



**ROCHDALE
TEENAGE
PREGNANCY
STRATEGY**

Power, gender and consent:

**Making sense of sexual risk taking
among vulnerable young women**

Katy Redgrave and Mark Limmer

March 2006

With thanks to all the young women who took part in the research,
and Lesley Foster, Sandra Lynch and Shelley Greatorex.

For further information contact the authors:

Katy Redgrave is a Freelance Researcher

(and was formerly Research and Evaluation Officer for Rochdale Teenage Pregnancy Strategy)

Email: katy_redgrave@hotmail.com

Mark Limmer is Strategy Manager for Rochdale Teenage Pregnancy Strategy.

Email: mark.limmer@rochdale.gov.uk

Further copies of full report and a summary version are available from:

Rochdale Teenage Pregnancy Strategy, Globe House, Mossbridge Road, Rochdale OL16 5EB.

Tel: 01706 714550 Email: shelley.greatorex@rochdale.gov.uk.

Or download copies from: www.nw-teenagepregnancy.info/index.html or
www.teenagepregnancyunit.gov.uk

Interviewees' real names have been changed to pseudonyms to protect their identities.

Contents

	<i>Page</i>
1. Executive Summary	4
1.1 About the Study; 1.2 Key themes; 1.3 Conclusions and policy implications	
2. Introduction	6
2.1 About the study; 2.2 Context	
3. Methodology	7
3.1 Sample; 3.2 Recruitment; 3.3 Data collection; 3.4 Data analysis; 3.5 Limitations of the study	
4. Personal backgrounds	10
4.1 Contact with services; 4.2 'Feelings about life' at the time of interview 4.3 Education and aspirations; 4.4 Family roles; 4.5 Sexual histories	
5. Motivations and functions of sex in young women's lives	12
5.1 Introduction; 5.2 Expectations, motivations and context of first sex; 5.3 Feelings before first sex: anticipation, fear and nerves; 5.4 Feelings after first sex: disappointment and relief; 5.5 Perceptions of general reasons for having sex	
6. Perceptions of sexual pleasure and fulfilment	17
6.1 Low expectations of pleasure from most experiences; 6.2 Little concern about lack of female enjoyment; 6.3 Admitting dissatisfaction: risks to masculine egos and feminine innocence; 6.4 Possibilities for enjoyment and fulfilment	
7. Risk perception	19
7.1 Introduction; 7.2 Worst thing that could happen during sex; 7.3 'Advice to a mate'	
8. Managing risks of pregnancy and STIs	21
8.1 Perceptions of the risk of pregnancy; 8.2 Perceptions of the risk of STIs; 8.3 Responses to risk: personal experiences of contraception; 8.4 Responses to risk: personal experiences of clinic use; 8.5 Effectiveness of strategies for managing contraception	
9. Managing risks of pressure and coercion	24
9.1 Perceptions of the risk of coercion; 9.2 Pressure in the context of a relationship; 9.3 Pressure outside the context of a relationship; 9.4 Responses to the risk of coercion; 9.5 Effectiveness of strategies for dealing with pressure	
10. Managing risks to reputation and status	30
10.1 Perceptions of risks to reputation and status; 10.2 Risks associated with remaining a virgin: status among peers; 10.3 Risk of rumours spreading about sexual experiences; 10.4 Effectiveness of strategies for managing risks to reputation	
11. Discussion of emerging themes	34
11.1 Perceptions of risks and strategies to deal with them; 11.2 Gender and power relations; 11.3 Decision making and communication about consent; 11.4 Vulnerability; 11.5 Sexual pleasure and fulfilment as part of sexual health	
12. Conclusions and policy implications	37
12.1 Conclusions; 12.2 Recommendations for working with young women; 12.3 Recommendations for wider strategies to be developed	
Bibliography	39

1. Executive Summary

1.1 About the Study

For the purposes of this research sexual health is understood to be “*the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence*” (WHO, 2002). Improving sexual health among the most vulnerable young people is a major national priority, which needs more effective responses. The reduction of sexually transmitted infections (STIs) and under-18 conceptions means preventing risk taking among socially excluded young people, who are less likely to attend mainstream services. In this study, 26 in-depth interviews with vulnerable young women aged 15 to 17 explored their perceptions of sexual health risks and strategies for managing them. The aim is to inform targeted service development to better reflect young women’s sexual health needs, as part of a programme of multi-method research carried out through Rochdale Teenage Pregnancy Strategy.

1.2 Key Themes

► Risk perception and responses

Interviewees were well informed about a range of risks, which had different impacts on their behaviour. Their knowledge and worries about STIs and pregnancy, though real, appeared to be put to the back of their minds when it came to the event. In practice, interviewees appeared to prioritise the risks which they associated with not having sex, such as losing status among peers and failing to meet partners’ expectations. Rather than being ignorant about sexual health or blindly choosing to take risks, young women seemed to weigh up priorities within very different terms of reference to those of the professionals who aim to support them. However, they seemed to be making decisions from relatively powerless positions. Under these circumstances, assertiveness about consent and consistent condom use appeared to be very much an exception to the norm.

► Gender and power relations

Sex was frequently described as something that was done to young women by men, involving more pain than pleasure, which they allowed in the hope of gaining other benefits. Young women largely lacked a sense of personal empowerment and accepted that their male partners had more control in sexual relationships. The desire to adhere to a conventional image of unknowing passive femininity appeared to make it very difficult for them to take a proactive approach to effective risk prevention strategies.

► Decision making and consent

Young women made their decisions about sex by balancing the risks and benefits. Their motivations for sex included keeping a relationship, affection, social status and gaining access to a social life. The frequency of reports of agreeing to unwanted sexual experiences under pressure highlights the young women’s difficulties with communicating about their desires and boundaries. An absence of refusal was seen to mean agreement, leaving room for men to take advantage of the lack of explicit communication to ignore whether or not their partner consented.

► Vulnerability

Interviewees’ experiences appeared to be at one end of a spectrum, as they largely conform to wider norms of poor sexual health being exacerbated by gender and power relations. They appeared less likely to have a wider sense of control over their lives, with a knock-on effect on their ability to negotiate their sexual health. Although interviewees were a diverse group, they all appeared to show varying levels of sexual vulnerability. This suggests that criteria used to recruit them could indicate vulnerable groups that require targeted resources.

► Pleasure and fulfilment as part of sexual health

Young women’s discussions revealed a widespread lack of any sense of desire or pleasure, and some reluctance to even mention the topics. At the same time, their sexual experiences met their needs in

some ways, with gains such as security, affection or status constituting some level of fulfilment. Many young women presented all or most of their sexual experiences so far in a fairly negative light, including sexual pressure, lack of pleasure, STIs, unplanned pregnancy, and related bullying and rumours. On the other hand, there was a sense that young women's earliest sexual encounters were usually the most scary and least satisfying, while later relationships could involve more positive experiences. Encouraging young women that sexual relationships should be enjoyable for both partners, could be as a way to increase their sense of entitlement to sexual health in the broadest sense.

1.3 Conclusions and policy implications

According to the national Sexual Health Strategy, "*equitable relationships and sexual fulfilment*" are among the "*essential elements of good sexual health*" (DoH, 2001). They appear to be two elements that are virtually absent from these vulnerable young women's experiences. Their sexual health risk-taking in this study highlights the importance of targeting socially excluded young women, in ways which recognise the reality of their sexual decision-making. A fundamental key to engaging with young women's needs is to recognise the risk management strategies which they attempted to use, as a starting point, and aim to encourage or speed up those processes:

- ▶ Build on young women's recognition of sexual and broader vulnerability, when looking back at themselves or at their friends and peers, and speed up the reflective process of learning from earlier experiences.
- ▶ Build on the peer support element to young women's sexual health strategies, from emotional support, protection and identification of vulnerabilities, to signposting friends to services. Encourage reflection on their roles as peers in building expectations and peer pressure.
- ▶ Increase young women's sexual empowerment and sense of entitlement to sexual health. Help them to recognise the power differences in their relationships and possible alternatives. Identify the differences between manipulation by male partners and more equitable relationships, and between coercion and consent. Reflect on positive experiences and identify what factors make it easier to articulate needs and boundaries.
- ▶ Make the most of young women's ability and willingness to talk about their perceptions of and responses to sexual health risks and to choose their own boundaries, when offered the opportunity in a confidential setting.
- ▶ Promote step by step change, if strategies to ensure effective protection from STIs, pregnancy and coercion are initially out of reach. This may mean starting with harm reduction and more reactive coping strategies and moving towards pro-active choices. Work on developing the skills to progress from where they are, towards greater control over their sexual health, for example, starting with basic personal safety.

This research highlights the urgency of tackling some of the underlying issues affecting young women's sexual vulnerability at a more strategic level. There is a need for a range of universal and specialist services to address the following priorities:

- ▶ Recognise and challenge widespread views of heterosexual gender relations which privilege male pleasure and control (*'hegemonic masculinity'*).
- ▶ Tackle broader underlying vulnerabilities, and recognise their links with sexual vulnerability and sexual health risk-taking.

- ▶ Target sexual health resources at young women identified as vulnerable by a range of criteria, rather than on those who access services independently.
- ▶ Develop understanding of risk factors and protective factors that make young women more or less vulnerable. Support them to build their personal capacity to develop more positive risk reduction strategies.
- ▶ Work with young men to address their role and develop the skills to overcome the pressure to conform with conventional heterosexual gender relations. Recognise the realities of their decision-making and give them feedback about young women's perspectives.
- ▶ Increase young people's expectations that sexual relationships can and should be safe, consensual, respectful, enjoyable and thus healthy.
- ▶ Recognise the cost effectiveness of targeted interventions which prevent sexual health risk-taking among vulnerable young people. Ensure funding is made available to achieve this outcome.

2. Introduction

2.1 About the study

Sexual health can be understood as *“the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence”* (World Health Organisation, 2002). Some young women are clearly more vulnerable than others to the risk of sexual experiences which do not meet this definition of sexual health. This study investigates vulnerable young women's perceptions of sexual health risks and strategies for managing them. Its purpose is to inform the development of policy and practice and appropriately targeted services that better reflect their needs.

In-depth interviews with 26 young women explored their attitudes, experiences and responses to the risks which they associated with sex. This report examines the risks they identified, including pregnancy and Sexually Transmitted Infections (STIs), coercive and regretted sexual experiences and risks to their status and reputation. It outlines the balancing act between the perceived benefits and risks of sex, and the complexity of the notion of consent. Other emerging themes include gender relations, power and vulnerability and attitudes towards pleasure. The research attempts to gain a deeper understanding of sexual behaviour and the influence of both conscious motivations and the functions which sex fulfils in vulnerable young women's lives. It thus attempts to fill a knowledge gap, by going beyond the more frequently documented questions of sexual health knowledge and quantitative measures of behavioural outcomes.

Interviewees were selected because they were identified as 'socially excluded', and therefore more likely to be vulnerable in terms of sexual health and risk-taking (Social Exclusion Unit, 1999). Based on government definitions of social exclusion, the sample included 'looked after' young women, care leavers and non-attenders at school, as well as teenage mothers and those who had sought support relating to sexual health problems. Vulnerability is understood in terms of these criteria, as well as other indicators commonly used by agencies that work with these groups, such as contact with the criminal justice system, level of family support and participation in education, employment or training.

2.2 Context

As the UK teenage pregnancy rate remains the highest in Western Europe, and sexually transmitted infection rates continue to rise, there is government recognition of the need to target those young people who are most at risk of STIs and sexual exploitation (DoH, 2001; SEU, 1999). Both the national Teenage Pregnancy and Sexual Health Strategies identify the reduction of sexual risk-taking as an important aim that is difficult to achieve, especially among vulnerable groups. Neither strategy has developed effective ways to encourage all groups of young people to avoid 'risky' sexual behaviour.

The impact of the Teenage Pregnancy Strategy has been greatest in preventing conceptions in those young women who do not want to get pregnant, and who have high aspirations and a sense of pregnancy as an impediment to achieving their ambitions. Less impact has been evident among those young women who are ambivalent towards pregnancy or who are surrounded by a culture that is accepting of young parenthood. Preventing conceptions among these young people presents different challenges, and basic information and service provisions do not meet their sexual health needs (TPSE, 2005). Data show that socially excluded young women are less likely to use contraception or sexual health services, and more likely to conceive before the age of eighteen (SEU, 1999). They also have a higher risk of contracting sexually transmitted infections and involvement in abusive relationships (Wellings et al, 2001; Fenton et al, 2001).

There is therefore a current focus on finding more effective ways to respond to the most vulnerable young people. They are frequently defined in terms of geographical 'hotspots', where there are high levels of under-18 conceptions and low service take-up (TPSE, 2005). However, postcode data is not necessarily the most effective or the only way to define vulnerability and thus target resources. Recent research into sexual health and alcohol in Rochdale identified white young women as a particularly vulnerable group, especially those with low educational aspirations (Redgrave, Limmer, 2004). They were more likely than their peers to report sexual activity, binge drinking and going further sexually than intended while drunk, by the age of 15. The study also revealed a widespread lack of confidence and skills in sexual decision-making across diverse groups of young people, who represented around 80% of the Year Ten school population in Rochdale.

Rochdale ranks twelfth in the country for local concentrations of deprivation, indicating pockets of particularly severe hardship. It is the 25th most deprived borough in the country, with all but one of its wards falling in the most deprived 40% of wards and ten falling in the worst 20%, according to Indices of Multiple Deprivation. The borough has been allocated resources through the Neighbourhood Renewal Strategy and New Deal for Communities, and saw a slight improvement in deprivation levels between 2001 and 2004. Rochdale has a population of 203,000 (Census, 2001) and is situated ten miles north of Manchester.

