be spurious as these figures represent all age groups and there may be proportionally more ethnic minorities in the younger age groups.

The proportion of this sample that had experienced their sexual debut was similar to the findings in the 2000 NATSAL project (Wellings & Johnston, 2002). More sexually experienced young people may be more willingness to take part in a survey of this nature compared to those less sexually experienced that may consider that they have little to offer a survey of this nature or just not be interested in answering statements about their sexuality. However, this was not the case in all instances, as the comments posted at the end of the survey indicated that there was a number of this sample with very little sexual experience. This issue may also come to the fore in relation to the significant difference in age at sexual debut between the age groups where females in the younger age group were younger at sexual debut than the females in the older age group. The first interpretation could be that, within the previous three years, the age for females at sexual debut has decreased significantly; however, the second interpretation (and probably the more accurate one) is that the younger, but more sexual active females, were more willing to take part in this survey. However, this does raise some interesting questions as to why this would be the case. On the one hand, sexually active females may be more interested in taking part in a survey of this nature and consider that they have something to offer, in terms of experience, beliefs and opinions. On the other hand, traditionally there

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are no positive societal views on the young sexually active female; however, this may reflect changing views on peer norms instead. It could be argued that the anonymity of the survey allowed them to express their views openly and honestly. It is difficult to say how conscious they are of societal views or, for that matter, the internalisation of their sexual scripts.

To gain a greater understanding of the responses of the participants to the statements concerning sexual self-awareness, the next section presents the means and standard deviations within the sub-scales of sexual self-knowledge, self-exploration and self-expression by gender and by younger (16-18) and older (19-24) age groups, as well as the results of tests for significant differences.

7.3 Statements within the Scale for sexual self-awareness

The following findings are illustrated by gender and age group, within the sub-scales of sexual self-knowledge, sexual self-exploration and, finally sexual self-expression. All comparisons were tested for significance; where there are significant differences, these have been highlighted and discussed in more depth. The variation in the sample sizes for each statement is due to participants either choosing not to respond or indicating that the statement is not applicable to their experiences (e.g. sexual debut).

7.3.1 Sexual Self-knowledge

This section consists of thirteen statements in relation to sexual selfknowledge that are included within the scale for sexual self-awareness (see Table 7.7).

	0 .					
Statements		п	М	SD	t	р
I often really look forward to having sex, but then end up being disappointed (R)	Male	213	6.29	2.39		
	Female	469	6.09	2.53	1.00	ns
	Younger	341	6.03	2.51		
	Older	341	6.27	2.46	-1.23	ns
I cannot enjoy sex without emotional attachment (R)	Male	221	5.02	2.76		
	Female	467	6.18	2.78	-5.12	.00
	Younger	343	5.81	2.69		
	Older	345	5.81	2.96	-0.19	ns

Table 7.7Means, standard deviations and levels of significant differences forthe statements on sexual self-knowledge (1 = totally disagree, 10 = totally agree)

alfferences for the statements on						
I expect to gain pleasure with my sexual partner(s)	Male	236	7.01	2.43		
(2)	Female	523	7.45	2.31	-2.39	.02
,	Younger	391	6.77	2.58		
	Older	368	7.89	1.95	-6.68	.00
It is more important to satisfy men's sexual needs than those	Male	235	5.66	2.81		
of women (R)	Female	533	5.45	3.15	-0.88	ns
	Younger	399	6.31	2.54		
	Older	399	4.67	3.13	-7.73	.00
I develop strong emotions for	Male	232	5.18	2.35		
potential sexual partner(s) very quickly (e.g. within a few days/weeks)	Female	516	4.88	2.56	1.62	ns
	Younger	376	5.03	2.57		
	Older	372	4.91	2.43	0.67	ns
I don't think condoms spoil	Male	224	6.40	2.99		
sexual enjoyment	Female	477	6.16	2.89	1.02	ns
	Younger	353	6.53	2.82		
	Older	348	5.94	2.99	2.65	.01
I never experience negative	Male	235	5.97	2.99		
emotions when I think about	Female	519	5.26	2.87	3.15	.00
some of the sexual things I have done	Younger	383	5.43	2.74		
·	Older	371	5.53	2.65	-0.47	ns
After my first experience of	Male	235	6.88	2.65	,	
sexual intercourse, I felt full of	Female	455	5.96	2.88	1.30	ns
positive emotions e.g. happiness, fulfilment, pleasure,	Younger	333	6.37	2.70		
contentment	Older	333	6.13	2.96	1.12	ns
I made a conscious decision to	Male	207	5.00	2.96		
have sexual intercourse the	Female	458	5.77	3.01	-3.07	.00
first time and planned it	Younger	333	5.48	2.86		
	Older	332	5.58	2.25	-0.40	ns
I am not willing to take the	Male	242	6.72	2.78		
risks of not using condoms	Female	523	6.89	2.99	1.94	ns
	Younger	395	6.97	2.91		
	Older	370	6.70	2.92	1.28	ns

Table 7.7 contd.Means, standard deviations and levels of significantdifferences for the statements on sexual self-knowledge

	-		-			
The sexual urges of men are	Male	241	5.73	2.80		
much stronger than for women	Female	532	5.45	2.70	1.30	ns
	Younger	400	5.48	2.70		
	Older	373	5.61	2.68	-0.67	ns
I always seem to be attractive to suitable partner(s)	Male	235	5.63	2.45		
	Female	501	5.51	2.34	0.65	ns
	Younger	379	5.67	2.33		
	Older	360	5.42	2.41	1.44	ns
I find it difficult to differentiate	Male	243	4.07	2.27		
between my emotional feelings and my physical sexual feelings	Female	537	4.39	2.52	-1.76	ns
	Younger	398	4.39	2.47		
	Older	382	4.18	2.42	1.21	ns

 Table 7.7 contd.
 Means, standard deviations and levels of significant

 differences for the statements on sexual self-knowledge

The statement *I cannot enjoy sex without emotional attachment* was significantly different between the genders, with females reporting a higher agreement than males. This offers support to the evidence that some females perceive their sexual activity in relational terms as opposed to pleasure seeking. However, due to the large standard deviation, this is certainly not the case for all the females in this study.

The next significant statement was *I expect to gain pleasure with my sexual partner(s)*, the responses to which differed significantly between the genders and the age groups. Females and the older age group reported higher levels of expectation of pleasure. In relation to gender, this difference is almost counter-intuitive, as it would be anticipated that males would expect to gain pleasure more than females. It is difficult to interpret this statement in isolation because, although pleasure may be expected, it is unknown whether it is attained. However, the statement *I often really look forward to having sex, but then end up being disappointed* was not significantly different between either of the groups, but the means were relatively high with males being slightly higher. When these two statements are incorporated, the interpretation may be that pleasure is expected, but not attained. This may be further complicated by different interpretations of the statement by males and females. Males, who responded with high agreement to these two statements, may interpret this as expecting to gain pleasure with their sexual partners, looking forward to having sex and then *not* receiving it from their partners and therefore end up disappointed. On the other hand, females, who responded with high agreement to these two statements, may interpret this as expecting to gain pleasure and, in turn, looking forward to having sex, receiving it and then end up being disappointed. This is mere conjecture at this stage and certainly worthy of further investigation but beyond the scope of this piece of research.

The gendered double standard statement of *It is more important to satisfy men's sexual needs than those of women* was significantly different for the age groups with the younger age group having a higher agreement than the older age group. This suggests that this belief changes over time; as knowledge and experience are gained so this belief alters.

In relation to condom use, the statement *I don't think condoms spoil sexual enjoyment* was significantly different for the age groups where the younger age group had a higher agreement for this statement than the older age group. This is a disturbing finding as the implication is that, as more experience is gained, the more young people consider that condoms do spoil sexual enjoyment, which may discourage them from using condoms consistently. However, it may be that the older group are more likely to be in longer term committed relationships and the safety provided by the use of condoms is no longer an issue and therefore are just viewed as spoiling their sexual enjoyment.

The statement was *I never experience negative emotions when I think about some of the sexual things I have done* was significant between the genders where females had a lower agreement than males. There are a number of possible issues to which this statement could be linked, such as sexual self-esteem, selfefficacy or even reputation. In the case of reputation, previous research has found that reputation for females is a delicate balancing act between fears of loss of reputation and meeting their own sexual needs. Conversely, for males, the sexual things they have done often enhance their reputation.

In relation to sexual debut, the statement about planning *I made a* conscious decision to have sexual intercourse the first time and planned it was significant for gender, where females had a higher agreement than males. This may be linked to the previous statement about reputation. As more onus is placed

upon the sanctity of female virginity, in turn, more conscious thought may go into their planning of their sexual debut whereas, for males, they may experience strong peer pressure to lose of their virginity which in turn, may enhance their reputation and so, males may be much more opportunistic.

7.3.2 Sexual Self-exploration

masturhate

This section consists of three statements in relation to sexual selfexploration that are included within the scale for sexual self-awareness (see Table 7.8).

Statements MSDп t р I recognise when I am sexual 238 7.65 Male 2.27 aroused even when I am not Female 530 7.30 2.29 .05 1.99 *with sexual partner(s)* Younger 397 7.17 2.31 Older 371 7.66 2.24 -2.96 .00 Masturbating is an important Male 239 5.50 2.90 part of my life Female 484 3.98 2.75 6.86 .00 Younger 381 4.46 2.99 342 4.82 2.77 -0.28Older ns *I seldom have negative* Male 221 6.14 2.06 emotions (e.g. guilt, shame, 400 6.03 Female 2.08 0.46 ns feeling dirty) when I

Younger

Older

320

301

5.80

6.36

2.78

2.10

-2.34

.02

Table 7.8 *Means, standard deviations and levels of significant differences for the statements on sexual self-exploration* (1 = totally disagree, 10 = totally agree)

The statement that refers to the recognition of sexual arousal *I recognise when I am sexual aroused even when I am not with sexual partner(s)* was significant for both gender and age group. The level of agreement was high for both genders, but it was significantly higher for males. The argument could certainly be made that due to the physical nature of male arousal, their recognition of this should be relative straightforward. It could be questioned as to why the mean was not even higher as well as why there was such a large standard deviation. For females, not only is their arousal less physically obvious but also may be shrouded in mystery where minimal discussion ever takes place as to what the physical signs are of their arousal. The next statement in relation to masturbation *Masturbating is an important part of my life* is significantly different for gender where males reported a much higher level of agreement than females. Some males may have incorporated masturbation into their sexual lives, whereas some females perceive their sexual pleasure only in relational terms and therefore the concept of pleasuring themselves outside of this is not part of their sexuality.

The final statement relates to the emotions surrounding masturbation: *I* seldom have negative emotions (e.g. guilt, shame, feeling dirty) when *I* masturbate where this is not significant between the genders, but is significant between the age groups. The younger age group had lower agreement with this statement than the older group. This may suggest that the negative emotions dissipate with age and somehow masturbation is incorporated into their sexual lives, free of guilt, shame and feeling dirty. The younger group may experience feelings of negativity about masturbation, as an artefact of historical and cultural messages surrounding masturbation, where it is still shrouded in mystery and not talked about with the consequence that it is associated with negative emotions. It may be argued that as they get older they are able to re-evaluate, not necessarily consciously, these historical and cultural taboos and realise that masturbation is an integral part of their sexuality.

7.3.3 Sexual Self-expression

This section consists of six statements in relation to sexual selfexpression that are included within the scale for sexual self-awareness (see Table 7.9).

					······································	
Statements		п	М	SD	t	р
<i>I find it very difficult to express</i> <i>my emotions with my parents</i>	Male	243	5.75	2.85		
	Female	545	5.49	2.94	1.18	ns
	Younger	405	5.81	2.81		
	Older	383	5.31	2.99	2.44	.02
When I was a child (primary school age), my parents always got embarrassed when I asked about anything to do with sex	Male	227	4.96	2.62		
	Female	504	4.66	2.84	1.35	ns
	Younger	385	4.77	2.78		
	Older	346	4.63	2.77	0.22	ns

Table 7.9Means, standard deviations and levels of significant differences forthe statements on sexual self-expression (1 = totally disagree, 10 = totally agree)

My parents get really	Male	236	4.58	2.59		
embarrassed nowadays talking to me about sexual matters	Female	534	4.99	2.75	-1.92	ns
	Younger	399	4.85	2.71		
	Older	371	4.87	2.70	-0.12	ns
My father talks with me about sexual matters, it's always a two-way discussion	Male	216	3.65	2.78		
	Female	483	2.79	2.33	3.98	.00
	Younger	372	3.16	2.64		
	Older	327	2.94	2.55	1.14	ns
I have learned more about sex	Male	243	2.79	2.38		
from my parents than I have from my friends	Female	544	3.11	2.49	-1.68	ns
from my friends	Younger	405	3.05	2.38		
	Older	382	2.97	2.54	0.43	ns
I find it very easy to talk to my	Male	235	5.37	2.91		
partner(s) about my sexual history (e.g. number of previous partners,	Female	496	5.57	2.85	-0.90	ns
	Younger	371	5.80	2.60		
contraceptive usage etc.)	Older	360	5.21	2.75	2.78	.01

Table 7.9Means, standard deviations and levels of significant differences forthe statements on sexual self-expression

The statement that relates to expression of emotionality with parents *I find it very difficult to express my emotions with my parents* was not significant between the genders, but was between the age groups where the older group reported lower agreement with this statement than the younger age group. There may be a number of reasons for this. Some of the younger group may find it difficult to express their emotions because they are feeling emotionally confused and ambivalent towards their parents as they seek their autonomy in conjunction of other emotional relationships and life experiences. For the older group, many in this sample had moved onto some form of higher education and were living away from home where they were able to form their own identity that often involves emotional maturity and, in turn, may have learnt to share this with their parents.

The statement related to communication with fathers – *My father talks* with me about sexual matters, it's always a two-way discussion – had a very low

level of agreement overall; however, it was significantly lower for females. This supports previous evidence that indicated that young people not only found it easier to talk to their mothers, but also did not expect to talk to the fathers about sexual matters. Boys as well as girls reported that they were more likely to choose their mothers, and communicate with them more frequently (Dilorio et al., 1999; Rosenthal & Feldman, 1999) as well as evaluating mothers more positively than their fathers in the role of sex educators (Joffe & Franca-Koh, 2001; Karofsky et al., 2000). Research with fathers has provided evidence that, if they do talk at all about sexual health, it was with their sons rather than their daughters. As Dilorio et al. (1999) suggested, it may be that fathers identify with the sexual needs of sons rather than daughters to the extent that fathers may not accept that daughters have sexual needs.

The final statement in this sub-scale is related to partner communication: *I find it very easy to talk to my partner(s) about my sexual history (e.g. number of* previous partners, contraceptive usage etc.) where the older group had significantly lower agreement with this statement than the younger group. This result is almost counter-intuitive, as it would be expected that the older group would find it easier to talk openly to sexual partners as part of their maturation. It could be proffered that they would have a greater understanding of the importance of discussing their sexual history, especially in relation to sexual safety. Conversely, it may be that the younger group find it easier to talk to sexual partners as their sexual history is relatively minimal and, hence, this leads to talking about contraceptive usage. However, previous evidence on this issue is inconclusive with some studies finding that partner communication was easier after coitus since there were no longer any ambiguities of the expectation of intercourse (Coleman & Ingham, 1999). In their study of young people aged 16 -19 years, amongst those who discussed conception prior to their first intercourse, over three quarters used condoms in comparison to less than half of those who did not hold such discussions. Other studies have found that younger people are more concerned with pregnancy as opposed to disease and therefore the discussion of the pill compared to condoms may be easier (Hillier et al., 1998), the implication being that, not only may the potential partner be infected with a STI, but also that they may have had numerous partners in the past (Holland et al., 1992).

The following two figures show the associations between the significant statements, first by gender (see Figure 7.1) and, second by age group (see Figure 7.2). It should be noted that the emphasis of these graphical representations is the interrelationship between the statements on the sub-scales of sexual self-awareness, not necessarily the strength of the correlations.

For gender, the key aspects appear to be that the associations are more significant for females where open communication with their fathers is linked to the recognition of sexual arousal with a partner, which in turn, is linked to various aspects of sexual self-knowledge.

For age groups, the key aspects are more completed with the younger age group indicating links between ability to talk to sexual partners about their sexual history and positive views on sexual self-exploration and self-knowledge.

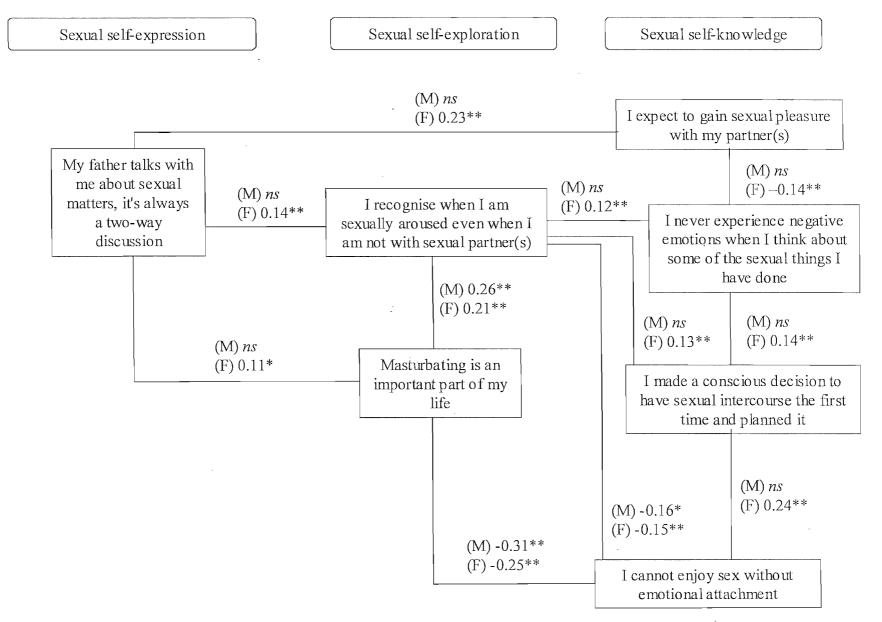
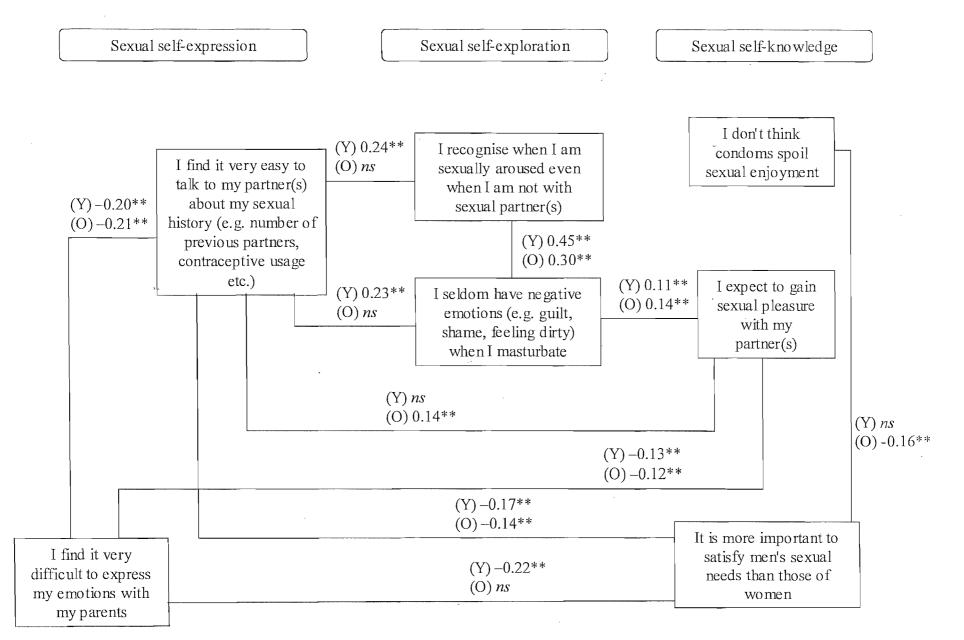
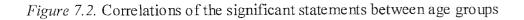


Figure 7.1. Correlations of the significant statements between gender





CHAPTER 7

The next section reports the relationship between, and impact of, some of the independent variables on the scale for sexual self-awareness, by using multivariate analysis of variance (MANOVA) on the sub-scales of sexual selfknowledge, self-exploration and self-expression. For an explanation and the rationale of using MANOVAs, refer to Chapter 3, Section 3.3.2.3.

7.4 Impact of Social and Sexual Demographics on the Scale for sexual self-awareness

There are a number of assumptions associated with MANOVA that need to be met in order for the analysis to be meaningful. The first assumption is sample size where, according to Tabachnick and Fidell (1996), a sample size of at least twenty in each condition should ensure robustness. Given the large sample size in this study, this assumption has been met and where interactions occurred that resulted in samples of below this criterion, they were ignored. The second assumption is normality, univariate (within each DV) and multivariate (across the DVs). The assumption of univariate normality was met for all three DVs by deletion of five participants not satisfying this assumption within sexual self-knowledge. The assumption for multivariate normality was met, using Mahalanobis distances where all cases (M = 16.13) were below the Chi-square critical value of 16.27 for three DVs. There was no evidence of non-linearity between the DVs and IVs and therefore the assumption of linearity is satisfied, and no evidence of multicollinearity or singularity between the DVs. The final assumption is homogeneity of variance-covariance matrices and this was checked using the Box's M test with each IV where a level of 0.01 was applied (Field, 2005).

Due to the exploratory nature, not only of this study but also of this research as a whole, it was considered necessary to investigate a large number of variables to ascertain their relationship to this innovative scale for sexual self-awareness (see Table 7.10).

Social demographics			
Gender	Male/Female		
Age group	Younger/Older		
Religiosity	Believer/Non-believer		
Sexual demographics			
Number of sexual partners	Lower/Higher		
Level of emotional attachment to sexual partners	Low/High		
Sexual debut	Yes/No		
Age at sexual debut	Under 16/16 and over		
Length of relationship prior to sexual debut	Shorter/Longer		
Masturbatory experience	Yes/No		
Age at first masturbation	Younger/Older		
Sex and Relationships Education (SRE)			
Level of content	Low/High		
Level of information	Low/High		

Table 7.10Social and sexual demographics

The following sections describe the significant main effects as well as the interactions, where the analyses reported here has been restricted to those with a statistical power of $\propto = 0.80$ and over, as suggested by Cohen (1992), which ensures confidence that a genuine effect exists. Of the four statistical tests, Pillai's Trace was chosen because the group sizes varied, and the assumption of multivariate normality was tenable, therefore the Box's test was accurate and hence this test is considered to be the most accurate (Field, 2005).

7.4.1 Main Effects

There were no serious violations of the assumption of homogeneity of variance-covariance matrices or Levene's Test of equality of error variances for any of the main effects. When the results for the sub-scales of sexual self-knowledge, self-exploration and self-expression were considered separately, a Bonferoni adjusted alpha level of .017 was applied. For detailed investigation of the statements within each of the sub-scales, for self-knowledge (13 statements) a Bonferoni adjusted alpha level of .004 was applied, for self-exploration (3

statements) a Bonferoni adjusted alpha level of .017 was applied and, for selfexpression (6 statements) a Bonferoni adjusted alpha level of .008 was applied.

There were nine main effects as shown in Table 7.11, which indicate the significance for sexual self-awareness and the sub-scales, as well as the means and standard deviations, and the sample sizes.

Main Effects			Sexu	al Self-a	wareness	Sexu	Sexual Self-knowledge			al Self-ex	ploration	Sexu	al Self-ex	pression
		п	М	SD	F	M	SD	F	М	SD	F	М	SD	F
Gender	Male	239	5.77	0.90					6.42	1.99				
	Female	539	5.64	1.02	4.79**				5.81	2.11	14.19**			
Number of sexual	Lower	321	5.81	1.03		6.21	1.11		5.79	2.05				
partners	Higher	395	5.62	0.96	15.04**	5.81	1.03	26.38**	6.28	2.04	9.96**			
Emotional attachment	Lower	340	5.61	0.93		6.12	1.12		5.79	2.05				
	Higher	370	5.80	0.93	21.38**	5.79	1.02	26.01**	6.28	2.04	23.33**			
Experience of sexual	Yes	582	5.75	0.96					6.12	2.01		5.01	1.72	
debut	No	, 174	5.41	1.01	6.19**				5.44	2.26	14.52**	4.66	1.81	5.71**
Age at sexual debut	-16	237	5.19	0.97										
	16+	344	5.79	0.95	7.06**									.0
Use of condoms at	Yes	438	5.85	0.96		6.14	1.07				*	5.12	1.64	
sexual debut	No	62	5.50	0.95	4.57*	5.79	1.04	5.86*				4.50	1.02	20.59**
Length of relationship	Shorter	319	5.72	0.90					6.04	2.02				
to sexual debut	Longer	286	5.80	1.03	5.21*				5.90	1.97	9.38**			
Experience of Masturbation	Yes	504	5.69	0.97					6.24	2.07				
	No	107	5.65	1.01	12.07**				5.31	2.01	30.92**			
Level of SRE content	Low	476	5.56	1.01		5.95	1.05					4.78	1.76	
	High	193	5.88	0.93	5.87*	6.16	1.03	6.87*				5.26	1.62	11.25**

• Table 7.11 Main Effects of the social and sexual demographics for sexual self-awareness and the sub-scales

Note: Scale range: 1 =totally disagree, 10 =totally agree. * p < .05. ** p < .01.

7.4.1.1 Gender.

The main effect of gender indicated that males reported higher levels of sexual self-awareness than females with a similar result for the sub-scale of sexual self-exploration. Further investigation revealed that the statement to reach significance was: *Masturbating is an important part of my life* ($F_{(1,609)} = 31.40, p = .000$).

7.4.1.2 Number of sexual partners.

The main effect of number of sexual partners indicated that those with lower numbers reported higher levels of sexual self-awareness than did those with high numbers of sexual partners with the sub-scales of sexual selfknowledge and self-exploration reaching significance. Sexual self-knowledge indicated a similar result to the scale of sexual self-awareness. Further investigation revealed that four statements reached significance as shown in Table 7.12.

	Lov	ver	Hig	her	
Statements	• Mean	SD	Mean	SD	$F_{}$
I never experience negative emotions when I think about some of the sexual things I have done	6.23	2.81	4.93	2.87	23.48**
I cannot enjoy sex without emotional attachment (R)	5.19	2.62	5.05	2.90	14.33**
After my first experience of sexual intercourse, I felt full of positive emotions e.g. happiness, fulfilment, pleasure, contentment	6.64	2.74	5.99	2.95	8.96**
It is more important to satisfy men's sexual needs than those of women (R)	s 5.92	3.03	5.11	3.01	17.93**

Table 7.12Main Effect of Number of Sexual Partners with Significance, Meansand Standard Deviations for Statements within Sexual Self-knowledge

Note: Scale range: 1 = totally disagree, 10 = totally agree. * p < .05. ** p < .01.

Sexual self-exploration indicated the opposite trend to the scale of sexual selfawareness. Further investigation revealed that one statement reached significance, which was: *Masturbating is an important part of my life* ($F_{(1,562)} =$ 22.33, p = .000).

7.4.1.3 Emotional attachment to sexual partners.

In relation to sexual partners, the main effect of emotional attachment indicated that those with higher emotional attachment reported higher levels of sexual self-awareness than did those with lower emotional attachment, with the sub-scales of sexual self-knowledge and self-exploration reaching significance. Sexual self-knowledge indicated a similar result to the scale of sexual selfawareness. Further investigation revealed that one statement reached significance, which was: *After my first experience of sexual intercourse, I felt full of positive emotions e.g. happiness, fulfilment, pleasure, contentment* ($F_{(1,226)} =$ 8.31, p = .004). Sexual self-exploration also indicated a similar result to the scale of sexual self-awareness. Further investigation revealed that all the statements reached significance, as shown in Table 7.13, which only include the participants that responded to these statements.

Table 7.13	Main Effect of Level of Emotional Attachment to Sexual Partners
with Significa	ance, Means and Standard Deviations for Statements within Sexual
Self-explorate	ion

	Lov	ver	Hig			
Statements	Mean	SD	Mean	SD	F	
I recognise when I am sexually aroused even when I am not with sexual partner(s)	7.73	2.11	7.17	2.41	10.48**	
Masturbating is an important part of my life	5.13	3.08	3.96	2.68	20.22**	
I seldom have negative emotions (e.g. guilt, shame, feeling dirty) when I masturbate	6.43	3.08	5.87	2.85	5.78*	

Note: Scale range: 1 = totally disagree, 10 = totally agree. * p < .05. ** p < .01.

7.4.1.4 Experience of sexual debut.

There was a significant main effect between participants who had experienced sexual debut and those who had not, where those who had experienced sexual debut indicated higher levels of sexual self-awareness than those who had not experienced sexual debut with sexual self-exploration and self-expression reaching significance. Sexual self-exploration indicated a similar trend to the scale of sexual self-awareness. Further investigation revealed that one statement reached significance, which was: *I recognise when I am sexually aroused even when I am not with sexual partner(s)* ($F_{(1,590)} = 7.31$, p = .007). Sexual self-expression also indicated a similar trend to the scale of sexual self-awareness. Further investigation revealed that one statement reached significance, which was: *I find it very easy to talk to my partner(s) about my sexual history (e.g. number of previous partners, contraceptive usage etc.)* $(F_{(1.590)} = 6.02, p = .014).$

7.4.1.5 Age at sexual debut.

In relation to the experience of sexual debut, there was a significant main effect between under-16 age group at sexual debut and the 16-and-over age group, where the under-16 age group indicated lower levels of sexual selfawareness than the 16-and-over age group with sexual self-knowledge reaching significance. A similar trend to the scale of sexual self-awareness was indicated, although none of the statements reached significance.

7.4.1.6 Condom use at sexual debut.

There was a significant main effect between the groups who had used condoms and those who had not, where the condom users indicated higher levels of sexual self-awareness than the non-condom users with sexual self-knowledge and self-expression reaching significance. Sexual self-knowledge indicated a similar trend to the scale of sexual self-awareness with one statement reaching significance, which was: *I am not willing to take the risk of not using condoms* $(F_{(1,496)} = 13.42, p = .000)$. Sexual self-expression also indicated a similar trend to the scale of sexual self-awareness with one statement reaching significance, which was: *I find it difficult to express my emotions with my parents (R)* $(F_{(1,496)} = 13.58, p = .000)$.

7.4.1.7 Length of relationship prior to sexual debut.

There was a significant main effect of length of relationship prior to sexual debut, where the group with a shorter length of relationship indicated lower levels of sexual self-awareness than the group with a longer length of relationship; sexual self-exploration also reaching significance. This indicated a similar result to the scale of sexual self-awareness with one statement reaching significance, which was: *Masturbation is an important part of my life* ($F_{(1,602)} = 12.13$, p = .001).

7.4.1.8 Masturbatory experience.

There was a significant main effect between those with masturbatory experience and those without, where those who had experienced masturbation indicated higher levels of sexual self-awareness than those who had not experienced masturbation with sexual self-exploration reaching significance. This indicated a similar trend on the scale of sexual self-exploration, although none of the statements reached significance.

7.4.1.9 Level of SRE content.

There was a significant main effect of level of SRE content where those with high level of SRE content indicated higher levels of sexual self-awareness than those with low level of SRE content with sexual self-knowledge and selfexpression reaching significance. Sexual self-knowledge indicated a similar trend to the scale of sexual self-awareness with one statement reaching significance, which was: *I am not willing to take the risks of not using condoms* ($F_{(1,582)} =$ 17.32, p = .000). Sexual self-expression also indicated a similar trend to the scale for sexual self-awareness with two statements reaching significance, which were: *When I was a child (primary school age), my parents always got embarrassed when I asked about anything to do with sex (R)* ($F_{(1,582)} = 7.98$, p = .005), and *My parents get really embarrassed nowadays talking to me about sexual matters (R)* ($F_{(1,582)} = 7.85$, p = .005).

7.4.2 Two-way Interactions

7.4.2.1 Gender and level of emotional attachment to sexual partners

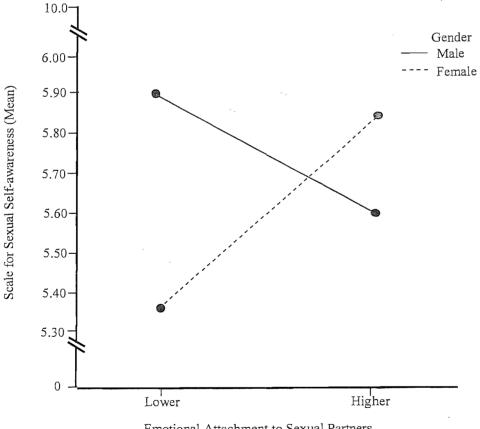
The interaction between gender and the level of emotional attachment to sexual partners was significant with both main effects remaining significant (see Table 7.14) with all sub-scales reaching significance.

		ional At Sexual P		nt to			
	Lov	ver	Hig	gher		F	
Gender	М	SD	М	SD	Interaction	Gender	Emotional Attachment
Male	5.93	0.78	5.65	1.02			
Female	5.43	0.96	5.86	1.06	7.86**	3.30*	19.90**

 Table 7.14
 Interaction between Gender and Emotional Attachment to Sexual
 Partners with Means, Standard Deviation and Significance on the Scale of Sexual Self-awareness

Note: Scale range: 1 = totally disagree, 10 = totally agree. * p < .05. ** p < .01.

Males with lower emotional attachment reported higher levels on the scale for sexual self-awareness than those with higher level of emotional attachment to sexual partners, whereas this trend was reversed for females (see Figure 7.3).



Emotional Attachment to Sexual Partners

Interaction between Gender and Emotional Attachment to Sexual Figure 7.3 Partners on the Scale for Sexual Self-awareness

Sexual self-knowledge indicated very little difference for males between the lower and higher emotional attachment to sexual partners. However, females significantly increased from lower to higher emotional attachment to sexual partners (see Table 7.15). Detailed investigation of the statements within the scale for sexual self-knowledge revealed no significant differences on the individual statements.

Table 7.15	Interaction between Gender and Emotional Attachment to Sexual
Partners wi	th Means, Standard Deviation and Significance on the Scale of
Sexual Self-	knowledge

		tional At Sexual P		nt to			
	Lov	ver	Hig	gher		F	
Gender	М	SD	М	SD	Interaction	Gender	Emotional Attachment
Male	6.02	0.90	6.09	1.12			
Female	5.66	1.05	6.22	1.12	7.93**	ns	ns

Note: Scale range: 1 = totally disagree, 10 = totally agree. * p < .05. ** p < .01.

Sexual self-exploration indicated a decrease in the mean scores for both genders from lower to higher emotional attachment to sexual partners; however, the decrease was greater for males than for females (see Table 7.16).

Table 7.16	Interaction between Gender and Emotional Attachment to Sexual
Partners with	th Means, Standard Deviation and Significance on the Scale of
Sexual Self-	exploration

		tional At Sexual F	ttachmer Partners	nt to			
	Lov	ver	Hig	gher		F	
Gender	М	SD	М	SD	Interaction	Gender	Emotional Attachment
Male	7.30	1.91	5.55	1.76			
Female	6.01	2.07	5.76	2.05	17.77**	ns	ns

Note: Scale range: 1 = totally disagree, 10 = totally agree. * p < .05. ** p < .01.

Detailed investigation of the statements within the scale for sexual selfexploration revealed that two statements reached significance, which were *I* recognise when *I* am sexually aroused even when *I* am not with sexual partner(s) $(F_{(1,555)} = 22.84, p = .000)$, and *I* seldom have negative emotions (e.g. guilt, shame, feeling dirty) when I masturbate ($F_{(1,555)} = 10.82, p = .001$). Both these statements indicated a similar result to the scale for sexual self-awareness.

The scale for sexual self-expression indicated that males with lower emotional attachment reported higher levels on the scale of sexual selfexpression than those with higher levels of emotional attachment to sexual partners, whereas this trend was reversed for females (see Table 7.17).

Table 7.17 Interaction between Gender and Emotional Attachment to Sexual	
Partners with Means, Standard Deviation and Significance on the Scale of	
Sexual Self-expression	

		tional At Sexual P		nt to			
	Lov	ver	Hig	gher		F	
Gender	M	SD	М	SD	Interaction	Gender	Emotional Attachment
Male	5.09	1.78	4.79	1.62			
Female	4.70	1.63	5.12	1.82	6.06*	ns	ns

Note: Scale range: 1 = totally disagree, 10 = totally agree. * p < .05. ** p < .01.

Detailed investigation of the statements within sexual self-expression revealed that two statements reached significance, which were *My father talks with me about sexual matters, it's always a two-way discussion* ($F_{(1,547)} = 12.65$, p = .000), and *I find it very difficult to express my emotions with my parents (R)* ($F_{(1,547)} = 12.65$, p = .000). Both these statements indicated a similar trend to the scale for sexual self-awareness.

7.4.2.2 Number of Sexual partners and the level of emotional attachment.

The interaction between number of sexual partners and the level of emotional attachment was significant where both variables remained as main effects (see Table 7.18).

Sexual Se	eij-awai	eness					
		tional A Sexual I					
	Lo	wer	Hig	gher		F	
No. of Sexual Partners	М	SD	М	SD	Interaction	No. of Sexual Partners	Emotional Attachment
Lower	5.47	0.86	6.00	1.00			
Higher	5.68	0.92	5.68	0.99	5.91*	3.22*	9.97**
Nota: Soc	larang	a: 1 - to	stally d	Inorraa	10 - totally a	aroo * n < ()5 ** n < 01

Table 7.18Interaction between Gender and Emotional Attachment to SexualPartners with Means, Standard Deviation and Significance on the Scale ofSexual Self-awareness

Note: Scale range: 1 = totally disagree, 10 = totally agree. * p < .05. ** p < .01.

The interaction occurred where the lower number of sexual partners and those with lower levels of emotional attachment had lower levels in comparison to those with higher levels of emotional attachment, whereas those with higher number of sexual partners were not impacted by the level of emotional attachment on the scale for sexual self-awareness (Figure 7.4).

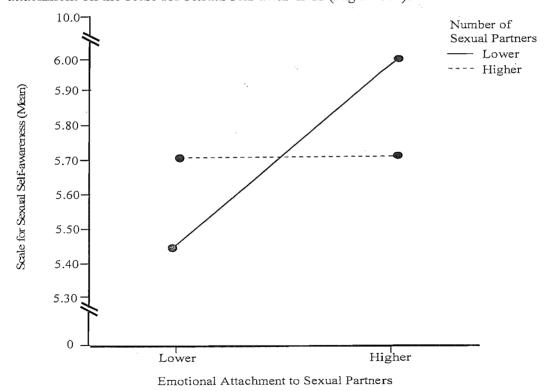


Figure 7.4 Interaction between Number of sexual partners and the level of emotional attachment on the Scale for sexual self-awareness

When the results for the sub-scales were considered separately, the difference to reach significance was sexual self-exploration and sexual self-expression.

For sexual self-exploration, the mean scores indicated that the interaction occurred where the lower numbers of sexual partners increased from lower to higher level of emotional attachment to sexual partners, whereas the higher numbers of sexual partners decreased slightly from lower to higher level of emotional attachment (see Table 7.19).

Table 7.19	Interaction between Number of Sexual Partners and Emotional
Attachment	to Sexual Partners with Means, Standard Deviation and Significance
on the Scale	e of Sexual Self-exploration

	Em		ttachme Partners				
	Lo	wer	Hig	gher			
No. of Sexual Partners	М	SD	М	SD -	Interaction	No. of Sexual Partners	Emotional Attachment
Lower	5.87	1.49	5.88	1.73			
Higher	6.63	1.00	5.68	1.01	6.61**	ns	ns

Note: Scale range: 1 = totally disagree, 10 = totally agree. * p < .05. ** p < .01.

Detailed investigation of the statements within sexual self-exploration revealed one significant statement; *I recognise when I am sexually aroused even* when I am not with sexual partner(s) ($F_{(1,452)} = 7.72$, p = .006).

For sexual self-expression, the mean scores indicated that the interaction occurred where the lower numbers of sexual partners increased from lower to higher level of emotional attachment, whereas the higher number of sexual partners decreased from lower to higher level of emotional attachment (see Table 7.20).

			Attachm Partner				
	Lo	wer	Hig	gher		F	
No. of Sexual Partners	М	SD	М	SD	Interaction	No. of Sexual Partners	Emotional Attachment
Lower	4.33	1.43	5.32	1.73			
Higher	5.07	1.73	4.80	1.03	13.21**	ns	ns

Table 7.20Interaction between Number of Sexual Partners and EmotionalAttachment to Sexual Partners with Means, Standard Deviation and Significanceon the Scale of Sexual Self-expression

Note: Scale range: 1 =totally disagree, 10 =totally agree. * p < .05. ** p < .01.

Detailed investigation of the statements within sexual self-expression revealed one significant statement; *My parents get really embarrassed nowadays talking to me about sexual matters (R)* ($F_{(1,461)} = 11.86, p = .001$).

7.4.2.3 Number of sexual partners and length of relationship prior to sexual debut.

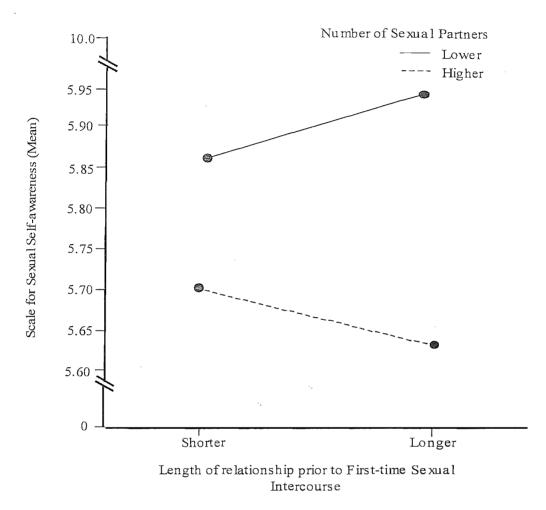
The interaction between number of sexual partners and length of relationship prior to sexual debut, where number of partners remained a main effect and length of relationship ceased to be significant, indicated a moderating effect. The participants with a lower number of sexual partners had higher levels on the scale for sexual self-awareness than those with a higher number of sexual partners, irrespective of length of relationship (see Table 7.21).

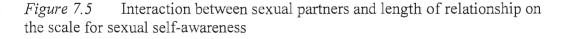
Significanc	e on the	Scale of	Sexual	Self-au	vareness		
	0	of Rela o Sexua		. A			
	Sho	rter	Lor	nger		F	
No. of Sexual Partners	M	SD	М	SD	Interaction	No. of Sexual Partners	Length of Relationship
Lower	5.77	0.96	5.95	1.01			
Higher	5.70	0.88	5.64	1.03	3.80*	10.88**	ns

Table 7.21Interaction between Number of Sexual Partners and Length of
Relationship prior to Sexual Debut with Means, Standard Deviation and
Significance on the Scale of Sexual Self-awareness

Note: Scale range: 1 = totally disagree, 10 = totally agree. * p < .05. ** p < .01.

The interaction occurred where, for those with lower number of sexual partners, their level increased from shorter to longer length of relationship whereas this trend was reversed for those with a higher number of sexual partners (see Figure 7.5).





When the results for the sub-constructs were considered separately, the difference to reach significance was sexual self-exploration. The mean scores indicated a similar interaction where those participants with a lower number of sexual partners, and who were in a shorter relationship at sexual debut, reported lower levels of sexual self-exploration than those who were in a longer length of relationship prior to sexual debut; however, this result was reversed for those participants with a higher number of sexual partners, for shorter length of relationship and for longer length of relationship prior to sexual debut (see Table 7.22).

	-	h of Rela to Sexua	-	*		,	*
	Sh	orter	Lor	nger		· F	
No. of Sexual Partners	М	SD	М	SD	Interaction	No. of Sexual Partners	Length of Relationship
Lower	5.29	1.69	6.02	1.90			
Higher	6.60	2.00	5.78	1.64	14.24**	ns	ns

Table 7.22Interaction between Sexual Partners and Emotional Attachmentwith Means, Standard Deviation and Significance on the Scale of Sexual Self-exploration

Note: Scale range: 1 = totally disagree, 10 = totally agree. * p < .05. ** p < .01.

Detailed investigation of the variables within sexual self-exploration indicated that for the interaction none of the statements was significant.

7.4.1.4 Condom use at sexual debut and length of relationship prior to sexual debut.

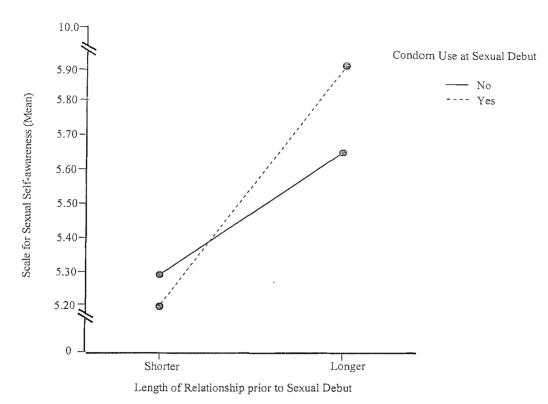
The interaction between condom use at sexual debut and length of relationship prior to sexual debut was significant, where condom use remained a main effect and length of relationship ceased to be a main effect, indicating a moderating effect (see Table 7.23).

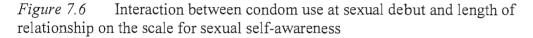
Table 7.23Interaction between Condom Use and Length of Relationship with
Means, Standard Deviation and Significance on the Scale of Sexual Self-
awareness

	0	of Rela o Sexua	-	*	or				
Condom Use	Sho	Shorter		nger		F			
	М	SD	М	SD	Interaction	Condom Use	Length of Relationship		
No	5.28	0.87	5.64	1.03					
Yes	5.20	0.92	5.93	0.99	3.49*	4.89**	ns		

Note: Scale range: 1 = totally disagree, 10 = totally agree. * p < .05. ** p < .01.

Condom users and non-condom users increased their levels of sexual selfawareness from a shorter to longer length of relationship, but the interaction occurred where the increase for the condom users was much greater in comparison to non-condom users (see Figure 7.6).





When the results for the sub-constructs were considered separately, the sub-scale to reach significance was sexual self-knowledge. The mean scores indicated that the interaction was similar to sexual self-awareness, where both condom users and non-condom users increased their levels of sexual self-knowledge from a shorter to longer length of relationship, the interaction occurred where the increase for the condom users was much greater (see Table 7.24).

nno meuge							
	Length to	of Rela Sexua	-	-			
	Shor	ter	Lo	nger		F	
Condom Use	М	SD	М	SD	Interaction	Condom Use	Length of Relationship
No	5.99	1.01	5.36	0.96			
Yes	6.04	1.10	6.23	1.12	7.47**	ns	ns
17 · C 1	4	11	1 *	1.0	11	* . 05	** . 01

Table 7.24Interaction between Condom Use and Length of Relationship with
Means, Standard Deviation and Significance on the Scale of Sexual Self-
knowledge

Note: Scale range: 1 = totally disagree, 10 = totally agree. * p < .05. ** p < .01.

Detailed investigation of the statements within sexual self-knowledge revealed one significant statement: After my first experience of sexual intercourse, I felt full of positive emotions e.g. happiness, fulfilment, pleasure, contentment ($F_{(1,436)} = 15.22, p = .000$).

7.5 Discussion

The aim of this part of the study was to analyse the scale for sexual selfawareness and its relationship to the social and sexual demographics of the participants. This was accomplished by, first, the investigation of the influence of the social and sexual demographics of the participants, second, the levels of agreement with the statements of the scale for sexual self-awareness within their sub-scales and, third, the main effects and interactions between the social and sexual demographics and the scale and sub-scales for sexual self-awareness.

The first section of this discussion looks at the evidence for the validity of the scale of sexual self-awareness. The following sections discuss the diverse and complex relationships, first, within the sub-scales, followed by their unification into the scale for sexual self-awareness, with concluding remarks that encompass, where appropriate, additional evidence from the comments made by participants on completion of the online survey (for full details of the participants and their comments, the appropriate appendices are indicated in the following sections).

7.5.1 Validity

7.5.1.1 Criterion validity.

In the context of questionnaires, criterion validity is a type of internal validity and refers to the names given to measures and how accurate these are in relation to the inferences given to participants' behaviour and psychological states. In other words, are the sub-scales measuring some form of self-knowledge, self-exploration and self-expression and, in turn, is the measurement of sexual self-awareness valid? It is impossible to have complete confidence in participants' responses being exactly how they think or feel, especially when they may be feeling slightly inhibited and/or confused in relation to their sexuality. Inferences are made from the findings, but it must be accepted that these may reflect only limited interpretations. That being said, there were a

number of indications that these measures were appropriate inasmuch, for sexual self-knowledge, the main effect of condom use at sexual debut was directly influenced by the statement of: *I am not willing to take the risk of not using condoms*. The lucidity of this indicated that appropriate inferences could be made about the participants' attitudes and beliefs in relation to safer sex. For sexual-exploration, the main effect of masturbatory experience was influenced by the interaction of all three statements on their sub-scale; although this may appear *a priori*, it still provides support for an accurate measure. For sexual self-expression, the main effect of experience of sexual debut was directly influenced by the statement: *I find it very easy to talk to my partner(s) about my sexual history (e.g. number of previous partners, contraceptive usage etc.).* As this statement is the only one that deals with partner communication within this sub-scale, although parental communication may have an indirect influence, it is partner communication that was directly influential, and therefore offers support for it being a suitable measurement.

7.5.1.2 External validity.

External validity is the generalisability of the findings outside the study to other situations and participants. This study does consist of a large sample with a relatively diverse group of UK young people and, to this end, offers some support for its external validity; however, its composition does vary from national figures inasmuch as there were more females than males, different SES composition, more ethnic minorities and fewer people stating some form of religion. Furthermore, there is a possibility that more sexually active young people took part and this may have biased the findings in some way. Also, due to the cultural influences on young people and their sexuality, these findings are only pertinent to the UK. However, the consistency of some of the findings with previous evidence, as indicated in the following discussion, adds further confidence regarding the scales.

The following sections discuss the three sub-scales of self-knowledge, self-exploration and self-expression, followed by their unification into the scale for sexual self-awareness, with concluding remarks.

7.5.2 Sexual Self-knowledge

Five main effects and one interaction were significantly associated with sexual self-knowledge. The first main effect was the number of sexual partners where higher numbers indicated lower levels on this sub-scale, which initially sounds counter-intuitive; that is, the more sexual experience should be associated with higher sexual self-knowledge. However, this was not the case and detailed investigation of the statements within sexual self-knowledge indicated that the group with lower numbers of sexual partners felt more positive about their sexual debut, did not enjoy sex without emotional attachment, experienced less negative emotions in relation to their previous sexual behaviour, and felt that it was just as important to satisfy women's sexual needs as men's needs. For the group with higher numbers of sexual partners, the converse was true. Hence, having fewer sexual partners indicated that, overall, participants felt more positively about their sexual behaviour and perceived it in relation to their emotionality as well as defying the gendered double standard of sexual needs. In other words, sexual self-knowledge seems to be protective against higher risk and disempowered sexual activity.

One issue that was raised in the comments section at the end of the questionnaire by a number of participants, in particular, young women in relation to the gendered double standard, was the strong influence of societal views. They commented in terms of how young women are criticised for having high numbers of sexual partners in comparison with young men, and how this often inhibited their ability to be honest, not only with their sexual partners but also their parents and friends. One participant even commented in terms of the normalisation of young men having a high number of sexual partners whereas this was not the case for young women. This is strongly linked to the next main effect of level of emotional attachment to these sexual partners.

The findings indicated that it was not just the quantity of sexual partners, but also the quality in the form of the second main effect of level of emotional attachment to these sexual partners, which was associated with the level of sexual self-knowledge. The aspect of sexual self-knowledge that appeared to have a significant impact was that those with more emotional attachment felt more positive about their sexual debut. The interaction between gender and level of emotional attachment indicated that this was more significant for young

women than young men. This supports the view that many young women perceive their sexual activity as relational. Hence, pleasure is confined to the context of specific relationships and this ensures that they are characterised by needs, desires and pleasures of a particular partner (Allen, 2004a). It has been argued that pleasure becomes based on images and experiences of male sexuality, and that these predominant discourses of male sexuality produce complex dilemmas and constraints for women (Holland et al., 1998; 2003).

Still there remains one fundamental question unanswered; do young women imply the need for higher levels of emotional attachment because of their socialisation as part of their sexual scripts? This is not necessarily to imply some form of conscious response or social bias towards emotional attachment on behalf of these young women, but an internalised model or sexual script of their sexuality framed within emotional attachment. Further support for this need for emotional attachment comes from a comment made by one of the female participants who posed almost a rhetorical question: "surely sex must be better when you feel emotionally close to a person as well as just physically close?" Further investigation of this particular participant's responses to the scale of sexual self-awareness indicated that she found it difficult to differentiate between her emotional and sexual feelings. This returns to the issue of evolutionary versus social influences but, to reiterate, the evolutionary influences are not in question, it is the additional social factors affecting the situation. Likewise, these findings indicated that emotional attachment was not a significant factor for heterosexual young men. Again, is this part of their socialisation where they perceive masculinity as non-relational? Tentative evidence for this comes from a slightly different angle with a comment made by a homosexual young man. He stated that initially he found it very difficult to have sex without emotional attachment and yet, as he became older and more experienced, he learnt to separate his emotional from his sexual needs through as he put it "sex for fun". It could be argued that he had no wish to define his masculinity in stereotypical terms, which often include homophobia (Frosh et al., 2003), and therefore did not identify with this stereotype and hence felt implicitly pushed or drawn towards the more feminine stereotype in search of some form of identity.

The third and fourth main effects were age and condom use at sexual debut. For those participants under 16 years old and who were non-condom

users, the findings indicated that they had lower levels of sexual self-knowledge. There were no particular statements that reached significance indicating that all the statements contributed to these two main effects.

The fifth main effect was in relation to the level of SRE content; this indicated that those who specified high level of content had higher levels of sexual self-knowledge and, in particular, unwillingness to take the risk of not using condoms.

7.5.2.1 Summary

These main effects and interaction findings indicated more sexual experience does *not* imply greater levels of sexual self-knowledge. The emerging picture is more complex than that. It appears that it is the interrelationship between the personal belief of feeling positive about their sexual behaviour, which is strongly related to the positive emotionality surrounding the experience of sexual debut especially for young women, the dyadic emotionality in relation to the partner, and the awareness that both parties have sexual needs that should be satisfied, and the effect of a core belief of sexual safety in the form of condom use. These findings have suggested that SRE content may be associated with this core belief, which may have implications for policy makers and educationalists alike.

It is noteworthy that there were a relatively large number of comments made by the homosexual participants in relation to their extremely small proportion of the sample population. It may be argued that there are so few forums for them to express their experiences, beliefs and attitudes that the survey and, in turn, the comments box acted as some form of therapeutic exercise.

7.5.3 Sexual Self-exploration

Four main effects and four two-way interactions were significantly associated with the sub-scale of sexual self-exploration. It may be argued that the main effect of gender in relation to self-exploration is *a priori*, as the previous literature has indicated the higher prevalence rates for young men compared to young women. However, the important issue is just the purely physical act of self-exploration, but the additional benefits that it provides from greater understanding of physical desires and pleasure, and the ability to recognise and

differentiate physical and emotional feelings. Furthermore, self-exploration appears to influence other aspects of young people's sexual life where higher numbers of sexual partners were associated with higher levels on the sub-scale of sexual self-exploration. On initial inspection, this may be construed as a disturbing finding, but it needs to be evaluated not in isolation, but holistically. First, it is the opposite trend to self-knowledge where higher number of sexual partners was associated with lower scores on self-knowledge, and, second, it is the significant statement Masturbation is an important part of my life which is associated with this trend, not the awareness of arousal in the absence of a partner. The implication may be that sexuality for some young people is completely bound up within sexual gratification (masturbation and high number of sexual partners) and not seen as an integrated part of the emotional and sexual self. Evidence for this is that, although there was no interaction with gender and number of sexual partners, there was with level of emotional attachment to partners. The interaction occurred within the males where higher levels of emotional attachment significantly decreased their levels of sexual selfexploration on all of the statements. The implication is that when young men perceive their sexuality as an integral part of the self, which includes emotionality, sexual gratification in all its forms becomes less important.

In the interactions, a number of the other social and sexual demographics came into force. The interaction between the age groups and the age at sexual debut was significant in relation to the recognition of being sexually aroused when not in the presence of a sexual partner. The older age group and those who experienced early sexual debut reported the highest levels of this recognition. The implication could be that this develops as the individual gets older; in other words, this recognition is a learning process. The other implication is that sexual intercourse aids this learning process. This finding could be key to education and intervention initiatives. By providing a forum where young people could discuss this issue at a much younger age, ideally prior to their sexual debut so that they gained greater understanding and recognition of their own sexual arousal, then maybe sexual intercourse does not have to be the only method by which young people learn about this aspect of themselves. Moreover, their sexual activity could be approached with greater understanding and, in turn, pleasure and enjoyment. There was not a significant three-way interaction with gender

although the trend was certainly towards significance (p = .07), where young women reported much lower levels of recognition than young men. Some may argue that this is *a priori* as for young men the physical changes during arousal are visible whereas this is not the case, to such an extent, for young women. This is why it is so important that these aspects are discussed with young women so that they fully understand exactly what happens to their bodies during arousal. The relatively high percentage of females who had tried masturbation and not enjoyed it, felt disgusted by it and/or did not know why they did not masturbate was significantly higher than the males ($t_{(206)} = 3.18, p < .01$). It could be argued that it is equally as important for young men to understand this so that both genders can glean greater understanding and, hence, consideration towards each other.

The second interaction was between the number of sexual partners and the level of emotional attachment, specifically in relation again to recognition of sexual arousal. The indication was that lower emotional attachment and higher numbers of sexual partners are associated with higher recognition of sexual arousal. This could be interpreted that, for this group, it is just individual differences in libido or that their sexual activity is purely driven by sexual gratification without any thought to the relational aspect of their sexuality. Again, although there was not a significant three-way interaction with gender, the trend was certainly towards significance (p = .08), where young women reported much lower levels of recognition than young men. This supports previous findings where the scripts for young men's sexual activity are more pleasure-centred and non-relational (Allen, 2004). It has been suggested that they continue to express disdain for virginity, engage in sexual activity primarily out of curiosity and desire for physical pleasure, and welcome opportunities for nonemotional sex (Benson & Torphy, 1995; Burack, 1999; Carpenter, 2002; Crawford et al., 1994; Goodson et al., 1997; Guggino & Ponzetti, 1997; Wyatt-Seal & Ehrhardt, 2003). However, this is far from a purely evolutionary imperative as it is suggested that, as a society, the messages that boys and young men receive often sanction and endorse this behaviour. Evidence for this comes from a comparative study between the Netherlands and the UK, where not only was the median age of sexual debut older in the Netherlands for both genders than the UK, but also the most common reason given for sexual debut for both

genders in the Netherlands was love/being in a relationship whereas, for young men in the UK, this was one of the least common reasons (Ingham & van Zessen, 1997).

A number of comments were made in relation to masturbation from both genders. One young woman's comment was couched within the gendered double standard where she felt that it was natural and expected for boys to masturbate and yet it is "dirty, desperate and slutty" for girls. Even though she accepted that it was natural, she felt ashamed after she had masturbated, finding ways to do this without having to physically touch her own body. One comment from a young man appeared more reminiscent of the 14th century views on masturbation where it should only take place on health grounds, "simply a biological way of getting rid of dying/deformed sperm" and he only perceived it as "slightly pleasurable" and thought that it was "illogical" to attach any form of emotion to it.

7.5.3.1 Summary

The main effects and interactions that affect sexual self-exploration appear to go far beyond masturbatory experience. The indications are that this scale has offered an insight into a strong link between other facets of young people and their sexuality, in particular, its influence on sexual activity. First, the association with the number of sexual partners and the levels of emotional attachments and, second, the experience of sexual debut and the length of relationship prior to this event. This highlights the need for longitudinal developmental studies to gain greater understanding of the interrelationships and possible causal links.

7.5.4 Sexual Self-expression

The findings indicated that the group that had experienced sexual debut found it much easier to talk to their sexual partners about their previous sexual history. This supports previous research that found that, once sexual intercourse had taken place, partners found it much easier to talk as the uncertainty had ceased in the relationship (Coleman & Ingham, 1999).

The findings indicated that the group who reported higher levels of SRE content experienced much less embarrassment in relation to the communication

with their parents, during childhood and currently. The implication of this could be that their SRE content was not necessarily any better for this group, but that they were less embarrassed during the SRE sessions and therefore attended more to the content.

This leads to the interaction between number of sexual partners and level of emotional attachment, where those with fewer partners and higher levels of emotional attachment had higher levels of sexual self-expression; in particular, their parents were not embarrassed when talking about sexual matters. The implication is that an open forum within the home allows young people to make informed decisions about the role of emotionality and, hence, the number of sexual partners.

The vast majority of comments were in relation to parental communication and covered a wide array of topics. Some commented on how difficult they found talking about anything meaningful, including expressing their emotions, with their parents. Others commented on the openness between their parents, in particular with their mothers. The few comments that were made in direct relation to their fathers were all negative, as they stated that their fathers had never spoken to them about any sexual matters. A few of the comments combined parental and partner communication where they linked their ease with talking openly to their parents and, in turn, partners as they realised the importance of being able to discuss sexual intercourse and health.

7.5.4.1 Summary.

The main effects and interactions that affect sexual self-expression indicated that young people find it difficult to talk to potential sexual partners about their sexual history prior to intercourse. These findings have found that open and relaxed communication with parents suggests that young people are able to have more informed discussions in relation to sexual partners and emotionality.

7.5.5 Sexual Self-awareness

Levels of sexual self-awareness were affected by a large number of social and sexual demographics. There were nine main effects on the scale for sexual self-awareness. A number of these main effects were driven by the scale of

sexual self-exploration, a sub-scale that has not been included in any previous research to date and, in particular, not in association with self-knowledge and self-expression. Based on the previous evidence (see Chapters 1 and 2), the finding that the scale of sexual self-exploration is associated with gender is unsurprising. For young men, this part of their sexuality is normative behaviour, whereas for young women it is shrouded in secrecy where they have to learn and discover it for themselves. A number of government-funded and sexual health charity websites do cover masturbation for both sexes, emphasising its normality; however, they do not cover the detailed techniques that may be necessary to inform developing young women. On the website called ruthinking.co.uk, when masturbation was entered into the search engine, two links were offered, one in relation to gonorrhoea that stated that it can be caught through mutual masturbation (offering no explanation of this) and the other with the title: Is it bad to masturbate too much? with the following advice:

"Masturbation (wanking) is not harmful — no matter how often you do it. It is a perfectly natural part of both boys' and girls' sexual development. It's a personal and private thing to do, though, so you probably won't hear too many people talking about it! Try to be comfortable with whatever you do. If you have any worries you can get free and confidential advice from the Sexwise helpline, or your local Young Person's clinic, even if you are under 16."

Other searches revealed that the Family Planning Association website only had one link for masturbation and that was about a care home in Northumbria, the NHS playingsafely.co.uk listed only one link entitled HIV and AIDS, and the Brook website came up two links under FAQs (Frequently Asked Questions), one under sex and relationships where, eventually, after scrolling through all the questions about sex and relationships, one question was found that read:

> "I think that I masturbate too much even though I'm in a relationship. What's normal?"

The answer was:

Masturbation is natural and harmless for men and for women. It is a way of exploring your own body and can help you to find out what you like and don't like sexually. It is fine to masturbate as often or little as you like.

(http://www.ruthinking.co.uk/about_you/faq/sex/sex01.aspx)

The second FAQ was under 'boys and young men' and directed the user to exactly the same question. If there was any doubt as to which gender posed the

above question, the mystery has been removed. However, it is a *frequently asked question*, so it does beg the question whether the organisers of the website were informed that this question was always posed by young men or whether this was assumed and listed within the section for 'boys and young men'. This certainly further ostracises young women into believing that this not a female issue, but purely the domain of males. Recent individual booklets produced by the Family Planning Association for young men and women did cover masturbation, although there was much more coverage in the male booklet compared to the one for females.

The interaction between gender and level of emotional attachment was influenced by all three sub-scales, where higher emotional attachment for females resulted in higher levels on this scale whereas this was the reverse for males. One explanation for this could be in relation to one of the significant statements within the scale for sexual self-expression that strongly influenced this result, which was My father talks with me about sexual matters, it's always a two-way discussion. Seventy-seven percent of males disagreed with this statement and eighty-five percent of females disagreed, with the majority of both genders strongly disagreeing. The impact of this inability to talk to fathers may affect both genders, but in different ways. For heterosexual young women, this may reinforce the concept that men (potential sexual partners) are difficult to talk to and this may inhibit their discussion about their needs, pleasure and safety. For young men, they may find it relatively easy to talk to their mothers, but there is always a biological gap where young men may perceive an understandable lack of understanding of their sexuality from their mothers. Furthermore, this silence by fathers may be sending out a clear message to their offspring that men do not talk about these matters. As a role model for emerging young men, this message may well be internalised and taken into their sexual interactions. Previous evidence suggests that, when fathers do talk to their sons, it is often in terms of sexual prowess and devoid of emotionality (Dilorio et al., 1999). Emotionality may be discussed more with their mothers and young men may perceive this as the role of women, reinforcing the view that emotionality is not part of their masculinity. This issue may be exacerbated as, first, within this sample, 40 percent of the young men's home environment consisted of no father figure (28) percent) or a stepfather (12 percent). This lack of any kind of role model (good or

bad) must leave young men with a sense of confusion with no or minimal ability to even employ observational or imitational learning. Second, young men are more comfortable discussing sexual issues with their friends, who can often be a source of (mis)information (Feldman et al., 1995), and they are more susceptible to peer pressure than their female counterparts (Brűckner & Bearman, 2005).