3. Methodology

3.1 Sample

The sample consisted of 26 young women from groups identified by government policy as being socially excluded, and therefore vulnerable, with a higher risk of under-18 conception and sexual risk taking. In-depth interviews sought to produce a richer qualitative picture of their perspectives on sexual health risk taking, allowing the voices of socially excluded young women to be heard. This study is part of an ongoing programme of multi-method research undertaken as part of Rochdale Teenage Pregnancy Strategy.

The cohort for an earlier survey of 2000 pupils and six focus groups was limited to those attending mainstream schools, and thus excluded some of the most vulnerable young people (Redgrave, Limmer, 2004). Even within that general population, different vulnerable groups were identified according to gender, ethnicity, aspiration and deprivation, whose sexual health support needs varied widely. The current study responded to evidence that one group, white young women with low aspirations, were shown to be at most risk of early and regretted sexual activity. It also complements a further research project into sexual risk taking among socially excluded young men (Limmer, PhD in progress).

Interviewees' real names have been changed to pseudonyms to protect their identities. All participants were resident in Rochdale borough, and there was an even age split, with eight aged 15, nine aged 16 and nine aged 17. This is an age when young people are exploring their identities, friendships and sexual relationships, and constructing norms in relation to the messages they are receiving from various sources (Wellings et al, 2001; Holland et al, 1998).

3.2 Recruitment

Interviewees were identified by their use of services aimed at socially excluded groups. With approval from the NHS Ethics Committee, recruitment took place via the following support agencies from across the borough:

Agency	Target group	Number of interviewees
Social services supported housing	Formerly homeless or care leavers identified as needing additional support	2
Youthlink	Users of targeted youth work project	3
Social services residential units	Looked after young people	2
Youth Inclusion Project	School non-attenders	4
Sexual Health Promotion Unit	Those receiving support related to sexual health problems	5
Sure Start Plus	Teenage mothers	4
NCH supported housing unit	Young mothers resident at unit	4
Young parents' group at college	Young mothers studying for GCSEs and A levels	2

3.3 Data collection

Twenty six in depth interviews took place in June 2005. Most were held at the premises of agencies familiar to the young women, while four were in a meeting room at the Teenage Pregnancy Strategy offices. Participants were informed that participation was voluntary and responses were confidential (within the limits of child protection policy), and all completed consent forms. Consent was sought from parents or carers of 15 year olds. All young women were informed about sources of support relating to sexual health, from the agencies involved in recruitment and elsewhere. They received a gift voucher worth ten pounds to reward their time and contribution.

The interviews lasted 30-60 minutes, and were semi-structured. Interviewees were encouraged to expand on their responses to explore attitudes, feelings and experiences, as much as they felt comfortable with. In addition to open ended questions, discussion prompts included a ranking exercise that explored potential worries prior to having sex, and quotations by young people from a previous study (Redgrave, Limmer, 2004). The interviews covered the following topics:

- Current personal circumstances
- 'Advice to a mate' about what to consider before first sex
- Feelings before and after first experience of sex
- Communication about sexual consent
- Pressure to have sex
- Attitudes to pleasure
- Perceptions of risk
- Responses to perceived risks
- Problems with strategies for managing risk
- Peer group influence and sexual reputation
- Any regrets
- Sources of advice and support

3.4 Data analysis

Data were transcribed and analysed using iteration, an interpretative/ interactive field-based approach (Grbich, 1999). Emerging themes were compiled and coding categories developed, to group findings together into frames, which were then refined and written up. This follows the grounded theory method of qualitative data analysis. The process was overseen by members of Rochdale Teenage Pregnancy

Steering Group, with wide experience of working with vulnerable young women. Analysis has taken account of the possible effects of researcher bias that may occur.

Characteristics of the sample are discussed in general in Section 4, and individually when relevant to specific questions. There is no separate analysis of data according to criteria such as age or being a mother or not.

Young women's accounts of their sexual choices and behaviour are seen as revealing the meaning which they attach to their experiences, rather than directly representing that reality (Holland et al, 1998). Analysis of their accounts can offer different interpretations and meanings, for example, when an interviewee appeared to accept as normal what others could view as mistreatment or abuse. Interviews did not explore events defined as rape or abuse by the young women. However, their reports should be seen in the light of the law, which states that a person 'consents' to sex if they agree "*by choice, and [have] the freedom and capacity to make that choice*" (Sexual Offences Bill, 2003). Rape occurs if the perpetrator does not believe that the victim consents "*whether because he knows that s/he does not consent, gives no thought to whether s/he consents, or otherwise*" (Sex Offences Act, 2004). The complexity of communication around consent and the unequal power differences in many relationships are explored in Sections 9 and 11.3.

3.5 Limitations of the study

This study focuses on socially excluded young women who were seen as sexually vulnerable according to the criteria given in Section 3.1-2. It is recognised that these are not the only indicators of sexual vulnerability and that some young women who were not engaged with the support agencies may potentially be more at risk. Two particular factors, involvement in prostitution and substance abuse, were not included as recruitment criteria or as specific interview questions, as they were outside the scope of this study. Interviewees made occasional references to these issues, including sex in exchange for other gains.

Attempts were made to ensure that the sample reflected the ethnic breakdown of the constituencies from which the groups were drawn, which include a far smaller proportion of Asian young women than there would be in the general population. Recruitment was dependent on service users engaged with the eight agencies. While socio-economic data such as ethnicity and postcode were not recorded, almost all of the participants were white. The earlier study for Rochdale Teenage Pregnancy Strategy explored sexual health in relation to ethnicity and identified Asian young women and men as groups that appeared to be vulnerable for different reasons, and had some specific support needs (Redgrave, Limmer, 2004).

Some young women aged 15-17 are likely to identify as lesbian or bisexual, or to be questioning their sexuality, which can be seen as another potential criteria of vulnerability. However, the study focuses on heterosexuality in order to explore the power dynamic in sexual relationships between young men and women, and also partly due to being driven by the Teenage Pregnancy Strategy. More research is needed to address the perspectives of young people from ethnic minorities as well as those who do not define themselves as heterosexual.

It is acknowledged that interviewees may have been influenced by their reaction to the interviewer, and modified some responses to give answers which they thought the interviewer would want to hear or expect. On the other hand, this could show what they considered to be socially accepted and acceptable discourses. There is no way for researchers to check whether responses reflect either interviewees' genuine beliefs, or the reality of events (Moore and Rosenthal, 1993). In giving accounts of their own behaviour, people tend to construct narratives that justify their action to themselves and to others (Ingham, 2005). Some level of bias is therefore unavoidable. The methodology and process of ensuring confidentiality, however, make this data comparable with other available data on this topic.

When talking about sex, much of the meaning is implied through silences, expressions, laughter, omissions and euphemisms, and there is sometimes a lack of appropriate vocabulary. There was an implicit shared understanding that sex meant intercourse, which is consistent with some other research (Holland et al 1998). While interviewees occasionally mentioned oral and anal sex, questions about specific sexual activities such as alternatives to penetration fell outside the scope of this piece of work.

4. Personal backgrounds

4.1 Contact with services

Interviewees were invited to take part in the research because they were using services aimed at vulnerable young women. They were selected according to criteria that identified them as socially excluded, but beyond this, they were a diverse group with a range of life experiences, family, social and educational circumstances and sexual histories.

There was significant overlap between the target groups recruited via the six agencies. Some young women identified by criteria such as previous homelessness or motherhood, for example, could have been recruited under other criteria, as they had also at some point missed long periods of schooling, been in care, had contact with the criminal justice system or used the Sexual Health Promotion Unit.

Interviewees' engagement with various services indicates, on the one hand, that they often had complex support needs because they were vulnerable in different ways. On the other hand, their comments and engagement with services also suggest that at least some of these needs were being met effectively, and some problems resolved. Some young women also mentioned acquaintances and friends who they were worried about, who shared some of the same 'risk factors', but were more vulnerable and accessing less support. Socially excluded groups are frequently seen as 'hard to reach' and hard to recruit for interview, and it is likely that some of the most vulnerable young women would be less likely to engage with services, let alone participate in interviews.

4.2 'Feelings about life' at the time of interview

The interviews began by exploring the positive and negative aspects of how young women felt about their lives, as well as their future aspirations. Many young women said they felt "*alright*" about their lives, and several contrasted this feeling with reference to previous crises or periods when their situations had been worse.

The most commonly mentioned difficulties related to housing and family, for example being "*kicked out*" or having to leave a family home or supported housing. At the same time, two of the most frequently cited positive aspects to life were managing to resolve housing problems and being able to rely on family support. Living away from parents, whether in supported accommodation or in their own flat with a baby, was seen by some as difficult and by others a welcome break. Other aspects which some young women felt very positive about were having close friends, making progress with their education, and having a baby.

Young women's problems were often compounded by linked difficulties, leading some to feel an overwhelming sense that they were struggling. Others seemed to feel that they were coping and showed resilience and self-assurance about at least some areas of their lives. Further negative aspects that they described included being bullied, regretted sexual experiences, domestic violence, trouble with the police, being abandoned by a boyfriend while pregnant and limitations to social activities since having a baby.

4.3 Education and aspirations

Several interviewees had left school early, while others had stayed until 16 but missed the exams. A few reported that they were still attending year ten at the time of interview. Some of those who had left

school were attending alternative forms of education and training, including the Youth Inclusion Project, Princes' Trust courses, Social Services courses on healthy eating, home tutoring and GCSE and A level studies at the young parents' group at college. One interviewee mentioned that she was unable to read. Young women's comments about why they left school included "hating it", feeling "unsettled" and "getting into trouble" there, being bullied, becoming pregnant and moving house too often to stay in one school. A few had been excluded. However, many interviewees appeared keen to attend college in the near future and had accessed advice about available courses.

Many of those in some form of education set a lot of store by staying on at school, college, the young parents' group at college or other provisions. Some seemed to feel proud of themselves for maintaining a sense of direction and control, against the odds.

"I'm still in education and [things are] just good, and I've got a baby girl and she makes me so happy... Just knowing she's there, and she's just beautiful and I like to show her off. And I've got a wonderful family that support me. I've got everything I need." Katya, 16

"I still go out, I still do everything that normal teenagers do. But I'm still a mum at the same time." Olivia, 16

"Looking back now... I knew I should have studied, but like, I had more things in my head, and at home, and I just didn't wanna go... [Now] when I get to school I just get on wi' my work... I'm all right now I'm getting back in the swing of things, cos like I have my problems there but I'm just getting back there and knuckling down." Naomi, 15

Several interviewees were ambitious about entering higher education and pursuing a professional career, with specific goals such as becoming a drama teacher, teacher, midwife, lawyer or vet. Some seemed relatively confident and committed to the next steps, such as completing A levels or resitting GCSEs, even if they were not in mainstream education.

"I'm hoping to go to college after I've left school... and then I'm hoping to go on to university to do teaching... I'm looking forward to it." Dee, 15

Other young women had vaguer ideas or no ideas at all, and often very little confidence about the future. Some were concerned about the impact on their job prospects of their criminal record or lack of GCSEs. A few associated something they liked such as clothes design or nightclub management with possible ambitions, but were not sure how they might achieve them. Others could picture themselves working in childcare, which they saw as more accessible than other work areas, but which sometimes appeared to be a last resort.

"I went to a childcare placement but I don't want to do childcare, because I don't like to be with kids all day and then come home to my own as well. I wanted to be a... but you need maths and everything for that." Zadie, 17

4.4 Family roles

Some interviewees mentioned that they generally got on with their family or appreciated their support, while others described problematic relationships with them or had no contact. A few young women mentioned turning to their mothers or sisters for support, including help when pregnant and picking up the pieces after a relationship finished. One seemed to appreciate learning from older sister's experience, and felt that the best advice she gave her was that she did not have to "give" her boyfriend sex, every time she stayed at his house.

Family expectations sometimes appeared to play a role in relation to supporting or otherwise influencing young women's developing sense of risks and boundaries. The only interviewee who reported consistent

effective use of contraception felt that she was strongly influenced by the example of her sister having become pregnant at her age, and by her father's reaction. On the other hand, a 15 year old described what she valued as support from male relatives, which included threatening to beat up any young man who hurt her. However, in this case they also appeared to collude with her risky sexual activities, by normalising incidents such as painful anal sex and making fun of her. Although she hid her fears from them, she said she felt comfortable with their attitude. At the same time she seemed to think her mother remained oblivious, and felt obliged to keep up a pretence of being a virgin.

“My whole family know that I’m not a virgin apart from my mum. Like, my granddad knows, my aunts and uncle know... I got drunk this one time and I can’t really remember a lot. And I think I agreed to anal bum sex, and then I went to my uncle’s that night and I went to the toilet and I found out I was bleeding, from behind. And I told them, and they thought it was really funny. And I was walking really funny. They said I was walking like John Wayne... I would laugh at them if it happened to them. And as well I did think I was walking really funny, and I thought it was amusing afterwards, but not at the time, cos it was scary cos I didn’t know what was going on.” Donna, 15

4.5 Sexual histories

There was significant diversity in terms of interviewees' age at first sex and number of partners, which corresponded to some extent with the agency through which they were recruited. Support agencies working with teenage mothers tended to recruit older participants, while several of the youngest interviewees were recruited through the Sexual Health Promotion Unit. Referrals to this service are mainly due to 'risky' sexual activity, especially under the age of 16. Most 15 year old participants reported having had sex with more than three partners, compared to only one out of the eight 17 year olds. None of the fifteen year old interviewees reported being pregnant or a mother, and most of them recalled their age at first sex as between 11 and 13.