The interaction between gender and age at first masturbation indicated that no particular sub-scale was significant. The interpretation of this is that each of the statements was contributing to the overall interaction. For males, earlier age indicated higher levels on the scale compared to later age; this trend was reversed for females. One explanation for this could be the effect of early maturation on girls and boys. A set of classic early studies indicated clearly that the timing of physical maturation could affect a child's social and emotional adjustment (Jones & Bayley, 1950, cited in Hetherington & Parke, 1999). The findings indicated that early maturation for boys was viewed positively, not only by parents and peers, but also by the boys themselves. However, the opposite held for girls where they found that they might not be prepared for the changes in their bodies and body functions because their development typically occurs before schools offer "health classes". Considering that this study was conducted in the 1950s, current research is still finding that early maturing girls suffer the indignation of having to go to the school nurse for emergency sanitary towels (most primary schools do not have sanitary machines in girls' toilets) as well as taunts from male peers if sanitary equipment is found in their school bag (Prendergast, 1989). Furthermore, mothers apparently do not discuss these changes with early maturing daughters (Brooks-Gunn, 1988). Early-maturing girls tend to have poorer body image and self-esteem than on-time or late maturers, in part because of the weight gains accompanying the onset of maturation that violate the cultural ideal of thinness for girls (Graber, Petersen & Brooks-Gunn, 1996). This trend is almost the complete opposite for early maturing boys, who have a far more positive body image and higher self-esteem. Hence, early maturation for girls could be linked to early masturbation, although not in all cases, and the negativity that surrounds this could impact on how they view their sexuality and, in turn, their sexual self-awareness.

7.5.6 Conclusions

These findings need to be viewed in light of a number of crucial issues that underpin *all* these findings. There was a strong association between difficulty to differentiate between physical and emotional feelings, not recognising when sexual arousal unless with a partner, developing strong emotions for potential partners very quickly, and being not attractive to suitable partners. The association of these four aspects may not be immediately apparent; however, they are significantly correlated (.31 - .62) for females, but have much less association for males. Therefore, it is suggested that, within this study and previous research, the findings of relational-based sexual activity for young women may be, in part, due to misattribution of physical sexual feelings replaced by emotional feelings. Extending this supposition and using one scenario, if a young woman's sexual feelings are strong, they may attribute this to developing strong emotional feelings quickly. The aspect of not being attractive to suitable partners could be that these young women are experiencing these strong sexual feelings at inappropriate times, for example, during school classes, with the result that they need to attribute these feelings, perceived as emotional, to something or, more importantly, someone. It is likely that this would be towards the more physically and, hence, sexually developed boy within the class. Research has found that often, within relatively deprived areas where the young people are already feeling disaffected, more sexually developed boys not only do poorly educationally compared to their less developed counterparts, but also that they are more likely to use their sexuality to define their masculinity (Frosh et al., 2003; Miller et al., 1998; Spencer et al., 2002). In other words, the young women misattribute their sexual feelings into emotional feelings towards these boys with the result of wanting to form some kind of relationship, whereas the young men may perceive the relationship in sexual terms only. Once sex had taken place, the young men may end the relationship and the young women would feel rejected, and this may result in these young women feeling that they were not attractive to suitable partners. This would be especially true if they perceived that their 'emotional needs' were not being met, with the possible consequences that these young women were engaging in *forced* sexual activity driven by the young men with little emotional concern for the young women, and this would be compounded if they were then rejected after sexual activity had taken place. This

is why it is so important that, not only as a society as a whole but, more precisely, within schools, the home and the media, young people have an open forum to discuss these key issues about their developing bodies and minds. Moreover, developing young people must be given explicit permission, or at least the barriers removed, to explore and feel comfortable with their own bodies, totally free from any emotional negativity, where they can discover their own sexual needs, desires and ultimate pleasure. It is suggested that ignoring this aspect of young people's sexuality can be detrimental not only to their overall well-being, but also to their sexual behaviour inasmuch as a large number of young people, predominantly young women, are entering the sexual arena with absolutely no personal or experiential knowledge of their potential for sexual pleasure. As Martin (1996) eloquently stated, "their boyfriends were allowed more access to their bodies than they allowed themselves" (Martin, 1996, p. 237).

Indeed, the interdependence of biology, personal awareness, and the facts and artefacts of sociocultural life are mutually dependent aspects of sexuality and, if these are *not* talked about openly, young people enter the sexual domain with a distorted understanding and an inadequate sense of meaning of their own sexuality as well as that of others – this holds true for both young men and young women.

CHAPTER 8

The Reliability of the Scale of Sexual Self-awareness

8.1 Introduction

The previous three chapters have described, first, the development of the statements and the detailed social and sexual demographics, second, the statistical reduction of the statements to the principal components of the scale, not only for sexual self-awareness, but also the sub-constructs of sexual self-knowledge, self-exploration and self-expression; and third, detailed analysis of the relationship between the scale and the social and sexual demographics

The final stage of this research was to test the reliability of the scale for sexual self-awareness to ascertain whether the scale was consistent across time. This was achieved by obtaining a new sample to complete the questionnaire at two different time points.

8.2 Method

8.2.1 Participants

The participants attended a college of further education in the south of England but, beyond this, no additional socio-demographics were collected. In total, 112 participants were initially approached and agreed to take part in this questionnaire; however, on the day of the completion, 11 participants decided not to take part. At Time 1 there were 103 participants, but seven were absent at Time 2 and therefore they were omitted from the overall analysis. Hence, 95 participants aged 16 to 21 completed the questionnaire at both time points.

8.2.2 Measure

The questionnaire was paper-based; at Time 1, the first two pages consisted of a description of the purpose, risks and benefits, followed by an agreement to consent that concluded with a tick box indicating agreement or nonagreement which the students completed (see Appendix L). The next four pages consisted of first, the request for a unique identifier from the student to be completed at Time 1 and Time 2, so that the data could be matched, second, a

brief explanation of the level of agreement scale (1 = Totally Disagree to 10 = Totally Agree) employed for this questionnaire with an explanation for when the word *sex* is used within a statement and, finally, the 22 statements of the questionnaire. For Time 2, the debriefing statement followed the questionnaire.

8.2.3 Design

This study assessed test-retest reliability using Cronbach's alpha and corrected item-total correlations to ascertain whether the scale was consistently reflecting the construct, as well as the sub-constructs, it was measuring.

8.2.4 Procedure

The college had already been approached through the researcher's contact with a number of tutors, who had been very helpful in encouraging the young people at the college to take place in the online survey. For this stage of the research, five tutors were willing to allow the first twenty minutes of their classes to be used to complete the questionnaire at each time point. The tutors ensured that the classroom was set up as for exam conditions, thus ensuring privacy and minimal noise while the students completed the questionnaire.

Ethical approval was gained from the School of Psychology, University of Southampton.

The questionnaires were delivered to the tutors prior to the morning of Time 1 (09/05/2007) and Time 2(19/05/2007) at their request, so that they did not feel rushed on the morning of completion of the questionnaire. The researcher also talked to each of the tutor groups explaining not only what would be required of them, but also how essential it was to obtain their views about their sexual health. The researcher also assured them that there was no request for any information about them, just the completion of the questionnaire in an open and honest manner. The students were asked if anyone was not willing to take part, as it was vital that their participation was completely voluntary. This point was reiterated to the students and to ensure that no student felt either peer pressure or embarrassment to state that they did not want to take part, the tutor stated that if they decided that did not want to take part on the day of the questionnaire completion, to arrive at class twenty minutes after the usual time. At this stage, all students indicated that they were willing to take part.

Furthermore, the researcher organised a brief meeting with all the tutors to ensure that the introductions by the tutors on the mornings of completion of the questionnaire were as similar as possible. Also, the tutors were willing, after completion of the questionnaire, to ask the students their opinions and thoughts about the questionnaire, whether they referred to the statements in general, the topics, any emotions it produced; basically anything the students wanted to talk about. The tutors stated that although this would have been fascinating, and probably very good for the students, demands of the curriculum could not allow it. It was decided that the researcher would assist one of the tutors who had the largest and most unmotivated tutor group during completion of the questionnaire.

Once the students had entered the classroom, the questionnaires were handed out. At Time 1, the students were asked to read the first two pages of the questionnaire, and indicated their agreement or non-agreement to take part. This stage took, on average, 3 minutes to complete, and no student declined to take part. Then the students were asked to complete the questionnaire, where they first had to complete the box with a unique identifier that they would remember for Time 2. It was suggested that they wrote this down in a safe place in case they could not remember it. The silence was broken with a few giggles and expletives but, in general, exam conditions were maintained.

For Time 1, this stage took, on average, 10 minutes to complete, and each questionnaire was gathered from the desk and immediately placed into a large envelope in view of the students and sealed once all questionnaires were gathered. Thus, this indicated to the students that their anonymity was being maintained as the researcher or tutor could not match a questionnaire to a particular student. At Time 2, once the students had completed the questionnaire, they were asked to read the debriefing statement. The collection of the questionnaires was exactly the same as for Time 1. At the end of Time 2, there followed a brief discussion about the questionnaire where the tutors and researcher took notes of the points the students made. All participants were provided with a debriefing statement (see Appendix M). All questionnaires were not only matched on the unique identifier from Time 1 to Time 2, but also fully completed.

8.3 Results

To check the consistency of the questionnaire and, in turn, the reliability of the scale and the subscales, a reliability test was performed.

For the scale of sexual self-awareness, the Cronbach's alpha at Time 1 was $\alpha = .86$ and at Time 2 it was $\alpha = .88$. Not only did this indicate good reliability, but also the majority of the corrected statement-total correlations were all above .3, which indicates good internal consistency (see Table 8.1) (Field, 2004). Table 8.1 presents the means, standard deviations and the corrected totalitem correlations for the scale of sexual self-awareness at Time 1 and Time 2.

Table 8.1	Means, standard deviations and the corrected total-item correlations
for the sca	le of sexual self-awareness

	Time 1			Time 2		
	М	SD	r	М	SD	r
I never experience negative emotions when I think about some of the sexual things I have done	4.77	2.53	.39	4.40	2.67	.51
When I was a child (primary school age), my parents always got embarrassed when I asked about anything to do with sex	5.60	2.55	.08	5.60	2.55	.25
I am not willing to take the risks of not using condoms	5.36	2.03	.59	5.74	2.50	.58
The sexual urges of men are much stronger than for women	6.18	2.04	.62	6.18	2.04	.62
I recognise when I am sexual aroused even when I am not with sexual partner(s)	7.05	2.49	.39	6.57	2.86	.33
My father talks with me about sexual matters, it's always a two-way discussion	3.36	2.03	.13	3.14	2.85	.20
I expect to gain sexual pleasure with my partner(s)	6.13	2.04	.61	6.47	1.98	.62
After my first experience of sexual intercourse, I felt full of positive emotions e.g. happiness, fulfilment, pleasure, contentment	5.03	3.24	.60	4.99	3.25	.65
It is more important to satisfy men's sexual needs than those of women	6.14	1.19	.50	6.14	1.99	.49
I have learned more about sex from my parents than I have from my friends	2.34	2.22	.08	2.18	2.13	.13

	Time 1			Time 2		
	М	SD	r	М	SD	r
<i>I find it very difficult to express my emotions with my parents</i>	5.29	3.05	.42	5.29	3.05	.39
I often really look forward to having sex, but then end up being disappointed	6.09	2.27	.84	6.09	2.27	.80
I made a conscious decision to have sexual intercourse the first time and planned it	4.74	1.80	.40	4.16	2.08	.66
Masturbating is an important part of my life	5.64	2.76	.19	5.60	2.88	.21
I find it very easy to talk to my partner(s) about my sexual history (e.g. number of previous partners, contraceptive usage etc.)	4.64	2.55	.30	5.03	2.26	.12
I don't think condoms spoil sexual enjoyment	6.02	1.82	.62	5.93	1.84	.68
I find it difficult to tell the difference between my emotional feelings and my physical sexual feelings	5.29	3.05	.53	5.71	1.37	.55
I always seem to be attractive to suitable partner(s)	4.53	2.05	.49	4.46	2.07	.54
<i>My parents get really embarrassed nowadays talking to me about sexual matters</i>	6.13	2.48	.37	5.95	2.55	.30
I cannot enjoy sex without emotional attachment	5.86	2.93	.36	5.86	2.93	.38
I develop strong emotions for potential sexual partner(s) very quickly (e.g. within a few days/weeks)	6.00	2.50	.65	6.00	2.50	.66
I seldom have negative emotions (e.g. guilt, shame, feeling dirty) when I masturbate	5.93	2.89	.27	6.13	3.05	.35

Table 8.1 contd.Means, standard deviations and the corrected total-itemcorrelations for the scale of sexual self-awareness

For the scale of sexual self-knowledge, the Cronbach's alpha at Time 1 was $\alpha = .88$ and at Time 2 it was $\alpha = .90$. Not only did this indicate good reliability, but also the majority of the corrected statement-total correlations were all above .3, which indicates good internal consistency (see Table 8.2). Table 8.2

presents the means, standard deviations and the corrected total-item correlations for the scale of sexual self-awareness at Time 1 and Time 2.

	Time 1				Time 2		
	М	SD	r	М	SD	r	
I never experience negative emotions when I think about some of the sexual things I have done	4.77	2.53	.32	4.40	2.67	.47	
I am not willing to take the risks of not using condoms	5.36	2.03	.61	5.74	2.50	.60	
The sexual urges of men are much stronger than for women	6.18	2.04	.76	6.18	2.04	.74	
I expect to gain sexual pleasure with my partner(s)	6.13	2.04	.67	6.47	1.98	.69	
After my first experience of sexual intercourse, I felt full of positive emotions e.g. happiness, fulfilment, pleasure, contentment	5.03	3.24	.63	4.99	3.25	.68	
It is more important to satisfy men's sexual needs than those of women	6.14	1.19	.63	6.14	1.99	.60	
I often really look forward to having sex, but then end up being disappointed	6.09	2.27	.90	6.09	2.27	.88	
I made a conscious decision to have sexual intercourse the first time and planned it	4.74	1.80	.42	4.16	2.08	.68	
I don't think condoms spoil sexual enjoyment	6.02	1.82	.72	5.93	1.84	.72	
I find it difficult to tell the difference between my emotional feelings and my physical sexual feelings	5.29	3.05	.62	5.71	1.37	.65	
I always seem to be attractive to suitable partner(s)	4.53	2.05	.44	4.46	2.07	.50	
I cannot enjoy sex without emotional attachment	5.86	2.93	.23	5.86	2.93	.26	
I develop strong emotions for potential sexual partner(s) very quickly (e.g. within a few days/weeks)	6.00	2.50	.77	6.00	2.50	.78	

 Table 8.2 Means, standard deviations and the corrected total-item correlations for the scale of sexual self-knowledge

For the scale of sexual self-exploration, the Cronbach's alpha at Time 1 was $\alpha = .74$ and at Time 2 it was $\alpha = .75$. Not only did this indicate good

reliability, but also all the corrected statement-total correlations were all above .3, which indicates good internal consistency (see Table 8.3). Table 8.3 presents the means, standard deviations and the corrected total-item correlations for the scale of sexual self-awareness at Time 1 and Time 2.

	Time 1			Time 2		
	М	SD	r	М	SD	r
I recognise when I am sexual aroused even when I am not with sexual partner(s)	7.05	2.49	.67	6.57	2.86	.61
<i>Masturbating is an important part of my life</i>	5.64	2.76	.54	5.60	2.88	.56
I seldom have negative emotions (e.g. guilt, shame, feeling dirty) when I masturbate	5.93	2.89	.46	6.13	3.05	.55

Table 8.3 Means, standard deviations and the corrected total-item correlationsfor the scale of sexual self-exploration

For the scale of sexual self-expression, the Cronbach's alpha at Time 1 was $\alpha = .71$ and at Time 2 it was $\alpha = .72$. Not only did this indicate good reliability, but also the majority of the corrected statement-total correlations were all above .3, which indicates good internal consistency (see Table 8.4). Table 8.4 presents the means, standard deviations and the corrected total-item correlations for the scale of sexual self-awareness at Time 1 and Time 2.

	Time 1			Time 2		
	M	SD	r	M	SD	r
When I was a child (primary school age), my parents always got embarrassed when I asked about anything to do with sex	5.60	2.55	.08	5.60	2.55	.25
<i>My father talks with me about sexual matters, it's always a two-way discussion</i>	3.36	2.03	.13	3.14	2.85	.20
I have learned more about sex from my parents than I have from my friends	2.34	2.22	.33	2.18	2.13	.13
I find it very difficult to express my emotions with my parents	5.29	3.05	.42	5.29	3.05	.39

Table 8.4 Means, standard deviations and the corrected total-item correlationsfor the scale of sexual self-expression

	Time 1			Time 2		
	Μ	SD	r	М	SD	r
<i>My parents get really embarrassed nowadays talking to me about sexual matters</i>	6.13	2.48	.37	5.95	2.55	.30
I find it very easy to talk to my partner(s) about my sexual history (e.g. number of previous partners, contraceptive usage etc.)	4.64	2.55	.30	5.03	2.26	.32

Table 8.4 contd.Means, standard deviations and the corrected total-itemcorrelations for the scale of sexual self-expression

Finally, the correlations for all the statements were analysed between

Time 1 and Time 2 to check that the measures themselves were consistent (see

Table 8.5).

Table 8.5Correlations of the statements between Time 1 and Time 2 for theScale of Sexual self-awareness

Statements	r
I never experience negative emotions when I think about some of the sexual things I have done	.88**
When I was a child (primary school age), my parents always got embarrassed when I asked about anything to do with sex	.98**
I am not willing to take the risks of not using condoms	.82**
The sexual urges of men are much stronger than for women	.96**
I recognise when I am sexual aroused even when I am not with sexual partner(s)	.83**
My father talks with me about sexual matters, it's always a two-way discussion	.95**
I expect to gain sexual pleasure with my partner(s)	.59**
After my first experience of sexual intercourse, I felt full of positive emotions e.g. happiness, fulfilment, pleasure, contentment	.99**
It is more important to satisfy men's sexual needs than those of women	.88**
I have learned more about sex from my parents than I have from my friends	.91**
I find it very difficult to express my emotions with my parents	.96**
I often really look forward to having sex, but then end up being disappointed	.72**
I made a conscious decision to have sexual intercourse the first time and planned it	.98**

Table 8.5 contd.Correlations of the statements between Time 1 and Time 2 forthe scale of sexual self-awareness

Statements	r
Masturbating is an important part of my life	.98**
I find it very easy to talk to my partner(s) about my sexual history (e.g. number of previous partners, contraceptive usage etc.)	.89**
I don't think condoms spoil sexual enjoyment	.89**
I find it difficult to tell the difference between my emotional feelings and my physical sexual feelings	.98**
I always seem to be attractive to suitable partner(s)	.96**
<i>My parents get really embarrassed nowadays talking to me about sexual matters</i>	.98**
I cannot enjoy sex without emotional attachment	.96**
I develop strong emotions for potential sexual partner(s) very quickly (e.g. within a few days/weeks)	.92**
I seldom have negative emotions (e.g. guilt, shame, feeling dirty) when I masturbate	.96**

The overriding theme that came out of the brief discussion with the students was that sex and sexual health were not spoken about in an open and honest forum. They highlighted that, although there was a lot about sex in media, it was often portrayed in negative terms (teenage pregnancy and high numbers of STIs) or sensationalised (Big Brother and/or sex lives of celebrities). A number of the students were aware of people of their own age group who had become parents, but they did not necessarily perceive that as a negative experience, they just knew it was not for them. They did not feel that there was anywhere they could easily go to discuss sexual matters, without it being a "big deal" and feeling "really uncomfortable". In all cases the tutors had to cut short the discussions, much to the displeasure of the students as many of them wanted to make their point.

8.4 Discussion

This final study for this piece of research was to ascertain the reliability of the scale for sexual self-awareness and its sub-scales by conducting a testretest of the questionnaire with the same participants at Time 1 and Time 2. The results indicated that the overall scale was reliable at both time points with a Cronbach's alpha of over .80. The results for the sub-scales indicated good reliability at both time points with Cronbach's alphas ranging from .71 to .90.

The correlations of the statements between Time 1 and 2 indicated strong associations apart from two statements that were not so strong, which were *I* expect to gain sexual pleasure with my partner(s) and *I often really look forward* to having sex, but then end up being disappointed. One possible interpretation of this is that the participants may have reflected more on these statements between the two time points and altered their opinion; an example of the alpha error suggested by Connor and Norman (1995).

With this particular group of participants, the open discussion at the end of the completion of the questionnaire does indicate that when young people are provided with a forum, they are more than willing to talk about their sexual health in an unembarrassed way and would welcome somewhere to go on a more regular basis.

Concluding Remarks

9.1 Introduction

This piece of research has explored sexual self-awareness amongst young people in UK through the investigation of the more positive aspects of sexual health. It appeared that the dominant approach to sexual health research in relation to young people was to concentrate on the negative aspects such as unplanned teenage pregnancy and STIs. It has been argued that this problem-focused approach assumes that all young people's sexual activity is potentially problematic and needs prevention, or at least control (Horne & Zimmer-Gembeck, 2005). Whilst this negative emphasis has been beneficial in underscoring the importance of exploring young people's sexual health, it has constituted interest in a way that underplays other aspects of young people's sexual health. There were some notable exceptions to this stance, where certain authors were breaking this mould by discussing explicitly the role of pleasure in young people's sexual lives (e.g. Ingham, 2005), but these were a rarity.

Lerner and Galambos (2000) stated that one of the most challenging developmental tasks of young people is exploring and becoming comfortable with their sexuality, including those behaviours and characteristics that define a person as sexual. Similarly, Florsheim et al. (2003) stated that sexual interest among young people should not be viewed as a delinquent act, but rather a part of normal developmental transition from childhood to adulthood. During this period, intimacy and establishing interpersonal relationships beyond the family is an accepted and expected task. Hence, it may be argued that these normative aspects may offer an equal insight into young people's sexual health and, in turn, offer greater understanding into young people's sexual development and behaviour. With this in mind, this piece of research concentrated, more specifically, on the hidden dimensions such as desire, pleasure, comfort with own bodies including masturbation and the ability to differentiate between their sexual and emotional feelings.

Before the development of sexual self-awareness as a new construct could begin, extensive literature reviews of sexual health, with particular emphasis on young people, were conducted. These not only included an extensive array of peer-reviewed articles, but also government and interested parties documentation as well as media coverage of these aspects. As a result of the literature review, this new construct of sexual self-awareness initially included aspects of young people's awareness of their knowledge of their own emotional and physical feelings, comfort with their own bodies, how they are able to express these feelings, and what influences these expressions.

This piece of research used a mixed methods approach as there were certain areas of previous research that were extremely limited, especially in relation to sexual self-exploration and masturbation, as well as particular areas of self-knowledge and self-expression that may influence sexual self-awareness. Hence, it was deemed necessary to explore these empirically, initially through a qualitative study (Chapter 4), followed by the development of the statements for a questionnaire study (Chapters 5), reduction of questionnaire statements to the principal components and reliability testing (Chapter 6), extensive analyses of the sexual self-awareness scale and its sub-scales (Chapter 7) and a check on test-retest reliability (Chapter 8).

9.2 Conclusions/Implications

To enable the discussion of the conclusions and implications, this section has addressed the three research questions and conditional questions in turn.

9.2.1 Research Questions

9.2.1.1 Is there a relationship between the three aspects of sexual self-awareness? If so, what is the relationship?

The findings of the qualitative study revealed relationships between the three aspects of sexual self-awareness that appeared to be diverse and complex. Through the investigation of the detailed role of sexual self-exploration, the key finding appeared to be that the varying attitudes towards masturbation, in particular, was strongly linked to varying levels of pleasure, expectations, control and safety within sexual behaviour as well as varying levels of sexual self-expression with parents and sexual partners. Strong negative views on masturbation appeared to be associated with sexual activity that was often disappointing with unfulfilled expectations, feelings of lack of control with little influence of desires and/or pleasures. For sexual self-expression, communication appeared difficult with parents where conversations were often stilted and

difficult. In relation to partners, there appeared to be difficultly in discussion of desires and, in particular, safety in the form of condom use. Conversely, positive views on masturbation appeared to be associated with sexual activity being viewed as pleasurable with an awareness of their own desires and feelings of control, with the perception of a sexual identity that was an integral part of their lives. Sexual self-expression appeared to be much more relaxed with parents where discussions were open and free from embarrassment. There appeared to be a similar ease with sexual partners, where the overriding impression was one of mutual decision-making about timing of intercourse, use of contraception, and discussion of own desires and pleasures.

The inference of this key finding is that when young women are more comfortable with their own bodies in form of self-exploration, they have a greater critical understanding of their sexuality, in terms of how their bodies respond and, in turn, use this understanding in their interactions with their sexual partners with positive outcomes. Previous qualitative studies have identified that there always appears to be a small group of young women who appear to possess much more positive attitudes and beliefs about their sexuality (Holland et al., 1992a; Thompson, 1990; Tolman, 1991; Tolman, 1994; Tolman, 2002; Tolman & Higgins, 1994). This piece of research has extended such research by the explicit inclusion of sexual self-exploration, which goes some way to addressing why this group of young women may hold more positive attitudes towards their sexuality compared to their counterparts. The ability to feel comfortable with their own bodies, to understand the physical pleasure of their own bodies and, in turn, to be able to separate their emotional feelings from their physical sexual feelings may help towards these more positive attitudes.

9.2.1.2 Are there key aspects of sexual self-knowledge, self-exploration and self-expression that constitute sexual self-awareness? Which social and/or sexual demographics influence sexual self-awareness and its sub-constructs?

The findings of the questionnaire study revealed twenty-two key aspects of sexual self-awareness, thirteen for self-knowledge, three for self-exploration and six for self-expression.

For the scale of sexual self-knowledge, the key aspects covered a wide array that included sexual expectations, levels of pleasure, attitudes to condom use, gendered double standard, emotional attachment to partners, experience of

sexual debut and the differentiation between emotional and sexual feelings. Whilst this wide array of aspects offers further evidence for the complexities of young people's sexuality, it is complicated further by the influence of certain social and sexual demographics. The key findings were that having a higher number of sexual partners resulted in significantly lower levels of sexual selfknowledge, especially in relation to negative feelings of sexual behaviour including sexual debut, need for emotional attachment, and placing more importance on men's sexual satisfaction. Higher level of emotional attachment to sexual partners indicated significantly higher levels of sexual self-knowledge, particularly in relation to positive emotions surrounding sexual debut. This is not implying any causality at this stage, just an association. Furthermore, the participants who were under 16 years old at sexual debut had significantly lower levels of sexual self-knowledge than those who were over 16 years old as well as significantly lower levels for those who perceived their SRE to be low in content. It appears that there is an interrelationship between the personal beliefs of feeling positive about their sexual behaviour, which is strongly related to the positive emotionality surrounding the experience of sexual debut especially for young women. In addition, the dyadic emotionality in relation to the partner, and the awareness that both parties have sexual needs that should be satisfied, and the effect of a core belief of sexual safety in the form of condom use, and SRE content may be associated with this core belief.

The implications for policy makers and educationalists are that these aspects need to be discussed with all young people prior to them becoming sexual active, so that they can gain a greater understanding of their sexuality, not only in relation to themselves, but also in their interactions with their potential sexual partners. UK sex and relationships education needs to become statutory to ensure that every young person receives the same depth and breadth of knowledge, and that it is not left to the discretion of the governors of individual schools. This lack of knowledge, not only about STIs, but sexual matters in general, is supported by a recent survey carried out jointly with Terrence Higgins Trust and the National Students' Union that found a large proportion of students appeared to be relatively ignorant of some of the basic of safe sex, e.g. 16 percent of students thought that the use of two condoms at the same time ensured greater safety. More than one in 10 of the 2,200 who took part in the survey did not

know how to put a condom on correctly, and almost a quarter thought that other forms of contraception offered protect from STIs. As Lisa Power, head of policy at Terrence Higgins Trust said:

> "University students are no smarter than many other young people when it comes to sexual health. They are just as likely to believe myths about condoms and to have got more of their sex education in the playground than the classroom. We spend a fortune educating students, but leave them ignorant about key issues in their adult lives. It's hardly surprising that rates of sexually transmitted infections are soaring."

> > (BBC News, 23 April, 2007).

For sexual self-exploration, the key aspects were the (dis)ability to recognise sexual arousal without a sexual partner, the importance of masturbation, and the emotionality surrounding masturbation. In relation to social and sexual demographics, the key finding appears to be that sexual selfexploration goes far beyond masturbatory experience. The implications are that this scale has offered an insight into a strong link between other facets of young people and their sexuality, in particular, its influence on sexual activity. For both genders, it is the association with the number of sexual partners and the levels of emotional attachment to those partners as well as the experience of sexual debut and the length of relationship prior to this event. The inference is that when young people recognise their sexuality as an integrated emotional and physical part of themselves, masturbation is just one aspect of this and, in some ways, ceases to be so important. It appears that some young women are finding it difficult to recognise when they are sexual aroused without a partner and, in turn, may be unable to differentiate between their emotional and physical feelings. This may result in the misattribution of emotional feelings towards potential sexual partners coupled with their sexual scripts that sanction relational sexual activity. This misattribution may have the effect of confusion about their sexuality, negative feelings towards their sexual activity and their own bodies and lost opportunities to build on positive sexual and emotional experiences. Conversely, for some young men, it appears that their emotionality is so divorced from their sexuality that it is only perceived in physical pleasure and nonrelational terms, again part of their sexual scripts. These findings highlight the

need for education and intervention initiatives where young men could discuss their sexuality in terms beyond their sexual gratification. It should be highlighted that there are some excellent initiatives in small pockets around the UK, primarily in the inner cities, which are attempting to address these issues. One award winning example is in the London borough of Brent where an initiative called Boys2Men, run by Melvyn Davis, is working with disadvantaged young men, often from ethnic minorities, discussing their own emotionality and the role it has in relation to their sexuality. His key statement is "a Boy...a Male...and a Man are not the same...A male is a biological term, a boy is in a state of transition and a Man is defined as someone who has a purpose and a greater sense of responsibility... We need to teach our children the difference". This project is dealing with the often deeply disaffected young men from this sector and one of the aims is to make them think about their identity as emerging adults. Davis goes on to say, "Many of the boys do not know who their fathers are, have nothing but a negative experience of male role models and may have been in care" (Father's Direct Website, 2007). This initiative appears to be effective, but these groups are very few and far between and many more need to reach other groups of young men.

In contrast to UK sex and relationships education, the Netherlands educational programme does include sexual self-exploration. In a recent documentary on Channel 4 (April, 2007), a group of 14-15 years old UK students were taken to the Netherlands to learn more about the school sex education to see how it compared to the UK. They sat in the classroom with stunned looks on their faces as Dutch students of a similar age, if not a bit younger, watched an animated video about not only sexual intercourse and condom use, but how men and women masturbate with the explicit use of cartoon animations of male and female anatomy. The UK students were shocked that the video had been shown and voiced that they considered it to be wholly inappropriate. In the evening, the UK students were taken to a Dutch youth club where the local sexual health coordinator was there for the evening (a monthly event). They found condoms in all shapes and sizes on the tables and were able to look, feel and touch, as well as take any if they wished. There were Dutch children there as young as ten and eleven, with their parents' blessing, and the evening ended with team races of putting condoms on plastic penises quickly and safely. The following day they

attended a class of nine-year-olds during their sexual health lesson where the children were asked about contraceptive methods that stopped babies being conceived. Hands shot up into the air with answers such as the pill, condoms and emergency contraception. There was not a titter or giggle from the Dutch children, it was just like any other subject, an answer to a maths puzzle or synonym to a word. When the UK students and head teachers were re-interviewed at the end of their visit, they had completely re-evaluated their opinions and had a greater understanding of why Dutch sex education was so much better than in the UK. So much so, a number of students returned to their own schools and set up programmes with the younger class years, where they taught how to safely use condoms.

For sexual self-expression, the key aspects on this scale were high levels that were associated with low levels of embarrassment when communicating about sexual matters with their parents, in childhood and currently, being able to express their emotions with their parents; and high levels were associated with young people who found it easier to communicate with sexual partners. The implications are that open communication with parents is associated with easier communication with sexual partners. A tentative temporal causation can be implied, although not confirmed, where open and honest childhood communication leads to current open and honest communication with parents, which in turns, leads to easier communication with sexual partners. That being said, there may be extraneous variables during this development that may moderate or mediate this causation, but which were not investigated during this piece of research.

9.2.1.3 Can sexual self-awareness be operationalised and measured? If so, how reliable is this measure?

The initial operationalisation of sexual self-awareness incorporated three main aspects; first, *Sexual self-knowledge* that was confined to how young people identify, differentiate and understand their physical and emotional sexual feelings. The findings identified that, although self-knowledge does appear to include this initial operationalisation, it is much broader that this. It appears to include their beliefs and values such as sexual safety, the gendered double standard and their sexual expectations. The second aspect was *Sexual self-*

exploration that was operationalised as how comfortable they feel exploring their body, including masturbation, and the emotions attached to this. The findings identified that this initial operationalisation was included, but also the ability to identify sexual arousal without a partner. The third aspect was *Sexual self-expression* that was initially operationalised as how they express their needs and desires with potential and current sexual partners, and factors that appear to influence, or have influenced, this. The findings indicated that although partner communication was part of self-expression, particularly in the form of discussing their sexual history, this aspect was dominated by communication with parents. This took the form of not only discussion about sexual matters, but also the ability to express emotions with parents and, parents as opposed to friends as sex educators.

The overall scale for sexual self-awareness could be operationalised, measured and indicated good reliability, with the sub-scales indicating equal reliability. This was confirmed with the test-retest of the overall scale as well as the sub-scales. The next section discusses ideas for future research.

9.3 Limitations and Future Research

Due to the innovative nature of this piece of research, it was considered necessary to carry out extensive exploratory research through qualitative analysis in the initial stages. Hence, due to time limitations, the main quantitative studies could only be cross-sectional. The findings of this research have highlighted the need for longitudinal developmental studies to gain greater understanding of the interrelationships and possible causal links between the three sub-scales of sexual self-awareness. The scale needs to be investigated with a younger cohort, ideally before they become sexually active, and followed up at timely intervals to ascertain the development of their self-knowledge, self-exploration and selfexpression. These longitudinal studies need to ensure that they represent all young people, including the most vulnerable and marginalised. This piece of research did attempt to obtain a wide selection of young people through the use of the Internet; however, this does highlight that may be not all young people have access to the Internet where they feel they can complete a sensitive survey with privacy and confidentiality. For future research however, there would no need to confine completion of the questionnaire for scale of sexual self-

awareness to an electronic format as a paper-based format could also be employed.

The online survey for this piece of research was extremely large and produced a wealth of data, not only through the number of statements, but also in relation to social and sexual demographics including opinions about SRE. As one of the aims of this part of the research was to reduce the statements to a meaningful size, this meant that the majority of statements data were not analysed further. This data should be revisited and further analysis carried out as the wealth of information this could provide as an insight into the sexual activity, beliefs and values of this large dataset could prove invaluable to policy makers and researchers alike. In addition, more in depth analyses is needed into the opinions of the content and level of information of their SRE as, again, this would prove invaluable for educationalists.

A very difficult decision was made relatively early on in this piece of research and that was to conduct the qualitative study with young women only. As stated at the beginning of this thesis, the decision to concentrate solely on young women was taken because the literature review highlighted that, due to the pervading gendered double standard throughout the various aspects of sexual self-awareness, this appeared to result in confusion, negativity or unspoken aspects for a large number of young women. Therefore, it was considered imperative to gain greater appreciation of how young women perceive and understood all these aspects within sexual self-knowledge, self-exploration, and self-expression, and the qualitative study certainly provided a much clearer picture of young women and the development of their sexual self-awareness. That being said, it would be of great interest to conduct a similar study with young men to see how they understand these aspects within sexual selfknowledge, self-exploration, and self-expression and the development of their sexual self-awareness. This would offer insight into the social context of young men's sexual lives, such as their perceptions about relational versus pleasureseeking sexual activity, the role of masturbation and their communication with parents and partners. It may help identify concerns and fears that young men have in the sexual domain, especially with those who were not yet sexual active.

Limitations to this piece of research were mainly concerned with the collection of various aspects of the demographics. In relation to the online

survey, first, the collection of the postcode where the family home postcode was not specified, which meant this variable became meaningless to a certain extent as there were a high proportion of undergraduates living away from home in areas that may have not reflected their family home area. This was unfortunate, as previous research has indicated strong links between deprivation and varying levels of risk-taking sexual behaviour. Second, although religion was requested, it would have been useful to have gathered information about the role of religion in the lives of the participants as to whether it is important or just a label that they gave themselves as part of their family background and/or culture. This would have offered clearer insight into the influence of religion on young people and their sexual lives. In relation to the test-retest reliability study, no demographics were requested from the participants, in particular, gender. This oversight meant that no comparison between males and females could be analysed, which was unfortunate considering the variation shown in the online survey.

The next section discusses a summary of contributions this piece of research has made, linking in some of the applications of the scale of sexual selfawareness.

9.4 Summary of Contributions/Applications

The four major contributions that this piece of research has made are first, the development of a reliable scale that indicates strong interrelationship between self-knowledge, self-exploration and self-expression. This scale has highlighted the complexities of young people and their sexual health by indicating the wide array of aspects that are associated with their sexuality. There is no parsimonious solution to the aspects of poor sexual health amongst young people; however, the indications are that if young people feel more positive about their sexuality and, in turn, their sexual activity, this is associated with more positive aspects of sexual health. As one feature of the working definition for sexual health promoted, it is important to recognise that sexual health is a state of well being imbued with positive qualities (Aggleton & Campbell, 2000). The findings from this research have highlighted that a number of young people do *not* feel positive about their sexuality, which may go some way to explaining why young people in the UK have poor sexual health, especially in relation to STIs. This link

between poor sexual health and poor sexual safety is crucial as it may offer a new educational strategy for policy makers and educationalists. It is suggested that, rather than concentrating on negative aspects of young people and their sexual activity, the concentration should be on positive aspects which may in turn lead to a greater understanding of sexual safety. To reiterate, it is imperative that these educational programmes are conducted prior to young people becoming sexual active. Ideally, these programmes need to start at an early age (e.g. 5-6 years old) where children are taught the positive aspects of their sexuality, with appropriate language for each age group. Very young children are not embarrassed by the discussion of any topic, including sex; it is only the reaction of adults, usually parents, where children learn to be embarrassed. They learn that sex as a topic is shrouded in mystery, they may notice that their parents feel and look awkward when they ask fundamental questions such as 'where do I come?' or 'how did I get here?' – naturally curious questions for a child. It may be that these questions are answered relatively openly in terms of the mechanics of reproduction, but questions about the extended aspects of sexuality can be left unanswered with the excuse that the child does not need to know such things at such an early age. Many parents may feel that knowledge about sexuality is associated with loss of innocence and, hence, not talking about it maintains this state of innocence. So, although children need these early sexuality education programmes, it may also be beneficial if parents could be included in these programmes to start opening the doors of communication between parents and children. It could be argued that sexuality education programmes for new parents should start much earlier, within the first two years of their child's life where the parents are provided with tools of communication that are appropriate for when their child starts to ask questions or exhibits behaviour that indicates that they are exploring their sexuality, often in the form of self-exploration. The focus of all these initiatives is to bring sexuality into an open forum, to accept that it is an integral part of human beings and to view it with positivity, not to shroud it in mystery, embarrassment and/or negativity.

The second contribution is the development of a realistic measure that identifies aspects of young people's sexuality. This innovative measure combined other features of the working definition of positive sexual health, such as modes of sexual expression and not just procreation, the expression of

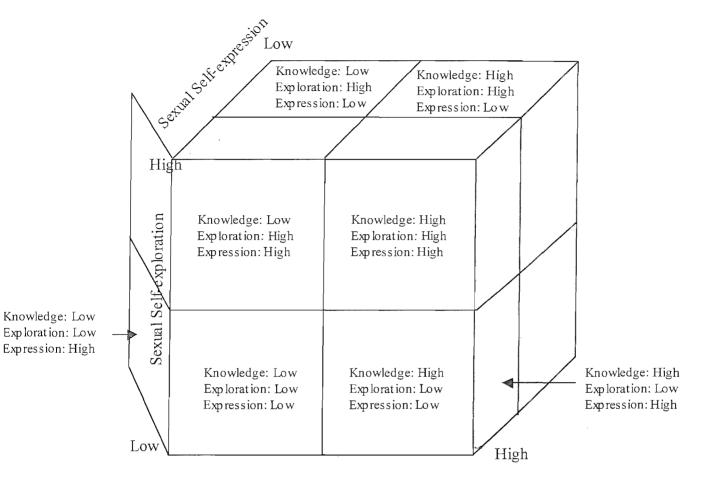
individual and collective needs, the variety and uniqueness of sexual experiences, needs and identities, free from sexual exploitation, oppression and abuse and, the attainment and expression of sexual pleasure, not with the repression of sexual energies and desires or their denial (Aggleton & Campbell, 2000).

The third contribution is a measurement tool that can help practitioners in all areas who work with developing young people to identify these relevant issues, most importantly, prior to their sexual activity. This tool would allow practitioners to identify and target specific areas of concern, whether it be their self-knowledge in the form of young people's attitudes towards condoms, acceptance of the gendered double standard and/or expectations of pleasure; their self-exploration where they have negative feelings towards masturbation and/or their self-expression where they find it difficult to talk to their parents or partners. Practitioners would be able to explore these issues by questioning young people's beliefs, values and/or experiences and, in turn, offer guidance and advice on how young people could feel more positive about their sexuality. In some cases, it can be difficult to engage young people in conversation about their sexual health, especially in relation to their beliefs and attitudes, often due to a certain level of embarrassment. Completion of this scale by young people may be a starting point for practitioners to engage with the young person. Furthermore, this scale could be used as a measurement tool as to the effectiveness of various interventions, where young people complete the scale pre and post the intervention. This could be used in schools as part of the SRE programme or any other initiatives that seek to improve the sexual health of young people.

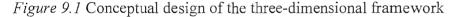
The final contribution is that this measurement tool can be used to explore the variation by a number of social demographics such as ethnicity, religion, culture and deprivation. This may offer additional insight into core beliefs and attitudes about their sexuality that would allow educationalists and practitioners to tailor sex and relationships sex education as well as interventions to the needs of these various cohorts.

Ideally, the development of a computer software programme, which produces a report highlighting different areas of the young person's sexual selfawareness with recommendations for improving their self-awareness would be an extremely useful asset to sexual health practitioners. The conceptual design of

this software would be a three-dimensional framework where the three sub-scales would lie along the three dimensions as shown in Figure 9.1.



Sexual Self-knowledge



The initial development of the reports from the analysis would be based upon, first, the scores on each of the sub-scales being be divided into high and low, second, devising meaningful scripts for each of the eight combinations of the sub-scales and, finally, meaningful and informed recommendations that the practitioner could use in partnership with the young person. This innovative software could be employed in any setting where the discussion of young people's sexual health is paramount.

There is a less specific contribution that this piece of research has made and that is in relation to the theoretical underpinning of this thesis. The theory of sexual scripts proffered by Gagnon and Simon (1973) stated that social norms regarding sexual behaviour are maintained and expressed through culturally shared sexual scripts, which are the stereotyped interactional patterns that are

expected in social situations distinguished between three levels of *cultural*, *interpersonal*, and *intrapsychic*. Feminists researchers have argued that these scripts are very different for young men and women, where the prevailing cultural scenarios encourage women to establish and maintain intimate relationships at the expense of their own needs (Bowleg et al., 2004), whereas men are encouraged to seek pleasure and intimate relationships are not part of their masculinity (Frosh et al., 2003). This research has indicated that, although there is a growing similarity between young women's and men's sexual experiences, the traditional sexual scripts still hold some merit with certain young people; for others, these scripts are confusing as the three levels of the scripts are providing mixed messages. For instance, the cultural message may still be bound up in the gendered stereotypes, but the individual may feel very differently about their own sexual script. The contradiction in these mixed messages may go some way to explaining the complexities of young people and their sexual health; they may help to explain why so many young people have poor sexual health with high rates of STIs, find it difficult to feel positive about their sexuality in terms of sexual safety, feelings of desire and pleasure and comfort with their own bodies, even to an extent that they find it difficult to form a sexual identity.

On a final note, this piece of research has highlighted the need to revise the status of pleasure in sexual health research, the need to take self-exploration and comfort with bodies seriously as part of young people and their sexual health, not only in research, but also in relation to socialisation, communication, and sex and relationships education of young people.

APPENDICES

APPENDIX A Qualitative Study – Participant Form

My name is Harriet Hogarth, a researcher from the School of Psychology at the University of Southampton. My area of research is sexual health, especially among young people. I am interested in how you view your own sexuality, its development and how this relates to how knowledgeable you feel, how confident you are about that knowledge and how easy you find it to talk about this with other people.

Having explained my area of research, I would really appreciate your participation, as I am really interested in your experiences, your views and your opinions. However, the decision is entirely yours; there is absolutely no pressure upon you at all. I understand that this is not an easy topic to talk about, but please let me assure you that your identity will never be revealed, and everything you say will be kept in the strictest confidence at every stage of this research.

I am not here to judge, only to listen!

Please answer the following questions and I hope you feel that you want to be part of this important research into young people's sexuality.

Yes	No
	Yes

Topic Focus Core Question		c Focus Core Question Additional questions	
View of self	Tell me about yourself	How would you describe yourself?	
		Are you happy with yourself? Why or why not? Like/dislike?	How others view you
Family	Describe your family set-up	Siblings? Step relationships?	
	How would you describe/tell me about your parents		
	What is your relationship like with each of them?		
Childhood Describe yourself as a child – say aged 10		Do you like yourself more or less now? Why?	
	Do you have any memories about anything to do with sex?	Talking about it? Who with? Media? Sexual feelings?	Embarrassment? Curiosity?
Puberty	Tell me about when you started your periods	Were you prepared? (Information/emotionally/practically)What did your mum/others say/do?Did you talk to your friends about it?How did you feel?Did you use tampons?What do you think about your periods now?	Self-conscious? Pleased? Grown up? Sad? Loss of childhood

APPENDIX B Interview Schedule

	What did you feel about the	Buying your first bra? Who with?	Self-conscious?
	development of breasts?	What did your mum/others say/do?	Pleased?
		Did you talk to your friends about it?	Grown up?
		How did you feel?	Sad? Loss of childhood
	Did you feel differently	Body image	
	about yourself after	Levels of confidence	
	puberty?	Were you aware of viewing boys differently?	
		What other things changed?	
First	Tell me about your first kiss	Describe the circumstances	
experiences		What did you feel? Emotionally and physically	
	Tell me about the	Describe the circumstances	Timescales
	progression to more intimate experiences	What did you feel? Emotionally and physically	
Sexuality	Tell me some specific	Levels of pleasure in relation to your own body	Parties
	experiences when you were		Fancying certain boys
	aware of your own sexual desire	Any bad experiences?	Clubbing
	desire		Relationships
		Contraceptive use?	Same sex
	Have you ever been aware	Are you aware of the changes in your body when you feel	In school
	of having sexual feelings	sexually aroused?	In bed when alone
	when you are not with a		Watching something on
	partner?		the TV or cinema
	Do you experience	Describe the first time it happened?	
	orgasms?	Are they important to you?	
		Do you expect them every time you have sex?	

		Does your partner expect one every time? Does your partner expect penetrative sex every time? Do you have orgasms when you are alone? Are you comfortable touching yourself?	Types of emotions – guilt, shame, etc Fantasies?
owi	you think about your n desire and pleasure in ation to your sexuality?	Is your partner's pleasure more important? Is this just part of your emotional feelings towards your partner? Do you think you are really aware of your physical feelings?	
		Is pleasure for women just as important as for men?	
talk	w easy do you find it to c about your sexual needs a partner?	Have you been able to talk about contraception with your partner(s)?	
	you talk to your friends out your desires?	Examples	
	ything else you want to k to me about?	,	

Note: This is a very loose framework for the interviews. If the participant wishes to talk about different aspects of her sexual self-awareness, the interview may lead away from this framework.

APPENDIX C

Young women's sexual self-awareness Consent Form for Research Participants

Information sheet

My name is Harriet Hogarth, a researcher at the University of Southampton. I am requesting your participation in a study about your romantic and sexual experiences. This will involve completing an interview that should take approximately 1 hour. I appreciate that some of the information that you will impart is very personal, but I would appreciate your honesty and openness.

Your name will not be connected to any of your data. Personal information will not be released to or viewed by anyone other than the researcher involved in this project. Results of this study will not include your name or any other identifying characteristics.

Your participation is voluntary and you may withdraw your participation at any time. If you have any questions please ask them now, or if you wish ask about anything at a later date, please contact me at harriet.hogarth@soton.ac.uk.

Signature Name Date

Date

Statement of Consent

I ______ have read the above informed consent form.

I understand that I may withdraw my consent and discontinue participation at any time without penalty or loss of benefit to myself. I understand that data collected as part of this research project will be treated confidentially, and that published results of this research project will maintain my confidentially. In signing this consent letter, I am not waiving my legal claims, rights, or remedies. A copy of this consent letter will be offered to me.

(Circle Yes or No)

I give consent to participate in the above study.

Yes

No

Signature

Name

I understand that if I have questions about my rights as a participant in this research, or if I feel that I have been placed at risk, I can contact the Chair of the Ethics Committee, School of Psychology, University of Southampton, Southampton, SO17 1BJ.

Phone: (023) 8059 3995.

Appendices

N°	Name	Age	Parental Set-up at home	Siblings	Housing	Education level	Age at sexual debut	Rel. status
1	Samantha	17	Mum and step-dad Doesn't see real father.	4 step-siblings (3 brothers and 1 sister)	Council house (rented).	3 'AS' levels	15	2 months
2	Gemma	17	Mum and dad	1 younger sister Younger brother killed in road accident when she was 10	Ex-council house (home ownership)	Retaking GCSEs	11	Single
3	Holly	18	Mum and dad	2 older brothers	Private ownership	3 'A' levels - university in October 2005	18	6 weeks
4	Emily	16	Mum and dad	2 younger brothers	Council house (rented).	2 'AS' levels – may leave school to do hairdressing	13	None
5	Victoria	16	Mum Real father and step-father no longer live at home	l younger half sister	Council house (rented).	Taking vocational qualifications	14	None
6	Megan	17	Mum and step-dad	1 older step sister 1 younger brother	Ex-council house (home ownership)	2 'AS' levels – go into child care	15	6 months
7	Sarah	18	Mum and dad	1 older brother	Private ownership	3 'A' levels – uni in Oct 2005	17	16 months
8	Laura	17	Step-mum and dad Sees real mum on a regular basis	2 younger step sisters	Renting privately	3 'AS' levels	15	8 months
9	Chloe	16	Mum Step dad left about 2 years ago	1 younger brother	Ex-council house (home ownership)	Retaking GCSEs	14	None
10	Jessica	18	Mum (part-time secretary) and	1 younger sister	Private ownership	3 'A' levels –	17	10 months

APPENDIX D Demographic Information and Relationship Status

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			dad (farmer)			taking a gap year		
11	Olivia	17	Mum (part-time in a nursery) and step-dad (IT Consultant)	1 older sister 1 younger brother	Ex-council house (home ownership)	3 'AS' levels	15	3 months
12	Stephanie	17	Single mum (pub work)	1 half younger brother 1 half younger sister	Council house (rented)	Retaking GCSEs	13	None
13	Lucy	18	Mum and dad - both teachers	No siblings	Private ownership	3 'A' levels – taking a gap year	16	2 years
14	Katie	1 7	Mum (shop assistant) and dad (builder)	1 younger sister	Ex-council house (home ownership)	3 'AS' levels	16	1 year
15	Becky	17	Single dad (builder)	3 younger brothers	Council house (rented)	3 'AS' levels	16	2 months
16	Hannah	16	Mum and dad (taxi driver)	1 younger brother	Ex-council house (home ownership)	Retaking GCSEs	15	6 weeks
1 7	Susie	18	Mum and step-dad (Bank Manger)	1 older brother	Private ownership	3 'A' levels – taking a gap year	17	l year
18	Charlotte	17	Single mum (Shop assistant)	2 younger half brothers	Council house (rented)	3 'AS' levels	16	2 weeks
19	Ellie	17	Step-mum and dad (Fireman)	1 older step-sister	Ex-council house (home ownership)	3 'AS' levels	16	4 months
20	Daisy	18	Mum and dad. Both professionals	l younger brother	Private ownership	3 'A' levels – university in October 2005	18	15 months

Appendix E Five stages of data analysis in a framework approach

1. Familiarisation.

Audiotaped interview data were listened to numerous times, transcribed verbatim and edited to remove identifiers. All of the transcripts were read three times to ensure immersion in the data and complete familiarity with each transcript. All reflexive notes taken immediately after the interviews were added to the transcriptions, plus any additional notes that were taken at the time of listening to the tapes.

2. Identifying a thematic framework.

Identification of all the key issues, concepts, and themes by which the data could be examined and referenced, was carried out by drawing on *a priori* issues and questions derived from the aims and objectives of the study (primarily the interview schedule) as well as issues raised by the respondents themselves and views or experiences that recurred in the data.

For this initial stage of the analysis, a spreadsheet was developed where each participant was allotted a column and low-level themes were allocated to the rows of the spreadsheet. This method allowed a detailed index of the data, which labelled the data into manageable chunks for subsequent retrieval and exploration. Each thematic quote from the transcriptions was placed within the appropriate cell within the spreadsheet, including the line numbers from the transcripts for prompt access, thus allowing an immediate visible representation of data, not only between the participants (horizontal) but also within the participant (vertical) (see Figure below for an example of the spreadsheet). For example, participants described many aspects of their communication in relation to sexual matters that had occurred with their parents (primarily their mothers) during childhood and later years. Hence, this method allowed investigation into the relationship between early and later communication, *within* each participant's account as well comparisons *between* the participants.

This methodology is strongly advised for cross-referencing between and within participants. These initial themes were built up from the first participant, and then each participant's transcript was matched against these initial themes to ensure that nothing was omitted. Saturation point came at the seventh participant, after which no further themes were found.

The remaining 13 transcripts were scrutinised to ensure that nothing had been missed. The spreadsheet was then printed and pasted together and pinned up on a wall where the researcher was allowed visually to explore the interlinking quotes simultaneously. This ability to be able to view across themes and within each participant proved invaluable.

3. Graphical representations

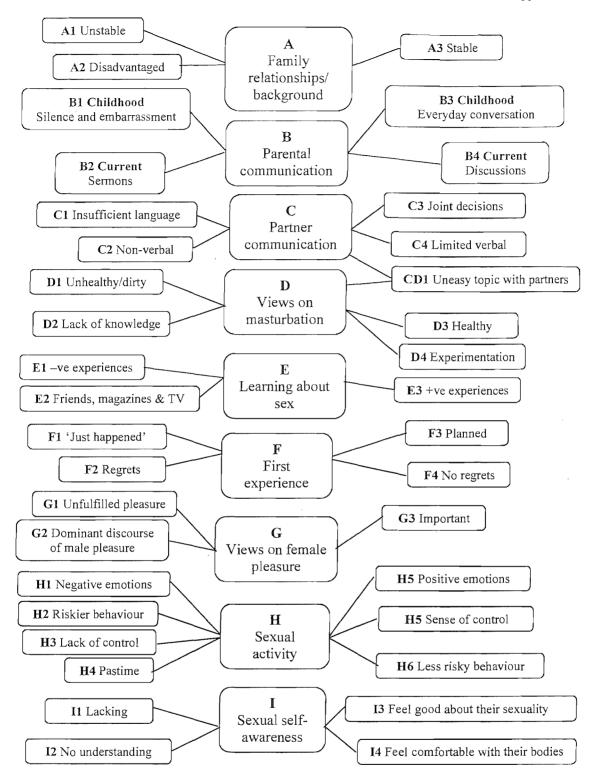
Through study of the quotes within the spreadsheet, it became apparent that there were extreme negative and positive experiences and emotions expressed by these young women, and this prompted the researcher to explore this avenue in more detail, which led to the graphical representation as shown below. Although this helped to clarify these extremes, the issue was that this implied that these extremes were distinct themes or categories, whereas further exploration implied that, far from individual categories, it was more that they were the extremities of a continuum. For example, (F) 'First Experience' appeared to be 'Just happened' compared to a 'Planned' event.

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Themes		PARTICIPANT 2	PARTICIPANT 3
3 Paren	tal Communication		
3.1		I suppose she must of said something about it but I certainly have no memories of itmaybe I asked her some questions or something when I was younger but who knows	The fact that I don't remember any specific chats is probably a good thing if you know what I meanI think it must have been all part of everyday chatterI remember telling a friend about where babies came from when I was about 9 and she didn't realise all the ins and outs and i remember her asking me lots of questions and me knowing the answersI felt really important you knowprovider of knowledge so to speakso I guess mum must have told me all about it[123:130]
3.2	Periods	Yeashe did explainwellsort ofyou know how it happens every month and using padsshe said I wasn't allowed to use tampons until I was older but she never said whyI didn't really understand what they had to do with everything	Yea we talked about periodsespecially when I started and she made sure was ok and not worried or anything and I wasn'ta couple of friends had started before me so I knew what to expect[141:144]
3.3	Relationships/Emotions		Mum and I do talk about relationships just in everyday chat reallyI do fee I can talk to her about anything really which is niceshe never seems to judge me but then I think I know what I want if you know what I meanwhat I mean is that it is never a lectureshe allows me to have my point of view and then in turn i listen to hersometimes she offers advice bu doesn't get cross if i don't always take it which is good [354:362]

Example of the spreadsheet of themes and participants

Appendices



Graphical representation of negative (left side) and positive (right side) themes

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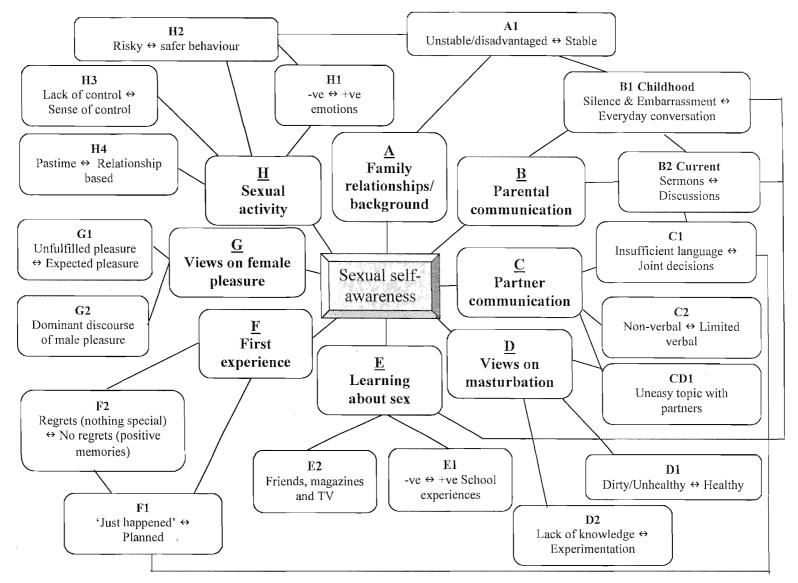
To clarify this idea, a graphical representation was created that brought not only these extremes within one theme so that it illustrated a continuum but, also, it was thought to be important to somehow redesign the representation with sexual self-awareness at the centre and the other themes linked to it. Hence, through further exploration and analysis, an adaptation of the last figure was created where sexual self-awareness was placed centrally with themes that were based on a continuum and individual themes (non-continuum) were situated around sexual self-awareness as shown below.

Built upon this graphical representation, and to ensure that the analyses continued across the participants and within the participants, two word documents that mirrored each other were created to allow cross-referencing; first, a thematically driven document with all the relevant quotes from the transcripts within the themes and the relevant coding for each sub-theme annexed with the participant number and, second, a participant driven document with all the relevant quotes from the transcripts made by each participant by theme and the relevant coding for each sub-theme. The next stage was to create a wallchart by pinning 3x3 A2 sheets on the wall with the figure below placed in the centre. The relevant quotes were then pasted around on the sheet on the wallchart as close as possible to the relevant theme; this method proved invaluable as again it allowed a strong visual image of all the relevant quotes.

4. Interpretation

This stage was concerned with the abstraction and synthesis of the quotes. It was at this stage that the analysis focused the data and its relation to the three main aspects of sexual self-awareness, under the themes of sexual self-knowledge, self-exploration, and self-expression. Developing the themes, it was considered that [F] First experience, [G] Views on female pleasure, and [H] Sexual activity formed part of the theme of sexual self-knowledge; for the theme of sexual self-exploration, it appeared intuitive that [D] Views on masturbation fitted here and; [B] Parental communication and [C] Partner communication formed part of the theme, sexual self-expression.

The development of the sub-themes within the theme of *sexual self-knowledge* were the [i] *the influence of emotional attachment*, where a number of young women viewed strong emotional attachment as a prerequisite to sexual intercourse, even with a diminutive temporal aspect to the relationship; [ii] *unfulfilled expectations*, where the majority of young women expressed negative feelings in relation to their sexual lives, [iii] *the recognition of the double standard,* where these young women perceived and dealt with this in differing ways; and [iv] *desires and pleasures*, this area ranged from understanding their desires and pleasures, to unawareness of these areas.



Graphical representation of 2^{nd} level of themes and sub-themes (\Leftrightarrow indicates a continuum)

The sub-themes that emerged within the theme of *sexual self-exploration*, using *in vivo* quotes where it was considered appropriate and these were [i] "discovering the pot of honey", where a few of the young women who engaged in masturbation, found it a positive and pleasurable part of their lives; a secondary subtheme emerged with these particular young women who also spoke of masturbation in terms of a further sub-theme of Beyond sexual gratification where they described additional positive emotions that masturbation had brought them. The second subtheme that emerged was [ii] "I don't know what to do", where some young women expressed that they had tried masturbation but were unable to fulfil their needs and expressed disappointment at this; the third sub-theme was, [iii] "Never really thought about it", where some young women appeared almost surprised when asked if they masturbated; the fourth sub-theme was [iv] "That's really disgusting", where a few of the young women had extremely negative thoughts and opinions about female masturbation. The final sub-theme is [v] Influence on sexual activity where a few of the young women described how their masturbation had influenced their sexual activity with others.

The sub-themes that emerged within the theme of *sexual self-expression* were presented between partner communication and parent communication. The first subtheme within partner communication that emerged was [1] Mutual decisions where a few of these young women experienced joint decision-making with their partners about first time sexual intercourse and contraception; the second sub-theme was [ii] *Limited and/or non-verbal* where a number of the young women reported difficulty in expressing their needs to their sexual partners as well as often stopping events with partners that they were unhappy with. The third sub-theme was [iii] Negative *reactions* where a few of these young women felt fearful of the negative reactions of their sexual partners. For parent communication, the two sub-themes were [i] Everyday conversation and discussion where some of the young women reported positive interactions, especially with their mothers; in contrast to the second subtheme [ii] Embarrassment and silence, and/or sermons, which described how a number of young women perceived their communication with their parents. These themes and sub-themes are presented graphically in Figure 4.4 and see Appendix G for the complete list of quotations by each participant.

5. Inter-rater reliability

The sixty-five quotations were given to a colleague in sexual health research, with a list of the themes and sub-themes. The colleague subsequently allocated each quotation to a theme and sub-theme and disagreement occurred on 4 quotations (6%). These four quotations were discussed until agreement was found, which did not alter their original theme and sub-theme.

APPENDIX F

THEMES BY PARTICIPANTS

Participant 1

SEXUAL SELF-KNOWLEDGE

The thing is that I get sort of aroused...you know...I can feel myself getting wet and my nipples go hard and it feels great and then I don't know how to get to the next stage (laughs) [312:315] Describing being with her boyfriend

...it's (the interview) made me think more about the things that have happened to me. I realise that I've done so many things that I have sort of just given into...it wasn't like me making decisions...it was me just going with the flow...almost just wanting to get it over and done with...isn't that awful? [206:209]

I guess...I mean I felt more grown up and all but...the thing is I never really understood how I feel...you know...in relation to sex...not sex itself but me as a ...you know...sexually...like... it was something that kind of just crept up on me...there I was... this kind of girl and then all of a sudden I had to deal with periods, boobs, and all that...no one had told me that I would feel so different... I liked being a kid... you know... playing games like hide and seek and then suddenly I had all these things happening to me and I wasn't prepared... I know we have to go through it...well especially girls...and I was no different than everybody else but I think looking back that I was cross that no one had said oh this is gonna happen and that is gonna happen...you know what I mean [137:149] SEXUAL SELF-EXPLORATION

Implied that she had never tried masturbation, not something that girls should do.