Most 17 year olds reported their age at first sex as much later, either at 15 or 16, and all but one were mothers. Half of the 16 year olds were pregnant or mothers, and most of them had become sexually active at 14 or 15. All of the 16 year olds reported between one and three sexual partners. About half the interviewees reported having had sex with one or two male partners. A very small number reported 5 or more sexual partners, while one interviewee said she had “slept around” but declined to give an exact figure.

This range of sexual histories means that at the time of interview some young women could look back on sexual experiences and relationships over two to three years, with some distance, particularly those who had since become mothers. Meanwhile, for others, the experiences could be relatively new for them, if they had recently become sexually active. See Sections 6.4 and 9.5 for further discussion of these differences in perspectives.

5. Motivations and functions of sex in young women's lives

5.1 Introduction

In order to understand how young women reach decisions about sex, it is important to look at how they themselves perceive these decisions. This means paying attention to what they felt they stand to gain or lose through their decisions about sex. As well as young women's conscious reasons for having sex, the interview data covers information about the functions which sex fulfils in the wider context of their lives. Foremost in their minds appeared to be the implications of their decisions for their relationship with their sexual partner, how they felt about themselves and their reputation and status among peers.

5.2 Expectations, motivations and context of first sex

Most young women's first experience of sex was within a relationship. Several had sex for the first time with someone who they knew but were not 'going out' with, such as an old family friend, “someone

[they] had grown up with” or a friend of a friend. Occasionally their first sexual partner was someone who they had just met and fancied.

Several of the young women who first had sex with a boyfriend felt they had been with their partner ‘long enough’. After being together for a period without having sex, whether for three weeks or a year, sex was the expected next step. One reason given was a feeling that they knew he was not “*only after one thing*” because he had stayed with them while sex was not part of the relationship. Some felt that they knew their partner well enough, and had sex because they were both feeling ready. One young woman expressed positive feelings about her first sexual relationship, with a certainty not found among most interviewees.

“I thought he was the best thing in the world, I thought everything was perfect, yeah. Well, we were happy together then, but... We spent a lot of time with each other and I think we’d just been like talking about it, and we both decided we wanted to.” Imogen, 17 (15 at first sex, he 14)

Other times, the fact that they had been together ‘long enough’ was not described as a positive personal motivation, but seemed to be more of an external pressure. For example, their boyfriend had been asking them repeatedly over a period of time to have sex, and in the end they gave in. These young women appear to have agreed to have sex, without feeling much sense of control over the decision.

“[I first had sex after] a couple of months. I hate girls when they do that rushing stuff and I think why do you? What’s the point cos they always end up fucking you off. They’re only after one thing. Once you’re wi’ ‘em a couple of month you can see, see how they react. You know what I mean ... They start, start going on [at you], touching you and everything. I don’t like that... [I] thought he might finish with me and it had to happen sooner or later.” Sharon, 17 (15 at first sex, he 17)

“I was hammered outta me face... at me mate’s birthday party... He’d been hassling me to have sex for ages. Don’t know if I changed my mind. It was just cos we’d been going out for a bit.” Amelia, 17 (15 at first sex, he 14)

One interviewee had been with her boyfriend for three months, but regretted having sex with him for the first time when drunk. Two years later in the interview, she felt that she would no longer accept someone trying to have sex when she was drunk.

“My first one, I was young and immature ... I’ve gotta trust ‘em before I do anything [so] they won’t try anything I don’t want ‘em to try, even if I was drunk. If I’m drunk, it’s a no...” Courtney, 15 (13 at first sex, he 16)

Many young women felt that they should have sex, to meet other people’s expectations, including those of their partner or their peers. Interviewees often referred to social pressure to lose their virginity, whether they first had sex within a relationship or not. For further discussion of the pressure to have sex, see Section 9 below.

“My friends were like saying to me, ‘Do it.’ You know like, not push... forcing me, but pushing me, so that I’d be like them. So I just did it ... I felt left out.” Emily, 17 (14 at first sex)

One young woman was worried about “*feeling stupid*” because of being a virgin, in common with other interviewees. She wanted to have sex with someone she fancied but not to be a virgin at the time, and therefore had sex with his friend first. However, once she had sex with him, the young man that she fancied hit her, threatened her and tried to force her to perform oral sex on him and another friend. The young woman said that she would have complied with this request, had a female friend not dragged her away. She implied that she thought she would be able to control the situation but showed an inability to predict the consequences of her actions. The violence and danger in this case was far more extreme than

other interviewees' accounts of first sex, but appeared to reflect some common themes. Many young women seemed to have low expectations of sex, and to accept various levels of coercion, with little recognition of their vulnerability in the face of their male partner's power and control over the situation.

5.3 Feelings before first sex: anticipation, fear and nerves

Almost all interviewees reported feeling nervous just before their first sexual experience, including those who felt sure that they wanted to go ahead or that they loved their partner. Only one young woman said that she had felt "ok really". Some were worried about what would happen if they were "not good enough", if it "went wrong" or if rumours spread about them. Several young women described an overwhelming sensation of fear, incorporating dread, shock, paranoia or "feeling stupid".

Why did these young women go ahead and have sex, if they were experiencing such negative feelings at the time? There was often a sense that the feelings were normal and to be expected, as though first sex is supposed to be, at least in part, an unpleasant experience. Some interviewees seemed to have been taken by surprise at what was happening, but did not try to stop it, although they suddenly started to feel that it was not right, for example, feeling that they were too young. Meanwhile, others described feeling nervous as though it was a relatively brief sensation, which was overshadowed by other motivations and the anticipation that this was a momentous occasion, particularly those who were in a close relationship. One couple made pre-arranged plans to overcome the young woman's fears: she stayed at home and got drunk in preparation for her first experience of sexual intercourse, which occurred when her boyfriend arrived in the early hours after a night out clubbing.

Almost all interviewees expected that sex would be painful the first time. Some worried about the stories they had heard, while others saw it as biologically unavoidable.

"[You worry because] everyone tells you all these stories, like 'It made me cry.' Then you get there, and no [pain]. I had about 3 litres of cheap nasty wine." Amelia, 17

"When you first do it, it would hurt because they're breaking into you." Naomi, 15

"I knew that it would [hurt] because like I'd spoken to friends and they said yeah it did hurt but in the end they liked it. It's like, it can't be as bad as some things so... okay, yeah it hurts, but next time it's not gonna hurt or it won't hurt as much. It gets easier to do... I don't know [if pain could be prevented], I don't think so really, because, what is it the hymen or something breaks, so it's, err, something physical, something that happens to most people I'd say." Imogen, 17

5.4 Feelings after first sex: disappointment and relief

A large number of interviewees reported that their first sexual experience did not live up to their expectations. Many felt that they had been misled by their friends' exaggerated reports of their first times being special, and also by representations of romance seen on television programmes. Several young women were upset by the physical pain that they experienced, and felt "dead awkward" afterwards.

"I just thought it hurt, it was awful, you know... I just didn't like it. It put me off for a bit... [the next time] it didn't hurt as much." Bethany, 16 (14 at first sex, he 16)

"[My friends] were going, 'Why don't you do it? It's easy, it don't hurt,' and all this lot. It don't hurt? It does... I were crying... I thought it'd be easier. But you want to keep your friends don't you, so you listen to what they're saying... But I wanted to [have sex] at the same time, cos I didn't wanna be, you know like the only virgin." Emily, 17 (14 at first sex)

"I went out, right, and I remember even what I said to my mates... I said 'Is that the big deal?' ... They all started laughing at me... Everyone made out like, I don't know, it were summat proper

massive. I didn't think it was, not really... It's just not summat I go on about every day, like they all did." Wendy, 17 (16 at first sex, he 16)

"Everyone says 'Oh, your first time's dead special', and stuff, and you're just like 'well it's not really... it's not at all. So thanks, thanks for that.' ... You just sort of think, 'Well what's the point in keeping doing that? It's just boring... There's no point [doing it to] keep him happy. Oh, brilliant!' He [boyfriend] were dead nice and that, afterwards like. He just kept saying, 'oh, are you, are you all right?' You feel dead awkward afterwards, like you just, like I don't know, I didn't really know what to say. Just sat there, like, and put the telly on. I think now, if I'd have waited till I was a bit older, I would have enjoyed it more." Sharon, 17 (15 at first sex, he 17)

Wishing they had waited was a common theme. One young woman recalled that having sex for the first time "spoilt her holiday" when she was thirteen, with a fifteen year old who she had just met and fancied.

"Halfway through I'm like, oh god, why am I doing this? And it just freaked me out then... [I did] nothing really. I just went a bit quiet for a couple of days and that were it then... It weren't like he didn't care. I think he knew I were a bit afraid and upset." Dee, 15 (13 at first sex, he 15)

Another interviewee regretted agreeing to sex because she was only looking for affection and emotional support, which could be classed as statutory rape because of their ages.

"He weren't loving... All I wanted were someone to give me cuddles and listen to me if I were down, and he weren't like that... He said you didn't have to use anything [for contraception] and it's just simple." Naomi, 15 (11 at first sex, he 16)

Looking back on how they felt immediately after having sex for the first time, only one of the young women interviewed said that it brought her and her partner closer together. Three other young women reported some apparently positive aspects to their reactions, which appear to have been fleeting and replaced by anxiety or disappointment, or else in the context of a desperate need for comfort. One interviewee said that she "quite liked it" but, at the age of twelve, was put off having sex again for another year or so because of worries about pregnancy. Another had felt only briefly "happy", as her sexual partner afterwards "didn't want to know". The third described her first time as perfect, making her feel special and wanted, because he "wouldn't stop hugging" her afterwards. However, this response needs to be seen in context. She said that she remembered the day in her early teens, because she had run away after being "battered" by her dad, and first had sex when she had turned to a close friend who was a few years older.

Another interviewee also reported having sex for the first time at a crisis point, when she was running away from domestic violence, and "needed someone to lean on." Aged fifteen, she believed that her sexual partner, an acquaintance who was nine years older than her and married, "just wanted to sleep with someone."

"He said, err, sex is the best way to, you know get... like calm your stress and everything... that's what I thought. But then at the end of the day it was not true because... I still was stressed that day." Suzy, 15 (15 at first sex, he 24)

Despite feeling stupid and embarrassed beforehand, and "used" afterwards, this young woman felt that the man showed her a little respect by contacting her again. Her experience seemed worthwhile because she had got it out of the way, fulfilling a rite of passage.

"I felt all right, because you know it was over and done with, and... at least he called me afterwards and everything, and he asked if I wanted to see him again. But I didn't." Suzy, 15 (15 at first sex, he 24)

Other young women showed similar low expectations of men's behaviour, and appeared grateful if their sexual partner did not conform to stereotypes, for example, by bragging to his mates or abandoning them.

"The lad, he was just a friend, nothing more... He was all right... He didn't go telling everyone, not as I know anyway." Emily, 17 (14 at first sex)

It is clear that young women faced a dilemma between their fears about having sex and what they perceived as the potential advantages. Interviewees implied that losing their virginity could bring various worthwhile gains, by serving certain functions. The importance of these functions is illustrated by the lengths to which young women went to, particularly those who accepted sex, when at other levels they did not want it.

Sex was not necessarily a successful strategy to achieve all young women's objectives, and with hindsight several interviewees felt that their expectations had been unrealistic. By fulfilling the role expected of them within a relationship, some felt that they could expect their boyfriend to stay with them. Others sought comfort and closeness, not necessarily during the act of intercourse, but from the affection or security that they imagined would be associated with it. Sex was perceived virtually as a compulsory rite of passage. For interviewees, attaining this goal was supposed to mean having something to tell their friends, gaining respect and fitting in with others who they believed were already sexually active.

"My attitude to sex [has changed]... because I used to think, oh ... brilliant, it's gonna be well good. And it's not at all. It's quite sort of, it's not at all what it's cracked up to be." Dee, 15 (13 at first sex)

"It started off like with love and trust and everything like that, but then once I slept with him once, he sort of expected it all the time and I just got a bit fed up with it. I just decided I didn't want to do it anymore because I was feeling tired and awful [when pregnant]. So I just sort of told him to get lost really and I don't think he was too keen on that." Imogen, 17

5.5 Perceptions of general reasons for having sex

Comments about why people have sex in more general terms supported interviewees' own recalled motivations, although they did not directly address individual experiences. Many suggested that young women's reasons for sex include fear of losing their partner and pressure from him. Other reasons mentioned were being drunk, liking or loving the partner, or a mistaken belief that it would be fun. Although interviewees barely mentioned female desire when they were talking in the first person, there was a suggestion that a girl too may inexplicably "just want sex" (see Section 6). Peer pressure and wanting to "have a laugh with your mates about it after" were cited as important reasons why both young women and men have sex. In contrast, interviewees identified two other main motivations for young men to have sex: for their own pleasure and because of a natural 'need'.

Proving a point to friends meant that little privacy seemed to surround the event of sex. There was an expectation that virtually all young men would say bad things about a girl after sleeping with her. Any young man who did not conform to that behaviour was definitely seen as the exception to the rule; he could be recognised because he may wear different clothes or be "from a foreign country". One example was given of an alternative masculine role, a 'nice lad' who would simply engage in basic friendly conversation, instead of automatically demanding sexual favours like the majority. This was seen as highly unusual and attractive.

"It singles him out that's why he gets loads of girls after him, cos he's the nicest one... Like if you go and talk to lads, the first thing that normally comes out of their mouth is 'Give us a suck', and then the first thing that comes out of his mouth is 'What have you done today?' Do you know what I mean?" Mollie/Violet, 16

6. Perceptions of sexual pleasure and fulfilment

6.1 Low expectations of pleasure from most experiences

Interviewees never cited physical pleasure as a reason for having sex, in striking contrast to their male peers (Frosh, 2002). Many were reluctant to refer directly to female enjoyment, especially through language such as 'pleasure' or 'orgasm'. A small number of young women talked more openly about the topic, and some referred to their own and friends' experiences. Very few interviewees could think of any response, when asked directly about what young women (in general) gain from sex. Many laughed and one said the question was too embarrassing.