SEXUAL SELF-EXPRESSION

I didn't feel there was anyone I could talk to...you know...someone who understood me but also who did know what was going on...me and mates used to talk about things but they didn't know anymore than me half the time [147:150]

Parental Communication

(When asking her mother about French kissing) I did ask her once and she said oh you'll find out soon enough [laughs]...[] ...I kind of knew not to ask her any more...its funny really cos you can always tell with parents when you mustn't ask any more questions...they sort of dismiss you...do you know what mean [HH: yea...it's a certain tone they use (laughs)] (laughs) yea...like...don't go there cos I don't wanna talk about it...anyway...so it was this kind of secret...no not a secret more...god how can I describe it...like a no-no...Christ what's the word [5] [HH: taboo?] yea...that's the word...like people would really get angry if you talked about it...[91:100]

...and my dad started ranting and raving about gays and how disgusting it was and saying to Stevie and Joe (younger brothers) if they ever turned out gay he would clobber 'em...they were only 6 or 7 and didn't understand what he was talking about and when one of them asked my dad what he was on about he said you'll find out soon enough (laughs) [59:64]

...mum told me about periods but not why girls have them or anything...just what a pain they are and how often they happen and what you do...I don't think she even told me...you know...what babies have got to do with it...[100:102]

Partner Communication

...my boyfriend sometimes asks me what I want him to do and I just don't know and then when he's fingering me its somehow not right but I don't know what to tell him to do to make it right and then it sort of hurts and I tell him to stop and he takes that as me being ready for him to go inside me and that makes it worse cos I am so not ready and that's when I pretend ...this sounds so awful...[HH: No it doesn't...you are not alone in faking orgasms] No...I suppose not...but I don't like doing it...its like cheating ain't it...you know...not only him but yourself as well...I think its quite sad really...[312:322]

Highlights the inability of participant to describe or explain her needs. She did sound very sad when she was talking about this, her voice was full of regret and she obviously wasn't sure what she was going to do about it

...the bloke whose party it was came over and started chatting to me...I felt like really important...but the daft thing was I didn't fancy him or anything...it just felt good to be the centre of attention and so when he put his arm around me and started kissing me...I just went with it and god it was awful...all wet and horrible...you know...lots of tongue (laughs) ...and I remember thinking how gross is this! But what do I do? Do I stop it...no...well I kind of pulled away...you know...try to let him know that I am not up for it but I'm scared of causing a scene and upsetting him especially as its his party and I think oh god everyone is gonna think I am a right slapper for letting him kiss me so quickly and I have got all things...like...mixed feelings rushing around in my head and I am hating every minute of it...the more I think about it...it really was awful and...anyway he suggests we go to his bedroom...its as if he's totally ignored my signals...if you know what I mean...I mean I've pulled away from him kissing me and he still goes ahead and tries to get me to go to his bedroom... [218:230]

Participant 2

SEXUAL SELF-KNOWLEDGE

I didn't want it to happen (sexual debut) it just did...but its no big deal is it?...I mean its only having sex isn't it? Although I do quite regret it really...it would've been nice if it had been special but it weren't and I can't change that... [214:219]

all my mates say how great sex is and I sort of agree...but I'm thinking inside...no its not...its crap and I can't see what all the fuss is about...so there's gotta be something wrong hasn't there? I mean...you know...what's it all about? [5] [389:392]

I mean sometimes they made me give them blowjobs when I didn't really want to and that used to piss me off sometimes but I didn't have to do it did I? I mean it was ok but I didn't really want to do it...and sometimes when we had sex it hurt a bit you know like I wasn't ready you know...but I was never forced like...not rape or anything... [307:311]

SEXUAL SELF-EXPLORATION -

Not talked about

SEXUAL SELF-EXPRESSION

Parental Communication

I don't remember that much...I remember sort of embarrassed silences whenever anything like that come on the TV...you know like people kissing and stuff...or mum deciding to make a cup of tea or something...I don't think we talked about anything really that I can remember... [86:89] Partner Communication

Its like the whole sex thing is driven by us pleasing the bloke...like his pleasure...like...you know...like he always controls that...like he decides what we do and where we do it...I do try and stay in control but its like his needs are greater than mine...and its all too quick...you know...the pace of everything...and I do try and slow it down but it ain't easy...[325:330]

Participant 3

SEXUAL SELF-KNOWLEDGE

We just thought about it (sexual debut)...you know...like I didn't want to rush into it and he didn't either...I never felt I was being pushed into anything and when it happened we both really enjoyed it...I mean it was a bit quick (laughs) but it was still nice [254:259]

SEXUAL SELF-EXPLORATION

I do it occasionally...I started when I was about 14...don't know why really...I think I read something about in a magazine or something and thought I'd give it a go (laughs)I think it was talking about vibrators and stuff...but I just tried it...it was strange feeling yourself down there [] I had very mixed emotions about it...you know...a bit of guilt but then it felt good as well and I thought its my body ...why shouldn't I do it...it was a bit hit and miss to begin with...but then it got better and very enjoyable... [274:281]

Although this is a relatively healthy attitude, there are negative emotions that had to be dealt with in the beginning, almost a need to justify herself

...its funny really cos I sort of forget about it (masturbating) ...what I mean is that its only after I've done it and I feel all chilled that I think 'oh that's why I was feeling all sort of tense and stressed ' and it really helps...you know...to feel better well not better just calmer...well that's how it is for me anyhow...[302:309]

SEXUAL SELF-EXPRESSION

Parental Communication

The fact that I don't remember any specific chats is probably a good thing if you know what I mean...I think it must have been all part of everyday chatter...I remember telling a friend about where babies came from when I was about 9 and she didn't realise all the ins and outs and I remember her asking me lots of questions and me knowing the answers...I felt really important you know ...provider of knowledge so to speak...so I guess mum must have told me all about it...[123:130] We do talk about all the diseases but its kind of not directed at me...you know...sort in general and how awful they are and how careful young people have to be...and so I sort of get the message that way if you see what I mean [426:430]

Participant 4

SEXUAL SELF-KNOWLEDGE

I mean it should have been better first time....but it just happened and I know I can't change that but I do regret it cos it should have been different you know like good like memorable...I mean it is your first time ain't it? Anyhow it weren't was it and now I try and make things different but somehow I always find I'm doing the same thing again...always thinking that it will be better next time but it never is [279:283]

SEXUAL SELF-EXPLORATION

No I don't...I've never really thought about it...just haven't felt the need [5] [HH: Don't you ever feel horny?] um...no not really ...not that I've been aware of...I mean I do get like that when I'm with a bloke but not you know when I'm on my own...at least I don't think I do...[485:490] SEXUAL SELF-EXPRESSION

Parental Communication

I used to think sex was really dirty...I suppose I still do...in a way but I know it isn't...we just never talked about it at home...not in a sort of sensible way like...if you know what I mean...like laughing at it and mum looking shocked and yet looking at m' dad and smiling...oh I don't know...we just knew we couldn't talk about like any other subject... [47:51]

Partner Communication

I should of said something to him...you know...I should have stopped him but I didn't know how... [278:279]

Participant 5

SEXUAL SELF-KNOWLEDGE

...but it is difficult for a bloke isn't it cos they get hard...I mean...cos they can't control it can they? and then if its not right they get sort of angry and I can understand that...you know...if you don't finish them off like cos its unfair isn't it...like it hurts them whereas girls or women can control it...like take it or leave it...its not that important so we just...you know... kind of there you know but that's part of the relationship isn't it? And I like that...you know...being there and [194:200] SEXUAL SELF-EXPLORATION

Didn't want to talk about it, thereby implying that she had never tried or even thought about it SEXUAL SELF-EXPRESSION

Parental Communication

I sometimes think that I should talk to mum you know really talk to her but I'm not sure she would understand she would just get cross and I hate that cos I just want to be OK with her...you know...but its difficult...I'm not sure she would understand...all those different situations...its difficult for me to understand sometimes...you know...when you're been drinking and things get difficult... not dangerous or nothing just not right...kind of scary and then you wish you were at home...with your mum cos she's kind of safe and warm and secure and I do love her...I know I don't always show it but she is the best [365:371]

Partner Communication

I do feel bad sometimes...you know...especially when I feel that I have done something that I really didn't want to...I mean I did want to cos it was feeling good but then it always turns into him wanting sex ...you know....going the whole way and sometimes I don't want to but ending doing it and then that's when I feel bad... [169:175]

Participant 6

SEXUAL SELF-KNOWLEDGE

...and I'm not sure I know when its right physically I mean that for the bloke to decide ain't it? I mean it's not up to me to decide that...they know don't they? I mean I think I will just go with the flow and like...kind of know when it's right... it's so difficult cos sometimes I feel it's not about me [377:380] It was at a house party when about 15...we'd all been drinking and we sort of took it in turns to disappear to one of the bedrooms...I do regret it...I mean it weren't all it was cracked up to be...yea it is a shame but there's nothing you can about it is there? [217:222]

SEXUAL SELF-EXPLORATION

Implied that she had never thought about it

SEXUAL SELF-EXPRESSION

Parent Communication

She didn't want to talk about her home life, just said things were difficult and that she didn't get on with her step-dad and that they didn't really talk about anything Partner Communication

(After pulling away from a boyfriend who tried to have sex) I kind of sobered up real quick and pushed him away and then he started calling all the names under the sun and I was really scared...[] I felt really guilty about it cos I really liked him and maybe I should have been more understanding cos it is different for a bloke ain't it and I was enjoying it and all...its just that I weren't ready... you know... it was too soon... ...[5] [371:377]

Participant 7

SEXUAL SELF-KNOWLEDGE

HH: What do you do when your partners are not getting it right?

Well I suppose I often just stop it...you know...let them down gently...but I think why should I carry on with this when its not good for me...I mean...it should be good for both of us...but sometimes I just think they want to cut to the chase...you know...get to the sex bit without any real thought about me and that really pisses me off...because there's more to it than just...you know...getting your end away...well...there is for me anyway...[5] that's why I think I have only had one sexual partner...well you know...gone the whole way with...there were others but...you know...just so selfish...well may be not selfish...I don't know how to put it but like it had to be on their terms...you know if I said no to something then they would get all huffy and make out that I was the problem... [111:121]

SEXUAL SELF-EXPLORATION

When I was about 15 and I kind of kept of having these feelings at school you know when I should have been concentrating on my classes [laughs] and I kept of thinking about this particular boy and I didn't know why he was a real jerk you know cocky and into all the girls and I didn't even like him and I was kind of really annoyed that I was thinking of him but the feelings I got were sort of horny I didn't realise that at the time just that I got this feeling you know where [] I was in my room one night and I started thinking about this boy and thought this isn't right cos I don't even like him and I realised that my boobs were all hard [] and I started touching them and that felt good as well and I don't know my hand sort of wandered all over the place and ended up you know where but even then it wasn't quite right so I started using this deodorant you know the roll-on type cos I've got sensitive skin so I always use that stuff and then it felt really good using my fingers as well and god it was so quick and I had my first orgasm you know you couldn't mistake it...it was just great...I felt a million dollars and then so calm and so feeling good inside myself...it was as if I had at last done something just for me...it was mine and no one elses...sort of content...does this sound silly but I sort of slept like a baby that night as if it was this incredible release and I knew that if I ever felt you know really uptight I could do this again and I could feel good again...[78:99]

SEXUAL SELF-EXPRESSION

Parental Communication

Mum just talked to me when ever I asked any questions ... apparently I was very inquisitive as a child...you know asking where babies come from and everything...I don't remember asking but its like I just know it...like its always been there...[53:57]

Well I'm on the pill...its funny really because mum wanted me to go on it when I was about 16 just in case anything happened and I said nothing was going to happen and she said "oh you never know" and I thought 'yea I do'...anyway I said I didn't want to go on it and she was cool...so when I kind of knew that James and me were going to get to that stage...it was easy to talk to mum about it... [168:172]

Partner Communication

The last thing me and James wanted was for me to get pregnant and so we talked about the pill...I think that was the only thing (type of contraception) we talked about...I think we may have mentioned condoms but I think James just pulled a face (grimace) and they weren't mentioned again (laughs) [224:228]

...and sometimes he really hurt me (during foreplay)...you know...er...like I was saying...you're not doing it right and I used to think "look mate I can go home and do this much better than you can" (laughs) [179:181]

(HH: Has this (masturbation) affected your sexual activity in any way?) How do you mean? (HH: Well, has it made a difference with sexual partners as to what happens ...you know...that somehow you are more aware of your sexual needs?) Oh I see ...well...I guess so...let me think [5] I think I have to be more careful [laughs] what I mean is that I often want to tell them what to do cos they ain't doing it right but the trouble is if I do that a lot they immediately think it's cos I've slept with a load of blokes and know about it that way and I don't think I can say it's because I like playing with myself a lot cos somehow that's just as bad...you know...because its telling them that I like sex...its telling them that I enjoy just the physical stuff and...oh I don't know...its not sending out the right

messages...do you get what I mean?

Participant 8

SEXUAL SELF-KNOWLEDGE

I just know that I kind of want to understand myself and part of that is kind of being with myself...you know...being myself like...being ok with myself...this is really shitty cos like now it's all about sex...you know...real sex like really doing it...um...you know...not like a long time ago when just a touch-up was like sex...now it means going the whole way cos you have to don't you? not just a quick feel of the tit and somehow its ok I mean if you don't go the whole way...you know... you're a frigid cow and I'm really not happy with thatI mean I'm not is that ok? cos its not right and I feel bad...I'm really sick of feeling bad [452:456]

SEXUAL SELF-EXPLORATION

I've tried...you know....sort of felt myself down there but nothing happened I mean I don't know what to do ...I tried but nothing happened...oh god... am I normal...I mean...it just felt wrong I mean I felt guilty you know not right cos its not right is it I mean girls shouldn't do that should they I mean why didn't I feel anything I should of should I? I mean its ok for girls to do that isn't it but there was nothing...I kind of felt around and then didn't know what to do [laughs] and then I just felt silly you know as if I was doing something that wasn't right you know kind of dirty and then I stopped and then I kind of cuddled up you know as if I was some kind of freak and if I had done something really bad and I felt so bad. you know really bad and I have never done anything like that again cos its not right is it? Is just not right...I mean .I thought it would be good but it wasn't and I wanted it to be but it wasn't and now I don't understand cos...well...it should be...shouldn't it? [287:297] SEXUAL SELF-EXPRESSION

Parental Communication

Sometimes I really tried and talk to (biological) mum...I really wanted to but she...its like she doesn't know how to...its like she doesn't know what to say...I mean I'm sort of embarrassed but I don't expect her to be...I mean she is the adult and I want to know about things and I've got lots of questions and she should know shouldn't she? [366:371]

Partner Communication

I'd been going out with him for about three or four months and we hadn't really talked about it...he just tried to push it you know without saying anything and I didn't really know how to talk to him but I was ok with the pace of it if you know what I mean and then it just sort of happened round at my place...I mean we were carried away...you know...really hot but I didn't think it would happen like that...it wasn't planned or nothing and in some ways I think that is a shame you know...I wanted it to be something we'd talked about... [199:204]

I mean I hardly ever have an orgasm with these blokes...I mean its all over too quick ain't it?...they sort of ask if you're ok and I sort of moan a bit and they think that's me saying yea its great and I'm nearly coming (laughs) and so they sort of go for it and before I know it...its all over (giggles)...its not funny really is it? I mean I'm left there feeling all horny and he's thinking thank you very much that was great...that's crap ain't it? [369:375]

Participant 9

SEXUAL SELF-KNOWLEDGE

I mean sex for me is in a relationship its not something you do for sex sake...you know...like...just physical...sex is part of the relationship and I like doing it when I'm in a relationship but its kind of unimportant when I'm not in one cos that's really sluttish outside one isn't it? [347:351]

It wasn't good the first time you know it was bad actually you know it didn't feel good I mean it was like me not being in control...I know you suppose to feel out of control but I was out of control for all the wrong reasons sorry I know that don't sound right but that's how I feel...[297:300]

Its funny really cos you go along with the bloke...you know... like at a house party or something and you think...yea...this is really nice...you know feels good and then they try and push it...you know wanting sex and I'm thinking why am I doing this? Cos I don't want to take it that far and sometimes I do and sometimes I don't ... but it don't always feel good... and sometimes I do kind of regret it [254:261]

SEXUAL SELF-EXPLORATION

[HH: Do you masturbate?] God no...I mean only slags do that, don't they? Sorry...[] I mean I would never feel myself...you know...well...I just wouldn't cos it can't feel right without a bloke can it? I mean sex is only part of a relationship and then its ok...do girls really touch themselves? I can't believe that...I know people sometimes talk about... like...I think I've read it or seen it on the tele....but that's for older women or ones who can't get boyfriends and I think that's really sad you know like just cos they can't get boyfriends they touch themselves up...its not on you know...cos girls shouldn't have to do that...you know what I mean? [5] [274:284] SEXUAL SELF-EXPRESSION Parent Communication

She didn't want to talk about her family set-up, dismissed it almost as unimportant.

Participant 10

SEXUAL SELF-KNOWLEDGE

I really like sex...no...I love it...that's OK ain't it? I mean... why shouldn't I? [257] SEXUAL SELF-EXPLORATION

You know the first I ever touched myself down there...oh my god...it was amazing...I mean really amazing...it was like discovering the pot of honey [giggles] I mean part of me felt really bad you know wrong...dirty...but another part me said I don't care cos it felt so good...I used to think about it during the day and look forward to going to bed or at least being in my bedroom on my own...god this sounds really awful but that's how I felt you know when I discovered it...it was like my secret [288:300]

I think that cos I know my own body better I kind of know my own mind better...sorry I know that sounds daft but it really is how I feel...its like I feel more of a complete person...oh god...this really does sound stupid [] I feel more comfortable with myself...more at ease somehow...[438:443] SEXUAL SELF-EXPRESSION

But I tell you one thing...I always but always insist on a condom...I don't care what they say...you know all the crap blokes come out with...like 'it don't feel right' or 'I can't come with one on' all that malarkey...I just say tough 'if you ain't wearing one you ain't getting it from me'...cos I just want to be really safe [HH: Why do you think you feel like that?] Yea...don't know really...its hard to explain...no I've never really thought about it...I just don't want any shit...you know...no babies no disease no nothing...just want it to be hassle free...[258:235]

Participant 11

SEXUAL SELF-KNOWLEDGE

I'm never sure which is the real me...I mean I know I should be getting more out of my sex life cos at the moment its all about my boyfriend...you know...making sure he comes and like he always wants to go inside me...you know...and sometimes I'm kind of not ready and don't always want him to go inside...but [5] not that I mind...I like pleasing him but it would be nice to have like my own pleasure... there's nothing wrong with that is there? [338:342]

I've never had sex outside a relationship...you know...they have always been important to me and I have thought something of them...you know ...sort of loved them [HH: Do you think they felt the same?] Yea...most of them...maybe not always...maybe I thought more of them...don't know...its difficult...some of them weren't that chatty (laughs)...you know...the quiet silent types (laughs)...but most of them were all over me...you know...always wanting it [HH: What's it?] well sex of course [HH: Is that how you can tell how they're feeling about you?] well yea...kind of...I mean if they're coming back for more it must be good mustn't it? I mean they not just using you and moving on are they? They're sticking around so it must mean something mustn't it? [351:362] SEXUAL SELF-EXPLORATION

I sort of know what to do but it never seems to work (laughs)...I have tried a couple of times but its just not right...you know...I mean...I think I kind of feel bad...you know...not right...don't know why...I've never spoken to anybody it...well apart from now...[465:469] SEXUAL SELF-EXPRESSION

Its really funny cos I can say to mum like she might ask me if I had a good time last night and if its been good you know like I had a real laugh and all my friends were you know great like we had a good time especially when things have been funny or funny things have happened...like...I can't wait to tell mum and I kind of relive it with her even if its been a bit sexy you know like a bloke coming on to me like if I have handled it really well and we laugh about it and then when things have got out of order and things are really bad...you know like even a bit scary when blokes come on too strong its like the next day I don't talk to her and then she kind of knows and I know she knows but I feel really guilty cos I want to talk about the bad times as well as the good [411:420]

Participant 12

SEXUAL SELF-KNOWLEDGE

Its like I really have to feel something for him before I can do it...you know...I couldn't just have a one-night stand or anything...its like its got to be in a kind of relationship for it to be ok...[HH: But what about Graham? That was only 2 weeks] well yea...but we had seen a lot of each other... [367:372]

SEXUAL SELF-EXPLORATION

I would never touch myself...you know...I think that's really disgusting... you know...its just not right cos only a boy suppose to touch you there and even then its not that great [laughs] ...[189:193] SEXUAL SELF-EXPRESSION

I do think about catching something but I can't talk to partners about it especially when I don't really know them (laughs)... that sounds great don't it...I'm having sex with them and I don't really know them...anyway it does worry me sometimes but I try and not think about it...[401:405]

Participant 13

SEXUAL SELF-KNOWLEDGE

No it was good ... I mean he really cared... and I was so grateful for that... cos he made me feel special for that... like it mattered to him...like I wasn't just some lay...some shag you know... [289:291]

Yea...I do expect to enjoy it and most of the time I do...well...no all the time really...sometimes he's more in the mood than I am and I still do it...but then sometimes I'm more in the mood and he still is up for it (laughs) [342:346]

SEXUAL SELF-EXPLORATION

Actually my boyfriend taught me how to do it...he kept on going on about how it turned him on to watch me and now I do it quite a lot...you know...even when I am on my own [365:367] Interesting as her masturbation is initiated in terms of male pleasure

SEXUAL SELF-EXPRESSION

I don't remember that much really but I suppose she (mother) must have told its like I just know or have always known... [67:68]

Mum and I do talk about relationships just in everyday chat really...I do feel I can talk to her about anything really which is nice...she never seems to judge me but then I think I know what I want if you know what I mean...what I mean is that it is never a lecture...she allows me to have my point of view and then in turn I listen to her...sometimes she offers advice but doesn't get cross if I don't always take it which is good [354:362]

Participant 14

SEXUAL SELF-KNOWLEDGE

The first time was at some house party of my mates and there was this boy there and I had always quite fancied him...I didn't mean it to go so far but it did and then he never spoke to me again...I felt really used...yea...I am quite sad about it really cos it would have been nice...you know...like if it had been with someone special...I kind of thought he was at the time...I thought he would want me more if I slept with him but that kind of backfired on me didn't it? [278:284]

I mean it was different with Dave cos I did love him...you know...when we did it the first time [HH: how long had you been going out with him?] oh...I don't know...about 3 or 4 weeks but we did know each other before that...you know ...as mates so it kind of grew...you know [327:331]

We go round in a crowd...you know...about 12 of us...about an even split and we just do things with each other...I think we've probably all had sex with each other...well...at least the boys and girls (laughs) nothing dodgy going on in our crowd...anyway...I suppose its our way of keeping safe...you know...no disease [HH: how do you know that no one has sex outside the group?] Yea...good question but its like an unwritten rule...we just don't...I mean I know none of the girls have [HH: What about the boys?] Well...they say they don't and I suppose I believe them cos it wouldn't be fair would it? I mean I like to think we're special to them...you know...us girls and I would be really pissed off if they did have sex with other girls...[356:369]

The irony of this that she feels she is being safe keeping her sexual activity within the group and yet she has no knowledge of the behaviour of the rest of the group, especially the boys. Also she has experience outside the crowd albeit prior to this crowd.

SEXUAL SELF-EXPLORATION

SEXUAL SELF-EXPRESSION

I remember mum saying when I'd been going out with my first boyfriend for about six months and she said 'I hope you're not sleeping with him' you know in that kind of voice and I wasn't but it was like accusing me and I felt sort of angry and I felt like saying 'what if I want to...is that so bad?' and I wanted to talk to her about it ...you know...like in a grown up way not her just getting angry with me or thinking I was some kind of slut...cos for me it was a big decision or at least I wanted it to be and I just felt there was no one to talk to or no one who would take me seriously... [389:398]

Participant 15

SEXUAL SELF-KNOWLEDGE

Yea the first time...weren't that great...you know...I thought it would have been but it weren't ...I mean...it should have been but it weren't...I didn't feel that much ...you know ...physically or emotionally...I feel really bad about that cos I'm sorry I did it and I really regret that... [327:331] I like sex but to be honest a blow job is just like a handshake in our crowd... everything has become meaningless...its cos we're bored most of the time...sex is something to fill in the time...you know...when the video or music is not right...then sex takes over...so you just go for it...[181:186] SEXUAL SELF-EXPLORATION

I'd like to try but its difficult cos I don't really know whether I want to touch myself down then in that way...I don't even use tampons cos I'm scared of them...you know...having to touch myself in that way...I don't know why I feel like this...I just do [325:330]

SEXUAL SELF-EXPRESSION

It's like dad is always going on about it...you know...'do this, don't do that'...you know...'boys are only after one thing' just hammering on...it's like a blinking sermon half the time and if I try and say anything...its like 'I know what's best for you' and yea I know he wants the best but sometimes just sometimes it would be nice to talk...you know...not just be dictated to...cos sometimes I do have different opinions to him...but you know I do know he's right I suppose...are all blokes bastards? It makes me laugh cos where does that leave him...you know what I mean? [217:223]

I did try and talk to him you know I didn't really know how but he was so carried away you know and when I tried to talk about protection he just laughed as if I was some kind of muppet that had never done it before [207:211]

Participant 16

SEXUAL SELF-KNOWLEDGE

I mean why is it over just cos he's come...I mean sometimes he says sorry...you know...cos he's come but don't have to mean its over, does it? Its like it all depends on him and how he's feeling...I mean there are other things he can for me...you know...to make sure I'm ok, ain't there? (laughs) [372:380]

I did have sex with him quite soon after we had been going out but I really cared about him...you know...sort of loved him so it did feel right...er... though it did break up after about couple of weeks and I was quite upset [291:295]

SEXUAL SELF-EXPLORATION

Gawd...I don't think its ever crossed my mind you know...er... no I don't think it has...um...I mean I like watching a romantic...you know...a film that makes you feel good...like...oh I can't think but something sexy...but I wouldn't go away and do anything...you know...to myself...I just wouldn't... [412:418]

SEXUAL SELF-EXPRESSION

I really wanted to talk to him but he would sort of always make a joke out of it...sort of just being dirty...well not dirty...I don't know what the word is...but trying to make out it was all a laugh and to me it wasn't...but I didn't know how to make him see that I thought it was serious without pissing him off...it was really hard...I dumped in the end...it was like he had no respect for me...you know as a person...I didn't really realise that at the time but looking back I think that was the main reason I finished with him [351:360]

Participant 17

SEXUAL SELF-KNOWLEDGE

We sort of did everything before we actually did it (giggles) ...you know...really got to know each other and so he sort of knew me if you know what I mean and always made sure I was ok...you know...so it's always pretty good...you know...enjoyable [361:366]

SEXUAL SELF-EXPLORATION

I started when I was very young or at least I assume I did cos its always been something I've done...I think I almost looked to do it...you know...corners of chairs...certain bars in the playground...I was always aware of a good feeling when I did these things...it was like that part of my body made me feel good and so I felt good about that part of me (giggles) [349:355]

SEXUAL SELF-EXPRESSION

Yea mum and dad were really good about talking to me about everything ...well...I say mum and dad...I mean mum mainly...I mean dad may have been there when I was talking to mum and he may have listened but he never like contributed to the conversation but on the other hand he didn't rush out of the room (laughs) you know in embarrassment...I think he was kind of really interested in what we

were talking about...I think he was sort of shocked that mum was being so open with me...not telling me but kind of discussing it with me...you know...not dictating...she would tell me about how she felt...you know...when she was young...like being confused and not knowing what to do when a boy fancied her and sometimes getting into situations that she was uncomfortable with (giggles) and dad says 'oh I didn't know about that' and mum says 'oh before your time' and laughs and then we all kind of laugh and dad says 'oh I better get out of here before I hear anymore' and mum looks at him and its really nice...you know...the way she looks at him and I think that I would like that some day with someone. (89:101)

I can talk to him about what I want...well about everything really...I think its because we waited...you know...before we went all the way and we talked about it lots before we make love...it was like a joint decision and we both knew it was right...[175:180]

I don't really talk to him about it (masturbation)...I mean we have done it to ourselves when we're together...but I don't think he realises that I do it on my own...I don't know he might...its just that we've never spoken about it...[389:391]

Participant 18

SEXUAL SELF-KNOWLEDGE

Oh God...sometimes I really mean to be strong...you know...I go out in the evening...even me and mates talk about it and we say whatever happens we gotta use condoms...we even buy them in the pub and stuff them in our handbags...but it don't always happen like...you know...I've still got them in my handbag in the morning and I know I've screwed a bloke...shit...sometimes I can't even remember his name...[454:461]

Yea I was...I didn't want it and I don't think I did anything to lead him on...I mean he just dived in there without any thoughts about me... [169:170]

SEXUAL SELF-EXPLORATION

SEXUAL SELF-EXPRESSION

Its like I had this boyfriend about a year ago he was a lot older than me about 21 22 and we had only been going out about a couple of weeks and I felt really grown up going out with him anyway he started getting really heavy with me...you know... wanted to go the whole way... didn't say nothing just kept on pushing it...you know wanting to feel me and everything and I kept on having to push him away and yet somehow wanting him to carry on cos it felt so good you know like he knew what he was doing...pushing all the right buttons like [laughs] [356:366]

I felt really ashamed and guilty like I must have done something to make him do that and I didn't know what and I didn't know who to talk to about it...[171:173]

Participant 19

SEXUAL SELF-KNOWLEDGE

Sex is really important to me...I don't mean...you know...be all and end all...but I enjoy it...I sometimes feel bad about that... you know...enjoying it...but I think its great and I think blokes like you to enjoy it too...better than a slab of meat just lying there...no...I make it plain to them that I'm in this too...I want something out of it as well and they need to know that...you know...I let them know [HH: How?] well...I tell them...its not always easy cos they're all horny...but sorry...I just say 'if it's a quick shag you're after...forget it cos I'm here too'...know what I mean? [397:402]

I just always insist on condoms...you know...no condoms no sex...its just that I'm really scared of catching anything...not that I think about AIDS or anything...its more the other kind of diseases like chlamydia or gonorrhoea...they really worry me [HH: why those?] Don't know really...I saw some pictures of gonorrhoea once...at school I think...they were disgusting...and chlamydia worries me cos you might not have any symptoms but then it can make you infertile and I really want kids one day...[342:351]

Yea...I sleep with who I want to and most of the time I really enjoy it...it tends to be on my terms...not that the guy knows that...I mean he had to think that its all about him but its not ...its all about me...I mean if I think he's coming before me...I soon put a stop to that ...you know...bring him back to reality (laughs) [188:194]

Appears to understand the 'double standard' but plays it to her advantage

SEXUAL SELF-EXPLORATION

I'm not sure how to put this but being or at least knowing me or at least my body has really helped me...you know...helped me know what I want... [425:429]

SEXUAL SELF-EXPRESSION

I make it plain to them that I'm in this too...I want something out of it as well and they need to know that...you know...I let them know [HH: How?] well...I tell them...its not always easy cos they're all

horny...but sorry...I just say 'if it's a quick shag you're after...forget it cos I'm here too'...know what I mean? [402:406]

Participant 20

SEXUAL SELF-KNOWLEDGE

This is so personal I find it difficult to talk about...but it is kind of important to me...you know...like it makes me feel good that I can do this for myself...it kind of makes me strong and I do sort of use it in my sex life [HH: In what way?] I think I have more control over things like I can just put a stop to things that I'm not happy with...you know...when its not right... [393:400]

SEXUAL SELF-EXPLORATION

Me giving myself so much pleasure and orgasms when ever I want one is just great and I can't imagine being without that...you know...knowing how to do it...god did I use it when I was revising (laughs)...I think every girl should be encouraged to do it...there is nothing worse than feeling horny and not knowing what to do about it (laughs) [366:372]

SEXUAL SELF-EXPRESSION

Yea mum was quite good really you know answered all my questions...told all about where babies came from...I think she was a little bit embarrassed when it came to the bit about erections and putting it inside the woman...but I don't remember being embarrassed myself like but she was cool and I remember telling all my mates the next day at school...I must have been about 8 or so which I think is about the right age...it certainly was for me... [78:83]

Although there is an awareness of embarrassment, it still appears to have a positive air about it. Interesting quote if thought of as part of a continuum.

I suppose she always emphasised the love part you know how sex was so much better when you really cared for the person...she told me about a few boyfriends that she had slept with and although she said she didn't regret them they weren't as good as my dad (laughs) but it was really nice chatting to her about it...I felt really close to her you know...more like a mate than my mum [122:129] We had a chat about the pill after I had been going out with Tom for about 4 or 5 months...so I would have been just 17...we hadn't slept together at that time and it was funny because we...mum and me were doing the washing-up and she just started talking about it...saying that if I was thinking about it...it was really important to be safe because the last thing I needed was to have a baby at this age because I had the whole of my life before me and my education was the really important thing and I would have lots of time for that when I was older and in a stable relationship [243:259]

I can talk to him about what I want...well about everything really...I think its because we waited...you know...before we went all the way and we talked about it lots before we make love...it was like a joint decision and we both knew it was right...[175:180]

Yea...I do find it easy to talk to Tom about what I want...he kind of knows by now as we have been going out for over a year...well 15 months actually...but it wasn't like that in the beginning...I suppose we were both new to it...you know feeling our way so to speak (laughs) but now we sort of really understand each other and I can tell him or at least ask (laughs) anything I want to which is lovely [289:295]

Talking to my friends is really important to me and we do talk about sex and things but I suppose its changed over the past few years...you know...sex and what happens to sort of more about relationships probably because we've all got boyfriends now and I think the sex side is sort of really personal...I mean we talk about what is really nice that our boyfriends do and things and I remember one of my friends did oral sex before any of us and we had a long chat about that and that was quite cool really because she said it was ok and she quite enjoyed it so it sort of gave us the go ahead to do it too (laughs)....[181:190]

APPENDIX G

QUESTIONNAIRE Young People's perceptions of their sexual self-awareness

Harriet Hogarth and Roger Ingham Centre for Sexual Health Research School of Psychology University of Southampton

PURPOSE

The purpose of this study is to explore how young people think and feel about all aspects of their sexual health. This includes romantic and sexual relationships, comfort with their own bodies, communication with their parent(s) and their sexual partners.