"Don't know. Nothing really... it's just summat to do." Jasmine, 17

"I can't really explain it. It's just, feelings... both [emotional and physical], I'd say. Because you're connecting with the person at the same time as sort of like getting pleasure, at the same time." Donna, 15

During other parts of the interviews, however, young women occasionally let slip some implied reference to sexual excitement or desire, that they shared with a partner. One interviewee described how she felt she should have waited a few months, before having sex with a new partner, but she "couldn't hold it back", while another described a joint decision not to use a condom.

"We were just all excited. It was like 'Well, sack it!'" Dee, 15

When prompted, young women acknowledged the possibility that both partners could enjoy sex, which was seen as virtually guaranteed for males. One of the most frequently mentioned factors in female enjoyment was whether or not she actually wanted to have sex and felt relaxed, or whether she was rushing into it or agreeing under pressure. The length and closeness of the relationship was also seen as very important, as well as her mood, the setting and her partner's skills.

"They'll enjoy it... if they don't feel like they're just having to do it cos, say, their boyfriend wants it - then they won't." Jasmine, 17

"You might not be bothered... it depends if you're tired or bored." Olivia, 16

"It depends on the atmosphere and stuff. I mean sleeping in bed is slightly different to sleeping outside in the field, where it... might not be enjoyable." Katya, 16

"It's boring most of the time. Cos all the little boys don't know what to do, do they?! [laughs] ... Poke and prod and that's it, done." Amelia, 17

6.2 Little concern about lack of female enjoyment

Virtually all interviewees said that they would not see lack of enjoyment or orgasm as something to worry about. While a few said young women do expect sex to feel good, most felt it was normal not to enjoy it. This seems to reflect a hope or belief that sex could be better, and the disappointment outlined in Section 5.4. Their motivations and perceptions of the benefits of sex related more to emotional and social outcomes, rather than physical ones. This reflects more traditional views of female sexuality and contrasts with popular images of sexually assertive young women, found, for example, in some teenage magazines. A few suggested that if a young woman did not enjoy sex on one occasion, she may enjoy it another time, or she could always move onto a different partner.

"Normally you just wouldn't be bothered really, if you don't enjoy it then you don't enjoy it." Naomi, 15

“You don’t think about enjoying it. You just, erm, I don’t know, I think I were more worried about what every... just more bothered about other things, so I weren’t focusing on whether I was enjoying it or not. You just wanna get it over and done with.” Sharon, 17

“If you right liked ‘em [partner] and it weren’t causing you any [problems], and you didn’t have an orgasm or summat, it doesn’t matter really... Like you’re sharing love with ‘em... the reason why you do it is to show ‘em you love ‘em, innit... So that’s the enjoyment for the girl, to know that he loves you, to be able to do that.” Courtney, 15

6.3 Admitting dissatisfaction: risks to masculine egos and feminine innocence

The only worry that a few young women mentioned relating to ‘enjoyment’, was that their partner might be disappointed if they did not appear to enjoy sex. One interviewee said that she and her friends always faked orgasms for this reason, but she had experienced the real thing only once. Opinion was divided as to whether young men care about being able to satisfy a woman in practice, or only want to be seen by their peers as ‘good in bed’. Whatever the case, many interviewees were clear that they would never tell a partner that they were unsatisfied, for fear of hurting his feelings.

“They always ask the girl afterwards, ‘Was I good?’ ‘No you weren’t, go away!’ [girls] think. Then they say that they were good at it. If they all [went] around saying ‘No he weren’t, he were bad’, then he’d be all shy and red and run off... They don’t wanna make them feel bad.” Katya, 16

“I think most girls would feel tight saying it. Girls think about [lads’] feelings, like, lads just say it like, ‘Ah she were shit’. Give him pointers, give him advice on how to please you. If she knew him she might be able to.” Mollie/Violet, 16

“A lot of lads do like making girls happy [during sex]... I don’t know, like my boyfriend always tries making me happy with everything that he does like, he, he’s never not nice to me and all rest of it... But then... people like who [friend’s name] has slept with... They’re just like, it’s just a shag and then they go away and they’re not making her happy.” Sharon, 17

Interviewees suggested that by admitting to a partner that they had not enjoyed sex, they thought they would risk both hurting his self-image and gaining themselves a reputation for being too keen on sex or promiscuous. When asked if they agreed with a comment that young women would feel disappointed if their partner was “crap in bed”, there was a split among interviewees. Some agreed, implying again that at one level they had hopes or expectations of male ‘performance’ and ability to please a female partner. However, several other interviewees felt that if a young woman was disappointed, there must be something unusual about her sexuality, which made her think she should feel more than other young women. Their equation was that if a young woman has higher expectations of sexual pleasure, it means she must be unusually keen on sex or have slept with enough partners to be able to make comparisons.

“If she’s been sleeping around a bit... then she’d know, wouldn’t she, if the lad’s rubbish or not.” Bethany, 16

“She could be [disappointed] cos if she’s, like... [There] can be boys and girls who like to have sex, she might be, erm, sex active, and she won’t have good... have good sex. And the boy might be not as good... She might move on to someone else who’s like probably better than that lad was.” Naomi, 15

“I think [girls] are generally not bothered, cos I suppose it’s only if you’ve had like loads of different people who you’ve slept with, then you can compare.” Imogen, 17

6.4 Possibilities for enjoyment and fulfilment

On the one hand, it should be recognised that according to young women's accounts, their sexual experiences met their needs in some ways. Within their terms of reference the gains such as security, affection or status constituted some level of fulfilment. This may have led some interviewees to put aside the possibility of physical pleasure, but others recognised the possibility of enjoying sex themselves. Although negotiating about pleasure was seen as *"a difficult conversation to have"*, a few felt that within a close relationship, it could work.

"If you've been with someone for a bit then you try new things, but if you haven't... you're embarrassed or nervous... so you're not exactly gonna try new things with 'em... If you're with him [in a relationship] then you're not really bothered and you just say, 'Right, do that, do this'."
Amelia, 17

"I felt a bit stupid, but like afterwards, like after I actually asked him he said thank you... and [I] was like, thanks for paying attention to me, you know, because it takes two. It's not just one person." Imogen, 17

The issue of hindsight is important here, as many interviewees were looking back at their earliest sexual experiences, which seem to have been the most scary and most likely to be regretted. Although these had usually occurred only a year or two earlier, some young women seemed to feel a sense of distance from the events. Many felt that they may not have regretted losing their virginity, or they may have enjoyed themselves more, if they had been older. Some indicated that they would do things differently now, and felt less vulnerable. So, in these cases, their most 'risky' sexual experiences could have been, to an extent, a transitional phase of experimentation and risk taking which interviewees felt they learned from later.

There was a widespread consensus that the first few sexual experiences would always be painful, but that it hurt less later. There was also a sense that young women's confidence and feelings about sex could improve with time and experience. Perceived possibilities for change included less pain and coercion, and greater control and even pleasure. A few interviewees reflected consciously on the changes in their own feelings towards sex, from their first or previous partners and a more recent or current partner. See Section 9.2 for two cases of young women reflecting on *"learning the hard way"* about how to be more sexually assertive. While some continued to see sex as unenjoyable, a few seemed to have faith that they might be able to expect more positive experiences later.

"For girls, they're thinking, you know, 'Have I, is it right, you know, am I doing it right? ... But then once you've done it the first time and then you still carry on, then you'll, you know, get encouraged by it so you won't be shy or anything. So you'll be all right... because then you get used to them [sexual partner] and everything." Suzy, 15

"If you're with someone you really really care for, then I suppose it's good. But I don't know really, because guys in my experience, they've always finished quicker... [laughs] So it's like, it's never been a positive experience really... but if you love someone a lot and you've been with them for ages, then I think it probably would be." Dee, 15

7. Risk perception

7.1 Introduction

Young women's perceptions of the risks associated with sex provide insight into the choices they make. The previous sections looked at what young women thought they could gain, which motivated them to have sex. This section highlights what they felt they could stand to lose by having sex, and the strategies

employed to manage perceived risks. It explores the balancing act between the priorities of gaining the perceived advantages while avoiding harm. Four key risk areas identified by interviewees were harm to their reputation or physical health, being coerced and becoming pregnant.

7.2 Worst thing that could happen during sex

Most young women reported that the worst thing that could happen when having sex would be to become pregnant or catch an STI. While these were the most commonly cited risks, others included “going too far”, being forced, lied to, caught in the act, or “getting your name written all over the walls.”

“Say if it’s their first time and they get nervous... and they say they don’t wanna do it any more... but the other person kind of makes them carry on.” Kelsey, 15

“It can damage you mentally as well as physically... If you don’t really want to have sex, that will stick in your mind... People I know that have not properly wanted it, but had sex anyway, they felt guilty afterwards. They felt dirty, things like that.” Dee, 15

Correspondingly, ‘safe sex’ was seen as sex using contraception, as well as being careful about who to have sex with. Another suggested definition was being in a safe place such as a bed or house, instead of in the fields “like most people,” to avoid parents knowing.

“[Being] sensible enough to think about things before you go and sleep wi’ someone... like trust... and protection” Imogen, 17

7.3 ‘Advice to a mate’

Interviewees were asked what advice they would give to a younger friend who was thinking of having sex for the first time. This allowed them to suggest the most important issues that they thought someone should think about, without any prompting from the interviewer. The advice does not necessarily reflect what young women do, but indicates their awareness of risks and possible ways to manage them. The most common responses were to make sure she felt ready and that he was the right person, to use contraception and simply to wait.

More than half the young women said they would tell their friend to be certain that she was ready and not under pressure from her partner, who should be someone she trusted, felt comfortable with and who would respect and “be nice” to her. There is a striking difference between how they thought a first sexual experience should be, and what many of theirs entailed (see Section 5.2-4). Some suggested that it was important to get to know him and be together for “a few months not a few days”.

Two interviewees would advise their friend to talk to her mum, as their mums had helped them, despite their fears, on finding out they were pregnant. A few said that they would tell their friend simply, “don’t”, as she was too young and should wait until she was at least 16, when she would be less vulnerable and less likely to regret it.

“Because, I don’t know... you start realising when you’re 16... and you know you shouldn’t have done that, or you should have done that. And you don’t know before then, like you’re dead vulnerable aren’t you... I just think that... because people tried taking advantage of me when I were young.” Sharon, 17

“I’d slap her... yeah, I would. I’d say no. They say 16 [is] legal, but they should make it up a bit, I reckon, to about 17, 18, to more realise what’s going on. Cos these young girls are growing up too quick these days.” Serena, 16

Among the many interviewees who would recommend using contraception, several said they would tell

their friend to use two forms, for extra protection against pregnancy. Some referred to personal experience of becoming pregnant while using just one.

“First of all, a condom. I mean it might not be a hundred percent but it will help. And if it’s a long term thing... get yourself on the pill or an injection just to make sure... and still use the condoms. It may prevent you from pregnancy, the pill, but it’s preventing from sexual transmitted infection which is what she’s got to watch out for as well.” Katya, 16

One young woman had plenty of ‘sensible’ advice but conceded that her friend would be unlikely to take any of it seriously. Another acknowledged that the friend should ask her sexual partner about STIs, but “it doesn’t happen that way.” Section 8 further explores the gap between these ‘right answers’ about contraception and what often happens in practice.

“What do you think she would think of all that [advice]?” (Interviewer)

“That it’s a lot of, err... shit.” Katya, 16

“Do you think most people follow that [advice]?” (Interviewer)

“No, no... They get drunk, or they can’t be bothered going [to buy condoms], they feel embarrassed.” Katya, 16

8. Managing risks of pregnancy and STIs

8.1 Perception of the risk of pregnancy

Many interviewees agreed that becoming pregnant was the worst thing that could happen when having sex, including some mothers. Some were terrified of the responsibility and curbs on their freedom, often put off by the experiences of a sister or friend in that situation. Others were afraid that it would hurt and involve needles, tests and getting fat. Childcare and completing school or college were also seen as potential problems.

Some saw pregnancy as a worry only under certain circumstances, such as if the father was not going to stay around, or if they already had one baby. Others made the distinction that it would only be a worry for “a really young girl”, aged 12 or 13, for example. A few had mixed feelings as they said they had always wanted a baby, including two fifteen year olds and one 17 year old mother. A couple of interviewees were not worried about pregnancy because they were confident that their contraceptive methods were reliable.

8.2 Perception of the risk of STIs

Almost all interviewees said that catching an STI was a worry, in the ranking exercise. Many expressed disgust at the idea, and thought they would feel “bad”, “dirty”, “horrible” and “used”, which was supported by those who had been upset and angry too, when diagnosed with an STI. Aids or HIV were the most commonly mentioned infections, which were usually seen as having a serious long term effect on your life, but not necessarily as fatal. A few mentioned chlamydia, including someone who, since catching the infection, felt reassured that most STIs are curable.

“It’s all on TV, it’s all on the radio. It’s like when you hear about all cancer and that and it’s serious, now you just hear about STIs and Aids and that. It is worrying cos there’s so many people can have it, plus you can’t tell who’s got it or anything.” Mollie/Violet, 16

8.3 Responses to risk: personal experiences of contraception

The vast majority of young women reported that they did not use contraception consistently. Only two claimed to have always used contraception effectively, one of whom had only had sex once. The other

had always used condoms except twice, when she and her boyfriend were very drunk and she used emergency contraception instead.

“We’re proper careful, cos my sister got pregnant at the age of 17... My dad flipped and I can’t be bothered wi’ my dad doing that to me, cos he, he will go crazy and look for my boyfriend and he’ll probably kill him or summat. [He doesn’t] like him anyway cos he’s Asian, so it’d just be an excuse for my dad, so no, I’m not gonna get pregnant. Definitely not.” Wendy, 17

A few interviewees reported that they had always used some protection, although not always successfully, including three who had become pregnant despite always using contraception. Another always insisted on condoms, except once when she gave in to her boyfriend’s persistent pressure to have sex without one, and fell pregnant.

“He was just going on and on and on at me one time... I wasn’t really too sure what he was thinking and I really just wish he’d spoken to me properly... I just gave in... probably to shut him up, I’m not sure.” Imogen, 17

Others said that they did not always use contraception because they sometimes forgot or got carried away, they or their partner did not like condoms, or they hadn’t known enough about how to use it. One young woman said she used to be scared by adverts such as images of tombstones with HIV marked, on as she did not want to die. However, she did not always use condoms, because she did not “let fear get the better of [her]”.

“We did think about it, but we didn’t know whether to or not because we didn’t have any protection... But, erm, we were just all excited. It was like ‘Well, sack it!’ It was the worst possible experience for me, finding out I’d caught chlamydia [as a result]... Other times, I’ve just not been asked really. It’s not entered the conversation.” Dee, 15

Of the six interviewees who reported hardly ever using contraception, half had babies. One reasoned that it is easier to take risks and not worry about pregnancy or STIs once you have built up trust, which is why she stopped using condoms with her current partner. Another young woman was against the pill because she said that a relative had become infertile as a result of using it. She had only used two condoms during three years of being sexually active, and that was when she was already pregnant, just because they happened to be available.

Three fifteen year olds who hardly ever used contraception were in the process of accessing long term hormonal contraception, and two also used frequent clinic check ups, apparently instead of condoms. One was put off condoms because they had twice split. Another said that she was very worried about pregnancy and the consequences, such as abortion and her family’s reaction. She had used emergency contraception sometimes, and reported that since she obtained the implant, her partners had been glad not to use condoms.

8.4 Responses to risk: personal experiences of clinic use

Several young women had attended a clinic for a sexual health check up. A few attended because they were worried they may have an infection. They described their fears about the results of a check up. One said she was “proper scared”, and “freaked out” before the examination, but that she would not be afraid now to return if necessary. Another found out about STIs through her peers and attended a clinic for a check up; she said that she would probably not have slept with anyone if she had known about STIs when she was younger.

“I went for my first smear [STI check up] because I’d been sleeping around, and I heard someone talk about it. I thought I’d go just in case... Don’t know really, it was just a feeling, you know, in case I had... I thought I were going to die and stuff.” Emily, 17

After reading the leaflets there, she reported always having used condoms until she met her current partner. She felt she should have waited a few months, but “*couldn’t hold it back*” and had sex with him after a few days. She knew that she had no infection, but did not want to put him off by asking about whether he did. Because he had not slept around very much (“*only three people*”), they loved each other and they had talked about pregnancy, they stopped using condoms (and she became pregnant).

Two interviewees reported testing positive for an STI. Both emphasised that this was a “*horrible experience for a woman to go through*”, and one recalled crying when she received the letter. The other had appreciated that the clinic staff were “*really friendly people*” who were kind and did not judge.

Some appeared to use clinic check ups frequently, as a reactive strategy to reassure themselves that they had not caught an STI, especially after unprotected sex, instead of using condoms consistently. However, two interviewees reported that both they and their boyfriends continued to have regular monthly check ups despite using contraception and being in monogamous relationships. Another had attended a clinic for advice and condom supplies before she had sex for the first time. She later became pregnant, but said that she used condoms because of a poster in the clinic stating that ‘a baby lasts for life not for five fumbling minutes.’

8.5 Effectiveness of strategies for managing contraception

Many interviewees drew a distinction between worrying about STIs in general, and paying attention to individual risk at the time of sex. This picture suggests that there is an important gap between knowing about sexual health messages, and acting upon them to use contraception consistently. There were obviously many serious fears about STIs, and both fears and ambivalence about pregnancy. However, this may have added to young women’s stress about whether to have sex or not, but it does not mean that they always managed to use protection when they did.

Common explanations for lack of condom use were that people “*can’t be bothered*” with “*messing about*” in the heat of the moment, and they would rather get the experience over and done with. While these reasons were probably true, it also appeared that there was something else going on which interviewees rarely identified independently. When prompted to consider how condom use may be negotiated, many young women stated that it is very difficult to refuse to have sex without a condom. They were asked to comment on the following quote from a young woman in school Year Ten: “*Some of them don’t come prepared and then you get all ready [e.g. naked]... so you just have to do it anyway*” (Redgrave, Limmer, 2004).

Some young women agreed that it would require too much effort, willpower and strength to say ‘No, let’s wait’, once they were undressed. One interviewee had become pregnant when pushed into having sex without a condom by her boyfriend. Others were confident that it would never be too late to change their minds, even if the young man did not want to listen. There was a sense though, that most young men would not see the lack of a condom as grounds for a young woman to refuse sex. It was felt that a young man would be more likely to respect a request to use condoms because he would not want a child, than to avoid STIs.

“It’s more pressure on you to do it, innit... [Some girls think] it’s like their body, innit... they don’t have to do anything they don’t want. Then other girls think they have to, don’t they... probably cos they’re scared of ‘em cos they know they can overpower ‘em or summat.” Courtney, 15

“I think there is a point where you can change your mind, but if you get past that point there’s no return really... [That point would be] before you get the clothes off... like if you were kissing and things before, then you’d know how far to go... and [push] the person away.” Dee, 15

“If there was a girl and she didn’t want to sleep with a guy, right, [because] she’s worried about an STI, it wouldn’t sound right that, would it. He’d probably start laughing... ‘I don’t wanna get pregnant,’ that’s a reason [to give for not sleeping with someone]... or ‘I don’t want to be used.’” Mollie/Violet, 16

9. Managing risks of pressure and coercion

9.1 Perceptions of the risk of coercion

Most young women identified the risk that someone ‘*might make me do something I don’t want to*’ as a worry during the ranking exercise. Many thought that they should not have to go ahead with a sexual activity if they did not want to, and their partners should respect that. However, they expressed concern about the lack of control they may have, faced with verbal and physical pressure, and the consequences.

“Well, if you don’t wanna do it, you don’t wanna do it. But some people ... might pressure you into it, like push you, and [go] ‘just do it, do it’ and all that... telling you to, or it might be a bit of both [physically pushing too].” Kelsey, 15

“I think that’d be rape, if they make you do something. You’ve got no choice... If he tried to make you do it, maybe not rape you, but still make you feel bad, that’s sort of like not as violent as rape... Like where they make you do something and you don’t want to say no... and when they know that we’re vulnerable and stuff like that.” Mollie/Violet, 16

“It shouldn’t need to hurt if you want it, but it does hurt a bit. But if you didn’t want it, it will hurt the most, it’ll feel horrible.” Serena, 16

Some young women who said that they had never been put under pressure confirmed that they had always felt comfortable with their sexual experiences. However, some of this group also mentioned feeling awkward, afraid or full of regret in relation to particular sexual encounters elsewhere during the interviews. This clearly suggests that it may be difficult to acknowledge some events as pressure or coercion, and young women may have mixed feelings about the acceptability and normality of young men’s coercive behaviour.

Interviewees had experienced various types of pressure both from partners within relationships, and from young men they knew casually. Many reported being put under pressure to have sex, to have sex without condoms or to perform a sexual activity against their will. Common experiences included: young men persistently making the same request or demand and “*not taking no for an answer*”; giving a list of excuses such as “*if you loved me you would*”; calling them a lesbian or other names; threatening to end the relationship and sleep with someone else instead; and threatening to spread rumours, either that the young woman had performed certain sexual acts or, conversely, that she had refused. A small number of interviewees had experienced physical pressure or force, while others knew of peers who had.

9.2 Pressure in the context of a relationship

Young women reported pressure from boyfriends to have sex, especially the first time (see Section 5.2-3), but also later on in the relationships.

“It started off like with love and trust and everything like that, but then once I slept with him once, he sort of expected it all the time and I just got a bit fed up with it.” Imogen, 17

They described situations where they had given in to pressure, and others where they had resisted. This pressure was often a common and recurring feature of couples’ communication about whether to have sex, through body language, joking, talking, arguing and physical attempts and force.

Some forms of pressure were more subtle, for example, a young man giving the impression that he cared about whether or not a young woman was ready, but still making her feel obliged to do what he wanted. One young woman highlighted her first sexual partner’s contradictory statements of patience and continued attempts to have sex with her, which made her agree to unwanted sex.

“He didn’t like force me to do anything, but... I felt like it was expected of me. I felt as if I had to do it because everyone else were doing it. He’d say to me... ‘We won’t do anything till you’re ready’ but then he’d try it on wi’ me again. [I’d] be like, well, if... you want to wait... and if I wanna wait, then why do you keep trying it on wi’ me?... I just give in, in the end cos I got annoyed... That’s the only [reason] why I give in, because I didn’t enjoy doing that.” Sharon, 17

With hindsight, she judged that even the negative consequences of sexual pressure may have been worthwhile, as this taught her the importance of only making decisions that she felt comfortable with. She felt more assertive and as a consequence, was later able to resist pressures to take drugs.

“And then people started saying, you know drug-wise... ‘Oh try this and have a bit of this’ and [I said] ‘No, cos I don’t wanna do it.’ And it made me realise then when I did that, that... I never wanted to do that [first sexual experience] and I should’ve waited... Now if someone says something to me that I definitely know I don’t wanna do, it’s ‘No, you’re not influencing me to do it.’ I don’t care now, so it just like made me realise... don’t do things you don’t want to... If you don’t wanna do it, you’re not gonna like it are you so... It was better in a way to learn that then so ...I didn’t do other stuff.” Sharon, 17

Another interviewee felt that she was “learning the hard way” about what she should accept. She made the link between different forms of ‘pressure’ being wrong, whether from her boyfriend, with whom she felt she had a respectful loving long term relationship, or from someone who had subjected her to domestic violence. During the interview she seemed to go through a thought process, concluding that the “mind games”, which her partner used to persuade her to have sex against her will, were unacceptable. She also faced the option of leaving him, although she seemed to crave the stability of settling down together with her baby.

“When I don’t wanna do it, I’m really tired, I just wanna go to sleep, and he’s like, ‘Oh, come on then, come on then’, you know like just proper pecking at my head. And it’s like, ‘Just do what you want, just leave me alone’. That’s what I feel like sometimes, but sometimes it’s alright. But if he keeps doing that, pressuring me to do it, then there’s gonna be no alternative but to leave him, because I don’t like pressure...”

[Pressure] is a bad thing to be put through, but if you can’t stop someone from doing it, you just leave them to it... I mean, I know it’s classed as rape innit really. Because you don’t wanna do it, but you’re still saying [to him]... ‘Look, go ahead and do it. I’m not going to be very involved. Just do what you want. If I like it, I like it. If I don’t moan, I don’t moan. Cos I don’t really want it, do I.’ Emily, 17

Another theme was young women’s concern about friends in relationships with a particularly uneven power balance, where they appeared to be ‘groomed’ by an older man. One interviewee gave an account of a 15 year old friend staying with her 26 year old boyfriend for security, although he hurt and degraded her sexually. She thought her friend would not leave him because she was afraid of him and his violent friends, but would even agree to perform oral sex on them too if he asked her to.

“She really really liked him and so she used to do whatever he said, just to stay with him... He proper rammed it down her throat and everything, and he said proper horrible things to her.” Donna, 15

9.3 Pressure outside the context of a relationship

Several young women referred to the everyday commonplace experience of young men they knew making sexual demands in crude terms, such as “Get your gums around my plums” or “Give us a suck”. Most interviewees were dismissive of these direct requests and some appeared to be very ready with

put-downs for the young men. Other times, they would respond to a simple question such as “Are you giving it?” with the simple answer “I’m not giving it.”

Another interviewee described how normal it was to be approached and asked directly for sex anytime and by any young man she knew.

“Whenever. I’ve been in school, and out, well, hanging about...mostly like weekends or whenever, rather than the day... Yeah, and if they get turned down, then they’ll go to someone else.” Amelia, 17

She described how young men who had left school would begin by asking 15-16 year olds and when rejected, work their way down to 13 year olds. Younger girls would agree to have sex, in a futile attempt to win popularity among the older girls and gain entry to a higher level in the female social hierarchy. The interviewee spoke as though this scenario was obviously completely unremarkable.

“They [young men] go down in age...It’d be like, we’ll start with Year Eleven. And then all the girls from Year Eleven say no... Then it’d be Year Ten. And if they say no, it’d be Year Nine. And Year Nines’d say yeah... cos they’re younger aren’t they and they’ll think, ‘The Year Eleven girls’ll like me more, and let me in their group...’ They just get called slags and tarts and everything, off all the Year Elevens.” Amelia, 17

After having sex for the first time as a Year Nine herself, she appeared to have progressed to achieve popularity and be part a group that was the “head of the school”, before leaving and becoming a mother.

There were fairly frequent reports of young men alone or in groups targeting younger teenagers and pressurising them to have sex, as they were far more likely to give in. While some stories are very likely to have been based on rumours, they were frequently corroborated by similar accounts from other interviewees. Several young women had witnessed these events, and a couple of them spoke of being subjected to such treatment. The latter appeared to be unsure about why they took part, and have mixed ideas about the risks they faced. Other interviewees judged that according to their observations, young women accepted such treatment because they felt insecure and were trying to win attention and respect. Some appeared disturbed by these reactions, and expressed incredulity, lack of comprehension and occasionally sympathy.