DESCRIPTION

As a participant in the study, we will be asking you to fill in questionnaire items on the above topics with a brief background demographic questionnaire. All participants will be given a debriefing form to read once the survey is completed. This study takes approximately thirty minutes to complete.

ANONYMITY

Your participation in this study will be anonymous. All information is treated as confidential, and will not be linked to any other information. We are asking for your full postcode for geographical purposes only, but this will be separated from your data as soon as possible. Please take your time to respond to the questions in the following questionnaires thoughtfully and openly. Remember that there are no right or wrong answers. Consequently, please feel free to provide completely open and honest responses at all times.

For Psychology students at the University of Southampton: Although we ask for your student ID number in order to award credits, it will be deleted when the data have been coded. Where possible, the researchers will only award credits and incentives to participants who take the study seriously. The data of all participants will be scrutinised to ensure it makes sense. If such scrutiny suggests that participants are responding carelessly or haphazardly, then every attempt will be made to withhold credits and incentives for those participants.

POTENTIAL RISKS

It is possible that some people may feel uncomfortable completing the survey. If you become upset or experience any unusual or unexpected anxiety while participating in this study, please to do not finish the survey. The researchers have provided information on available resources (e.g., a sexual health helpline) for this reason. POTENTIAL BENEFITS

This study may encourage a better understanding of the array of sexual health issues concerning young people. Further benefits of this study include contributing to scientific knowledge of human and sexual behaviour and learning about new psychology research.

THE AGREEMENT TO CONSENT

- 1. I certify that I am 16 years or older (no one under the age of 16 can take part in this questionnaire).
- 2. I understand that this study has been approved by the School of Psychology, University of Southampton Ethics Committee.
- 3. I understand the scope, aims, and purposes of this research project and the procedures to be followed and the expected duration of my participation.
- 4. I have received a description of any reasonable foreseeable risks or discomforts associated with my being a participant in this research, have had them explained to me, and understand them.
- 5. I have received a description of any potential benefits that may be accrued from this research and understand how they may affect others or me.
- 6. I understand that the confidentiality of all data and records associated with my participation in this research, including my identity, will be fully maintained within the extent of the law.
- 7. I understand that my consent to participate in this research is entirely voluntary.
- 8. I further understand that if I consent to participate, I may discontinue my participation at any time without prejudice, penalty, or loss of benefits to which I would otherwise be entitled.
- 9. I confirm that no coercion of any kind was used in seeking my participation in this research project.
- 10. I understand that if I have any questions pertaining to the research, my rights as a research participant, or any research related injury, I have the right to email the principal investigator Harriet Hogarth at <u>harriet.hogarth@soton.ac.uk</u> or the supervising researcher Roger Ingham at <u>ri@soton.ac.uk</u> and be given the opportunity to discuss them in confidence.
- 11. I understand that I will not be provided with any financial incentive for my participation in this study.

12. I understand that the results of this study may be published in scientific journals, or may be presented at a conference as long as my identity is kept *confidential*.

I have read this agreement and consent to participate in the above-described research

I accept		I do not accept	
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APPENDIX H

DEBRIEFING FORM

Questionnaire

Young People's perceptions of their sexual self-awareness

DEBRIEFING STATEMENT

First of all, thank you very much for your time and in particular, your honesty - it is very much appreciated. Read on if you would like to know more about what we are investigating. **Research Background**

This study is investigating young people's perceptions of their sexual development and their sexual activity, and various aspects that may have affected these. The array of items was based on the findings from a number of interviews with young women carried out by the principal investigator. This combined with previous wider research, which highlights that young people's sexual development and behaviour is often affected by situations and circumstances. This study investigated three main areas of young people and their sexuality; [1] how young people feel about their emotional and sexual feelings in relation to their sexual activity; [2] how comfortable they feel about bodies, in particular, masturbation, and [3] how their express their thoughts and feelings with current and potential sexual partners, and also what sort of level of communication they have with their parents about sexual matters. These three areas have only been investigated separately until now, so we do not yet know what sort of relationship exists, although an earlier qualitative study did indicate strong associations between these three areas. So in this study, we asked you to think about and tell us your thoughts, feelings and behaviours in these three areas, thus providing greater insight into their associations. We apologise for the repetition with many of the items, but it is extremely important that we explore the best way of phrasing certain items when dealing with such a sensitive area. This study will allow us to reduce the length of surveys in the future with the sound knowledge that we are phrasing questionnaire items in the most appropriate way. So, thank you for your patience.

We have included definitions of sexuality and sexual health in this debriefing statement as it may offer you more understanding of the wide area of their meaning:

Sexuality

"Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities relation to sexuality; it is not merely the and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasises, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of discrimination and violence. For sexual biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual sexual rights of all persons must be respected, factors."

Sexual Health

"Sexual health is a state of physical, emotional, mental and social well-being in absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free from of coercion, health to be attained and maintained, the protected and fulfilled."

Anonymity and Finding Out More

Once again, let us remind you that results of this study will not include any identifying details and that your data are confidential and anonymous. The research did not use deception.

If you are interested in finding out more about this research, we can send you a summary of our results once we have collected and analysed all our data. If you would like to receive the results summary, please enter your email address in the space provided below. Your email address will not be shared with other people or used for any purpose other than contacting you about the results of this study. In addition, it will not be stored with your data, so the data will still remain anonymous. If you have further questions about this research, you may contact Harriet Hogarth, the principal investigator, at any time on harriet.hogarth@soton.ac.uk

We have tried to ensure that the questions in this study do not cause any distress. However, if participating in this study has raised any issues for you, we recommend that you contact one of the following organisations.

Young People's Sexual Health: Phone: 0800 567123 (Freephone/24hours) or <u>www.ruthinking.co.uk</u> If you have questions about your rights as a participant in this research, or if you feel that you have been placed at risk, you may contact the Chair of the Ethics Committee, <u>School of Psychology</u>, University of Southampton, Southampton, SO17 1BJ. Phone: (023) 8059 3995

Appendices

APPENDIX I

Flyer for advertising the Study

Are you 16 or over? University of Southampton If so, I need your help with a survey about you and your sexual health Let me assure you that it is completely anonymous and confidential Be part of this nationwide survey from the Centre for Sexual Health Research To find out more and take part, just go to: www.psychology.soton.ac.uk/olg/hah203 Thank you in anticipation of your support

APPENDIX J

Letter to School Principles

Centre for Sexual Health Research School of Psychology University of Southampton Highfield Southampton SO17 1BJ

10th September 2006

Dear Principal

I am writing to you to request your assistance and support in reaching as many young people aged 16 and over to take part in an online survey that I am conducting as part of my doctorate at the above university.

My area of research is young people and their sexual health. I am sure you will agree that this is a vital area, especially with the high levels of teenage pregnancy and raising rates of sexual transmitted infections in the UK.

I have enclosed a number of cards advertising the website as well as a number of flyers. I am hoping it would be possible to hand out the cards to the appropriate young people, and place the flyers around your educational institution to encourage everyone to take part.

Furthermore, if you would like me to give a short presentation about my particular research, please let me know as it would be a pleasure to do so.

If you require more cards or further information, please contact on 02380 598721 or email on <u>harriet.hogarth@soton.ac.uk</u>.

Thank you very much for your anticipated support.

Yours sincerely

Harriet Hogarth

APPENDIX K Comments on Completion of the Online Survey

Sexual Self-knowledge

Gendered Double Standard

Participant Profile	Comment	Interpretation
ID: 143 18 years old white French/English catholic women lived in the north of England in an area with relatively low levels of deprivation. She lived with natural mother and stepfather, and she is an only child. She is in full- time education and studying for 'A' levels. She describes her sexual orientation as totally heterosexual and experienced her sexual debut at the age of sixteen with a partner that was slightly older, with a five months relationship prior to this and they used a condom as the form of contraception. She is currently not in any form of romantic relationship, but previously has had three sexual partners feeling emotionally attached to all of them. She has never masturbated and the reason given for this is that she has never thought about it. She considered the content and informative level of SRE that she received to be average.	"I think both men and women should have equal rights when it comes to sex but girls have to be more cautious"	This young woman writes of what <i>should be</i> in terms of equal rights, thereby implicitly stating that she feels that in her reality, they are not equal. Moreover, she feels that because of this inequality, young women need <i>to be more cautious</i> . The implication being that she is referring to herself as much as other <i>girls</i> . What form does this caution take? It may be that she is referring to undue sexual pressure from young men, or sexual reputation, or risk from unwanted pregnancy or STI. She may be referring to all of these and therein lays one of the many issues for young women. Not only do they have to deal with their emerging sexuality, but as Peart and her colleagues (1996) have highlighted, the juxtaposition of danger and pleasure is not only an internal struggle for many young women, but complex inasmuch as sexuality is simultaneously a domain of restriction, repression, and danger as well as a domain of exploration, pleasure and agency.
ID: 1322 17 year old white female with no stated religion, who lived with her grandmother and one natural sister. She is in full-time education and studying for her 'A' levels. She describes herself as totally heterosexual and experienced her sexual debut at 13 ¹ / ₂ years old with a partner who was just over 14 years old. She had been in the relationship for ten months prior to sexual debut	"the only reason that I feel it is ok for men to have more sexual partners than women is because society has made it that way. Women are far more likely to get criticised if they have quite a few sexual partners than men are. If this wasn't the case, and the attitude towards men and women	This young woman, not only highlighted the double standard that society imposes on young women but, more importantly, highlighted the impact of this, in relation to her communication with parents and friends. She has explicitly stated that it inhibits her honesty with parents and wider circle of friends.

Appendices

and they used a condom. She has had six sexual partners and considers that she has been emotionally attached to two of them. She is currently in a relationship in which she considers she is emotionally attached, but sexual intercourse has not taken place. She states that she has never masturbated, but did not give a reason for not doing so. She considered the content and informative level of her SRE to be well above average.	having different amounts of sexual partners were the same, then I would have no problem in being honest to my parents and my friends about my sexual experiences. However, with my close friends and I am comfortable discussing my sexual experiences anyway"	
ID: 2197 21-year-old white woman with no religious affiliations. She was unemployed, although studying for some kind of qualification. She stated that she was almost totally heterosexual and has had 13 sexual partners of which she felt emotionally attached to nine of them. She experienced her sexual debut at 16½ years old with a partner who was 17 years old. She does not state how long she had known her partner prior to her sexual debut, but states "we were on a pretty weird relationship only 2 hours almost every monday for 6 months". For contraception at sexual debut, she states an unusual combination of the pill and the cap. She is currently not in a romantic relationship. She started masturbating at the age of five and continues to do so, on a daily basis. She considered that the content and informative level of her SRE was about average.	"I think it's EASIER for a man to have a lot of sexual partner[s]. They've always been told that it's NORMAL for them, but not for a girl. I disagree with that. I think it's normal for both. Sex is just part of Life. But it is also the mean[s] for us to express our affection needs that's why it's all so confused"	This young woman has picked up the concept that young men having a high number of sexual partners has been normalised, and she stresses this point by capitalising certain words. She also goes beyond this by implicitly arguing that sexuality is part of life and being human and moreover, it is one way to express our affection towards each other. But the final part echoes what so many young people feel – confusion. The varying social sexual scripts for young men and women, where the same sexual behaviour is socioculturally sanctioned for young men and condemned for young women has led previous researchers to comment that young women feel an understandable connection to their own bodies, their desires and their pleasures, but without any connection with their social world (Holland et al., 1992; Holland, Ramazanoglu, Scott, Sharpe, & Thomson, 1990a; Holland, Ramazanoglu, Scott, Sharpe, & Thomson, 1992; Tolman, 1994).

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Emotional attachment

Participant Profile	Comment	Interpretation
ID: 1428 17-year-old white woman who lived with her natural mother and father in the south of England, and is an only child. She is a Christian who is currently in full- time education studying for her 'A' levels. She describes her sexual orientation as almost totally heterosexual, and although she has experienced her sexual debut, she did not provide any more information beyond this. She does not masturbate, giving the reason that she has never thought about it. She considered that the content and informative level of her SRE was about average.	"Surely sex must be better when you feel emotionally close to a person as well as just physically close?"	This comment is quite revealing as it is phrased, not from her viewpoint, but almost in the third person. She is talking at the reader and although she considered it necessary to place a question mark at the end, the question is almost rhetorical. This may be the unconscious need to perceive her sexual activity in a relational sense, thus conforming to her sexual and cultural script or it may be what she consciously believes. However, further investigation of her responses to the scale of sexual self-awareness indicated that she found it difficult to differentiate between her emotional and sexual feelings.
ID: 1600 24-year-old white, non-religious young man who described his family home, which is in central England, as consisting of his natural mother and father, and two natural brothers. He is in full-time education studying for a post-graduate qualification. Although he described himself as totally homosexual and had his first penetrative experience at just over 18 years old with a slightly younger partner where they used a condom, the gender of the partner cannot be confirmed as male. He has had 20 sexual partners where he has been emotional attached to seven of them. He is currently in a relationship that has both emotional attachment and sexual penetration. He started masturbating at 13 years old and currently masturbates twice a week. He considers that the level of his SRE for content and information were below average	"I think it's interesting that you have raised issues of emotion. When I was younger I found it a lot harder to have sex with someone without that emotional connection, it would feel wrong and bad as if it did not exist. I do feel though as you become older and more experienced you can learn to separate emotion from sexual needs (or sex for fun). Although saying this it can still feel bad if sex does not mean anything, negative feeling afterwards"	This comment is interesting inasmuch as at first reading, there is an assumption that the participant is female. Previous research has indicated that young women tend to view their sexual activity more in relational terms, as this comment highlights. The indication here is that through experience, the individual "can learn to separate emotion from sexual needs". Often for certain heterosexual young men, it is learning to bring their sexual and emotional feelings together as opposed to separating them.
ID: 1939 20-year-old white, non-religious woman. Her family	"I believe sex should be a part of a committed relationship, and is a	In light of the participant's profile, it may be inferred that where she has written, "should," she was also saying "but

home consisted of her natural mother and her mother's partner (not referred to as her step-father), two stepsisters and two foster brothers. She described herself as bi-sexual, and her sexual debut was just before she was seventeen years old with a partner who was just over eighteen years old. It is unknown if the partner was male or female, although the pill was stated as the contraception used and so it may be surmised that the partner was male. They had known each other for four months prior to sexual debut. She is not currently in a romantic relationship, but has had twenty sexual partners that she has felt emotionally attached to thirteen of them, although it cannot ascertained how many were female or male. She started masturbating at the age of sixteen and does so, on average, three times per week.	very important part of life and love"	often isn't". It may be that the societal line of young women and relational based sexual activity influenced her. However, she does indicate that she recognises the importance of sex and, in turn, her sexuality as part of her life.
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Pleasure and desires

Participant Profile	Comment	Interpretation
ID: 1285 The first comes from 19-year-old young white male, who described his religion as agnostic. He portrayed his family home as consisting of his natural mother and father, one natural sister and two natural brothers. He is in full-time education studying for a degree at a university in the south of England. His sexual orientation is bi-sexual and his sexual debut was at the age of fifteen years and eight months to a partner who was eighteen years old. It cannot be ascertained whether this was a young man or woman, although a condom was used as a form of protection. He has had ten sexual partners with whom he felt emotionally attached to four of them, although he currently not in any romantic relationship. He started masturbating at the age of fourteen and, on average, masturbates twice per day. He considered the content and level of information of his SRE as extremely low.	"Sex has never really pleasured me and I always get worried I ain not pleasuring my partner and will get a reputation for being bad in bed. This has stopped me having relationships in the past"	Again, this comment on initial reading evokes a female voice, and hence it was surprising that this was a male. There is a lack of pleasure, more concern for partner's pleasure, and worry over reputation of being a poor lover, to the extent of inhibiting relationships. All these aspects are more normally attributed to young women. It may be argued that these aspects are more complex than first thought, and go beyond just gender, by affecting different sexual identities. Although this would be of great interest for future research, this aspect is beyond the scope of this thesis.

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Participant Profile	Comment	Interpretation
ID: 1979 24-year-old white male who stated his religion as atheist. His family home consisted of his stepmother and her partner with two stepsisters and one stepbrother. He is currently unemployed and describes himself as completely homosexual and had his sexual debut at eighteen years and eight months old with an older partner, who was nearly twenty-two years old. He had known this partner for three hours prior to this and they used a condom. He has had twelve sexual partners, with none of whom he felt emotionally attached. He started masturbating at the age of eleven and continues to do so about ten times per week. He considered the content of his SRE as just below average, and how informative it was as extremely low.	"My first sexual encounter was without my consent with my first "serious" boyfriend. I did not enjoy it - it was very one-sided and I was very naïve"	Due to the abject sadness that, not only the comment elicited, but also his profile, further investigation into his responses was considered appropriate. His communication with his parents was very poor, especially his father; although this may have been compounded by the fact that his father did not live in the family home. He also found it very difficult to communicate with sexual partners about his own history, and this is compounded by his risky behaviour of infrequent use of condoms (50 percent of the time) in what appear to be non-relational sexual partners. Although he expected to have pleasure with his sexual partners and often looked forward to sex, he was often disappointed. It may be that young homosexual males are still stigmatised and feel marginalised, with no one and no place to go to discuss their sexual expectations, needs, desires and pleasures. Again, this would be of great interest for future research, but is beyond the scope of this thesis.
ID: 2715 22-year-old white female studying for a post-graduate qualification. She describes herself as completely heterosexual and experienced her sexual debut when she was just over twenty years old with a slightly older partner. They had known each other for ten months prior to this and used emergency contraception. She started masturbating at the age of fourteen and currently masturbates approximately one a week.	"I cannot reach orgasm through vaginal stimulation, so need physical stimulation, even with intercourse"	This next comment from a young female has been included to illustrate that she is fully aware of her sexual needs and pleasure. Although stated rather starkly, she does not feel the need to couch it in a relational context; it is all about her pleasure. It may be argued that through masturbation, she was aware of her body's needs, desires and pleasures, long before she experienced her sexual debut; and was able to bring this knowledge and exploration to her debut. Further investigation of her responses indicated that although she did not plan her sexual debut (possibly explaining the emergency contraception), she totally agreed that she was full of positive emotions after the event. For additional information, she was brought up by both her natural parents and considered that her communication with them was extremely good as well as finding it easy to talk to partners about her sexual history.

	'I have NOT had sex or any sexual pleasure"	As her comment indicates, she has not experienced any sexual activity or self-exploration. It is difficult to know whether the emphasis on the word "NOT" is a sense of anger, outrage or maybe even unconscious sadness. The addition of "or any sexual pleasure" is interesting inasmuch as, did the questionnaire statements prompt her to re- evaluate her sexuality in terms of pleasure. It even begs the question as to why she took part in a survey on sexual health, especially as it appears to play such a minimal role in her life. That being said, it is vital to capture the views of these young people who appear not to be experimenting with their sexuality.
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Safe sex and STIs

Participant Profile	Comment	Interpretation
ID: 1600 See Emotional Attachment	"I am very confident about myself and my sexual activity - very confident in negotiation of safe sex and making sure its sex that both me and my partner will enjoy"	He appears to be very secure within his sexuality and is able to insist on safe sex as well as being aware of the importance of pleasure for both himself and his partner. This young man had obviously taken quite a bit of time to write all his comments and it was considered of interest to investigate his responses to some of the statements. He agreed quite strongly that he had good communication with his mother, but this was not the case with his father. It takes him a relatively short time to develop emotional attachment to his partners and as his comment suggests, he has no problem talking to his sexual partners about his previous sexual history.
ID: 2370 17-year-old white female who is currently studying for her 'A' levels. She lives with her natural mother and father and is an only child. She describes herself as almost totally heterosexual and experienced her sexual debut as occurring at the age of just sixteen with a partner, just under the age of eighteen. They had known each other for two weeks prior and used the combination of the pill and a condom. She is currently	"I would never ever have sex without a condom because I don't want to be pregnant boys are crap"	It is noteworthy that she perceives condom use only in terms of pregnancy and not STIs. Previous research has also found that this is the main concern of young women (Hillier et al., 1998). This may be understandable, as the consequences of pregnancy are perceived as so much greater and visible than any form of STIs. However, the long-term consequences of some untreated STIs (e.g. Chlamydia) may be dramatic, inasmuch as when the one thing they are trying to avoid as teenagers may be the one thing that they want to achieve

in a sexual relationship without any emotional attachment and although, there is an undertone of humour in her comment, it is more filled with pathos.	· ·	later in life, i.e. pregnancy, as these STIs can leave women infertile when they go undetected.
ID: 376 24-year-old woman who is currently studying for a post-graduate qualification, had her sexual debut at the age of sixteen knowing her partner "not at all". She has had six sexual partners with emotional attachment to two of them, and is currently in a sexual relationship without emotional attachment.	"I would just like to add, in the hope that someone somewhere in a position to change things may take heed - that there are certain sexually transmitted diseases I have no idea about Chlamydia	This comment encompasses two fundamental issues, that of her own ignorance in relation to STIs and the need for people in positions of power to do something about this lack of knowledge. It may be argued that there is a wealth of information produced about the various STIs, how to avoid
	being one (I obviously cannot even spell it!) and when I have asked friends about it they seem to have a hazy idea at best"	unwanted pregnancies and how to stay sexual safe, but this comment indicates that this information is not reaching the very people that it was intended for.

Sexual Self-exploration

Participant Profile	Comment	Interpretation			
ID: 979 18-year-old white female whose family home consists of her natural father with a brother and sister. It is impossible to know the circumstances of her natural mother not being part of her home environment, but whether it has impacted on these beliefs in any way, can only be surmised. She is currently studying for a degree and it cannot be ascertained whether she is still living at home or has moved away to attend university/college. She has not had any sexual experience with sexual partners at all and describes herself as completely heterosexual, and viewed her SRE as average in relation to its content and level of information.	"Masturbation is difficult to explain. With boys it seems to be taken as natural, it's expected. But with girls, it's dirty, desperate and slutty. I've always known it's 100% natural, yet 1 ALWAYS feel ashamed afterwards. It DOES feel desperate, it DOES feel dirty. I try to stop myself sometimes but it's actually quite difficult. I don't even do it the regular way! Everyone assumes that the only way a girl can masturbate is by fingering herself or getting a dildo or something of a similar fashion. My way you don't even	This comment is not only couched within the gendered double standard, but also illustrates the extremely negative emotions that some young women feel about their bodies and hence, their sexuality as a whole. This dichotomy between what is natural (for boys) and yet, for this young woman, the sense of shame, dirtiness, and desperation is all too apparent in this text. These negative emotions even prohibit her from masturbating on a regular basis and, moreover, she feels the need to find ways of masturbating without being naked or even touching herself. The misery and tragedy in this text is almost overwhelming, as she attempts to come to terms with her physical feelings and uses upper case to shout certain words from the page.			

	have to be naked, and you don't have to touch yourself"	
ID: 1111 18-year-old white female with no sexual experience, including masturbation where she stated that she did not like to touch her genital area. She described herself as bi-sexual. She considered the SRE that she had received was well above average for content and level of information.	"My friend used to really enjoy masturbation and told me it was "healthy", but I never really believed her/ wanted to believe her"	This comment is less extreme, and yet still refers to the confusion between "healthy" or natural and a sense of disbelief around masturbation. She described her sexual orientation as bi-sexual and therefore, it could be construed that she may be slightly confused about her sexuality, in a number of ways.
ID: 2007 18-year-old white American female who lives with her natural mother and was at university. She described her sexual orientation as predominantly heterosexual and is currently in an emotionally attached relationship that includes sexual intercourse. Her sexual debut was at the age of sixteen and four months with a partner who was two years older. She has had six sexual partners with whom she has felt emotionally attached to two of them. She considered her SRE to be very low in content and information.	"I was molested when I was 4 years old, and I think that really began my sexual life much earlier than the rest of kids my age I remember masturbating when I was about 7 or 8, and feeling really guilty and scared that someone would find me. I feel that this really affected my sexual desires now as well, because I am more into sex with my partner than most of my friends are with theirs"	This comment is full of possible misconceptions, where this young woman is under the impression that her early molestation and relatively early masturbation (full of negative emotions including discovery of being caught in the act) has, somehow, increased her sexual desires. This text is an exemplar of the complexities of the effects of child abuse, where the memories of exploitation at such an early age can spill over into adulthood, with confused results. This fusion of early abuse and masturbation had resulted in a perception of heightened sexual desire. This is not to say that this young woman's perception is incorrect, but moreover, she has linked these childhood events with her level of desire, . <i>rightly</i> or <i>wrongly</i> .
ID: 1557 18-year-old white male studying for his 'A' levels. He lives with natural father only and describes himself as totally heterosexual. His sexual debut occurred at eleven and a half years old and his partner was thirteen and eight months. He states that they had been in a relationship for two years and they did not use any contraception. He has had three sexual partners and has felt emotionally attached to all of them. He considered his SRE to be average for both content and information. However, he did not start masturbating until he was thirteen, which is unusual way round for young men. Previous evidence intimates that boys	"there is the fact that questions relating to masturbation are phrased very oddly often relating to feelings of "shame or feeling dirty" when the fact is (for males anyway) it is simply a biological way of getting rid of dying/deformed sperm cells, (increasing chance of reproductive success), it may be slightly pleasurable, but it is simply a necessity and not much more, attaching emotions to it is	This comment is more a diatribe by this young man, whose attitude is more reminiscent of 14 th century views of masturbation where, only on health grounds, should masturbation take place. He refers to it as "slightly pleasurable" and is critical of attaching emotions to it as "illogical". It begs the question as to how and where from, do these beliefs come from. What is their foundation? He did not state a religion, but these views do echo some form of religious doctrine. The last section is phrased within the gendered double standard where, in his social reality, sex for young men is perceived as some form of skill. In the revealing unqualified comment that "men are known for their pride/boastfulness",

usually start masturbating before their sexual activity	highly illogical considering what it	it would be of interest to know whether he includes himself
involves a partner (Gagnon, 1985).	is. For females however it is not	in the comment. Bearing in mind that he has had fourteen
	necessary or nearly as necessary	sexual partners, at a relatively young age, with feelings of
	as to masturbate as it simply	emotional attachment to six of them, he may find emotional
	decreases the acidity of the female	attachment a difficult concept. This may be compounded by
	sexual fluids. Also one is led to	the lack of his natural mother within the home environment
	believe your survey results will be	as previous research as well as this current study, has
	biased when asking men how hard	indicated that young people, of both genders, find it easier to
	it is for them to climax. As saying	talk to their mothers. Considering the unusual beliefs and
	"it's easy" would imply less	attitudes of this young man, further analyses of his responses
	stamina, and men are known for	to the questionnaire were explored. They revealed that he
	their pride/boastfulness in "how	had very poor communication with his father, and found it
	long they can last"	difficult to talk to sexual partners about his own sexual
		history as well as their sexual history. On one hand, he stated
		his beliefs very clearly; his use of language is almost
		dogmatic. On the other hand, there is a sense of sexual
		confusion where masturbation is no more than a necessity
		for "reproductive success", a rationalisation on
	*	health/medical grounds; and sex is no more than a
		performance where men are judged on "how long they can
		last". The role of pleasure, needs and desires are completely
		absent from the text.

Sexual self-expression

Parental communication

Participant Profile Comment		Interpretation		
ID: 287 The first comment was made by a 24 year old white, protestant female. She offered no information about her family home, but stated she was in full-time employment. She described her sexual orientation at almost totally heterosexual and experienced her sexual debut at just under 20 years old with a slightly older partner. She masturbates about once a month, and she	"My parents never discussed sex around me growing up, but I always just "knew" that I was supposed to wait until marriage"	This comment highlights the implicit messages that parents can give their children without any direct discussion of the topic matter. This is often the case with sexuality where research has found that parents find this area particular difficult to talk to their children about. Although research has indicated that parents would like to play the role of sex educators, many feel inadequate due to lack of information, discomfort in broaching matters of a sexual nature, and		

has had three sexual partners and felt emotionally attached to all of them.		confusion about their own sexual attitudes and feelings. This may be especially apposite with parents who hold strong religious beliefs, although it is not known whether this particular participant's beliefs are connected to her parents or developed later. This silence between parents and children over these issues can have widespread ramifications as it can hinder the transmission of attitudes towards self- esteem, body image, gender roles, and interpersonal relationships (Elsheikh, Hassan, & Creatsas, 2000; Tinsley, Lees, & Sumartojo, 2004).
ID: 333 A white, non-religious female aged 18 years old made this comment. She lives with her natural mother and stepfather and one natural sister, and is studying for a degree. She described her orientation as totally heterosexual and experienced her sexual debut at just under 17 years old with a partner who was two years older. They had been in a relationship for seven months and used the pill and condom at first time. She is currently in an emotional attached relationship that includes sexual intercourse. She has been with three sexual partners and has felt emotionally attached to all of them. She started masturbating at the age of 16 and masturbates, on average, once a week. She considered the SRE she received as average on content and information.	"I have always had a very open relationship with my parents and with partners which means that I am completely at ease with talking about sexual intercourse/health which I think is very important in relationships"	This comment is the antithesis of the previous one, where the participant has linked open communication with parents to sexual partners. Although the wealth of research on the link between parental and partner communication has produced equivocal results (Miller, Benson, & Galbraith, 2001), this comment does appear, certainly in the eyes of the writer, to offer support to the findings that showed good parental communication leads to greater use of contraceptives and joint-decision making skills with sexual partners (Coleman & Ingham, 1999; DiClemente et al., 2001; Whitaker et al., 1999).
ID: 1243 An 18 years old white female, whose family home consists of her natural mother and father with one natural sister, makes the first comment. Her sexual debut was at the age of 16 with a much older partner of 25 years old whom she had known for two weeks prior to this and they used a condom. She is currently in an emotional attached relationship that includes sexual intercourse, and has had seven sexual partners being	"I cannot talk to my parents in general"	Research has indicated that it is the extent to which parents were felt to be responsive and open (this often took the form of relating stories of their own adolescent experiences) appeared to be the key communication dimension that affected the relationship between parent/child communication and young people's use of condoms (Whitaker, Miller, May, & Levin, 1999), as well as young women feeling much more positive about their own sexuality (Thompson, 1990). There is evidence from both the UK and the Netherlands that good communication

emotionally attached to two of them		between young people and their parents, where emotions
ID: 1781		and feelings were discussed in an open and non-judgemental environment, were more likely to be associated with delayed
18 years old white female whose family home consisted of just her natural mother. She experienced her sexual debut when she was just over 16 years old with a slightly older partner who she had known for five days and they used a condom. She does not masturbate because she is disgusted by it.	"I don't talk to any of my family, especially my mother about any of my problems"	first sex, and this also appears to be related to being able to discuss and use contraception effectively with potential partners (Coleman & Ingham, 1999). It appears that it is the children's perception of parents as supportive and authoritative that is linked to lower probability of risky behaviour (Fletcher & Jeffries, 1999).