One young woman had been in a flat with her boyfriend and his 18-19 year old friends, who were bullying 16 year olds to have sex with them. She had asked her boyfriend to stop them from repeating their demands and physically dragging the young women upstairs. He refused as he saw no problem, reasoning that it was up to the males to try their luck, and the females would not go with them against their will. The interviewee felt distressed and sorry for the females, but was then confused by their reactions, as they would come back downstairs after having sex, laughing and joking with the males. This was echoed by the two young women taking part in the pair interview, who described several scenarios where groups of young men had humiliated young women they knew. They reported that groups of men in their twenties would force 15 and 16 year olds to perform sexual acts on several of them; if the young women were drunk, they may perform the sexual acts in front of the group, otherwise they may go upstairs with each man.

“She never wants to say no, she’ll feel daft for saying it. Because it is... you do feel pretty daft you know, when there’s a big gang of lads and they’re all saying things, and you’re saying ‘no’. And they start calling you anyway, ‘Shitbag, shitbag’ like that, but the thing with [her], because she’s quiet, and she doesn’t want to feel, you know like, stupid in front of them all. I think she just, she starts laughing, and she just does it... They call her anyway, after it, so you can’t win really...”

There’s normally a big group of them and about two girls... They’re not asking, they’re going ‘Do this now! Do it now, come here and do it’, and the girls are going ‘Hee hee’, they’re like ‘Uh, ok’

and then running over to them... If they're stupid enough to fall for it, it's up to them isn't it... They think 'Well girls don't like us but the lads do'. I think that's how they think." Mollie/Violet, 16

Another example was a young man arranging for his friends to walk in when his female sexual partner was naked, and then chasing her out of a flat and urinating on her from a balcony. They described young men having sex with a young woman and then “*passing her round*” his friends, who may begin by being friendly but then humiliate her until they are fed up with her.

“What they normally do is like once [she's] slept with a few of them, then they move on. Once they first start hanging around with [her] they're normally alright with [her], and they start getting worse and worse and worse. Then when it gets too much and they stop hanging around with each other, it comes to a point where [she's] avoiding them, [she] don't wanna see them.” Mollie/Violet, 16

9.4 Responses to the risk of coercion

Young women were clearly very aware of the risk of coercion and showed different degrees of confidence in dealing with this. Most strategies revolved around communication with male friends and sexual partners, both verbal and non-verbal, while some young women said they would respond violently or escape if necessary.

A couple of young women discussed how to prevent such situations from arising, as well as how to respond if they did occur. Some suggested talking about limits before going out with anyone. One interviewee reported that when acquaintances rang her up to see if she was going out that night, she would say yes, but clarify that she wouldn't be “*doing anything [sexual]*” with them. Usually they would say “*never mind*” and no longer want to go out.

“Know what he wants before you actually do anything, because if you don't know what he wants, then you don't what you're going to expect to... [If you know beforehand] then you don't get stuck in a situation where he's making you do something you don't want to.” Imogen, 17

Many young women emphasised that having the confidence to say no to anything that they did not want to do was vital, and that men had a responsibility to listen. There was a suggestion that it would be more effective to say no, before things had gone very far.

“There is a simple word, saying 'No', you know. Yeah [it's easy to do]... some people need to grow that confidence up more, to say no... The guy should understand if they truly love you... [and if not] he should respect what you're saying though... If he doesn't, then you, you fuck him off basically and say 'Oh well I'm not sleeping wi' you'.” Serena, 16

A few interviewees were not worried about the possibility of being coerced, as they felt that they could stay in control and would not give in to pressure. Some seemed to feel strong enough to resist, because they expected not to be treated badly, and never had been, and would not accept it. Others had often experienced pressure and expected it, but appeared ready to put up a fight, including two who had been victims of domestic violence. There is clearly an important difference between these scenarios and the types of self-confidence or tough exteriors presented. Those who felt confident about how to say no forcefully, sometimes using violence, often gave the impression that they used similar approaches in other areas of their lives. They appeared ready to “*kick*”, “*slap*”, “*knee*” or “*batter*” any young man who tried anything - with little uncertainty.

“I said, 'Move, get outta my face'... No-one could make me do something that I don't want to do cos I'm too strong headed for that.” Amelia, 17

Communication about consent was frequently seen as complex and inexplicit rather than clear cut. Strategies ranged from direct to indirect and active to passive, for example: asking a partner to slow

down, “*pushing him away*”, making excuses, changing the subject or doing something else instead. Non-verbal communication was seen as playing a major role and many interviewees described how sexual activities began with kissing and continued from there, without words. Facial expressions, body language and how partners touched each other were seen as common methods of interpreting whether both were willing to go further.

“Just don’t flirt with him, don’t give him smiles, don’t give him eye contact.” Serena, 16

“My boyfriend, he used to have this little cheeky little grin, and we just used to look at each other, and we just used to get off with each other. But we’d get off with each other for a couple of hours before we’d do anything, because, he didn’t feel right about just doing that, and then just going in... And we used to like stay with each other all night and everything, and he wouldn’t just like get up and leave. So we had a pretty good relationship.” Donna, 15

“He was smiling a lot, I was smiling a lot, so I think that was what it was.” Dee, 15

Some interviewees implied that it was easier to show consent by an absence of resistance, rather than any more ‘affirmative’ response.

“Not pushing him away.”

“Just put your head down, and they might think that is a yes.” Amelia, 17

“If you’re too shy to say ‘Yeah’, little facial expressions make it clear.” Courtney, 15

9.5 Effectiveness of strategies for dealing with pressure

There is plenty of evidence of the problems that could occur with the strategies outlined above for avoiding being pressured into unwanted sexual activities. Many young women suggested common reasons for giving in to pressure: feeling shy and intimidated, not wanting to let their partner down and wanting to give him what he wanted because they loved him. Some did not want to make him think that he was doing something wrong.

“It’s really hard to say no... even if it’s just like your friend, just asking you if you’re coming out... let alone something as big as [having sex or not]... It’s really hard to turn around and say no to people because... I suppose you don’t want to disappoint them, but you want to protect yourself at the same time, and you don’t want to do things you don’t want to do.” Imogen, 17

The complexity of consent was clear from interviewees’ accounts, in Section 5, of frequently agreeing to lose their virginity even though they did not feel ready, or afterwards regretted their decision. They often said they agreed to do what their partner wanted because talking was too difficult. Some had partners who assumed they could go as far as they wanted, until the young women resisted and showed they were unhappy. Otherwise, how were the young men to know? This left young women feeling obliged to go along with unwanted sexual activities, because they lacked the necessary confidence and communication skills. One interviewee described how she plucked up courage to speak her mind, only after having suffered previously. Even within a caring relationship this was difficult.

“Instead of just thinking about it, talk instead, because it’s a lot easier and you don’t feel as scared then... When he asked me to give him a blow job, I said no, because it’s just something that I don’t do. I’ve done it before, once, and I didn’t like it, so I’ve never done it again... I said, ‘I don’t like it, it’s uncomfortable, and it knocks me sick... I’m not doing it again’. He just said, ‘Well if you didn’t like it then you should have said’...”

It weren't proper difficult, he was alright with it. It weren't awkward, but if it was in an awkward situation then it might have been... I felt comfortable with him. I knew that he wouldn't go mad, because I think, you know, I been going out with him for a while... so I thought it'd be alright to speak up to him." Donna, 15

There was acknowledgement that some young men cared about whether or not young women wanted to go ahead, or found sex painful, even if they did not communicate successfully about it. When a young man took more responsibility for checking whether or not his partner was ok, and invited her to inform him, this appeared to be a more successful strategy.

"It weren't that painful, he just pulled out... He always said if it ever hurt, then just say and he'd like pull out. So he always asked me, and told me if anything happened then 'Just tell me'." Donna, 15

"I think some lads are bothered that it might hurt their girlfriend, and then other people just like don't care anyway because they only want sex and who cares if it hurts the person because they like it. Depends how sensitive they are." Imogen, 17

Others had tried telling their partner but he had ignored them and continued, believing that females liked to be dominated during 'rough' sex.

"You're like telling 'em, 'No I don't want to anymore, you've hurt me...' and they just don't listen... It's just you don't enjoy it all the time, and people don't understand that it's not nice to do that. Lads sometimes are really, really like forceful, heavy-handed and they just don't understand... I think they think girls like it for some strange reason... My ex-boyfriend used to think, 'Oh yeah she likes it when I'm like grabbing hold of her and stuff.' Sharon, 17

The perception that many young men would "not take no for an answer" led some young women to expect that they would have little choice. Although communication before sex was suggested, this typically involved the male partner asking persistently for sex, while the young woman refused, until she felt 'ready' or ran out of patience and agreed. There was concern about how much control this gave young women. Some interviewees felt that "it's easy to tell if someone wants it or not", and even if the male was leading the conversation, the female could say no and be heard. However, others perceived an important distinction between saying no, and actually meaning it. This refusal seemed to be undermined by the other reasons identified for saying no, including "playing hard to get", wanting to avoid looking "sluggish" or having mixed feelings about whether or not to have sex.

There was clearly more sympathy for young women who were intimidated into submission, than for those who were seen as failing to say no because they were "slags" or "easy".

"It depends how strong a person you are and if you break under pressure as well... And half the girls that are easy... I think they will do something [i.e. have sex, in that situation]... She has got a choice, she could get herself out of it. But some girls are too shy and they don't want to look stupid or feel bad..." Mollie/Violet, 16

Interviewees felt that having the confidence to say no to pressure depended mainly on maturity and the nature of the relationship. Some had had bad experiences of being pressured by one partner, but felt much more comfortable and able to articulate how they felt with someone else. Two said that becoming pregnant or becoming a mother had influenced how they felt about their body and their relationships, by making them stronger and more able to resist pressure.

"Some people are scared. [It's easier to say no] I suppose after having a baby. You don't really care, because you get a lot of stick for having a baby like... off some people... saying I'm a slut when I'm not so... You just have to get over them." Olivia, 16

“I used to find it really hard, me, I never used to wanna tell ‘em in case they thought I was like being weird with and stuff, but I’m not bothered any more... Cos I’m really comfortable wi’ the boyfriend that I’ve got, so like if he does anything... because I’m pregnant as well, you get sore and stuff... So if he does anything that I don’t like I just tell him, me, because, I don’t know, but I don’t wanna sit there upset all night, cos I hate [that].” Sharon, 17

One interviewee’s strategy was to rely entirely on her friend to say no on her behalf, and drag her away from dangerous situations, some of which appeared to be on the brink of prostitution. While this may have had positive outcomes on occasions, it was not effective because she felt unable to assert herself at all and refuse sexual demands. She seemed to carry on looking for attention, affection, cigarettes, drugs, rides in flash cars and other ‘benefits’ from the same type of older men. She distinguished between most experiences which she regretted, which often took place “in a bush” and with Asian men, and others with white men which she did not regret, where she received a gift or which took place in someone’s house.

“If I say no to ‘em and they keep bugging me, she’ll like drag me outta the car and say ‘Fuck off’. But if I’m on my own, I’m not strong enough. If they keep on saying ‘Oh please, come on’, I’ll end up giving it to ‘em... cos I have done in the past. It’s not easy for me to say no... If my mates don’t like the lads who I’m going with, then they’ll take me to some proper ones, like who won’t use you or anything. So that’s good cos they’re looking after me... [Proper ones means] my age, and like normally white lads, and erm, who just talk to you nice and treat you nice.” Lydia, 15

This young woman’s negative view of Asian men reflects a perception expressed by one other interviewee, but which was not universal. On the one hand, it could raise potentially worrying questions, yet it may also be seen as indicating racism, given that no importance was attached to the ethnicity of white youngmen who put sexual pressure on interviewees and their peers. By contrast, two other interviewees perceived their Asian boyfriends in a more positive light.

10. Managing risks to reputation and status

10.1 Perceptions of risks to reputation and status

As earlier sections have shown, interviewees’ decisions about sex appear to be strongly influenced by their peers’ expectations. They were worried about a risk to their status that was twofold and contradictory. Many young women did not want to be seen as less sexually experienced than their female friends. On the other hand, they were also afraid of gaining a “bad reputation” by having sex. There was an expectation that sexual experiences could easily become public knowledge, whether seen in a positive light as the completion of a rite of passage, or in a negative light as an excuse to victimise someone.

One account showed the two sides to young women’s perceptions of promiscuity. A 17 year old described her sense of inadequacy or envy, when she heard younger teenagers talking about multiple sexual partners. They seemed to hold some power and allure to her, even though they were younger, while at the same time she could see that they were being punished by gaining bad reputations.

“You can go to school now and 14 year olds will be talking about... who they’ve slept with and that and it’s like wow... how can you say that? And I don’t know, it’s just weird. But then you just think, well, I’m 17 and all these 13 year olds, 14 year olds talking about... how many people they’ve slept with. And I’ve only slept with like what two, three people. And you just think, well is that right? Am I, am I doing something wrong or I don’t know? People sort of... [it’s] just because everyone’s different aren’t they... You think, am I doing summat wrong or what? I don’t know what I... Cos all them are just like walking round and getting called all time and not got nothing really in their lives so... I don’t know.” Sharon, 17

10.2 Risks associated with remaining a virgin: status among peers

Conversations among their peers about sex appear to have raised interviewees' expectations of the significance of sex, and led them to believe that it could be something special and fun. They thus perceived that there was a risk not just of being left behind by their (supposedly) sexually active friends, but also of missing out on an important and pleasant experience, if they did not try it out for themselves. They highlighted how some young women would brag about sexual exploits, whether actual, intended or imagined. Even if interviewees realised that the stories may not always be true, they still seemed to feel the impact of an atmosphere of anticipation, excitement and curiosity, as well as competition. This frequently led to reported disappointment after their own experiences did not match up.