Mothers

Participant Profile	Comment	Interpretation		
ID: 1965 White Christian woman aged twenty who is studying for her degree. She lives alone with her grandmother and described her sexual orientation as totally heterosexual. Her sexual debut was at the age of just under sixteen with a slightly older partner where they used a condom as the form of contraception. She has had five sexual partners with whom she felt emotionally attached to two of them, and is currently in an emotionally attached relationship that includes sexual intercourse. She considered that her SRE was extremely low in content and information.	"I have always been very close and open with my Mum about sex. She spoke to me about periods, sex etc., from the age of about 11"	Again this highlights the frustration of standalone comments where her profile indicates that she lives with her grandmother and yet the comment is in relation to her mother. There could be so many reasons for this, thus making conjecture neither worthwhile nor appropriate and so, her comment is taken at face value and not linked to her profile. There is an air of positivity surrounding this comment, offering further evidence for a warm family environment where communication about sexual matters is not greeted with embarrassed silences (see Chapter 4). Although it may be argued that eleven years old is rather old for these matters to be discussed, it can be surmised that, for whatever reason, this was a memorable occasion. It is unlikely that her mother suddenly decided to discuss these aspects with no mention of this, prior to this event. The more likely scenario is that her mother had paved the way through talking with her daughter in an open and comfortable manner about all aspects of life, not just sexual matters.		
D: 1805 This young Christian white woman lived with her atural mother and father with one brother and sister. The describes herself as totally heterosexual and has the describes herself as totally heterosexual and has		Although the mother is more than capable of talking about sexual matters, because of the lack of closeness of the family, this young woman does not feel comfortable talking with her mother about such matters.		

had two sexual partners and felt emotionally attached to both of them. Her sexual debut was at fifteen and a half with a partner of a similar age where they used a condom and had been in a relationship for five months. She masturbates about twice per week and started at the age of thirteen.	she is a nurse on rehabilitation ward) I don't feel comfortable talking to her about it as I am not very close to my family"	This highlights the necessity for parents not only being prepared to talk about sexual matters, but also to create an environment that is conducive for such discussion.
ID: 1990 This young woman aged twenty-three described her nationality as Swedish/English with a protestant background. Her sexual debut was at the age of just under eighteen with a slightly older partner where she was on the pill and a condom was used. Although she masturbates, she stated that this was only when she is not having sex with a partner. She considered the SRE content and level of information to be extremely good, although it cannot be ascertained whether this took place in Sweden or the UK.	"Mother explained sex to me once, and once only, when I was 7. Now she seems to try to be making up for it by passing me words of advice e.g. never sleep with too many partners, but I'm old enough to be responsible now. I should've been told this when I was younger. Too little, too late"	This comment picks up on theme of current parental communication from the qualitative study of this research (see Chapter 4) where this participant feels her mother is making up for lost time by using sermons to convey advice to her.
ID: 2265 19-year-old male describes himself as a Catholic, with a family home of just his mother and sister. He is unsure of his sexual orientation and experienced his sexual debut at just over fifteen years old with a partner of similar age, where a condom was used and they had known each other for six months. He is not in a current relationship and masturbates twice daily.	"the questions such as I KNOW I can talk to my mother doesn't necessarily mean I WILL talk to her"	This comment is also made by Swedish/English participant, but from a male. This comment is of interest, because it highlights that young people may not consider their mothers to be the most appropriate person to talk to such sensitive topics as their sexuality. In light of this young man's profile, it may be that his uncertainty about his sexual orientation is causing his reticence to talk his mother as he feels that she cannot understand. This may be compounded with the absence of a father in the family home, although he may find it as equally difficult, if not harder, to talk to his father.

Fathers

Participant Profile	Comment	Interpretation
All the comments about fathers were made by females and were about the inability to communicate with them and not feeling particularly close to them		
ID: 1965 ID:1805	"I have never spoken to my Dad about such matters as we were never really close" "My dad never talked to me at all	Research with fathers has provided evidence if they do talk at all about sexual health, it was with their sons rather than their daughters. It suggested that fathers might be more likely to identify with the sexual needs of sons rather than daughters (Dilorio et al., 1999). It is argued here that while
ID: 1989	about sex that was left up to my mum" "My father never talked to me about sex"	fathers cannot identity with their daughters' sexual needs, it is more the case that they may misconstrue or deny that their daughters even have sexual needs.
ID: 1990	"Never spoke to father about sexual matters"	

1

Partner Communication

Participant Profile	Comment	Interpretation		
ID: 2613 A white, 20 years old female, whose family home consisted of a natural mother and father with one natural brother. Her sexual debut was at seventeen and half with a similar aged partner who she had known for two weeks. She was currently in a sexual relationship with no emotional attachment, and has had three sexual partners and felt emotionally attached to two of them. She started masturbating at the age of 13 and masturbates on a daily basis. This participant highlighted a fundamental issue with talking to a potential partner about previous sexual partners as well as listening to their partner's previous experience.	"I believe that one of the main problems or issues that young people have is being open about their sexual past. It is often a difficult topic to talk about and often people feel that they either don't want to divulge all the details of their sexual past or that they would prefer not to hear their partners"	Research with young people has indicated that they have concerns about negative and hostile reactions from their potential sexual partners to discussions about previous partners and contraception. This may be especially true for young women as it is an indication of their intention to have intercourse (Lees, 1993). Furthermore, it may have negative associations in relation to condom use as they are linked to disease rather than contraception (especially if the young woman is taking the contraceptive pill) (Hillier et al., 1998) the implication being that, not only may the potential partner be infected with a STI, but also that they may have had numerous partners in the past (Holland et al., 1992).		
ID: 1600 An older homosexual male aged 24 years old who was introduced in an earlier section	"I like to know a persons sexual background before I have sex with them, and will 'vet' people in order to find out this information"	There is an interesting use of language in this comment, with the emphasis on the word 'vet', with synonyms being <i>examine, scrutinise</i> and <i>inspect</i> . It is unfortunate that there is no explanation as to how he undertakes this vetting, but it is obviously important enough for him to make a comment about it. It is also unfortunate that he did not state his condom usage in general as it could be implied that if it was 100 percent, a person's sexual background ceases to be so important. On the one hand, it may be the vetting process is not <i>all</i> to do with sexual safety, but more to do with partner suitability in terms of their sexual reputation. On the other hand, the vetting process may be more acceptable in the homosexual community as research has indicated that HIV status is a predictor of whether condoms are used, thereby signifying some form of communication prior to sexual activity (Van De Ven et al., 1997).		

APPENDIX L

QUESTIONNAIRE CONSENT FORM

Young People's perceptions of their sexual self-awareness Harriet Hogarth and Roger Ingham Centre for Sexual Health Research School of Psychology University of Southampton

PURPOSE

The purpose of this study is to find out how reliable this questionnaire is by asking you to complete it twice, once now and again in 10 days time. The statements include romantic and sexual relationships, comfort with your own body, communication with your parent(s) and your sexual partner(s).

ANONYMITY

Your participation in this study will be anonymous. No information is being gathered apart from your responses to the questionnaire. Please take your time to respond to the statements thoughtfully and openly. Remember that there are no right or wrong answers. Consequently,

please feel free to provide completely open and honest responses at all times.

POTENTIAL RISKS

It is possible that some people may feel uncomfortable completing the questionnaire. If you become upset or experience any unusual or unexpected anxiety while participating in this study, please to do not finish the questionnaire. The researchers have provided information on available resources (e.g., a sexual health helpline) for this reason.

POTENTIAL BENEFITS

This study may encourage a better understanding of the array of sexual health issues concerning young people. Further benefits of this study include contributing to scientific knowledge of human and sexual behaviour and learning about new psychology research.

THE AGREEMENT TO CONSENT

I certify that I am 16 years or older (no one under the age of 16 can take part in this questionnaire).

- 1. I understand that this study has been approved by the School of Psychology, University of Southampton Ethics Committee.
- 2. I understand the scope, aims, and purposes of this research project and the procedures to be followed and the expected duration of my participation.
- 3. I have received a description of any reasonable foreseeable risks or discomforts associated with my being a participant in this research, have had them explained to me, and understand them.
- 4. I have received a description of any potential benefits that may be accrued from this research and understand how they may affect others or me.
- 5. I understand that the confidentiality of all data and records associated with my participation in this research, including my identity, will be fully maintained within the extent of the law.
- 6. I understand that my consent to participate in this research is entirely voluntary.
- 7. I further understand that if I consent to participate, I may discontinue my participation at any time without prejudice, penalty, or loss of benefits to which I would otherwise be entitled.
- 8. I confirm that no coercion of any kind was used in seeking my participation in this research project.
- 9. I understand that if I have any questions pertaining to the research, my rights as a research participant, or any research related injury, I have the right to email the principal investigator Harriet Hogarth at <u>harriet.hogarth@soton.ac.uk</u> or the supervising researcher Roger Ingham at ri@soton.ac.uk and be given the opportunity to discuss them in confidence.
- 10. I understand that I will not be provided with any financial incentive for my participation in this study.
- 11. I understand that the results of this study may be published in scientific journals, or may be presented at a conference as long as my identity is kept *confidential*.

I have read this agreement and consent to participate in the above-described research

I accept	I	do not ac	ccept		
				 	_

APPENDIX M

DEBRIEFING STATEMENT

First of all, thank you very much for your time and in particular, your honesty - it is very much appreciated. Read on if you would like to know more about what we are investigating.

Research Background

This study is investigating young people's perceptions of their sexual development and their sexual activity, and various aspects that may have affected these. The items was developed from a large online survey combined with previous wider research, which highlights that young people's sexual development and behaviour is often affected by situations and circumstances. This study investigated three main areas of young people and their sexuality; [1] how young people feel about their emotional and sexual feelings in relation to their sexual activity; [2] how comfortable they feel about bodies, in particular, masturbation, and [3] how their express their thoughts and feelings with current and potential sexual partners, and also what sort of level of communication they have with their parents about sexual matters. These three areas have only been investigated separately until now, so we do not yet know what sort of relationship exists, although an earlier qualitative study did indicate strong associations between these three areas. So in this study, we asked you to think about and tell us your thoughts, feelings and behaviours in these three areas, thus providing greater insight into their associations. Anonymity and Finding Out More

Once again, let us remind you that results of this study will not include any identifying details and that your data are confidential and anonymous. The research did not use deception. If you are interested in finding out more about this research, there are some references below that you will find useful. In addition, we can send you a summary of our results once we have collected and analysed all our data. If you would like to receive the results summary, please enter your email address in the space provided below. Your email address will not be shared with other people or used for any purpose other than contacting you about the results of this study. In addition, it will not be stored with your data, so the data will still remain anonymous.

If you have further questions about this research, you may contact Harriet Hogarth, the principal investigator, at any time on harriet.hogarth@soton.ac.uk

We have tried to ensure that the questions in this study do not cause any distress. However, if participating in this study has raised any issues for you, we recommend that you contact one of the following organisations.

Young People's Sexual Health: Phone: 0800 567123 (Freephone/24hours) or www.ruthinking.co.uk

If you have questions about your rights as a participant in this research, or if you feel that you have been placed at risk, you may contact the Chair of the Ethics Committee, School of Psychology, University of Southampton, Southampton, SO17 1BJ. Phone: (023) 8059 3995.

Once again, thank you very much for your time and honesty

References

- Abelson, R. P. (1981). Psychological status of the script concept. *American Psychologist, 36,* 715-729.
- Abraham, C., Sheeran, P., Abrams, D., Spears, R., & Marks, D. F. (1991). Young people learning about AIDS: A study of beliefs and information sources. *Health Education Review: Theory and Practice*, 6, 19-29.
- Aggleton, P. & Campbell, C. (2000). Working with young people: Towards an agenda for sexual health. *Sexual and Relationship Therapy*, *15*, 283-296.
- Ajzen, I. (1985). From intentions to actions: A theory of planned behaviour. In
 J.Kuhl & J. Beckmann (Eds.), *Action control: From cognition to behaviour* (pp. 11-39). Berlin: Springer-Verlag.
- Albarrin, D., Johnson, B. T., Fishbein, M., & Muellerleile, P. A. (2001). Theories of reasoned action and planned behaviour as models of condom use: A meta-analysis. *Psychological Bulletin*, 127, 142-161.
- Allen, J. & Bradley, S. (2004). Family planning provision in the Trent health region: Is it accessible to school aged teenagers? *Journal of Family Planning and Reproductive Health Care, 27,* 13-15.
- Allen, L. (2001). Closing sex education's knowledge/practice gap: The reconceptualisation of young people's sexual knowledge. Sex Education, 1, 109-122.
- Allen, L. (2004a). 'Getting off' and 'going out': Young people's conceptions of (hetero)sexual relationships. *Culture, Health & Sexuality, 6*, 463-481.
- Allen, L. (2004b). Beyond the birds and the bees: Constituting a discourse of erotics in sexuality education. *Gender and Education*, *16*, 151-167.
- Amaro, H. (1995). Love, sex, and power: Considering women's realities in HIV prevention. *American Psychologist, 50,* 437-447.
- Arai, L. (2003). British policy on teenage pregnancy and childbearing: The limitations of comparisons with other European countries. *Critical Social Policy*, 23, 1, 89-102.
- Atkinson, E. (2002). Education for diversity in a multisexual society: Negotiating the contradictions of contemporary discourse. *Sex Education, 2,* 119-132.
- Baldwin, S. E. & Baranoski, M. V. (1990). Family interactions and sex education in the home. *Adolescence*, 25, 573-582.

- Baum, F. (1995). Researching public health: Behind the qualitative-quantitative methodological debate. *Social Science and Medicine*, *40*, 459-468.
- Benson, D. & Torphy, E. J. (1995). Sexual Behavior in Junior High School Students. Obstetrics & Gynecology, 85, 279-284.
- Berkeley, D. & Ross, D. (2003). Strategies for improving the sexual health of young people. *Culture, Health & Sexuality, 5,* 71-86.
- Bermant, G. (1995). To speak in chords about sexuality. *Neuroscience and Biobehavioral Reviews, 19*, 2, 343-348.
- Berrington, A. M., Hernández, I. M. C., Ingham, R. & Stevenson, J. (2005).
 Antecedents and outcomes of young fatherhood: Longitudinal evidence from 1970 British birth cohort study. *Southampton Statistical Sciences Research Institute Applications and Working Policy Working Paper A05/09*.
- Billy, J. O. & Udry, J. R. (1985). The influence of male and female best friends on adolescent sexual behavior. *Adolescence*, 20, 77, 21-32.
- Blake, S. M., Simkin, L., Ledsky, R. P. C., & Calabrese, J. M. (2001). Effects of a parent-child communications intervention on young adolescents' risk for early onset of sexual intercourse. *Family Planning Perspectives*, 33, 52-61.
- Blanc, A. K. (2001). The effect of power in sexual relationships on sexual and reproductive health: An examination of the evidence. *Studies in Family Planning*, 32, 3, 189-213.
- Borawski, E. A., Levers-Landis, C. E., Lovegreen, L. D., & Trapl, E. S. (2003).
 Parental monitoring, negotiated unsupervised time, and parental trust:
 The role of perceived parenting practices in adolescent health risk
 behaviors. *Journal of Adolescent Health, 33*, 60-70.
- Botting, B., Rosato, M., and Wood, R. (1998). Teenage mothers and the health of their children. *Population Trends Office for National Statistics*, 93, 19-28.
- Bowleg, L., Lucas, K. J., & Tschann, J. M. (2004). "The ball was always in his court": An exploratory analysis of relationships scripts, sexual scripts, and condom use among African-American women. *Psychology of Women Quarterly, 28, 70-82.*

- Brewer, J. & Hunter, A. (1989). *Multimethod research: A synthesis of styles*. London: Sage Publications Ltd.
- Brooker, R. & MacDonald, D. (1999). Did we hear you? Issues of student voice in a curriculum innovation. *Journal of Curriculum Studies, 31*, 83-97.
- Brooks-Gunn, J., Graber, J. A. & Paikoff, R. A. (1994). Studying links between hormones and negative affect: Models and measures. *Journal of Research on Adolescence 4*, 4, 469–486.
- Brooks-Gunn, J. & Paikoff, R. (1997). Sexuality and developmental transitions during adolescence. In J.Schulenberg, J. L. Maggs, & K. Hurrelmann (Eds.), *Health risks and developmental transitions during adolescence* (pp. 190-219). Cambridge: Cambridge University Press.
- Brown, L. M. (1998). *Raising their voices: The politics of girls' anger*. London: Harvard University Press.
- Brown, L. M. & Gilligan, C. (1992). *Meeting at the crossroads: Women's psychology and girls' development*. NY: Ballantine Book Inc.
- Brückner, H. & Bearman, P. (2005). After the promise: The STD consequences of adolescent virginity pledges. *Journal of Adolescent Health*, 36, 271-278.
- Buchanan, C. M., Eccles, J. S. & Becker, B. J. (1992). Are adolescents the victims of raging hormones? Evidence of activational effects of hormones on moods and behavior at adolescence. *Psychological Bulletin, 111,* 1, 62–107.
- Buchanan, T. & Smith, J. L. (1999). Using the Internet for psychological research: Personality testing on the World Wide Web. *British Journal of Psychology*, 90, 125-144.
- Bullen, E., Kenway, J., & Hay V. (2000). New Labour, social exclusion and educational risk management: The case of the 'gymslip mums'. *British Educational Research Journal*, 26, 441-456.
- Bullough, V. (2005). Masturbation: 100 Years Ago and Now. *Journal of Sex Research*, 34, 103-115.
- Burack, R. (1999). Teenage sexual behaviour: Attitudes towards and declared sexual activity. *British Journal of Family Planning, 24*, 145-148.
- Burr, V. (1995). An introduction to social constructionism. NY: Routledge.

- Burrows, A. & Johnson, S. (2005). Girls' experiences of menarche and menstruation. *Journal of Reproductive and Infant Psychology*, 23, 235-249.
- Buston, K., Wight, D., & Hart, G. (2002). Inside the sex education classroom: The importance of context in engaging pupils. *Culture, Health & Sexuality*, 4, 317-335.
- Buston, K. & Wight, D. (2002). The salience and utility of school sex education to young women. *Sex Education*, *2*, 233-250.
- Camic, P. M., Rhodes, J. E., & Yardley, L. (2003). Naming the stars: Integrating qualitative methods into psychological research. In P.M. Camic, J. E. Rhodes, & L. Yardley (Eds.), *Qualitative research in psychology: Expanding perspectives in methodology and design* (pp. 3-16). Washington, DC: American Psychological Association.
- Carabine, J. (2004). Sexualities: Personal lives and social policy. Milton Keynes: The Open University.
- Caron, F., Godin, G., Otis, J., & Lambert, L. D. (2004). Evaluation of a theoretically based AIDS/STD peer education program on postponing sexual intercourse and on condom use among adolescents attending high school. *Health Education Research*, 19, 185-197.
- Carpenter, L. M. (2002). Gender and the meaning and experience of virginity loss in the contemporary United States. *Gender & Society, 16,* 345-365.
- Chambers, D., Tincknell, E., & Van Loon, J. (2004). Peer regulation of teenage sexual identities. *Gender & Society, 16,* 397-415.
- Chandiramani, R. (1998). Talking about sex. *Reproductive Health Matters, 6*, 76-86.
- Childress, C. A. & Asamen, J. K. (1998). The emerging relationship of psychology and the Internet: Proposed guidelines for conducting Internet intervention research. *Ethics and Behavior*, 8, 19-25.
- Chilman, C. S. (1990). Promoting healthy adolescent sexuality. *Family Relations*, *39*, 123-131.
- Choi P. Y. L. & Nicholson, P. (1994). *Female sexuality: Psychology, biology* and social context. New York: Harvester Wheatsheaf.

- Clements, S., Stone, N., Diamond, I. & Ingham, R. (1999). Modelling the spatial distribution of teenage conception rates within Wessex. *The British Journal of Family Planning*, *24*, 61-71.
- Coleman, L. M. & Ingham, R. (1999). Exploring young people's difficulties in talking about contraception: How can we encourage more discussion between partners? *Health Education Research*, 14, 741-750.
- Coleman, L. & Testa, A. (2007). Sexual health knowledge, attitudes and behaviours among an ethnically diverse sample of young people in the UK. *Health Education Journal*, 66, 1, 68-81.
- Collins, W. A. (2003). More than myth: The developmental significance of romantic relationships during adolescence. *Journal of Research on Adolescence*, 13, 1-24.
- Comrey, A. L., & Lee, H. B. (1992). *A First Course in Factor Analysis* (2nd ed.). Hillsdale, NJ: Lawrence Erlbaum Associates.
- Conner, M. & Norman, P. (1995). *Predicting Health Behaviors*. Buckingham: Open University Press.
- Connolly, J., Craig, W., Goldberg, A., & Pepler, D. (2004). Mixed-gender groups, dating, and romantic relationships in early adolescence. *Journal* of Research on Adolescence, 14, 185-207.
- Cooks, L. & Chyng, S. (2002). Constructing gender pedagogies: Desire and resistance in the "alternative" classroom. *Communication Education*, 51, 293-310.
- Cote, S., Hynie, M., Lydon, J. E. & Wiener, S. (1998). Relational sexual scripts and women's condom use: The importance of internalised norms. *The Journal of Sex Research*, 35, 764-778.
- Crawford, J., Kippax, S., & Waldby, C. (1994). Women's sex talk and men's sex talk: Different worlds. *Feminism & Psychology*, *4*, 571-587.
- Crooks, R. & Baur, K. (1983). Our sexuality. London: Thomson Learning.
- Crossley, M. L. (2000). *Introducing narrative psychology: Self, trauma and the construction of meaning*. Buckingham: Open University Press.
- Dailard, C. (2006). The Other Shoe Drops: Federal Abstinence Education Program Becomes More Restrictive. *Guttmacher Policy Review*, 9, 1, 2-4.

- Davidson, J. K. & Moore, N. B. (1994). Masturbation and premarital sexual intercourse among college women: making choices for sexual fulfillment. *Journal of Sex and Marital Therapy*, 20, 178-199.
- DCSF (2007). Teenage Pregnancy. Internet [On-line]. Retrieved on August 23rd 2007, <u>http://findoutmore.dfes.gov.uk/2005/08/teenage_pregnan.html</u>
- Dickson, N., Paul, C., Herbison, P., & Silva, P. (1998). First sexual intercourse; age, coercion, and later regrets reported by a birth cohort. *British Medical Journal*, 316, 29-33.
- DiClemente, R. J., Wingood, G. M., Crosby, R., Cobb, B. K., Harrington, K., & Davies, S. L. (2001). Parent-adolescent communication and sexual risk behaviors among African American adolescent females. *The Journal of Pediatrics, 139*, 407-412.
- Dilorio, C., Kelley, M., & Hockenberry-Eaton, M. (1999). Communication about sexual matters: Mothers, fathers, and friends. *Journal of Adolescent Health, 24*, 181-189.
- Diorio, J. A. (2001). Sexuality, difference, and the ethics of sex education. Journal of Social Philosophy, 32, 277-300.
- Diorio, J. A. & Munro, J. A. (2000). Doing harm in the name of protection: Menstruation as a topic for sex education. *Gender and Education*, 12, 347-365.
- Diorio, J. A. & Munro, J. A. (2003). What does puberty mean to adolescents? Teaching and learning about bodily development. *Sex Education, 3,* 120-131.
- Dowsett, G. W. (2003). Some considerations on sexuality and gender in the context of AIDS. *Reproductive Health Matters*, *11*, 21-29.
- Dzurec, L. C. & Abraham, I. L. (1993). The nature of inquiry: Linking quantitative and qualitative research. Advanced Nursing Science, 16, 73-79.
- Elliot, K. J. (2003). The hostile vagina: Reading vaginal discourse in a school health text. *Sex Education*, *3*, 133-144.
- Elsheikh, A., Hassan, M. D., & Creatsas, M. D. (2000). Adolescent sexuality: A development milestone or risk-taking behavior? The role of health care in the prevention of sexually transmitted diseases. *Journal of Pediatric and Adolescent Gynecology*, *13*, 119-124.

- Erikson, E. H. (1967). Identity and the Life Cycle: Selected papers, No. 1. NY: Harper & Row.
- Fende, J. M., Boehner, C. W., Biro, F. M., Mills, L., & Rosenthal, S. L. (2001). A preliminary examination of adolescent girls' perceptions of the parental knowledge of their boyfriends. *Journal of Pediatric and Adolescent Gynecology, 14*, 113-117.
- Fenton, K. A., Johnson, A. M., McManus, S. & Erens, B. (2001). Measuring sexual behaviour: Methodological challenges in survey research. Sexual Transmitted Infections, 77, 84-92.
- Field, A. (2005). Discovering statistics using SPSS. (2nd ed.) London: Sage Publications Ltd.
- Fine, M. (1988). Sexuality, schooling, and adolescent females: The missing discourse of desire. *Harvard Educational Review*, 58, 29-53.
- Fine, M. & McClelland, S. I. (2006). Sexuality education and desire: Still missing after all these years. *Harvard Educational Review*, 76, 3, 297-338.
- Finlay, L. (2002). "Outing" the researcher: The provenance, process, and practice of reflexivity. *Qualitative Health Research*, 12, 531-545.
- Firestone, W. A., Ballou, J., & Whelchel, N. (1994). Equity in sexuality education - An exploratory study of family-life education in New-Jersey rich and poor districts. *Educational Policy*, 8, 289-314.
- Fishbein, M. & Ajzen, I. (1975). *Belief, attitude, intention and behaviour: An introduction to theory and research*. Reading, MA: Addison-Wesley.
- Fisher, W. A. (1984). Predicting contraceptive behavior among university men: The role of emotions and behavioral intentions. *Journal of Applied Social Psychology*, 14, 104-123.
- Fitzharris, J. L. & Werner-Wilson, R. J. (2004). Multiple perspectives of parentadolescent sexuality communication: Phenomenological description of a *Rashoman* effect. *The American Journal of Family Therapy*, 32, 273-288.
- Fletcher, A. C. & Jeffries, B. C. (1999). Parental mediators of associations between perceived authorative parenting and early adolescent risky behaviour. *Journal of Early Adolescence*, 19, 465-487.
- Florsheim, P. 2003. "Adolescent romantic sexual behavior: What we know and where we go from here". In P. Florsheim (Ed.), *Adolescent Romantic*

Relations and Sexual Behavior: Theory, Research, and Practical Implications. NJ: Lawrence Erlbaum Associates.

- Ford, N. & Morgan, K. (1989). Heterosexual lifestyles of young people in an English city. *Journal of Population and Social Studies*, 1, 167-185.
- Forrest, S. (2000). 'Big and tough': Boys learning about sexuality and manhood. Sexual and Relationship Therapy, 15, 247-261.
- Foucault, M. (1976). *History of sexuality*. London: Allen Lane.
- Frosh, S., Phoenix, A., & Pattman, R. (2003). Taking a Stand: UsingPsychoanalysis to Explore the Positioning of Subjects in Discourse.British Journal of Social Psychology, 42, 39-53.
- Gagnon, J. H. (1985). Attitudes and responses of parents to pre-adolescent masturbation. *Archives of Sexual Behavior, 14,* 451-466.
- Gagnon, J. H. & Parker, R. G. (1995). Conceiving sexuality. In R. G. Parker & J.
 H. Gagnon (Eds.), *Conceiving sexuality: Approaches to sex research in a postmodern world*. (pp. 3-16). London: Routledge.
- Gagnon, J. H. & Simon, W. (1973). Sexual conduct: The social sources of human sexuality. Chicago: Aldine.
- Gathorne-Hardy, J. (2004). *Kinsey: Sex the Measure of All Things*. Indianapolis: Indiana University Press.
- Gavey, N., McPhillips, K., & Doherty, M. (2001). "If it's not on, it's not on" Or is it? Discursive constraints on women's condom use. *Gender & Society*, 15, 917-934.
- Gergen, K. J. (1985). The social constructionist movement in modern psychology. *American Psychologist*, 40(3), 266-275.
- Gergen, K. J. (1999). *An invitation to social construction*. London: Sage Publications Ltd.
- Gilligan, C., Rogers, A. G., & Tolman, D. L. (1991). Women, girls & psychotherapy: Reframing resistance. NY: Harrington Park Press.
- Ginsburg, G. P. (1988). Rules, scripts and prototypes in personal relationships. In S.W. Duck (Ed.), *Handbook of personal relationships: Theory, research* and interventions (pp. 23-39). NY: John Wiley & Sons.
- Giordano, P. C., Longmore, M. A. & Manning, W. D. (2006). Gender and the meanings of adolescent romantic relationships: A focus on boys. *American Sociological Review*, 71, 2, 260-287.

- Goodson, P., Evans, A., & Edmundson, E. (1997). Female adolescents and onset of sexual intercourse: A theory-based review of research from 1984 to 1994. *Journal of Adolescent Health, 21*, 147-156.
- Graber, J., Petersen, A. C. & Brooks-Gunn, J. (1996). The antecedents of menarcheal age: Heredity, family environment, and stressful life events. *Child Development*, 66, 346-359.
- Gray, J. H. & Densten, I. L. (1998). Integrating quantitative and qualitative analysis using latent and manifest variables. *Quality & Quantity*, 32, 419-431.
- Green, J. (1998). School sex education and education policy in England and
 Wales: The relationship examined. *Health Education Research*, 13, 67-72.
- Greene, J. C., Caracelli, V. J., & Graham, W. F. (1989). Towards a conceptual framework for mixed-method evaluation designs. *Educational Evaluation* and Policy Analysis, 11, 255-274.
- Groneman, C. (2000). Nymphomania: A History. NY: W. W. Norton & Co Inc.
- Guba, E. G. & Lincoln, Y. S. (1989). Competing paradigms in qualitative research. In N.K. Denzin & Y. S. Lincoln (Eds.), *Handbook of Qualitative research* (pp. 105-117). Thousand Oaks, CA: Sage Publications Ltd.
- Guba, E. G. & Lincoln, Y. S. (2005). Paradigmatics controversies,
 contradictions, and emerging confluences. In N. K. Denzin, K. Norman &
 Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research* (3rd ed.,
 pp. 191-215). London: Sage Publications Ltd.
- Guggino, J. M. & Ponzetti, J. J. (1997). Gender differences in affective reactions to first coitus. *Journal of Adolescence*, 20, 189-200.
- Haffner, D. W. (1998). Facing facts: Sexual health for American adolescents. Journal of Adolescent Health, 22, 453-459.
- Halpern, C. J., Udry, R., Chirayath, S. & Campell, B. (2000). "Adolescent Males'
 Willingness To Report Masturbation." *The Journal of Sex Research*, *37*, 4, 327-332.
- Halpern, C. T., Udry, J. R. & Suchindran, C. (1994). Effects of repeated questionnaire administration in longitudinal studies of adolescent males sexual behavior. *Archives of Sexual Behavior*, 23, 3, 41-57.

- Halpern, C. T., Urdy, J. R. & Suchindran, C. (2004). Monthly measures of salivary testosterone predict sexual activity in adolescent males. *Archives* of Sexual Behavior, 27, 5, 445-465.
- Hammersley, M. (1987). Some notes on the terms "validity" and "reliability". British Educational Research Journal, 13, 73-81.
- Harrison, D. M. (2002). Rethinking Circumcision and Sexuality in the United States. *Sexualities, 5,* 300-316.
- Haywood, C. (1996). Sex education policy and the regulation of young people's sexual practice. *Educational Review*, 48, 121-129.
- Health Protection Agency. (2005). STI and teenage pregnancy statistics. Accessed on 28/08/07 http://www.hpa.org.uk/infections/ topics_az/ hiv and sti/hiv/epidemiology/hars_tables.htm
- Health Protection Agency (2007). STI and teenage pregnancy statistics. Accessed on 28/08/07 http://www.hpa.org.uk/infections/topics_az/ hiv_and_sti/hiv/epidemiology/hars_tables.htm
- Henderson, M., Wight, D., Raab, G., Abraham, C., Buston, K., Hart, G. et al. (2002). Heterosexual risk behaviour among young teenagers in Scotland. *Journal of Adolescence*, 25, 483-494.
- Herdt, G. (2004). Sexual development, social oppression and local culture. Sexuality Research and Social Policy, 1, 1, 39-62.
- Hetherington, E. M. & Parke, R. D. (1999). *Child psychology: A contemporary viewpoint (5th Ed.)*. Boston: McGraw-Hill.
- Hillier, L., Harrison, L., & Warr, D. (1998). "When you carry condoms all the boys think you want it": Negotiating competing discourses about safe sex. *Journal of Adolescence*, 21, 15-29.
- Hilton, G. L. S. (2001). Sex education the issues when working with boys. *Sex Education, 1,* 31-41.
- Hirst, J. (2004). Researching young people's sexuality and learning about sex: Experience, need, and sex and relationship education. *Culture, Health & Sexuality, 6*, 115-129.
- Hocking, J. E., Turk, D., & Ellinger, A. (1999). The effects of partner insistence of condom usage on perceptions of the partner, the relationship, and the experience. *Journal of Adolescence*, 22, 355-367.

- Hogarth, H. A. (2004). *Young people and the development of their sexuality*, University of Southampton, UK. Unpublished Masters Dissertation.
- Holland, J., Ramazanoglu, C., Scott, S., Sharpe, S., & Thomson, R. (1990a).
 "Don't die of ignorance, I nearly died of embarrassment": Condoms in context. (Rep. No. 2). London: Tufnell Press.
- Holland, J., Ramazanoglu, C., Scott, S., Sharpe, S., & Thomson, R. (1990b). Sex, gender and power: Young women's sexuality in the shadow of AIDS. Sociology of Health & Illness, 12, 336-350.
- Holland, J., Ramazanoglu, C., Scott, S., Sharpe, S., & Thomson, R. (1992a).
 Pressure, resistance, empowerment: Young women and the negotiation of safer sex. In P. Aggleton, P. Davies, & G. Hart (Eds.), *AIDS: Right, risk and reason.* (pp. 142-163). London: The Falmer Press.
- Holland, J., Ramazanoglu, C., Scott, S., Sharpe, S., & Thomson, R. (1992b).Risk, power and the possibility of pleasure: Young women and safer sex.*AIDS Care, 4*, 273-283.
- Holland, J., Ramazanoglu, C., Scott, S., Sharpe, S., & Thomson, R. (1994).
 Methodological issues in researching young women's sexuality. In
 M.Boulton (Ed.), *Challenge and innovation: Methodological advances in social research on HIV/AIDs.* (pp. 219-239). London: Taylor and Francis Limited.
- Holland, J., Ramazanoglu, C., Sharpe, S., & Thomson, R. (1992). Pleasure, pressure and power: Some contradictions of gendered sexuality. *The Sociological Review*, 38, 645-674.
- Holland, J., Ramazanoglu, C., Sharpe, S., & Thomson, R. (1996). Reputations:
 Journeying into gendered power relations. In J. Weeks & J. Holland
 (Eds.), Sexual cultures: Communities, values and intimacy. (pp. 239-260).
 Basingstoke: MacMillan Publishers.
- Holland, J., Ramazanoglu, C., Sharpe, S., & Thomson, R. (1998). The male in the head: Young people, heterosexuality and power. London: The Tufnell Press.
- Holland, J., Ramazanoglu, C., Sharpe, S., & Thomson, R. (2000). Deconstructing virginity - Young people's accounts of first sex. Sexual and Relationship Therapy, 15, 221-232.