"They used to talk about it every day, who they wanted to [sleep with] and stuff like that. We used to always talk about that in form time, cos it was loads of us girls in the same class. Some of 'em was, like, they go round saying 'Oh, I done this, I done that', and we found out, like two week later, that they hadn't done it at all. They were just lying, probably to make 'emselves look good."
Wendy, 17

"Sometimes you just think [I'll have sex] because you have a laugh about it in front of your mates, don't you. I think that's why [I had sex], the main reason... I just really wanted to know what it was all about... [Then] it just hurt and I thought 'Oh my god, what is everyone going on about?' [laughing] I thought they were making it up." Bethany, 16

Some interviewees felt that males and females were equally likely to discuss sexual experiences, spread rumours and cause peer pressure. Many thought that young men were more likely to engage in bragging and showing bravado in relation to sex. They differentiated between talking to their friends about sex, and taking it further.

"The [girls] I hang around with are not like that... like racing, and everything dirty, we don't do that. We talk to each other [about sex] and things like that, but we wouldn't go 'Oh I dare you to lose your virginity'... Girls have got more of a brain." Jane, 16

There were experiences of being put under direct pressure from friends to have sex.

"Sometimes you just feel like you're getting pushed into it a little bit don't you? And then cos you're young you don't think do you, you just go 'Oh well... doesn't matter anyway'... It's when other people are talking about it in front of you and you think, well, I wouldn't know cos I haven't done it, and then everyone's just like 'I can't believe you've not done that'. Like, well, who said I have to?" Sharon, 17

This interviewee highlighted how the benefits outweighed the risks for her, even though in some ways she regretted feeling obliged to have sex at 15. She reflected on the increase in her personal confidence and social status that she attributed to having a boyfriend, which implied sleeping with him. Having sex appeared to be a rite of passage that coincided with an important stage of growing up that meant gaining access to a social scene that she enjoyed, instead of staying in and watching television alone.

"I wanted to be with him. I wanted to go out and I'm glad that I did actually do that, cos if I wouldn't have gone out then, then how long would it have took me, like a few years, before I... eventually started going out meeting people? And then I would have been like really self-conscious and stuff and it's just easier to start doing it younger, innit like? [It built my confidence up] a lot... I were realising... it is better to not be on your own all the time and... it's easy to talk to people... It's just nicer to do something than sit around." Sharon, 17

10.3 Risk of rumours spreading about sexual experiences

Rumours were seen by most young women as extremely common, and as a source of great concern for some. Others, meanwhile, took the approach that rumours were so common and unrelated to the truth, that there was no point worrying about them; people would not really believe they were true. Many interviewees identified a strong risk that sexual partners would spread rumours that the young woman was no good in bed or frigid, or conversely that she was good in bed, a reputation that many did not want either. It was acknowledged that young women were also guilty of the same action, and young men were seen as vulnerable to rumours, particularly about penis size.

“It’s supposed to be special... just between two people and private and stuff, and then they go and like tell everybody. It’d make me feel awful... [People would do it] just to make themselves feel better and give them a bit more of a confidence boost,... like, ‘Yeah I’ve done something and you can’t say I haven’t’... There’s one thing telling your friends and stuff that you’ve slept with somebody, but it’s another thing like, like bragging about it and going on about... precise details or whatever.” Imogen, 17

A few young women were fairly open about having had a few sexual partners, which they saw as normal, or as a status symbol. A few were embarrassed and ashamed when they mentioned the number of people they had slept with. Most interviewees distanced themselves from ‘other girls’ who they saw as promiscuous. There was often little sympathy and a suggestion that they had earned their bad reputation.

“Once you sleep around you will always have that reputation. You can never get rid of it can you, ever. If you have a boyfriend for like five years or something then maybe, maybe... I feel sorry for them sometimes cos she won’t be able to shake it off... We’ve never seen her cry have we... but I know for a fact that at night she cries. She cries, cos no-one can take that much abuse and not do nothing about it... She just gets abuse everywhere she goes... like she gets name called, she gets things thrown at her, she’s been pissed on...” Mollie/Violet, 16

Reasons given for gaining a bad reputation include the type of sexual partner, as well as the number of sexual partners.

“The kind of person she’s slept with, what he’s like. Like one of my friends is going out with a woman beater and... he’s in prison at the moment but... she’s waiting for him to get out... She’s got a bad sort of reputation... [Someone who is] a bit of a slag sleeps around with a lot of people... hmm, like, don’t know, erm, three or four a week or something like that. Cos I know a girl who’s like that.” Jane, 16

Other reasons appeared to have nothing to do with promiscuity on the part of the young woman in question. “Slag” could be used as an insult by male and female peers, whatever the reason for their annoyance.

“Girls would call a girl bad names if like they’re jealous of them... If a girl doesn’t do what a guy wants her to, he could either go to his friend and turn it the other way and say yeah she did it, she’s a slag, which is not true.” Suzy, 15

“People tell people just to get at you, just like bitchiness, yeah bitching... I don’t think boys tell their mates as much as girls tell their mates... you’re talking to a friend and if [she’s] not trustworthy, then [she’ll] just go and blab it everywhere.” Emily, 17

Many worried because they felt that sexual rumours were so common and arbitrary, that they may have little control over the factors that lead to them. This was partly because of the links with popularity, bullying, appearance and people who they associated with.

*“Because a lot of people get bad reputations, don’t they, I just thought I might get a bad one.”
Courtney, 15*

“I’ve had a bad name cos I was hanging around with proper the wrong crowd. My mates were going off doing stuff but I, I were just sat there... So if I’m hanging around wi’ my mates, they hang around wi’ guys and then they like they get together... I get the name cos I’m hanging around wi’ them, and that’s what I hate about some people.” Serena, 16

10.4 Effectiveness of strategies for managing risks to reputation

Some young women’s suggested approach to managing these risks was not to sleep around, and if they did sleep around, to try and be discreet and avoid other people finding out. A few young women took direct steps to avoid gaining a reputation. One interviewee weighed up the pros and cons of keeping her friends or leaving them, because of the risk to her own reputation.

*“I was 13 but I was hanging around with the wrong crowd... they were dead young and they were sleeping around and everything. They were all taking drugs and they was only about 13, and they were just hanging about on the streets with cider... I didn’t realise it was such a bad thing... I liked hanging around with them and they were like, friends... You’re not just gonna dump your friends... but then I realised... I just couldn’t be bothered with it cos you get a name for yourself.”
Jane, 16*

Three years later she was employing the same strategy to protect her own reputation.

“My friend, she’s got herself a name... I said, well I’m gonna have to stop hanging around with you cos I don’t want a name.” Jane, 16

Another strategy was simply to dismiss the risk and not worry. Those who claimed not to be worried about their reputation often revealed that they had strategies for dealing with anyone who dared to insult them. This appeared somewhat contradictory and usually involved confrontation and sometimes violence.

“I’m not really bothered what people think of me, really. If they wanna call me behind my back, they can do. I hate that me. I’d rather someone come up to my face and tell me to my face, and then it wouldn’t cause trouble. If people call me behind my back it causes a lot of trouble... I just go off my head because... I think it’s really rude. [If someone said something to my face] I’d either just say ‘Right, we’ll leave it at that’, or if it were a bad thing... I’d just butt ‘em... I don’t know, it’s just me, I don’t like things like that. I’m a dead open-minded person.” Emily, 17

Some seemed to feel immune to rumours and the risk of a bad reputation because of their social status among their peers, or their peers’ acceptance of sexual activity up to a certain point. One interviewee explained how the young woman’s version of events would be believed, if she was more popular or ‘harder’ than her sexual partner, and if he could command less respect from their peers.

“If he told stories about me then I would have told stories about him. I wouldn’t have got a bad reputation... Our group of girls, we were head of the school. That’s what I mean, we wouldn’t have got one, and if we did, we would’ve sorted it out... You just didn’t really get one, unless you did things over and over again.” Amelia, 17

“You might get a bad reputation, that never bothers you when you’re young. You just think, well everyone else is doing it anyway, so what difference does it make?” Sharon, 17

However, there were perceived limits, and several interviewees mentioned trying to help protect friends, who had passed the accepted limit, from worsening their reputations.

“She only started sleeping wi’ people when she turned 16 so she’s slept wi’ 17 people in like a year. And it’s like ‘You don’t even realise... how many people you’ve slept with in that amount of time’, and she’s just like ‘Oh no, no it doesn’t matter. It’s just cos I’m drunk and all the rest of it’. Well, I don’t sleep wi’ people when I’m drunk all the time, and no one else does, so you don’t really have to.” Sharon, 17

11. Discussion of emerging themes

11.1 Perceptions of risks and strategies to deal with them

Rather than being ignorant about sexual health or blindly deciding to take risks, young women seemed to weigh up priorities within very different terms of reference to those of the professionals who aim to support them (Sections 5 and 7). The importance of meeting partners’ and peers’ expectations made sex seem inevitable, and consent, let alone condom use, extremely difficult to negotiate (Sections 5 and 9). Young women seemed to feel they had very few choices with genuinely different outcomes, and thus often appeared to be making decisions from a relatively powerless position. In the light of the power dynamics between young women and men, feelings of equal control over sexual relationships and consistent condom use appeared to be very much an exception to the norm.

Interviewees demonstrated that they were well informed about a range of risks, and furthermore took these risks seriously and felt anxious about them. They could reel off lists of ‘sensible’ advice and information about how to prevent pregnancy and STIs including HIV (Sections 7 and 8.1-2). Yet, there was some distance between these proposed strategies to manage risks, and the reality of their decision-making processes at the time of sex (Sections 5, 8.3-5 and 9.4-5). Their knowledge and worries, though real, appeared to be put to the back of their minds when it came to the event. Some young women reported using sexual health check ups as a reactive strategy, instead of using condoms for prevention of STIs. In practice, interviewees appeared to prioritise some risks over others, so that only the most immediate worries were present (Section 5 and 10).

The risks which they associated with not having sex, such as losing status among peers and failing to meet partners’ expectations, appear to have had a stronger influence on many young women’s decisions and sexual behaviour. For example, the risk of embarrassment or causing offence to their sexual partner could prevent young women from addressing apparently lower priority risks and asking him about STIs or insisting on condom use (Section 8.4). The risk of not being able to tell their friends that they had sex was sometimes perceived as more important, at that moment, than other worries such as reputation, pregnancy or being pressured (Section 10.2).

There was widespread awareness of the risk of coercion, and many young women had experience of agreeing to sex, under pressure, when they did not want to (Sections 5 and 9). Some suggested strategies to prevent this scenario were based on an ideal case scenario of a loving relationship with communication, trust and respect between both partners (Section 7.3). A few reports of positive experiences with caring partners involved a two-way process of building up the confidence over time to communicate about what they wanted and did not want (Section 6.4 and 9.5). The majority of experiences did not reflect this picture. Giving explicit consent or refusal was seen as putting them at risk of gaining a reputation either for being ‘easy’ or ‘tight’ (9.5 and 10.3). Some felt more confident in their ability to say no and avoid being forced, although very few interviewees had always found effective strategies to manage this risk.

11.2 Gender and power relations

Interviewees’ expectations and experiences of sex appeared to be strongly influenced by conventional gender roles and power differences. Many used language which described sex as something that was done to them by men, involving more pain than pleasure, which they allowed in the hope of gaining other

benefits. The powerlessness that young women seemed to feel in relation to their sexual relationships reflects other research, which has shown that heterosexuality is still frequently understood in terms of male dominance or 'hegemonic masculinity' (Holland et al, 1998). Young women largely appeared to collude with this understanding of sex as focused around male pleasure and controlled by their male partners (Sections 5, 6 and 9).

The pressure to conform to what can be seen as conventional femininity, has been defined as a requirement for young women to "*appear sexually unknowing, to aspire to a relationship, to let sex 'happen', to trust to love, and to make men happy*" (Holland et al, 1998). One problematic consequence of trying to adhere to this image is that it discourages young women from negotiating for safer sex. This could explain some of the difficulties expressed by interviewees in turning their knowledge and awareness of risks into preventative action (Sections 8 and 9). Exercising control over one's sexual health would require pro-active female agency and a greater sense of power.

The dichotomy of male activity/ aggression and female passivity/ vulnerability was sometimes contravened, particularly by young women whose confidence, assertiveness and even enjoyment had increased since their earliest sexual experiences (Section 6.4 and 9.5). This is still a far cry from popular images of young women as sexually assertive, or basking in the gains of 'girl power'. Among female peers, sex appeared to be talked about with greater openness and excitement than with male partners (Section 5.5 and 10.2). This could reflect the increased discussion of female desire, for example in magazines aimed at young women. However, the flipside of this was interviewees' concerns about losing social status if they did not have sex, as well as disappointment when expectations were not met. This often contributed to young women's decisions to have sex before they felt ready, under pressure of others' expectations, rather than being symbolic of sexual liberation or empowerment.

11.3 Decision making and communication about consent

Young women made their decisions about sex within their own terms of reference by balancing the risks and benefits that they identified. Perceived potential benefits included keeping a relationship, comfort in a crisis, affection, social status among peers and access to a social life (Sections 5 and 10). Many seemed to feel unable to achieve these outcomes in other ways, and therefore felt obliged to have sex, even if they did not enjoy it. These were strong motivations for having sex, yet young women sought to let their partner know they would agree to sex, without appearing to want it or know much about it. This often made communicating about their desires and boundaries, or even a basic yes or no, very difficult (Section 9.4-5).