- Holland, J., Ramazanoglu, C., Sharpe, S., & Thomson, R. (2003). When bodies come together: Power, control and desire. In J. Weeks, J. Holland, & M. Waites (Eds.), *Sexualities and Society: A reader* (pp. 84-94). Oxford: Blackwell Publishing Ltd.
- Hollway, W. (1989). Subjectivity and method in psychology: Gender, meaning and science. London: Sage Publications Ltd.
- Hollway, W. & Jefferson, T. (2000). Doing qualitative research differently: Free association, narrative and the interview method. London: Sage
 Publications Ltd.
- Hooke, A., Capewell, S., & Whyte, M. (2000). Gender differences in Ayrshire teenagers' attitudes to sexual relationships, responsibility and unintended pregnancies. *Journal of Adolescence*, 23, 486.
- Horne, S. & Zimmer-Gembeck, M. J. (2005). Female sexual subjectivity and well-being: Comparing late adolescence with different sexual experiences. Sexuality Research & Social Policy, 2, 25-40.
- House, E. R. (1994). Integrating the quantitative and qualitative. In C. S.
 Reichardt & S. F. Rallis (Eds.), *The qualitative-quantitative debate: New perspectives* (pp. 13-22). San Francisco: Jossey-Bass.
- Howe, K. R. (1992). Getting over the quantitative-qualitative debate. *American Journal of Education, 100,* 236-257.
- Huebner, A. J. & Howell, L. W. (2003). Examining the relationship between adolescent sexual risk-taking and perceptions of monitoring, communication, and parenting styles. *Journal of Adolescent Health, 33*, 71-78.
- Hutchinson, M. K., Jemmott, J. B., Jemmott, L. S., Braverman, P. & Fong, G. T. (2003). The role of mother-daughter sexual risk communication in reducing sexual risk behaviors among urban adolescent females: A prospective study. *Journal of Adolescent Health, 33*, 98-107.
- Hyde, J. S. & Jaffee, S. R. (2000). Becoming a heterosexual adult: The experiences of young women. *Journal of Social Issues, 56,* 283-296.
- Ingham, R. (1994). Sexuality and health in young people: Perceptions and behaviour related to the threat of HIV-infection. In G. N. Penny, D.
 Bennett, & M. Herbert (Eds.), *Health psychology: A lifespan perspective* (pp. 67-86). NY: Harwood Academic Publishers.

- Ingham, R. (2004). Sexual health and young people: The contribution and role of psychology. In B. Brookes-Gordon, L. Gelsthorpe, M. Johnson, & A. Bainham (Eds.), *Sexuality repositioned: Diversity and the law* (pp. 235-259). Oregan: Hart Publishing.
- Ingham, R. (2005). 'We didn't cover that at school': Education *against* pleasure or education *for* pleasure? *Sex Education*, *5*, 375-388.
- Ingham, R. & Stone, N. (2000). A topic guide for individual interviews & focus groups discussions with young people: Partner selection, sexual behaviour & risk taking. Geneva: World Health Organisation.
- Ingham, R. & van Zessen, G. (1997). Towards an alternative model of sexual behaviour: From individual properties to interactional processes. In L.Campenhoudt, M. Cohen, G. Guizzardi, & D. Hausser (Eds.), Sexual interaction and HIV risk: New conceptual approaches in European research. (pp. 83-99). London: Taylor and Francis.
- Ingham, R. & van Zessen, G. (1998). From cultural contexts to interactional competences, paper presented at the. *AIDS in Europe: Social and Behavioural Dimensions conference*, Paris, 12-16th January.
- Ingham, R., Vanwesenbeeck, I., & Kirkland, D. (1999). Interviewing on sensitive topics. In A. Memon & R. Bull (Eds.), *Handbook of the Psychology of Interviewing* (pp. 145-163). London: John Wiley & Sons Ltd.
- Ingham, R., Woodcock, A., & Stenner, K. (1992). The limitations of rational decision-making models as applied to young people's sexual behaviour.
 In P. Aggleton, P. Davies, & G. Hart (Eds.), *AIDS: Rights, risk and reason* (pp. 163-173). London: The Falmer Press.
- Jaccard, J., Dittus, P. J., & Gordon, V. V. (1996). Maternal correlates of adolescent sexual and contraceptive behavior. *Family Planning Perspectives*, 28, 159-169.
- Jaccard, J., Dodge, T., & Dittus, P. (2002). Parent-adolescent communication about sex and birth control: A conceptual framework. In S. S. Feldman & D. A. Rosenthal (Eds.), New Directions for Child and Adolescent Development (pp. 9-41). NY: A. Wiley Company.
- Jackson, S. M. & Cram, F. (2003). Disrupting the sexual double standard: Young women's talk about heterosexuality. *British Journal of Social Psychology*, 42, 113-127.

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- Jacobs, C. D. & Wolf, E. M. (1995). School sexuality education and adolescent risk-taking behavior. *Journal of School Health*, 65, 91-95.
- Joffe, H. & Franca-Koh, A. C. (2001). Parental non-verbal sexual communication: Its relationship to sexual behaviour and sexual guilt. *Journal of Health Psychology*, *6*, 17-30.
- Joffe, H. & Yardley, L. (2004). Content and thematic analysis. In D. F. Marks &
 L. Yardley (Eds.), *Research methods for clinical and health psychologists* (pp. 56-68). London: Sage Publications Ltd.
- Johnson, A. M., Mercer, C., Erens, B., Copas, A. J., McManus, M., Wellings, K. et al. (2001). Sexual behaviour in Britain: Partnerships, practices, and HIV risk behaviours. *The Lancet*, 358, 1835-1842.
- Johnson, A. M., Wadsworth, J., Wellings, K. & Field, J. (1994). Sexual attitudes and lifestyles. Oxford: Blackwell Scientific Press.
- Johnson, R. B. & Onwuegbuzie, A. J. (2004). Mixed methods research: A research paradigm whose time has come. *Educational Researcher*, *33*, 14-26.
- Joinson, A. (1999). Social desirability, anonymity, and Internet-based questionnaires. *Behavior Research Methods, Instruments & Computers,* 31, 433-438.
- Joseph Rowntree Foundation (1995). Social background and post birth experiences of young parents. York: Joseph Rowntree Foundation.
- Kahn, A. S., Jackson, J., Kully, C., Badger, K., & Halvorsen, J. (2003). Calling it rape: Differences in experiences of women who do or do not label their sexual assault as rape. *Psychology of Women Quarterly*, 27, 233-242.
- Karofsky, P. S., Lan Zeng, M. D., & Kosorok, M. R. (2000). Relationship between adolescent-parental communication and initiation of first intercourse by adolescents. *Journal of Adolescent Health*, 28, 41-45.
- Kidger, J. (2004). Including young mothers: Limitations to New Labour's strategy for supporting teenage parents. *Critical Social Policy*, *24*, 3, 291-311.
- Kehily M. J. (2002a). Sexuality, gender and schooling. London : Routledge.
- Kehily, M. J. (2002b). Sexing the subject: Teachers, pedagogies and sex education. *Sex Education*, *2*, 215-231.

Kiernan, K. (1995). Transition to parenthood: Young mothers, young fathers associated factors and later life experiences. Welfare State Programme Discussion Paper 113. London: London School of Economics.

Kinsey, A. C., Pomeroy, W. B., Martin, C. E. & Gebhard, P. H. (1953). Sexual behavior in the human female. London: W. B. Saunders Company.

Kinsman, S. B., Romer, D., Furstenberg, F. F., & Schwarz, D. F. (1998). Early Sexual Initiation: The Role of Peer Norms. *Pediatrics, 102,* 1185-1192.

Kippax, S. & Crawford, J. (1993). Flaws in the Theory of Reasoned Action. In
D. Terry, C. Gallois, & M. McCamish (Eds.), *The Theory of Reasoned Action: Its application to AIDS-prevention* (pp. 253-269). Oxford: Pergamon Press Inc.

Kline, P. (1999). *The handbook of psychological testing (2nd Ed.)*. London: Routledge.

- Koblinsky, S. A. & Palmeter, J. (1984). Sex-role orientation, mother's expression of affection toward spouse, and college women's attitudes toward sexual behaviors. *The Journal of Sex Research, 20,* 32-43.
- Korobov, N. (2004). Inoculating against prejudice: A discursive approach to homophobia and sexism in adolescent male talk. *Psychology of Men & Masculinity*, *5*, 178-189.
- Kraut, R., Olson, J., Banaji, M., Bruckman, A., Cohen, J., & Couper, M. (2004). Psychological research online. *American Psychologist*, *59*, 105-117.
- Kripke, M. D. (1999). Adolescent development and the biology of puberty: Summary of a workshop on new research. *National Academy of Sciences*.
- Lacqueur, T. W. (2003). Solitary sex: A cultural history of masturbation. NY: Zone Books Limited.
- Lacey, C. J., Merrick, D. W., Bensley, D. C., & Fairly, I. (2005). Analysis of the sociodemography of gonorrhoea in Leeds, 1998-2003. *British Medical Journal*, 314, 1779-1723.
- Laumann, E. O., Paik, A., & Rosen, R. C. (1999). Sexual Dysfunction in the United States. *Journal of American Medical Association*, 281, 537-544.
- Lear, D. (1995). Sexual communication in the age of AIDS the construction of risk and trust among young adults. *Social Science & Medicine*, 41, 1311-1323.

- Lees, S. (1993). Sugar and Spice: Sexuality and adolescent girls. London: Penguin.
- Lefkowitz, E. S., Boone, T. L., Sigman, M., & Kit-fong Au, T. (2002). He said, she said: Gender differences in mother-adolescent conversations about sexuality. *Journal of Research on Adolescence, 12,* 217-242.
- Leitenberg, H., Detzer, M. J., & Srebnik, D. (1993). Gender differences in masturbation and the relation of masturbation experience in preadolescence and/or early adolescence to sexual behavior and sexual adjustment in young adulthood. *Archives of Sexual Behavior, 22,* 87-98.
- Lerner, R. M. & Galambos, N. L. (1998). Adolescent development: Challenges and opportunities for research, programs, and policies. *Annual Review of Psychology*, 49, 413-446.
- Levesque, R. J. R. (2000). Sexuality education What adolescents' educational rights require. *Psychology Public Policy and Law, 6,* 953-988.
- Levine, O. H., Britton, P. J., James, T. C., Jackson, A. P., & Hobfoll, S. E. (1993). The empowerment of women: A key to HIV prevention. *Journal* of Community Psychology, 21, 320-333.
- Lewis, J. & Knijn, T. (2004). The politics of sex education policy in England and Wales and the Netherlands since the 1980s. *Journal of Social Policy, 31*, 669-694.
- Low, N., Daker-White, G., Barlow, D., & Pozniak, A. I. (1997). Gonorrhoea in inner London: results of a cross sectional study. *British Medical Journal*, 314, 1719-1723.
- Makari, G. J. (1998). Between seduction and libido: Sigmund Freud's masturbation hypotheses and the realignment of his etiologic thinking, 1897-1905. *Bulletin of the History of Medicine, 72,* 638-662.
- Markham, C. M., Tortolero, R., Escobar-Chaves, S. L., Parcel, G. S., Harrist, R.,
 & Addy, R. C. (2003). Family connectedness and sexual risk-taking among urban youth attending alternative high schools. *Perspectives on Sexual and Reproductive Health*, 35, 174-179.
- Martin, K. A. (1996). *Puberty, sexuality, and the self: Girls and boys at adolescence*. NY: Routledge.
- Masters, W. H., Johnston, V. E., & Kolodny, C. (1982). *Human sexuality (1st Ed.)*. NY: Bernard Becker Medical Library.

- Masters, W. H., Johnston, V. E., & Kolodny, C. (1994). *Heterosexuality (2nd Ed.)*. NY: Thorsons.
- McAdams, D. P., Bauer, J. J., Sakaeda, A. R., Anyidoho, N. A., Machado, M. A.,
 Magrino-Failla, K. et al., (2006). Continuity and change in the life story:
 A longitudinal study of autobiographical memories in emerging
 adulthood. *Journal of Personality*, 74, 4, 1371-1400.
- McCusker, J., Stoddard, A. M., Zapka, J. G., Zorn, M., & Mayer, K. H. (1989). Predictors of AIDS-preventive behavior among homosexuality active men: A longitudinal study. *AIDS*, 3, 443-448.
- McGarth, J. E. & Johnson, B. A. (2003). Methodology makes meaning: How both qualitative and quantitative paradigms shape evidence and its interpretation. In P. Camic, J. Rhodes, & L. Yardley (Eds.), *Qualitative research in psychology: Expanding perspectives in methodology and design* (pp. 31-48). Washington, DC: APA Books.
- McLeod, A. (2001). Changing patterns of teenage pregnancy: Population based study of small areas. *British Medical Journal*, *323*, 199-203.
- Measor, L. (1989). 'Are you coming to see some dirty films today?' Sex education and adolescent sexuality. In L. Holly (Ed.), *Girls and sexuality: Teaching and learning* (pp. 38-51). Milton Keynes: Open University Press.
- Mellanby, A. R., Phelps, F. A., Crichton, N. J., & Tripp, J. H. (1996). School sex education, a process for evaluation: methodology and results. *Health Education Research*, 11, 205-214.
- Michael, R. T., Gagnon, J. H., Laumann, E. O. & Kolata, G. (1994). Sex In America: A Definitive Survey. Boston, MA: Little, Brown and Company.
- Michalak, E. E. & Szabo, A. (1998). Guidelines for Internet research: An update. *European Psychologist, 3*, 70-75.
- Miller, B. C., Benson, B., & Galbraith, K. A. (2001). Family relationships and adolescent pregnancy risk: A research synthesis. *Developmental Review*, 21, 1-38.
- Mitchell, K. & Wellings, K. (1998). First sexual intercourse: Anticipation and communication. Interviews with young people in England. *Journal of Adolescence*, *21*, 717-726.

- Monk, D. (2001). New guidance/old problems: Recent developments in sex education. *Journal of Social Welfare and Family Law, 23*, 271-291.
- Moore, S. & Rosenthal, D. A. (1993). *Sexuality in Adolescence*. New York: Rutledge.
- Morgan, D. L. (1998). Practical strategies for combining qualitative and quantitative methods: Applications to health research. *Qualitative Health Research*, *8*, 362-376.
- Morse, J. M. (1999). Qualitative generalizability. *Qualitative Health Research*, 9, 5-6.
- Morse, J. M. (2006). The politics of evidence. *Qualitative Health Research, 16,* 395-404.
- Murphy, D. A., Rotheram-Borus, M. J., & Reid, H. M. (1998). Adolescent gender differences in HIV-related sexual risk acts, social-cognitive factors and behavioral skills. *Journal of Adolescence*, *21*, 197-208.
- O'Sullivan, L. F. (2005). The social and relationship contexts and cognitions associated with romantic and sexual experiences of early-adolescent girls. *Sexuality Research & Social Policy, 2,* 13-24.
- Ogden, J. (2000). *Health Psychology: A textbook*. (2nd ed.) Buckingham: Open University Press.
- Oliver, K., & Lalik, R. (2001). The body as curriculum: Learning with adolescent girls. *Journal of Curriculum Studies*, *33*, 3, 303-333.
- Onwuegbuzie, A. J. & Leech, N. L. (2005). Taking the "Q" out of research: Teaching research methodology courses without the divide between quantitative and qualitative paradigms. *Quality & Quantity, 39*, 267-296.
- Oxford English Dictionary (2003). Oxford: Oxford University Press.
- Pattman, R., Frosh, S. & Phoenix, A. (2005). Constructing and experiencing boyhoods in research in London. *Gender and Education*, 17, 5, 555-561.
- Patton, M. S. (1986). Twentieth-century attitudes toward masturbation. *Journal* of Religion and Health, 25, 291-302.
- Peart, R., Rosenthal, D., & Moore, S. (1996). The heterosexual singles scene: Putting danger into pleasure. Aids Care – Psychological and Socio-Medical Aspects of Aids/Hiv, 8, 341-349.
- Phipps, W. E. (1977). Masturbation: Vice or virtue? *Journal of Religion and Health, 16,* 183-195.

- Phoenix, A., Frosh, S., & Pattman, R. (2003). Producing contradictory masculine subject positions: Narratives of threat, homophobia and bullying in 11-14 year old boys. *Journal of Social Issues*, 59, 179-195.
- Pitzner, J. K., McGarry-Long, J., & Drummond, P. D. (2000). A history of abuse and negative life events in patients with a sexually transmitted disease and in a community sample. *Child Abuse and Neglect, 24*, 715-31.

Pomeroy, W. (1968). Boys and sex. NY: Delacorte.

- Poulson, R. L., Eppler, M. A., Satterwhite, T. N., Wuensch, K. L. & Bass, L. A. (1998). Alcohol consumption, strength of religious beliefs, and risky sexual behavior in college students. *Journal of American College Health*, 46, 5, 227-232.
- Prendergast, S. (1989). Girls' experience of menstruation in school. In L. Holly (Ed.), Girls and sexuality: Teaching & learning (pp. 85-108). Milton Keynes: Open University Press.
- Prinstein, M. J., Meade, C. S., & Cohen, G. L. (2003). Adolescent oral sex, peer popularity, and perceptions of best friends' sexual behavior. *Journal of Pediatric Psychology*, 28, 243-249.
- Pyett, P. M. (2003). Validation of qualitative research in the "real world". *Qualitative Health Research, 13*, 1170-1179.
- Ranke-Heinemann, U. (1990). *Eunuchs for heaven: The catholic church and sexuality*. London: Andre Deutsch.
- Rashkow, I. (2004). 'What is Wrong with this Picture? Daughters and Fathers in Genesis'. In J. H. Ellens & W. G. Rollins (Eds.), *Psychology and the Bible: A new way to read the Scriptures, Volume 2: From Genesis to apocalyptic vision.* Westport: Praeger.
- Regnerus, M. D. (2003). Religion and positive adolescent outcomes: A review of research and theory. *Review of Religious Research, 44*, 4, 394-413.
- Reips, U.-D. (2002). Standards for Internet-based experimenting. *Experimental Psychology*, 49, 4, 243-256.
- Rivis, A. & Sheeran, P. (2003). Social influences and the theory of planned behaviour: Evidence for a direct relationship between prototypes and young people's exercise behaviour. *Psychology and Health, 18,* 567-583.

- Rodgers, K. B. (1999). Parenting processes related to sexual risk-taking behaviour of adolescent males and females. *Journal of Marriage and the Family, 61,* 99-109.
- Rodham, K., Brewer, H. Mistral, W. & Stallard, P. (2006). Adolescents' perception of risk and challenge: A qualitative study. *Journal of Adolescence*, *29*, 2, 261-272.
- Rosenstock, I. M. (1985). Understanding and enhancing patient compliance with diabetic regimens. *Diabetes Care, 8,* 610-616.
- Rosenthal, D. A. & Feldman, S. S. (1999). The importance of importance: Adolescents' perceptions of parental communication about sexuality. *Journal of Adolescence, 22,* 835-851.
- Rosenthal, D. A., Feldman, S. S., & Edwards, D. (1998). Mum's the word: Mothers' perspectives on communication about sexuality with adolescents. *Journal of Adolescence*, *21*, 727-743.
- Rosenthal, S. L., Burklow, K. A., Lewis, L. M., Succop, P. A., & Biro, F. M. (1997). Heterosexual romantic relationships and sexual behaviors of young adolescent girls. *Journal of Adolescent Health*, 21, 238-243.
- Rostosky, S. S., Wilcox, B. L., Wright, M. L. C. & Randall, B. A. (2004). The Impact of religiosity on adolescent sexual behavior: A review of the evidence. *Journal of Adolescent Research, 19*, 6, 677-697.
- Rowan, E. L. (2000). *The joy of self-pleasuring: Why feel guilty about feeling good?* NY: Prometheus.
- Russell, S. T. (2005). Conceptualizing positive adolescent sexuality. *Sexuality Research & Social Policy, 2,* 4-11.
- Sale, J. E. M., Lohfeld, L. H., & Brazil, K. (2002). Revisiting the quantitativequalitative debate: Implications for mixed-methods research. *Quality & Quantity*, 36, 43-45.
- Santelli, J. S., Kaiser, J., Hirsch, L., Radosh, A., Simkin, L & Middlestadt, S.
 (2004). Initiation of sexual intercourse among middle school adolescents: The influence of psychosocial factors. *Journal of Adolescence Health, 34*, 6, 533-541.
- Santelli, J. S., Ott, M. A., Lyon, M., Rogers, J., Summers, D. & Schliefer, R. (2006). Abstinence and abstinence-only education: A review of U.S. policies and programs. *Journal of Adolescence Health*, 38, 72-81.

- Schubotz, D., Rolston, B., & Simpson, A. (2004). Sexual behaviour of young people in Northern Ireland: First sexual experience. *Critical Public Health*, 14, 177-190.
- Selman, P. (2000). Mixed messages: Teenage pregnancy, social policy and welfare reform in Britain and United States. *Social Policy Association Annual Conference*, University of Surrey, Roehampton, London, 18th – 20th July 2000.
- Sheeran, P, Trafimow, D. & Armitage, C. J. (2003). Predicting behaviour from perceived behavioural control: Tests of the accuracy assumptions of the theory of planned behaviour. *British Journal of Social Psychology*, 42, 393-410.
- Short, M. B. & Rosenthal, S. L. (2003). Helping teenaged girls make wise sexual decisions. *Contemporary Obstetrics and Gynecology*, *48*, 84-92.
- Shulman, J. L. & Horne, S. G. (2003). The use of self-pleasure: Masturbation and body image among African American and European American women. *Qualitative Health Research*, 27, 262-269.
- Simon, W. (1996). Postmodern sexualities. NY: Routledge.
- Simon, W. & Gagnon, J. H. (1986). Sexual scripts: Permanence and change. Archives of Sexual Behavior, 15, 3, 97-120.
- Smith, A. M., Rosenthal, D., & Reichler, H. (1996). High schoolers masturbatory practices: Their relationship to sexual intercourse and personal characteristics. *Psychological Reports*, 79, 499-509.
- Smith, J. A. (1995). The search for meanings. In J. A. Smith (Ed.), *Rethinking methods in psychology* (pp. 9-26). London: Sage Publications Ltd.
- Smith, J. K. (1983). Quantitative versus qualitative research: An attempt to clarify the issue. *Educational Researcher*, *12*, 6-13.
- Smith, L. H., Guthrie, B. J. & Oakley, D. J. (2004). Studying adolescent male sexuality: Where are we? *Journal of Youth and Adolescence*, 34, 4, 361-377.
- Smythe, W. E. & Murray, M. J. (2000). Owning the story: Ethical considerations in narrative research. *Ethics & Behavior, 10,* 311-336.
- Social Exclusion Unit (1999). *Teenage Pregnancy: Report by the Social Exclusion Unit*. London: The Stationery Office.

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- Somers, C. & Canivez, G. L. (2003). The sexual communication scale: A measure of frequency of sexual communication between parents and adolescents. *Adolescence*, *38*, 43-56.
- Spencer, J. M., Zimet, G. D., Aalsma, M. C. & Orr, D. P. (2002). Self-esteem as a predictor of initiation of coitus in early adolescents. *Pediatrics*, 109, 4, 581-584.
- Stengers, J. & Van Neck, A. (2001). *Masturbation: The history of a great terror*. NY: Palgrave.
- Stevenson, D. (2004). [Book Review] Solitary sex: A cultural history masturbation by Thomas W. Laqueur. *English Historical Review*, 119, 221-223.
- Stolberg, M. (2003). The Crime of Onan and the Laws of Nature. Religious and medical discourses on masturbation in the late seventeenth and early eighteenth centuries (Abstract). *Paedagogica Historica, 39*, 6, 701-717.
- Stone, N. & Ingham, R. (2002). Factors affecting British teenagers' contraceptive use at first intercourse: The importance of partner communication. *Perspectives on Sexual and Reproductive Health, 34*, 191-197.
- Sullivan, M. L. (1998). Integrating qualitative and quantitative methods in the study of developmental psychopathology in context. *Development and Psychopathology*, 10, 377-393.
- Sutherland, C. (2001). Young people and sex. In G. Andrews (Ed.), Women's sexual health (2nd Edition ed., pp. 135-161). London: Harcourt Publishers Limited.
- Tabachnick, B. G. & Fidell, L. S. (2007). Using multivariate statistics (5th Ed.). Boston : Pearson.
- Teitelman, A. M. (2004). Adolescent girls' perspectives of family interactions related to menarche and sexual health. *Qualitative Health Research, 14*, 1292-1308.
- Thompson, S. (1990). Putting a big thing into a little hole: Teenage girls' accounts of sexual initiation. *Journal of Sex Research, 27*, 341-361.
- Thorogood, N. (2000). Sex education as disciplinary technique: Policy and practise in England and Wales. *Sexualities, 3*, 425-438.

- Tinsley, B. J., Lees, N. B., & Sumartojo, E. (2004). Child and adolescent HIV risk: Familial and cultural perspectives. *Journal of Family Psychology*, *18*, 208-224.
- Tolman, D. L. (1991). Adolescent girls, women and sexuality: Discerning dilemmas of desire. In C. Gilligan, A. G. Rogers, & D. L. Tolman (Eds.), *Women, girls and psychotherapy: Reframing resistance* (pp. 55-69). London: Harrington Park Press.
- Tolman, D. L. (1994). Doing Desire Adolescent Girls Struggles for with Sexuality. *Gender & Society, 8,* 324-342.
- Tolman, D. L. (1999). Femininity as a barrier to positive sexual health for adolescent girls. *Journal of American Medical Women's Association*, 54, 3, 133-138.
- Tolman, D. L. (2001). Female adolescent sexuality: An argument for a developmental perspective on the new view of women's sexual problems. *Women & Therapy, 24,* 195-209.
- Tolman, D. L. (2002). *Dilemmas of Desire: Teenage girls talk about sexuality*. London: Harvard University Press.
- Tolman, D. (2005). Found(ing) discourses of desire: Unfettering female adolescent sexuality. *Feminism and Psychology*, 15, 1, 5-9.
- Tolman, D. L. & Higgins, T. E. (1994). How being a good girl can be bad for girls. In N. B. Maglin & D. Perry (Eds.), *Bad girls, good girls: Women, sex, & power in the nineties* (pp. 205-225). NJ: Rutgers University Press.
- United Nations Children's Fund (UNICEF) (2001). A League Table of Teenage Births in Rich Nations. Florence, Italy: Innocenti Report Card No. 3.
- Ussher, J. M. (1994). Theorizing female sexuality: Social contructionist and poststructuralist accounts. In P. Y. L. Choi & P. Nicholson (Eds.), *Female sexuality: Psychology, biology and social context* (pp. 148-175). New York: Harvester Wheatsheaf.
- Vanwesenbeeck, I., van Zessen, G., Ingham, R., Jaramazovic, E., & Stevens, D. (1999). Factors and processes in heterosexual competence and risk; An integrated review of the evidence. *Psychology and Health*, 14, 25-50.
- Ward-Schofield, J. (1993). Increasing the generalisability of qualitative research. In M. Hammersley (Ed.), Social research: Philosophy, politics & practice (pp. 200-225). London: Sage Publications Ltd.

- Watts, G. F. & Nagy, S. (2000). Attitude toward sexual intercourse and relationships with peer and parental communication. *American Journal of Health Studies*, 16, 1-9.
- Weeks, J. & Holland, J. (1996). Introduction. In J. Weeks & J. Holland (Eds.), Sexual cultures: Communities, values and intimacy (pp. 1-14).Basingstoke: Macmillan Press.
- Weis, L. (2000). Learning to speak out in an abstinence based sex education group: Gender and race work in an urban magnet school. *Teachers College Record*, 102, 3, 620-650.
- Wellings, K., Nanchahal, K., Macdowall, W., McManus, S., Erens, B., Mercer, C. H. et al., (2001). Sexual behaviour in Britain: Early heterosexual experience. *Lancet*, 358, 1843-8.
- West, P., Wight , D., & Macintyre, S. (1993). Heterosexual behaviour of eighteen year olds in the Glasgow area. *Journal of Adolescence*, 16, 367-96.
- Westwood, J. & Mullan, B. (2007). Knowledge and attitudes of secondary school teachers regarding sexual health education in England. *Sex Education*, 7, 2, 143-159.
- Wight, D., Raab, G., Henderson, M., Abraham, C., Buston, K., Hart, G., et al., (2002). The limits of teacher-delivered sex education: interim behavioural outcomes from a randomised trial. *British Medical Journal*, 324, 1430-1433.
- Winter, G. (2000). A comparative discussion of the notion of validity in qualitative and quantitative research. *The Qualitative Report*, 4, 3&4. Retrieved on 12th January, 2005, http://www.nova.edu/ssss/QR/QR4-3/winter.html.
- Whitaker, D. J. & Miller, K. S. (2000). Parent-adolescent discussions about sex and condoms: Impact on peer influences of sexual risk behavior. *Journal* of Adolescent Research, 15, 251-273.
- Whitaker, D. J., Miller, K. S., May, D. C., & Levin, M. L. (1999). Teenage partners; communication about sexual risk and condom use: The importance of parent-teenager discussions. *Family Planning Perspectives*, 31, 117-121.

- Whittemore, R., Chase, S. C., & Mandle, C. L. (2001). Validity in qualitative research. *Qualitative Health Research*, 11, 522-537.
- Wight, D. (1994). Boys' thoughts and talk about sex in a working class locality of Glasgow. *Sociological Review*, 42, 703-737.
- Wight, D. (1996). Beyond the predatory male: The diversity of young
 Glaswegian men's discourses to describe heterosexual relationships. In L.
 Adkins & V. Merchant (Eds.), Sexualizing the Social: Power and the organisation of sexuality (pp. 145-170). Basingstoke: MacMillan Press
 Limited.
- Wight, D., Henderson, M., Raab, G. M., Abraham, C., Buston, K., Scott, S., et al., (2000). Extent of regretted sexual intercourse among young teenagers in Scotland; a cross-sectional survey. *British Medical Journal*, 320, 1243-1244.
- Wilkinson, S., Joffe, H., & Yardley, L. (2004). Qualitative data collection:
 Interviews and focus groups. In D. F. Marks & L. Yardley (Eds.), *Research methods for clinical and health psychology* (pp. 39-55).
 London: Sage Publications Ltd.
- Wilson, S. N. (2000). Sexuality Education: Our current status, and an agenda for 2010. Family Planning Perspectives, 32, 252-254.
- Wilton, T. & Aggleton, P. (1991). Condoms, coercion and control:
 Heterosexuality and the limits to HIV/AIDS education. In P. Aggleton, G.
 Hart, & P. Davies (Eds.), *AIDS: Responses, interventions and care*. (pp. 125-160). London: Falmer.
- Wolf, N. (1997). *Promiscuities: The secret struggle for womanhood*. NY: Ballantine Publishing Group.
- Woodcock, A. J., Stenner, K. & Ingham, R. (1992). Young people talking about HIV and AIDS: Interpretations of personal risk of infection. *Health Education Research*, 72, 229-247.
- Wyatt, G. E. (1994). The sociocultural relevance of sex research. *American Psychologist, 49,* 748-754.
- Wyatt-Seal, D. & Ehrhardt, A. A. (2003). Masculinity and urban men: Perceived scripts for courtship, romantic, and sexual interactions with women.
 Culture, Health & Sexuality, 5, 295-319.

- Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology and Health*, 15, 215-228.
- Yardley, L. & Bishop, F. (2007). Mixing qualitative and quantitative methods: A pragmatic approach. In C. Willig & W. Stainton-Rogers (Eds.), *Handbook of qualitative research in psychology*. London: Sage Publications Ltd.
- Zimmer-Gembeck, M. J., Siebenbruner, J., & Collins, W. A. (2001). Diverse aspects of dating: Associations with psychosocial functioning from early to middle adolescence. *Journal of Adolescence*, *24*, 313-336.