The concept of consent is extremely complex, as young women often reported that they would not actively indicate consent or refusal, but instead expected to take a passive role (Section 9.4). There seemed to be a shared understanding between them and their partners that an absence of refusal meant agreement. Many young women therefore relied on indirect or non-verbal means of communication, such as pushing the partner away (meaning no) or putting their head down (meaning yes). Both partners often seemed to lack the skills to communicate, even when male partners were seen as caring about whether or not a young woman was comfortable and willing, let alone about whether she was experiencing physical pleasure (Section 6.3 and 9.5).

Communication about consent often amounted to persistent requests or demands from a male partner, which young women endured until they gave in (9.1-2). They would sometimes thus agree implicitly to some sexual activity, because they did not feel strong enough to resist their partner's demands and physical attempts to have sex. This seemed to leave plenty of room for men to take advantage of the lack of explicit communication, and force partners into sexual activities ignoring whether or not they consent. According to legal definitions, such situations could be classed as rape (Section 3.4). Other research with 16 year olds, about male and female perceptions of the rules for sexual encounters, shows worrying acceptance of what others would see as coercion, and suggests that relying on nonverbal messages of consent is a risky practice (Rosenthal, 1997).

Young women's frequent reports of taking part in unwanted sexual activities under pressure raise the question of how they drew the boundaries between what is considered as consensual and acceptable and what is seen as coercive or rape (9.1). Being forced into sex after saying no, especially using violence, was seen as more serious than agreeing verbally or otherwise to sex that they did not want. It may be easier for young women to see earlier sexual experiences which they felt ambivalent about as consensual, rather than identify themselves as victims of abuse (Section 5.4). Having very low expectations of male behaviour also normalises what others could see as violence and abuse.

Communication about sex also appeared to take place on a daily basis, in the form of constant casual sexual demands from any young men (Section 9.3). Research elsewhere supports this picture, with reports from 14 year olds about *"boys' most common remark [being] to ask girls to 'give head' as they pass one another in corridors between lessons"*. This type of behaviour, that is rarely recognised as sexual harassment or bullying, has been shown to be an important way for young men to establish and prove their heterosexual identity among peers (Chambers et al. 2004).

11.4 Vulnerability

While young women were aware of risks associated with sexual health in the broad sense, it appeared difficult to identify themselves as vulnerable or a victim, except when they were reflecting on the past (Sections 5.3-4 and 6.4). There appeared to be a split between the image of confidence and toughness that some young women projected publicly, and their self perception or lack of power and control in their lives in general (Section 10.4). Some were much quicker to identify the vulnerabilities of friends or acquaintances in their sexual relationships (Sections 9.3 and 10.4).

Interviewees were from groups shown to be more likely to be sexually vulnerable, yet their experiences also confirm broader themes highlighted in earlier research with mainstream school pupils across Rochdale borough (Section 2.2; Redgrave, Limmer, 2004). Both studies found that attitudes towards conventional gender roles and power differences tended to conform to widely accepted heterosexual norms. This echoes research completed more than a decade ago, where the rarity of resistance to conventional femininity was seen as striking, even among a general population who were not classed as socially excluded (Holland et al, 1998).

However, interviewees' accounts suggest that they were even less likely to have the skills and confidence to negotiate consent, than young people in these other studies (Sections 9.4-5). These young women may have less of a sense of control over various areas of their lives, and circumstances which offer fewer sources of self-confidence, which has a knock-on effect on their ability to negotiate their sexual health (Sections 4 and 9). Although the 'sexual revolution' has been seen as bringing about a 'transformation of intimacy' (Giddens, 1992) with the onset of more democratic sexual relationships for some, it seems that others are left behind. In the context of wider health inequalities, these inequalities in sexual health appear to have serious consequences for young women's wellbeing.

The indicators used to recruit interviewees suggest particularly vulnerable populations that should be prioritised, rather than only targeting resources according to geography (Sections 3.1 and 4.1). This includes young women who were or had been in local authority care, teenage mothers, those not in education, employment or training, and those identified as having had risky sexual experiences. They were a diverse group, who appeared to show varying levels of sexual vulnerability in terms of risk taking and poor sexual health. However, they would have been referred to support services only once something had already happened to them, such as leaving school early or becoming pregnant. It may be presumed that a wider group of vulnerable young women exist who are not necessarily in contact with such agencies, and who could also benefit from a targeted approach to the prevention of sexual health risk taking.

11.5 Sexual pleasure and fulfilment as part of sexual health

Young women's discussions revealed a widespread lack of any sense of desire or pleasure, and some reluctance to even mention the topics (Section 6). This appears to reflect findings about "*the missing discourse of desire*" in other research (Fine, 1988; Allen, 2004). Young men's attitudes towards sexual pleasure and fulfilment show a stark contrast in motivations and expectations of sex, compared to those of young women (Frosh, 2002). Encouraging young women that sexual relationships should be enjoyable for both partners, has been seen as a way to increase their sense of entitlement to both pleasure and safer sex. This could help to challenge their acceptance of prevailing attitudes to male-centred pleasure and control, and to help empower them to exercise more control over their sexual health (Allen, 2004).

Many young women presented all or most of their sexual experiences so far in a fairly negative light, including sexual pressure, lack of pleasure, STIs, unplanned pregnancy, and related bullying and rumours. On the other hand, there was a sense that young women's earliest sexual encounters were usually the most scary and least satisfying, while later relationships could involve more positive experiences (Section 6.4 and 9.5). Some valued the increasing confidence about sex which they gained with experience, although communication about pleasure remained minimal. Young women were put off admitting to a partner that they had not enjoyed sex, which they thought they would risk both upsetting him and gaining themselves a reputation for being too keen on sex or promiscuous (Section 6.3).

At the same time, it should be recognised that according to young women's accounts, their sexual experiences met their needs in some ways. Within their terms of reference the gains such as security, affection or status constituted some level of fulfilment (Sections 5 and 6). At the same time, according to other terms of reference, these gains would not constitute 'sexual health'; their experiences appear to have rarely been "*pleasurable and safe*"; and did not necessarily preclude "*coercion, discrimination and violence*" (WHO, 2002). The question of young women's "*physical, emotional, mental and social well-being in relation to sexuality*" remains a concern, whether or not condoms were used.

12. Conclusions and policy implications

12.1 Conclusions

According to the national Sexual Health Strategy, "*equitable relationships and sexual fulfilment*" are among the "*essential elements of good sexual health*" (DoH, 2001). They appear to be two elements that are virtually absent from these vulnerable young women's experiences. Some of them reported sometimes using contraception and saying no to unwanted sex, but rarely consistently. Despite their awareness of risks, the power dynamics meant they lacked a sense of personal empowerment and largely accepted that their male partners had more control in sexual relationships. This made it very difficult for them to find effective risk prevention strategies. It is clear that interviewees lacked a sense of an entitlement to sexual health, understood as "*pleasurable and safe sexual experiences free of coercion, discrimination and violence*" (WHO, 2002). Some young women gave indications that these aspects of their sexual experiences could improve and they may take fewer risks with certain partners as they gained in experience, maturity and assertiveness.

Their experiences appeared to be at one end of a spectrum. This is reflected in other research which suggests that wider cultural norms and conventional gender roles mean that women's sexual disempowerment and the consequent negative impact on sexual health are widespread (Redgrave, Limmer, 2004; Holland et al, 1998). The reports of sexual health risk taking in this study highlight the importance of targeting socially excluded young women, in ways which recognise the reality of their sexual decision-making.

12.2 Recommendations for working with young women

A fundamental key to engaging with young women's needs is to recognise the risk management strategies which they attempted to use, as a starting point, and aim to encourage or speed up those processes. This study provides evidence of the need for services to address the following recommendations:

- Build on young women's recognition of sexual and broader vulnerability, when looking back at themselves or at their friends and peers, and speed up the reflective process of learning from earlier experiences.
- Build on the peer support element to young women's sexual health strategies, from emotional support, protection and identification of vulnerabilities, to signposting friends to services. Encourage reflection on their roles as peers in building expectations and peer pressure.
- Increase young women's sexual empowerment and sense of entitlement to sexual health. Help them to recognise the power differences in their relationships and possible alternatives. Identify the differences between manipulation by male partners and more equitable relationships, and between coercion and consent. Reflect on positive experiences and identify what factors make it easier to articulate needs and boundaries.
- Make the most of young women's ability and willingness to talk about their perceptions of, and responses to, sexual health risks and to choose their own boundaries, when offered the opportunity in a confidential setting.
- Promote step by step change in strategies to ensure effective protection from STIs, pregnancy and coercion are initially out of reach. This may mean starting with harm reduction and more reactive coping strategies and moving towards pro-active choices. Work on developing the skills to progress from where they are, towards greater control over their sexual health for example, starting with basic personal safety.

12.3 Recommendations for wider strategies to be developed

This research highlights the urgency of tackling some of the underlying issues affecting young women's sexual vulnerability, at a more strategic level. There is a need for a range of universal and specialist services to address the following priorities:

- Recognise and challenge widespread views of heterosexual gender relations which privilege male pleasure and control (*'hegemonic masculinity'*).
- Tackle broader underlying vulnerabilities, and recognise their links with sexual vulnerability and sexual health risk-taking.
- Target sexual health resources at young women identified as vulnerable by a range of criteria, rather than on those who access services independently.
- Develop understanding of risk factors and protective factors that make young women more or less vulnerable. Support them to build their personal capacity to develop more positive risk reduction strategies.
- Work with young men to address their roles and develop their skills to overcome the pressures to conform with conventional heterosexual gender relations. Recognise the realities of their decision-making and give them feedback about young women's perspectives.
- Increase young people's expectations that sexual relationships can and should be safe, consensual, respectful, enjoyable and thus healthy.
- Recognise the cost effectiveness of targeted interventions which prevent sexual health risk-taking among vulnerable young people. Ensure funding is made available to achieve this outcome.

Bibliography

Allen, L (2004) *Beyond the birds and the bees: constituting a discourse of erotics in sexuality education*, Gender and Education, 16 (2) pp. 152-167

Chambers, D; Tincknell, E; Van Loon, J (2004) *Peer regulation of teenage sexual identities*, Gender and Education, 16 (3) pp. 398-415

Department of Health (2001) *The national strategy for sexual health and HIV*, London

Fenton, K; Korovessis, C; Johnson, A; McCadden, A; McManus, S; Wellings, K; Mercer, C; Carder, C; Copas, A; Nanchahal, K; Macdowall, W; Ridgway, G; Field, J; Erens, B (2001) *Sexual behaviour in Britain: reported sexually transmitted infections and prevalent genital chlamydia trachomatis infection*, Lancet 358, pp. 1851-54

Fine, M (1988) *Sexuality, schooling and adolescent females: the missing discourse of desire*, Harvard Educational Review, 58, pp. 29-51

Frosh, S; Pheonix, A; Pattman, R (2002) *Young Masculinities*, Palgrave, Basingstoke

Giddens, A (1992) *The transformation of intimacy: love, sexuality and eroticism in modern societies*, Polity Press, London

Grbich, C (1999) *Qualitative Research in Health*, Sage, London

Hatherall, B; Stone, N; Ingham, R; McEachran, J (2005) *The choreography of condom use: how, not just if, young people use condoms*, Report for Brook by the Centre for Sexual Health Research, University of Southampton

Holland, J; Ramazanoglu, C; Sharpe, S; Thomson, R (1996) *In the same boat? The gendered (in)experience of first heterosexual*, in Richardson, D (eds) *Theorising Heterosexuality*, Open University Press, Buckingham

Holland, J; Ramazanoglu, C; Sharpe, S; Thomson, R (1998) *The male in the head. Young people, heterosexuality and power*, Tufnell Press, London

Ingham, R and Stone, N (2001) *Topics for individual interviews and focus group discussions. Partner selection, sexual behaviour and risk taking*, World Health Organisation, http://www.who.int/reproductive-health/adolescent/topics_interviews.en.html

Ingham, R (2005) "We didn't cover that at school": education against pleasure or education for pleasure? *Sex Education Journal* 5 (4) pp. 375-388

Järviloma, H; Moiscela, P; Vilkkko, A (2003) *Gender and qualitative methods*, Sage, London

Lees, S (1993) *Sugar and Spice: Sexuality and adolescent girls*, Penguin Books, London

Limmer, M (PhD in progress) *Sexual health risk taking among excluded young men*

Moore, S and Rosenthal, D (1993) *Sexuality in Adolescence*, Routledge, London

Office of National Statistics (2004) *Census Data 2001*

Redgrave, K; Limmer, M (2004) *"It makes you more up for it."* School aged young people's perspectives on alcohol and sexual health, Rochdale Teenage Pregnancy Strategy, www.teenagepregnancyunit.gov.uk

Rochdale Teenage Pregnancy Strategy, (2004) *Young People's Clinics Evaluation*, Report to Rochdale Teenage Pregnancy Partnership Board

Rosenthal, D (1997) *Understanding sexual coercion among young adolescents: communicative clarity, pressure and acceptance*, Archives of Sexual Behavior 26 (5) pp. 481-493

Sexual Offences Act (2004) HMSO

Social Exclusion Unit (1999) *Teenage Pregnancy*, London

TPSE (2005) *Teenage Pregnancy Strategy Evaluation Final Synthesis*, London School of Hygiene and Tropical Medicine

Wellings, K; Nanchahal, K; MacDowell, W; McManus, S; Erens, B; Mercer, C; Johnson, A; Copas, A; Korovessis, C; Fenton, K, Field, J: (2001) *Sexual behaviour in Britain: Early heterosexual experience*, The Lancet, 358, pp. 1843-1850

World Health Organisation (2002) *Sexual health working definitions*, www.who.int





**ROCHDALE
TEENAGE
PREGNANCY
STRATEGY**

**Rochdale Teenage Pregnancy Strategy, Globe House, Mossbridge Road, Rochdale OL16 5EB.
Tel: 01706 714550 Email: shelley.greatorex@rochdale.gov.uk.**